California Board of PSYCHOLOGY

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MEMORANDUM

DATE	March 26, 2018
TO	Licensing Committee Members
FROM	Stephanie Cheung Licensing Manager
SUBJECT	**Agenda Item 5** Standardization of Trainee Categories: Stakeholders' Feedback and Discussion

Background:

At the January 22, 2018 meeting, the Board of Psychology's Licensing Committee discussed and considered a proposal relating to the standardization of trainee categories. The aim of the proposal would be to enhance consumer protection and transparency by creating a single pathway to licensure that would standardize the process for trainees to gain experience towards licensure as a psychologist. The proposal would require all trainees to register as psychological assistants with the Board to ensure accountability while providing psychological services to the public as well as the accrual of supervised professional experience (SPE).

Currently, an individual can gain supervised professional experience required for licensure in five (5) different ways:

- Apply to the Board and register as a psychological assistant;
- Apply to the Board to become a registered psychologist;
- Gain experience through an exempt setting, such as academic institutions or governmental organizations;
- Gain experience through a formal doctoral internship/placement that is overseen by the American Psychological Association (APA), the Association of Psychology Postdoctoral and Internship Centers (APPIC), or the California Psychology Internship council (CAPIC); or
- Gain experience through a Department of Mental Health Waiver

Even though the common goal for these trainees in these different settings is to gain experience towards licensure as a psychologist, the requirements, oversight and processes can be varied.

Staff has worked with SOLID Training and Planning Solutions of the Department of Consumer Affairs and developed three surveys to obtain feedback on the proposal from three different perspectives: staff, licensees, and stakeholders.

Attachments:

A: Proposal A - Standardization of Trainee Categories
B: Survey Recipient Data
C: Stakeholder Survey Responses
D: Licensee Survey Responses
E: Staff Survey Responses
F1: Licensee Written Feedback
F2: Los Angeles County – Department of Mental Health Written Feedback
F3: California Department of Corrections & Rehabilitation Written Feedback
F4: California Department of State Hospitals Written Feedback
G: Distribution of SPE data

Action Requested:

Review stakeholders' input and make a recommendation relating to the standardization of the trainee category.

Pathways: Proposal A

At the October Licensing Committee Meeting, staff was directed to draft statutory language which would combine Business and Professions Code Sections 2909 and 2910 to clarify exempt persons and settings. Upon further reflection, and considering the feedback relating to pathways to licensure received at the stakeholder meetings that were held in 2017, staff came up with a new proposal. This proposal would aim at enhancing consumer protection and transparency by creating a single pathway to licensure.

Purpose: To standardize the process for trainees to gain experience towards licensure as a psychologist by requiring all trainees to register as a psychological assistant with the Board.

Background: Currently, an individual can gain supervised professional experience as a trainee towards psychology licensure in five (5) different ways. An individual can apply to the Board and register as a psychological assistant; apply to become a registered psychologist; gain experience through an exempt setting, such as academic institutions or governmental organizations; gain experience through a formal doctoral internship/placement that is overseen by American Psychological Association (APA), Association of Psychology Postdoctoral and Internship Centers (APPIC), or California Psychology Internship council (CAPIC); or gain experience through a Department of Mental Health Waiver. Even though the common goal for these trainees in these different settings is to gain experience towards licensure as a psychologist, the requirements, oversight and process can be varied. For example, psychological assistant registrations require annual renewal, however, registered psychologist registrations are a one-time non-renewable registration.

Trainee Category	Registration Requirements	Fee
Psychological Assistant	Annual Maximum registration period: 72 months	$40
Registered Psychologist	One-time 30-month, non-renewable	No fee
Experience Gained in an Exempt Setting • Governmental organization • Public school, university, or academic institution	Not required Maximum exemption period: 60 months	Not Applicable
Experience Gained through Formal Doctoral Internship/Placement • APA, APPIC, or CAPIC	Not required	Not Applicable
Experience Gained through a Department of Mental Health Waiver	Not required Maximum exemption period: 60 months	Not Applicable

Also, the Board is limited in providing regulatory oversight only to trainees who are registered as psychological assistants or registered psychologists. These individuals are thoroughly evaluated by the Board during the application process prior to the issuance of a registration to ensure that the applicable education and experience requirements have been met.

Analysis: From a consumer perspective, individuals who have successfully registered with the Board demonstrate that they meet the requirements for providing psychological services as trainees under the supervision of licensed psychologists, or psychiatrists if they are psychological assistants, to gain experience towards licensure. It provides reassurance to the public that these individuals are qualified trainees to provide services. On the other hand, the Board does not have any oversight for trainees who are not required to registered with the Board. The public is unsure if non-registered trainees also meet the same minimal standard as established by the laws and regulations like their counterparts, and it begs the question of whether and how they are held accountable should any violations of the laws and regulations occur.
From an applicant's point of view, it provides clarity regarding the requirements and responsibilities of becoming a trainee and to accrue hours toward licensure as a psychologist. From time to time, individuals who are interested in psychology licensure are unsure if they are required to be registered with the Board. By requiring all trainees to be registered as a psychological assistant, it will simplify the process for applicants and remove any doubts as to whether or not registration with the Board is required. Also, it will serve as a proactive measure to avoid denial of supervised professional experience due to, for example, a non-qualifying supervisor.

A few of the disadvantages have also been identified for the Committee's consideration. From an applicant's perspective, there will be a $40 annual cost impact, which is equivalent to about less than $4 per month in a twelve-month period, to apply for and maintain a psychological assistant registration. From the point of view of settings that are currently exempted from registration, they may face hiring challenges if there is an administrative delay in the review and issuance of a registration. As of March 1, 2018, the average processing time for psychological assistant application from the date received is five (5) business days.

Conclusion: Staff recommends requiring all trainees to be registered as psychological assistants to enhance consumer protection and to ensure accountability in providing psychological services to the public as trainees.

Survey Recipient Data

STAKEHOLDER SURVEY	
GROUP	**NUMBER OF RECIPIENTS**
Stakeholder	172
Internship Programs (APA, APPIC, CAPIC)*	152
RPS** Agency	150
School	375
DMH – LA County***	1
CDCR****	1
TOTAL NUMBER OF SURVEYS SENT	**851**
TOTAL NUMBER OF RESPONSES	**78**

LICENSEE SURVEY	
GROUP	**NUMBER OF RECIPIENTS**
Stakeholder	19,760
Internship Programs (APA, APPIC, CAPIC)*	204
DMH – LA County***	1
CDCR****	1
TOTAL NUMBER OF SURVEYS SENT	**19,966**
TOTAL NUMBER OF RESPONSES	**1,657**

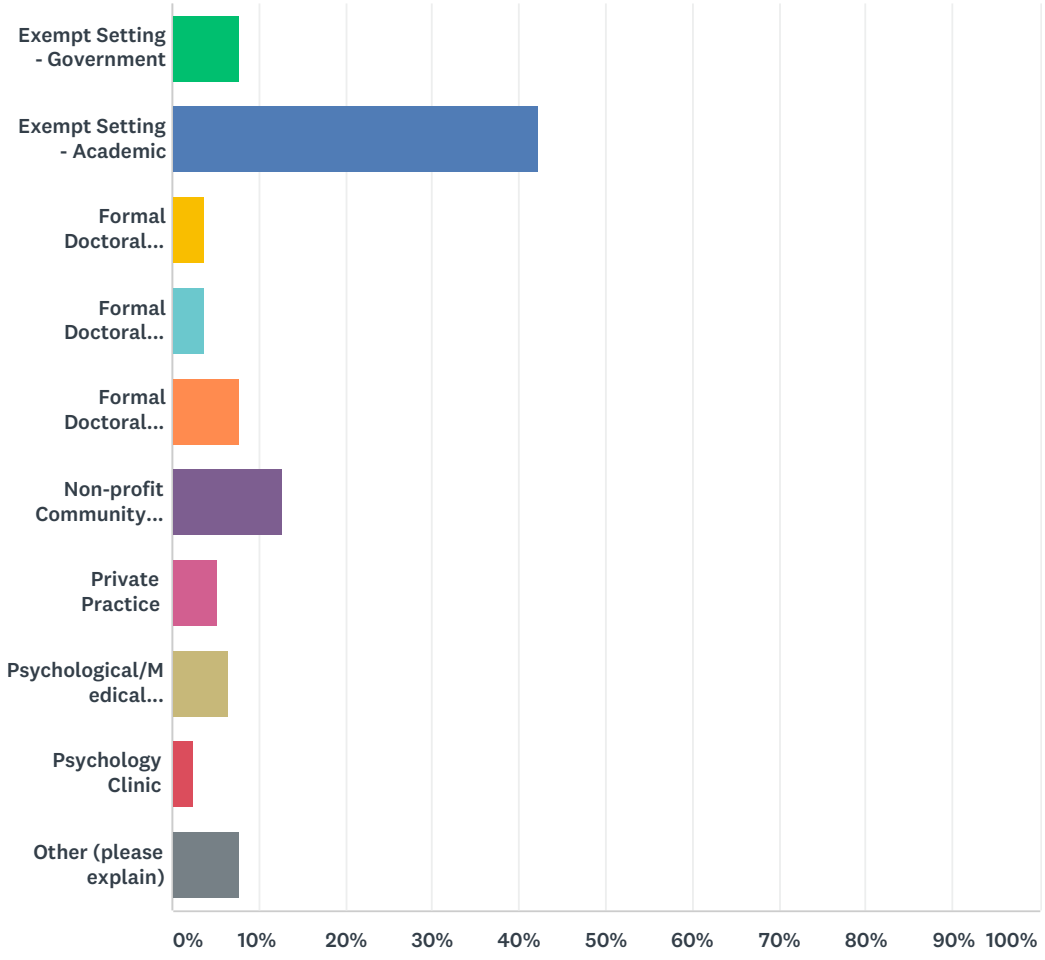
STAFF SURVEY	
GROUP	**NUMBER OF RECIPIENTS**
Board of Psychology	26
TOTAL NUMBER OF SURVEYS SENT	**26**
TOTAL NUMBER OF RESPONSES	**16**

GRAND TOTAL OF NUMBER OF SURVEYS SENT	**20,817**
GRAND TOTAL NUMBER OF RESPONSES	**1,751**

*American Psychological Association, Association of Psychology Postdoctoral and Internship Centers, California Psychology Internship Council
**Registered Psychologist
*** Department of Mental Health – Los Angeles County
**** California Department of Corrections and Rehabilitation

Q1 What is your primary work setting?

Answered: 78 Skipped: 0

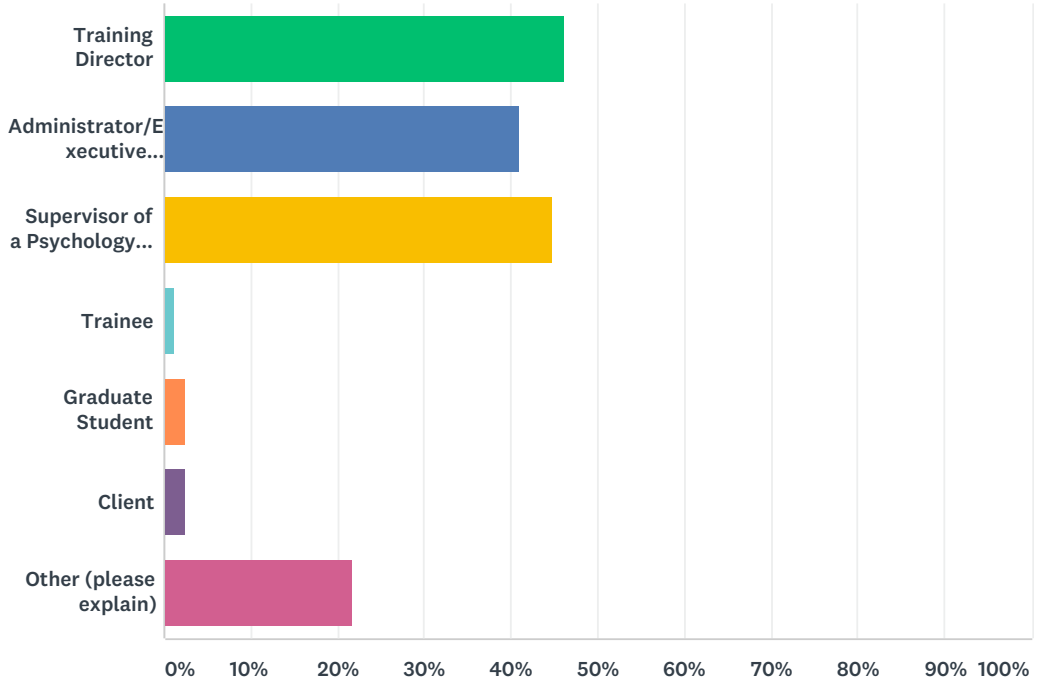


ANSWER CHOICES	RESPONSES	
Exempt Setting - Government	7.69%	6
Exempt Setting - Academic	42.31%	33
Formal Doctoral Internship Placement - American Psychological Association	3.85%	3
Formal Doctoral Internship Placement - Association of Psychology Postdoctoral and Internship Centers	3.85%	3
Formal Doctoral Internship Placement - California Psychology Internship Council	7.69%	6
Non-profit Community Agency	12.82%	10
Private Practice	5.13%	4
Psychological/Medical Corporation	6.41%	5
Psychology Clinic	2.56%	2
Other (please explain)	7.69%	6
TOTAL		78

#	OTHER (PLEASE EXPLAIN)	DATE
1	I am a consumer	3/4/2018 5:16 PM
2	Clinical psychology faculty in major research univ.	2/25/2018 6:38 PM
3	Non-profit umbrella organization for training agencies	2/21/2018 4:37 PM
4	Doctoral Academic Program	2/21/2018 2:23 PM
5	Both exempt setting- Academic and Formal CAPIC Postdoc	2/21/2018 2:14 PM
6	County Treatment Agency-Non-Exempt	2/21/2018 1:24 PM

Q2 What is your role in that setting (select all that apply)?

Answered: 78 Skipped: 0



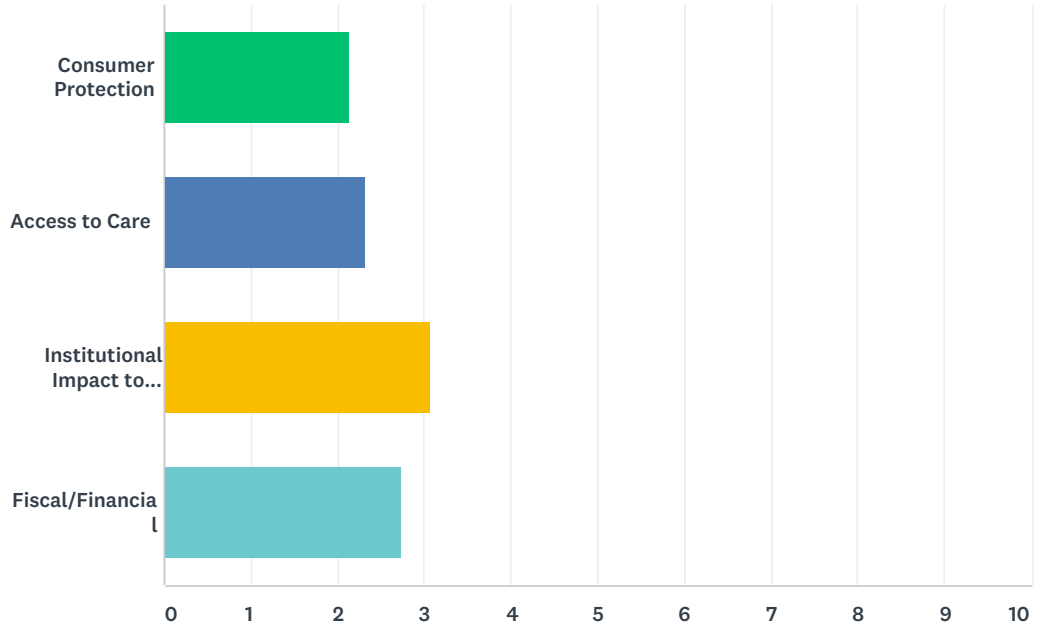
ANSWER CHOICES	RESPONSES	
Training Director	46.15%	36
Administrator/Executive Leadership	41.03%	32
Supervisor of a Psychology Trainee	44.87%	35
Trainee	1.28%	1
Graduate Student	2.56%	2
Client	2.56%	2
Other (please explain)	21.79%	17
Total Respondents: 78		

#	OTHER (PLEASE EXPLAIN)	DATE
1	Professor	3/7/2018 11:51 AM
2	Intern	3/1/2018 6:46 PM
3	Psych assistant	2/28/2018 7:26 PM
4	Professor and graduate student mentor	2/25/2018 6:38 PM
5	Private practice clinician	2/23/2018 11:21 AM
6	Lobbyist	2/22/2018 4:13 PM
7	Clinical Psychologist providing treatment	2/22/2018 1:02 PM
8	Professor, clinical psychology training program	2/22/2018 7:54 AM
9	Senior Psychologist Specialist, Statewide Training Unit	2/22/2018 7:44 AM

10	Faculty member, clinical supervisor, research advisor, and course instructor	2/22/2018 7:44 AM
11	Professor	2/22/2018 6:13 AM
12	Director of Counseling	2/21/2018 8:29 PM
13	Professor	2/21/2018 3:22 PM
14	Licensed Clinical Psychologist	2/21/2018 3:12 PM
15	i completed my internship and was hired as a Therapist II completing my doctoral hours for licensure.	2/21/2018 2:31 PM
16	Program Dean	2/21/2018 2:23 PM
17	Clinician	2/21/2018 2:13 PM

Q3 On a scale of 1-4 (with 1 being no impact and 4 being major impact) what kind of impact would standardization of the trainee categories have on your setting in the following areas?

Answered: 74 Skipped: 4



	NO IMPACT	LITTLE IMPACT	SOME IMPACT	MAJOR IMPACT	TOTAL	WEIGHTED AVERAGE
Consumer Protection	47.95% 35	10.96% 8	20.55% 15	20.55% 15	73	2.14
Access to Care	39.19% 29	16.22% 12	17.57% 13	27.03% 20	74	2.32
Institutional Impact to Current Training Model	16.90% 12	12.68% 9	16.90% 12	53.52% 38	71	3.07
Fiscal/Financial	21.92% 16	20.55% 15	17.81% 13	39.73% 29	73	2.75

Q4 What are the advantages to this proposal (answer this question from your perspective in the role identified in question 2)?

Answered: 69 Skipped: 9

#	RESPONSES	DATE
1	none	3/7/2018 11:51 AM
2	the greatest positive impact appears to be a simplicity in approach that the general public might better understand and a streamlining of the process that may be easier for students and BOP staff processing paperwork	3/6/2018 9:34 AM
3	Don't know if the Board will disassociate from [redacted] and take consumer protection seriously EVER	3/4/2018 5:16 PM
4	No advantages of [redacted] taking children away	3/4/2018 5:07 PM
5	Supervisors would hold some accountability for the ethical behavior of their supervisees in relationship to the consumers. At present, The BOP rejects investigating unethical behavior if the intern is not registered in some way with the Board. This allows unethical agency supervisors to avoid upholding high standards and allows interns to ignore ethical standards. This issue should have been addressed many years ago as too many student interns and their supervisors ignore ethical standards because the Board “has no jurisdiction to investigate,” as I have been told in response to a complaint.	3/3/2018 8:17 PM
6	I’m unsure. Being in appic seems to be standardized already with the site attending to SPE	3/1/2018 6:46 PM
7	The primary advantage would be making a Psychological Assistant certification available. That would allow the University to offer a much broader range of training experiences, and bring services to underserved areas.	2/28/2018 8:24 AM
8	N/A.	2/26/2018 2:01 PM
9	There are no advantages I can think of.	2/26/2018 9:27 AM
10	Our program and state already requires an Internship. A I am answering this survey with the expectation that this pathway would be the one (or one of the ones) retained. While this would not affect my setting, as a psychologist in my state I have been asked to review licensure applications from students not following standard training path and have been concerned with low quality of training obtained through alternate pathways and the effect it would have on the health and safety of my community.	2/25/2018 7:34 PM
11	None that I can see.	2/25/2018 6:38 PM
12	I like the idea of making things less confusing but I don't think the psychological assistant model should become the model used for al	2/24/2018 8:51 PM
13	Streamlining the process as I understand it could be beneficial as it would potentially be less confusing, entail less varied paperwork, and provide clarity as there may be one title for psychology trainees. However, not exactly clear what standardization means in this case.	2/23/2018 4:01 PM
14	n/a	2/23/2018 11:38 AM
15	Recently the Marriage and Family Therapists changed the name of our interns to Associate MFTs. This matches the social workers' titles. The title "psychological assistant" is demeaning, and doesn't respect the person's education. It sounds like something a person working on a bachelor's degree might have.	2/23/2018 11:21 AM
16	None -- see my list of disadvantages	2/23/2018 9:41 AM
17	None	2/23/2018 8:12 AM
18	only advantage is standardization but even that would likely be window dressing given enormous heterogeneity of training experiences	2/22/2018 2:05 PM
19	I only train psych assistants. I supervise and model quality patient care, including real life ethics. Most of trainees have 500-1000 hours when I hire them. No client is exposed to treatment from a non experienced clinician. It’s also my professional reputation at stake.	2/22/2018 1:02 PM

20	What I think about this proposal depends significantly on whether this registration process and any attached requirements that go along with the standardization would make it more difficult to obtain a license. As it is, it can be challenging for people to accrue postdoc hours. I would not be in favor of anything that made that more difficult.	2/22/2018 11:03 AM
21	I don't have enough information to be able to evaluate this	2/22/2018 9:55 AM
22	The exemption for those who are supervising grad students in doctoral/masters program is helpful because if it were not in place, it would require faculty supervisors to be licensed in multiple jurisdictions, which is costly and unrealistic since most of us don't practice in all jurisdictions	2/22/2018 9:43 AM
23	I do not believe there is an advantage	2/22/2018 9:42 AM
24	requirements across all training sites could be standardized	2/22/2018 8:47 AM
25	I don't see any advantages to this proposal.	2/22/2018 8:28 AM
26	I see no advantages to this proposal and do not understand what the problem is that is being fixed.	2/22/2018 8:18 AM
27	It would streamline the process and make it easier for the organization and supervisors to track trainees.	2/22/2018 8:07 AM
28	There are absolutely no advantages whatsoever for academic programs with a clinical science orientation.	2/22/2018 7:54 AM
29	none	2/22/2018 7:44 AM
30	None.	2/22/2018 7:44 AM
31	None. It would have a major negative impact.	2/22/2018 7:19 AM
32	Unclear what advantages would emerge within an exempt setting.	2/22/2018 6:32 AM
33	None	2/22/2018 6:13 AM
34	There are no obvious benefits.	2/21/2018 9:47 PM
35	Theoretically, the construct of standardization should promote a stronger investment in students' clients and the work. If student's feel more connected to the BOP earlier on in their training and supervisor's are held to a more equalized standard/framework, unethical and irresponsible situations have a higher probability of not going undetected. Most psychologists adhere to ethical/legal guidelines and have high expectations of themselves and their trainees, so the impact may be minimal if this standardization process were to occur.	2/21/2018 9:43 PM
36	I see no advantages.	2/21/2018 9:30 PM
37	None	2/21/2018 9:29 PM
38	None for our institution.	2/21/2018 8:29 PM
39	I can't see any advantages, only disadvantages, which are too numerous for this space.	2/21/2018 6:46 PM
40	As a community-based agency it's important for us to have a clearly delineated protocols and standardized methods would help that.	2/21/2018 6:45 PM
41	Little advantage; we would not want any regulations that restrict training or that exclude psychological science models from licensure	2/21/2018 6:24 PM
42	It might help by establishing the same process for all jurisdictions. This would make the process of applying for licensure the same across states and provinces.	2/21/2018 4:42 PM
43	Having all participants register upfront would make it easier for the BOP staff to identify those individuals who are training for licensure and who therefore are serving the public as trainees. It is not clear that there are any advantages from my perspective/role. While it may make it easier for our members' trainees to be recognized by the BoP, it is assumed that the same BoP paperwork is still required.	2/21/2018 4:37 PM
44	Standardizing the categories for not-yet-licensed psychology trainees would help all involved - trainee, supervisor, consumer	2/21/2018 4:15 PM
45	Standardizing pathways could be beneficial as it makes advising easier to guide the student. However, is this really an issue across the state? I am not clear that it is	2/21/2018 4:12 PM
46	the proposal is very unclear. The questions are obscured by the lack of information.	2/21/2018 3:54 PM

47	Trainees would get accustomed to completing paperwork for the Board of Psychology	2/21/2018 3:22 PM
48	If our students were registered, we would be able to bill for their services to MediCal patients (which we currently do pro bono).	2/21/2018 3:12 PM
49	simpler for all to understand	2/21/2018 3:09 PM
50	As a TA, an Administrator and a supervisor, it is hard for me to see advantage to this proposal (i.e., all trainees to become psych. assistants). My trainees are all Post-Doctorate Fellows. Part of their motivation to train with us is our APPIC status. Further, they apply to train with us not so much as a way to earn hours but to specialize in the specific specialty we offer. Most of our Fellows (trainees) come here with the long term goal of developing professional career in the area of child, adolescent and family mental health(whether in a clinic or, as private practitioners or a combination of both). Another difficulty I see is the number of psych. assistant we could have. Our staff is small and not all are psychologists (some are LCSW and/or LMFT). This situation - potentially - could limit the number of applicants we could accept to our program every year since we don't have enough psychologists on our staff. In addition, our training program is a 2 years long post doctoral training program which adds another limitation to the number of applicants we could accept e.g. I could have only 3 psych. assistants every 2 years so the program could only be open for new applicants every 2 years instead of yearly application process). Currently, our trainees are able to accrue their SPE hours because we are APPIC accredited agency. In some rare cases, where we have a highly qualified applicant who does not meet APPIC requirements (APA accredited graduate school), we have the option of accepting them as psych. assistants (this option is really kept for highly qualified applicants who impress us with their skills). I think the current system provide enough flexibility to allow candidates from various backgrounds (cultural, economical, social) to be trained and gain experience without affecting the consumer on one hand and, gaining quality training on the other hand. Finally, having trainees as PA only, put extra burden and responsibility on the supervisor. That I think might affect the quality of service provided to the consumer since there is a risk, in my opinion, that the supervisor might be too focused on procedures rather than providing the best intervention they can to the family.	2/21/2018 2:38 PM
51	I am a registered psychologist, and the advantages of remaining here at my present job was the salary as a Therapist II and the ability to complete my post-doctoral hours without going through a post-doctoral position, that had no income or little pay, I also work in a non-profit setting. I would apply as a psychologist assistant if that was to change.	2/21/2018 2:31 PM
52	This may streamline the administrative side of approving licensure eligibility by the office of the CA BoP.	2/21/2018 2:23 PM
53	I do not see any, it creates MUCH more work for training directors to have to do the PSYCH assistantship when we already have the SPE that covers training.	2/21/2018 2:14 PM
54	I believe it would make for a smoother process with less confusion for individuals seeking licensure. It would also ensure that appropriate training is being provided due to less ambiguity.	2/21/2018 2:13 PM
55	It sounds as though it would help prevent sloppy training.	2/21/2018 1:59 PM
56	We do not see any advantages.	2/21/2018 1:46 PM
57	No benefits	2/21/2018 1:46 PM
58	No advantages.	2/21/2018 1:37 PM
59	There are no advantages, it limits companies ability to train staff with only a few licensed clinicians. requiring registration should also mean increasing the number of individuals allowed on a license.	2/21/2018 1:32 PM
60	I don't see many	2/21/2018 1:28 PM
61	Will make it easier for our institutional license	2/21/2018 1:28 PM
62	Interns registering as psych assistants would be able to bill mediCAL in San Mateo County, which would increase billable hours	2/21/2018 1:28 PM
63	I do not see advantages from the trainee or consumer perspective -- and even with the Board in having standardization will have many more people to keep track of as psych assistants	2/21/2018 1:28 PM
64	I see this as a disadvantage. We are a non profit community agency, and APPIC internship, and a CAPIC postdoctoral program	2/21/2018 1:26 PM
65	I am in favor of this action, as it would better ensure clarity in supervision requirements across sites. My agency has already adopted this requirement as part of the implementation of the Drug Medi-CAL Organized Delivery System (DMC-ODS) waiver program at my encouragement.	2/21/2018 1:24 PM

66	Improved pathways for workforce	2/21/2018 1:12 PM
67	There are no advantages in my view	2/21/2018 1:08 PM
68	I can see no advantages. This is a solution in search of a problem.	2/21/2018 1:08 PM
69	To provide services in line with psychology training (e.g. psychological testing). Also, to prepare students to enter APA sites.	2/21/2018 1:01 PM

Q5 What are the disadvantages to this proposal (answer this question from your perspective in the role identified in question 2)?

Answered: 70 Skipped: 8

#	RESPONSES	DATE
1	-increased cost for students - increased administrative burden for training programs -limitations on broad variety of training models needed - potential delay to students training -intrusion into the functioning of academic programs -increased burden for student	3/7/2018 11:51 AM
2	The greatest concern would be the ability to provide services to the public if the ratio of PA's to licensed is not increased, and the greater issue of "timing out" for students who do not collect hours at a full-time rate consistently during and following grad school...	3/6/2018 9:34 AM
3	see above	3/4/2018 5:16 PM
4	[redacted]	3/4/2018 5:07 PM
5	None. Most ethical agencies and supervisors demand their trainees to register as psych assistants. The time factor is short. In my long experience, it is the agencies and or supervisors who want to avoid responsible oversight who keep their trainees unregistered with the BOP.	3/3/2018 8:17 PM
6	I don’t know	3/1/2018 6:46 PM
7	Difficulty gaining licensure. Limited internships and and limited exempt setting opportunities already creates obstacles for individuals seeking licensure. Having options/ means available assures the pathway to licensure.	2/28/2018 7:26 PM
8	None at all. It would be wonderful.	2/28/2018 8:24 AM
9	Since our program relies solely on APPIC and CAPIC internships (and requires them), it would be a disadvantage to make everyone choose the psych assistant path. Our program disallows psych assistantships because we have more oversight and more stringent criteria by using only APPIC and CAPIC internships. I think that standardizing the process in the way you are proposing would not be a good idea.	2/26/2018 2:01 PM
10	Administrative burden increases significantly for all parties.	2/26/2018 9:27 AM
11	Asa long as the standard is focused on setting a high bar and does not devolve to a lower bar to appease diverse (non-standard) training backgrounds, it will only benefit our communities and increase trust in our profession as a whole	2/25/2018 7:34 PM
12	An unnecessary intrusion to training in major research universities. Increase financial burden on students and work burden on administrators. Primarily, intrude on academic programs and academic freedom. Overall, a very bad idea. (Question 3 to clarify: Impacts are negative).	2/25/2018 6:38 PM
13	We are an exempt setting and currently use some registered psychologists for our unlicensed staff positions. As a non-profit agency we often need to hire unlicensed staff because our salaries are low. We are also a CAPIC training site and take on both pre-doctoral and post-doctoral interns. I am not very familiar with the regulations related to psychological assistants but it's my sense that they are more cumbersome than those for psychology interns and registered psychologists. One thing that is problematic for us in using psychological assistants is that the primary supervisor holds the liability rather than that of the agency. That works well for psychologists in private practice who supervise a psychological assistant. It doesn't work well in an agency setting. In addition, it can take a lot of time for the application for a psychological assistant to be processed. As a training organization that trains 10 or more psychology interns/trainees each year, this a lot more paperwork for our agency. In addition, there is much more likelihood of there being delays in when the trainees/interns can begin seeing clients. This would be a problem for our clients in terms of getting services, as well as a problem for our agency in terms of meeting our contractual and financial responsibilities.	2/24/2018 8:51 PM

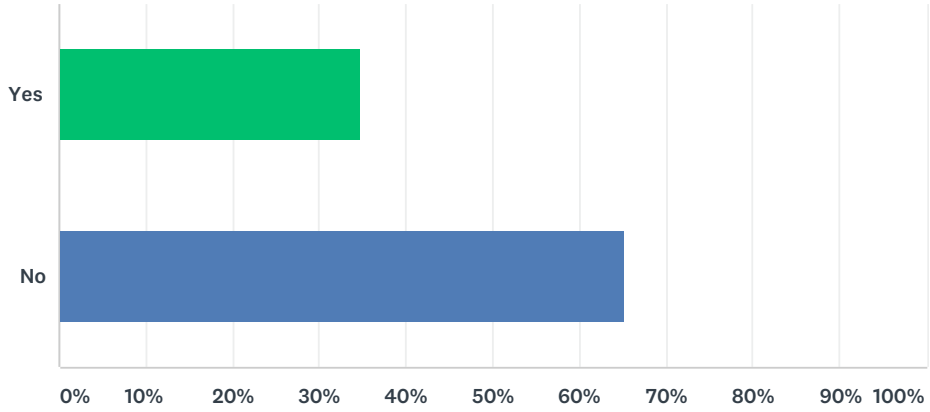
14	Again, not exactly clear on what type of standardization this refers to. Disadvantages may be for instance, if everyone is required to register with the BOP and the BOP continues to limit the number of trainees as they do with Psychological Assistants, this could fiscally impact facilities like mine, limit the number of applicants, decrease the number of patients able to get the psychological care provided, including care that they may otherwise be unable to afford (e.g., evidenced based treatments and psychological assessment to name only a couple).	2/23/2018 4:01 PM
15	n/a	2/23/2018 11:38 AM
16	I see no disadvantages with simplifying and clarifying these positions.	2/23/2018 11:21 AM
17	Increased cost and burden for students and administrators in training programs. I am also concerned about the intrusion into traditionally exempt academic programs	2/23/2018 9:41 AM
18	I feel like it would just put a financial burden on professionals who are just starting their careers.	2/23/2018 8:12 AM
19	significant problem especially for postdoctoral students who are in settings that emphasize clinical science, research, and empirical evaluation. It would impose heavier admin burdens on supervising faculty, and potentially additional costs and burdens for trainees.	2/22/2018 2:05 PM
20	None. It assures people who can learn to practice indepedantly vs those who can navigate an institutional system.	2/22/2018 1:02 PM
21	See above.	2/22/2018 11:03 AM
22	You have not provided enough information to answer this. Does this mean that some sites that are currently providing training will be unable to with the proposed changes?	2/22/2018 9:55 AM
23	wouldn't have as much control over "quality" of persons who are seeking licensure	2/22/2018 9:43 AM
24	The delay in having students access and provide clinical interventions to the desired population.	2/22/2018 9:42 AM
25	standards will potentially be lowered to accommodate lowest possible denominator	2/22/2018 8:47 AM
26	Why create a new system? Trust the current APA accreditation process as the means to protections of the consumer.	2/22/2018 8:28 AM
27	I am pretty confused by the proposal because it seems to combine post-doctoral supervision with the training that occurs in APA/APPIC-approved internships. They are not going to be equivalent. I don't understand what a person who moves to KY from another state would do if they had completed their internship elsewhere (the majority of licensees). How could they have registered in KY to have their internship hours count? This makes no sense to me. This would seem to restrict licensure to people who train entirely in Kentucky. That would be foolish and greatly restrict the quality of practitioners we have here.	2/22/2018 8:18 AM
28	This proposal would only add more obstacles for trainees and faculty in programs with a clinical science orientation, including financial and administrative demands on the predoctoral graduate students, postdoctoral trainees, and faculty. Academic departments are important stakeholders in this decision-making process. The costs of this burdensome proposal for our trainees and faculty would be significant.	2/22/2018 7:54 AM
29	1) Hiring delays 2) Annual renewal delays 3) Non-punitive terminations 4) Access to care & patient safety impact 5) Financial impact	2/22/2018 7:44 AM
30	This plan imposes a one size fits all training plan for SPE. This does not reflect the range of careers that licensed psychologists can engage in. This would be a hardship for postdocs who currently accrue relevant experiences in exempt settings. Traineeds in pursuit of licensure who hope to make contributions in terms of teaching and research should be considered essential roles. We should not discourage postdoctoral training in these settings and in these roles.	2/22/2018 7:44 AM
31	Greater financial burden on postdocs and faculty in academic settings. Could end up eliminating clinical training programs.	2/22/2018 7:19 AM
32	I am concerned about the time delay in processing applications and getting people approved to have their hours counted. I've seen it take weeks, sometimes months, for individuals to get approved. If a candidate cannot start work until this process is cleared, what are they supposed to do? This puts out of state trainees at a huge disadvantage. Not just with the delay but what if they are matched with an internship only to be turned down by the board? Govt settings, APA/APPIC/CAPIC, and the board's psych assistant process already have standards- will the board's proposed register supersede standards/trading requirements established by these entities?	2/22/2018 6:32 AM

33	If enacted, this proposal would create additional financial and administrative burden for our students as they progress through the later stages of their training. It would also remove the “exempt” status of postdocs in academic departments and create additional administrative burden for faculty and programs overseeing postdoctoral training	2/22/2018 6:13 AM
34	Standardizing the process would limit flexibility in how we train predoctoral and postdoctoral students with different career goals. It would also add an adminstrative burden to our program AND create an additional financial and adminstrative burder for our students.	2/21/2018 9:47 PM
35	Bureaucratic oversight might feel more invasive, less freedom for program design/development. Perhaps opportunities of less diversity/variety in student's training repertoire which may negatively impact their licensure capacity and role as clinician in the future.	2/21/2018 9:43 PM
36	Inappropriate and uninformed intrusion into academic training programs, cost to students and institutions without benefit to them or to the public, precedent for more of all of that.	2/21/2018 9:30 PM
37	Reduces standards for licensure. Equates doctoral training in APA accredited program with masters level training	2/21/2018 9:29 PM
38	I think it is a terrible idea. One of the few benefits of being an exempt setting as a college is that our trainees do not have to go through the cumbersome and time consuming process of registering with the board in order to complete postdoc hours. I imagine the proposed change would significantly hinder our ability to recruit postdoc interns and keep postdocs in our site past the postdoc contract. I hear that the Board's communication is very slow, and would create delays and more frustration for our trainees.	2/21/2018 8:29 PM
39	1) the length of time it takes to become a psychological assistant 2) My malpractice would increase. At the present time, my academic institution (public community college) covers me and all trainees. 3) The paperwork required to register, and they are only here for one year! 4) What if we need more interns than the regulations currently allow? That will severely limit the number of students who can be seen and my school won't fund any more than one and a half psychologists. 5) What the BoP is proposing is a solution to an unknown problem. I keep up with all the Board postings and I haven't seen anything that the current proposal is a solution to.	2/21/2018 6:46 PM
40	Sensing a loss in autonomy feels like a disadvantage.	2/21/2018 6:45 PM
41	if they do any of the above	2/21/2018 6:24 PM
42	I really do not see any disadvantages as long as you can get all states and provinces to agree to it.	2/21/2018 4:42 PM
43	1. The cost to the applicant of having to register annually. 2. The time and effort to the applicant of having to register annually. 3. The lack of evidence for this proposed change. What is the evidence of significant benefit from requiring annual registration, either for the trainee or for the public?	2/21/2018 4:37 PM
44	Everyone on the same page	2/21/2018 4:15 PM
45	This depends largely on how this requirement would be carried out. If it means that students in doctoral training can't get supervised experience until they are psyc assistants this will have a major impact on cost and curriculum. Also not all our students get licensed in CA so how does requiring them to register as a psyc assistant help them?	2/21/2018 4:12 PM
46	Please provide the public with information about what you mean by standardizing the paths to licensing. If it complicates the process of adding paperwork and red tape for the approved internship settings (APPIC, APA, CAPIC) or for Exempt settings (regarding postdocs) that would add expense, lost time and potentially disrupt access to services.	2/21/2018 3:54 PM
47	None other than it is a change. I am not sure of the benefits either.	2/21/2018 3:46 PM
48	I think that this will create an unnecessary burden on students and faculty from clinical science PhD programs to become registered as psychological assistants. Most quality training programs produce students who go on to complete APA internships and who sucessfully pass the licensing exam. This requirement seems more relevant for students who are pursuing non-traditional forms of training and it is not clear that registering with the board is going to be a quality check with regard to the supervision that they will actually receive.	2/21/2018 3:22 PM
49	It depends on what is meant by registered. One advantage of an exempt setting/CAPIC internship (we are both) is less documentation for students of hours that count towards licensure (although CAPIC hours log is required), more training opportunities, more hours that count towards licensure (my understanding, anyway). Not sure what impact might be on students (would they be more interested or less interested in our training site) if all paths to licensure become equal.	2/21/2018 3:12 PM

50	none that I see	2/21/2018 3:09 PM
51	same as above.	2/21/2018 2:38 PM
52	I did not go through a formal post doctoral training.	2/21/2018 2:31 PM
53	Potential formitable impacts: Portability, fiscal, and time to licensure issue: Making the licensure process more difficult for out-of-state interns wanting to return to CA for their licensure because they were not required by their internship state board to be a psych assistant to earn and complete their internship hours. Financial issues: Added financial burden on internship level students when they match with CA internships. Impact on start date of internship: Potentially, the process of becoming a psych assistant could delay a student's internship start date and thus perhaps cause the internship to rescind the match agreement due to the delay.	2/21/2018 2:23 PM
54	1. Huge change that will make students seek training outside of California 2. SPE already does this 3. Will the BOP have oversight of the accreditation of APA etc sites 4. How will this actually make things better? It seems like more work for everyone. 5. Hours for internship involve training that is very important but might not count for psych assistanceships.	2/21/2018 2:14 PM
55	Some agencies may have to make major adjustments (i.e. fiscal, role adjustments) that may not be conducive to the environment.	2/21/2018 2:13 PM
56	I'm not sure.	2/21/2018 1:59 PM
57	Future psychologists would not receive the specific training they are requesting, ie. through APPIC and the different institutions they approve.	2/21/2018 1:46 PM
58	This field Is already very regulated. the assumption is that more regulations always result in better training. This is rarely the case. Students already struggle to find internships. Increasing the rigidity and regulations will further prevent them from finding appropriate internships. I strongly disagree with additional regulations.	2/21/2018 1:46 PM
59	We don't need the State to intrude upon how we train clinical students in pre-internship settings. I have no confidence that the Board truly appreciates the nature of education and training in strongly scientific clinical programs like ours. No offense intended but we live in different worlds.	2/21/2018 1:37 PM
60	The whole thing undermines the placement agencies and makes it difficult to have multiple trainees. When you only have a couple of licensed staff to be limited to 6 trainees hinders practice opportunities.	2/21/2018 1:32 PM
61	change is always hard	2/21/2018 1:28 PM
62	None	2/21/2018 1:28 PM
63	Only 3 psych assistants can be assigned to any supervisor- this limits the number of doctoral students/interns we would be able to host each year.	2/21/2018 1:28 PM
64	Significant. Adds yet another step to an already cumbersome process for trainees. For those in established exempt or internship (BAPIC/CAPIC) settings, procedures and quality standards are set. There is no need to add a paperwork, tracking requirement for the Board and for the trainee. It does not help the consumer - if anything it might be more confusing because someone in such a program would be registered as a psych assistant which is not their actual title.	2/21/2018 1:28 PM
65	It will make it a greater barrier to treatment due to the time it takes to register, and it will impact the internship program from being in compliance with APPIC and CAPIC contractual start dates	2/21/2018 1:26 PM
66	Would make accessing some training sites more onerous. Some training programs would elect not to have trainees due to this requirement. Would require BOP to be able to efficiently process Psych Assistant applications in order to avoid negative impact on training programs now required to register their trainees.	2/21/2018 1:24 PM
67	Potential for gatekeeping effect on workforce	2/21/2018 1:12 PM
68	This will put a significant burden on academic programs that up until this point the board has trusted the accreditation procedures of local and national agencies to ensure a sufficient minimum. This would put a huge strain on our program with no known impact for consumers. Please don't do this!	2/21/2018 1:08 PM
69	Significant administrative burden for students and training programs. Additional financial stress for already cash-strapped students. Completely unnecessary bureaucratic hassle.	2/21/2018 1:08 PM
70	In our directly operated clinics, we do not have enough Psychologists in supervisory roles.	2/21/2018 1:01 PM

Q1 Are you currently a supervisor of a psychology trainee? Yes or No. If No, skip to question 3.

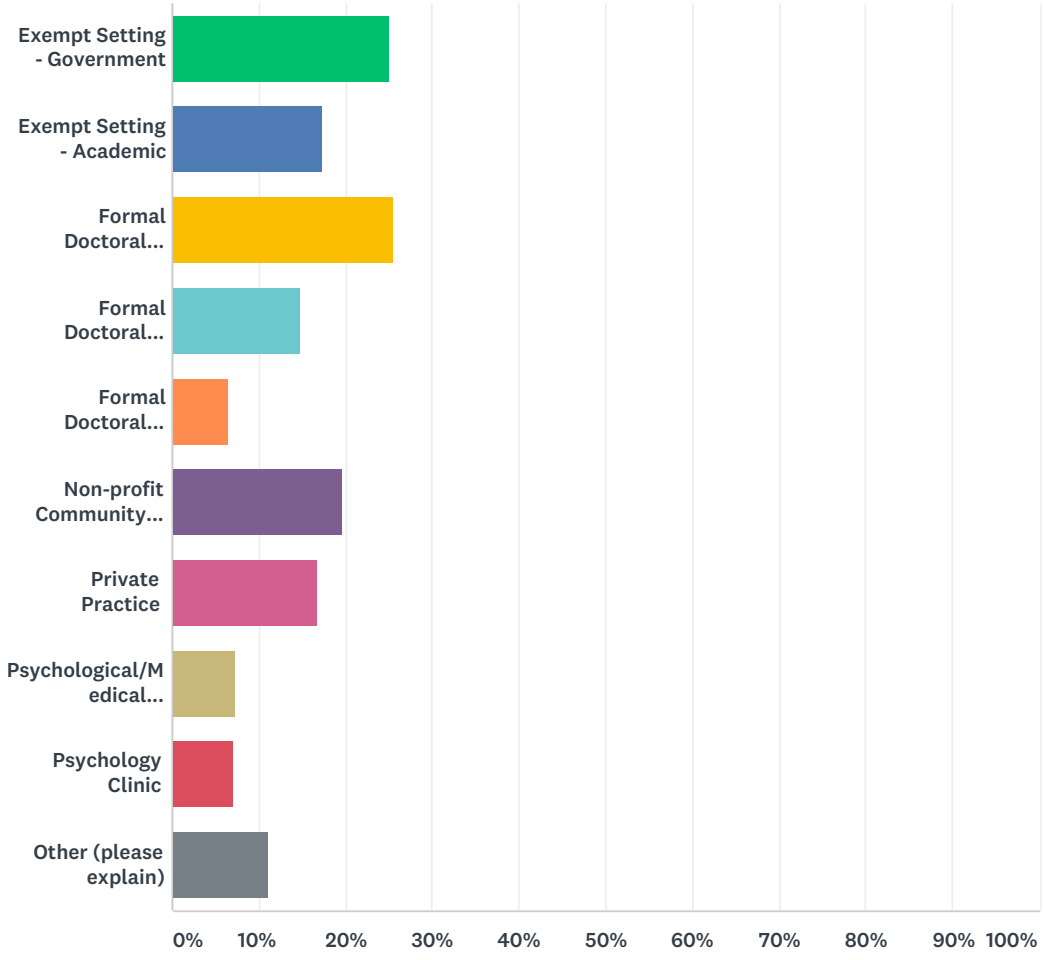
Answered: 1,621 Skipped: 36



ANSWER CHOICES	RESPONSES	
Yes	34.79%	564
No	65.21%	1,057
TOTAL		1,621

Q2 In what type of settings do you supervise? Check all that apply.

Answered: 716 Skipped: 941



Exempt Setting - Government	25.14%	180
Exempt Setting - Academic	17.46%	125
Formal Doctoral Internship Placement – American Psychological Association	25.56%	183
Formal Doctoral Internship Placement – Association of Psychology Postdoctoral and Internship Centers	14.80%	106
Formal Doctoral Internship Placement – California Psychology Internship Council	6.56%	47
Non-profit Community Agency	19.69%	141
Private Practice	16.76%	120
Psychological/Medical Corporation	7.40%	53
Psychology Clinic	7.12%	51
Other (please explain)	11.17%	80
Total Respondents: 716		

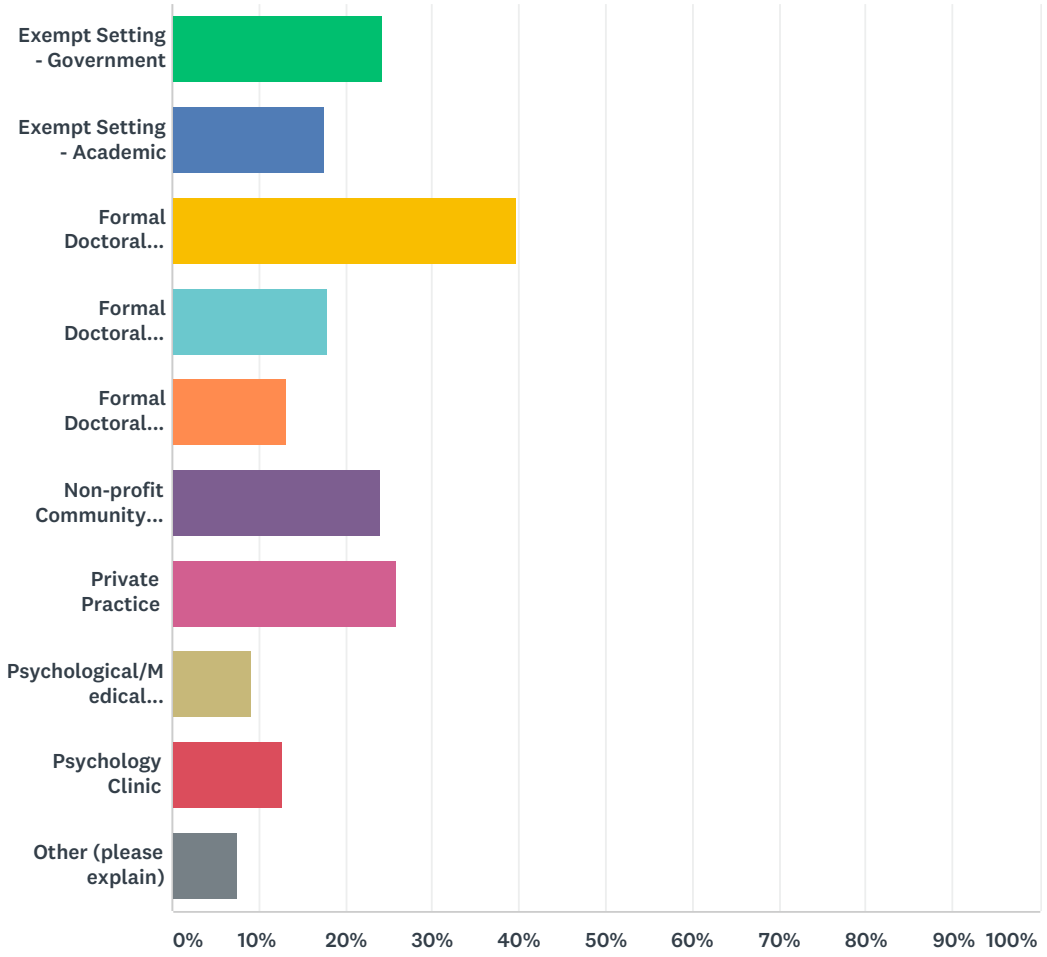
#	OTHER (PLEASE EXPLAIN)	DATE
1	Postdoctoral Formal postdoctoral training placement --APPIC	3/6/2018 8:48 PM
2	Hospital Children's Hospital	3/6/2018 1:54 PM
3	Hospital Hospital setting	3/6/2018 12:19 PM
4	None None	3/6/2018 11:11 AM
5	Practicum practicum setting	3/6/2018 10:27 AM
6	Emergency Psychiatric An emergency psychiatric unit (PUF)	3/4/2018 5:53 PM
7	Government FQHC	2/28/2018 9:55 PM
8	Hospital Kaiser Permanente	2/28/2018 6:19 PM
9	None I don't supervise.	2/27/2018 5:21 PM
10	Government Exempt government setting initiating requests for MH waivers	2/26/2018 10:35 AM
11	Academic Medical Center Supervise postdocs through an academic medical center	2/25/2018 8:37 PM
12	Government FQHC Primary/Women's Health Center	2/25/2018 11:29 AM
13	BAPIC BAPIC placement	2/25/2018 8:48 AM
14	Government None currently. Used to supervise in exempt (govt) setting	2/24/2018 4:57 PM
15	None None	2/24/2018 3:10 PM
16	Student Services Student Mental Health Services at a California Community College	2/23/2018 5:26 PM
17	None N/A	2/23/2018 3:33 PM
18	Community community clinic	2/23/2018 12:32 PM
19	Government retired from DVA	2/22/2018 6:38 PM
20	Corporation other corporation	2/22/2018 6:29 PM
21	Retired temporarily retired	2/22/2018 5:35 PM
22	None I don't supervise	2/22/2018 4:31 PM
23	None I don't currently supervise, but I have done so in the past	2/22/2018 3:29 PM
24	University Counseling University Counseling - supervise practicum, predoc and postdoc students	2/22/2018 1:43 PM
25	Hospital Inpatient/Outpatient Recovery	2/22/2018 1:08 PM
26	None I don't	2/22/2018 12:01 PM
27	Retired but, i'm now retiring	2/22/2018 11:42 AM
28	None Do not supervise	2/22/2018 11:39 AM
29	None I dont I am finishing my role as a psychological assistant	2/22/2018 11:08 AM
30	Rehab Residential Rehab Center (Drug and Alcohol)	2/22/2018 10:41 AM
31	Postdoctoral APA postdoc at Kaiser Permanente	2/22/2018 10:29 AM
32	None none	2/22/2018 10:21 AM
33	None Not currently supervising.	2/22/2018 10:03 AM
34	University The C.G. Jung Institute of San Francisco: already licensed therapists	2/21/2018 10:57 PM
35	Government Federal Qualified Health Center	2/21/2018 10:18 PM
36	Internship Program I was formerly a supervisor in an APA approved internship program for 2-1/2 years.	2/21/2018 9:17 PM
37	Postdoctoral Formal post doctoral program APA	2/21/2018 8:57 PM
38	Community Community agency for profit	2/21/2018 8:34 PM
39	Hospital UC Davis Med Center	2/21/2018 8:26 PM

40	None N/A	2/21/2018 8:22 PM
41	Postdoctoral Formal postdoctoral fellowship - APA accredited	2/21/2018 8:02 PM
42	Community Low-cost counseling center	2/21/2018 7:41 PM
43	None Not currently	2/21/2018 7:13 PM
44	None I am not a supervisor	2/21/2018 7:11 PM
45	None none currently	2/21/2018 7:03 PM
46	Student Services School District	2/21/2018 7:02 PM
47	None na	2/21/2018 7:00 PM
48	Training Trainee	2/21/2018 6:35 PM
49	Training Private training institute	2/21/2018 6:30 PM
50	Postdoctoral Formal postdoctoral training program-American Psychological Association	2/21/2018 6:28 PM
51	Retired Retired on contract	2/21/2018 6:06 PM
52	Government FQHC	2/21/2018 6:06 PM
53	None I'm not currently supervising interns	2/21/2018 5:52 PM
54	None you're asking about trainees, not interns. I have replied accordingly	2/21/2018 5:44 PM
55	Residential Services residential services for cognitively challenged individuals	2/21/2018 5:42 PM
56	None None	2/21/2018 5:40 PM
57	Corporation Health Care company	2/21/2018 5:25 PM
58	Student Services university counseling center	2/21/2018 5:00 PM
59	Retired Now retired but formerly oversaw VA internship training.	2/21/2018 4:47 PM
60	None None currently.	2/21/2018 4:40 PM
61	Retired No longer supervising, but many years in non-profit CBO	2/21/2018 4:32 PM
62	County County contracted	2/21/2018 4:06 PM
63	BAPIC Formal Practicum Placement- BAPIC	2/21/2018 4:02 PM
64	Postdoctoral Postdoctoral APA	2/21/2018 3:53 PM
65	Rehab chemical dependency treatment center	2/21/2018 3:49 PM
66	Hospital Hospital setting	2/21/2018 3:38 PM
67	Non profit Not sure if it is exempt or not	2/21/2018 3:37 PM
68	Practicum Practicum placement for third year students	2/21/2018 3:36 PM
69	Postdoctoral Post Doc only	2/21/2018 3:32 PM
70	Hospital Medical center	2/21/2018 3:22 PM
71	None Not currently supervising	2/21/2018 3:21 PM
72	Out Patient Treatment Dual Diagnosis Intensive out patient treatment center.	2/21/2018 3:20 PM
73	None not applicable.. I don't supervise	2/21/2018 3:13 PM
74	Practicum Practicum Supervisor	2/21/2018 3:07 PM
75	Non profit private, non-profit research facility in which clinical outcomes studies with therapy are being conducted	2/21/2018 3:06 PM
76	None none	2/21/2018 2:59 PM
77	None I don't supervise.	2/21/2018 2:58 PM
78	Private Medical Private Practice	2/21/2018 2:55 PM
79	County County Department of Mental Health, expected to acquire practicum students this year	2/21/2018 2:46 PM

80	Hospital University/Public Hospital	2/21/2018 2:45 PM

Q3 In what type(s) of setting(s) are you accruing or did you accrue your Supervised Professional Experience? Check all that apply.

Answered: 1,641 Skipped: 16



ANSWER CHOICES	RESPONSES	
Exempt Setting - Government	24.25%	398
Exempt Setting - Academic	17.67%	290
Formal Doctoral Internship Placement – American Psychological Association	39.67%	651
Formal Doctoral Internship Placement – Association of Psychology Postdoctoral and Internship Centers	17.98%	295
Formal Doctoral Internship Placement – California Psychology Internship Council	13.22%	217
Non-profit Community Agency	24.13%	396
Private Practice	25.90%	425
Psychological/Medical Corporation	9.14%	150
Psychology Clinic	12.68%	208
Other (please explain)	7.62%	125

Total Respondents: 1,641

#	OTHER (PLEASE EXPLAIN)	DATE
1	Hospital psychiatric State Hospital	3/7/2018 5:20 PM
2	Formal Postdoctoral Formal Post-Doctoral Fellowship Placement - American Psychological Association	3/7/2018 11:58 AM
3	Formal Postdoctoral APA Accredited Post-doctoral Fellowship at a Medical Center	3/7/2018 11:29 AM
4	Community Clinic Community Mental Health	3/7/2018 8:13 AM
5	Fellowship Also I did formal APA fellowship (2 years)	3/6/2018 8:49 PM
6	Juvenile Detention Center Juvenile Detention Center	3/6/2018 12:19 PM
7	Formal Postdoctoral formal postdoctoral placement - APA	3/6/2018 12:10 PM
8	Formal Postdoctoral formal postdoc	3/6/2018 10:27 AM
9	Post doctoral Residency Post-doctoral residency	3/5/2018 1:20 PM
10	State Employment State employment	3/4/2018 1:48 PM
11	Formal Postdoctoral APA Accredited postdoctoral fellowship	3/1/2018 10:05 PM
12	Work work	3/1/2018 3:19 PM
13	Formal Postdoctoral Formal postdoctoral fellowship - APA	2/28/2018 12:00 PM
14	Multiple Internship & postdoc at VAs	2/27/2018 5:21 PM
15	NA not psychology candidate	2/26/2018 10:35 AM
16	Practicum practicums	2/26/2018 7:06 AM
17	HMO HMO	2/25/2018 10:54 PM
18	Skilled Nursing Facility SNF inpatient	2/25/2018 5:33 PM
19	Formal Postdoctoral Formal post-doctoral fellowship at Brown University Program in Medicine	2/25/2018 4:58 PM
20	Hospital At a (Privare) Hospital & Community Mental Health center	2/25/2018 4:52 PM
21	Hospital Public hospital, FQHC	2/25/2018 11:29 AM
22	Skilled Nursing Facility Skilled nursing facility	2/24/2018 3:10 PM
23	Formal Postdoctoral Formal post doc - 501c3	2/24/2018 1:22 PM
24	Hospital Inpatient hospital as post-fellow	2/24/2018 2:54 AM
25	Hospital Private Psychiatric inpatient and outpatient hospital setting/ Long term psychiatric care facility	2/23/2018 5:26 PM
26	Hospital Public hospital	2/23/2018 3:49 PM
27	Community Clinic community clinic	2/23/2018 12:32 PM
28	Formal Postdoctoral Post doctoral fellowship	2/23/2018 9:57 AM
29	College Counseling Center Counseling center at a community college	2/23/2018 9:46 AM
30	Multiple multiple settings	2/23/2018 9:32 AM
31	Hospital Private psychiatric hospital	2/23/2018 8:47 AM
32	Hospital APA-approved child psychiatry outpatient clinic at a County hospital	2/23/2018 2:35 AM
33	Formal Postdoctoral Formal Post-doctoral training program	2/22/2018 11:50 PM
34	Multiple Kaiser CDRP & a County mental health clinic	2/22/2018 11:04 PM
35	School Elem. school setting	2/22/2018 9:20 PM
36	Hospital Division of Psychiatry, Dept. of Psychology, Children's Hospital of Los Angeles	2/22/2018 6:59 PM
37	Hospital Hospital setting - APA approved postdoctoral fellowship	2/22/2018 4:48 PM

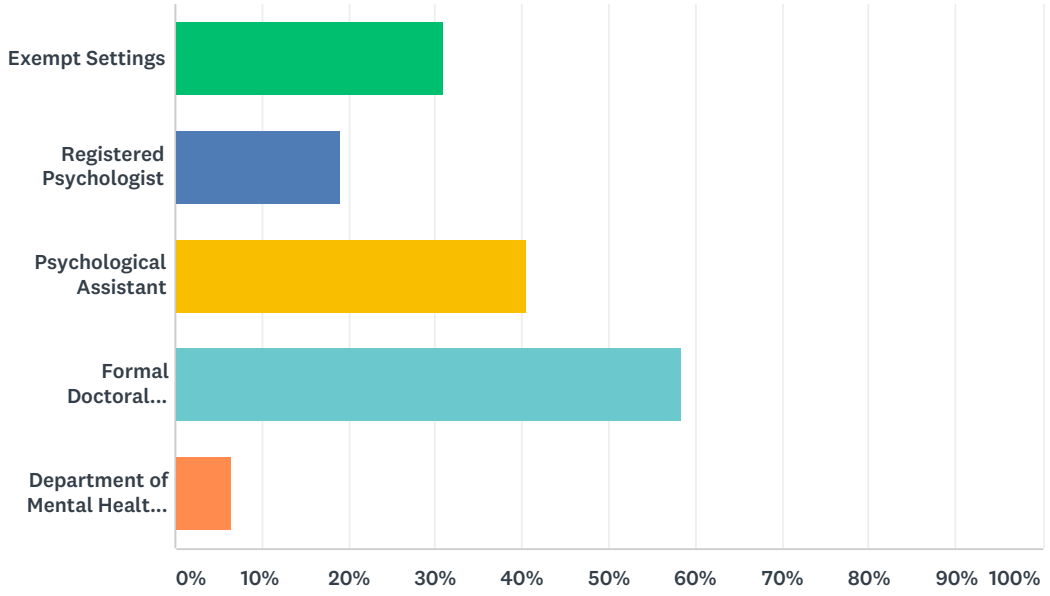
38	Formal Postdoctoral APA postdoc	2/22/2018 2:29 PM
39	Hospital Major metropolitan hospital/dual diagnosis in-patient ward	2/22/2018 1:48 PM
40	Half way House As a registered Psych Assistant working with a one-on-one supervisor, (half way house for newly released prisoners).	2/22/2018 12:32 PM
41	Hospital psychiatric hospital as psychological assistant	2/22/2018 12:22 PM
42	Hospital Not-for-profit Psychiatric Hospital	2/22/2018 12:08 PM
43	Multiple I obtained my original license in other states	2/22/2018 12:01 PM
44	School School Psychologist Supervisor. School Internship	2/22/2018 11:31 AM
45	Hospital For profit psychiatric hospital	2/22/2018 11:08 AM
46	Hospital Psychiatric hospital	2/22/2018 10:49 AM
47	Multiple Women's Federal prison predoc and Kaiser Permanente Postdoc	2/22/2018 10:29 AM
48	Non profit non-profit residential tx center	2/22/2018 10:13 AM
49	Formal Postdoctoral Post doctoral fellowship	2/22/2018 9:15 AM
50	Hospital Psychiatric Hospital	2/22/2018 8:24 AM
51	College Counseling Center University Counseling Center	2/22/2018 7:06 AM
52	Hospital Kaiser	2/22/2018 4:57 AM
53	Formal Postdoctoral Post Doc at Adventist Family Medicine Center	2/22/2018 2:07 AM
54	Hospital Hospital	2/22/2018 12:26 AM
55	School Psychology Department:Full Service Medical Center	2/21/2018 10:23 PM
56	VA V.A.	2/21/2018 10:15 PM
57	Formal Postdoctoral Formal doctorate placement, but way back	2/21/2018 10:03 PM
58	Treatment Program Opioid Treatment Program	2/21/2018 9:32 PM
59	Hospital Community hospital as psych assistant	2/21/2018 8:59 PM
60	Formal Postdoctoral Formal post doctoral program APA	2/21/2018 8:57 PM
61	NA I attempted, but was denied accrual at a psych consulting firm. i think we need to incorporate such settings as i did good work for the community that involved qualitative research and program evaluation. (formative and summative)	2/21/2018 8:55 PM
62	Multiple I am a strange case. I worked for a seven years in a state hospital full time before and after my doctorate before licensure came in. Then I worked as a psychologist outside of the US for ten year. When I returned, I worked for a community agency for a year and then took my license (I just missed grandfathering in, since I got back to the US a few months too late).	2/21/2018 8:52 PM
63	Formal Postdoctoral postdoctoral placement - CAPIC	2/21/2018 8:50 PM
64	Formal Postdoctoral formal doctoral internship, subsequently accredited	2/21/2018 8:43 PM
65	Community Clinic Community agency for profit	2/21/2018 8:34 PM
66	Hospital Freestanding psychiatric hospital, Medical Model	2/21/2018 8:22 PM
67	FQHC Federally Qualified Health Center	2/21/2018 8:10 PM
68	Hospital hospital program	2/21/2018 8:09 PM
69	Multiple state hospital, university counseling center, and community mental health center	2/21/2018 8:07 PM
70	Hospital Substance disorder hospital	2/21/2018 8:01 PM
71	Internship The University of Michigan has APA approved internship sites within the Ann Arbor Area that were “captured” sites, with training positions for UM trainees only	2/21/2018 7:25 PM
72	Internship Formal internship through CSPP, eg, Children's Hospital, but not APA	2/21/2018 7:18 PM
73	Hospital general med-surg hospital units	2/21/2018 7:00 PM

74	Formal Postdoctoral Formal postdoctoral training placement-America Psychological Association	2/21/2018 6:28 PM
75	School Non-public school (special education)	2/21/2018 6:22 PM
76	SUD SUD	2/21/2018 6:16 PM
77	Multiple APA Accredited Internship and Fellowship in NY State	2/21/2018 6:03 PM
78	Formal Postdoctoral clinical postdoctoral fellowship	2/21/2018 5:53 PM
79	Hospital Hospital	2/21/2018 5:53 PM
80	Hospital Also a California state mental hospital.	2/21/2018 5:32 PM
81	Hospital Hospital	2/21/2018 5:31 PM
82	School USCStudent Health center	2/21/2018 5:30 PM
83	Private Practice Registered Psych Assistant with private practioner	2/21/2018 5:29 PM
84	Hospital Hospital	2/21/2018 5:25 PM
85	Hospital Psychiatric Hospital	2/21/2018 5:09 PM
86	Multiple university counseling center; psychiatric inpatient	2/21/2018 5:00 PM
87	Formal Postdoctoral Formal post-doctoral training	2/21/2018 4:57 PM
88	Internship Through my university's list of approved internship locations	2/21/2018 4:46 PM
89	Multiple USC School of Medicine, Anaheim Police Department Juvenile Diversion	2/21/2018 4:41 PM
90	Multiple Med, Sch, U. of Penn. pot doc in Neuropsych	2/21/2018 4:36 PM
91	Treatment Program Methadone clinic	2/21/2018 4:16 PM
92	VA Postdoctoral training in a V.A. Medical Center with a large psychology department	2/21/2018 4:16 PM
93	Private Practice Private Practice Psychiatric Office	2/21/2018 4:13 PM
94	Internship internships through CSPP in the early 1980s.	2/21/2018 4:04 PM
95	Internship Formal Field Placements and Internship before APPIC and CAPIC existed.	2/21/2018 4:02 PM
96	Formal Postdoctoral Post doc APA	2/21/2018 3:53 PM
97	VA armed services hospital	2/21/2018 3:52 PM
98	County Clinic County Clinic	2/21/2018 3:49 PM
99	VA VAMC	2/21/2018 3:47 PM
100	Hospital Children's Hospital	2/21/2018 3:42 PM
101	Hospital Mental health hospital	2/21/2018 3:40 PM
102	NA I don't remember if one of my sites was exempt or not. I think I was registered psychologist? It was for a research study	2/21/2018 3:37 PM
103	Hospital General Hospital setting	2/21/2018 3:36 PM
104	Live In Community Home Live-in community home for Schizophrenics.	2/21/2018 3:36 PM
105	Formal Postdoctoral Formal postdoctoral training program	2/21/2018 3:35 PM
106	County Clinic County mental health department (registered psychologist)	2/21/2018 3:35 PM
107	Hospital Hospital mental health clinic	2/21/2018 3:32 PM
108	Hospital Psychiatric Hospital	2/21/2018 3:29 PM
109	Private Practice Supervision by a psychiatrist	2/21/2018 3:26 PM
110	Medical Center Medical Center	2/21/2018 3:22 PM
111	County Clinic County of Orange Behavioral Health Clinic	2/21/2018 3:22 PM
112	Medical Center Pre-doctoral hours were at Community Mental Health Center in L.A. but I don't believe it was "APA" ruled, and there was no APIC at the time. Hard to categorize. Post-Ph.D. hours were at an HMO.	2/21/2018 3:19 PM

113	Internship Formal Doctoral Internship - Medical School Dept of Psychiatry and Government setting	2/21/2018 3:17 PM
114	Formal Postdoctoral formal postdoctoral fellowship placement - American Psychological Association	2/21/2018 3:06 PM
115	VA I was in California when I did my postdoc hours. It was with the VA though, so I assume this would be exempt.	2/21/2018 3:06 PM
116	College Counseling Center I received hours working at the counseling center of a community college. they were not APA approved, but they participated in AIPIC at the time. That was pre doc, for post doc I received hours working in a community mental health clinic contracted with a county.	2/21/2018 3:02 PM
117	School School clinic setting	2/21/2018 3:00 PM
118	Internship Pre-CAPIC internship and post doc	2/21/2018 2:59 PM
119	Multiple Doc-Respecialization: 3,000+ SPE as post-doc fellow	2/21/2018 2:59 PM
120	Formal Postdoctoral formal postdoctoral fellow ship in academic setting	2/21/2018 2:58 PM
121	Formal Postdoctoral Formal APA post-doc as well	2/21/2018 2:57 PM
122	Formal Postdoctoral Formal Post-doctoral Fellowship after formal full time internship	2/21/2018 2:55 PM
123	Formal Postdoctoral formal post-doctoral fellowship in government setting	2/21/2018 2:48 PM
124	Formal Postdoctoral Formal APPIC Postdoctoral Fellowship Placement	2/21/2018 2:45 PM
125	Private Practice it was a formal 2 year fellowship at a private psychology clinic	2/21/2018 2:44 PM

Q4 In what capacity(s) are you accruing or did you accrue your Supervised Professional Experience? Check all that apply.

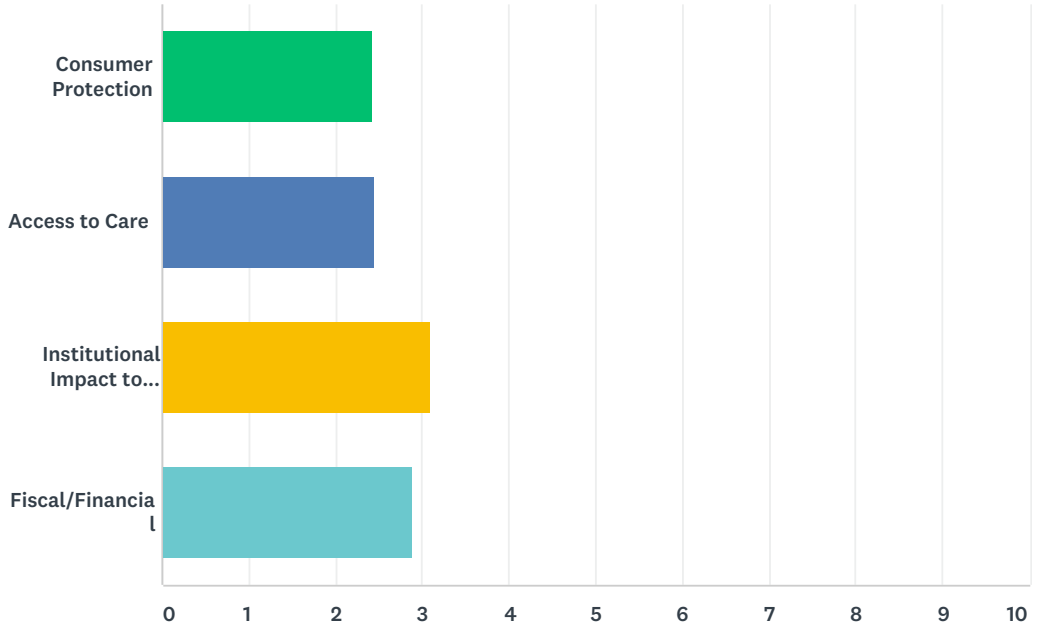
Answered: 1,638 Skipped: 19



Exempt Settings	30.95%	507
Registered Psychologist	18.99%	311
Psychological Assistant	40.60%	665
Formal Doctoral Internship Placement	58.30%	955
Department of Mental Health Waiver	6.47%	106
Total Respondents: 1,638		

Q5 On a scale from 1-4 (with 1 being no impact and 4 being a major impact), what kind of impact would the proposed change to mandatory registration as a psychological assistant in all training settings have on the profession of psychology?

Answered: 1,630 Skipped: 27



	NO IMPACT	LITTLE IMPACT	SOME IMPACT	MAJOR IMPACT	TOTAL	WEIGHTED AVERAGE
Consumer Protection	23.74% 385	27.68% 449	31.38% 509	17.20% 279	1,622	2.42
Access to Care	25.36% 406	23.80% 381	32.67% 523	18.18% 291	1,601	2.44
Institutional Impact to Current Training Model	8.92% 144	14.19% 229	36.12% 583	40.77% 658	1,614	3.09
Fiscal/Financial	10.48% 168	18.65% 299	43.36% 695	27.51% 441	1,603	2.88

Q6 From your perspective, what are the advantages to this proposal?

Answered: 1,389 Skipped: 268

#	RESPONSES	DATE
1	Streamline It would streamline the process.	3/7/2018 5:58 PM
2	NA n/a	3/7/2018 5:20 PM
3	None I don't see any.	3/7/2018 5:11 PM
4	NA Unsure. I valued and learned different perspective from each of the setting where I acquired my licensure hours.	3/7/2018 5:06 PM
5	NA not sure	3/7/2018 5:03 PM
6	Accountability This proposal would require that a licensed psychologist/supervisor would have to co-sign all of the trainee's written documents. This may mean increased scrutiny of written documentation and legal protection for the psychology trainee.	3/7/2018 5:01 PM
7	None None	3/7/2018 5:00 PM
8	None There are no advantages. I think that consumer protection should be paramount but I think that a psychological assistant registration gravely impacts formal training programs. It would be doing these programs a major disservice while prioritizing other types of practices. If these other settings are not providing adequate care that should be addressed in isolation; such as not allowing continued supervisory experience if they are clearly not providing it competently.	3/7/2018 5:00 PM
9	NA I'm not sure that there will be any significant advantages. However, I am not sure about the context that this new legislation comes out of. It would be helpful to understand this issue more fully.	3/7/2018 4:46 PM
10	Simplification It's simpler	3/7/2018 4:44 PM
11	Streamline It streamlines the process of licensure.	3/7/2018 4:42 PM
12	Less Confusion It sounds like it would eliminate some confusion around how hours toward licensure are accrued.	3/7/2018 4:33 PM
13	Standardization Standardizing the credentials and protecting the public	3/7/2018 4:32 PM
14	Tracking Easier tracking of hours with the BOP.	3/7/2018 4:32 PM
15	Streamline I do not see any advantages, other than making paperwork more streamlined for the BOP.	3/7/2018 4:29 PM
16	NA N/A	3/7/2018 4:28 PM
17	Less Confusion I could see how simplifying it could assist others in making sense of the licensing process in California which can be confusing and, at times, cumbersome.	3/7/2018 4:28 PM
18	Simplification I see how it would be simpler for the Board, but I do not see advantages to practice, training, or patient care.	3/7/2018 4:12 PM
19	Weakness the board would be able to collect a ton of money.	3/7/2018 2:11 PM
20	Standardization Tracking Consumer protection. Standardization across the settings. And making it easier to track hours.	3/7/2018 1:08 PM
21	Less Confusion More clear cut guidelines so less confusion for students, staff, consumers, programs, etc.	3/7/2018 12:41 PM
22	None None	3/7/2018 12:23 PM
23	Streamline Streamline the language used for consumers	3/7/2018 11:58 AM
24	Weakness I don't see many advantages to this proposal. I think it could limit the number of trainees at sites (like the one where I work), and prevent trainees from participating in additional years of training if/as needed.	3/7/2018 11:29 AM

25	Greater Protection None, except greater protection for the psychology interns.	3/7/2018 11:20 AM
26	Streamline Streamline the process of accruing hours	3/7/2018 10:50 AM
27	None I don't see any advantages to eliminating the predoctoral internship or government exempt routes to accruing SPE.	3/7/2018 10:02 AM
28	None Re the above, I believe that the proposed change could have a major impact, but it would be a negative impact. I see no advantages to the proposal.	3/7/2018 9:58 AM
29	Accountability Transparency It might create some transparency among settings offering supervision for licensure, thus offering some protection for interns.	3/7/2018 9:29 AM
30	None None	3/7/2018 8:53 AM
31	None None.	3/7/2018 8:35 AM
32	Streamline A more streamlined process for supervisors and supervises to complete	3/7/2018 8:13 AM
33	Weakness BOP consolidates paperwork easier? Maybe BOP makes money somehow? Maybe the licensed supervisor feels slightly less liable for our errors (liability)?	3/6/2018 11:45 PM
34	NA Unsure. Are there exempt settings or sites with registered psychologists providing substandard training and care? The nature and impact of the "variability in consumer protection" is unclear. In a nutshell, what's the matter with the current system? Have there been problems, and if so, what are those problems? As a supervisor in an exempt setting, I know the lengths we go to ensure adequate training and care, so it's difficult for me to judge relative advantage without more specific information.	3/6/2018 10:14 PM
35	Less Confusion Less confusion on the different categories.	3/6/2018 9:57 PM
36	None None	3/6/2018 9:46 PM
37	None I don't really see any. You can have trainees registered as such and you can keep track of them but do not make them pay.	3/6/2018 8:49 PM
38	None none	3/6/2018 8:48 PM
39	NA I'm not sure.	3/6/2018 7:40 PM
40	NA It has hard to see the benefits when the consequences to institutions that offer the exemption will be so significantly impacted.	3/6/2018 7:16 PM
41	Money Money for accrediting bodies	3/6/2018 7:05 PM
42	None none	3/6/2018 5:54 PM
43	None None	3/6/2018 5:11 PM
44	None Very little advantage if any	3/6/2018 4:37 PM
45	NA I'm not sure I understand the advantages. I wish that more information was provided re: the positions in order to make an informed vote. How does this lead to greater consumer protection?	3/6/2018 4:33 PM
46	None I don't see any advantages to this proposal.	3/6/2018 4:24 PM
47	None None; it would make it really hard for us to operate under our current training model because of the restrictions placed on how many psych assistants can be under a single supervisor. I just don't see why this kind of registration is necessary.	3/6/2018 4:21 PM
48	None I find very few advantages to this proposal.	3/6/2018 3:56 PM
49	Accountability Simplification • All post-doc hours, regardless of setting, would be catalogued by/reported to the board • Possible simplification of the process of cataloging hours that will count toward licensure	3/6/2018 3:53 PM
50	NA Not sure if it will change anything qualitatively regarding the various settings or various experiences of trainees. I'm not informed enough about the barriers to care patients have experienced that would warrant these changes.	3/6/2018 3:48 PM
51	Tracking Greater ability to tract the course of the intern's path to completion of hours.	3/6/2018 3:35 PM
52	None No advantages to this proposal.	3/6/2018 3:14 PM
53	None None	3/6/2018 3:01 PM

54	Tracking All hours, regardless of setting, would be catalogued by/reported to the board	3/6/2018 2:56 PM
55	None None, it will add more complications and little benefit	3/6/2018 2:38 PM
56	None I do not see any advantages of this proposal. It seems more cumbersome and not necessary protective of consumers.	3/6/2018 1:54 PM
57	Less Confusion Standardization would facilitate clarity.	3/6/2018 1:40 PM
58	Accountability Having everyone under a similar path to licensure is ideal for accountability and uniformity.	3/6/2018 1:22 PM
59	None I do not see advantages to the proposal as I believe it would take away from high quality APA accredited training sites and require an inferior model of training as a Psychological Assistant.	3/6/2018 1:09 PM
60	None None. It is not evident or apparent that there is a decrease in training experience because trainees are not registered as psych assistants.	3/6/2018 1:06 PM
61	None None. I think it's a terrible idea.	3/6/2018 1:04 PM
62	Improved Quality Simplification I imagine that this simplifies administrative demands on BOP, and it help raise the bar on substandard psychology training.	3/6/2018 12:45 PM
63	Tracking It would be good to ensure that students are acquiring appropriate experience and going through the proper regulated channels to obtain hours as there is a huge variation of skill observed in trainees from different schools and practicum sites.	3/6/2018 12:41 PM
64	Weakness Not enough APA approved internship sites	3/6/2018 12:32 PM
65	Simplification Weakness May simplify as one size will fit all, but may create work additional unexpected hurdles for smaller providers	3/6/2018 12:30 PM
66	Consistency The single advantage is consistency of documentation of professional experience.	3/6/2018 12:27 PM
67	Standardization standardized process	3/6/2018 12:23 PM
68	Consistency Less Confusion Perhaps some clarification for the public regarding training status. It is also possible that it would help to ensure a higher consistency and standard of care across training experiences.	3/6/2018 12:19 PM
69	Standardization Potentially standardizing the process, but not enough information is provided regarding the proposal to definitely understand how this would help protect consumers.	3/6/2018 12:13 PM
70	Standardization Streamlining process from a logistic perspective	3/6/2018 12:12 PM
71	NA n/a	3/6/2018 12:10 PM
72	None It is hard to see advantages to this proposal.	3/6/2018 12:10 PM
73	Oversight They would likely only be useful in settings with limited supervision or more rural isolated settings.	3/6/2018 12:10 PM
74	None none	3/6/2018 11:50 AM
75	Standardization standardization of SPE	3/6/2018 11:48 AM
76	NA N/A	3/6/2018 11:41 AM
77	None None. I will only create more barriers to trainees, agencies, and clients	3/6/2018 11:41 AM
78	None none	3/6/2018 11:14 AM
79	Standardization Stadardization	3/6/2018 11:11 AM
80	Streamline Streamline of process and standardization	3/6/2018 11:10 AM
81	Greater Protection a bit more consumer protection	3/6/2018 11:04 AM
82	None There are none. This would make it very difficult to provide training and ensure that students are adequately prepared.	3/6/2018 10:59 AM
83	Standardization Standardization of pathway to collect licensure hours will increase standardization of training. However, this would only be true if additional rules relating to being a Psych Assistant are implemented.	3/6/2018 10:46 AM

84	Greater Protection More Options Possibly more clients served and protected; more options for trainees to meet requirements for licensure.	3/6/2018 10:32 AM
85	Oversight Additional oversight of trainees in some setting that are non-exempt or not part of formal training	3/6/2018 10:27 AM
86	None NONE. CA has the most ridiculous board with the most micromanaging behavior it must be run by control freaks. Rather than trusting the professionals it licenses it exerts control through over regulation with no added benefit to the licensees, trainees, or consumers. Many of its endeavors are a waste of time, money, and taxpayer resources. Are there any studies, any data whatsoever, that States with micromanaging licensing boards have any fewer ethical or legal violations of its licensees or trainees? It seriously motivates me to inactivate my CA license and go with another state where I am also licensed that does not have such exorbitant fees and constant micromanaging. If there is no data to support over regulation then why do it?	3/6/2018 10:25 AM
87	None There are no advantages, consumers are currently protected by students accruing hours in formal Practicum and Internship programs.	3/6/2018 10:16 AM
88	None I think it is a terrible proposal and I see no real advantage to it and much that would harm current training models for our field	3/6/2018 10:13 AM
89	NA n/a	3/6/2018 10:02 AM
90	Greater Protection Possibly protection to consumers.	3/6/2018 9:36 AM
91	None None, makes more paperwork with red tape, no change to workings within the business. Makes more difficult to get people working/doing the work, nothing else would change to patient care.	3/6/2018 9:14 AM
92	None None	3/6/2018 8:55 AM
93	None I do not see any advantages of this proposal. It is more cost to the intern from my personal experience. The training I received in exempt settings was of better quality because I was treated as a trainee not an employee.	3/6/2018 8:47 AM
94	Standardization Weakness Very few. Perhaps standardizing some practices, but significantly limiting others. The pros certainly do not outweigh the cons.	3/6/2018 8:32 AM
95	None I don't see any.	3/6/2018 8:13 AM
96	Weakness Possible billing for patients but a delay in the process due to the BOP being overwhelmed with more applications	3/6/2018 7:12 AM
97	Tracking a centralized system of tracking individuals accruing SPE	3/5/2018 8:50 PM
98	None None	3/5/2018 6:01 PM
99	Standardization Standardize the training process. It might make sense to separate practicum trainees who gain clinical experience from interns who are 4th or 5th year students and using those hours for licensure.	3/5/2018 5:17 PM
100	None There are no advantages to the proposal.	3/5/2018 4:58 PM
101	None None	3/5/2018 4:35 PM
102	None None	3/5/2018 4:29 PM
103	None No real advantage given the negatives	3/5/2018 3:45 PM
104	Greater Protection greater ease for consumers to identify the status of an unlicensed clinician	3/5/2018 3:06 PM
105	None none	3/5/2018 2:59 PM
106	Standardization There will be more standardization of this process, which will mean that those accruing SPE will feel more confident that their hours will be counted.	3/5/2018 2:56 PM
107	None None	3/5/2018 2:32 PM
108	None none	3/5/2018 1:36 PM
109	Simplification Makes is simpler and easier to follow for those unlicensed; one way to track hours; likely more simple for CA board of psych to track info	3/5/2018 1:20 PM
110	NA N/A	3/5/2018 1:00 PM

111	None Very little.	3/5/2018 12:43 PM
112	Standardization Standardization of the requirements for supervised hours	3/5/2018 12:33 PM
113	Oversight Perhaps it is easier for the Board of Psychology to monitor	3/5/2018 12:18 PM
114	None none	3/5/2018 12:08 PM
115	Tracking Better tracking of the placement accrual of hours for trainees	3/5/2018 11:50 AM
116	None I don't see any. There are many layers of protection for consumers in the current system of clinical supervision.	3/5/2018 11:07 AM
117	None I see no advantages	3/5/2018 11:04 AM
118	None None, only making it more difficult for unlicensed psychologists to be licensed. Appears to benefit the BOP by collecting more fees.	3/5/2018 11:00 AM
119	None None	3/5/2018 10:47 AM
120	Money Weakness The only advantage would be to the board (they'd make more money and maybe it would be less work for them). There would be zero advantages to supervisors, supervisees, and consumers.	3/5/2018 10:34 AM
121	None There are none.	3/5/2018 10:33 AM
122	None None	3/5/2018 9:36 AM
123	None none	3/5/2018 9:31 AM
124	None I see zero advantages and only difficulties and draw backs.	3/5/2018 9:17 AM
125	None none	3/5/2018 9:14 AM
126	None I have a hard time seeing the advantages of this proposal, since it would require all types of hours accrual to be handled the way the LEAST regulated hours accrual is handled.	3/5/2018 9:13 AM
127	None I don't see any advantages.	3/5/2018 8:49 AM
128	None I don't see any. If anything, I'd reconsider my current place/state of employment.	3/5/2018 8:00 AM
129	Simplification Simplifying the process, having it work across these different types of settings, will improve it for everyone.	3/4/2018 5:53 PM
130	None None. It's too hypothetical to assume one setting and a specific type of supervisor over another is the right learning curve for an individual. People tend to go into the field that interests them and more standardiazion could hinder rather than help this process	3/4/2018 1:48 PM
131	Tracking It helps to ensure the internship organization and supervisor properly track supervisee's hours and experience	3/4/2018 12:31 PM
132	Consolidation Consolidation	3/4/2018 8:09 AM
133	Less Confusion Makes the board's job easier. Has the potential to clarify the process.	3/3/2018 8:31 PM
134	None None. I think you should maintain the opportunity to be a registered psychologist. Having only psychology assistants favor private practice.	3/3/2018 4:12 PM
135	Standardization More standardized regulations.	3/3/2018 2:47 PM
136	General If your indicating that even in non-profits those acquiring hours as a registered psychologist would be given 6-7 years to complete their hours accrual as compared to psych assistants instead of the 2 years great!	3/3/2018 10:22 AM
137	None None. It would make it harder to find people willing to supervise unlicensed people. If would also interfere with the internship programs many state hospitals have.	3/2/2018 6:35 PM
138	None None.	3/2/2018 6:35 PM
139	None I don't think there are advantages. It would mean considerable more work in supervision paperwork and difficulty recruiting supervisors, in an exempt setting.	3/2/2018 6:22 PM
140	None I do not see any.	3/2/2018 6:09 PM
141	Money Exempt settings would not have to pay such a high salary	3/2/2018 5:45 PM
142	None Little to none... only more layers of governance and administration.	3/2/2018 5:42 PM

143	None None	3/2/2018 5:37 PM
144	Streamline Stream lined instructions and paperwork for those getting SPE.	3/2/2018 5:36 PM
145	None None whatsoever	3/2/2018 5:18 PM
146	None None	3/2/2018 5:08 PM
147	None None. This would make it more difficult for consumers to discern the training experience of a psychologist. It would appear like the training received in an APA-accredited internship was equivalent to someone receiving their SPE in a small private practice. The proposed gain is misleading and has no merit in that there is no reason to believe it will help consumers. It seems purely hypothetical.	3/2/2018 5:07 PM
148	None None, this DOES NOT seem like a good idea at all.	3/2/2018 5:03 PM
149	None None	3/2/2018 4:54 PM
150	None None. This process would benefit the Board of Psychology by way of collecting additional fees.	3/2/2018 4:53 PM
151	None I do not see any advantages.	3/2/2018 4:53 PM
152	None None	3/2/2018 4:52 PM
153	Standardization uniformity	3/2/2018 4:50 PM
154	None I can't see any	3/2/2018 4:49 PM
155	None No real advantages	3/2/2018 4:48 PM
156	None none.	3/2/2018 4:31 PM
157	None I do not see any advantages to this proposal. It would create a facade of standardization.	3/2/2018 4:23 PM
158	Standardization standardization of practice and training	3/2/2018 3:36 PM
159	Standardization uniform procedures for BOP to monitor	3/2/2018 2:34 PM
160	Standardization It is important to standardize the pathway to licensure from beginning to end. As more training programs have developed over the years, I have noticed great variance in the quality of psychologists coming into practice, with many more who are ill prepared. The increasing number of other clinicians coming into the marketplace makes it more important that we hold our products to a consistently high standard.	3/2/2018 12:09 PM
161	Greater Protection I think the greatest benefit of this proposal pertains to consumer protection. However, I think that the requirements and standards placed upon students and supervisors are sufficient to uphold consumer care in an ethical and professional manner (regardless of the setting).	3/2/2018 9:42 AM
162	Consistency consistent path toward licensure	3/2/2018 8:21 AM
163	None Weakness Only one, to streamline processes for the BOP. Just because something becomes streamlined or standardized does not mean it improves. Sure it provides some clarity and makes the BOP job easier, but this is one of those system that allows for ingenuity and innovation in training rather than restricting one to only get experience in one manner (i.e., the proposed way being evaluated in this survey). Creating standardization thru only becoming psych assistants would bring otherwise amazing training down a level closer to ones offered to psych assistants.	3/1/2018 10:05 PM
164	NA Not sure.	3/1/2018 9:17 PM
165	Accountability Better accountability and tracking of those collecting supervised hours and supervisors.	3/1/2018 3:19 PM
166	Oversight More oversight of trainees *if* proper oversight is not already in place.	3/1/2018 12:08 PM
167	Standardization recognizing the need for standardization of training settings and making sure trainees needs are met before licensure.	3/1/2018 11:45 AM
168	Consistency Consistency	3/1/2018 11:31 AM
169	Weakness With formal internships, this really seems duplicitous and unnecessary and much more work for an already taxed board of psychology staff.	3/1/2018 9:30 AM
170	Consistency consistency	3/1/2018 12:35 AM

171	Credibility credibility. Protection of consumers	2/28/2018 11:13 PM
172	Streamline Only the clarity offered by streamlining the route to licensure.	2/28/2018 9:55 PM
173	Consistency Streamline/ consistency	2/28/2018 8:58 PM
174	Consistency Consistency--clarity in licensing law.	2/28/2018 8:29 PM
175	None Unclear	2/28/2018 8:29 PM
176	Standardization formalizing the process so everyone has standardized training. It is lacking at this time.	2/28/2018 6:19 PM
177	None There are no advantages to this proposal	2/28/2018 6:17 PM
178	Streamline Application process would be streamlined and easy to follow	2/28/2018 4:57 PM
179	Standardization Standardized process of training hopefully will improve the oversight of supervisors/training programs' responsibilities, unify different standards for the various training settings, and address the unfair financial compensation issue. As it is, the range of training quality is to wide. The levels of financial compensation for the trainees also varies from unpaid labor to livable wages.	2/28/2018 4:42 PM
180	NA Unknown	2/28/2018 3:53 PM
181	NA I don't know what registering as a psych assistant entails, so I am not able to answer this question.	2/28/2018 3:38 PM
182	Improved Quality Possible improvement in quality of supervised services and consumer protection.	2/28/2018 3:11 PM
183	None I am unclear about any advantages.	2/28/2018 2:40 PM
184	Less Confusion I think it makes the process a lot less confusing for applicants trying to figure out which route applies to them.	2/28/2018 2:40 PM
185	Oversight The board would have increased oversite and be in the position to standardize training expectations.	2/28/2018 2:28 PM
186	None I think the categories are unnecessary. I think they make it difficult to be clear with the lay public. I think an intern is an intern and the difference in training is always there, even between non-profit agencies. The student picks the location for a multitude of reasons. As long as they become qualified to practice, especially if they are seeking to specialize, they will choose their own path. No need to label it. It's irrelevant in the long-term.	2/28/2018 2:18 PM
187	Standardization It standardizes the concept of Psychological Assistant, so the consumer knows what that means.	2/28/2018 1:51 PM
188	None Very little. It continues the narrowing of the experiences and skills of psychologists. Broad based wise experienced psychologist well based in research are harder to find	2/28/2018 1:23 PM
189	Less Confusion More clarity for applicants	2/28/2018 1:17 PM
190	Weakness Even though a lot of the training I did was with survivors of trauma and with those who are suicidal I can't work at the VA because I didn't have an APA internship. I would love to give back to the veterans who've sacrificed for us especially considering the mental health crisis veterans are silently suffering through but I can't. This proposal could potentially change that.	2/28/2018 12:54 PM
191	Improved Quality Standardizing training expectations CAN lead to ensuring all trainees meet minimum standards, thus supporting a well-trained and high-quality provider population.	2/28/2018 12:00 PM
192	Standardization Uniformity for trainees who have less formal training programs	2/28/2018 11:12 AM
193	Streamline It does seem that it would streamline the process for the Board but is likely to have a large impact on trainees and organizations.	2/28/2018 10:43 AM
194	Improved Quality Enhance quality of training for all psychologists	2/28/2018 9:48 AM
195	Improved Quality Ensuring high quality training is received and that trainees can learn in a positive environment versus serving as a "work horse" with little teaching and oversight.	2/28/2018 9:15 AM
196	Oversight An easy way to consolidate and evaluate all training. Might provide better oversight of training settings.	2/28/2018 8:14 AM

197	NA It remains a bit unclear what the proposal is intending to do or how it would be advantageous.	2/28/2018 6:21 AM
198	Less Confusion Reduces complexity for the student. Simplifies types of paperwork for the board. Will help standardization of experience	2/28/2018 12:14 AM
199	General Efficiency.	2/27/2018 11:14 PM
200	None None looks like more bureaucracy. What is the benefit?	2/27/2018 11:01 PM
201	Streamline I like the idea of creating a more even playing field for trainees so that there is less heterogeneity in licensed providers. Also, I like anything that streamlines the process for people in different settings and minimizes the amount of paperwork and cost required.	2/27/2018 7:47 PM
202	Improved Quality If managed care allows this, then interns registered as psych assistants and who accruing hours could have access to more jobs and possibly a better wage.	2/27/2018 6:23 PM
203	Standardization I suppose appearance of uniformity, but all training experiences differ. I did not have the same experience as the person next to me who had different supervisors. And even when the supervisor was the same, we were not treated the same. So I'm not sure what is being accomplished.	2/27/2018 5:21 PM
204	Oversight Additional oversight of training sites and opportunities. Possible increase in quality of training.	2/27/2018 5:06 PM
205	Improved Quality Consumer protection - higher quality psychological care	2/27/2018 4:24 PM
206	None The intent to standardize training is great, but functionally I think this proposal will have no effect on improving actual training. I think it will likely just serve as an extra paperwork step in an already long and confusing process for applicants--and add to the cost of labor as staff will need to review the applications.	2/27/2018 4:03 PM
207	Accountability Standardization holds agencies more accountable to ensure that SPE hour accrual occurs within the appropriate developmental framework for supervisees. Hoping for greater quality control.	2/27/2018 3:35 PM
208	Consistency It would better insure uniform training. In private settings without any oversight interns often never learn how to create a treatment plan.	2/27/2018 3:19 PM
209	Oversight Perhaps creation of jobs to maintain more oversight, to deal with the amount of paperwork	2/27/2018 3:16 PM
210	Weakness It can make the options very limited for both the supervisee and also the companies.	2/27/2018 1:02 PM
211	Improved Quality Money Hopefully, the advantages will include better compensation for interns if they register as psychological assistants as well as a more efficient process for logging and submitting hours. It would also be an advantage to increase the number of psychological assistants that a psychologist can supervise.	2/27/2018 12:22 PM
212	NA To be honest, the email outlining the proposal is not at all clear and another email explicating stating what is being proposed would be good. If the proposal is that interns can only gain their hours through one pathway, then I am strongly opposed to that. But, again, the proposal is not clear.	2/27/2018 12:12 PM
213	Improved Quality Improves quality of care for patients and helps trainees become familiar with the licensing process.	2/27/2018 11:12 AM
214	Less Confusion Standard process and language provides clarity.	2/27/2018 10:47 AM
215	Simplification It would make the process more straightforward and simple. I'm assuming, but not sure, that this proposal means that each intern must be registered to as a psych assistant to a licensed psychologist. If they are psych assistants but registered to the BOP, that would be less liability for a psychologist. If registered to the BOP, clinic settings would be easier to provide opportunity for interns to train at. (Becoming a Psychology Clinic is far too cumbersome and difficult to achieve for a large majority of clinics.)	2/27/2018 10:21 AM
216	Consistency Consistency, uniformity	2/27/2018 9:28 AM
217	Standardization MAY help with standardization	2/27/2018 12:31 AM
218	Standardization Uniformity of expectations of practice which will benefit the consumer.	2/26/2018 10:56 PM
219	Tracking Standardized way to track hours	2/26/2018 9:41 PM

220	Standardization It would standardize procedures for psychology trainees who do not have a formal postdoctoral; it may be easier to keep track of hours through the registered psychological assistant requirement	2/26/2018 9:39 PM
221	Weakness Greater legislative authority and bureaucratic power to perpetuate further legislative authority. Another system to feed upon itself. And ultimately providers bear the brunt.	2/26/2018 7:29 PM
222	Standardization standardization. Also, gross discrepancies in pay between organizations/types of training. Hopefully, this will become more standardized and fair.	2/26/2018 7:27 PM
223	None none	2/26/2018 4:27 PM
224	Accountability Accountability.	2/26/2018 4:26 PM
225	None None	2/26/2018 4:10 PM
226	None None	2/26/2018 3:58 PM
227	Accountability Uniform licensing requirements, regulation, licensure, accountability, client/patient protection	2/26/2018 3:44 PM
228	Improved Quality That psychologists will have similar postdoctoral experiences and may help clients have more access to care by having more psychologists at community clinics and such.	2/26/2018 2:33 PM
229	None None.	2/26/2018 2:01 PM
230	None None	2/26/2018 1:56 PM
231	Less Confusion Any simplification to the process will reduce undue stress, confusion, and errors faced by trainees and supervisors, and is therefore a benefit.	2/26/2018 1:32 PM
232	None None of great value. Standardization, in this case simply means greater restriction.	2/26/2018 1:20 PM
233	NA n/a	2/26/2018 1:08 PM
234	Simplification Simplify licensure process	2/26/2018 12:56 PM
235	None None.	2/26/2018 12:46 PM
236	None None.	2/26/2018 11:58 AM
237	Standardization Standardization	2/26/2018 11:25 AM
238	None I can't see any advantages to adding further regulations to an already very-well regulated profession.	2/26/2018 11:16 AM
239	None None	2/26/2018 10:55 AM
240	Streamline Streamline to make less confusing on one hand instead of separate categories. Currently no reason to use registered psychologist since the term is so limited without renewal. Advantage for registration with BOP to be required.	2/26/2018 10:35 AM
241	None i see none, and wonder what the motive of the change is, there is always an underlying motive as well as a stated motive	2/26/2018 9:33 AM
242	Accountability Possible increased accountability/monitoring of the level of skills and supervision that is required of trainees. Prior to 2017 I had been a supervisor for over 10 years and the range of skills, maturity, and work ethic of my supervisees varied tremendously .	2/26/2018 9:21 AM
243	Consistency -more uniform training experience for most psychologist in terms of ensuring that they have basic skills -training would come from qualified individuals approved by the APA	2/26/2018 9:09 AM
244	Less Confusion I agree that it would reduce confusion, both for consumers and for trainees and supervisors.	2/26/2018 9:07 AM
245	Less Confusion To minimize the misinterpretation of non-licensed clinician.	2/26/2018 8:53 AM
246	Less Confusion I believe it would make the process easier and less confusing for the majority of psychologist candidates who are gaining experience for licensure. I also believe that it would provide a better understanding for consumers of services to know that a standardized system is in place.	2/26/2018 8:49 AM
247	Less Confusion Clarity of training and skills	2/26/2018 7:36 AM
248	Consistency Consist expectations for supervisors	2/26/2018 7:06 AM

249	None None	2/26/2018 1:16 AM
250	None I don't see advantages without having a plan in place for true oversight as there is with an APA approved internship	2/25/2018 9:30 PM
251	NA I'm not sure. If candidates are receiving appropriate amounts of supervision I don't see the difference.	2/25/2018 9:14 PM
252	None I don't see any	2/25/2018 8:53 PM
253	Standardization 1) standardization reduces the number of poorly trained professionals and increases quality control 2) reduces the chances of trainees getting taken advantage of, particularly in private practice settings or places where the standards are looser. 3) please require that training sites pay a liveable wage as well. I did a VA internship and a formal postdoctoral fellowship and had an average of 5 hours of supervision per week, including having supervisors review tapes of sessions. There is no substitute for rigorous training and having standards and quality control. Because all these training sites were accredited by the APA, I was not taken advantage of as as a trainee and had to have a certain number of hours of training vs. patient care. Since getting licensed, I have met numerous trainees in CA who were taken advantage of in private practice settings as well as agencies that have poor quality control. This is both harmful to trainees and patients long-term, and is also unique to CA. I trained on the east coast, and there were several states that required an APA accredited program and internship for licensure, which makes sense to me given the above.	2/25/2018 8:37 PM
254	None I honestly do not see much of an advantage to the change.	2/25/2018 7:14 PM
255	Simplification Simplify the process.	2/25/2018 6:43 PM
256	None None that I can see.	2/25/2018 5:33 PM
257	Standardization Standardizes the process for training and simplifies the options.	2/25/2018 5:32 PM
258	Standardization Standardization for the public to understand what the role is.	2/25/2018 4:58 PM
259	Oversight Perhaps a better control of activities by the still "unlicensed" Psychologist.	2/25/2018 4:52 PM
260	General formalize opportunities to accrue hours for people not in an internship	2/25/2018 4:42 PM
261	Less Confusion A single term to cover all trainees. However I believe the single term "psychological assistant" is very confusing to consumers. I think psychological trainee or psychological intern would be much clearer.	2/25/2018 4:29 PM
262	Streamline Streamlining the SPE track. It was confusing to have two different types of registrations when I went through training.	2/25/2018 4:25 PM
263	Less Confusion It would reduce confusion among trainees as well as organizations. It would allow for enforcement of consistent standards.	2/25/2018 4:19 PM
264	Consistency Consistent and uniform protocols for registration. Standards for providing supervision to the interns. Possible financial reimbursement to the intern who was otherwise not paid for their full time participation as an intern.	2/25/2018 4:00 PM
265	Oversight Potential for closer monitoring by the BOP but since this is unlikely, I see no real advantage.	2/25/2018 3:01 PM
266	Standardization Standardized training requirements	2/25/2018 1:10 PM
267	None Unsure	2/25/2018 12:07 PM
268	Improved Quality Formalizing specialized training	2/25/2018 11:29 AM
269	NA I don't feel like I have enough information to understand the advantages. I am curious to hear what they might be but with the info I have I do not see any.	2/25/2018 11:29 AM
270	Oversight Closer more personal supervision.	2/25/2018 11:00 AM
271	Streamline It is a more streamlined process and easier to oversee.	2/25/2018 10:35 AM
272	Standardization Uniform guideline and procedures for the licensure process	2/25/2018 9:20 AM
273	None I do not see any, seems like a pretty neutral proposal though I am not well informed of the consequences/advantages.	2/25/2018 8:48 AM
274	None None. Why change what seems to be a working system. This seems to be to simplify for the Board more than anything else.	2/25/2018 6:37 AM

275	Standardization Formal uniformity of training requirements.	2/25/2018 12:02 AM
276	Tracking Mainly administrative, to keep track of the registered assistants	2/24/2018 11:23 PM
277	Improved Quality Psychological Assistants are more likely to have the ability to choose sites that are better tailored to prepare them to work in their specific areas of interest than those through a formal doctoral internship/placement that is overseen by the APA, APPIC, or CAPIC.	2/24/2018 11:23 PM
278	Consistency Consistent training amongst all providers	2/24/2018 9:54 PM
279	Standardization It would standardize the process for accruing SPE. Hopefully that would make the process more straightforward for trainees.	2/24/2018 8:42 PM
280	NA N/a	2/24/2018 7:19 PM
281	Standardization Standardization	2/24/2018 6:58 PM
282	Transparency transparency	2/24/2018 6:02 PM
283	None I don't see any.	2/24/2018 5:36 PM
284	Less Confusion Eliminate some confusion for the person gaining the experience and standardization of requirements. Consumers don't understand any of these differences for the most part.	2/24/2018 4:57 PM
285	None None	2/24/2018 4:15 PM
286	Standardization Standardization	2/24/2018 3:49 PM
287	Accountability Licensed professionals that may allow us to acquire paid practicum sites; higher degree of accountability; alignment to state ethical standards.	2/24/2018 3:10 PM
288	Consistency more uniformity	2/24/2018 3:08 PM
289	Regulation Better regulation	2/24/2018 2:47 PM
290	None None.	2/24/2018 2:29 PM
291	More Options I suppose there might be more training opportunities given the ratio of training programs to trainees	2/24/2018 2:26 PM
292	Weakness It may involve more consistent standards but it also seems designed to restrict access to supervision and may stifle creativity.	2/24/2018 2:21 PM
293	Consistency consistency and accountability	2/24/2018 2:13 PM
294	Regulation Regulations	2/24/2018 2:02 PM
295	None I don't see any	2/24/2018 1:35 PM
296	NA You haven’t done a good enough job of detailing what this is really about for us to know. Explaining an issue that affects as many people as this does in a paragraph is insufficient and, and insofar as you then want us to weigh in on whether to make a binding decision it is calculated for omission or poorly done. You would never give a client this little information on a major decision, and if you did it would be unethical. Whatever you’re doing, say it well enough for us to then actually have the possibility of response.	2/24/2018 1:22 PM
297	Standardization Standard training for all psychologists	2/24/2018 12:53 PM
298	Streamline Streamline the rules and methods of acquiring hours would be congruent for all interns in our agency.	2/24/2018 12:11 PM
299	Streamline Streamlining the application process to accrue hours (indepedent of the setting you are gaining hours) can help clarify confusion for trainees and fellows	2/24/2018 11:42 AM
300	Standardization Standardization of the process to make sure everyone is getting similar types of training.	2/24/2018 11:05 AM
301	Streamline I don’t know them- although having just one way might make things more streamlined for people... since getting a waiver is often not a clear process.	2/24/2018 9:52 AM
302	Accountability All supervisees are registered and accounted for. Expectations are laid out and timelines are set. It makes both (supervis-or/ee) accountable for maintaining basic codes of professional practice.	2/24/2018 9:24 AM
303	None None, I think it is a horrible idea.	2/24/2018 9:01 AM

304	None The BOP extends it's power and reach.	2/24/2018 8:36 AM
305	Consistency Uniformity	2/24/2018 7:49 AM
306	Simplification Simplifies terminology for the consumer/public	2/24/2018 7:39 AM
307	None Not much. Just gives obsessive, picky graduate students something else to obsess and argue about.	2/24/2018 7:36 AM
308	Less Confusion Easier for consumers to understand and look for low-cost services; easier process for psychologists/trainees still pursuing licensure.	2/24/2018 3:20 AM
309	Streamline It would streamline the nomenclature surrounding SPE. This process is confusing to grad students and other who are not in the field.	2/24/2018 2:54 AM
310	Oversight Consumer protection & better oversight. Standardized procedure also decreases errors and minimizing varied levels of competence.	2/24/2018 2:29 AM
311	Improved Quality Improve supervision at exempt settings and therefor improve quality of training and services to the public	2/23/2018 11:01 PM
312	Oversight State board has more oversight of all trainees.	2/23/2018 10:25 PM
313	Consistency standardization and consistency among clinicians	2/23/2018 9:23 PM
314	Regulation It would ensure that unethical practices are more closely monitored.	2/23/2018 8:31 PM
315	Streamline Make the process as streamlined as possible Having 4 different distinctions in the quest for accrual of hours has always been confusing and not needed, from my point of view. Make one type of registration.	2/23/2018 8:28 PM
316	Standardization standardize and oversee training	2/23/2018 8:06 PM
317	Standardization Better standardization of training	2/23/2018 7:28 PM
318	More Options It may aid in the process of licensure and reduce the stress of the system upon students by providing standardized training and increased availability of internships.	2/23/2018 6:37 PM
319	Standardization The advantages to this proposal would be to ensure that all registered psych assistants would have a standardized model for training with the same title.	2/23/2018 6:08 PM
320	Streamline Streamlined process for the Board, with possibly less work. Perhaps some less confusion by applicants. Perhaps more consistent supervision/oversight across sites.	2/23/2018 5:45 PM
321	Consistency Consistency in requirements across settings	2/23/2018 5:44 PM
322	Standardization possibly standardize the internship experience	2/23/2018 5:34 PM
323	Standardization More standardized & regulated training.	2/23/2018 5:26 PM
324	More Options The advantages of this proposal is countering the monopolization of training and training programs by APA and allowing more diverse training opportunities that meet the standards to become licensed.	2/23/2018 5:25 PM
325	Consolidation Hours collected centrally located; assurance hours collected do not impact the process to be licensed.	2/23/2018 5:19 PM
326	Streamline I suppose it could make it easier to regulate who is under supervision, but I'm not sure of the advantages of streamlining this process beyond that.	2/23/2018 5:06 PM
327	Standardization At my internship site we encountered many problems relating to this issue. A few interns were unable to work for a few months because they did not register to become registered psychologist's before beginning their internships. I believe a clear and standard procedure would greatly benefit trainees when both internship sites and schools promote a single path to gaining SPE.	2/23/2018 5:06 PM
328	Accountability Greater Protection Transparency There is more regulation to the practice of psychology and maintains integrity of the profession. It will also allow for more regulations and accountability. Other Boards require this practice while accruing hours. This proposal will also provide consumer more consumer protection and transparency.	2/23/2018 4:31 PM
329	None none	2/23/2018 4:23 PM
330	Consistency decreases variability in training quality --	2/23/2018 4:14 PM

331	None None. I do not understand how this would help.	2/23/2018 3:58 PM
332	Standardization uniformity and better data collection	2/23/2018 3:43 PM
333	NA Im not sure, from what i recall registering as a psychological assistance may open doors for interns who previously came from non-APA accredited programs. It is very difficult for those students to find placements, and this may make it easier. The matching in APIC is a very difficult process.	2/23/2018 3:33 PM
334	Streamline A streamlined application process is likely to be better for applicants and may contribute to better understanding of the regulations.	2/23/2018 3:20 PM
335	Standardization Standardization is easier for accounting purposes.	2/23/2018 2:37 PM
336	Consistency Not sure. Possibly some consistency.	2/23/2018 2:17 PM
337	More Options Simplification Makes licensing procedure simple and opens more opportunities to obtaining license for candidate in unconventional route (e.g. people with career change and coming from non-US Canada background) .	2/23/2018 2:12 PM
338	Accountability It demands more accountability from the supervisor	2/23/2018 1:58 PM
339	Standardization Standardization.	2/23/2018 1:53 PM
340	Consistency Consistency	2/23/2018 1:49 PM
341	Weakness decreasing the complexities of the workload of office staff at Board of Psychology in California, maybe? siphoning off yet more money from students who can't afford it and putting it in the pocket of the board?	2/23/2018 1:47 PM
342	None None.	2/23/2018 1:41 PM
343	Streamline Not sure. Just streamlining the tracking process and making everything similar for the BOP, as well as standardizing amount of supervision required.	2/23/2018 1:32 PM
344	None I don't see advantages to the changes	2/23/2018 1:02 PM
345	NA It will give strain line or regards of the practice and professional training.	2/23/2018 12:38 PM
346	Standardization Would hopefully ensure a more uniform predoctoral training regimen for interns.	2/23/2018 12:35 PM
347	None I don't see any at all.	2/23/2018 12:33 PM
348	Accountability Increased professional accountability and responsiveness to universal guidelines.	2/23/2018 12:32 PM
349	Oversight Ensure that supervisors actually commit to supervising, and not simply exploit unlicensed workers.	2/23/2018 12:28 PM
350	Streamline The proposed changes would help streamline the training process	2/23/2018 11:55 AM
351	Consistency Consistency and clarity for trainees and supervisors.	2/23/2018 11:53 AM
352	None I see very few, this would have a significant negative impact on any psychologist or trainee to get licensure in California if practicing in California was not their original career plan.	2/23/2018 11:38 AM
353	Improved Quality It will increase the amount of available data from previously exempt settings to theoretically inform training practices.	2/23/2018 11:31 AM
354	None Little to none.	2/23/2018 11:05 AM
355	None None for those who are already in a structured APICC or APA internship given the strict standards of governance	2/23/2018 10:55 AM
356	Consistency administrative consistency	2/23/2018 10:54 AM
357	Standardization Standardized procedure to keep track of trainees.	2/23/2018 10:48 AM
358	None Responding from the perspective of an APA-accredited internship director in an exempt Federal government hospital. For settings such as ours, absolutely no advantages.	2/23/2018 10:23 AM
359	Tracking Allowing all predoctoral training hours to count towards licensure	2/23/2018 9:57 AM
360	General Increasing the number of California licensed psychologists which is needed. “In numbers there is power.”	2/23/2018 9:56 AM

361	None None. Many alternatives should be provided so that people of color and other representative groups can have alternatives that don't require relocation and or giving up needed employment for survival.	2/23/2018 9:46 AM
362	Greater Protection Consumer protection is the primary advantage	2/23/2018 9:33 AM
363	None none	2/23/2018 9:32 AM
364	Standardization It creates one unified system and revenue for the BOP which is needed.	2/23/2018 9:27 AM
365	Simplification the advantage would be if the clinician signed up with the board, it would be an easy access to clinician's documentation for further processing with licensure.	2/23/2018 9:22 AM
366	None I don't feel that there are any	2/23/2018 9:03 AM
367	Oversight Improved oversight and consistent policies	2/23/2018 8:49 AM
368	Standardization Everyone that goes through postdoc training will have a more standardized set of expectations for meeting hour requirements.	2/23/2018 8:47 AM
369	Weakness Theoretically, there could be standardization. However, there doesn't seem to be a problem with the current system, so the standardization seems unnecessary.	2/23/2018 8:33 AM
370	None None	2/23/2018 8:21 AM
371	Oversight Oversight of all hours accrued	2/23/2018 8:16 AM
372	Consistency It seems like this would lead to increased consistency in training & improved oversight.	2/23/2018 8:05 AM
373	Greater Protection Consumer protection through better Regulation in the process.	2/23/2018 8:03 AM
374	Improved Quality It guarantees a base level of training for all psych assitants	2/23/2018 7:48 AM
375	Accountability Weakness i never thought it fair that only some of us had to be registered whereas others got to be exempt. making everyone register is positive. yet, i do not know why you want to get rid of the registered psychologist category. i prefer this name to psychological assistant because that has the long-time connotation of private practice. if the psychological assistant category will be relevant to all regardless of work setting, such as those who earn hours in a full-time, regular job, not in an internship, such as in a nonprofit organization, then psychological assistant category is okay.	2/23/2018 5:39 AM
376	Weakness There would have to be licensed professionals who would be agreeable to having someone work on their license in an organizational setting which would have both positive and negative impact on the clinical vs administrative learning content since the organization would then dictate learning content, and theoretical orientation. Organizations have contractual obligations which negatively affect clinical practices. It might also limit the possible range of experiences for the student. I am not convinced that this is the answer to standardizing professional experiences of the unlicensed post-doctoral professional.	2/23/2018 2:35 AM
377	Weakness There are no benefits. It is challenging to find psychologist who will take on Psych assistants. Forcing all trainees to become psych assistants will make it even more challenging to find paid work at a livable wage.	2/23/2018 12:30 AM
378	Tracking uniformity in licensure requirements-- easier to process applicants for licensure and keep track of things	2/22/2018 11:50 PM
379	Tracking The board will be able to keep track of the trainees	2/22/2018 11:30 PM
380	Improved Quality Oversight Tighter regulations for trainees and supervisors. Less difficulty getting proper supervision from supervisors. Better psychologists	2/22/2018 11:21 PM
381	None Simpler I guess but I don't like the idea so far. I don't see any other advantage	2/22/2018 11:04 PM
382	None The advantages would only be for the Board, not for the licensees or the consumers.	2/22/2018 11:04 PM
383	NA I have alwyas registered as a psychological assistant even in a setting where I was waivered and therefore not required to do so. I do this just to ensure there can be no confusion of exclusion of any hours.	2/22/2018 10:42 PM
384	None I don't know	2/22/2018 10:25 PM
385	None None	2/22/2018 10:24 PM

386	Streamline Streamlines the process of securing supervised professional experience required for licensure	2/22/2018 10:04 PM
387	NA I don't think it is appropriate for someone accruing hours to do so in a private practice setting. How that comes about/ registered label or not doesn't really matter unless it guarantees that the hours are accrued approapriately	2/22/2018 9:53 PM
388	Consistency Improved Quality Better training, more consistent across psychologist.	2/22/2018 9:45 PM
389	None None	2/22/2018 9:45 PM
390	None none	2/22/2018 9:28 PM
391	Standardization Every intern must go through the same process of registering as Psych assistant. To me it gives a sense of equality	2/22/2018 9:20 PM
392	None None	2/22/2018 9:00 PM
393	Oversight More carful oversight of qualification	2/22/2018 8:50 PM
394	Money Higher pay for the same job in some settings.	2/22/2018 8:45 PM
395	Consistency Uniformity	2/22/2018 8:39 PM
396	None I do not see any advantage to the proposal. Psychological Assistants generally receive much less standardized training than interns in formal APA accredited internship programs or formal fellowship programs. This proposal will not increase consumer protection for consumers receiving treatment in formal training programs. I work in a setting with an APA accredited internship and the proposed model would create a barrier to our ability to make multiple supervisors available. In short, this would reduce the quality of our internship, which has been APA accredited for more than 50 years.	2/22/2018 8:36 PM
397	Streamline Streamlined process. Similar expectations. Clarity for consumers regarding role of trainees.	2/22/2018 8:18 PM
398	None NO ADVANTAGE	2/22/2018 8:18 PM
399	None none	2/22/2018 8:17 PM
400	None I don't see any. Perhaps if you were more specific in what problems you are trying to solve.	2/22/2018 7:52 PM
401	Accountability Potential simplification and increased efficiency of accountability	2/22/2018 7:51 PM
402	None none	2/22/2018 7:39 PM
403	General Clarity with other agencies and professions.	2/22/2018 7:28 PM
404	None I don't see any advantages at all. During my pre-doc I was in a formal training program, and then for my post-doc I had to register as a psychological assistant, working in the same agency. Being registered as a psychological assistant made absolutely no different in my training experience. Furthermore, I knew other students who registered as psychological assistants and did independent training programs and they learned FAR less than I did working in an accredited agency. Based upon my experience, and what I've seen of other's experience, I don't see requiring people to register as psychological assistants for all of their training as providing any benefit in terms quality of training or in terms of consumer protection.	2/22/2018 7:21 PM
405	Standardization Weakness Besides attempting standardization. However, guidelines for what counts as supervised experiences and requirements of supervision should Handle this	2/22/2018 7:17 PM
406	Standardization It will standardize training.	2/22/2018 7:11 PM
407	Consistency Increased uniformity of training standards, better quality control.	2/22/2018 6:59 PM
408	NA Question 5 is impossible to answer without seeing the actual proposal. I can imagine possible advantages, but again can give no opinion without knowing more precisely what I am responding to.	2/22/2018 6:39 PM
409	None none	2/22/2018 6:38 PM
410	Accountability Clarity for trainees and consumers and maintenance of high standards and accountability.	2/22/2018 6:29 PM
411	NA N/A	2/22/2018 6:28 PM

412	None Not sure I see any other than easier from an administrative perspective	2/22/2018 6:27 PM
413	Standardization common pathway to licensure	2/22/2018 6:27 PM
414	Streamline It may provide a more streamlined process for accruing supervised experience.	2/22/2018 6:18 PM
415	Weakness I have seen individuals end up working as psych assistants in private practice and not learn a single thing. I think the Capic or Appic or APA internships are a must, and post doc hours should be more closely regulated and organized somehow to ensure that people are actually being familiarized with the profession and not just doing busy work for the psychologists that supervise them. If we don't take care of this, we are doing a disservice both to possible patients, and the profession as a whole. There are sadly many psychologists out there that are in the profession simply to "feed their own ego" and not to help. I think this could be a result current difficulty in lack of oversight over what private practice psych assistants actually do and "learn".	2/22/2018 6:17 PM
416	Regulation It would allow any actions being taken against Psychology Interns working in exempt setting to be available to the public.	2/22/2018 6:12 PM
417	Less Confusion Less confusion, more uniform process	2/22/2018 6:04 PM
418	Standardization I think this proposal will help bring uniform training regardless of the setting/type of training entities. The Board has the individual registered so collected hours ate accounted for, and helps the individual practice good record keeping/communication with the Board.	2/22/2018 6:00 PM
419	Consistency Transparency Maybe more uniformity in training expectations and development of clinical competencies, could lead to increased consumer protection, transparency	2/22/2018 5:59 PM
420	NA It sounds similar to what the MFTs have to do	2/22/2018 5:56 PM
421	NA Not sure I don't the advantages or impact.	2/22/2018 5:52 PM
422	Less Confusion Less confusion for supervisees and less administrative cost to supervisors and organizations.	2/22/2018 5:37 PM
423	Consistency Formal registration as a Psych Assistant would simply assure that training in various professional settings would have the same vigorous requirements.	2/22/2018 5:36 PM
424	None I don't see any advantages.	2/22/2018 5:35 PM
425	None None- in the last 25 years attempts to achieve standardization customarily have led to declines in quality and diversity services provided	2/22/2018 5:35 PM
426	None Not sure	2/22/2018 5:28 PM
427	Standardization Uniformity of standards of experience Better overall monitoring	2/22/2018 5:24 PM
428	Standardization standardization	2/22/2018 5:16 PM
429	Standardization Could improve oversight or standardize regulation of trainees/applicants.	2/22/2018 5:16 PM
430	NA Not sure. Don't fully understand the proposal	2/22/2018 5:02 PM
431	Consistency streamlined and consistent experience gaining supervised hours	2/22/2018 5:00 PM
432	Streamline I can understand the value of having a streamlined process towards licensure.	2/22/2018 4:57 PM
433	Streamline uniformity in qualifications of psych assistants providing services, less confusion for supervisors, streamlining paperwork, more interaction/real supervision due to 3/1 maximum ratio	2/22/2018 4:51 PM
434	None I believe this proposal does not have advantages. Rather than proposing that all trainees should be a psych assistant, I believe the more advantageous route would be to have all trainees complete a formal internship and fellowship program that is adhering to APA standards and is also being well-regulated by APA and BOP. This will allow all trainees to accrue similar experience, so that there isn't so much variability across trainees and training sites. Keep it narrow and consistent. This will hep make the field of psychology more respectable.	2/22/2018 4:50 PM
435	None none	2/22/2018 4:49 PM
436	Simplification Simplifies the licensure process for psychologists wanting to be licensed in CA	2/22/2018 4:48 PM
437	Improved Quality Standardization More uniformity and quality requirement.	2/22/2018 4:39 PM
438	Greater Protection There is too much variability currently. A standardized system would help protect the public	2/22/2018 4:38 PM

439	None I don't think it is an advantage to this approach for consumers as the stated hope is. I think the different approaches and experiences speaks to the diversity of the field.	2/22/2018 4:37 PM
440	Streamline Sounds like it would streamline the registration process - but form the info given I honestly have no idea	2/22/2018 4:32 PM
441	Less Confusion It would avoid the confusion of one should register with the board	2/22/2018 4:31 PM
442	Streamline I like the idea of streamlining.	2/22/2018 4:20 PM
443	Improved Quality standards for supervised experience	2/22/2018 4:07 PM
444	None None	2/22/2018 4:07 PM
445	Streamline Tracking A clear path to licensure, clear steps to take and goals to achieve. Once registered, all your supervised hours should be assumed to count	2/22/2018 4:02 PM
446	None I don't see any advantages.	2/22/2018 3:54 PM
447	Standardization Standardization; clarity for consumers; less confusion about requirements and procedures	2/22/2018 3:44 PM
448	Streamline Ideally, applicants have an easier, more streamlined experience when applying. As of now, the process is long and confusing.	2/22/2018 3:44 PM
449	None I have no idea	2/22/2018 3:29 PM
450	NA It is not clear to me how this proposal is better than the current one.	2/22/2018 3:29 PM
451	Accountability Transparency I like the idea of all trainees, who are similar levels of experience, having to register for transparency and accountability purposes.	2/22/2018 3:11 PM
452	None NONE. Over regulation is not necessary.	2/22/2018 3:06 PM
453	NA Unclear	2/22/2018 3:02 PM
454	Standardization More uniformity and standardization	2/22/2018 3:02 PM
455	None I'm genuinely not sure. It would allow the board to know who was gaining SPE at any given time. I don't see other advantages.	2/22/2018 2:57 PM
456	Simplification It simplifies the process	2/22/2018 2:54 PM
457	Improved Quality Possibly ensuring that all psychologists receive more uniform experience/supervision/training.	2/22/2018 2:54 PM
458	Consistency Consistency for all future providers and improved quality of care.	2/22/2018 2:48 PM
459	Improved Quality Mandates qualified training opportunities.	2/22/2018 2:47 PM
460	Oversight Monitoring of placements and numbers.	2/22/2018 2:47 PM
461	Consolidation Unification	2/22/2018 2:45 PM
462	Streamline One form would streamline the process and decrease confusion with forms and requirements.	2/22/2018 2:45 PM
463	Consistency Consistency	2/22/2018 2:43 PM
464	Streamline Streamline all those collecting hours towards licensure, consumer protection, increased oversight	2/22/2018 2:41 PM
465	None It seems like it has the potential to make training more consistent across settings. However, that would only be the case if there is some kind of specific oversight with psychological assistants that does not exist with other ways of gaining training. Just having people register really doesn't seem to do much of any good unless they are then subject to oversight beyond the trainee's training program. Otherwise, it's just one more thing that trainees have to do that is an unnecessary hoop to jump through, ESPECIALLY if it costs a fee to register as a psychological assistant.	2/22/2018 2:39 PM
466	Improved Quality raise standards in non-traditional settings (non APA interns or non-governmental agencies)	2/22/2018 2:35 PM
467	Streamline Streamlining the licensure process for postdocs, as it is VERY confusing and hard to navigate.	2/22/2018 2:34 PM

468	None Don't see any	2/22/2018 2:29 PM
469	Greater Protection Protection for the trainee to get the required hours and supervision in a timely manner and not be taken advantaged of by poorly run programs or private practices.	2/22/2018 2:27 PM
470	Streamline It will streamline the process and make licensing process less confusing.	2/22/2018 2:27 PM
471	Greater Protection Improved Quality My understanding is that this proposal would put more responsibility on the trainee for engaging in ethical behavior, rather than placing most of the responsibility on the licensed supervision. I believe that requiring a trainee to register with the board would allow for complaints to be made against a trainee who acts in noncompliance with the ethical guidelines, rather than making a complaint against the licensed professional. This would be an overall advantage for the field of psychology by putting another protection in place for the standard of care expected by clinicians/psychologists.	2/22/2018 2:27 PM
472	Consistency Consistency in training	2/22/2018 2:14 PM
473	Oversight It makes things easier for the Board to control.	2/22/2018 2:11 PM
474	None Not many advantages especially for formalized programs accredited by APA and APPIC.	2/22/2018 2:04 PM
475	None none.	2/22/2018 2:03 PM
476	Simplification One pathway is easier to understand, especially for consumers. Fewer labels lead to greater clarity and confidence among consumers.	2/22/2018 2:03 PM
477	NA Unable to comment without knowing what the standardized training requirements would be.	2/22/2018 2:03 PM
478	Simplification It would simplify the process toward licensure.	2/22/2018 2:00 PM
479	Improved Quality It could be a way to provide much needed guidelines to trainings outside of APA, APIIC and CPIIC so interns get adequate supervision and continue learning experiences. Documentation would need to be exacting.	2/22/2018 2:00 PM
480	Tracking To have a more standardized method of accruing hours	2/22/2018 1:57 PM
481	None None, I can see honestly	2/22/2018 1:55 PM
482	Improved Quality Weakness Standardization has its pros and cons. The pros include reducing the likelihood that poor training placements will be moved toward the mean. The cons include that exceptional placements may not "fit" the standardization model.	2/22/2018 1:48 PM
483	NA Not sure.	2/22/2018 1:44 PM
484	None I don’t really see any advantages	2/22/2018 1:37 PM
485	None none	2/22/2018 1:36 PM
486	Standardization would create a standardized process to ensure standards for license are met.	2/22/2018 1:34 PM
487	NA N/A	2/22/2018 1:27 PM
488	Oversight better oversight of clinical settings and/or types of training pre-licensed psychologists receive	2/22/2018 1:25 PM
489	More Options Simplification Easier for trainees and supervisors to understand. If the content and documentation requirements are light enough to avoid increased administrative burden, more psychologists in private practice may consider creating training opportunities. Since there is a current shortage of internship and postdoctoral training opportunities, this could result in more candidates becoming eligible for licensing and then improved access to care for consumers.	2/22/2018 1:22 PM
490	Streamline streamlining	2/22/2018 1:17 PM
491	NA NA	2/22/2018 1:11 PM
492	None none, I think as much as I understand about this proposal it is a waste of time. Maybe I am missing something. I also think the requirement that 9 hrs of CEUs be live is stupid as well. Just make it all the same. Thanks	2/22/2018 1:10 PM
493	Consistency Consistency and streamlining the process.	2/22/2018 1:08 PM
494	None This is a horrible proposal. There is nothing about a psychological assistantship that supports any aspect of continuity of training. Postdoctoral and predoctoral approved internships, including APA and CAPIC have significant training standards and are monitored to maintain those standards.	2/22/2018 12:50 PM

495	Money The Board gets more money	2/22/2018 12:48 PM
496	NA It is unclear to me HOW mandatory registration as a psych assistant would help. I can agree that a more uniform approach to accruing SPE could be a good thing, but it is unclear WHY this particular approach would be a good idea, and HOW.	2/22/2018 12:40 PM
497	Improved Quality Mandatory registration timed to coincide with the beginning of graduate programs might serve as a deterrent to lukewarm applicants.	2/22/2018 12:37 PM
498	None Can't really tell what the,advantage would be and the down side is the Board of Psychology will probably charge the students a few that will add to their educational debt.	2/22/2018 12:32 PM
499	Consistency The potential for more consistency.	2/22/2018 12:24 PM
500	Oversight Weakness +Everyone entering the field will be registered with the DCA. -It may negatively impact recent grads if you charge them for doing so. Could be seen as another way for CA to fleece more money from its citizens and workers.	2/22/2018 12:24 PM
501	NA Not sure what problem this is attempting to solve. it has the illusion of being "helpful", and I'm sure the people advocating for this feel that they are doing something "good." But I'm not sure.	2/22/2018 12:23 PM
502	Standardization uniformity	2/22/2018 12:19 PM
503	Standardization Same standard for trainees	2/22/2018 12:17 PM
504	None None	2/22/2018 12:13 PM
505	None None	2/22/2018 12:13 PM
506	General I think it is valuable to have a variety of choices especially if the person has some specialized interest where the standardized internship is not appropriate	2/22/2018 12:12 PM
507	Consistency Consistency of training	2/22/2018 12:11 PM
508	Streamline Makes things easier for the Board of Psychology to streamline into 1 route only.	2/22/2018 12:08 PM
509	Simplification Hopefully, with one pathway, it would clarify the process for everybody.	2/22/2018 12:02 PM
510	NA I don't really understand what it means to be a registered psychological asst., as I trained in other states years ago	2/22/2018 12:01 PM
511	Standardization standardization of applicants and training	2/22/2018 11:56 AM
512	Consistency more consistent standards in training	2/22/2018 11:54 AM
513	Accountability more accountability	2/22/2018 11:53 AM
514	Standardization Standardizes and prevents abuse.	2/22/2018 11:50 AM
515	None No advantages	2/22/2018 11:45 AM
516	Improved Quality "standardized" can give a sense of security, a level of excellence, and uniformity	2/22/2018 11:42 AM
517	Oversight It would provide more oversight for students who are completing clinical work in settings that may not be as high quality as formal internship or postdoc settings.	2/22/2018 11:39 AM
518	Standardization Standardization of quality levels of training	2/22/2018 11:31 AM
519	None None	2/22/2018 11:31 AM
520	Oversight Better oversight and quality control	2/22/2018 11:29 AM
521	None I'm not sure I understand why its needed	2/22/2018 11:22 AM
522	Standardization Standardize training	2/22/2018 11:18 AM
523	Oversight More consistent supervision and training in field.	2/22/2018 11:13 AM
524	Tracking Perhaps it might be easier to track and measure variables such as, "time spent as a psychological assistant prior to licensure"(example only).	2/22/2018 11:08 AM
525	General I believe it is a more typical representative of the field. However, if the person is only working in a setting such as the VA or a hospital the other may be helpful.	2/22/2018 11:08 AM

526	Oversight That the APA will have some oversight in the training. This will require PA positions to be a little more rigorous. I did an APA Internship and APA Post Doc - I felt like that was the way to go and I was well prepared for practice as a licensed person afterwards.	2/22/2018 11:06 AM
527	Improved Quality higher quality of training	2/22/2018 11:05 AM
528	NA I do not have enough information to answer this question in a comprehensive manner.	2/22/2018 11:05 AM
529	Consistency It would ensure more consistency of training for prospective psychologists.	2/22/2018 11:05 AM
530	Improved Quality Achieving Fidelity to training requirements/expectations	2/22/2018 11:01 AM
531	Standardization standardization and clarity for consumers	2/22/2018 10:59 AM
532	Consistency Consistency of training/experience	2/22/2018 10:57 AM
533	Improved Quality An improvement of supervision quality which translates to improved quality of care development options for supervises.	2/22/2018 10:57 AM
534	None I fail to see any.	2/22/2018 10:56 AM
535	Streamline There would only be advantages if this streamlined processing of psych assistants by the board. That is, if it made it faster for psych assistants to get approved to be able to work and accrue hours, that would be the major advantage.	2/22/2018 10:52 AM
536	Simplification It would simplify understanding for consumers. For example, either you are a licensed psychologist or you are a psychological assistant.	2/22/2018 10:51 AM
537	Improved Quality Perhaps better quality control. What evidence is there that there are problems in the current system? Could you provide some background on what is driving this possible change?	2/22/2018 10:50 AM
538	Standardization standardization is a plus	2/22/2018 10:49 AM
539	Oversight All interns documented by board	2/22/2018 10:47 AM
540	NA I do not see any	2/22/2018 10:46 AM
541	Simplification The only possible advantage I see is maybe to consumers in terms of there being one title. However, our ethical codes require that we identify ourselves as trainees when we are trainees, answer questions, clarify relationships, and who has access to files, etc so this seems more related to how trainees and supervisors approach clients and whether or not they follow ethical/legal guidelines.	2/22/2018 10:46 AM
542	NA Unknown. I think doctoral graduates in psychology should have a variety of options to get their training and supervision hours	2/22/2018 10:43 AM
543	NA .	2/22/2018 10:41 AM
544	Simplification Ease of understanding the requirements and being in compliance.	2/22/2018 10:35 AM
545	Oversight Standardization it would standardize the practice and reporting requirements. It may also be a vehicle to rid the profession of favor hours that are not strictly speaking in accordance with the law, such as fudging on supervision hours. It is probably over-all a good idea because of the standardization.	2/22/2018 10:35 AM
546	Oversight Info avail to public	2/22/2018 10:29 AM
547	None None	2/22/2018 10:28 AM
548	Standardization More standardization. Clearer rules and structure.	2/22/2018 10:22 AM
549	Simplification I don't really see any beyond easier bookkeeping	2/22/2018 10:21 AM
550	Standardization improved standardization.	2/22/2018 10:21 AM
551	None I honestly do not see any advantages to changing the model.	2/22/2018 10:21 AM
552	None None.	2/22/2018 10:12 AM
553	Less Confusion Standardizing the title and application process for accruing hours could make it less confusing and increase the board's ability for oversight	2/22/2018 10:11 AM
554	None none	2/22/2018 10:07 AM
555	None None.	2/22/2018 10:05 AM

556	None I don't see any	2/22/2018 10:04 AM
557	Less Confusion Easier on the Board, less confusing to supervisees and supervisors, can be sued as a foundation in the future to set higher standards.	2/22/2018 10:03 AM
558	NA Unknown	2/22/2018 10:00 AM
559	None None	2/22/2018 10:00 AM
560	NA Come our of this environment with the tools that are consistent to practice safely	2/22/2018 9:58 AM
561	General yes	2/22/2018 9:55 AM
562	Oversight It clearly puts the onus on the Board for various requirements, both substantive and procedural.	2/22/2018 9:52 AM
563	Consistency Common learning core	2/22/2018 9:48 AM
564	Consistency Consistency	2/22/2018 9:36 AM
565	None Absolutely zero. The best training programs are the exempt or APA/APIC internship or postdoctoral programs. The best applicants go to these programs. If anything, more oversight would be needed for Psychological Assistants accruing hours without a formal placement. These are much less regulated and varied. By this line of thinking, it means that applicants who do not qualify for the formal placements go this route and thus should naturally receive more oversight. Why would there need to be another regulation in place to increase oversight of the top applicants who go the exempt or formal placement route? Totally backward.	2/22/2018 9:35 AM
566	Consistency Weakness Create more difficulty for the licensure process however support consistency in instruction and learning for the trainee.	2/22/2018 9:30 AM
567	Streamline Standardized and streamlined process.	2/22/2018 9:29 AM
568	Weakness Not many. It's appears more of an effort at centralized control. I would first like to see data\evidence that such increase in centralized control would lead to greater protection of consumers, better training, and increased access to services - before agreeing to such measures.	2/22/2018 9:28 AM
569	Oversight I would hope the board would exercise greater control of the types of experiences and supervision that would be required of the psychological assistants.	2/22/2018 9:28 AM
570	Standardization Unified and standardized method of training	2/22/2018 9:25 AM
571	Standardization Standardize the process for all to receive supervision & experience. This should help all supervisors, supervising agencies, etc. have a more streamlined, monitored process. Should eventually help to streamline the licensure process, as all would have satisfied the PA requirement.	2/22/2018 9:23 AM
572	Simplification Potentially simplifying the process	2/22/2018 9:21 AM
573	Consistency Consistency in training	2/22/2018 9:21 AM
574	Standardization Weakness I appreciate the standardization, and at the same time, it would limit prospective employees from being granted a job in exempt settings.	2/22/2018 9:19 AM
575	Greater Protection consumer protection	2/22/2018 9:17 AM
576	Weakness It would probably offer some standardization and consistency in titles. Functionally, I don't think it would have any impact on public perception because the changes would only occur in California. However, I think the disadvantages outweigh the advantages of the proposal. It seems like this would just create another barrier for trainees on their way to licensure.	2/22/2018 9:16 AM
577	None Weakness None. It would severely restrict and limit the ability of individuals to acquire needed supervisory hours.	2/22/2018 9:15 AM
578	Streamline Streamlining the path to licensure and to help ensure that those seeking licensure in the state are being trained with the same criteria required for competency to sit for licensure.	2/22/2018 9:13 AM
579	Streamline Streamlining the process	2/22/2018 9:12 AM
580	Credibility credentialed credibility	2/22/2018 9:09 AM
581	Improved Quality Could filter out poor training sites	2/22/2018 9:09 AM
582	Standardization It would standardize the titles of trainees	2/22/2018 9:09 AM

583	Consistency Transparency Hopefully more consistent and transparent academic and experiential experiences; ie, a high level of training and experience in psychodiagnostic testing.	2/22/2018 9:08 AM
584	None I don't see any clear advantages.	2/22/2018 9:05 AM
585	None none	2/22/2018 9:04 AM
586	None I truly don’t see any advantages	2/22/2018 9:01 AM
587	NA dk	2/22/2018 9:00 AM
588	Improved Quality A better picture of who is practicing as a psychologist. It also allows better quality control and improves the feedback loop between the board and the practitioners at all levels.	2/22/2018 9:00 AM
589	Standardization One standardized way to apply for licensure, everyone knows exactly how it works.	2/22/2018 8:59 AM
590	Uncertain	2/22/2018 8:59 AM
591	None. It would overburden the Board of Psychology.	2/22/2018 8:55 AM
592	Standardization and quality assurance	2/22/2018 8:54 AM
593	Clients would understand the title of the psychologist in training, increase accountability of supervisor	2/22/2018 8:54 AM
594	Simplicity	2/22/2018 8:42 AM
595	I am not aware of any advantages.	2/22/2018 8:41 AM
596	Training could/would result in common knowledge and skill set.	2/22/2018 8:26 AM
597	Puts all intents working within the state’s monitoring and control.	2/22/2018 8:24 AM
598	There are none.	2/22/2018 8:20 AM
599	None	2/22/2018 8:16 AM
600	The goal is to have better oversight of trainee placements and hours accrued.	2/22/2018 8:15 AM
601	A cohesive system	2/22/2018 8:05 AM
602	Less confusing for licensees/supervisors	2/22/2018 8:04 AM
603	Standardizing processes helps to regulate training and better ensure that the experience being obtained by trainees is adequate across the board.	2/22/2018 8:04 AM
604	it protects the consumer, it makes the person accountant for the profession	2/22/2018 8:02 AM
605	It would make the application process much less confusing!	2/22/2018 7:58 AM
606	Easier for Board to manage.	2/22/2018 7:58 AM
607	Not sure. There's not much that is explained about the proposal.	2/22/2018 7:45 AM
608	More control and consumer protection	2/22/2018 7:39 AM
609	streamline the process and make the same rules apply to everyone	2/22/2018 7:34 AM
610	It is not clear enough for me to comment on this.	2/22/2018 7:32 AM
611	Less confusion	2/22/2018 7:26 AM
612	more oversight/regulation and hopefully consistency of supervised experience	2/22/2018 7:24 AM
613	To streamline the process for Licensure candidates and to ensure the safety of consumers.	2/22/2018 7:24 AM
614	none	2/22/2018 7:23 AM
615	Wider range of opportunities for accruing hours and specific training.	2/22/2018 7:19 AM
616	Equality among trainees’ recognition to consumers but I’m not sure that’s even important	2/22/2018 7:13 AM
617	There isn’t enough information regarding what changes would be made if streamlining it. If only the current psych assistant was available this needs to be explained more.	2/22/2018 7:10 AM

618	The way it is being expressed, some consumer protection	2/22/2018 7:08 AM
619	formalize training	2/22/2018 7:00 AM
620	Streamlined the process	2/22/2018 6:54 AM
621	It takes away the stress and pressure for students to all rush after APA internships. When everyone is a psych assistant, the stress over choosing an APA or CAPIC placements will ease tremendously.	2/22/2018 6:51 AM
622	it is not clear how the changes would work based on the information provided. I had a difficult time getting approved for hours at the Betty Ford Center where I was working as a Drug Counselor. The Board of Psychology needs to remember that us Psychologists are also a part of the community and we have been in school working out tails off without pay. we need more access to paid experience. anything that improves psychologists lives while protecting the public is fine. but I currently see the BOP set up in the drama cycle of transactional analysis where it is making psychologists- who mostly join to help others heal- like we are out to harm the public. how about some win-win proposals out there.	2/22/2018 6:42 AM
623	Unsure	2/22/2018 6:35 AM
624	None are apparent.	2/22/2018 6:31 AM
625	standardization	2/22/2018 6:23 AM
626	CA BOP will collect more fees	2/22/2018 6:11 AM
627	Streamlining the process towards licensure. Improving efficiency of paperwork and omitting the need to file new paperwork when transitions from internship to registered psychologist or psychology assistant. It could also reduce redundancy and simplify process overall, eliminating unnecessary amounts of paperwork.	2/22/2018 5:47 AM
628	None	2/22/2018 4:57 AM
629	A uniform registration process and title for trainees which will help reduce confusion both among the providers and the consumers.	2/22/2018 3:50 AM
630	You have provided very little information for such a complex and new proposal it's difficult to formulate a solid viewpoint and understanding of these proposed changes without a more detailed picture of the intention of the proposal.	2/22/2018 2:59 AM
631	None	2/22/2018 2:07 AM
632	It would help the trainee form a more meaningful intention regarding the focus of the internship and it might offer a greater understanding of the scope of practice offered in the setting.	2/22/2018 2:01 AM
633	None.	2/22/2018 1:48 AM
634	Same name. I think Registered Psychologist has a more respectable sound than Psych Assistant. My MAJOR concern is the unilateral decision by Noridian to stop payment for services by Post Docs regardlessly of what we are called ! The impact to us in our final stages of pre-license training, to clinics, and eventually to patients when the costs cannot be ignored IS cruel and ignorant. Please address that imminent danger!	2/22/2018 1:29 AM
635	Uniformity of training/professional experience	2/22/2018 12:59 AM
636	I'm not sure. I received great training in all my SPE sites.	2/22/2018 12:16 AM
637	None	2/22/2018 12:15 AM
638	None that I can think of	2/22/2018 12:12 AM
639	Don't se any	2/22/2018 12:02 AM
640	It appears that prospective License Psychologists have more opportunity to accrue required supervised hours.	2/22/2018 12:02 AM
641	Easier process for the Board of Psychology and perhaps a slightly less confusion from the consumers	2/22/2018 12:02 AM

642	I think that like with many other Mental Health Professions, having individuals looking to accrue hours register as a psychological assistant is a necessary step and ensuring that protocols and procedures are followed and this also ensures that there is protection for consumers. I think everyone accruing hours towards licensure should have to register and there should be no exceptions. Obviously individuals who are still in their graduate program should not have to register, but post-graduation they should.	2/21/2018 11:51 PM
643	I don’t see any advantage.	2/21/2018 11:45 PM
644	Standardized protocols insure that interns are receiving adequate training and are ready for both the licensure exam and to begin work after they are licensed.	2/21/2018 11:38 PM
645	None	2/21/2018 11:30 PM
646	i DON'T understand what it is attempting to do. I think it may be more California Democratic wobbly gook.	2/21/2018 11:27 PM
647	It is unclear to me what registration as a psych assistant would entail in terms of cost to the trainee, training and supervision requirements etc. AAPIC sites generally offer strong quality training. People who received supervised experience for licensure elsewhere have quite variable training. Would this proposal require improved supervisory and didactic experience in non AAPIC licensure candidates?	2/21/2018 11:23 PM
648	If all are registered, the public can file complaints with the BOP	2/21/2018 11:21 PM
649	Greater oversight	2/21/2018 11:20 PM
650	Standards of supervision would be consistent and hopefully ethical and high	2/21/2018 11:20 PM
651	I'm not sure. I don't know that the attempt at standardization will improve quality in any way.	2/21/2018 11:19 PM
652	Streamlining processes; eliminating confusion	2/21/2018 11:18 PM
653	Psychologist acquire a variety of experiences that facilitate training and professional growth. Would hate to limit acquiring hours to programs that are limited to "APA" approval. Passing the psychology boards should be accepted as evidence of adequate training.	2/21/2018 11:18 PM
654	I see no advantages for established university settings with APA approval.	2/21/2018 11:17 PM
655	No advantages	2/21/2018 11:13 PM
656	Consistency and transparency. Uniform avenue towards licensure. Minimize confusion for everyone	2/21/2018 11:09 PM
657	unsure	2/21/2018 11:07 PM
658	I don't see any	2/21/2018 11:06 PM
659	None ... I the psych assistant requirement be bureaucratically cumbersome to both supervisor and supervisee. I also find the psych assistant title diminutive and not reflective of the education and training it takes to get to that point. Physicians in training get to be called doctors whether interns or residents. If unifying under one process/nomenclature i suggests utilizing the Registered Psychologist title with a streamlined and revised process for hour accrual and verification.	2/21/2018 11:04 PM
660	To protect the consumers?	2/21/2018 11:03 PM
661	Illusory.	2/21/2018 10:57 PM
662	I don’t see any. This proposal did not document any evidence for the need for this change. If anything, it appears to add a burden to the BOP process in the licensure application approval process. If someone is at an APA postdoctoral internship, why isn’t that training “good enough”?	2/21/2018 10:57 PM
663	Consistency and transparency.	2/21/2018 10:51 PM
664	Streamlined criteria	2/21/2018 10:48 PM
665	I am not sure that i see any advantages. It appears to be a change in title but little else. I assume all the other categories for accruing hours will remain although perhaps with a new label. The information provided about the change does not clarify the change for me.	2/21/2018 10:47 PM
666	Ease, consistency, less confusion for everyone	2/21/2018 10:46 PM
667	having a more standardized method	2/21/2018 10:45 PM

668	Not sure. Perhaps it is good to have the data on how many individuals are working on pre and post doc hours, and in what capacity.	2/21/2018 10:44 PM
669	It might be easier for people to understand but nothing short of increased monitoring of graduate programs will actually do much to increase the qua lt's of. Professionals	2/21/2018 10:39 PM
670	A streamlined and much clearer and direct route to licensure	2/21/2018 10:37 PM
671	Possibly more standardization	2/21/2018 10:34 PM
672	None except length of time allowed to be unlicensed and hours able to be accumulated under psychiatrists. It's just more red tape and another hurdle to patient care. It doesn't standardize anything if psych assistants can still be supervised in the various settings with different oversight. It's just means they have to all register with the board before doing what we already do.	2/21/2018 10:32 PM
673	More of a safeguard for people.	2/21/2018 10:32 PM
674	None- people in APA approved internships accruing hours should not need to register as psych. assistants. There is enough red tape as it is to becoming a licensed psychologist.	2/21/2018 10:28 PM
675	I don't see advantages. People seeking professional training have varying needs and therefore require a variety of avenues to receive training.	2/21/2018 10:28 PM
676	I don't see an advantage to the shift.	2/21/2018 10:27 PM
677	uniformity....	2/21/2018 10:24 PM
678	Simplicity for individuals seeking supervised professional experience, ease of administration for Board staff, and better consumer protection.	2/21/2018 10:23 PM
679	Moves toward establishing greater public confidence and greater professionalism in the field of psychology	2/21/2018 10:23 PM
680	not clear	2/21/2018 10:19 PM
681	It would streamline and standardize the process, which is very important.	2/21/2018 10:19 PM
682	Few, and mostly bureaucratic ones. I don't see the rationale for this change as it will not effect patient care, access, or already quality training. It may have an impact on some questionable psychology programs or programs with questionable practices.	2/21/2018 10:18 PM
683	Streamlining; leveling the field; simplifying the process. Also it might make becoming a psychologist more available to people. It might create/help attract a more diverse range of individuals	2/21/2018 10:17 PM
684	I'm not sure except removing the registered psychologist would be a good idea in terms of quality. They get further and further away from their education by taking this route	2/21/2018 10:15 PM
685	The proposal is not clear enough to identify significant advantages.	2/21/2018 10:14 PM
686	I think it would simplify the navigation of training - psychological assistant is a bad title though - trainee psychologist or psychologist in training would be better. I liked the title of Registered Psychologist better than Psychological Assistant, it is more reassuring to the public.	2/21/2018 10:13 PM
687	monitor trainees across all settings;maintain and improve standards for psychologists	2/21/2018 10:10 PM
688	Possible Resiprocity	2/21/2018 10:10 PM
689	I don't see any major advantages.	2/21/2018 10:03 PM
690	I can't see any	2/21/2018 10:03 PM
691	NONE!	2/21/2018 10:03 PM
692	standardized tracking of trainees	2/21/2018 10:00 PM
693	I don't know	2/21/2018 9:59 PM
694	It seems as though the benefit of all trainees having gained the same reorientation to the process of licensing could improve the licensee's familiarity with the Business and Professional code of ethics.	2/21/2018 9:58 PM
695	Simplify the process and keep it standard in all settings	2/21/2018 9:54 PM

696	Simplified system.	2/21/2018 9:53 PM
697	not sure	2/21/2018 9:51 PM
698	I'm not sure what the advantages are. But one important consideration is the impact on the availability of clinical internship positions which in my experience currently don't always need. It seems to me that there are usually more potential interns than internships available. If this would proposal would create barriers that would in any way reduce the number of internship opportunities, then a disservice would have been done to the professional community as well as to the client community.	2/21/2018 9:50 PM
699	I do not see any advantages to this proposal, and many disadvantages to agencies that train interns.	2/21/2018 9:48 PM
700	NONE!!! Instead: Major Disadvantages for both Psychologists-in-Training, and Consumers	2/21/2018 9:47 PM
701	Simplify the process	2/21/2018 9:46 PM
702	I don't know enough to judge what sort of impact it would have but it does seem like a good idea to standardize the process.	2/21/2018 9:45 PM
703	Standardization and consistent title for those accruing SPE making it more clear to consumers.	2/21/2018 9:43 PM
704	NONE	2/21/2018 9:42 PM
705	Perhaps more uniformity	2/21/2018 9:41 PM
706	training is more formalized/consistent across the board, and can be better monitored/tracked.	2/21/2018 9:39 PM
707	Very little-having trainees send in a piece of paper that their supervisor signs does not increase the oversight of the BOP on trainees' quality of training	2/21/2018 9:35 PM
708	None that I'm aware of	2/21/2018 9:33 PM
709	None	2/21/2018 9:33 PM
710	I believe that the current situation makes the supervision of post-doctoral/pre-licensed psychologists more complicated for organizations and supervisors. This complication might discourage some organizations from creating post-doctoral positions. Moreover, I think that the various designations appear to grant differing ranks to post-docs, with registered psychologists appearing to be better qualified than psychological assistants.	2/21/2018 9:32 PM
711	None. I think it's a terrible proposal. Not all people who practice in CA go to school here and this would place an undue burden on those individuals.	2/21/2018 9:30 PM
712	the advantage is there will be more psychological assistants available	2/21/2018 9:30 PM
713	uniformization and simplification	2/21/2018 9:30 PM
714	more oversight	2/21/2018 9:25 PM
715	standardizes the process	2/21/2018 9:24 PM
716	Clear relationship with supervisors and clear position within an agency.	2/21/2018 9:21 PM
717	Standardization of training and skills set	2/21/2018 9:18 PM
718	All trainees following a single format will create a uniform approach to training that will reduce variability in the quality of training.	2/21/2018 9:17 PM
719	The only advantage would be if we combined the first 2 categories so that all pre-registered applicants in PRIVATE PRACTICE are registered as Psychological Associates. This designation would be clearer both within the profession and to the public, and would unify and streamline the process towards registration. My opinion is therefore that the term "registered psychologist" would be then reserved for fully registered psychologists.	2/21/2018 9:17 PM
720	Honestly cannot think of any, except advantages to the organization getting paid.	2/21/2018 9:15 PM
721	Better supervision and training	2/21/2018 9:14 PM
722	clarity of route	2/21/2018 9:12 PM
723	more oversight	2/21/2018 9:12 PM

724	None.	2/21/2018 9:12 PM
725	I'm not sure if the impact it would have nor any advantages. The only thing I can postulate is that it has the potential of making it more difficult for people to get licensed who are graduating from non-APA accredited institutions and have limited access to the required types of surprised experiences. But I'm not sure that is a bad thing.	2/21/2018 9:11 PM
726	Making it easier for graduate students to acquire experience since there are limited training placements and they are very competitive. Another limitation is the lack of funding often in these APA proof settings.	2/21/2018 9:06 PM
727	Everyone has the same expectations and easier documentation	2/21/2018 9:05 PM
728	it's a horrible proposal	2/21/2018 9:01 PM
729	More oversight and regulation on highly variable Psych assistant experienced.	2/21/2018 8:59 PM
730	Clear and easy tracking of supervised experience.	2/21/2018 8:59 PM
731	Standardization	2/21/2018 8:57 PM
732	I don't see any advantages. I think there are sufficient controls for exempt settings	2/21/2018 8:57 PM
733	I see very little advantage, and a lot of extra bureaucracy	2/21/2018 8:57 PM
734	Checks and balance for trainees and managers; accountability for supervisors/ also abuse of power prevention.	2/21/2018 8:55 PM
735	Maybe standardization of training and supervision.	2/21/2018 8:54 PM
736	More opportunities to train.	2/21/2018 8:52 PM
737	I don't see any real advantages. I feel that the Board should have the flexibility to offer more than one path for licensure.	2/21/2018 8:52 PM
738	Preparation for licensure and ease of continued application for full psychology license.	2/21/2018 8:51 PM
739	All trainees would be regulated and evaluated by the same criteria and expectations	2/21/2018 8:50 PM
740	none	2/21/2018 8:49 PM
741	streamlined and clear to consumers. They don't have to figure out what the four options mean to access a trainee.	2/21/2018 8:46 PM
742	Reduces public confusion.	2/21/2018 8:46 PM
743	I am unaware of the advantages of this proposal, unless the proposal requires all unlicensed psychologists to create their own application for registration as a PA, then I could see the application process bringing awareness to unlicensed professionals to the legal and ethical qualifications of supervision and their role as a supervised professional.	2/21/2018 8:46 PM
744	I don't see any unless you are going to dictate to all those other settings what type of training/requirements for supervision they must supply to utilize unlicensed personnel in their settings	2/21/2018 8:46 PM
745	Oversight and formal tracking of hours	2/21/2018 8:43 PM
746	it would formalize the process so all post docs follow the same process. There is no guess work.	2/21/2018 8:41 PM
747	Consumer protection, increased transparency and accountability	2/21/2018 8:37 PM
748	Increases standardization and therefore understanding of path towards licensure.	2/21/2018 8:34 PM
749	Consistency for postdoctoral training; opportunities for increased wages (employees as psych assistants) versus post doctoral training stipends	2/21/2018 8:34 PM
750	Streamlining of experience and a more clear route	2/21/2018 8:28 PM
751	streamlined experience	2/21/2018 8:27 PM
752	Higher standards training	2/21/2018 8:27 PM
753	Ability to serve more patients or clients	2/21/2018 8:26 PM
754	Improved oversight	2/21/2018 8:25 PM

755	The role of a psychological assistant can prepare a clinician for understanding how to run a private practice/business.	2/21/2018 8:25 PM
756	None	2/21/2018 8:22 PM
757	A more standardized experience would likely increase the quality of the clinical supervised experience	2/21/2018 8:22 PM
758	Possibly quicker application for licensure turn around time if it is ALL standardized	2/21/2018 8:18 PM
759	Familiarity with paperwork. Illusion of standardization.	2/21/2018 8:17 PM
760	Increase consistency in training across trainees and hopefully require greater breadth of clinical training	2/21/2018 8:17 PM
761	No comment	2/21/2018 8:16 PM
762	More equal responsibilities/oversight.	2/21/2018 8:16 PM
763	Standardize training experience, improve clinical skills, increase access to care.	2/21/2018 8:16 PM
764	Streamlining paperwork for licensing board which saves money. Not much of an advantage to make limiting avenues for training worth it.	2/21/2018 8:15 PM
765	I don't know.	2/21/2018 8:13 PM
766	Unknown	2/21/2018 8:12 PM
767	To create consistence in training goals and evaluation procedures which will protect consumers.	2/21/2018 8:10 PM
768	There are zero advantages to this proposal. There are different categories for very good reason.	2/21/2018 8:10 PM
769	I am not sure that it will accomplish what the board intends. It is another hassle, with more paperwork for everyone. Truthfully I my supervisors were the ones that taught me the most. I am a psychoanalyst and started a predoc internship in my last2 years before I received my PhD. There is no way with any regulations to insure any place has ethical, experienced supervisors and tighter regulations will not help. Particularly in institutions etc.	2/21/2018 8:09 PM
770	none	2/21/2018 8:07 PM
771	One class of trainee	2/21/2018 8:07 PM
772	I do not see advantages	2/21/2018 8:02 PM
773	Consistency, although I do think there is merit indicated as a trainee advances from Psychological Assistant to Registered Psychologist, at the 1500+ hour mark. It is encouragement for the trainee.	2/21/2018 8:01 PM
774	I don’t see any. The PA designation makes is incredibly hard to collect hours. The students that are fortunate enough to get an agency placement can accrue hours much faster for the same work.	2/21/2018 7:57 PM
775	Increased uniformity/standardization of training.	2/21/2018 7:55 PM
776	None. I do not think that it is a good idea.	2/21/2018 7:53 PM
777	A degree of standardisation of trainee experience	2/21/2018 7:50 PM
778	None	2/21/2018 7:49 PM
779	It is very difficult to know what the advantages to this proposal would be. What you have described is not so much a proposal as it is a vague description of a change.	2/21/2018 7:47 PM
780	The advantages are: 1. Higher quality of client care through supervised training 2. More in depth exposure to psychological testing, administration and report writing 3. Enriched psychological experience that combines face to face client contact and report writing 4. Greater opportunities for employment advancement because Supervisors will have added case loads and the need for psychologists will increase	2/21/2018 7:46 PM
781	None. There is enough already required maintaining an APA accredited program and there is no need for further bureaucracy from the BOP.	2/21/2018 7:45 PM
782	It's easier. There's only one way to become licensed.	2/21/2018 7:44 PM

783	Some of us will take the field more seriously where we know there is something to lose if we do not meet the ethical and professional requirements.	2/21/2018 7:43 PM
784	cannot think of any	2/21/2018 7:43 PM
785	None	2/21/2018 7:42 PM
786	Greater oversight and consistency of training	2/21/2018 7:42 PM
787	standardization across sites which will hopefully result in standardization of level of training.	2/21/2018 7:42 PM
788	It will make more uniform the oversight, and possibly the compliance with standards of training. It will simplify the administrative aspect for the Board, and possibly make it simpler for applicants.	2/21/2018 7:42 PM
789	Standardization for administrative oversight of licensee accrued hours for licensure	2/21/2018 7:41 PM
790	I am not sure about any important positive impact of this proposal for internship.	2/21/2018 7:39 PM
791	To monitor future licensees and ensure that all training environments provide adequate supervision and meet the criteria for supervised hours.	2/21/2018 7:35 PM
792	I like that it would be standardized and less confusing.	2/21/2018 7:34 PM
793	Higher reliability in terms of type of training.	2/21/2018 7:31 PM
794	Proper supervision and closer monitoring. More focus on clinical treatment of patients. A more standardized training is essential for the protection of Patients and for strengthening the knowledge of future clinicians.	2/21/2018 7:29 PM
795	Perhaps clarity for the consumer, however it could result in less information about the trainee/intern level of training	2/21/2018 7:28 PM
796	Streamlining process of applying for licensure.	2/21/2018 7:27 PM
797	More opportunities for supervised experience for trainees	2/21/2018 7:25 PM
798	The current system is confusing with categories that appear to have no practical differences between them. Our agency provides the same training to all of our trainees and they are equally competent and equally monitored regardless their status with the Board.	2/21/2018 7:25 PM
799	Streamlining the process and providing clarity to consumers.	2/21/2018 7:24 PM
800	Standardizing process and increasing consistent oversight	2/21/2018 7:24 PM
801	None	2/21/2018 7:24 PM
802	better supervision	2/21/2018 7:23 PM
803	Unsure- I don’t understand the reasoning	2/21/2018 7:23 PM
804	Consumer protection	2/21/2018 7:22 PM
805	standarization	2/21/2018 7:21 PM
806	some consistency in requirements	2/21/2018 7:19 PM
807	Assuring more oversight to trainees	2/21/2018 7:18 PM
808	Uniformity of training experiences.	2/21/2018 7:18 PM

809	02/21/2018 Jacqueline Horn, PhD, Chair Licensing Committee Board of Psychology Dear Dr. Horn, At a recent meeting of the Licensing Committee, an item on the discussion was whether pre-doctoral interns and post-doctoral fellows in APPIC or CAPIC member internships or fellowships should have to apply for and register as psychological assistants. The discussion of board members which I viewed on YouTube following the meeting was that such since APPIC and CAPIC rules were strong, then registration would not be necessary. My experience in an APPIC post-doctoral fellowship did not bear out that assumption. I was a post-doctoral fellow in the APPIC training program at [redacted] in 2016. I left after 3 months and became a psychological assistant at a different agency. When I started at [redacted] I was handed the attached document at my orientation. It listed who would be the primary and secondary supervisor for myself as well as the other individuals in the fellowship program, which were all listed under "Post-Doctorates." As you can see from the attached list, Dr. [redacted] was assigned to provide primary supervision to myself and 2 other post-doctoral fellows. She was also the primary supervisor for 5 "Doctorates" who were part of [redacted]'s CAPIC internship program. Therefore, she was the primary supervisor to these 8 supervisees as well as 2 practicum students and 1 other therapist. Also listed on the attached sheet, Dr. [redacted] was the primary supervisor at [redacted] to 2 CAPIC interns and 7 APPIC post-doctoral fellows. After I left [redacted] and worked as a psychological assistant at another agency, my primary supervisor was the supervisor to myself and 2 other psychological assistants, in accordance with the Board's rules. Unlike the rules written by the Board for Psychological Assistants, there are no rules in APPIC or CAPIC which limit the number of supervisees that a primary supervisor may provide supervision to. I believe that private agencies in Southern California are creating APPIC and CAPIC training programs in order to circumvent the Board's rules and hire more trainees than would be allowed if they were all psychological assistants. In order to prevent this abuse of the APPIC and CAPIC system and restore the authority of the Board to regulate the profession and its training, the Board of Psychology should regulate interns/post-doctoral fellows in APPIC and CAPIC programs by requiring them to register as psychological assistants. Thank you, Dr. [redacted] Psychologist (PSY [redacted])	2/21/2018 7:16 PM
810	More cohesive and standardization for trainees.	2/21/2018 7:16 PM
811	I cannot tell what the dis/advantages would be. However, I believe that diversity is better than uniformity.	2/21/2018 7:16 PM
812	None.	2/21/2018 7:15 PM
813	Consistency and greater monitoring of supervisors	2/21/2018 7:14 PM
814	Streamlined	2/21/2018 7:14 PM
815	Uniformity, perhaps	2/21/2018 7:13 PM
816	None	2/21/2018 7:13 PM
817	None, more makework, less flexibility. People are not widgets. Patient are not widgets, so what is desirable about standardization?	2/21/2018 7:13 PM
818	I would like to see one standard way to get licensed. As a supervisor it can be very confusing staying on top of the various BOP requirements	2/21/2018 7:12 PM
819	Monitoring	2/21/2018 7:12 PM
820	Centralized system, clear process and expectations	2/21/2018 7:11 PM
821	The proposal gives greater consistency to the supervision period and title across settings.	2/21/2018 7:11 PM
822	I don't see many advantages, other than simply narrowing down options available to trainees.	2/21/2018 7:11 PM
823	There are few advantages to further institutionalizing the practice of psychotherapy and huge disadvantages	2/21/2018 7:09 PM
824	Streamlining; clarity of process which is now very confusing	2/21/2018 7:08 PM
825	No advantages	2/21/2018 7:06 PM
826	Uniformity in type of training. Maybe transparency.	2/21/2018 7:05 PM
827	I don't see many advantages. I think requiring students to complete an APA approved internship is important for consistency of training.	2/21/2018 7:05 PM

828	Standardization	2/21/2018 7:04 PM
829	Some degree of standardization	2/21/2018 7:03 PM
830	I do not see how this introduces quality assurance measures.	2/21/2018 7:03 PM
831	more oversight to training	2/21/2018 7:03 PM
832	None, the board is barely helpful now. Programs that give great clinical training are in places that start with that as goal. Hours I collected in standardized places were not as valuable . I don't see any positive change from this	2/21/2018 7:03 PM
833	The accrual of SPE under one type of arrangement, the psychology assistant.	2/21/2018 7:03 PM
834	Less confusing for trainees possibly. Also, Possibly less preconceived notions by potential employers about what is "better'.	2/21/2018 7:02 PM
835	It sounds good on the surface, but anyone can get a psych assistant. Therefore, there is no guarantee the supervision will be of any quality or ethical. In fact, many people in private practice use psych assistants as cheap labor to increase their profit margin. In such cases the psyc assistant is exposed to unethical psychology practice (e.g., taking cases that are beyond the psych assistant's and supervisors competence) and led to believe it is good business.	2/21/2018 7:02 PM
836	standardizing the path	2/21/2018 7:00 PM
837	It could stream line the process i.e a trainee keeps the same psych assistant # throughout their PSE hours and has board approval before beginning an APA or APPIC training site.	2/21/2018 7:00 PM
838	Standardization of experience	2/21/2018 6:59 PM
839	Clarity to trainees.	2/21/2018 6:59 PM
840	I don't see a lot of advantage to the proposal.	2/21/2018 6:58 PM
841	Common requirements are important to assuring quality of training. I am personally aware of inters and post-docs who are receiving very little oversight and are seriously under-prepared for service delivery that adheres to ethical treatment of clients in their caseload. They aren't trained in ethically correct care and progress notes, but worse, don't understand this is occurring. Standardization of proper training, it appears, can only occur with greater standardization of training pathways.	2/21/2018 6:57 PM
842	Criteria would be streamlined.	2/21/2018 6:57 PM
843	record keeping	2/21/2018 6:53 PM
844	Smooth, linear process to accrue hours	2/21/2018 6:47 PM
845	Ensuring oversight and consumer protection of non-licensed providers of psychological services.	2/21/2018 6:46 PM
846	Everyone is known as a "psychological assistant" and trainees become known by one name.	2/21/2018 6:45 PM
847	Everyone accruing hours would have to be registered with the board, which standardizes the basic requirements.	2/21/2018 6:45 PM
848	The only advantage I can think of is that consumers could more easily file a direct board complaint against an intern or supervisor. I suppose it also allows the BOP to get a handle on the training to workforce pipeline. There are no advantages I can think of for the trainee or training site.	2/21/2018 6:45 PM
849	insuring that all psychologists are trained by similar and comparable standards	2/21/2018 6:44 PM
850	At the moment I don't see any advantages only disadvantages. The current system has worked for decades not sure why it needs to be changed.	2/21/2018 6:44 PM
851	It is better to keep track of how Supervisees are really acruiting hours.	2/21/2018 6:42 PM
852	the advantages are not clear from what has been presented. for example, there is insufficient information to suggest that the public would be better protected or served by this proposal.	2/21/2018 6:38 PM
853	Would the student have to be paid?	2/21/2018 6:38 PM

854	I see that it decreases the size of the array of options but I believe the simplification may be outweighed by disadvantages	2/21/2018 6:37 PM
855	Consistency.	2/21/2018 6:36 PM
856	None, other than fees to the BOP	2/21/2018 6:35 PM
857	It is difficult to understand the rationale of this proposal and its application to standards nationally. Would psychological assistants be classified and compensated differently than existing structures? In my experience there has been a large gap in training across different types of placements for SPE. Different expectations and institutional capabilities. I would require more information to evaluate the advantages.	2/21/2018 6:35 PM
858	It would lessen consumer confusion surrounding different titles for same level trainees	2/21/2018 6:33 PM
859	You are not provided enough information on this for me to provide an adequate response	2/21/2018 6:31 PM
860	Not sure.	2/21/2018 6:31 PM
861	None that I can think of	2/21/2018 6:30 PM
862	Standardization	2/21/2018 6:30 PM
863	simplicity	2/21/2018 6:29 PM
864	Possible standardization of training across settings.	2/21/2018 6:29 PM
865	I've known far too many psychologists who accrued hours with minimal training and oversight	2/21/2018 6:28 PM
866	Quality Control	2/21/2018 6:25 PM
867	I see very little advantage to this proposal, although it may streamline the process for the Board.	2/21/2018 6:25 PM
868	No advantages. The board should stop trying to control this	2/21/2018 6:24 PM
869	None.	2/21/2018 6:23 PM
870	Simplification of a convoluted process.	2/21/2018 6:22 PM
871	None.	2/21/2018 6:21 PM
872	Streamlined process, though the disadvantages outweigh this.	2/21/2018 6:21 PM
873	None	2/21/2018 6:21 PM
874	None	2/21/2018 6:20 PM
875	Standardization of training, increased accountability in exempt settings.	2/21/2018 6:19 PM
876	I do not see any advantages for those who are already working in a site overseen by some accrediting body (e.g., APPIC, APA CoA).	2/21/2018 6:16 PM
877	None. It could likely make it more difficult to become licensed.	2/21/2018 6:16 PM
878	Ensuring proper educational and training requirements and appropriate supervision. IT may also streamline the SPE process.	2/21/2018 6:13 PM
879	More money for Board in fees. Only one type of paperwork to process.	2/21/2018 6:13 PM
880	A more stream lined way toward licensing	2/21/2018 6:10 PM
881	Systematizes training and also makes it easier for trainees to keep track of hours, experience through the board.	2/21/2018 6:10 PM
882	Standarization of Training. Quality control.	2/21/2018 6:09 PM
883	?	2/21/2018 6:07 PM
884	Not sure	2/21/2018 6:07 PM
885	Very few. More regulation, but level of supervision is where psychologists are trained. This does nothing to improve that.	2/21/2018 6:07 PM
886	Provides multiple pathways for exploration	2/21/2018 6:06 PM

887	Standardization, however I think that is theoretical	2/21/2018 6:06 PM
888	Formalized standards, training, and shared experience.	2/21/2018 6:06 PM
889	(1)standardization of experiences, (2) limit the number of people who can be supervised at one time	2/21/2018 6:05 PM
890	Trainees are at a terrible disadvantage when attempting to locate appropriate pre and post doctoral internships and fellowships. If the goal is to turn out trained psychologists ina timely manner then simplification of the process, ie single channel for accruing hours is helpful. Second, make the opportunities easier to access. Each governmental agency has their insanities. Bypass institutional barriers anyway possible. My experience is that we are losing the quaNtity and quality of trining possibilities through bureauocracy. Good to eliminate what is not essential to sitting for the exam.	2/21/2018 6:05 PM
891	standardization, at the cost of freedom and flexibility for those seeking their hours	2/21/2018 6:04 PM
892	Consistency in requirements simplifies process and therefore increases adherence to standards.	2/21/2018 6:04 PM
893	Uniformity	2/21/2018 6:03 PM
894	One category is clearer and less confusing than having multiple categories	2/21/2018 6:02 PM
895	Standardization can help ensure everyone gets adequate training.	2/21/2018 6:01 PM
896	Psychology is a 'high impact' profession. I do feel that institutional settings provide less supervision than private practice settings. The more 'mentoring' a person gets in providing service, the better.	2/21/2018 6:01 PM
897	To make sure everyone meets the same standard in training.	2/21/2018 6:00 PM
898	All trainees accruing hours will be registered. I'm curious if the registration will impact how exempt sites are regularated.	2/21/2018 6:00 PM
899	None	2/21/2018 5:59 PM
900	accountability revenue for the board	2/21/2018 5:53 PM
901	Having a single agency oversight is a plus.	2/21/2018 5:53 PM
902	It would provide a more consistent path to licensure than now exists and, probably, fewer opportunities for a trainee to game the system.	2/21/2018 5:53 PM
903	It would make the process less confusing for traintees and for the consumers they serve	2/21/2018 5:52 PM
904	none	2/21/2018 5:51 PM
905	Well it would become standardized and require registration.	2/21/2018 5:50 PM
906	Uniformity of procedures, greater ability for consumers to get information about those accruing SPE (through Breeze)	2/21/2018 5:50 PM
907	None really.	2/21/2018 5:49 PM
908	Open the number of training sites if not required to be APIC or CPIC	2/21/2018 5:49 PM
909	Unclear on the advantages of this proposal	2/21/2018 5:48 PM
910	I'm not sure. I would need more information on how the process and expectations differ by pathway.	2/21/2018 5:48 PM
911	I don't see many advantages. More rules don't necessarily increase professionalism.	2/21/2018 5:48 PM
912	Standardization of supervised professional experience is one of the best ideas that the Board has considered in decades!	2/21/2018 5:47 PM
913	I don't see any advantage to closing down the current categories.	2/21/2018 5:46 PM
914	none.	2/21/2018 5:45 PM
915	more ways to gain supervised experience	2/21/2018 5:44 PM
916	As you say, to make the process more transparent. Also, I believe all the hours one does in various settings are somewhat subjective, as per the supervisor.	2/21/2018 5:44 PM

917	Impossible to say without more details of what exactly would be changed and how. It appears it'd place an added financial, infrastructure and paperwork burden (therefor time burden) on sites/supervisors. I don't know if there'd be additional vetting of supervisors/supervisees. It's unclear whether the current psych assistantship system offers better or worse consumer protection/training/access to care etc etc. What is the Board's hope in making this change? Ease of management for the BoP, or improved quality of care for patients and better training?	2/21/2018 5:44 PM
918	Not sure	2/21/2018 5:43 PM
919	More structure in the SPE, better way to control what is actually learned.	2/21/2018 5:42 PM
920	clarity to the consumer	2/21/2018 5:42 PM
921	It would simplify the process and ideally streamline training and oversight.	2/21/2018 5:41 PM
922	Easier for Board of Psychology.	2/21/2018 5:40 PM
923	Uniform training.	2/21/2018 5:40 PM
924	Possible standardization of post doctoral experience requirements across diverse settings.	2/21/2018 5:40 PM
925	More systematic	2/21/2018 5:39 PM
926	None	2/21/2018 5:39 PM
927	This makes the practice more uniform	2/21/2018 5:39 PM
928	Simplification, better understanding by trainees of what is expected and less ambiguity which causes misinterpretations.	2/21/2018 5:38 PM
929	Any unlicensed provide must be registered and supervised 100% of the time for the consumer protection and to improve quality of service delivery.	2/21/2018 5:37 PM
930	Regulates students	2/21/2018 5:37 PM
931	Standardizing the approach could result in removal of the Registered Psychologist designation, which would help with the confusion of different titles. I have worked with several people who did not understand the distinction between a licensed psychologist and a registered one. (Or the difference between a master's level school psychologist and the other two, because the belief is often that anyone called a psychologist has a doctorate.)	2/21/2018 5:36 PM
932	I believe supervision is the essential part of a psychologist's education. Truly, it is the quality and expertise of the supervisor that will determine and help shape the future of a trainee. I am uncertain if I see this proposal having an impact on that fact. Thank you for your time.	2/21/2018 5:35 PM
933	Obviously makes it easier for the BOP to track applicants.	2/21/2018 5:35 PM
934	Better ensures adequacy of training across specialties	2/21/2018 5:34 PM
935	Doctoral students will be registered with the board prior to graduation which will hopefully facilitate the transition to obtaining their post doctoral hours	2/21/2018 5:33 PM
936	Standardization of training expectations and goals.	2/21/2018 5:32 PM
937	None.	2/21/2018 5:32 PM
938	I would hope that standardizing the process would create congruent experiences in training and professional development. My belief is that increased transparency will create more competent and well-rounded and competent clinicians.	2/21/2018 5:32 PM
939	Psych interns can easily acquire hours in more than one setting and gain a greater variety of experience. Another important issue is creating more standardized evaluation and feedback to interns . I've supervised over 300 interns in the past and was amazed at how ill prepared many were and surprised that they successfully completed one or two positions before I worked with them.	2/21/2018 5:31 PM
940	I don't understand the proposal	2/21/2018 5:30 PM
941	I honestly am not sure. I find it somewhat confusing.	2/21/2018 5:30 PM
942	I think the candidate would be better trained and supervised and not just go thru the motions about being trained . My opinion is all psychologist should be PhD' s and learn all aspects of treatment	2/21/2018 5:30 PM

943	None	2/21/2018 5:29 PM
944	Creates a unified path to licensure.	2/21/2018 5:29 PM
945	Would apply more standardization to the process. Easier for supervisors to understand the guidelines.	2/21/2018 5:27 PM
946	Better guarantee training that is functionally related to the practice of Psychology	2/21/2018 5:25 PM
947	Minimal	2/21/2018 5:25 PM
948	Hopefully a better standardized level of training.	2/21/2018 5:25 PM
949	All trainees would be on the BREEZE website and can have a history of placements. There is also possible consumer protection should there be any misrepresentation on the part of the trainee.	2/21/2018 5:25 PM
950	The advantage is to standardize training requirements across sites.	2/21/2018 5:24 PM
951	To be honest I really can't evaluate the proposal as I don't know enough about it. I do have some concerns that there may be some challenges to requiring this in an academic setting, but I do not know this for sure. I need to know more about the requirements.	2/21/2018 5:21 PM
952	I really don't see any. I've been a supervisor in an exempt setting, and the two women I saw through to licensure were more than adequately trained.	2/21/2018 5:20 PM
953	consistency in hour accrual methodology, and better gate keeping.	2/21/2018 5:17 PM
954	Less confusion for pathways to licensure for candidates. Less confusion (potentially) for the public.	2/21/2018 5:17 PM
955	Greater consistency in training goals and objectives as well as in implementation of training programs.	2/21/2018 5:17 PM
956	No opinion	2/21/2018 5:15 PM
957	Simplifies complex rules.	2/21/2018 5:14 PM
958	Streamlining the process would decrease confusion that consumers face when seeking services and would better clarify the functionality of the student	2/21/2018 5:13 PM
959	Uncertain. I believe university counseling centers can provide a specialized and well rounded training experience. I am concerned that the criteria of being a psychological assistant would deter from the training at university exempt settings.	2/21/2018 5:13 PM
960	eliminate confusion, but decrease the credential of someone with a doctoral degree	2/21/2018 5:13 PM
961	All traininess known to the state	2/21/2018 5:12 PM
962	This proposal would hopefully reduce confusion about how to hire and work with a post doc trainee. Perhaps it would also increase clarity of licensing requirements to a more general and organized expectation. From a supervisor standpoint, this would streamline my recruitment and planning for the training year.	2/21/2018 5:12 PM
963	Hopefully, this would discourage some of the behavior that has caused psychologists to lose their licenses. This would give the Board of Psychology a better vantage point in the training of therapists. It would ultimately protect consumers more than the current system.	2/21/2018 5:12 PM
964	I don't see any advantages	2/21/2018 5:11 PM
965	simplify the written process of accruing hours, create a more fair system of accruing hours,	2/21/2018 5:10 PM
966	None	2/21/2018 5:09 PM
967	Clarity of psychology provider's status. Even on the "inside" I find the distinctions distracting, e.g. between "registered" psych vs full licensed psych.	2/21/2018 5:09 PM
968	None	2/21/2018 5:09 PM
969	none	2/21/2018 5:08 PM

970	Standardization	2/21/2018 5:08 PM
971	i don't see any	2/21/2018 5:06 PM
972	None that I can see.	2/21/2018 5:06 PM
973	Not sure there would be any. It seems that overall quality of oversight might actually declined.	2/21/2018 5:06 PM
974	It is more flexible to accrue hours at different 4 settings.	2/21/2018 5:06 PM
975	None	2/21/2018 5:05 PM
976	Standardization of training.	2/21/2018 5:04 PM
977	none	2/21/2018 5:02 PM
978	I'm not sure that it does. The EPPP is the exam that sets the standard for licensure. Registering as a PA doesn't standardize training. It does register finger prints and give protection to the PA through W2 wage status. I'm not sure there are any training advantages. The board would get to collect fees from more interns for registering?	2/21/2018 5:01 PM
979	That there would be a standardized practice and way to regulate trainees	2/21/2018 5:00 PM
980	Greater consistency of training steps	2/21/2018 5:00 PM
981	None for the trainee, just more red tape.	2/21/2018 4:59 PM
982	None	2/21/2018 4:58 PM
983	As a psychologist who has supervised students from MA through PhD licensure over 30 years, streamlining the categories and requirements would be a major advance in that it would probably increase the pool of available supervisors. The current system is difficult to navigate and many of my colleagues have stopped taking on trainees.	2/21/2018 4:58 PM
984	It simplifies the process	2/21/2018 4:58 PM
985	I'm not sure, since I'm not familiar with the reasoning for changing the model. I do have experience within the past few years of providing a pre-doctoral student with supervised training. As a sole practitioner, I found the requirement of having her register as a Psychological Assistant and the requirement of me having to HIRE her as an employee (rather than an independent contractor) to be quite onerous. I incurred quite a bit of expense (hiring a payroll company, worker's compensation, taxes, etc.) for very little benefit (she worked with my clients rather than bringing clients with her). Although the supervision experience was fine, everything else that went along with it was just too much expense and hassle, so I don't plan on supervising another pre-doctoral intern.	2/21/2018 4:57 PM
986	The advantages were not clearly articulated.	2/21/2018 4:56 PM
987	Based on the overly simplistic overview of this proposal I can see no advantages to this model. It seems like it will create even more bottlenecks in the training pipeline, and place an unnessecary burden on trainees, internship sites, schools, and exempt settings. The only goal I see this achieving is creating less incentive for psychologists to train, and eventually practice in CA. I suppose if your goal is to reduce the number of psychologists in the State which will decrease access to care and thereby increase competetion and reimbursment rates, then maybe that would be an advantage. But not for new psychologists, and certainly not for consumers.	2/21/2018 4:56 PM
988	Simplification of nomenclature and process design	2/21/2018 4:53 PM
989	None	2/21/2018 4:53 PM
990	Streamlining training process.	2/21/2018 4:51 PM
991	I cannot see any.	2/21/2018 4:51 PM
992	none	2/21/2018 4:50 PM
993	None	2/21/2018 4:50 PM
994	streamlining the training and experience process for trainees	2/21/2018 4:48 PM
995	This proposal streamlines the process for accruing hours for everyone attempting to obtain a license. It therefore creates a more equal path that anyone attempting to become a psychologist has to follow. For consumers, it will be less confusing (especially for the registered psychologist category) and help them understand who they are receiving care from.	2/21/2018 4:48 PM

996	none	2/21/2018 4:47 PM
997	Simplification of the process.	2/21/2018 4:47 PM
998	standardization of trainees	2/21/2018 4:46 PM
999	Protect the clients and make sure the standardization	2/21/2018 4:46 PM
1000	Unification of policy	2/21/2018 4:46 PM
1001	Consistancy	2/21/2018 4:46 PM
1002	Easier access to larger number of supervised positions	2/21/2018 4:46 PM
1003	Greater oversight of training	2/21/2018 4:45 PM
1004	There would be one single way to register and not reread the category where you'd file	2/21/2018 4:45 PM
1005	Better training I hope	2/21/2018 4:44 PM
1006	Control. Commonality of standards.	2/21/2018 4:44 PM
1007	I disagree with this proposal and think it is Ill advised.	2/21/2018 4:43 PM
1008	For exempt programs that are not adequately assessed or accredited, this presumably will add a layer of accountability and, therefore, quality across programs.	2/21/2018 4:43 PM
1009	Standardized process for SPE	2/21/2018 4:43 PM
1010	Transparency	2/21/2018 4:42 PM
1011	Creating uniformity across the process	2/21/2018 4:42 PM
1012	Clear, stream-lined process for all future psychologists.	2/21/2018 4:40 PM
1013	Centralizing records and accountability	2/21/2018 4:40 PM
1014	The advantages is that it provides consumers with recourse if they have substandard care from providers.	2/21/2018 4:40 PM
1015	I am not clear as to the advantages.	2/21/2018 4:40 PM
1016	Potential for increased consistency.	2/21/2018 4:40 PM
1017	minimum standards of training and some kind of consistency	2/21/2018 4:40 PM
1018	I see very little, except for streamlining processes for the board.	2/21/2018 4:40 PM
1019	Better accountability	2/21/2018 4:39 PM
1020	More accountability.	2/21/2018 4:39 PM
1021	Simple is usually better	2/21/2018 4:38 PM
1022	The advantages seem minimal. Having worked in a variety of states with a wide variety of training experiences I have found little difference in the quality of psychologists. In Idaho and Georgia trainees were not required to register with the state at all, and the quality of their experiences as well as their ability to perform their job with consumer protection in mind was equal to that of the California psychologists I have worked with.	2/21/2018 4:37 PM
1023	I don't understand the proposal. I found the licensing process very very difficult to understand. And I am a lawyer and a law professor who teaches mental health law	2/21/2018 4:36 PM
1024	None	2/21/2018 4:36 PM
1025	I see it as a way of streamlining the process for the trainee. It might allow the tracking of trainees a little easier as well.	2/21/2018 4:36 PM
1026	Standardization of paperwork.	2/21/2018 4:35 PM
1027	standardization across practices	2/21/2018 4:34 PM
1028	Uniformity	2/21/2018 4:33 PM
1029	None	2/21/2018 4:32 PM
1030	Make Board of Psychology's job easier in reviewing applications	2/21/2018 4:32 PM

1031	some standardization	2/21/2018 4:31 PM
1032	Streamline supervision and training. Help ensure that supervisees are obtaining the experience needed for licensure.	2/21/2018 4:31 PM
1033	Reduction in confusion for consumers about various roles of trainees	2/21/2018 4:31 PM
1034	You did not provide a copy of the proposal, so I am unable to make specific comments.	2/21/2018 4:30 PM
1035	unclear	2/21/2018 4:29 PM
1036	I see the need for standardization, but my concern is there would be more "red tap,' and perhaps needless hoops thru which to jump.	2/21/2018 4:29 PM
1037	unity and reducing confusion to consumer	2/21/2018 4:29 PM
1038	streamline process less confusing for applicants	2/21/2018 4:28 PM
1039	It creates more uniformity in training. It also makes it easier for the public to understand who their provider is and what training he/she is getting.	2/21/2018 4:28 PM
1040	I do not see additional advantages. Current practice helps increase interest and access to education and training from folks who work in a variety of settings. It is currently inclusive to variety of training settings.	2/21/2018 4:28 PM
1041	Unsure.	2/21/2018 4:27 PM
1042	streamlined	2/21/2018 4:26 PM
1043	An advantage that I see is that postdoctoral fellows at Academic exempt settings could begin to charge for times they see patients as a registered psychological assistant, which would increase their value in this setting.	2/21/2018 4:26 PM
1044	The advantages would be to raise the bar for accruing SPE so that those settings that are not doing well will be encouraged or forced to provide SPE experiences that will be more helpful to the applicants.	2/21/2018 4:26 PM
1045	It's hard to see. Standardization often gives the feeling of establishing quality, when it often creates significant cost. And, the measurement of quality is of how well it's standardized, rather than the original area to be improved.	2/21/2018 4:26 PM
1046	Bureaucratic advantages i guess. But it seems like more unnecessary paperwork and trouble for trainees who would not have otherwise been psych assistants.	2/21/2018 4:26 PM
1047	Main advantage may be that consumers know the person is registered.	2/21/2018 4:25 PM
1048	I see few	2/21/2018 4:25 PM
1049	n/a	2/21/2018 4:25 PM
1050	None	2/21/2018 4:25 PM
1051	None	2/21/2018 4:24 PM
1052	Standardizing process.	2/21/2018 4:23 PM
1053	Not sure. Consistency in training? Depends on details of how it is implemented. Easier to complete paperwork?	2/21/2018 4:23 PM
1054	having one overlooking system that ensures consistent training for all soon-to-be licensed psychologists.	2/21/2018 4:23 PM
1055	None	2/21/2018 4:22 PM
1056	I see no advantage.	2/21/2018 4:21 PM
1057	STANDARDIZATION	2/21/2018 4:21 PM
1058	Simplicity	2/21/2018 4:20 PM
1059	none	2/21/2018 4:20 PM
1060	It seems like it benefits the Board of Psychology.	2/21/2018 4:20 PM
1061	none, as far as I can see	2/21/2018 4:20 PM
1062	Streamlined process for trainees	2/21/2018 4:20 PM

1063	Standardization is good	2/21/2018 4:20 PM
1064	less confusion for the public and for trainees	2/21/2018 4:19 PM
1065	Simplicity	2/21/2018 4:19 PM
1066	I don't understand the advantages of this proposal.	2/21/2018 4:18 PM
1067	Perhaps to reduce administrative overhead at the state level.	2/21/2018 4:18 PM
1068	Streamlining the process for everyone.	2/21/2018 4:17 PM
1069	standardization and oversight	2/21/2018 4:17 PM
1070	It would be more regulated.	2/21/2018 4:16 PM
1071	more consistency with licensure assures more reliable training experience and more likely adherence to ethical standards	2/21/2018 4:16 PM
1072	None	2/21/2018 4:16 PM
1073	I think streamlined processes for registering as a non-licensed practitioner would be highly advantageous and there would be an easier process for the community to understand the difference between a licensed and a non-licensed psychologist since there would be a single identifier as opposed to multiple different titles, identifiers, and statuses.	2/21/2018 4:16 PM
1074	I don't see advantages.	2/21/2018 4:16 PM
1075	None--I do not think it will improve consumer protection and places undue burdens on APA programs, which are the most rigorous training sites, to register their trainees as psychological assistants.	2/21/2018 4:14 PM
1076	Provides a standard process for obtaining SPE towards application for licensure; guides and monitors applicants' SPE in preparation for licensure	2/21/2018 4:14 PM
1077	Standardized requirements should provide some degree of consistency in quality of training	2/21/2018 4:14 PM
1078	Simplifying the tracks to licensure.	2/21/2018 4:13 PM
1079	To track all of the students who are now entering into their internship requirements. Being able to collect fees for every person registering.	2/21/2018 4:13 PM
1080	Not sure. Would increase liability of institution or individual solo practice psychologists. Have supervised interns who I would not want as a psych assistant. Perhaps Board is changing roles and responsibilities of supervisors.	2/21/2018 4:12 PM
1081	Clarifies and standardizes what is expected of trainees	2/21/2018 4:11 PM
1082	None	2/21/2018 4:11 PM
1083	No confusion about training requirements, and no question about amount and types of SPE for psychology license applicants	2/21/2018 4:10 PM
1084	None that I can see.	2/21/2018 4:10 PM
1085	None	2/21/2018 4:09 PM
1086	Standardized training and make our training requirements more transparent to the consumer of our services.	2/21/2018 4:09 PM
1087	None. The process of registering as a psychological assistant does nothing to verify the quality of supervision or the rigors of a training program, such as to have a meaningful impact on the standardization of pre-licensure training or protection of mental health care consumers.	2/21/2018 4:08 PM
1088	Standardized path to licensure, easier for the public to grasp.	2/21/2018 4:07 PM
1089	Greater accountability and hopefully increased quality of training.	2/21/2018 4:06 PM
1090	I am not sure I am seeing the advantages	2/21/2018 4:06 PM
1091	More protection for clients and patients, and increased regulation of training standards for trainees	2/21/2018 4:06 PM

1092	Advantages include making the path toward licensure more streamlined and equal. Where having the title “licensed Psychologist” would mean the same across the board in regards to training requirements.	2/21/2018 4:06 PM
1093	I am unaware of any advantages. However, I work within a system that has substantial oversight from APA and APPIC as well as the graduate programs that send doctoral interns to us.	2/21/2018 4:06 PM
1094	More standardization could mean more licensed professionals are well-trained	2/21/2018 4:05 PM
1095	Standardization	2/21/2018 4:04 PM
1096	None really. From my experience it depends on the site in which these professionals choose to gain their experience, not the title associated with it. In my opinion, by having all candidates register as psych assistants makes no difference.	2/21/2018 4:04 PM
1097	None	2/21/2018 4:04 PM
1098	one size fits all...but is it worth it	2/21/2018 4:03 PM
1099	standardize training and expectations of student and trainer	2/21/2018 4:03 PM
1100	Standardization of application process, training requirements/expectations.	2/21/2018 4:02 PM
1101	I don't see an advantage. This is the first I've heard of this proposal.	2/21/2018 4:02 PM
1102	Standardized process, and reduced confusion.	2/21/2018 4:01 PM
1103	More accountability from pre-licensed clinicians that will help protect consumers.	2/21/2018 4:00 PM
1104	I don't really see any advantages	2/21/2018 4:00 PM
1105	Uniformity of SPE such that new licensees would be prepared in a more consistent way to function as competent, independent professionals. This would be better for consumers and for the field.	2/21/2018 4:00 PM
1106	Better tracking of trainees.	2/21/2018 3:59 PM
1107	None	2/21/2018 3:58 PM
1108	Standardization of Licensing oversight	2/21/2018 3:58 PM
1109	I don't really see any advantages. Exactly what problem are you trying to fix with this solution? Are consumers being harmed somehow by there being 4 different pathways to licensing as a psychologist?	2/21/2018 3:58 PM
1110	I see mostly disadvantages: fewer avenues for collecting hours allows for no variation in people's styles of working. It just adds another administrative requirement on top of an already weighty training regimen.	2/21/2018 3:58 PM
1111	This question shows a bias in favor of the proposal I would like to challenge here. The requirements in the path towards licensure for a psychologist are extremely demanding already. In no other profession do trainees/ interns work for free or a small stipend or pay to work for so many years of training - 5 years of clinical experience in my case pre- graduation, two post- graduation. Also, The board of psychology does not appear to have enough staff currently to follow-up with its administrative requirements in a timely manner. Last but not least, standardization can potentially threaten the variety and richness of trainings that are currently available, especially when it comes to humanistic and psychodynamic approaches, based on the bias in the field towards a science of psychology rather than the art of it. I have concerns about the board of psychology becoming More involved with overseeing training - the exam for licensure the board already requires is standardized, the least relevant to my practice and most alienating exam I’ve had to take in my last 6 years of training, which was otherwise excellent. Whose interest is the board of psychology defending?	2/21/2018 3:58 PM
1112	None	2/21/2018 3:57 PM
1113	None.	2/21/2018 3:57 PM
1114	quality control, clarity in licensing process	2/21/2018 3:57 PM
1115	I don't see any, really	2/21/2018 3:57 PM
1116	Accountability	2/21/2018 3:57 PM
1117	I personally don’t see any.	2/21/2018 3:57 PM

1118	Streamline standards	2/21/2018 3:57 PM
1119	I do NOT support this proposal	2/21/2018 3:56 PM
1120	Standardization of training required for for licensure as a California psychologist	2/21/2018 3:56 PM
1121	more unified training/expectations for training, which varied a great deal while I was a trainee. Unfortunately, even with the current standards/requirement to pass the EPPP/CPLEE, there is a lot of variability out there. I am for standardizing training (such as requiring only APA accredited internships for example), but I am not sure if this is the best option.	2/21/2018 3:56 PM
1122	It would reduce some of the confusion to trainees about the different ways to earn supervised professional experience.	2/21/2018 3:55 PM
1123	Establishing a common path to licensure across settings could help reduce confusion for the public as well as supervisees and supervisors. However I think there should be one title for before completing the doctorate ("psychological assistant" is fine) and another for those who have completed the doctorate -- e.g. "registered psychologist" has a more professional connotation, while still distinguishing clearly from a licensed psychologist.	2/21/2018 3:55 PM
1124	None	2/21/2018 3:54 PM
1125	It would ensure that people who do not go through a formal internship program have sufficient training and experience to provide services to patients.	2/21/2018 3:54 PM
1126	There aren't advantages. I believe that there will be a significant negative impact to the training experience, consumer protection and patient access to care. You asked for the level of impact, it is a significant negative impact. If this were in effect, I would NOT have accrued supervised hours in the county jail which would continue to marginalize this population	2/21/2018 3:54 PM
1127	I don't see any advantages to this proposal	2/21/2018 3:54 PM
1128	Consistency Lack of confusion among consumers	2/21/2018 3:54 PM
1129	I do not see any advantages to this proposal and see it rather as overly restrictive and discouraging breadth of psychological training	2/21/2018 3:54 PM
1130	greater control	2/21/2018 3:54 PM
1131	I don't think there are many advantages. I think with the current time limits on how long someone can be a psych assistant it will increase trainee anxiety and limit how we can utilize trainees. I think the board is focused on the wrong things even though there may be good intentions	2/21/2018 3:53 PM
1132	Regulation of non accredited programs' use of trainees for treatment and ensure standardization. Bringing it up to par with accredited programs like internships and post docs.	2/21/2018 3:53 PM
1133	- developing a contract with supervisors - earning more money from trainees applying and monitored as psychological assistant	2/21/2018 3:53 PM
1134	The advantages would be more highly trained trainees if there was sufficient monitoring of the program.	2/21/2018 3:53 PM
1135	standardization of supervision is desirable	2/21/2018 3:52 PM
1136	Consistency and accountability	2/21/2018 3:52 PM
1137	For CDCR, there are no advantages to this proposal. Resulting hiring & renewal delays would impair access to care & cause terminations.	2/21/2018 3:52 PM
1138	improved oversight of clinical experience and 'skin in the game' for these practicum training sites which may improve the training and supervision provided	2/21/2018 3:51 PM
1139	I do not support this proposal. This will be a barrier to training and service for trainees and clients because of the additional time and paperwork that is required. Our current practicum settings provide excellent supervision and oversight is provided by the university. Additional oversight by the state is not necessary and will result in increasing costs to the state to manage the bureaucracy. There are no advantages.	2/21/2018 3:50 PM
1140	Streamlining the process, having one set of expectations	2/21/2018 3:50 PM
1141	Standardization of training expectations.	2/21/2018 3:49 PM
1142	uniform training	2/21/2018 3:49 PM

1143	None	2/21/2018 3:49 PM
1144	I think it would streamline the process and make it easier for supervisors and supervisees to sign up with the board. 4 different types of supervision is confusing when you are registering a new supervisee.	2/21/2018 3:49 PM
1145	uniform standards	2/21/2018 3:48 PM
1146	Standardization; make it easier to educate people on requirements to become a psychologists and potentially eliminate functionally equivalent regulatory categories.	2/21/2018 3:48 PM
1147	None	2/21/2018 3:48 PM
1148	I suppose the board would know the names of every trainee in the state.	2/21/2018 3:48 PM
1149	Though I dislike the term psychological assistant as it is demeaning and fails to convey to the consumer that the assistant has completed or nearly completed a PhD or PsyD, I do think a more uniform usage of the term at the internship level could be clarifying for consumers.	2/21/2018 3:48 PM
1150	More uniform supervisory parameters More Accountabilty Increased possibilities of placement Increased opportunity to complete required hours	2/21/2018 3:48 PM
1151	None	2/21/2018 3:47 PM
1152	Simplification with only have one route approved.	2/21/2018 3:47 PM
1153	Better oversight of people accruing hours. You (as the Board) will know exactly what they have/haven't done.	2/21/2018 3:47 PM
1154	none	2/21/2018 3:45 PM
1155	A standardized system across all training settings leaves fewer opportunities for errors in paperwork and might speed up the time it takes for the board to approve new applications	2/21/2018 3:45 PM
1156	There would be less confusion, come licensure, for trainees. It may make the whole accreditation (APA, CAPIC) thing less necessary for agencies.	2/21/2018 3:45 PM
1157	It would provide more consistency between training sites as well as how academic programs structure this aspect of training/education.	2/21/2018 3:45 PM
1158	STANDARDIZATION IS VERY HELPFUL FOR PERFORMANCE EVALUATION, CARE PROFICIENCY, GOAL SETTING, TRAINING AND EXPECTATIONS IN ALL SETTINGS.	2/21/2018 3:45 PM
1159	clarity for consumer. it does not make sense to me to call a pre licensed person a psychologist. consumers do not know the difference.	2/21/2018 3:44 PM
1160	uniform standards	2/21/2018 3:44 PM
1161	This is likely to hamper academic settings from taking interns	2/21/2018 3:43 PM
1162	One versus multiple, varied ways to obtain SPEs for everyone regardless of predoc internship (APA or non-APA).	2/21/2018 3:43 PM
1163	None	2/21/2018 3:42 PM
1164	none	2/21/2018 3:42 PM
1165	Oversight and control would improve and personalized training would be beneficial for the assistant	2/21/2018 3:42 PM
1166	The main advantage is that training sites would be able to advertise a seemingly more competent staff to potential clients (the label of "Psychological Assistant" does seem more comforting to a potential patient than "Psychology Intern").	2/21/2018 3:42 PM
1167	More consistent training	2/21/2018 3:41 PM
1168	Decent standards already exist, and modifying the standards as suggested may add to excessive delays in licensing	2/21/2018 3:41 PM
1169	Reduces confusion about who has to apply as a psych assistant	2/21/2018 3:41 PM
1170	None	2/21/2018 3:40 PM
1171	Streamline the process so that all new licensees emerge with similar experiences and understanding of ethics and licensure requirements	2/21/2018 3:40 PM

1172	I think this is a great idea. It simplifies and consolidates a very confusing process. It also equalizes the various ways of getting experience.	2/21/2018 3:40 PM
1173	You will be better able to manufacture cookie-cutter therapists who will perform according to ever tightening rules created by committees.	2/21/2018 3:40 PM
1174	Simplifying and standardizing process.	2/21/2018 3:39 PM
1175	None	2/21/2018 3:39 PM
1176	NONE!!!!!!!!!!!!!!!!!!!!!!!!!!!!	2/21/2018 3:39 PM
1177	Uniformity but less choice.	2/21/2018 3:38 PM
1178	Having one standard may make it more simple	2/21/2018 3:38 PM
1179	None.	2/21/2018 3:38 PM
1180	Same standard process. Less confusion. Improved ability to keep track.	2/21/2018 3:38 PM
1181	N/A	2/21/2018 3:37 PM
1182	Streamlining this is a good idea, it is very confusing to have different rules about this for different settings and different levels of hours. There is no reason for that.	2/21/2018 3:37 PM
1183	One application and process would be smoother.	2/21/2018 3:37 PM
1184	You would have more control over knowing who is who and doing what by having everyone registered in one place. I don't understand further intentions here, if there are any.	2/21/2018 3:37 PM
1185	Maybe it will be more straightforward	2/21/2018 3:37 PM
1186	Very probably would facilitate consuming public's identification and understanding of psychology providers and their levels of practice.	2/21/2018 3:37 PM
1187	it would help to standardize training and provide better quality of care for consumers.	2/21/2018 3:36 PM
1188	Consistency across training hours accrual sites	2/21/2018 3:36 PM
1189	More standardized training and ensuring future psychologists have comprehensive training experiences.	2/21/2018 3:36 PM
1190	I don't see any advantage or need for it.	2/21/2018 3:36 PM
1191	None	2/21/2018 3:36 PM
1192	It assures the public that the therapist-in-training is supervised by a licensed professional.	2/21/2018 3:36 PM
1193	I do not see any and feel that some settings would not want to have this requirement	2/21/2018 3:35 PM
1194	No comment	2/21/2018 3:35 PM
1195	Clarity of expectations re: supervision is always a good thing.	2/21/2018 3:35 PM
1196	Standardization	2/21/2018 3:34 PM
1197	Professional integrity / Consumer protection	2/21/2018 3:34 PM
1198	Streamlining of training requirements.	2/21/2018 3:34 PM
1199	State of California can more comprehensively compare the types of training experiences each future psychologist is having.	2/21/2018 3:34 PM
1200	Standardization	2/21/2018 3:33 PM
1201	I don't see any advantages. I think it is impossible to standardize training because the available settings work with a large variety of populations.	2/21/2018 3:33 PM
1202	Not sure I see many advantages	2/21/2018 3:33 PM
1203	Please see below.	2/21/2018 3:33 PM
1204	clearly states 4 ways to get the training needed.	2/21/2018 3:32 PM
1205	A clear pathway	2/21/2018 3:32 PM

1206	ease of understanding requirements as they are a barrier to wanting to supervise	2/21/2018 3:32 PM
1207	None. I think the program is flawed to begin with. It would be. Enter to have everyone be in a decent apa approved internship	2/21/2018 3:32 PM
1208	Encourage trainees to complete licensure processes more expeditiously.	2/21/2018 3:32 PM
1209	More one-to-one CLINICAL supervision, professional stewardship and mentoring opportunities. The bar for post-doc training appears to have been set far too low. It is difficult to find well-trained psychologists to fill empty positions.	2/21/2018 3:32 PM
1210	Simplification would ease the burdens on agencies and supervisors providing supervised professional experience. At present, the requirements are confusing, which induces unnecessary and unhealthful anxiety, and which consumes time (and therefore money) unnecessarily. A secondary benefit would be that it would pave the way to eliminating at some point in the future the distinction between hours of SPE before and after the degree, which could bring needed licensed services to consumers in the community more quickly without sacrificing training requirements. Under this proposal very little would be lost for services to consumers in exempt settings by waivered psychologists. Counties already apply similar or identical validation procedures in their waiver process to the registered psychologist requirements.	2/21/2018 3:32 PM
1211	unified training requirements	2/21/2018 3:31 PM
1212	If there was only one avenue toward licensure, it would ensure that psychologists would have the adequate training and knowledge required to be a functioning therapist and work with clients. Training provided from an academic setting is different than that from a private practice setting. Those who have been training in one institution will not be prepared or adequately trained to treat clients in a private practice and vice versa.	2/21/2018 3:31 PM
1213	None	2/21/2018 3:30 PM
1214	Standardization and accountability.	2/21/2018 3:30 PM
1215	I don't see any. It's too narrow. It also represents "unfair restraint of trade" for the public. It's "over-regulation" and a bit anal and crazy, too.	2/21/2018 3:30 PM
1216	None	2/21/2018 3:30 PM
1217	Absolutely none.	2/21/2018 3:29 PM
1218	I think that it would ensure that the public has an additional layer of protection from unregistered and unqualified providers.	2/21/2018 3:28 PM
1219	consistency	2/21/2018 3:28 PM
1220	Clarity of SPE accrual procedures.	2/21/2018 3:28 PM
1221	consistency across settings regarding supervision requirements and who can supervise. Consistency for the supervisee and supervisor - this should reduce any confusion about the requirements for supervision, questions about what an "exempt" setting is, getting a waiver.	2/21/2018 3:28 PM
1222	I don't see any	2/21/2018 3:27 PM
1223	Transparency and assurance that the standards are consistent across settings	2/21/2018 3:27 PM
1224	Probably okay.	2/21/2018 3:26 PM
1225	Should not be enforced for exempt settings which already have extensive internal Oversight.	2/21/2018 3:26 PM
1226	Oversight from BOP, increased awareness of process to become a licensed clinical psychologist	2/21/2018 3:26 PM
1227	I wish I knew more about the reasons this proposal was developed in the first place. If I had more of an understanding about why the proposal was created then I could answer this more fully.	2/21/2018 3:25 PM
1228	It would result in all trainees having the same standards and would simplify over the long term, the process of becoming a trainee. The existing system with its varied options puts a burden on trainees to learn the various standards and procedures for beginning each process	2/21/2018 3:25 PM
1229	Not sure there are any advantages.	2/21/2018 3:25 PM
1230	Everyone will have the same process	2/21/2018 3:24 PM

1231	Less confusing titles and less paperwork to read through for no real difference in training experience.	2/21/2018 3:24 PM
1232	The advantages are not clear to me.	2/21/2018 3:24 PM
1233	Don't see any advantages of making everyone register with the BOP for people who are in APA or APPIC settings - the applicants have already been vetted in these settings.	2/21/2018 3:24 PM
1234	Not sure.	2/21/2018 3:24 PM
1235	Standardization of path to licensure	2/21/2018 3:23 PM
1236	Reducing confusion, streamlining process of licensure, improving access to supervision (?) - the difficulty students have in acquiring supervision and the financial burden placed on them is ridiculous. I'm unclear if this new rule would help in those areas	2/21/2018 3:23 PM
1237	none	2/21/2018 3:22 PM
1238	Ease for the board to monitor	2/21/2018 3:22 PM
1239	None that I can see.	2/21/2018 3:22 PM
1240	Standardization will reduce confusion, and will hopefully also provide uniform standards for trainees.	2/21/2018 3:21 PM
1241	To be able to track every therapist practicing	2/21/2018 3:21 PM
1242	It streamlines the process and makes it easier to note differences.	2/21/2018 3:20 PM
1243	consistency, accountability, maybe better train at institutions.	2/21/2018 3:20 PM
1244	The advantages of standardization in general	2/21/2018 3:19 PM
1245	Standardization of requirements and limited protection for consumer	2/21/2018 3:19 PM
1246	The mandatory registration would get our profession one step closer to standardization, which is much needed.	2/21/2018 3:19 PM
1247	The switch from psych asst to reg psychologist was more confusing than helpful so it makes sense to just have one.	2/21/2018 3:19 PM
1248	Clean up the bureaucratic paperwork. Ease the access to services on both ends: removes obstacles for new psychologists and therefore lubricates the flow of access to help for patients/clients.	2/21/2018 3:19 PM
1249	Less time consuming and less stress	2/21/2018 3:18 PM
1250	I don't honestly do not see it being advantageous	2/21/2018 3:18 PM
1251	Higher level screening of interns	2/21/2018 3:17 PM
1252	Less confusion over the differing terms	2/21/2018 3:17 PM
1253	Reducing the types of experiences counted as SPE so that they are more easily monitored by the governing board. Generates income for BoP.	2/21/2018 3:17 PM
1254	Gaining more supervised hours/experience before getting licensed	2/21/2018 3:17 PM
1255	Simpler for licensing board	2/21/2018 3:17 PM
1256	The advantages to this proposal is that all accrued hours from psychological assistants have the same expectations of training.	2/21/2018 3:16 PM
1257	standardization	2/21/2018 3:16 PM
1258	that everyone would have to register in order to gain SPE.	2/21/2018 3:16 PM
1259	Standardize training	2/21/2018 3:16 PM
1260	If done correctly, it can get rid of a lot of confusion and possibly decrease lost time/experience/money.	2/21/2018 3:15 PM
1261	To make it clear that a trainee is officially registered in a recognizable status	2/21/2018 3:14 PM
1262	None	2/21/2018 3:14 PM

1263	more standardization of training, hopefully would raise the level of trainings but not sure.	2/21/2018 3:13 PM
1264	none	2/21/2018 3:12 PM
1265	1. Improvement with tracking of individuals seeking licensure. 2. Improvement with oversight and accountability for both trainees and supervisors, which may have impact on the quality of mental health service delivery and delivery systems. 3. May be protective for trainees from circumstances which may promote fraud and abuse.	2/21/2018 3:12 PM
1266	maintain consistency in requirements, training, etc	2/21/2018 3:11 PM
1267	none	2/21/2018 3:11 PM
1268	It would keep everyone doing the same procedures for licensure.	2/21/2018 3:11 PM
1269	Standardization in the state (but then different from other states). Otherwise none.	2/21/2018 3:11 PM
1270	Possibly clarity and standardization, however it is not really clear from the description provided.	2/21/2018 3:10 PM
1271	Increased regulation and bureaucracy; advantage is primarily going to be advantageous to those already advantaged and will be detrimental to all the sites and organizations and individuals for whom these changes and associated costs, time, and requirements will be preclusive	2/21/2018 3:10 PM
1272	Not enough to over-ride the reduction in the advantages of varied experiences for psychologists in training	2/21/2018 3:10 PM
1273	standardization at sites that are less regulated.	2/21/2018 3:09 PM
1274	Increased standardization of the process and guarantees that the training meets basic standards	2/21/2018 3:09 PM
1275	I don't know	2/21/2018 3:08 PM
1276	Being able to better track who is providing services all in one place	2/21/2018 3:07 PM
1277	There are virtually none. Customers care little where you did your pre-doc work and getting an APA internship is more than sufficient. This adds an extra step and is an attempt to obtain further financial resources.	2/21/2018 3:07 PM
1278	I'm not sure there are. There are good supervisors and bad supervisors. I would like to think this would increase the quality and oversight of unlicensed psychologists but if psychologists are willing to be unethical, irresponsible or lax before this change, it will continue to occur.	2/21/2018 3:07 PM
1279	I don't see any advantages.	2/21/2018 3:07 PM
1280	unknown, outside of standardizing title	2/21/2018 3:06 PM
1281	I don't see an advantage at least with respect to those trainees who are trained in academic medical centers and esp where a site has APA accreditation.	2/21/2018 3:06 PM
1282	For my mentees, completing the forms and figuring out the requirements has been confusing in our setting. We have the flexibility of modifying each individual's clinical experiences to fit requirements for licensure as well as their preferences. It has been difficult to identify truly how many hours they are required to do for the purposes of licensure. I think creating one process regardless of setting, would be helpful.	2/21/2018 3:06 PM
1283	More uniformity may look good to consumers	2/21/2018 3:05 PM
1284	Uniform requirements.	2/21/2018 3:05 PM
1285	Standardization of practice would be beneficial.	2/21/2018 3:05 PM
1286	It will help those who may be ineligible for licensure to be flagged earlier.	2/21/2018 3:04 PM
1287	Ease and access for licensing process	2/21/2018 3:04 PM
1288	Clarity for the public (especially with the confusing term “registered psychologist”).	2/21/2018 3:04 PM

1289	If standardized, training is less varied amongst students and can enhance competence. Additionally, it ensures that clinicians are better prepared for diverse settings and acquire knowledge that is common across the field. Additionally, increase cohesiveness in the field.	2/21/2018 3:03 PM
1290	None	2/21/2018 3:03 PM
1291	Standardized training is much better. There r too many people out there who are not well trained	2/21/2018 3:02 PM
1292	Regulation and state oversight would be consistent	2/21/2018 3:02 PM
1293	Better consumer protection and assuring adequate training and experience is provided to future psychologists	2/21/2018 3:02 PM
1294	More responsibility for the supervisor	2/21/2018 3:02 PM
1295	i like the idea of stricter control of how people receive hours, because some people have hours signed off on in private practice, that may or may not be adequate training, however there are very limited placements available and I'm not sure that everyone will find a placement. We also have to compete with other disciplines.	2/21/2018 3:02 PM
1296	In theory, consumer protection and standardization can be advantages. However, I think the negative impacts this proposal will have on access to care and on trainees' abilities to pursue supervised experience will outweigh any advantages. I think standardizing the process will be overly burdensome in a bureaucratic sense that will take time and resources away from providing care to consumers. There are benefits to have varied training settings and capacities where trainees can accrue experience. There are also other gatekeepers to protect consumers, such as the licensing process itself, especially since the process has now been expanded to include further clinical assessment. So in sum, I'm not sure there are any advantages to this proposal that go beyond the theoretical and/or that are balanced by the disadvantages.	2/21/2018 3:02 PM
1297	It would make things easier for the BOP	2/21/2018 3:02 PM
1298	consistency	2/21/2018 3:01 PM
1299	Potentially weeding out poor supervision experiences	2/21/2018 3:01 PM
1300	Less substandard training.	2/21/2018 3:01 PM
1301	Increases oversight of interns and internship programs	2/21/2018 3:01 PM
1302	I really see no advantages to the proposal.	2/21/2018 3:00 PM
1303	I personally think the the psychological assistant model the way it is set up is quite cumbersome and would need to be changed to make it more viable across all settings.	2/21/2018 3:00 PM
1304	The same standards will be expected across all training experiences.	2/21/2018 3:00 PM
1305	standardization	2/21/2018 2:59 PM
1306	I'm not clear what the advantages would be.	2/21/2018 2:59 PM
1307	Standardized training requirements are important.	2/21/2018 2:59 PM
1308	Consistency in training protocols across settings.	2/21/2018 2:59 PM
1309	Standardization, consistence,	2/21/2018 2:59 PM
1310	More continuity of care	2/21/2018 2:58 PM
1311	Regularization of process	2/21/2018 2:58 PM
1312	More regulation/tracking of proposed psychologists and protection for consumers from such	2/21/2018 2:58 PM
1313	streamlining the process will cause less questions.	2/21/2018 2:58 PM
1314	For private practice or clinics I can see the required supervisor training (6 hours required CEU specific to supervising) being a helpful/instructive component that they otherwise wouldn't do.	2/21/2018 2:58 PM
1315	Not sure	2/21/2018 2:57 PM
1316	Uniform path to licensure and oversight	2/21/2018 2:57 PM

1317	None. The category with the least training and oversight is the psych assistant category. Other categories have institutionalized and reviewed training procedures and systems. Making everything go to the least method of oversight is simply irresponsible	2/21/2018 2:57 PM
1318	I can't see any benefit	2/21/2018 2:57 PM
1319	BOP tracking. The disadvantage would be to clinicians gaining supervised experience in out-of-state nonprofit agencies.	2/21/2018 2:57 PM
1320	Will hold supervisors to a higher standard across all settings hopefully	2/21/2018 2:57 PM
1321	I appreciate the added level of oversight as a means to increase quality of care and ensure that trainees are provided with all of the tools/support needed for their professional development.	2/21/2018 2:56 PM
1322	None. Standardization is too limiting given that different training settings serve different needs. This sounds like it meets the needs of the bureaucracy more than the trainee or diverse patient populations.	2/21/2018 2:55 PM
1323	I do not see any advantages to this proposal.	2/21/2018 2:55 PM
1324	None, really. Adds a lot of work with little benefit.	2/21/2018 2:55 PM
1325	I'm not clear what problem this is trying to address.	2/21/2018 2:55 PM
1326	It will standardize the requirement for SP across settings.	2/21/2018 2:54 PM
1327	Making the Psychology Board's life easier	2/21/2018 2:54 PM
1328	I am unclear here: does being registered as a psychology assistant change the settings in which people could accrue hours? I need that answered before I can answer questions about impact. What I do NOT want to see is closing settings that are not APA or CAPIC approved. Students need more settings that those--and communities need the services they can provide.	2/21/2018 2:54 PM
1329	Hard to say, without knowing more details.	2/21/2018 2:54 PM
1330	None	2/21/2018 2:53 PM
1331	none. it is a misguided proposal	2/21/2018 2:53 PM
1332	None	2/21/2018 2:53 PM
1333	More oversight to make sure trainees are well trained and ready for professional practice. However this would require close follow up and oversight of the training sites and supervisors, as this is often where the breakdown in quality control occurs.	2/21/2018 2:53 PM
1334	None	2/21/2018 2:53 PM
1335	Unfortunately I see none.	2/21/2018 2:52 PM
1336	Have consistent guidelines	2/21/2018 2:51 PM
1337	Consistency across training, ease of navigation through licensure and requirements	2/21/2018 2:51 PM
1338	None from the Department of Corrections	2/21/2018 2:50 PM
1339	The graduate programs in CA vary drastically in quality. Higher quality internship placements might help compensate.	2/21/2018 2:50 PM
1340	It would make sure that all psychologist are trained appropriately and consistently and not based on the individual clinic they find themselves working in	2/21/2018 2:50 PM
1341	Continuity in training and patient care	2/21/2018 2:50 PM
1342	possibly slightly more control	2/21/2018 2:50 PM
1343	Better oversight of SPE.	2/21/2018 2:50 PM
1344	Standardize training will facilitate communication and positively impact the communitu	2/21/2018 2:50 PM
1345	common goal of training	2/21/2018 2:50 PM
1346	Better tracking of who is accruing hours in the field.	2/21/2018 2:49 PM
1347	I do not see an advantage	2/21/2018 2:49 PM

1348	Consistency in training and greater assurance of quality of training,	2/21/2018 2:49 PM
1349	Because the supervisory obligations of a psychologist supervising a psychological assistant differ somewhat from those for other trainee categories, it brings greater standardization to the clinical experience. My greatest criticism of California's model to-date has been the exempt setting, where adequate supervision has not always been available to trainees. This would remedy that deficiency.	2/21/2018 2:49 PM
1350	None	2/21/2018 2:48 PM
1351	More consistency in training model for psych. assistants.	2/21/2018 2:48 PM
1352	None	2/21/2018 2:48 PM
1353	I do not see any advantages	2/21/2018 2:48 PM
1354	Some standardization of the process and requirements. May make it easier for trainees who are trying to navigate the process of accruing SPE - may clarify expectations to be in compliance.	2/21/2018 2:48 PM
1355	All trainees would follow the same process and it would be less likely that someone who needs to register fails to follow the process correctly.	2/21/2018 2:48 PM
1356	Providing a mechanism to track and monitor psychological assistants in a consistent way across training settings.	2/21/2018 2:48 PM
1357	I suppose it would standardize things somewhat	2/21/2018 2:48 PM
1358	Hopefully more oversight of qualifying hours.	2/21/2018 2:48 PM
1359	Protecting the public and ensuring professionals meet standards appropriate to the field.	2/21/2018 2:47 PM
1360	Increased adherence to training goals	2/21/2018 2:47 PM
1361	Regulation and oversight of training experiences.	2/21/2018 2:47 PM
1362	Standardization of training and assuring that training is at a satisfactory level of quality.	2/21/2018 2:47 PM
1363	Clearer guidelines on what counts on hours and better clarification on what happens	2/21/2018 2:47 PM
1364	Would better prepare graduates for clinical practice via a uniform set of standards & would therefore better protect consumers.	2/21/2018 2:47 PM
1365	The process to licensure would be much easier to understand and to navigate.	2/21/2018 2:46 PM
1366	Only registration. Nothing more. Unless you make trainees unable to accrue hours in internships and fellowships.	2/21/2018 2:46 PM
1367	This would streamline the process for BOP analysts ONLY	2/21/2018 2:46 PM
1368	It could improve quality of care for consumers and protect prospective licensees.	2/21/2018 2:46 PM
1369	It would provide standardization to exempt settings. It would also provide a record of when, how, and whether a student started and/or completed training.	2/21/2018 2:46 PM
1370	Standardization is usually helpful.	2/21/2018 2:46 PM
1371	Potentially ensuring that all trainees meet certain requirements. It's frustrating though that "Psychological Assistant" can also mean someone with a PhD. To me those are quite different categories.	2/21/2018 2:45 PM
1372	Ensuring necessary training and supervision.	2/21/2018 2:45 PM
1373	Streamlining of process	2/21/2018 2:45 PM
1374	Streamline the rules/regulations for accruing hours.	2/21/2018 2:45 PM
1375	Not sure	2/21/2018 2:45 PM
1376	Assurance of uniformity in monitoring and accountability.	2/21/2018 2:45 PM
1377	Uniformity	2/21/2018 2:44 PM

1378	Unsure	2/21/2018 2:44 PM
1379	Standardized.	2/21/2018 2:44 PM
1380	More streamlined and organized approach. Better consumer protections.	2/21/2018 2:44 PM
1381	All persons providing services are regulated and trackable. Consumers can see if there have been any porblems with supervisee and when or if they license has lapsed.	2/21/2018 2:44 PM
1382	standardization is always good. It could prevent some of the slippery ethical issues that get bent in some settings.	2/21/2018 2:44 PM
1383	I think that the more standardized that licensure is for psychologists, the more we build credibility as a profession. This may create a bottle effect for new psychologists, but I believe that it would raise the caliber and ensure that the psychologists who are getting licensed are ready to enter the field and do the amazing work that psychologists are expected to do.	2/21/2018 2:44 PM
1384	None	2/21/2018 2:44 PM
1385	I don't see the advantages, there are many different professional psychologist roles, why cant there be at least some ways to obtain your hours.	2/21/2018 2:44 PM
1386	A clearer understanding of the licensing route for both professionals and clients	2/21/2018 2:43 PM
1387	consistency in training	2/21/2018 2:43 PM
1388	None	2/21/2018 2:42 PM
1389	Few advantages, in my opinion. I can't see what harms are currently occurring that this would remedy.	2/21/2018 2:40 PM

Q7 From your perspective, what are the disadvantages to this proposal?

Answered: 1,367 Skipped: 290

#	RESPONSES	DATE
1	This proposal would significantly impact the government institution, which, in part, relies on hiring post-doctoral psychologists to accrue hours in an exempt setting. Government facilities can be difficult to staff and this would create an obstacle in having enough public servants to serve in-need populations. Further, it would create an obstacle for graduates seeking to quickly accrue hours for licensure. Prolonging the process of getting licensed also impacts income (i.e., earning less as pre-licensed). It would potentially add fees, creating further challenges for both recruitment of pre-licensed psychologists as well as clinical supervisors. Overall, removing the exempt option would create systemic complications negatively impacting client access to services, ability to efficiently accrue hours for licensure, income, and other fees.	3/7/2018 5:58 PM
2	it limits the available opportunities for recently graduated psychologists to be hired in more diverse settings. This can have significant impact on their training, as well as prospective careers in more competitive fields.	3/7/2018 5:20 PM
3	Students may time out of their training periods and may not be able to accrue all their training hours	3/7/2018 5:17 PM
4	Further delays for providing services and for beginning training. Increased workload for the Board, which will probably cause even more delays.	3/7/2018 5:11 PM
5	would limit access to care	3/7/2018 5:03 PM
6	This could create a challenge for hiring new graduates without licenses and may create a barrier to recruiting supervisors. In addition, this could potentially require new fees for interns and other supervisees to register with the BoP while the process of acquiring hours and licensure is already financially burdensome.	3/7/2018 5:01 PM
7	It will be more difficult for new graduates to accrue supervised experience. Additionally they will experience more financial hardship and lower standards of living as exempt settings are often the only jobs that pay a living wage for people who have accrued six figures of debt to practice psychology. In exempt settings, potential supervisors may be less likely to supervise.	3/7/2018 5:00 PM
8	See # 6	3/7/2018 5:00 PM
9	I work for a State psychiatric hospital with a highly selective APA approved internship. Many of our staff psychologists are hired once they complete their internship. Because it is a governmental exempt agency, this proposal would have an impact on our ability to do this in the same way.	3/7/2018 4:46 PM
10	Such a change could have significant impacts on our model in the state system if it eliminates the exempt setting. Potential impacts could include challenges to hiring new graduates without licenses as they wouldn't meet the minimum qualifications of they were not a psychologist, requiring cosigning of all documentation by psychological assistants, creating barriers to recruiting supervisors, potentially requiring new fees for interns and other supervisees to register with the BoP, and others.	3/7/2018 4:44 PM
11	New graduates may experience increased difficulty in attaining jobs in exempt settings, as these organizations may be unwilling to hire these individuals as it increases workload for supervisors and other individuals.	3/7/2018 4:42 PM
12	It would slow down the current process of supervision, treatment, and documentation at exempt settings. Having a few different streams toward licensure allows for clinicians who are interested and skilled at working with vulnerable populations easier access to this rewarding but difficult work. Please don't make that harder.	3/7/2018 4:33 PM
13	Large state institutions and other organizations will have to revaluate and reorganize their training and hiring practices.	3/7/2018 4:32 PM

14	In an Exempt setting, the disadvantages are major. We would likely face challenges to hiring unlicensed graduates, it would require additional review and cosigning of all documentation by psychological assistants, which would be an burden on an already time-constrained state system, it might require new fees for interns and other supervisees to register with the BOP.	3/7/2018 4:32 PM
15	As a psychologist who accrued all my SPE hours in a exempt setting, I see significant disadvantages to this proposal. Exempt government settings (e.g., Department of State Hospitals and California Department of Corrections and Rehabilitation) would not longer be able to hire recent doctoral graduates. These post-docs would lose out on the ability to accrue SPE and invaluable training experiences in these settings.	3/7/2018 4:29 PM
16	Exempt settings offer a different experience, allowing services to be delivered, with appropriate oversight, to a variety of patients' in underserved populations.	3/7/2018 4:28 PM
17	Eliminating exempt settings would be problematic for a number of reasons including an increase in fees for new professionals, possible additional requirements of supervisors and supervisees which unnecessarily burden systems already stretched thin and difficulty for new professions in finding settings which they can accrue their hours.	3/7/2018 4:28 PM
18	This proposed changes would cause undue challenges to the current exempt settings. It would grossly disrupt treatment models and gut the ability to hire clinicians to serve some of the more disadvantaged patients.	3/7/2018 4:12 PM
19	the board would collect a ton of money	3/7/2018 2:11 PM
20	challenge to train all people on the new method and help those transition over. May be costly to include more oversight and tracking	3/7/2018 1:08 PM
21	More time for students to obtain their "#", more cost to the student, more difficulty for students and programs to coordinate hiring/obtaining #'s/starting the job, etc. More paperwork which means more time and effort and money for most everyone.	3/7/2018 12:41 PM
22	From a personal perspective, I would have "timed out" as a psych assistant prior to completing my doctoral program and would likely have to continue to pay tuition without having the opportunity to accrue additional training hours and experience. The negative impact on our training model would not support better trainees, but would actual decrease clinical opportunities and the amount of training experience we are currently acquiring.	3/7/2018 12:23 PM
23	Reduce the amount of trainee positions in various training programs; reduce differentiation between informal and formal post-doctoral training	3/7/2018 11:58 AM
24	As I indicated above, my concern is that the current limits associated with being a psychological assistant would restrict the number of trainees at certain sites, as well as the years of training a trainee might receive.	3/7/2018 11:29 AM
25	Approval of the proposal would deeply affect our ability to have multiple interns and fellows at our training site. Also, with this waiver, this would also affect our 2-year APA postdoctoral fellowship as the cap of only 5 years starting at their first clinical placement in graduate school would mean that psychology interns could time out before the end of their fellowship with us. I would kindly ask that the board reject this proposal as it would affect our agencies ability to provide care to our families, longer wait lists, less opportunities for families to receive services quickly, and create a greater burden on existing staff and higher burnout.	3/7/2018 11:20 AM
26	Would create a lot of additional paperwork and burden on the agencies providing supervised professional experience and the BOP (processing of paperwork).	3/7/2018 10:50 AM
27	The predoctoral internship is the most standardized form of accruing SPE as APA accredited sites have to pass a rigorous examination of their program every 7 years. This should be distinguished from a psychological assistant working in a small private practice with limited structure and oversight.	3/7/2018 10:02 AM
28	cost to students, administrative burden to students and departments, limitations on broad variety of training models needed, very much disadvantages academic settings and trainees who intend primarily research/teaching/mentoring careers	3/7/2018 9:58 AM
29	If the registration process is too rigorous it may cause some training sites to withdraw their services to interns.	3/7/2018 9:29 AM
30	In no way does this benefit trainees, only making the process of licensure more rigid and difficult.	3/7/2018 8:53 AM

31	Increases the bottleneck to become licensed and reduces access to mental health care.	3/7/2018 8:35 AM
32	N/A	3/7/2018 8:13 AM
33	Possible delay in transition to begin SPE if BOP is latent in processing paperwork. Will there be a problem for students who want SPE from multiple sites or under multiple licenses. What if the licensees don't want to deal with registrations every year. Could there be a problem that one license caps at three PAs- don't they have a right to supervise more than 3. It costs us money to do this. Also you are asking us to comment on the proposal without fleshing out the rationale for why consumers would be "more protected" by us doing this. It doesn't make sense to me so this feels unfair.	3/6/2018 11:45 PM
34	Increased costs, both in money and in the time needed to complete the process of registering as a psych assistance, could reduce access to training for postdocs and reduce access to services for the populations those postdocs serve.	3/6/2018 10:14 PM
35	Too many to list	3/6/2018 9:46 PM
36	It would impact trainees if they have to pay. They are already poor - It will shorten the number of years one can train. More is needed if you want to become specialized (like I did, I was a trainee (fellow) for 2 years post doc. If you are not a trainee, your loans kick in repayment. Supervisors will be limited to 3 trainees only, which is not the case in some institutions.	3/6/2018 8:49 PM
37	increased cost to formal training programs to register everyone, including both direct fees charged and time spent completing applications and managing paperwork	3/6/2018 8:48 PM
38	I don't see what the problem is with the current system.	3/6/2018 7:40 PM
39	It will be a nightmare for government exempt facilities to provide supervision hours for its interns.	3/6/2018 7:16 PM
40	More time, more hoops, more money.	3/6/2018 7:05 PM
41	inconvenient and creates obstacles	3/6/2018 5:11 PM
42	Significantly limits number of interns and postdoctoral fellows at our site	3/6/2018 4:37 PM
43	Formal APA internships have very specific rules and high standards of supervision and training that are reviewed regularly through accreditation and these standards help protect consumers. Applying the same rules to these settings would impact the number of interns that could receive training at time and could impact the trainees ability to receive long-term training (over 5 years) e.g.,starting with practicum and ending with fellowship.	3/6/2018 4:33 PM
44	Trainees that are part of an accredited training program through APA or APPIC are held to rigorous training standards and there is quality control over that training. Requiring that all trainees become psych assistants could cause delays in the training experience until the designation is approved, is time limited, and could be problematic for trainees coming to train in CA from graduate programs in different states.	3/6/2018 4:24 PM
45	Many. It seems like an unnecessary paperwork burden to place on doctoral interns, with no real advantages that I can see. It would also place significant potential negative limitations on training programs.	3/6/2018 4:21 PM
46	It is very limiting with regard to the type of training experiences available as well as the time frame to complete training. There are currently many barriers to getting quality fellowships and training as a psychologist and I don't see this helping that situation!	3/6/2018 3:56 PM

47	• The BOP would need to change supervision requirements to be consistent for all applicants accruing hours (vs current system where psych assistants have a different supervision requirement than registered psychologists) • Seems to equate APA accredited internship experiences with any predoctoral experience • Increases complexity and paperwork for training directors who already go through APA accreditation which is very extensive and time consuming • Added steps for sites that have been exempt for postdoctoral training, which also can mean a delay in starting to provide services where none exists now. • It could end up delaying trainees' ability to begin accruing hours • Increased fees for organizations – not only the fee to apply, but also the fees for transcripts and fingerprinting. • Notifying the board with every change in supervisor could mean more work for the organization, and the BOP • The various accrediting bodies (eg, APA) evaluate organizations regularly to ensure that they are providing quality and quantity of supervision. • The BOP already struggles with the volume of licensing applications, psychological assistant applications, etc. To now require that EVERY doctoral student register will only burden the BOP with more paperwork, and delay applicants even more.	3/6/2018 3:53 PM
48	It just seems to place more restrictions on aspects of training programs that don't lead to better care. There are probably more meaningful ways to protect patients from poor systems of care that have not done a good job of training or have not provided enough oversight.	3/6/2018 3:48 PM
49	Some interns having to pay fees that weren't required before.	3/6/2018 3:35 PM
50	1. severely limiting the number of internship training slots available in California and 2. making it impossible for trainees to participate in California advanced post-doctoral training sites (because of the 5 year time limit)	3/6/2018 3:34 PM
51	Disadvantages include most importantly - less access to care for low income families, youth and children; further: less access to trainee supervised hours; more cost to clinics to maintain the limited supervision hours per supervisor and more administration/dollars for management of this new idea vs being funneled to direct clinical care.	3/6/2018 3:14 PM
52	This will actually take away the most standardized method of accruing hours through a formal internship	3/6/2018 3:01 PM
53	Increased fees for organizations (fee to apply, but also the fees for transcripts and fingerprinting). The BOP already struggles with the volume of licensing applications, psychological assistant applications, etc. To now require that EVERY doctoral student register will only burden the BOP with more paperwork, and delay applicants even more.	3/6/2018 2:56 PM
54	Added unnecessary complications, may limit opportunities to gain supervised experience, restrictions on number can supervise, make it more difficult to gain supervised professional experience, time frame may prevent licensure and counting hours	3/6/2018 2:38 PM
55	My work setting has a large training program that includes psychology interns and a two year psychology fellowship. If trainees can only be psych assistants for only 5 years starting at first year of clinical placement starting in graduate school it would affect trainees that wish to pursue a 2 year fellowship. Our training program has a excellent track record for providing high quality supervision in English and Spanish to all our trainees. I highly encourage the board of psychology to reject this proposal.	3/6/2018 1:54 PM
56	For settings serving populations that would not have access to mental health treatment apart from the contribution of trainees, accessibility for such under-served populations would be significantly reduced (i.e., 3 PAs: 1 Licensed Psychologist). As with the waiver, the five-year time limitation re PAs might reduce the number of trainees serving under-served populations, as well as decrease options for trainees that require a slower pace (e.g., life circumstances, disabilities).	3/6/2018 1:40 PM

57	Currently, it is not practical or feasible for eight reasons. 1) There is a significant gap between post-doctoral candidates and post-doctoral training sites. This became more of a problem since 2017. Now, ONLY APA pre-doctoral candidates are able to interview at APA post-doctoral programs. Contracted APA sites that wanted to interview post-doctoral candidates who did not attend an APA pre-doctoral internship (e.g., CAPIC site) were unable to consider those excellent candidates. This created an increased number of qualified candidates needing to find other post-doctoral training experiences. 2) There is a significant lack of Licensed Supervisors to supervise post-doctoral candidates. 3) There is minimal information or support for this significant role as Supervisor. There are legitimate concerns by supervisors (i.e., resources, time, vicarious supervision, etc.), which do not appear to be addressed by APA. 4) The additional costs to hire a Psychological Assistant as an employee and the increased insurance liability are also deterrents. 5) By creating this initiative, more qualified candidates will be displaced, struggling to complete the additional 1500 clinical hours. 6) It puts a greater burden on APA to find more placement sites for qualified post-doctoral candidates that are unable to apply to the APA accredited sites, which increases the financial burden all around. These are similar problems identified with the APA pre-doctorate program. 7) There will be a greater gap between licensed psychologists and consumer access to care. 8) As a result, more professional institutions will continue to resort to hiring MFTs, LPCCs, etc.	3/6/2018 1:22 PM
58	The standardization of training using the Psychological Assistant model would be a step down in quality training. Many psychological assistants go that route for training because they could not get in to APA accredited models for training. The proposed change would have the opposite of the intended effect of enhancing consumer protections by decreasing current protections consumers enjoy when receiving services from a trainee in an APA accredited setting.	3/6/2018 1:09 PM
59	Increased burden on BOP, increased wait time, increased bureaucracy, increased cost for community agencies.	3/6/2018 1:06 PM
60	Could make it impossible to run our APA accredited internship and postdoctoral fellowship training programs if the rules for psych assistantship are not significantly changed	3/6/2018 1:04 PM
61	I fear that APA accredited programs would be negatively impacted and these program's provide the highest levels of both consumer protection, and service to increase access to care.	3/6/2018 12:45 PM
62	In Community Mental Health settings, there are limits on the number of registered trainees whereas there are not specific limits for "practicum trainees". Unsure, but would this also affect who can supervise the trainees?	3/6/2018 12:41 PM
63	Not as standardized training; potentially less rigorous supervision or less evidence based or overspecialization in a distinct client population	3/6/2018 12:32 PM
64	not sure	3/6/2018 12:30 PM
65	1. Different setting have different needs, so a single process creates unnecessary obstacles without a clear actual benefit to the consumer. 2. Currently students could be psych assistants in their second year and still have several years to go to fulfill all the licensing requirements so they may not have sufficient time to complete. 3. Additional changes would be needed such as allowing for doctoral students without a Masters in internships. 4. It is unclear what would happen with clinical placements prior to the Masters, and if it includes pre Master students see #2. 5. The current agency limit on the number of psych assistants would be a disadvantage for larger organizations with multiple types of trainees and more than the current psych assistant cap. 6. The entire professional experience process would need to be revamped, not simply converting to the existing psych assistant process. 7. The number of cases to process would surge, likely impacting the limited resources of the board, and impacting services..	3/6/2018 12:27 PM
66	increased documentation with probably little benefit	3/6/2018 12:23 PM
67	I think there are significant disadvantages without further revisions. First of all, at sites that are providing high quality, competitive training experiences for multiple interns and fellows, the need to limit the number of psychological assistants assigned to a licensed supervisor, may mean that strong training programs cannot offer as many training slots anymore. This seems to be an unintended side effect of this change. Secondly, psychological assistantships can only last for five years. With the current length of training, internship, and fellowship often lasting eight or nine years, this seems that it will end up undermining the training that we can provide, if trainees must be licensed in five years. I would recommend lengthening the time that someone can be a psychological assistant and increasing the number of psychological assistants that can be assigned to a supervisor.	3/6/2018 12:19 PM

68	Decrease the number of APA/ APPIC internships available. Decrease access to care to underserved populations who are provided services through these internships. Increase financial burden to trainees who participate in more training experiences.	3/6/2018 12:13 PM
69	This would severely limit the available training options, particularly in sub-specialties that require two year fellowships that would not fit within the time frame proposed. There would be fewer training sites and thus fewer providers for underserved populations that are often covered by agencies that include trainees. There would also be fewer options for supervisors and this would also limit training availability.	3/6/2018 12:12 PM
70	Because licensed psychologists can only have 3 assistants assigned to them, this would significantly impact large formal training programs. In addition, because trainees can only be registered as psychological assistants for 5 years, they could run out of time before they complete their postdoctoral training, which would leave them unable to complete formal postdoctoral training for SPE.	3/6/2018 12:10 PM
71	It will have a large impact on the number of unlicensed psychologists we can hire at our agency. It will decrease the number of students we can offer training opportunities to.	3/6/2018 12:10 PM
72	Trainees may potentially max out their time as psychological assistant prior to completion of training program (ie., fellowship). Additionally, it would put a cap on the number of trainees to be accepted into the training program due to the constraints of how many trainees a supervisor is allowed to supervise.	3/6/2018 12:10 PM
73	makes it very hard from institution's perspective to have any trainees; very cumbersome and expensive process which institutions don't want to do	3/6/2018 11:50 AM
74	Not appropriate for exempt agencies. Limits trainees to 3/per psychologist which is maximum number allowed. Does not allow for diversity of training opportunities. Time limits for psychological assistantship may not allow sufficient time to accrue licensure hours. Psychological assistantships not necessarily a budget category for agencies	3/6/2018 11:48 AM
75	-Increased administrative costs in order to implement changes. -Inability to differentiate between formal internship and psych assistantship at a less formal setting.	3/6/2018 11:41 AM
76	Many. Clients will have to wait longer for services. Agencies would be in breach of contract start dates for APPIC, CAPIC, etc., Trainees would not be able to start in a timely manner, out of state trainees would have an even larger barrier and lag time, client access to care would be delayed, current training models for schools and training sites would be greatly impacted in a negative way, agencies would experience several financial barriers as well.	3/6/2018 11:41 AM
77	1.) No distinctions between a trainee who completed an APA-accredited internship and someone who simply registered to work in a private practice to accumulate hours. Formal placements in APA-accredited facilities will typically provide higher quality assurance, thereby ensuring better consumer protection. 2. Create inconsistencies in the requirements for out-of-state applicants who will still be able to apply their hours from a formal APA-internship even though they would not have been registered as psychological assistants. 3. Create more difficult for currently accredited formal training programs to attract supervisors due to the additional administrative burden.	3/6/2018 11:17 AM
78	This will actually take away the most standardized method of accruing hours (i.e., APA-accredited internship). Also, this will make it administratively more difficult for currently accredited formal training programs to attract supervisors due to the additional administrative burden. Finally, this will create inconsistencies in the requirements for out-of-state applicants who will still be able to apply their hours from a formal APA-internship even though they would not have been registered as psychological assistants.	3/6/2018 11:14 AM
79	Not known until it is implemented. There are always unforseen disadvantages	3/6/2018 11:11 AM
80	Administrative application hurdles	3/6/2018 11:10 AM
81	Make it much harder for doctoral students to gain clinical training hours	3/6/2018 11:04 AM

82	Trainees would be timed out of their training (5 years). We already have a problem now with those of us who are able to have trainee/intern work billed under Medi-Cal. They must be waivered. That precludes us from including/training anyone who does not qualify for a waiver (students earlier in their training). Those who get a waiver during graduate school may not have the ability to work in Medi-Cal sites b/c they will reach the 5 year maximum before postdoc or shortly after. This is very restrictive and the current system already puts psychologists at a disadvantage compared to MSW and MFTs.	3/6/2018 10:59 AM
83	Standardization would effectively discontinue the other three pathways to collect hours. The reduction in avenue will lead many exempt agencies to have difficulty adjusting. Some agencies may not be able to have unlicensed psychologists as a result.	3/6/2018 10:46 AM
84	Possibly less interest from trainees to obtain training at an APA accredited training site.	3/6/2018 10:32 AM
85	This requirement could significantly restrict agencies abilities to take on trainees; create additional bureacratic barriers to students collecting hours	3/6/2018 10:27 AM
86	see above.	3/6/2018 10:25 AM
87	This would jeopardize student's and academic institution's ability to find placements for gaining hours towards licensure. Currently a licensed psychologist can only have 3 Psychological Assistants. We also need to work in the same setting and be available 100% of the time. Unless we were able to have a larger number of Psych Assistants, we would have to reduce the number of students that we take. This would have a negative impact on our ability to provide training and services. In addition, currently a student can only be a Psych Assistant for 5 years. This will mean that many students will be in danger of timing out of their assistantship status because they need to complete 1500-2000 Post-doctoral hours as well.	3/6/2018 10:16 AM
88	I think it would limit the amount of time doctoral students can spend in training, and so have an adverse impact on professional care of clients; I think it would cause a decline in training site availability and as an academic trainer of students and a DCT, I think it would hamper my ability to ensure my students have the time to get the proper training they need to become competent practitioners. I think it is a lose/ lose and am puzzled as to who thought this was in any way a good idea.	3/6/2018 10:13 AM
89	Too large of a burden on exempt institutions; De-incentivizes good supervision, people will be motivated to have as many PA's as possible making them money.	3/6/2018 10:02 AM
90	Supervisors would be less likely to volunteer, paperwork would complicate and distract form the training process. Smaller organizations might not be able to adapt to or fund these organizational changes.	3/6/2018 9:36 AM
91	Limits ability for unliscened psychologists to gain hours. Makes more paperwork with red tape, nothing else would change to patient care.	3/6/2018 9:14 AM
92	This would be very problematic for the organization and would cause confusion for the patients.	3/6/2018 8:55 AM
93	1. This will eliminate the standardized method of accuring hours (i.e., APA-accredited internship) As a licensed psychologist I would not volunteer to supervise anyone under this new method because of the additional administrative burden as well as legal ramifications. I have the training to be a supervising psychologist but would not do it under this proposal. I thing that this will make it administratively more difficult for currently accredited formal training programs to attract supervisors due to the additional administrative burden. Having an APA internship has significance in the profession of psychology this would make it less so and it may create inconsistencies in the requirements for out-of-state applicants who will still be able to apply their hours from a formal APA-internship even though they would not have been registered as psychological assistants.	3/6/2018 8:47 AM
94	This proposal will remove the most standardized way of accruing hours. As a supervisor, it will limit my time as I will be spending a significant amount of time on administrative issues instead of providing supervision. Further, this will only serve to limit applicants from CA. Out of state applicants will still be able to apply with their internship hours even without being registered as a PA.	3/6/2018 8:32 AM
95	Makes the bureaucracy worse.	3/6/2018 8:13 AM
96	see above	3/6/2018 7:12 AM
97	Bureaucratic red tape, increased fees to accrue SPE, increased need for staff at the Board leading to increased fees	3/5/2018 8:50 PM

98	I am concerned that this will reduce the overall number of candidates able to complete the necessary supervised hours to become licensed, eventually reducing patient access to care. The application process will dramatically delay the start date of training, which can have other effects, such as financial challenges for the time between internships and postdoctoral training.	3/5/2018 6:01 PM
99	1. Will place a lot of work and burden on training directors, especially in exempt settings. 2. Will remove most standardized way of accruing hours. 3. Will create havoc for formally accredited programs to attract supervisors if all have to become supervisors of psychological assistants. 4. Will create inconsistencies in requirements for out-of-state applicants who will still be able to apply hours from a formal APA internship even though they would not have been registered as psychological assistants. 5. Will burden those of us who are not primary supervisors. I will likely end my supervision of interns.	3/5/2018 6:01 PM
100	There are many potential disadvantages for exempt non-profits and for students accruing hours: 1. If all students need to become registered as psych assistants, then this will limit the number of practicum trainees we can take. We have 12 trainees under 2 supervisors. The trainees work here part-time while in school. Current law limits psychologists to 3 psych assistants. The new law needs to increase the number of psych assistants a supervisor can supervise or else separate out practicum trainee hours from those counted towards licensure, which starts during the formal internship. 2. If students need to register as psych assistants while in school, then the maximum time to be a psych assistant needs to be increased. The current 5 year limit as a psych assistant could be used up if a student has to register as a psych assistant during their 1st or 2nd year of doctoral training by the time they graduate.	3/5/2018 5:17 PM
101	Not all settings are set up to deal with psychological assistants. Exempt governmental agencies would be significantly impacted by making the necessary changes to a different system.	3/5/2018 4:58 PM
102	Seems like a way for BOP to make money more than anything else. This will take away the standardize process of accruing hours and will make it even more difficult to secure good supervisors	3/5/2018 4:35 PM
103	Numerous.	3/5/2018 4:29 PM
104	Creates a one size fits all standard path that does not benefit the diversity of practice. Limits availability of supervisors and training experiences. I don't see any evidence that the proposed system is likely to provide better training or services than the structures and monitoring that we have now but would instead limit opportunities where it is already difficult to find sufficient trading sites	3/5/2018 3:45 PM
105	This proposal will have a detrimental impact upon a large number of internship positions, which exist in settings that have mostly APA-accredited internships, which are mostly in Federal, State, and County operated facilities. It will create inconsistencies for applicants from out-of state internship sites.	3/5/2018 3:06 PM
106	- Decreased opportunities for trainees and unlicensed psychologists to acquire QUALITY supervision while providing QUALITY care - decreased access to quality services by underserved populations - decrease in workforce in government settings, that already have low employment rates and require extra recruiting to meet minimal requirements - decreases exposure to quality supervision, leaving trainees and unlicensed psychologists to seek out lower quality supervision and ways to accrue experience that negatively would impact their functioning and licensed psychologists - impedes available opportunities to obtain supervision and accrue hours in totality	3/5/2018 2:59 PM
107	There will be more red tape to go through. It would be good if the registration as a psychological assistant would be the start of the process toward licensure as well.	3/5/2018 2:56 PM
108	Extra paperwork which could discourage psychologists from becoming supervisors.	3/5/2018 2:32 PM
109	This will actually take away the most standardized method of accruing hours (i.e., APA-accredited internship) 2.This will make it administratively more difficult for currently accredited formal training programs to attract supervisors due to the additional administrative burden. 3.This will create inconsistencies in the requirements for out-of-state applicants who will still be able to apply their hours from a formal APA-internship even though they would not have been registered as psychological assistants.	3/5/2018 2:01 PM

110	Psychological assistant minimizes the impact of the experience and authority of an unlicensed psychologist. It sounds like the title of someone who stopped at a masters degree.	3/5/2018 1:36 PM
111	May cost the unlicensed psychology student more money to have to register as a psych assistant every year	3/5/2018 1:20 PM
112	N/A	3/5/2018 1:00 PM
113	Increased cost to trainees Difficulty finding supervisors willing to have a Psych Assistant under their license Decreased oversight (as compared to an APA accredited internship) Complications with the APA match Decreased incentive for students/early career psychologists to want to work at the Department of State Hospitals Retention/recruitment challenges	3/5/2018 12:43 PM
114	1) Complications/delay with training out-of-state predoctoral psychologists coming to CA for internship 2) No increased in protection for clients/patients 3) Potential abuse of the system (e.g., supervisor at private practice signs off on hours without providing supervision because can make extra $$ with the practicum student working as a psychological assistant) 4) Negative effect on predoctoral psychologists leaving CA for internship who are planning to become licensed in CA post-internship	3/5/2018 12:33 PM
115	Due to the increased paperwork, there is a disincentive to supervise in an exempt setting with the proposed system. There is a potential for a reduction in services provided.	3/5/2018 12:18 PM
116	1. This will actually take away the most standardized method of accruing hours (i.e., APA-accredited internship) 2. This will make it administratively more difficult for currently accredited formal training programs to attract supervisors due to the additional administrative burden. 3. This will create inconsistencies in the requirements for out-of-state applicants who will still be able to apply their hours from a formal APA-internship even though they would not have been registered as psychological assistants.	3/5/2018 12:08 PM
117	Added time burden on institutions and trainees	3/5/2018 11:50 AM
118	This would create significant limitations for interns, especially those who match from out-of-state. It also creates an additional financial burden on already financially struggling interns. It would create excessive administrative hurdles within the organization. It could lead to fewer licensed professionals being willing to supervise interns. It could reduce the quality and number of interns interested in the currently exempt settings in CA. It ultimately undermines the importance of the doctoral internship and makes internship experience equivalent to practicum experience.	3/5/2018 11:07 AM
119	It would disrupt the training process already in place, by not being able to have trainees who work hard to attend APA accredited formal internship placement distinguish themselves from trainees who chose the informal route. At some sites, there are multiple training rotations, with multiple supervisors. According to this, it would be a logistical nightmare in terms of paperwork and understanding as to who is the primary supervisor.	3/5/2018 11:04 AM
120	Making it harder for unlicensed psychologists. Make it more difficult to find willing clinicians willing to supervise and allow a trainee to work under their license. I personally would not feel secure in doing so.	3/5/2018 11:00 AM
121	Extra expense, quality of care for patients would decrease	3/5/2018 10:47 AM
122	There would be serious administrative challenges. My employer is both exempt and an APA accredited internship site. It would be complicated getting folks on board in a timely manner with additional registration requirements. Also, it would make supervising less attractive.	3/5/2018 10:34 AM
123	It would be a logistical nightmare for the APA accredited internship programs and make it more difficult to find supervisors. Its a bad idea.	3/5/2018 10:33 AM

124	This proposed change in accrual of supervised hours would take away from the already limited number of APA accredited internship/postdoc positions. The proposed change that would require individual supervisors to register psychological assistants under their license would greatly limit the number of supervisors and therefore reduce the number of internship/postdoc positions. Government exempt settings such as hospitals, medical centers, and correctional facilities provide a large number of internship positions that would likely see a significant decrease in available internship/postdoc positions. Interns/Postdocs across the nation provide services to clients/patients, often in places or with populations that are underserved. Disrupting the exempt status from these facilities would directly impact the level of care for patients, availability of access to services, and jeopardize training programs.	3/5/2018 9:36 AM
125	Extra financial burden on training programs and students, increased wait time to gain approval as psych assistant resulting in delayed accrual of hours and vacant positions within exempt government settings, problems within job classifications and applicant approval process for government settings	3/5/2018 9:31 AM
126	It will make it harder for exempt settings to get qualified trainees impacting the training departments and standard of care.	3/5/2018 9:17 AM
127	1. This will actually take away the most standardized method of accruing hours (i.e., APA-accredited internship) 2. This will make it administratively more difficult for currently accredited formal training programs to attract supervisors due to the additional administrative burden. 3. This will create inconsistencies in the requirements for out-of-state applicants who will still be able to apply their hours from a formal APA-internship even though they would not have been registered as psychological assistants.	3/5/2018 9:14 AM
128	For government and APA-accredited sites, it creates a big hassle because we typically have the benefit of working with many supervisors with various specialties. If we had to re-register each time we change rotation, that would be a barrier to getting through the year on time. The CA BOP appears to be understaffed, taking a significant amount of time to receive materials and respond accordingly. For sites that are set up as formal internships/post-docs that have a strict calendar of incoming cohorts of students, this would be a logistical nightmare with no upside.	3/5/2018 9:13 AM
129	If exemptions for trainees are sunset, the public could no longer see the difference between someone accruing their hours in an APA-accredited internship, versus someone who is simply registered to work in someone's private practice to accumulate hours informally. Your email states "Even though the common goal for these trainees in these different settings is to gain experience towards licensure as a psychologist, the requirements, oversight and processes can be varied." This does not resolve the issue of varied training requirements. In fact, it would potentially negate the rigid requirements of formal training programs, or at very least, make it difficult for future employers to tell whether someone had the rigid training required in their agencies. This proposal would become an administrative nightmare for currently accredited formal training programs. It will be more difficult to attract supervisors due to the additional administrative burdens. Additionally, this will be a nightmare for governmental agencies with large training programs. This will make it administratively more difficult for currently accredited formal training programs to attract supervisors due to the additional administrative burden. This will be a nightmare for governmental agencies with large training programs. This will also create inconsistencies in the requirements between states, and if a trainee from California goes to another state, they may not meet the requirements for licensure in that state, or may be at a disadvantage nationally. Also, out-of-state applicants would still be able to apply their hours from formal APA accredited programs, even though they would not have been registered as psychological assistants.	3/5/2018 8:49 AM
130	The current licensure system is already a deterrent to unlicensed clinicians/post docs. Having done an internship out of state, I was repeatedly advised not to return to CA, given the widespread awareness of problems going through the BOP licensure process (not exams, the paperwork and persons handling the paperwork). This would add another layer to that. Additionally, one of the main benefits for working for the government is not having to register as a PA. Without that benefit, I, and many others, would likely forgo employment with DSH. This is a major source of psychologists in DSH and would result in both immediate and enduring hiring struggles.	3/5/2018 8:00 AM
131	Cannot see any.	3/4/2018 5:53 PM

132	Who is capable and responsible enough to understand the changes this would make on an already too complicated system to get a license? There have been no changes in the field's environments for work. Nothing new is available from 30 years ago. Thinking supervision is a major issue is something that will be difficult to change and reallly not a major issue in this current environment.	3/4/2018 1:48 PM
133	creates issues for interns working out of state	3/4/2018 12:31 PM
134	Difficulty in consolidating the various opportunities for experience	3/4/2018 8:09 AM
135	Has the potential to make it more difficult for some people to register properly and for some supervisors to comply with or track requirements.	3/3/2018 8:31 PM
136	Additional fees to be paid by individuals who have already invested a significant anount into their training, will need to invest more, and are not making a living wage.	3/3/2018 8:09 PM
137	This favors private practice and interferes with standards implemented by APA with postdoctoral fellowships.	3/3/2018 4:12 PM
138	There will be more training sites needed.	3/3/2018 2:47 PM
139	I'm not sure what your proposing here, I've re-read it several times and they only thing I can glean is that you've repeated what accruing hours is but not how you plan to "streamline" it specifically. If that means that you are eliminating registered psychologists and private practice accrual for licensure to make it solely internship based I think it's a terrible idea. I really hope you mean everyone will have as much time as psych assistants to accrue hours to pass licensure despite the setting they work in.	3/3/2018 10:22 AM
140	Additional costs to trainees, and additional time and resource cost to training programs.	3/2/2018 11:47 PM
141	Everything. It would add more paperwork, more supervision hours, and interfere with transferring apa predoc hours to the licensure hours in formerly exempt settings.	3/2/2018 6:35 PM
142	The proposal would inhibit accredited training program, place unreasonable expenses on students participating in accredited training programs, and artificially enhance the standing of non-accredited programs. Ultimately, this proposal would decrease the likelihood of students seeking out good training.	3/2/2018 6:35 PM
143	This will actually take away the most standardized method of accruing hours (i.e., APA-accredited internship) at my current facility. It will make it administratively more difficult for currently accredited formal training programs to attract supervisors due to the additional administrative burden. This will create inconsistencies in the requirements for out-of-state applicants who will still be able to apply their hours from a formal APA-internship even though they would not have been registered as psychological assistants.	3/2/2018 6:09 PM
144	Exempt settings would have a tougher time recruiting unlicensed psychologist. Being able to start out your career be called a psychologist and get a decent salary is critical for recruiting staff. Exempt setting have historically had a difficult time attracting staff as well as retaining. These environments are typically very challenging (safety issues, large case load, very difficult cases) to work in and a well staffed department is absolutely critical. Exempt setting would also be faced with having to change their hiring process and this would be an administrative nightmare.	3/2/2018 5:45 PM
145	More hoops to jump through, less supervisors willing to supervise due to red tape and administrative oversight.	3/2/2018 5:42 PM
146	Many! First, it would be removing the most standardized, well regulated method of accruing hours (i.e., APA-accredited internship). Second, unlike other sites, the APA-accredited sites are scrutinized and regulated to ensure quality of training. Third, this would make much more difficult for accredited training programs to retain and recruit supervisors due to the additional administrative burden this proposal would cause. Fourth, it would create inequities in the requirements for in- versus out-of-state applicants, as the latter will still be able to apply their hours from a formal APA-internship even though they never served as psychological assistants.	3/2/2018 5:37 PM
147	It may impact non-profit agencies that contract w/ DMH because a waiver is better than 1 supervisor being responsible for the training/supervision of a trainee.	3/2/2018 5:36 PM

148	1. This will actually take away the most standardized method of accruing hours (i.e., APA-accredited internship) 2. This will make it administratively more difficult for currently accredited formal training programs to attract supervisors due to the additional administrative burden. 3. This will create inconsistencies in the requirements for out-of-state applicants who will still be able to apply their hours from a formal APA-internship even though they would not have been registered as psychological assistants.	3/2/2018 5:18 PM
149	1. This will actually take away the most standardized method of accruing hours (i.e., APA-accredited internship) 2. This will make it administratively more difficult for currently accredited formal training programs to attract supervisors due to the additional administrative burden. 3. This will create inconsistencies in the requirements for out-of-state applicants who will still be able to apply their hours from a formal APA-internship even though they would not have been registered as psychological assistants.	3/2/2018 5:10 PM
150	This will change the standard way of accruing internship hours and create inconsistencies between states. Additionally, this will likely negatively affect psychologist's decision whether or not to be a supervisor because of the additional burden.	3/2/2018 5:08 PM
151	This will be an administrative nightmare for exempt settings and internship programs adding extra steps and costs for no gain. It will place California training programs at a disadvantage compared to other states and possibly scare away qualified candidates. It will make it more difficult to assign supervisors - a flexibility that we need in large exempt settings. In fact, I am certain it will scare many supervisors away, as supervising is already a burden on folks who have heavy workloads. Therefore, this proposal will decrease the quantity and quality of available supervisors. Please don't continue to punish supervisors. Your decisions have a real impact on people and programs. Please don't add more steps and complexities. It is unnecessary bureaucracy. Additionally, I currently believe Psychological Assistant is the least formal and least regulated way to accumulate SPE. APA-accredited internships are the most heavily regulated and exempt settings have extensive infrastructure set up to support unlicensed psychologists. This change would make it harder for the general public to differentiate between a trainee in a formal APA-accredited internship vs someone who is training in a small private practice. If we truly believe the general public is paying attention to these issues (which is highly suspect), this change would only make it more difficult for them to discern the training experience of a trainee or psychologist. Additionally, folks who go to train outside of California would still have their hours count when they moved here, so we would just be punishing those folks who chose to train in California. It would be unequal treatment favoring folks who trained outside of California. Given the clear dramatic negative impact this would have on internships and exempt settings throughout the state, it is unfathomable a change like this would occur for some purely hypothetical gain. It is difficult to imagine any consumer of psychological services proposed this. It seems like an unnecessary bureaucratic administrative action which will punish supervisors and supervisees.	3/2/2018 5:07 PM
152	1. It would be taking away the already standardized and valuable measurement. 2.Supervisors would be less willing to go through the extra steps and supervisees won't want to do this either.	3/2/2018 5:03 PM
153	1. This will actually take away the most standardized method of accruing hours (i.e., APA-accredited internship) 2. This will make it administratively more difficult for currently accredited formal training programs to attract supervisors due to the additional administrative burden. 3. This will create inconsistencies in the requirements for out-of-state applicants who will still be able to apply their hours from a formal APA-internship even though they would not have been registered as psychological assistants.	3/2/2018 4:54 PM
154	1. This process is inconsistent with the national standard of care that places accreditation standards under the domain of the APA--not the CA Board of Psychologists. 2. This would create an undue burden on supervisors who supervise in APA internships. 3. This will create inconsistencies in the requirements for out-of-state applicants who will still be able to apply their hours from a formal APA-internship even though they would not have been registered as psychological assistants.	3/2/2018 4:53 PM
155	Extensive - loss of good doctoral candidates seeking training from out of state, loss of good supervisors in exempt settings due to imposition of unnecessary regulation and paperwork, loss of excellent formal training programs in exempt settings due to complications caused by new rules, loss of APA-accredited internship sites in the state due to complications caused by registration process. I believe that this process will actually have opposite the intended effect - it will create a mass of California trainees who have only trained in private practices, which is a very limited environment to train in. I feel that this is a terrible idea that will actually have an extremely negative effect on California's ability to train highly competent psychologists.	3/2/2018 4:53 PM

156	* Negatively impacts formal internship programs * Adds further financial burden on unlicensed psychologists * Makes process of acquiring interns for exempt institutions more cumbersome than it already is * Increases the risk of driving away intern applicants who by turn are potential future employees * Make it more difficult for currently accredited formal training programs to attract supervisors due to the additional administrative burden * It will take away the most standardized method of accruing hours (i.e., APA-accredited internship)	3/2/2018 4:52 PM
157	may limit opportunities or settings in which individuals can accrue SPE, requires additional application process that is not necessary, may negatively impact training institutions (and the patients that they serve)	3/2/2018 4:50 PM
158	There is a process currently in place that is working fine. I don't see the utility in adding extra financial/administrative/time burdens.	3/2/2018 4:49 PM
159	Extreme administrative/supervision nightmare. Overburden clinical psychologists with higher licensing and practice risks and insurance costs. Less time for quality supervision due to increase in paperwork. Less quality experience for trainee due to increased supervision regulations. No guarantee of increased transparency or consumer protection.	3/2/2018 4:48 PM
160	Limiting students' and pre-licensed psychologists' ability to gain the necessary hours in waivered, government sites add unnecessary steps and costs to the path of licensure without providing any real benefit. Further, it de-incentivizes working in environments who sometimes have difficulty attracting qualified candidates, and adds additional burden to the supervision experience in exempt settings.	3/2/2018 4:31 PM
161	This would make it look like an intern in a competitive formal APA-accredited internship is getting the same level of supervision and oversight as a psychological assistant who is informally accruing hours in someone's private practice. These are clearly very different methods of accruing SPE and it would be misleading to consumers to make it look like they are equivalent. APA-accredited internships undergo a formal accreditation process with required self-studies and adherence to APA standards and competencies. There are no such protections in someone's private practice.	3/2/2018 4:23 PM
162	inflexibility in provision of varied opportunities and settings if psychological assistantship leads to prohibiting the other settings from employing trainees.	3/2/2018 3:36 PM
163	potential cost of registration	3/2/2018 2:34 PM
164	I see no significant disadvantages, and fully support this move.	3/2/2018 12:09 PM
165	Accessibility and feasibility for graduate students. My concern is that this would deter students from continuation of an already lengthy, costly, and arduous process for becoming a clinical psychologist. I think that the multiple avenues in which students can accrue hours lends towards some flexibility for students to be able to balance their training with their financial and personal needs.	3/2/2018 9:42 AM
166	Different training experience as a registered psychologist versus a psychological assistant. May not be able to maximize obtaining SPE if go the psychological assistant route.	3/2/2018 8:21 AM
167	What i mentioned above	3/1/2018 10:05 PM
168	Not sure.	3/1/2018 9:17 PM
169	Depending on the time limit for accruing all the required hours while registered and the start of registration, it may put some individuals at a disadvantage needing to complete the hours in a particular time frame. For those individuals who may take longer to accrue the hours, it may put them at a disadvantage if they do heir practicum, internship or postdoc accruals at public mental health settings. If there is a requirement and time limit for a trainee to register and do their first practicum, would they still be able to return later on for internship/postdoc training and complete the total number of hours needed for licensing. Limiting psychologists in training to a set number of years to collect all SPE, puts those training and working in the public mental/behavioral health sector at a significant disadvantage. This disadvantage can also impact their earning potential once working in the system if they run out of time to complete their SPE hours. For those who cannot dedicate full time to SPE collection, get pregnant, work part time, etc., it may be creating an unnecessary obstacle to their full accrual of mandated hours.	3/1/2018 3:19 PM

170	It sounds like another hoop to jump through without a clear benefit. Trainees typically already have good oversight and this feels like it may be redundant for many trainees. APA-accredited academic programs and internships already have to meet certain standards as part of their accreditation. If there is a cost to instituting this change, that would be a factor, as well.	3/1/2018 12:08 PM
171	cost for trainees, reduction in number of sites willing to take on trainees	3/1/2018 11:45 AM
172	Overemphasis on consistency, rather than the current system which recognizes diverse routes to licensure.	3/1/2018 11:31 AM
173	See last response	3/1/2018 9:30 AM
174	significant delay in trainees being able to start clinical work within an organization, which would impact access to care	3/1/2018 12:35 AM
175	none	2/28/2018 11:13 PM
176	If and to the extent that the current model offers more flexibility, it may be lost under the new proposal. But I am uncertain about this.	2/28/2018 9:55 PM
177	Processing time for applications	2/28/2018 8:58 PM
178	Bureaucracy and additional work/financial burden for professional training programs and internship sites.	2/28/2018 8:29 PM
179	Registration with the board Is already lengthy, this could delay accrual of hours for trainees if they needed to wait for registration to go through	2/28/2018 8:29 PM
180	possibly financial barriers for trainees as it is one more year of "training" pay.	2/28/2018 6:19 PM
181	For trainees in APA/APPIC regulated programs, adding an additional hurdle to matching would negatively impact willingness to match at training sites in California	2/28/2018 6:17 PM
182	Deviation to a new process is disadvantageous to current applicants. Changes similar to the proposed change for other credentialing programs have created a burden on new/current applicants. Generous timelines and grandfathering in applicants mid-way through the process would be necessary in order to be sensitive to the time and effort they have already put into supervised experience.	2/28/2018 4:57 PM
183	No foreseen disadvantages to enhance consumer protection and transparency by creating a single pathway.	2/28/2018 4:42 PM
184	How does this help the student?	2/28/2018 3:53 PM
185	I don't know what registering as a psych assistant entails, so I am not able to answer this question.	2/28/2018 3:38 PM
186	Seems redundant; all trainees are already practicing under the license of a professional psychologist; not sure what another layer of regulation of trainees would accomplish.	2/28/2018 3:11 PM
187	This seems like it will make it harder for people who decide to move to California near the end of their internship. It seems like it will also further delay the licensing process.	2/28/2018 2:40 PM
188	I don not think we should add extra steps (or extra cost) for our pre or post doc interns gaining supervision through a formal internship, especially as we compete with sites around the country for the best interns (and other states do not have these extra steps and cost).	2/28/2018 2:40 PM
189	It would potentially drastically decrease the number of positions available to acquire SPE. Current regulations place limits on the number of psych assistants one can have at a time while there is no limit on interns, even though the ratio of supervision required is the same. If this is applied to predoctoral SPE, it could extend time required to graduate and increase student loans.	2/28/2018 2:28 PM
190	None.	2/28/2018 2:18 PM
191	It is already easy for a consumer to understand what it means when a postdoc trainee has a doctorate, but is not licensed.	2/28/2018 1:51 PM
192	It potentially narrows scope, opportunity and experience. It potentially forced trainees into limited silos of experience and reduced the value of psychology to the community	2/28/2018 1:23 PM

193	How will this impact trainees who collect SPE out of state with the intention of getting licensed elsewhere, and then return to CA to be licensed for the first time?	2/28/2018 1:17 PM
194	There are agencies that aren't able to pay their interns (which is why my agency was CAPIC instead of APPIC or APA), so this could economically be disadvantageous to those agencies.	2/28/2018 12:54 PM
195	Creating additional paperwork "hoops" to jump through will slow down when trainees can begin counting their hours toward licensure. Additionally, this complicates trainees from out-of-state becoming trainees in California, which may reduce the quality of trainees in California (if we are no longer competitive due to extra burden/expense). Additionally, creating extra financial burden on trainees is not appropriate, as they are already financially vulnerable.	2/28/2018 12:00 PM
196	Additional financial burden and hoop to jump through.	2/28/2018 11:12 AM
197	The disadvantage is that it would make it a much more cumbersome process for organizations and supervisiors and takes the focus off of training them, and more focus on direct service hours which is likely to have a negative impact on the client's they serve.	2/28/2018 10:43 AM
198	Not sure - imagine there might be more bureaucratic challenges and unclear about how this will impact currently existing training programs that are high caliber (e.g. APA accredited)	2/28/2018 9:48 AM
199	Access to quality settings.	2/28/2018 9:15 AM
200	Not all doctoral internships are done in California. would that be a problem? I don't think there are disadvantages.	2/28/2018 8:14 AM
201	Certainly, the pathway to licensure for post-docs is a difficult one. So any proposal that help clarify and simplifying, if that is part of the intention, is welcomed.	2/28/2018 6:21 AM
202	-Seems like it would restrict avenues for some students who are appropriately geared for their target aspect of the profession. -The surface appeal of "protecting the consumer" could just as easily destroy the collective experience and diversity of entry methodology to the consumer. In a related way, could any one entry standardization capture that collective value if lost? -The unknown ripple effect(s).	2/28/2018 12:14 AM
203	I was hoping to have more information about the proposal before answering the questions. Is the idea that all categories except Psyc Assistant be eliminated? I.e. there will no longer be a category differentiating APA-accredited placements from private practice? If that's true, I have many concerns. Not clear if that's what's being proposed, though.	2/27/2018 11:14 PM
204	Added paperwork and hoops to jump through for supervises in exempt or APA programs.	2/27/2018 11:01 PM
205	I am concerned that making this change would prioritize decreasing heterogeneity in licensed practitioners at the expense of the quality of those practitioners. It seems that this change may disadvantage people in exempt settings who are most likely to be exposed to the most recent innovations and practices in the field.	2/27/2018 7:47 PM
206	One more hoop for the interns to jump through as part of their licensing requirement.	2/27/2018 6:23 PM
207	Extra paperwork? Yet maybe not really if it's incorporated it might replace some other paperwork?	2/27/2018 5:21 PM
208	Much more burden on the trainee. Trainees are already overburdened by the different accrediting and licensing bodies. I would strongly oppose the proposed changes if additional duties or responsibilities were placed on individual trainees.	2/27/2018 5:06 PM
209	More challenging for students to find placements and longer times for finishing hours	2/27/2018 4:24 PM
210	The intent to standardize training is great, but functionally I think this proposal will have no effect on improving actual training. I think it will likely just serve as an extra paperwork step in an already long and confusing process for applicants--and add to the cost of labor as staff will need to review the applications.	2/27/2018 4:03 PM
211	I imagine that a fee would be associated with registering that may have an impact on trainees. Also, standardization may impact agencies with less resources. What kinds of support would be provided by the Board for license candidates and also agencies providing SPE?	2/27/2018 3:35 PM

212	More paperwork? The advantages far outweigh the disadvantages to their future patients.	2/27/2018 3:19 PM
213	1) creates more busy work for trainees and their supervisors; 2) trainees grow from exposure to a variety of clinical settings...a psychological assistant is a private practice model and is limiting in terms of the variety of training experiences and populations available	2/27/2018 3:16 PM
214	See question 6	2/27/2018 1:02 PM
215	I can't think of any except the impact of the transition and any consequent chaos involved in changing the reqs.	2/27/2018 12:22 PM
216	The fact that there are fees involved would impact graduate students who, for the most part, are on a tight budget. Further, I wonder if it might reduce the number of providers available to clients.	2/27/2018 11:12 AM
217	It would be unfortunate if this is just an additional step that causes more stress and strain on trainees and their sites. Explaining one's trainee and supervisory status is already a required part of the informed consent process which is part of clinical care.	2/27/2018 10:47 AM
218	I'm not sure, but simplifying the current system would be a much welcome change.	2/27/2018 10:21 AM
219	Additional bureaucratic/administrative procedures to a clinical procedure. Unnecessary additional paperwork and fees for the trainee and the licensed supervisor. Unclear what will happen to the administrative authority of registered & DMH waivered psychologists (clinical, billing, independence)	2/27/2018 9:28 AM
220	1) Overwhelm an already stretched system 2) Overlaps with other standards (i.e. APPIC/APA/CPIC supposedly ensures quality of training provided by an accredited site)	2/27/2018 12:31 AM
221	It is unlikely to simplify the process of psychology training.	2/26/2018 10:56 PM
222	This can affect trainees at formal internship sites or the program if additional fees are involved	2/26/2018 9:41 PM
223	As an APA-approved internship site and with a hospital affiliation, there is a lot of paperwork a new trainee must complete to begin internship. Adding another step (registering as a psychological assistant) may add to the burden; Registration would need to be easy and quick in order for interns to begin logging hours immediately upon arrival to the internship program.	2/26/2018 9:39 PM
224	Without an acknowledged proposal to compare, I can only imagine how the Board will ensure every applicant an official APA internship. Perhaps a license applicant lottetry?	2/26/2018 7:29 PM
225	I imagine lots of placements will have major lags in time before PAs can work. This will disrupt client service and placements will drop training.	2/26/2018 7:27 PM
226	limits number of trainees at an agency to 10 - we currently train doctoral interns, post-docs, and practicum students and have more than 10	2/26/2018 4:27 PM
227	Limits professional growth.	2/26/2018 4:26 PM
228	The proposed changes would disrupt delivery of care to populations that already have limited access to care.	2/26/2018 4:10 PM
229	Restricting access to care.	2/26/2018 3:58 PM
230	site options, requirements, expectations, discrimination of trainees by sites, selection process, financial	2/26/2018 3:44 PM
231	I could only find post docs that paid $10-12/hour. I have a feeling this may be the case for many therapists who are forced to do a psych assistantship.	2/26/2018 2:33 PM
232	I gained my supervised hours within CDCR. As an unlicensed clinician I was able to provide a valuable service to the institution, as well as inmates. Access to care is very dependent on number of staff. Eliminating the exempt status would create road blocks to access to care. There is a high turn over of staff in this setting - I had 3 primary supervisors in my year of accruing hours. If I had to go through the proposed step, I would have had a delay in seeing patients, extra cost to an already limited budget, and workload for licensed psychologists would have been unmanageable. I urge you to not make the changes to the exempt status.	2/26/2018 2:01 PM

233	It is important to take into account how any changes will affect sites that rely on some of the less frequently used paths to licensure, like Registered Psychologist working at a not-for-profit community clinic that is not receiving government funding. (Not sure if that is exactly a valid example, but something like that) I suggest communicating directly with some of these training sites to ensure that the new proposal does not inadvertently put them out of business by depriving them of the ability to take on trainees. An example might be Valley Community Counseling Clinic in North Hollywood.	2/26/2018 1:32 PM
234	I see no substantial need to make changes. I do not see that the proposed changes would significantly result in the projected improvements. It is just making extra work where none is necessary. A wider range of means to obtain experience and training is not a problem, it is an ADVANTAGE.	2/26/2018 1:20 PM
235	financial burden on trainees	2/26/2018 1:08 PM
236	Extra work, financial burden, on interns and post-docs currently in exempt settings	2/26/2018 12:56 PM
237	There are already a variety of burdensome paperwork requirements for training. It is unclear if the current proposal will truly act as a "stop gap" for the influx of poorly training psychologists in the state of CA.	2/26/2018 12:46 PM
238	more unnecessary paperwork and fees to students	2/26/2018 11:58 AM
239	None	2/26/2018 11:25 AM
240	See above.	2/26/2018 11:16 AM
241	Too many to list..it is a very bad idea	2/26/2018 10:55 AM
242	Huge disadvantage regarding exempt settings without some understanding and provision to allow BOP registration if required; to be after person is issued DHCS MH Waiver first and not before this process. Reason being registration takes so long but a Waiver does not take long to put in place so we don't want to block timely access to care. Need to adjust the psychological assistant category for those with a Master's that have no intention of pursuing road to licensure as licensed psychologist and are not pursuing further education as psychologist beyond Master's degree. Currently person with Master's can register without requirement or a path to become a licensed psychologist. This needs to change because it is a end route to nowhere. Additional care from BOP needs to be given to how BOP uses language for exempt settings and agencies that have contracts with exempt settings regarding the use of psychology students. BOP needs to work more closing with DHCS so the WIC 5751.2 is not violated. BOP needs to better define the differences between scope of limited psychological functions that separate duties of licensed psychologist from psychological assistant.	2/26/2018 10:35 AM
243	some trainees will have more difficulty getting hours and some institutions will lose ability to provide care. So, again, why?	2/26/2018 9:33 AM
244	possibly increased paperwork and delay of services in many placement centers.	2/26/2018 9:21 AM
245	-makes finding a site for SPE more difficult because all trainees may be applying to the same ones	2/26/2018 9:09 AM
246	The timeframe for getting board approval will delay the start of training/practice. It seems unnecessary for APA approved internships. Makes sense for postdoctoral hour accrual.	2/26/2018 9:07 AM
247	Reduce salary.	2/26/2018 8:53 AM
248	It may limit what kinds of training a psychologist obtains. For those who are accepted to an APPIC or APA internship, it will be more hoops to jump through by having to obtain psychological assistantship	2/26/2018 8:49 AM
249	More regulations do not guarantee positive outcomes.	2/26/2018 7:36 AM
250	none	2/26/2018 7:06 AM
251	Increased bureaucracy	2/26/2018 1:16 AM
252	In my experience, those who have been registered as psychological assistants are held to a lower standard of oversight	2/25/2018 9:30 PM

253	Also not sure. If candidates are receiving quality supervision (as well as the right amount of it), what difference would it make if everyone registered under the same category? Also, I think the term "psychological assistant" is quite misleading. If you want to funnel every candidate into one group, at least make it a term that is more appropriate.	2/25/2018 9:14 PM
254	administrative changes required at waivered sites could be cumbersome	2/25/2018 8:53 PM
255	In CA, there is a lack of quality sites/internships that meet standards for quality training so it may be difficult to place everyone.	2/25/2018 8:37 PM
256	As a supervisor in an exempt setting, this proposal would add a significant amount of additional work and expense for no additional benefit. I do not support this change.	2/25/2018 7:14 PM
257	If registration is only able to completed post-hire or in between a psychologist graduating and a job, this could delay their hiring/training which would also have an impact on access to services for clients.	2/25/2018 6:43 PM
258	Standardization would lead to choking off the profession and result in reduced practitioners; hence harming the public.	2/25/2018 5:33 PM
259	It puts a significant burden on the trainee in terms of time. It also takes several weeks to apply and be granted a PSB license which could lead to logistical problems.	2/25/2018 5:32 PM
260	I can not see any!	2/25/2018 4:52 PM
261	costly, limits access, more red tape, extra registration is unnecessary for formal internship sites	2/25/2018 4:42 PM
262	I guess that people have to formally register who did not have to before	2/25/2018 4:29 PM
263	None that I can think of.	2/25/2018 4:25 PM
264	In setting consistent standards for all trainees, I hope the standards continue to allow adequate time to accrue hours, complete post-doc work, or for personal issues which might delay the licensure process.	2/25/2018 4:19 PM
265	Not sure	2/25/2018 4:00 PM
266	Without additional formal oversight by the BOP this registration is an additional bureacratic requirement but one without teeth.	2/25/2018 3:01 PM
267	None that I can see, unless ultimately it restricts the ways that students working toward licensure can accumulate hours and experience	2/25/2018 2:43 PM
268	Huge burden on trainees, who are already burdened with loads of paperwork. This is a terrible idea.	2/25/2018 1:10 PM
269	Additional financial costs and delays. My process ended up taking 3x as long as it was supposed to take and I was not able to count hours when I started my placement and had to extend my contract and continue to work for a very low wage. It was very frustrating to deal with delays with BOP, lack or responsiveness, BOP losing paperwork. The additional costs of registering would also be unfair to students and grads who are already underpaid or unpaid.	2/25/2018 12:49 PM
270	I think that it adds unnecessary work for individuals in formal training programs. These programs are already closely monitored by the APA, APPIC etc. at a level that is more rigorous that what the BoP would likely be able to provide.	2/25/2018 12:07 PM
271	Difficulty to be generalist. Definite drawback.	2/25/2018 11:29 AM
272	It seems like it will create more costs for trainees already enduring an outrageously and very unjustly expensive process, often in an effort to provide vital public healthcare to diverse communities. Anyone can register, it has nothing to do with skill or ability as a provider, so it won't really protect consumers. It seems like another bureaucratic barrier in an already very broken system that creates punitive set backs to psychologists, especially when compared with other advanced degree medical professionals. Policies like this inadvertently impact low income students and those from low SES backgrounds. These students are often POC and may be managing other compound inequalities and endless barriers to licensure. We should be working to improve standards of training and evaluation and decrease barriers to training, especially reducing costs for students to obtain their degrees and get licensed.	2/25/2018 11:29 AM
273	Could narrow exposure.	2/25/2018 11:00 AM

274	If all institutions agree to having students register as psych assistants, it will be easier to implement. Otherwise, it will narrow down the already narrow options students have to gain their SPE hours.	2/25/2018 10:35 AM
275	More paperwork for supervisors to complete	2/25/2018 9:20 AM
276	More work for students	2/25/2018 8:48 AM
277	Not all the training sites and programs have the same focus, purpose, and ways of providing service or training. This would treat them all in the same way.	2/25/2018 6:37 AM
278	The need to find an appropriately licensed and experienced supervisor for each trainee, who is willing to accept the legal responsibilities entailed, even in institutions where a trainee may be placed in a variety of venues and and with a variety of individuals overseeing different aspects of a trainee's work/experience. Also, this system may give the appearance of some uniformity in the training of psychologists, that appearance would very likely be illusory. It does not appear that requiring all students acquiring their hours to be registered as psych assistants would, in itself, do much in terms of fostering either standardization of training or quality of experiencing.	2/25/2018 12:02 AM
279	More paperwork, and fees, for already underpaid assistants	2/24/2018 11:23 PM
280	I am unsure, since I was a registered Psych Assistant and opted out of other options.	2/24/2018 11:23 PM
281	One size doesn't fit all. Different jobs require different training. It would be hard to create a training expectation for all possible jobs for psychologists. Losing the nuances would matter at this level.	2/24/2018 9:54 PM
282	I think it would be a huge "red tape" barrier for trainees to become registered with the Board before accruing their SPE. It might work only if students register once (like their first year of doctoral training) and do not need to re-register each subsequent year. It should also be low-cost for trainees or free.	2/24/2018 8:42 PM
283	Limitation for other training models and cultural congruent therapeutical approaches.	2/24/2018 7:19 PM
284	taking time to grandfather in people already in different training streams	2/24/2018 6:58 PM
285	It will restrict options available for trainees to accrue their hours. I decline to take on a psychological assistant because now there are too many regulations and requirements that impact me financially in order to do this.	2/24/2018 5:36 PM
286	For someone already working in an exempt agency, such as county mental health clinic, the costs of registering may be a barrier.	2/24/2018 4:57 PM
287	Unneeded centralization and restriction of diversity of ideas/approaches to Psychology.	2/24/2018 4:15 PM
288	It will be unfair to students seeking out training. Can put an undue burden on them.	2/24/2018 3:49 PM
289	I personally like this, but it may cause more of a financial burden on doctoral students	2/24/2018 3:10 PM
290	none	2/24/2018 3:08 PM
291	None	2/24/2018 2:47 PM
292	It will make it harder to get an internship i.e. the application process sometimes takes too long, etc.	2/24/2018 2:29 PM
293	Possibly more trainees receiving sub standard training exeriences	2/24/2018 2:26 PM
294	Stated above: it will restrict access particularly in underserved areas and stifle creativity.	2/24/2018 2:21 PM
295	?	2/24/2018 2:13 PM
296	Qualifications and changes in hours for those individuals almost done with licensure	2/24/2018 2:02 PM
297	More paperwork	2/24/2018 1:35 PM
298	Same	2/24/2018 1:22 PM
299	Limited flexibility	2/24/2018 12:53 PM

300	Psychological Assistants cannot have a LMFT as a delegated supervisor. Registered Psychologists can and they can accrue hours in a group setting with an LMFT. Psych Asst cannot, hence they need additional supervision from their individual supervisor. In our agency all group supervisions are led by LMFT	2/24/2018 12:11 PM
301	none	2/24/2018 11:42 AM
302	I work in an exempt setting and this will greatly impact how we get interns, students, and post docs. This will have major implications for us and we may no longer be able to take trainees.	2/24/2018 11:05 AM
303	I don't think psych assistants should be charged. I think ya good to have a a wide variety of ways to practice and serve the public.	2/24/2018 9:52 AM
304	I see no disadvantages to this. I believe psychologists in training (unless, they are in a formal internship) are not being "trained" uniformly or according to any basic standard. As it stands, training has been based on the quality & ethical diligence the supervisor maintains. External motivation such as complying with BOP regs/ standards is much needed. Glad to see this change.	2/24/2018 9:24 AM
305	You will be restricting the means in which students will be able to get training for licensure. It will reduce access to care, because less students will be available for training; thus, providing treatment to those in need.	2/24/2018 9:01 AM
306	More cost and the BOP again justifies it's existence upon increasing it's power under the guise of protecting the public from THE most ethical profession licensed by the state....since you asked.	2/24/2018 8:36 AM
307	Unlicensed psych access to training sites	2/24/2018 7:49 AM
308	Fees/cost for registrant	2/24/2018 7:39 AM
309	Who knows. Since the focus is on consumer protection it appears as though there is little that would make it "better" for the trainee. As a veteran in the field, I would advocate for broadening educational expectations as a priority.	2/24/2018 7:36 AM
310	Initial frustration/work as many agencies will have to change their own processes in order to accommodate the standardization.	2/24/2018 3:20 AM
311	What effect would this have on program credentials and contracts to various types of organization (I.e., private practice, government site, community org).	2/24/2018 2:54 AM
312	Not sure. It may limit the opportunities for a psychologist to acquire training where they would prefer to gather hours.	2/24/2018 2:29 AM
313	For Apa approved programs, a redundant layer of expensive, time consuming bureaucracy. For example settings, loss of training opportunities because sites that can not afford enough supervisors will stop taking trainees and therefore the public loses out on access to psychological healthcare in some settings that are run well	2/23/2018 11:01 PM
314	State board already does not have enough resources to manage the workload they currently have and trainees need to wait up to several months to register/obtain licenses. Some settings will also not have sufficient resources to ensure all Board requirements are in place and thus may take fewer trainees or some sites have their own internal requirements and this puts additional/unnecessary forms, etc on these sites.	2/23/2018 10:25 PM
315	extra hoops to get licensed, more money, and less opportunities for supervised hours	2/23/2018 9:23 PM
316	Often, students are acting as Psych Assistants while at training sites in order to boost hours or make money. Unless there were a provision for multiple PA numbers across multiple sites, this could very negatively impact those trainees, many of which are qualified but at a financial disadvantage without that opportunity.	2/23/2018 8:31 PM
317	I can't think of any. I have spoken to people who gained hours through the various types of registrations and it only caused confusion. Consumers don't care, so long as you are licensed and in good standing. Unless there is a complicated history for why there were so many tracks, perhaps the reason for that is no longer important I see no disadvantage	2/23/2018 8:28 PM
318	not having enough sites for all the graduates	2/23/2018 8:06 PM
319	None	2/23/2018 7:28 PM

320	None, assuming that there is broad agreement as to the requirements and availability of psych assistantships.	2/23/2018 6:37 PM
321	The disadvantages may include the potential pay cut if people who receive financial compensation under the registered psychologist title would earning less money with the psych assistant title.	2/23/2018 6:08 PM
322	Less flexibility for psychologists in paths to licensure. Possible less opportunity for psychologist to earn a salary while earning hours for licensure.	2/23/2018 5:45 PM
323	Why not just have the various settings meet the same requirements ? This seems like an unnecessary limitation of options. I need more info to understand the long term impact.	2/23/2018 5:44 PM
324	possibly increase bureaucratic interference in programs already funcitoning well	2/23/2018 5:34 PM
325	More costly and competitive for trainees with some schools with larger programs possibly cornering the market on internship placements	2/23/2018 5:26 PM
326	The disadvantages are that it will require more work on part of the board to process all the psych assistant registrations but since those who work in all these settings will still be able to get registration, perhaps that is minimal.	2/23/2018 5:25 PM
327	Payment, delay in practicum start; process time; increased oversight from third party.	2/23/2018 5:19 PM
328	The board is already seemingly overworked and slow to respond, if at all, about psychological assistantship information. I think this would lead to more difficulties in dealing with the Board of Psychology.	2/23/2018 5:06 PM
329	No disadvantages come to mind.	2/23/2018 5:06 PM
330	Depending on the cost there can be a financial impact on new graduates wanting to begin accruing hours. Also how will this new proposal impact BOP staff and budget to have these new registrations processed and will it impact my fee as a licensed professional.	2/23/2018 4:31 PM
331	Liability concerns. The institution insures us so there is shared responsibility.	2/23/2018 4:23 PM
332	I think APA does a fine job of managing internships and don't think the BOP should eliminate this source of professional credentialing input	2/23/2018 4:14 PM
333	Make it even harder for trainees to find placements because not every agency or practice has available resources to meet standardized expectations	2/23/2018 3:58 PM
334	none	2/23/2018 3:43 PM
335	Im not sure I know enough about it to speculate.	2/23/2018 3:33 PM
336	Applicants who pursue formal postdoctoral training will have to submit additional paperwork and may have their training delayed due to processing time required by the board. This is problematic for consumers' access to care.	2/23/2018 3:20 PM
337	Diversity of experience is a boon for any group. Standardization is a limiting factor of creativity and problem solving.	2/23/2018 2:37 PM
338	access to different places where professional training and experience can be acquired.	2/23/2018 2:17 PM
339	Since current system is rather well established, some stakeholder such as APA sites might have difficulty in adjusting the new requirements for California.	2/23/2018 2:12 PM
340	It can be tedious to register an assistant. So this is probably not a god idea	2/23/2018 1:58 PM
341	But it may reduce training opportunities at a time in the profession when there seems to be limited opportunities for accruing post-doctoral experience.	2/23/2018 1:53 PM
342	I am currently gaining supervised professional experience as a registered psychologist. If this were to pass and I had to switch to registering as a psychological assistant, it would be inconvenient.	2/23/2018 1:49 PM
343	putting yet another hoop to jump in front of trainees, who are already juggling a lot of responsibilities (as well as potential financial burdens on trainees) placing burden of training on 'lone wolf' psychologists who take on trainees under their licenses - with potentially less oversight and built-in support for the supervisory process	2/23/2018 1:47 PM

344	Increased beurocracy. Limits variety and diversity of training options for students and interns.	2/23/2018 1:41 PM
345	Might need more supervisors in some settings, given the 3-supervisee limit. Don't know if it is more costly for applicant.	2/23/2018 1:32 PM
346	Impacts agencies who have not had to do this type of registration and may limit number of sites willing to have trainees	2/23/2018 1:02 PM
347	No	2/23/2018 12:38 PM
348	Appears that it would have a major impact on the current process/procedures for accruing licensing hours. From my experience, most interns train in exempt settings.	2/23/2018 12:35 PM
349	1. Lose access to qualified candidates that want to work in community mental health while accruing hours. 2. More burdensome tracking and re-application process	2/23/2018 12:33 PM
350	There is no disadvantage in my view.	2/23/2018 12:32 PM
351	More paperwork and money. It is already difficult for the BOP to manage licensure documents in a timely manner.	2/23/2018 12:28 PM
352	From my perspective, I don't see disadvantages to the proposal	2/23/2018 11:55 AM
353	Unsure, but I assume there would be some people who would be adversely affected.	2/23/2018 11:53 AM
354	Trainees who wanted to practice in psychology would likely adjust in traditional setting like internship, however ANYONE who was not originally planning to practice in California will now find there training hours are unsuitable? Even if they completed an APA approved internship? That seems wrong.	2/23/2018 11:38 AM
355	This has a high probability to decrease the number of available training sites do to the increased costs related to administrative activities, while having an unknown impact on consumer protection and quality of training/care.	2/23/2018 11:31 AM
356	Having different options.	2/23/2018 11:05 AM
357	Cost and resources to an already highly taxed department to process potentially 100s of additional applications each year.	2/23/2018 10:55 AM
358	may cast a net so narrow that we risk missing excellent training sites	2/23/2018 10:54 AM
359	Out-of-State trainees that may not be pursuing licensure in California may not know procedure to register.	2/23/2018 10:48 AM
360	Again, for APA-accredited programs in exempt settings. Proposal creates expense of registering psychological assistants, with absolutely no increase in rigorous training, no increase in either amount or rigor of supervision, no increase in patient safety/consumer protection, and no increase in access to care. Bottom line for programs like ours - increased expenses for interns and postdoctoral supervisees, with no offsetting patient benefit or increase training rigor.	2/23/2018 10:23 AM
361	Allowing private practice settings hours to count; limiting internships to only APA sites	2/23/2018 9:57 AM
362	None	2/23/2018 9:56 AM
363	Many. There should be many options for the accrual of hours. Not just one system that is currently not working for many folks.	2/23/2018 9:46 AM
364	Formal pre and post doctoral internship/fellowship programs are far superior training models than psychological assistant training	2/23/2018 9:34 AM
365	Raising the bar always has some possible negatives, but standardizing the training objectives is worth the outcome	2/23/2018 9:33 AM
366	added requiremnets hat already ares tiff especially for those who have spent so much of their lives and finances in being a psychologist (many doing so later in life) and aren't able to do formal internship. allowing for flexibility in obtaining hours considers there are circumstance that need the alternative approaches.	2/23/2018 9:32 AM

367	I dont really see any b/c if I understand this, it is just a formal registration and provides no additional training. You still wont know what kind of training someone is receiving if they register w/the board as a psychological assistant. It seems like it just creates more revenue from young trainees for the BOP vs. helping them. I do think that the settings where trainees receive their training should be reviewed and approved by the board. There are settings where the training may be insufficient if not poor, so I would focus on the settings, the psychologists who are providing supervision and their qualifications vs. the trainees needing to register. I dont see the purpose.	2/23/2018 9:27 AM
368	Disadvantages: it is not an easy process to deal with the BOP and corresponding with them. registration takes time and time to time the paper work gets misplaced or lost. Also: it creates a limitation for the clinician to continue their practice without the registration. For example: after I was done with my pre-doctoral hours- I had to wait almost 5 months for the board to get signed for registered psychologist in order to be able to accrue my post-doctoral hours. It was very stressful dealing with the Board and I loosing 5 months it was unnecessarily!	2/23/2018 9:22 AM
369	I feel like it would just put a financial burden on professionals who are just starting their careers.	2/23/2018 9:03 AM
370	I don’t see any. Maybe supervisors who previously supervised registered psychologists will now need additional training on psych assistants?	2/23/2018 8:47 AM
371	The additional burden to student trainees, who already have multiple filing deadlines and applications to complete, and internship sites who have seem, is disadvantageous and discouraging. We should be removing barriers to individuals becoming members of this amazing profession, not adding them.	2/23/2018 8:33 AM
372	It would limit the type of settings that people would be able to gain clinical experience, with diverse populations in diverse areas. It will place restrictions, where it’s not necessary. Consumers are protected through the fact that the psychologist or licensed once they complete their internships or post docs or additional training. It is unnecessary to impose These restrictions will allow institutions to curtail professional training experiences. It is rather paternalistic than necessary, and overrides the psycholigst ability to select their professional path. Again there is the licensee process which manages, apparently, quite well, issues related to consumer protection. Perhaps more classes on Ethics for those providing the supervision in any of the settings.	2/23/2018 8:21 AM
373	Slower process for interns and exempt settings, less access to training. There is already a shortage of programs and availability of SPE which is well known. Serving consumers and the public includes making sure there are adequate mental health resources such as psychologists and the requirement that all must register will decrease the availability of supervisors, cause longer waits for interns to begin internships, and decrease access to training.	2/23/2018 8:16 AM
374	None that come to mind.	2/23/2018 8:05 AM
375	Financial (higher cost to students) Time (Waiting time)	2/23/2018 8:03 AM
376	It takes away a some flexibility to the disadvantage of some applicants	2/23/2018 7:48 AM
377	i don't like the category of psychological assistant to mean something beyond private practice. i would prefer the name registered psychologist to be used in all categories across all settings.	2/23/2018 5:39 AM
378	see #6	2/23/2018 2:35 AM
379	It is challenging to find psychologist who will take on Psych assistants. Forcing all trainees to become psych assistants will create difficult for those seeking SPE to find paid work and limit opportunities with county contracted agencies and community mental health agencies. It seems this system will also lead to a longer period of time to accrue hours leading to further financial hardship of trainees without proof of benefits to the public.	2/23/2018 12:30 AM
380	- more costs to the students, who already have student loans, pay for internship/postdoc applications and interviews. - more costs for the training programs to change their curricula, which likely will reduce the number of non-profit/community mental health agencies that can afford to train students - is there empirical data to support that the current system is NOT protecting the public/consumers? How much of an improvement is this change projected to make?	2/22/2018 11:50 PM
381	Not sure	2/22/2018 11:30 PM
382	Nothing. It is more protection for everyone.	2/22/2018 11:21 PM

383	It could make it harder to get an internship or restrict how hours can be accrued. I think it's BS	2/22/2018 11:04 PM
384	The proposed change still would not guarantee uniformity in training but would limit the experiences that a licensee would be able to obtain.	2/22/2018 11:04 PM
385	None, that I can see as long as it is not retroactive.	2/22/2018 10:42 PM
386	I'm not sure but I think there are	2/22/2018 10:25 PM
387	Greater bureaucracy and frustration	2/22/2018 10:24 PM
388	None.	2/22/2018 10:04 PM
389	It will put a stress on the system, there is already too few internship placements. This might impact the postdoc placements as well as there is not as much emphasis on those right now being accredited, but that might change.	2/22/2018 9:45 PM
390	The licensing process is already too rigid. Too much standardization is not helpful to learning.	2/22/2018 9:45 PM
391	Flexibility is lost for those seeking licensing supervision; institutions providing post-doc fellowships will encounter administrative obstacles	2/22/2018 9:28 PM
392	I am not seeing any disadvantage at this point.	2/22/2018 9:20 PM
393	This would have a large impact on the institutional demands of APA doctoral internship, including VA internships/postdocs. It is unclear from this proposal how these changes would also impact individuals from out of state who were hoping to get licensed in CA	2/22/2018 9:00 PM
394	Scarcity of training placements	2/22/2018 8:50 PM
395	Another hoop to jump through when there are already far too many	2/22/2018 8:45 PM
396	Possible encumbrance for supervises during the application/placement process	2/22/2018 8:39 PM
397	I outlined the disadvantages in the previous response. This requirement would be cumbersome for formal internship and fellowship programs and would reduce the number of supervisors in formal training programs.	2/22/2018 8:36 PM
398	Don't know	2/22/2018 8:18 PM
399	There is no advantage to this proposal. It is already very difficult for trainee to accrue hours as it is, and adding one more unnecessary step to the obstacle that already exist training psychologist will just create chaos, not only for agencies that training psychologist, but also for the board itself. Getting my registration number as a psychological assistant took forever.	2/22/2018 8:18 PM
400	limitation of more diverse modes of treatment.	2/22/2018 8:17 PM
401	potential increased centralization and bureaucratic layering and loss of flexibility without a whole lot of actual gains in training quality and consumer impact. Bureaucratic changes (restructuring, reprograming, reregulating) in general tend toward more paper work, more centralized controls, and more rigid accountability practices. Is there really a consumer protection issue here? Or is there some other concern driving this proposal?	2/22/2018 7:51 PM
402	possibly adds hardship to trainees in exempt / non-profit settings.	2/22/2018 7:39 PM
403	The psychological assistant limit of 3 trainees of all kinds for primary supervisors would be too limiting and needs to be defined. Does this count include trainees served as delegated supervisor? Does it include a supervisory role with paid permanent staff whose employment is also supervised professional experience, such as masters level clinicians working toward BBS licensure, or registered substance use counselors working toward certification?	2/22/2018 7:28 PM

404	It requires needless and pointless administrative hurdles. Example. The agency I trained in had pre-docs and post-docs who were registered psychological assistants. Between the end of the first year and the beginning of the second year, they had to register as psychological assistants and they could NOT see patients until the board had approved their application. The result was that despite the applications being turned in MONTHS prior to the beginning of the next term, the students were not allowed to see the same patients that they had been working with all year long because the Board was WAY behind in processing applications. Now, how is that good for the patients? They were barred from seeing their own therapist for weeks due to the Board's inaction. So, let's impose even more useless administrative burdens? NO, based upon my and other psychologists experiences this is a horrible idea. Registering as assistants will do nothing to improve the quality of training of the patients' experience. It will just add another pointless administrative hurdle.	2/22/2018 7:21 PM
405	Increased cost to trainees who don't make much money or the institution. More burden on organizations already heavily monitored to ensure trainees do this	2/22/2018 7:17 PM
406	It will be disruptive to many providers.	2/22/2018 7:11 PM
407	Need more approved psych asst positions. Changes should not affect trainees currently accruing supervised hours.	2/22/2018 6:59 PM
408	see question 6	2/22/2018 6:39 PM
409	More state govt control and increased fees paid to CA	2/22/2018 6:38 PM
410	Some programs will have to alter their processes	2/22/2018 6:29 PM
411	This would add unnecessary bureaucracy and would create a significant burden for established training programs that already adhere to accreditation standards. I'm doubtful that the BOP would have the capacity to efficiently process an increased volume of psych assistant applications if trainees in exempt settings and formal programs were required to register, and this would likely lead to significant delays in beginning training and providing care to patients for trainees in such settings	2/22/2018 6:28 PM
412	I think losing the exempt institution status could be impactful	2/22/2018 6:27 PM
413	burdens trainees with added expense and/or work; potential regulations may preclude certain individuals or settings	2/22/2018 6:27 PM
414	It may create systemic challenges with hiring of personnel for some exempt settings	2/22/2018 6:18 PM
415	Oops, that went into the previous answer. So an advantage would be consistency? Money? Not sure. I don't think it's a good idea.	2/22/2018 6:17 PM
416	It takes 2 months to hire an employee in an exempt setting due to security clearances and credentialing. Once this process is complete, the Intern would need to register prior to employment prolonging the process.	2/22/2018 6:12 PM
417	I don't see any disadvantages.	2/22/2018 6:04 PM
418	I don't see any disadvantages unless the Board is limited in the various types of setting/organizations/entities the individual could register as a psych assistant. Otherwise the uniform registration is beneficial. This may even minimalize error/confusion at the Board in approving hours.	2/22/2018 6:00 PM
419	Bureaucratic obstacles: 1) Widely varying times to process applications for psych assistant and registered psych. My application took 3 months; a colleague had to wait 6 months. 2) There are limits to the # of psych assistants an agency and primary supervisor may employ, which could lead to a shortage of training positions. 3) psych assistant is tied to a supervisor at a particular agency; if the supervisor leaves the agency, the trainee could experience interruption of training while processing new (or transfer) application; could seriously interfere with the trainee's educational plans/timeline	2/22/2018 5:59 PM
420	It will make getting licensed harder and more competetive	2/22/2018 5:56 PM
421	Not sure.	2/22/2018 5:52 PM
422	Oversight of organizations providing opportunities for SPE could be affected, with a slight impact on consumer protection.	2/22/2018 5:37 PM

423	Only disadvantage would be if the proposal excludes some of the current well-supervised options	2/22/2018 5:36 PM
424	Time delay in getting trainees into programs where they can accrue supervise professional experience, stain put on these programs, unnecessary additional paperwork.	2/22/2018 5:35 PM
425	it will further restrict growth and flexibility in both individual and professional development. I would not endorse APA or CPA involvement at any level	2/22/2018 5:35 PM
426	Not sure	2/22/2018 5:28 PM
427	I would like the supervised clinical experience to be structured the way the training programs are structured. A possible disadvantage to this proposal would be the weakening of the structured programs.	2/22/2018 5:24 PM
428	making mental health less accessible to clients, making it more difficult for trainees to obtain needed hours, decreasing the diversity in training	2/22/2018 5:16 PM
429	May be moot or, worse, yet another hurdle out of MANY for some trainees/applicants, mainly those whom have been accepted by a formal, accredited internships.	2/22/2018 5:16 PM
430	Still not sure	2/22/2018 5:02 PM
431	less variety in training; limitation in setting and locations in which students can earn the required hours for graduation and licensure; increasing competition among those students in an already competitive internship/post-doc process	2/22/2018 5:00 PM
432	I believe there will be some misunderstanding about who a psychological assistant is, especially once the doctoral degree has been obtained. Currently, the problem is that even postdocs who are accruing hours for licensure at a private practice setting are referred to as psychological assistants. I believe this is an unfair practice, especially when compared to how Marriage and Family Therapy interns are now referred to as "Registered Associates" (RA MFT). The new titles changes the perception of the public, and can imply that RA MFTs have more training and are closer to licensure than postdocs are (a consumer protection issue). I think it would be more advantageous to refer to postdocs as "Registered Psychologists" or "Psychological Associates," rather than psychological assistants to distinguish them from pre-doctoral interns, as well as RA MFTs. Instead, it would make more sense to refer to pre-doctoral interns as psychological assistants, and post-docs as either "registered psychologists" or "psychological associates."	2/22/2018 4:57 PM
433	The disadvantages are that anyone can basically accrue their hours and therefore increases oversight of those who have poor clinical skills. This then reduces the credibility of our field.	2/22/2018 4:50 PM
434	forced registration--obviously income generation for BOP, not in the service of the practioner	2/22/2018 4:49 PM
435	Creates a lot more work for individuals who are pursuing a more academic model of formal internship training. Also, it is inconsistent with other states which makes it more confusing in some ways. I am really against forcing everyone to become a psychological assistant.	2/22/2018 4:48 PM
436	Harder to obtain the required hours.	2/22/2018 4:39 PM
437	Formal internships and fellowships should be left separate. There is oversight by the accrediting agencys	2/22/2018 4:39 PM
438	administrative costs	2/22/2018 4:38 PM
439	I think it strips away the diversity of training experiences.	2/22/2018 4:37 PM
440	I don't know enough to state	2/22/2018 4:31 PM
441	Clarity on the type and scope represented by the current registrations would be lost; PA is the most cumbersome and difficult registration to administer.	2/22/2018 4:20 PM
442	Might discourage continuation of accredited/formal postdoctoral residencies.	2/22/2018 4:15 PM
443	not sure of any other than it may cost something for those seeking supervised experience	2/22/2018 4:07 PM
444	Limits opportunities, decreases access to care, increases bureaucracy.	2/22/2018 4:07 PM

445	Potentially additional cost (filing fees, etc.) at a time when you are making very little or no money can be a huge road block to licensure. School and licensing is already almost prohibitively expensive. There's no good reason to add extra fees just to support additional bureaucracy.	2/22/2018 4:02 PM
446	N/A	2/22/2018 3:44 PM
447	Potential disadvantages would be if the cost of applying for licensure were to increase, or if the laboriousness of the application process were compounded.	2/22/2018 3:44 PM
448	I have no idea	2/22/2018 3:29 PM
449	A higher stipend for the interns, thus more burden on the training centers?	2/22/2018 3:29 PM
450	The change is not sufficiently explained to make an educated comment on this matter. Would the change impact which pre-licensed psychologists are eligible? Would it impact or limit the settings and supervisors who would be eligible to provide supervision? Would it impact the ability of students to earn a living and support themselves while undergoing training? Would it limit students' abilities to obtain supervised experience of the exact nature most relevant to the type of practice they intend to develop, once licensed? What is the intent of the proposed change? What empirically demonstrated "problem" is it designed to address?	2/22/2018 3:27 PM
451	This is another step trainees will have to take so it should be as seamless and affordable as possible.	2/22/2018 3:11 PM
452	NUMEROUS disadvantages. Undue burden on trainees and exempt sites. Will decrease services to students who are in grave need. Over regulation.	2/22/2018 3:06 PM
453	Formal internships don't necessarily have enough licensed people on staff to have all the trainees registered as psych assistants.	2/22/2018 3:02 PM
454	Current lifetime limit on years that one can be a psych assistant could be more problematic. Should consider expanding the number of years	2/22/2018 3:02 PM
455	I'm not sure how this change would protect the public. Supervisors are ultimately responsible for ensuring that their supervisees are acting ethically and that client rights are protected, and in the absence of changing the responsibility supervisors have over supervisees, I don't see how this level of registration would benefit the public.	2/22/2018 2:57 PM
456	It's hard to say because I don't know what impact, if any, the change will have on how trainees can accrue licensing hour. When I was a trainee, my decision regarding where to accrue my hours depended, in part, on whether I could count all hours worked, up to 44 per week, towards licensure or if only certain activities could be counted towards licensure.	2/22/2018 2:54 PM
457	Possible logistics of standardizing the process, considering the differences in agencies, private settings, government agencies, etc.	2/22/2018 2:54 PM
458	Change for public agencies is difficult. Greater demands for training and supervision.	2/22/2018 2:48 PM
459	Not enough placement for everyone.	2/22/2018 2:47 PM
460	I am concerned that sites that rely on students to provide services will no longer be able to afford the registration fees, and cut placement numbers.	2/22/2018 2:47 PM
461	Potentially reduce diversification	2/22/2018 2:45 PM
462	There are individuals and institutions which still rate one system of gaining SPE as better than the others. A lot of education would need to happen to assist with understanding the value of the hours gained in the other sites.	2/22/2018 2:45 PM
463	More paperwork, longer waiting times to process registrations/licenses, more steps for psych pre/post-docs	2/22/2018 2:43 PM
464	none	2/22/2018 2:41 PM
465	It has a high potential to just be an extra hoop to jump through and if there are any costs associated with it, that is a major negative. Students do not need one more fee. Getting licensed was far too expensive for a variety of reasons and another fee is simply not a good idea.	2/22/2018 2:39 PM

466	Training directors may misdirect applicants and current student clinicians-thinking that they are losing out on credits. New statutes often lead to misinformation or emotional discord when non-traditional outlets are told to audit their program to bring it in line with the more traditional APA programs	2/22/2018 2:35 PM
467	Costs if fees are raised. As long as no fees are additionally charged to postdocs/employers, it seems like a good plan.	2/22/2018 2:34 PM
468	Harder for exempt settings. Duplicative work if they are APA accredited	2/22/2018 2:29 PM
469	Lack of availability of organized internship or training programs that offer supervision or hours.	2/22/2018 2:27 PM
470	It might make the process too generic and not allow enough specialty focus given the setting.	2/22/2018 2:27 PM
471	My concerns relate to how this process would be initiated and IF it would have an impact on the way that predoctoral internship programs are currently run. Most importantly, would this proposal impact our care for clients? Would this process make it more difficult for trainees to begin their predoctoral internship by creating a delay in their start date due to required paperwork, thus impacting the trainee's ability to begin working with clients? What would be the impact, if any, on the formal doctoral internship placement process?	2/22/2018 2:27 PM
472	Psychologists have a wide variety of roles of which one type of training cannot address. This would greatly limit specialty training	2/22/2018 2:14 PM
473	It severely limits the diversity of options for trainees and clients.	2/22/2018 2:11 PM
474	More hoops to jump through people who are already "doing it the right way."	2/22/2018 2:04 PM
475	There will be resistance to change, of course. But streamlining with be worth it in the long run.	2/22/2018 2:03 PM
476	Unable to comment without information about the training standardization requirements.	2/22/2018 2:03 PM
477	Could have an effect on availability of supervised training.	2/22/2018 2:00 PM
478	Programs will have to spend more time providing supervised experiences where, at some sites, supervision, and education do not currently occur. Needes additional documentation therefore burdening interns, supervisors, and Psychology Board. Oversight is necessary.	2/22/2018 2:00 PM
479	Possible cost and foreseeable delays in the application process	2/22/2018 1:57 PM
480	More paperwork, administrative burden, potential delays in accruing SPE if the trainee is not registered by the time of the internship start date. We already have a VERY difficult time getting prospective interns through all of the onboarding requirements for our site (physicals, fingerprinting, paperwork, etc.) on time. Adding another step would be a significant burden with no positive impact on consumer protection that I can foresee. Sites that have accredited training programs already go through rigorous oversight to ensure that the SPE they provide is of excellent quality, so it seems unnecessary and redundant to add this extra step. Overall, I am not in support of this proposition and see it adding to and complicating the system for accredited internship programs instead of standardizing it.	2/22/2018 1:55 PM
481	See above	2/22/2018 1:48 PM
482	I don't fully understand. Would this replace formal internships or just be an extra registration requirement for those who are doing internships anyway? If so, it is burdensome for people who are already going through a formal process. If not, I don't see the difference between what is happening now anyway.	2/22/2018 1:44 PM
483	Seems like an unnecessary burden on trainees and training programs (not to mention the board) -all folks who are already quite taxed!	2/22/2018 1:43 PM
484	Limiting opportunities for candidates to receive their training/hours for licensure in a variety of settings. Major changes to current settings offering supervision and hours for licensure that may also limit opportunities for candidates because of the cost of the various settings complying with the new requirements.	2/22/2018 1:37 PM
485	time it takes to go through the process, putting agencies with doctoral internship programs out of compliance with contractual start dates, financial restraints on agencies, longer time lag for clients to receive services, barrier for agencies, clients, and trainees.	2/22/2018 1:36 PM

486	How would this apply to psychologists already licensed in another state who want to be licensed in California? This proposal could add extra bureaucracy and red tape when not needed for psychologists already licensed in another state who want to practice in Ca.	2/22/2018 1:34 PM
487	This adds an additional step for trainees in an already cumbersome process along the path to licensure. You also have to pay a (small) fee to become a registered psychological assistant and it often takes many weeks for that process to become approved. This would likely delay clinical work from starting on-time and become a potentially unnecessarily stressful process for trainees and their training sites to manage.	2/22/2018 1:28 PM
488	This would decrease the access of certain trainees to exempt academic settings.	2/22/2018 1:27 PM
489	more personal cost to pre-licensed psychologists when collecting supervised hours at a time when they have little income and often large student loans to pay back	2/22/2018 1:25 PM
490	Depending on documentation and content requirements, the administrative burden and costs for some existing programs and/or supervisors could become greater, resulting in fewer opportunities for training if some believe the burden is too great. The devil is in the details.	2/22/2018 1:22 PM
491	could likely involve additional work for those accustomed to exempt settings	2/22/2018 1:17 PM
492	NA	2/22/2018 1:11 PM
493	One size fits all. The four categories give a little more information regarding each licensee and the setting they are in training.	2/22/2018 1:10 PM
494	N/A	2/22/2018 1:08 PM
495	Financial burden of registration.	2/22/2018 1:00 PM
496	This would lead to less standardization and result in less consumer protection.	2/22/2018 12:50 PM
497	There might be sites that decide not to bother with one more thing and close up opportunity for a psych assistant when a social worker or MFT will do, or simply close up the spot altogether	2/22/2018 12:48 PM
498	Same as above statement from #6: It is unclear to me HOW mandatory registration as a psych assistant would help. I can agree that a more uniform approach to accruing SPE could be a good thing, but it is unclear WHY this particular approach would be a good idea, and HOW.	2/22/2018 12:40 PM
499	The way I had to register as a psych assistant involved both my graduate school's director of clinical training AND the licensed supervising psychologist at my training site. To repeat this process every year would be somewhat a cumbersome and frustrating addition to the all the required tasks/costs of clinical training and doctoral programs.	2/22/2018 12:37 PM
500	I suspect the training will become too much the same and the loss of diverse training sites/experiences will be lost.	2/22/2018 12:32 PM
501	Presuming that one has to pay to register as a psychological assistant, it add to the financial hardships that already plague our trainees and new career professionals and puts up additional barriers to folks achieving what they have been working for.	2/22/2018 12:24 PM
502	See 6.	2/22/2018 12:24 PM
503	Things seem to be working fine now. Therefore, seems to be more downside risk vs. upside benefit. For example, the bureaucratic time to manage this new approach, which inevitably translates into higher cost.	2/22/2018 12:23 PM
504	Change	2/22/2018 12:19 PM
505	Don't see any	2/22/2018 12:17 PM
506	More paperwork.	2/22/2018 12:13 PM
507	More bureaucracy, delays, and costs. It is unnecessary and would disrupt existing programs to provide training for pre-doctoral students.	2/22/2018 12:13 PM
508	See my answer to question 6.	2/22/2018 12:12 PM
509	Reduction in training sites, breadth of training offering	2/22/2018 12:11 PM

510	Removes flexibility to agencies & students, & introduces more beaurocratic steps to agency supervisors. More federal government control is a bad thing for state's independent rights. Will BOP then be setting standards and policing agencies, rather than APA, APPIC or CAPIC?	2/22/2018 12:08 PM
511	You would probably charge fees which is an added expense for trainees, it is an extra requirement that will likely create additional hurdles for formal training	2/22/2018 12:02 PM
512	don't know	2/22/2018 12:01 PM
513	costs	2/22/2018 11:56 AM
514	reduction in flexibility and variation	2/22/2018 11:54 AM
515	none that I can see	2/22/2018 11:50 AM
516	More red tape, increased cost, fewer training facilities	2/22/2018 11:45 AM
517	there are some key disadvantages that there are not exceptions for folks when our society, health industry, etc. is making changes and flexibility is important	2/22/2018 11:42 AM
518	I completed my training outside of California, so I am unsure of how this would affect out of state trainees when they apply for licensure. I think the main disadvantage of this proposal is that it would cost students money and would increase the work load of the BOP, which was very slow with processing my initial licensing application (it took 6 months from the time I applied until the time I was approved to take the California licensing test). However, I did my postdoctoral training in Colorado, and I was required to register with the board there so that they could track my hours should I have wanted to become licensed there, so I think that other states are using similar strategies to better regulate the practice of psychology provided by students.	2/22/2018 11:39 AM
519	Actually, none apparent	2/22/2018 11:31 AM
520	More bureaucracy. Another expense and time waister for trainees and Psychologists. Unneeded update. Keep things the way they are.	2/22/2018 11:31 AM
521	Limits options which could become problematic	2/22/2018 11:29 AM
522	Making it more difficult for certain sites to provide training	2/22/2018 11:18 AM
523	The process may become more confusing.	2/22/2018 11:13 AM
524	My personal experience in gaining supervised professional experience prior to licensure was only as a Registered Psychological Assistant and I personally was unaware of any disadvantages at that time. Currently, as well, no disadvantages occur to me.	2/22/2018 11:08 AM
525	It takes away the choice.	2/22/2018 11:08 AM
526	The possible backlog and wait times for PA's to get their approvals.	2/22/2018 11:06 AM
527	none	2/22/2018 11:05 AM
528	I do not have enough information to answer this question in a comprehensive manner.	2/22/2018 11:05 AM
529	I don't know enough about the details of the proposal to answer this question.	2/22/2018 11:05 AM
530	Potential for inefficiency and bureaucracy.	2/22/2018 11:01 AM
531	cost to institutions and individuals to apply for registration as a psychological assistant	2/22/2018 10:59 AM
532	Availability of approved placements	2/22/2018 10:57 AM
533	There will probably be a need for the availability of more qualified supervisors.	2/22/2018 10:57 AM
534	unnecessary obstacles to becoming licensed	2/22/2018 10:56 AM
535	I have supervised in the past but do not currently. I believe a licensed psychologist can only supervise 3 psych assistants (or at least that's how it was at the time). If everyone becomes a psych assistant, there may be a shortage of supervisory ability UNLESS that rule is changed, which is should be. We should be able to supervise more than 3 psych assistants.	2/22/2018 10:52 AM

536	Some may feel that losing the Registered Psychologist label will minimize the status of those psychologists who have accrued their hours but are not yet licensed.	2/22/2018 10:51 AM
537	Registering as a psychological assistant would delay the provision of services and take additional time of the administrators and supervisors.	2/22/2018 10:50 AM
538	but options are reduced to complete post doc internship hours	2/22/2018 10:49 AM
539	It will take more time for interns and others to begin accruing hours. Clients will have lack of access due to the time and financial constraints that will begin to accumulate due to the change in all interns becoming psychological assistants. Overall, I believe it will limit access to care, increase cost and not provide the needed oversight that it aims to.	2/22/2018 10:47 AM
540	A delay with students being able to work with clients and receive timely supervision	2/22/2018 10:46 AM
541	There needs to be multiple routes to accrue hours and experience as this proposal seems to limit the perspective of psychologists to the clinic/counseling type setting. This does not align well with APA guidelines. Where do individuals who identify as educational psychologists fit into this model? It is important to enforce ethical and legal guidelines that already exist regarding trainees. There will be fewer psychologists if this proposal passes, at a time in this country when we need more mental health professionals to service the needs of our communities. There is also a shortage of psychologists and mental health professionals in rural communities and limiting the ways hours can be accrued may limit the opportunities individuals have to accrue hours in these rural communities where psychological services are so desperately needed. This proposal needs to be reconsidered. I would not be licensed and neither would the trainees I have supervised if this proposal passes.	2/22/2018 10:46 AM
542	One size doesn’t fit all	2/22/2018 10:43 AM
543	I don't have a feeling either way.	2/22/2018 10:41 AM
544	Not at this time.	2/22/2018 10:35 AM
545	It could interfere with the programs at respectable internship programs and make it more difficult to conduct those programs especially if there are a limited number of supervisors available. Just speculation.	2/22/2018 10:35 AM
546	none	2/22/2018 10:29 AM
547	While I understand the desire to streamline the licensing process, I feel that requiring every supervisee to be a registered psychologist or psychological assistant would limit the number of places offering training and supervision. At times exempt organizations may not be able to meet the criteria for the above noted registrations even though they provide good training. I fear forcing individuals to get only one type of supervised hours would limit the field in terms of how many individuals could get the hours needed, and would end up negatively impacting the clients those interns would otherwise serve. There also seems to be an inherent bias in the argument to streamline the process as, in my interpretation, assumes other trainings to be less stringent or of lesser quality and I do not agree with that assessment. I have received my post doc hours at a nonprofit as a registered psychologist and my pre doc hours at the department of corrections. I can honestly say the exempt setting provided better training. I also realize this may not hold true across the board. Overall though I am against one requirement for licensure hours, as I fear it would limit the number of places providing supervision and the care clients would receive.	2/22/2018 10:28 AM
548	This proposal seems to make the agency that has registered with the board do more work. Even if all trainees register with the board as a psych assistant it does not ensure the quality of care or the supervised experience. The Board should explore ways to actually ensure the quality of care provided by trainees and the quality of supervision.	2/22/2018 10:25 AM
549	Perhaps more limitations of options.	2/22/2018 10:22 AM
550	The different routes allow psychologists in training to accrue hours in different, albeit significantly important settings in other states. Do you really want to eliminate people moving here from other states because their training didn't occur through this single suggested funnel ? I do NOT endorse this proposal.	2/22/2018 10:21 AM
551	none	2/22/2018 10:21 AM

552	As one progresses through their training to become a licensed psychologist, one has may financial obligations along that path. With the cost of study materials for the EPPP, the EPPP itself, the ethics exam as well as the actual license, the financial burden would only increase as the trainee would have to pay yet another fee. All of this occurring after having spent so many years in unpaid practicum training and underpaid pre-doctoral training. I don't believe adding an additional bureaucratic step would help anyone in this situation except the bottom line of the Board.	2/22/2018 10:21 AM
553	Delay trainees starting their training, cutting into patient care time, additional bureaucratic paperwork.	2/22/2018 10:12 AM
554	My concern is that it would further burden the board of psychology with applications and processing times could be prohibitive.	2/22/2018 10:11 AM
555	none	2/22/2018 10:07 AM
556	Another hoop to jump through, more money spent. Totally unnecessary.	2/22/2018 10:05 AM
557	It will be more burdensome for supervisors who might opt out of the process if it's more burdensome and that would mean far fewer services for clients. I don't think this is in the best interests of the public unless the Board makes the registration process much easier. I am the director at a large urban university. We do not have an internship program but would like to. We are woefully understaffed and having multiple interns would benefit our students tremendously.	2/22/2018 10:03 AM
558	Unknown	2/22/2018 10:00 AM
559	The process of individually applying for and waiting for approval to register as a psychological assistant, will delay access to services for clients seen in various settings, delay collection of supervised hours, and not improve the quality of trainees' supervised experience or the quality of clinical services provided to the public.	2/22/2018 10:00 AM
560	I see none, consistent supervision with training helps get 4000 hours that allow for licensure to practice safely	2/22/2018 9:58 AM
561	0	2/22/2018 9:55 AM
562	It makes sense for someone doing all of this strictly in California, but what about those whose degree is from another state, and/or whose internship is occurring in another state? Students don't always know which state they'll land in later, in order to know where to seek initial licensure and thus by whose rules.	2/22/2018 9:52 AM
563	May disadvantage some people of color	2/22/2018 9:48 AM
564	Making it harder for low income and other disadvantaged people to get care.	2/22/2018 9:36 AM
565	Access to care, more of a headache for everyone involved, waste of tax payer dollars, a burden to the higher tiers of quality trainees, and a totally backward approach to regulation.	2/22/2018 9:35 AM
566	Finding qualified teaching participants. Incentives for there participation other than financial. Trying to make something better without being more cumbersome.	2/22/2018 9:30 AM
567	Some settings may have to change their setting and may no longer be open to having postdocs/psych assistants.	2/22/2018 9:29 AM
568	Many.	2/22/2018 9:28 AM
569	As long as the psychological assistants could still work in exempt and other settings, I don't think there are any disadvantages.	2/22/2018 9:28 AM
570	It would be a hinderance in allowing for different modes of therapy that could be beneficial to consumers/clients	2/22/2018 9:25 AM
571	Not sure if cost (i.e., employment & salary) would become an issue for those supervisors in an independent practice, agencies providing low-income clients, and/or institutions that have different pay scales for PAs, interns, postdocs.	2/22/2018 9:23 AM
572	Increased applications that may exclude some trainees	2/22/2018 9:21 AM
573	My only concern would be that there are enough venues in which a trainee can participate	2/22/2018 9:21 AM

574	It would limit prospective employees from being granted a job in exempt settings. It would be more difficult to gain the necessary experience as it creates the need for ALL to have similar experience prior to licensure. This is limiting.	2/22/2018 9:19 AM
575	none	2/22/2018 9:17 AM
576	I think the substantial costs, time, and effort it would take to register is the primary disadvantage. As someone who is relatively recently licensed, having to register as a Psychological Assistant would create just another barrier on the way to licensure. Perhaps if the process were streamlined and free, then this would not be an obstacle. Otherwise, the cost of registering introduces another financial cost that is already added to the substantial cost of the licensure process.	2/22/2018 9:16 AM
577	Everything. It would severely restrict and limit the ability of individuals to acquire needed supervisory hours.	2/22/2018 9:15 AM
578	There may be certain exceptions such as in a military placement, but in general would think that exceptions would need to be evaluated on a case by case basis. I am not knowledgeable enough about potential conflicts to this proposal to have complete confidence in the validity of my support.	2/22/2018 9:13 AM
579	I don’t see any disadvantages	2/22/2018 9:12 AM
580	paperwork backlog and how it will effect hiring	2/22/2018 9:09 AM
581	Fewer paths for psychologists, looks like a cash and power grab by the board	2/22/2018 9:09 AM
582	It would place additional financial burden on already financially strapped psychology students. Or it would place the financial burden on placement agencies if students aren't able to afford it. The application process with the board of psychology is already overburdened, as seen by very slow processing times, difficulty with getting responses to questions/issues; adding more applications to process would make it more difficult for license applicants/licensees. And lastly, it would make the already very long, complicated, and taxing process of applying, securing, moving, and "on-boarding" of training programs even more taxing, long, and complicated.	2/22/2018 9:09 AM
583	Probably expensive for each candidate. Fellowships or other sources of funding are limited.	2/22/2018 9:08 AM
584	It would increase the already rigorous requirements to gain SPE and attain licensure in CA.	2/22/2018 9:05 AM
585	Unnecessary financial and administrative burden on both the board and on trainees.	2/22/2018 9:04 AM
586	Interns already struggle to find internships. The more regulations that are developed, the fewer internship sites there will be. Very few sites are willing to take on interns because of the extra work that is already required. Adding additional requirements is going to reduce the number of internship sites because most supervisors are not going to be willing to do the extra work. This will not provide consumer protection. It will tighten the control that APA already has, which could legally be construed as a restraint of trade.	2/22/2018 9:01 AM
587	dk	2/22/2018 9:00 AM
588	Possible increased paperwork, time away from clinical work to do clerical/business work for verification and qualifying as a program. some practitioners may want less governmental intervention/interaction.	2/22/2018 9:00 AM
589	The wait times to get approval to be a registered psychologist can be long, would the process be smoother if everyone applies to be a psych assistant, or would wait times be increased, and therefore time to be licensed increased?	2/22/2018 8:59 AM
590	Uncertain why limits should be placed on obtaining hours- the quality of the hours gained is the #1 factor- not sure how the change improves that?	2/22/2018 8:59 AM
591	It would burden the Board.	2/22/2018 8:55 AM
592	Could restrict some options	2/22/2018 8:54 AM
593	Another step for students to take, pay more money to register while not having much money, the board takes a long time to approve delaying start and collection of hours	2/22/2018 8:54 AM
594	Might make getting supervision more challenging for some	2/22/2018 8:42 AM

595	Another confusing loophole that adds to an already confusing process.	2/22/2018 8:41 AM
596	Greater difficulty in finding internships.	2/22/2018 8:26 AM
597	Makes it more difficult for prospective students to get their licensing hours.	2/22/2018 8:24 AM
598	Reducing access to varieties of training experiences and increasing costs to trainees.	2/22/2018 8:20 AM
599	The proposal would place unnecessary burden on academic programs and trainees without improving quality of care. It would delay accrual of postdoctoral hours and create a large amount of administrative work for the Board office which is already overwhelmed processing licensure	2/22/2018 8:16 AM
600	Am wondering if it might limit certain organizations from agreeing to oversee supervised hours for psychology trainees.	2/22/2018 8:15 AM
601	Using pscyholgical assistant instead of registered Psychologist could negative impact how clients view professionals experience. Having all of them be registered psychologist would sound more accurate.	2/22/2018 8:05 AM
602	More difficult to obtain a position for licensure, will limit access to care if trainees are unable to work in exempt settings	2/22/2018 8:04 AM
603	I believe that policies and procedures would need to be developed to better regulate and monitor training practices in all settings. This would require more contact with and accountability from the supervising psychologists who may or may not welcome this. I completed my supervised training as a registered psychological assistant in a private practice/psychological clinic setting. While we had goals that we worked towards, I feel that my experience and training may have been very different from experience of a trainees in some other settings.	2/22/2018 8:04 AM
604	I don't see any disadvantates	2/22/2018 8:02 AM
605	Reduces benefit of attending APA/APPIC internship, encourages training sites likely to be below APA/APPIC standards.	2/22/2018 7:58 AM
606	Less access to receive hours because there will be less options available	2/22/2018 7:39 AM
607	Supervises need to be under the license of the supervisor.	2/22/2018 7:34 AM
608	I would like to see experience varied depending on the communities need, blending clinical, county and private practice assistantships.	2/22/2018 7:32 AM
609	Na	2/22/2018 7:26 AM
610	I wonder if this means out of state trainees/licensees who want to move to CA and practice would have more trouble getting licensure after the fact?	2/22/2018 7:24 AM
611	It might limit Registrants from gaining experience in more isolated settings (e.g., private practice).	2/22/2018 7:24 AM
612	A BOP money grab. Not a change that is needed. Not a change that would be helpful in any way.	2/22/2018 7:23 AM
613	To be determined	2/22/2018 7:19 AM
614	None	2/22/2018 7:13 AM
615	Can’t say until there is a clear understanding of what the change would entail	2/22/2018 7:10 AM
616	I suspect it might deeply and negatively impact the low cost community health services that rely on interns as a part of their staff. There is also an inherent danger of monopolistic inflexibility when there is only one avenue toward anything	2/22/2018 7:08 AM
617	Hurt rural areas in major need of services. These communities find practitioners when they learn their skills in the rural community and then stay after licensure.	2/22/2018 7:00 AM
618	Makes it nearly impossible to hire pre licensed staff in my setting	2/22/2018 6:54 AM
619	More paperwork for the student and the Board. Time spent waiting for approval, opportunities for placements might be delayed or missed due to the waiting time.	2/22/2018 6:51 AM

620	you are giving out a survey without explaining if people can continue to work in all settings and just be called one thing or if this will make it harder to get licensed after a person has years of training.	2/22/2018 6:42 AM
621	Unsure	2/22/2018 6:35 AM
622	Placing unnecessary & not useful hurdles on accrual of experience	2/22/2018 6:31 AM
623	none that I see	2/22/2018 6:23 AM
624	it is more hoops for trainees and training programs to jump through, making the process harder for everyone. APA-accredited sites already do a lot to prove trainees are getting quality training.	2/22/2018 6:11 AM
625	None.	2/22/2018 5:47 AM
626	This would be entirely to cumbersome and discourage psychologists from being supervisors in settings other than private practice. It is not practical for psychologists who simply supervise students for hours in any other setting. Dealing with BOP/getting responses from BOP can be difficult and time consuming. Adding this layer of having to wait for approval to supervise any student is going to be a real turn off for many people. It is also very impractical for many settings where you do not see your student until the first of the academic year and would then have to help them complete paperwork to register, wait for approval, and then finally have then start seeing clients at the site. It would significantly increase down time at the beginning of each year of experience and decrease face to face time with clients waiting for the registration to be approved.	2/22/2018 4:57 AM
627	There are fees associated with registering as a psychological assistant while there aren't any fees for some of the other registration options. If it will be necessary for all current registered trainnes to transition to registering as psychological assistants before being able to continue to provide services, this might impact continuity of care in some cases.	2/22/2018 3:50 AM
628	Removes options for both individuals and the institutions	2/22/2018 2:07 AM
629	None	2/22/2018 2:01 AM
630	Our training programs are run in an exempt setting. To have trainees register as psychology assistants would delay them being allowed to start their fellowship for 3-4 weeks while their application is being processed. (They typically start our program right after completing their degree and would therefore not be able to complete the paperwork prior to the start of the program.)	2/22/2018 1:48 AM
631	It does not address the issue of access to adequate training sites, the cuts this administration is making to mental health that are affecting grad students, agencies, and clientele across all strata.	2/22/2018 1:29 AM
632	Limitations/Capacity of all trainees to access professional experiences	2/22/2018 12:59 AM
633	I'm concerned it would cause unnecessary obstacles to psychologists in training.	2/22/2018 12:16 AM
634	Just as the public can figure out the difference between a medical intern and a resident, they can also distinguish between an intern and a psych assistant. There are stages of experience reflected in the current model which need to be respected.	2/22/2018 12:12 AM
635	Unsure	2/22/2018 12:02 AM
636	It'd limit the diversity of experiences that each licensee candidates can have and pursue. The variety/diversity of experience benefits the consumers, especially in each setting the needs of the consumers vary greatly.	2/22/2018 12:02 AM
637	The only disadvantage to this proposal is the timeline for those lucky to obtain jobs and provide services would be delayed because the board would have to process the applications. But other than this issue, I don't see any other disadvantages in only see this as a necessary step.	2/21/2018 11:51 PM
638	I don't see any disadvantage.	2/21/2018 11:45 PM
639	Internships are already competitive and difficult to obtain. It will add to stress for those entering the internship process.	2/21/2018 11:38 PM
640	Legislates a boiler plate model of training that inhibits exploration and creative settings and sets rigid standards of practice	2/21/2018 11:30 PM
641	Adding one more hoop to jump through.	2/21/2018 11:27 PM

642	Don’t know. Not enough detail on this cover page for what the proposal would do.	2/21/2018 11:23 PM
643	Fees, red tape, more paperwork, inconvenience, possible loss of sites that may not want to pay psych assistant registration fees.	2/21/2018 11:21 PM
644	Greater oversight with more regulations	2/21/2018 11:20 PM
645	Probably not enough APA approved sites thus some prospective trainees might not get training or it might be postponed causing financial distress. Individualization of supervision might suffer.	2/21/2018 11:20 PM
646	I expect there will be a financial component to registration, which will place further burden on applicants. It also creates more paperwork and extra steps for applicants.	2/21/2018 11:19 PM
647	unknown	2/21/2018 11:18 PM
648	See 6 above	2/21/2018 11:18 PM
649	Will cause extra bureacratic burden for trainees and supervisors in established settings. It is hard to understand the transparency rationale.	2/21/2018 11:17 PM
650	Fewer opportunities to obtain hours; more restrictive	2/21/2018 11:13 PM
651	Im not sure because I don't know enough about what the change would look like.	2/21/2018 11:09 PM
652	unsure	2/21/2018 11:07 PM
653	Additional and unnecessary process of registering as a psychological assistant.	2/21/2018 11:06 PM
654	See my prior response. I am not in favor of this proposal. I would like the Registered Psychologist title to be utilized. It is more reflective of education and training requires to get to that point, and i find less burdensome on all involved.	2/21/2018 11:04 PM
655	Don't Know	2/21/2018 11:03 PM
656	It limits choice, with no data presented to support such a move. There's more than one valid way to practice as a psychologist, so don't restrict options without a very persuasive reason.	2/21/2018 10:57 PM
657	More hoops to jump through for supervisors, agencies and applicants without any evidence provided for the need for this change. It reminds me of the EPPP-2 Proposal which as far as I know has produced no empirical evidence for the needed expense for applicants.	2/21/2018 10:57 PM
658	Adjusting to the change, both for the trainees and the entities training them.	2/21/2018 10:51 PM
659	It’s a pain in the ass. I completed both a formal post doc and (thanks to maternity leave) a psych assistantship. Both are hard to come by in my experience. There are less than a dozen APPIC post docs in Southern California and the only way to get an assistantship is to cross your fingers that someone in your professional network is taking someone on to supervise. You’re basically screwed if you’re from out of state and are starting over in California with no professional network. If you want to stream line things, make a database of ALL Psych Assistantships AND postdocs that is easy to find and navigate because right now, it’s incredibly hard to find anything legitimate if you don’t go through the small amount of formal programs. New graduates have to scramble and scour through indeed postings to try to find options, and there’s no guarantee that the ones they find will actually get them hours in a timely manner. So rather than making more hurdles for recent graduates, gather all the opportunities for accruing hours into one place so we don’t have to scramble and hope for the best.	2/21/2018 10:48 PM
660	Seems to create more unnecessary paperwork.	2/21/2018 10:47 PM
661	None I can think of	2/21/2018 10:46 PM
662	limit opportunities to gaining experiences	2/21/2018 10:45 PM
663	It may feel like a hassle to those in more formal internships to have to register as a psych assistant,and pay the fees.	2/21/2018 10:44 PM
664	I don’t see any major disadvantages, a little more effort to register	2/21/2018 10:39 PM
665	I really do not see any disadvantages	2/21/2018 10:37 PM

666	Disadvantage would be to smaller facilities with only one psychologist who can register only 3 registered psychologists.	2/21/2018 10:34 PM
667	More application time More hurdles No difference in supervision other than a title of registered psych assistant If this affects exempt settings, like give and school, you'll see a huge decline in psychologists	2/21/2018 10:32 PM
668	Less diversity in experience.	2/21/2018 10:32 PM
669	Sorry to say, but my interactions with the Board of Psychology were quite traumatic with the licensing exam. You eventually had to change the licensing exam as it was proven to be unfair. I went to an extremely challenging graduate school. Lets not create more roadblocks. If someone is at an APA approved internship, that should be good enough.	2/21/2018 10:28 PM
670	Will cost trainees more because fewer avenues to licensure will be available. Clinics serving poor people may not have resources to provide the bureaucratic stipulations of the proposal.	2/21/2018 10:28 PM
671	Adding more paperwork will not improve SPE training. It will add more work for supervisors which removes time for care to clients.	2/21/2018 10:27 PM
672	uniformity	2/21/2018 10:24 PM
673	Disruption of service delivery, increased expenses to charitable and governmental organizations, and complete disruption of training model for internships.	2/21/2018 10:23 PM
674	I don't see a downside or any disadvantage	2/21/2018 10:23 PM
675	Creating additional hurdles in an already lengthy and complicated process or getting licensed	2/21/2018 10:22 PM
676	not clear	2/21/2018 10:19 PM
677	See above.	2/21/2018 10:18 PM
678	I am unable to think of any.	2/21/2018 10:17 PM
679	I don't really see what you are accomplishing. except a title change	2/21/2018 10:15 PM
680	This would create unnecessary, onerous barriers to entry that would be poorly suited to many of the institutional settings on which they would be foisted.	2/21/2018 10:14 PM
681	It would be helpful to distinguish between pre and post doc titles.	2/21/2018 10:13 PM
682	Accepting and adapting to the chang; new paperwork	2/21/2018 10:10 PM
683	There are no grandfathering inclusions. Not grandfathering would be unjust to the thousands of licensed psychologist that did not have the same mandates at the time of graduation from a doctorate program. There are services, employment opportunities, and access to professional publications currently not available to psychologists. The schools once allowed to qualify students for licensure in California have been phased out in preparation for this current proposal. There has never been protections in place for the the graduates of California schools going to non-regionally accredited programs who passed licensure as a California Psychologist. The practice of forced exclusion of unaccredited degrees has been a cruel reality. The path to today's new proposal has a history of unfortunate abuse of power but creating mandates without considering appropriate feedback from those affected by rule changes and sweeping policy. Proper moral conduct is based on values. The devaluation of older and experienced psychologist who took advantage of California law written on their behave has been met with contempt. Considerations are frequently made for leveling the field in exchange for minimizing the risk of legislating people out of their profession. The disadvantage of this proposal is in allowing psycholosts with a big P and psycholosts with a little p to develope. It gives psychology a history filled with aduse by the only governing board who's sole purpose is the protection of the community. Psychologist remain unprotected and at the mercy of The California Board. Some good faith is in order and over due. These psychologist are people too.	2/21/2018 10:10 PM
684	More expense for trainees, more paperwork and other burdens for supervisors, which may lead some supervisors or sites to no longer want to take trainees. It would also be very disruptive to some places to have to set up the procedures to have people registered.	2/21/2018 10:03 PM

685	I think it would make things more difficult in every way, more onerous and likely more financially burdensome for everyone	2/21/2018 10:03 PM
686	Too rigid, potentially leading to too restrictive a path. In the end everyone has to have the same number of supervised hours, supervised in the required proportions.	2/21/2018 10:03 PM
687	undue financial burden on top of eventual licensure fees. supervision of training is already rigorous, and i'm not sure how applying to be a PA will help with the process because it's more logistical/paperwork than direct supervisory. so it doesn't impact our training except make sure we pay	2/21/2018 10:00 PM
688	I think the current structured internships and SPE carry strong training requirements which I would be concerned if eroded by creating one strand of pathway	2/21/2018 9:59 PM
689	More administrative duties for the BOP.	2/21/2018 9:58 PM
690	As a training director I manage both a formal APA accredited doctoral internship and a post-doctoral training program that uses the psych assistantship as the vehicle for collecting SPE hours. When it comes to paperwork with the board the internship is far easier to manage. It seems as if the rules for psych assistants is constantly changing in small ways making every year a little different and honestly difficult to manage. The approval process for a psych assistant has varied greatly in length of time to receive approval. We have had post-docs have to wait for months before beginning their positions while we wait for approval. It puts our entire training program off and automatically affects the next years incoming group. At my organization we rely on our trainees, and to have them waiting for long amounts of time before they can start their program has been difficult. We have tried to register trainees earlier in recent years to avoid this gap, but have also found ourselves on the other end of having to renew a psych assistant for another year when it only needs to be extended another month. It creates a lot more paperwork and cost to go through this process. If the board decides to move in this direction I would urge you to re-evaluate the way your apply for and become registered as a psychological assistant. I imagine you would have formal internship programs throughout the state submitting applications at the same exact time and any delays would affect all of these programs and have their interns behind on their hours before they even begin. Making it difficult for the organization to start the following years interns on time and making it difficult for the interns to be able to finish their hours on time to start an early fall post-doc position. I hope I haven't overstated my point but just want to make it clear how I feel this change would likely affect training programs.	2/21/2018 9:54 PM
691	More difficult to find suitable experience with narrowed options.	2/21/2018 9:53 PM
692	not sure	2/21/2018 9:51 PM
693	See #7.	2/21/2018 9:50 PM
694	Financial, increased workload on training institutions and supervisors, registration and internship delays, therefore impacting patient care. Current Psychological Registration applications for agencies can take months. Huge increase in workload for the BOP.	2/21/2018 9:48 PM

695	There are already not enough Formal (APA & other approved) Pre and Post-Doc psych internships available. My government (i.e.CMH) internship was excellent: Organized and rigorous with plenty of good supervisors,and the kinds of real-world experiences I went on to have in my 38 year career. If government agencies have to go through bureaucratic oversight by (e.g.) the Psych Lic. Board, as well as liason with the interns' doctoral programs, they will likely be less willing to offer as many, or any internship possibilities. The training "spigot" will only close tighter, and there will be yet less opportunities for students to have a paid internship (as I had), by working in paraprofessional job categories, for county or state agencies, while obtaining supervision from staff psychologists toward supervised hours. Less interns= less consumer access. If the problem is "flakey" private practice, or University PhD's, not doing their job correctly, then address that directly thru the current Psych Asst. regs and oversight. Don't make everyone cram themselves thru a "one-size-fits-all" system. So, e.g., remove "Academic" settings from "Exempt" status, except for well-run college counseling centers, that only must qualify initially via a Board site visit, but do not require every intern to be a registered Psych Asst. . If the Board does pass the proposed changes (filled with #s of "Unintended Consequences"), it MUST rewrite the Psych Asst. Regs. which are FAR too complex and encumbering, and were originally promulgated in the late 70's/early 80's to deal with an completely other set of circumstances (i.e.A few greedy Psychologists who were setting up multiple practice sites, and creating unfair competition by staffing them with many Psych Asst's exploited for their ability to increase their supervisors' incomes, and thus creating dual relationship, ethical conflicts). These proposed changes seem like a solution in search of a problem. Does the Board not have enough to do? Is someone looking to build an empire?	2/21/2018 9:47 PM
696	Too little flexibility	2/21/2018 9:46 PM
697	Nothing stands out as being disadvantages.	2/21/2018 9:45 PM
698	Very bad idea to include ALL trainees in academic programs as psych assistants. This would include first-year doctoral students who (a) may be doing no supervised clinical work as practicum trainees, and (b) students in their first year who may be discontinued during their first year or before their second year because they are judged to be unsuitable for further graduate training and/or unsuitable for the profession.	2/21/2018 9:42 PM
699	It sounds cumbersome	2/21/2018 9:41 PM
700	An extra hoop that trainees have to jump through and another financial cost.	2/21/2018 9:35 PM
701	The BOP being impacted from all the excess paperwork further slowing down their response time	2/21/2018 9:33 PM
702	Requires struggling students to fork out more money to the BoP and gives less options in an already competitive market. There's so many demands and hoops to jump through as it is. Let's not make it even more complicated and difficult for our future psychologists. The more options and avenues the better.	2/21/2018 9:33 PM
703	I believe that post-docs should not be referred to as a "psychological assistant." The term sounds like a "medical assistant" which does not reflect the post-docs level of training and expertise. I believe referring to supervised post-docs as registered psychologists would be a far more respectful label.	2/21/2018 9:32 PM
704	Those who go to school outside of CA would be at a huge disadvantage unless they planned way ahead and register as a psychological assistant. Not allowing APA accredited internships to count towards licensure pushes the timeline out for those individuals and would be completely unfair. They already meet rigorous standards set forth by the APA and there's no reason that shouldn't suffice.	2/21/2018 9:30 PM
705	none	2/21/2018 9:30 PM
706	It represents change. Possibly some extra burden of administrative filings with the BOP for some individuals and organizations.	2/21/2018 9:30 PM
707	I personally appreciated having the registered psychologist option. The license lasted more than 12 months so I didn't need to re-apply for the second year.	2/21/2018 9:24 PM
708	None	2/21/2018 9:21 PM
709	Financial cost to health care and academic institutions	2/21/2018 9:18 PM

710	Having the different forms for gaining experience makes it clear that some environments will offer different experiences. to force all into one type of category could impact the willingness of supervisors to take on trainees and lead to a restriction for some of the areas of training.	2/21/2018 9:17 PM
711	If you insist on having doctoral interns and those in exempt settings register before hours can accrue, then you will be severely limiting our candidate pool in Ontario in increasing the number of psychologists accessible to the public. This would limit those in internships outside the province being able to pursue registration easily, or those in government agencies to use their accrued experience if they choose to serve in another sector like private practice.	2/21/2018 9:17 PM
712	More and more cost and paperwork for already burdened students.	2/21/2018 9:15 PM
713	None	2/21/2018 9:14 PM
714	for a few, more complex	2/21/2018 9:12 PM
715	more bureaucratic hurdles	2/21/2018 9:12 PM
716	My understanding is that every trainee would have to find a personal psychologist who would be willing to take on a psychological assistant. How does this standardize training? It seems to do just the opposite. Also, class privilege would inevitably come into play for those seeking assistantships.	2/21/2018 9:12 PM
717	Once again, I'm not sure.	2/21/2018 9:11 PM
718	Quality control, since the diversity of psychologists is considerable. I would think it would be necessary to have some type of supervisory role or link to the graduate student's training program.	2/21/2018 9:06 PM
719	Change to practices that do not require this, more money for individuals to register, more time to be approved if more individuals are registering.	2/21/2018 9:05 PM
720	you have to keep the academic exemption. These trainees get a breadth of clinical and academic training experiences. Requiring them to be 'psychological assistants' or whatever completely missed the point of their training. This proposal offers only disadvantages	2/21/2018 9:01 PM
721	APA accredited internships and postdocs will actually probably suffer	2/21/2018 8:59 PM
722	Some training settings may not have the administrative flexibility to comply and could be forced to close.	2/21/2018 8:59 PM
723	Cost, administrative burden to trainees and institutions.	2/21/2018 8:57 PM
724	Possible lengthy delays in utilizing trainees due to extra bureaucracy	2/21/2018 8:57 PM
725	Probably need more info to answer, but at face value, it may limit the scope of trainee subject areas or creativity in training. More monitoring and paperwork, potentially.	2/21/2018 8:55 PM
726	Most consumers do not understand or know what a psych assistant is and therefore won't see one. The name really needs to change. Also, getting DMH, APIC, & CAPIC to agree on training and supervision standards will be difficult and costly to non-profits.	2/21/2018 8:54 PM
727	I can't think of any.	2/21/2018 8:52 PM
728	As I said above, I think that flexibility is important - we send a message to the community by our behavior as acceptance of differences.	2/21/2018 8:52 PM
729	Additional costs for students.	2/21/2018 8:51 PM
730	Unsure if requiring all trainees to register with the Board will effectively impact successful outcomes and differentiate strong candidates from problematic candidates	2/21/2018 8:50 PM
731	limits options	2/21/2018 8:49 PM
732	I'm not aware of any.	2/21/2018 8:46 PM
733	The government will either totally opt out or reduce the amount these employee earn.	2/21/2018 8:46 PM
734	Paperwork	2/21/2018 8:43 PM

735	I see the impacts as negative, making it harder to operate a psychology training clinic. I would be opposed to this proposal.	2/21/2018 8:43 PM
736	The disadvantage is cost for post doc persons that have already paid an enormous amount of money for their education and the amount they will be paying for renewals. It's nice to see that there are options that don't cost the post doc anything.	2/21/2018 8:41 PM
737	I have grave concerns about allowing exempt settings. As someone who has worked in an exempt setting, I realize that there is absolutely no regulation of these settings nor assurances that unlicensed practitioners are receiving clinical supervision of any kind. This creates potential for harm to clients.	2/21/2018 8:39 PM
738	Increased paperwork burden, delays in service delivery and training	2/21/2018 8:37 PM
739	May impact the time-line by which future psychologists begin working/accruing hours. May make employers less likely to hire people accruing SPE towards becoming a psychologist.	2/21/2018 8:34 PM
740	There is a delay in hours collection and work being performed while the application is submitted to the board (pre psych assistant formal - cannot do work not collect hours) and I don't believe this is the case in formal training sites (apa aapic or capic)	2/21/2018 8:34 PM
741	Some supervisors may have to adjust the process for taking in interns and registering them	2/21/2018 8:28 PM
742	doesn't effect me now but not sure how it could be in the future.	2/21/2018 8:27 PM
743	Having enough clinics be qualified for the numbers of candidates	2/21/2018 8:27 PM
744	none	2/21/2018 8:26 PM
745	None	2/21/2018 8:25 PM
746	1) Many people receive excellent care at affordable or no cost from interns receiving their training and SPE through exempt programs and psychology internships and these programs provide diversity of training experience and incentive toward licensure. 2) This change could greatly impact and limit the internship sites/process of training. 3) Receiving SPE as a psychological assistant does not guarantee a better quality of training. 4) The four options provide diversity of training and that does not equal a lack of transparency to the consumer. In fact, it is part of the trainee and supervisors' role to inform consumers of how they are receiving their training and whom is providing that training. 5) This proposed change seems biased and one-sided and if the purpose is to reflect transparency and protect and inform the consumer, there are more informed ways to do so.	2/21/2018 8:25 PM
747	The process of accruing SPE is difficult enough already. Adding additional challenges to those accruing hours, those supervising, and institutions is unnecessary and damaging.	2/21/2018 8:22 PM
748	Access to available approved sites already is limited. The proposal would reduce access to treatment for disadvantaged populations by eliminating exempted sites.	2/21/2018 8:22 PM
749	Fiscal impact, impact on students being likely to obtain a formal internship or post doc which is very important	2/21/2018 8:18 PM
750	Paperwork process may delay the start and end dates. Requirement may place undue stress on small organizations.	2/21/2018 8:17 PM
751	None	2/21/2018 8:17 PM
752	No comment	2/21/2018 8:16 PM
753	None	2/21/2018 8:16 PM
754	Reduced subsidies for post-doc training, possible increase costs of care.	2/21/2018 8:16 PM
755	Limiting ways to get training is limiting the perspectives of future psychologists which is a terrible idea. The proposal meets the needs of the administrators of the board only. It is not something that was developed out of a need of post-docs or their supervisors. We need to preserve the different ways students can gain experience.	2/21/2018 8:15 PM
756	Not sure, but, if it impacts the ability to accrue supervised professional experience in an exempt setting that would be a negative outcome.	2/21/2018 8:13 PM

757	Unknown	2/21/2018 8:12 PM
758	It may negatively affect # of training positions available.	2/21/2018 8:10 PM
759	There are none. I do not support it. As a registered psychologist, I have far more experience than the average psychological assistant. Being a registered psychologist made employment possible. Had I been a psychological assistant I would not be employed at my present work setting. Frankly, I have a family with a baby on the way. This proposal would post a serious threat to my livelihood. Moreover, it would negatively impact quality of care to clients and to my employer. I am opposed to the proposal.	2/21/2018 8:10 PM
760	More hassles and more paperwork.	2/21/2018 8:09 PM
761	Standardization could place restrictions on settings.	2/21/2018 8:07 PM
762	1. The actual title "Psychological Assistant" has always been demeaning, even more so since the BBS has relabeled its trainees from interns to associates. My Registered Psychologists are often called upon to testify, and I assure you that the nuanced status of a psychological assistant is totally lost on the Court. 2. There is a limit of the number of psych assistants a supervisor can oversee, unlike that of an intern or registered psychologist. Sites which employ interns will find it difficult to keep qualified supervisors on site, or indeed to employ other than novice supervisors since those psychologists with private practices will find it unprofitable to constrict the size of their personal practice by supervising two or three trainees in an institutional setting.	2/21/2018 8:07 PM
763	When interns (and fellows) are in an APA accredited training programs, APA requires that programs put in place safeguards for the consumers. It will be an additional burden for the agencies and the trainees to negotiate registration with the BOP. Our trainees experiences with the BOP reflect long waiting periods for responses (weeks and months), and we would be worried that paperwork will not be approved in time for training programs to start.	2/21/2018 8:02 PM
764	Trainees remain as "assistants", after many years of academic education and moving to the degree of PsyD or PhD	2/21/2018 8:01 PM
765	Reduced flexibility	2/21/2018 7:55 PM
766	Additional financial disadvantage as it costs money to apply for registration. Students barely make enough money to survive as it is before all of the board fees. There is also a time disadvantage as it takes the board awhile to approve registrations and so forth. From my personal experience, the board often misplaced my documents and did not contact me in a timely fashion to inform me of what they needed. I felt like I had to constantly contact the board in order to keep my licensure on track. Also, my phone calls were rarely returned.	2/21/2018 7:54 PM
767	This proposal is too cookie cutter for the various people seeking licensure.	2/21/2018 7:53 PM
768	It would make it much more difficult for nontraditional students to complete training, and would eliminate diversity of training experiences. I am sure it would be controversial regarding the question of what is going to be excluded or included, and who will be making those decisions.	2/21/2018 7:53 PM
769	It all depends on the quality of the supervision regardless of the setting	2/21/2018 7:51 PM
770	As long as not allowed to practice in place of licensed Phd or will lower quality controlled respect of degree.	2/21/2018 7:50 PM
771	A possibility of fewer options for the trainee	2/21/2018 7:50 PM
772	Make it more burdensome for candidates to accrue required supervised experience. No improvement in the quality of supervision experience. Less access to care in under-served exempt settings.	2/21/2018 7:49 PM
773	Again, hard to know without a more detailed description of how this change would be made.	2/21/2018 7:47 PM
774	In private practice settings, a disadvantage might be : 1. The loss of available psychologists to supervise increased level of supervisees. 2. Financial burden in hiring more psychologists to fulfil the new demand	2/21/2018 7:46 PM
775	It appears to be a money grab by the BOP to collect additional fees. It will do nothing to improve outcomes for trainees. APA accreditation has more than enough requirements and oversight and there is no need for this proposal when it comes to APA accredited internships. Please exempt APA internships if the Board feels this is necessary for the other categories.	2/21/2018 7:45 PM

776	It costs more to be a psych assistant. It did not cost me anything (but the application time and energy) to be an intern.	2/21/2018 7:44 PM
777	The only disadvantage I see is that in a private practice setting you do not get the chance to work with severely psychologically disadvantaged populations.	2/21/2018 7:43 PM
778	Adding another step for trainees to have to go through. When I worked at an exempt setting that also had a formal doctoral internship program. It was already complicated to get them "hired" on as interns. To have to add a step of becoming a psychological assistant would further complicate an already complicated system for exempt settings and those that may have other complicated hiring processes for interns or those receiving supervision	2/21/2018 7:43 PM
779	Many - more paperwork for supervisors	2/21/2018 7:42 PM
780	none	2/21/2018 7:42 PM
781	as someone who works in an exempt setting, it would create a burden. i'm not sure that our system would be set up to handle psych assistants.	2/21/2018 7:42 PM
782	Without access to the details, it's hard to know what this new proposal does or does not entail. If it removes the government exemption and the option to work in an exempt setting, it would substantially impact those settings' ability to carry out their functions, and would remove the opportunity for interns/post-docs to work in areas where psychologists are needed and where they might not otherwise choose to practice. I think its wise to standardize the requirements (we are, after all, attempting to have psychologists trained at reasonably competent levels), but I worry that this proposal will limit the range of experience that currently enriches our profession.	2/21/2018 7:42 PM
783	In small towns or rural areas, supervised clinical experience may not be available in any structured, planned prof. experience for psychologists. Rather, it may be designed ad hoc so that both patients and person accruing required hours of clinical experience have a chance to get their respective needs met.	2/21/2018 7:41 PM
784	I am thinking if this proposal does not bring limitation to availability of places for internship.	2/21/2018 7:39 PM
785	Extra work for training directors.	2/21/2018 7:35 PM
786	There are instances in which it may be a more complicated process such as the case where there are waivers	2/21/2018 7:34 PM
787	Decreases diversity of training experiences, makes it more difficult for trainees with a stronger research focus to engage in training experiences that combine clinical work with research, makes access to internship opportunities more difficult to obtain (as there are competitions for placements)	2/21/2018 7:31 PM
788	The current supervision contract requirements for a psych assistant are not doable in a community clinic.	2/21/2018 7:28 PM
789	None.	2/21/2018 7:27 PM
790	As a profession, a downgrade in standards	2/21/2018 7:25 PM
791	None. Let’s clean up the confusing regulations	2/21/2018 7:25 PM
792	May be difficult to transition to the new framework.	2/21/2018 7:24 PM
793	Likely increased administrative costs to training sites, both financial and time investment	2/21/2018 7:24 PM
794	It forces only one option to acquire supervised experience and would limit the number of trainee spots available at an institutional setting.	2/21/2018 7:24 PM
795	less sites to chose from	2/21/2018 7:23 PM
796	See above	2/21/2018 7:23 PM
797	Several, but worth it	2/21/2018 7:22 PM
798	for foreign professionals who already has their hours and the BOP don't recognize	2/21/2018 7:21 PM
799	na	2/21/2018 7:19 PM

800	Creates significant barriers to treatment for clients and would delay timelines for students starting their internships	2/21/2018 7:18 PM
801	Not sure. Might lose some unique and valuable training opportunities that would not seek internship accreditation.	2/21/2018 7:18 PM
802	There are no disadvantages.	2/21/2018 7:16 PM
803	More paperwork and fees for students	2/21/2018 7:16 PM
804	Limits internship opportunities; stringent requirements of supervisors currently limit number of supervisors; cash cost to interns likely to be a hardship (vs. "free" supervision in exempt settings)	2/21/2018 7:15 PM
805	None	2/21/2018 7:14 PM
806	additional burdens on the trainee and the supervisors.	2/21/2018 7:13 PM
807	Many need to make momey	2/21/2018 7:13 PM
808	see #6 This seems like a Bureauctratic Winchester Mystery House, when the APA has barely recovered from its last mess. Is there a problem that need to be solved, and does this solve it?	2/21/2018 7:13 PM
809	Fewer avenues to get hours. It is hard today to get into internship/training programs.	2/21/2018 7:12 PM
810	Monitoring. More details on the proposal would be helpful, such as would exempt sites no longer be able to provide SPE, or would candidates just need to register?	2/21/2018 7:12 PM
811	Not enough access to formalized internship, not enough spots for too many people	2/21/2018 7:11 PM
812	It will take longer for individuals in exempt settings to complete their hours. There may be some deficiency in level of care issues when there are a low number of providers.	2/21/2018 7:11 PM
813	Time-consuming process that would significantly complicate an already lengthy and thorough licensure process and potentially delay being able to provide services, negative financial impact	2/21/2018 7:11 PM
814	Admittedly, I may misunderstand what this proposal actually entails, but I would like to share a few thoughts regardless. Based on what I have heard from current graduate students, it seems that many great training sites which were once offered when I was a trainee are no longer available. My understanding is that this is mainly due to licensing requirements becoming more “standardized” (i.e. a strong emphasis on requiring APA accreditation), which is resulting in programs becoming unsustainable without that accreditation. As a trainee I had the opportunity to choose from many different training sites and pursue experiences that best suited my interests/needs. I found these to be invaluable experiences… experiences that would not be available to me now. I have since developed a very successful practice and a fulfilling personal life. I attribute these accomplishments largely to being encouraged to become a well-rounded PERSON by wonderful supervisors and mentors, in and out of my training sites, and NOT because I completed an "accredited" internship (I did not pursue an APA internship). It seems to me that the more standardized the requirements are becoming, the less we are teaching trainees to become vital human beings who are living balanced lives and are capable of leading others effectively. Instead, we simply teach them how to anxiously bolster their CV's--at the expense of actually "living life"--so they are attractive to competitive, "approved" training facilities that are more focused on maintaining accreditation than actually being “good.” I sincerely doubt that restricting trainees' choices and providing more arbitrary hoops to jump through are going to have any real impact in “consumer protection.” Sadly, I am inclined to believe the opposite is more true.	2/21/2018 7:11 PM
815	Exploitation of Psychological Assistants; Too little oversight of supervisors; Less emphasis on training; Less diversity of training opportunities; Less focus on a variety of communities.	2/21/2018 7:08 PM
816	It is very difficult to find a supervisor willing to risk their license with a PA. Limits the variety of work settings to learn about the craft of becoming a seasoned psychologist.	2/21/2018 7:06 PM
817	Reduction in opportunities.	2/21/2018 7:05 PM

818	Based on my experience, the board is already understaffed. I do not think requiring everyone to register with the board does much except add to the bureaucracy of the process.	2/21/2018 7:05 PM
819	I moved between states a lot for training, internship, post doc, and jobs. It is a hassle and barrier to register in advance not knowing where you'll end up. CA license process in general was unusually state specific I requirements compared to other states. May reduce QUALITY out oif state applicants	2/21/2018 7:04 PM
820	Potential for unnecessary bureaucratic involvement	2/21/2018 7:03 PM
821	This would add another step to an already complicated and costly process of applying to internship and working towards licensure. It is unclear how this would affect trainees seeking licensure in CA who are training on internship out of state. I also consider this a major problem because the online portal for CA Board of Psychology has limited functionality and the employees who manage the paperwork and various steps of licensure etc. are overworked and overwhelmed as it is. Adding this would create a massive unnecessary burden for just about everyone involved with no clear steps for quality assurance to protect consumers or enhance consumer experience.	2/21/2018 7:03 PM
822	much harder for people like me who are primarily academics, but also pursued licensure. How someone with a PhD in Clinical Psych who is a full time tenure-track professor gain experience? Would they have to work full time as a Psych Assistant? I'm just unclear on how this would work. Would it still be possible to build experience when you are not a full time practitioner?	2/21/2018 7:03 PM
823	Good training would be eliminated even more then ever. Several wonderful training programs In hospitals, crisis centers and outpatient clinics with top notch clinicians are gone , this continues the trend of making a one size bad training. The board is smaller , less skilled and underfunded now, psychologists would be more poorly trained ! All bad	2/21/2018 7:03 PM
824	Our training program has many interns coming from out of state, sometimes close to the time that internship begins. Becoming a psych assistant before accruing hours is an administrative and financial burden on them.	2/21/2018 7:03 PM
825	Could limit opportunities for trainees and force some government or other programs to change or limit their training programs.	2/21/2018 7:02 PM
826	It eliminates the confusion around the registered psychologist and waivers.	2/21/2018 7:02 PM
827	Removing access for some unusual students or programs, such as my Stanford PhD program was, by making too neat a box with ribbons on it	2/21/2018 7:00 PM
828	Each states licensing board will be more impacted processing the requests which could delay start time/access of care to patients and states would need the funding and support staff to regulate it. Additionally, maintaining APA and APPIC training sites allows for stricter over site of the training programs and provides payment to trainees something only registering as a psych assistant does not guarantee.	2/21/2018 7:00 PM
829	Cost	2/21/2018 6:59 PM
830	Possible limitations for government agencies, if there are laws in place regarding how trainee positions are filled.	2/21/2018 6:59 PM
831	It puts an administrative burden on the board staff, having to review and approve applications where previously DMH and formal internship sites could vet their staff themselves. I can see a requirement for a livescan for all internship and waiver/registered psychologist positions as a compromise for consumer protection.	2/21/2018 6:58 PM
832	Some “training programs” will have to pay for better supervision which might reduce intern and post-doc opportunities.	2/21/2018 6:57 PM
833	If criteria changes it would need to align with APA approved programs - otherwise major programmatic / system and structure changes would occur to hundreds of placements.	2/21/2018 6:57 PM
834	limiting for individuals who relocate to CA	2/21/2018 6:53 PM
835	Limits opportunities for gaining hours and will likely eliminate places that currently provide supervised experience.	2/21/2018 6:47 PM
836	None	2/21/2018 6:46 PM

837	Anyone obtaining training outside of the state of CA who then seeks licensure in the state will not meet criteria	2/21/2018 6:45 PM
838	The potential cost to the applicant may be prohibitive. The general public may be confused as to what stage someone is at in their training as all unlicensed clinicians would be registered as psych assistants. Currently, an intern is obviously different from a registered psych assistant, and the general public, though maybe not fully understanding the requirements for each, can easily see there are different levels/stages of training achieved.	2/21/2018 6:45 PM
839	Paperwork time and cost. More complication in managing trainees and programs. This may discourage sites or supervisors from taking as many trainees. More opportunities to get into paperwork snafus or gotcha scenarios with the BOP.	2/21/2018 6:45 PM
840	none	2/21/2018 6:44 PM
841	A numbers of us psychologist will not take on a psychological assistant because of liability. I am one of those psychologists. Feels like more hoops for the a prospective psychologist to jump through and I am not sure it really protects or helps the consumer. Obviously you feel it will or you wouldn't be changing the process. If the systems is broke than fix it, otherwise leave it alone and find something else to do with your time.	2/21/2018 6:44 PM
842	The time that it will take to get the paperwork approved	2/21/2018 6:42 PM
843	without more information, this appears to be a non-problem that does not need a solution.	2/21/2018 6:38 PM
844	Would the supervisor have to pay the trainee, provide w-2, etc.?	2/21/2018 6:38 PM
845	1) Could significantly decrease options for public service settings to provide SPE and opportunities for graduates to obtain SPE as government agencies would face costs and bureaucratic/documentation burdens that are much more complex (annual renewal costs born by agency, must be redone if supervisor change occurs, or requirements potentially conflict with HR regulations) and seriously limiting (no more than 3 supervisees allowed) than the current requirement of a Professional License Waiver. 2) Could compromise or complicate settings that do have APA approved internships by adding requirements for those interns seeking licensure in California who would have to pay separate fees, file separate forms if supervisors changed, etc. 3) Currently students interested in public service and work with SMI/SED can continue work in county/state settings and complete post-doc hours as exempt or waived employees/post-docs. This is an important workforce development option for both agencies and entry level psychologists. I have serious concerns that narrowing the requirements will have a negative affect on 1) agencies and 2) psychology graduate students interested in entering public service, and 3) by limiting this workforce there is an additional effect of decreasing access to care for underserved and marginalized California health care consumers	2/21/2018 6:37 PM
846	Further limit who can become a psychologist.	2/21/2018 6:36 PM
847	Unsure	2/21/2018 6:35 PM
848	I worry that for those who plan to practice, out-of-state, this would limit opportunities for transferability, especially at the pre-doc level.	2/21/2018 6:35 PM
849	Psychological assistant is a confusing term, especially since the term can apply to those who are at the practicum level, predoctoral level, and postdoctoral level. I think it would be important to designate different titles for these levels of trainees.	2/21/2018 6:33 PM
850	It limits the placements and also type of client one can be exposed to.	2/21/2018 6:31 PM
851	More unnecessary bureaucratic hassles and fees	2/21/2018 6:30 PM
852	Reluctance of powerful parties entrenched in their ways and not wanting the hassle of change	2/21/2018 6:30 PM
853	perhaps there will be avenues of post-doctoral hours that will be harder to accrue	2/21/2018 6:29 PM
854	Institutional settings and academic settings might be able to provide more than a private practice setting can. It might be a strain on private practitioners, depending on the requirements, to provide things that are unrealistic.	2/21/2018 6:29 PM
855	It will make it more difficult/slower process to become licensed	2/21/2018 6:28 PM

856	I am strongly opposed to this proposal. 1. Government agencies will likely stop using interns in exempt settings if they are required to complete any additional requirements. 2. The additional requirements would translate into additional costs to students already overburdened with loans and other obligations. 3. The number of available internships would likely be reduced as small groups or agencies decide not to hassle with the new requirements or costs. 4. Would each intern have to become a registered psych assistant to each organization they work? So much for a efficient acquisition of hours. I worked two different internships at one time to accrue hours efficiently. The system is not broken. I am not sure why we are fixing a system that allows breadth and variety in experience. The only advantage seems to be streamlining paperwork for the Board!	2/21/2018 6:25 PM
857	The board is a horrible bureaucracy and if trying to take on more will just make life more difficult without any consumer benefits	2/21/2018 6:24 PM
858	Why make individuals in APA programs register as psychological assistants? That makes no sense.	2/21/2018 6:23 PM
859	All change is disruptive at first.	2/21/2018 6:22 PM
860	Exempt settings already have extensive reporting guidelines. If accreditation review is not sufficient, then let's change that process. Adding even more reviewers and bureacracy is painful at a time when resources are so slim.	2/21/2018 6:21 PM
861	Greatly reduce the types of opportunities to gain diverse experience. Places limitations on types of training available. More financially constrained to institutions who can afford to provide compensation. Potentially pushes out smaller agencies/private practices/etc. who may be willing to provide supervision and training. Lessens the training pool overall.	2/21/2018 6:21 PM
862	I see this as unnecessary and a way for BOP to unnecessarily take more money from cash strapped trainees. What if a trainee is uncertain where they want to get licensed? This places an undue burden to “commit” to California licensure. If they decide to move out of state, then registration will have been for nothing. And what about trainees who are training out of state for part of their training. This proposal has many problems.	2/21/2018 6:21 PM
863	Just makes an already-flawed and already-complicated process more flawed and complicated.	2/21/2018 6:20 PM
864	Decrease in amount of services that are provided	2/21/2018 6:19 PM
865	It seems that this could be adding an additional step (registration as a psychological assistant). Depending on the timeline for completion of this registration, formal training programs (e.g., internships, postdocs) would need to have their trainee register in advance of the start of the training year in order to ensure that registration was completed prior to their training year beginning. As these trainees are often arriving to our site from out-of-state, completion of this additional paperwork seems to be a burden without clear benefit.	2/21/2018 6:16 PM
866	Changes often slow down licensing process, leading to less mental health care for consumers.	2/21/2018 6:16 PM
867	More paperwork for trainee and supervisor.	2/21/2018 6:13 PM
868	Additional cost and paperwork for some licensees.	2/21/2018 6:13 PM
869	none	2/21/2018 6:10 PM
870	Non	2/21/2018 6:10 PM
871	Economic, for interns that have límites economic means. For exempt settings	2/21/2018 6:09 PM
872	?	2/21/2018 6:07 PM
873	Major financial impact to training sites, still does not allow the interns to bill for services under MediCare	2/21/2018 6:07 PM
874	More regulation	2/21/2018 6:07 PM
875	None	2/21/2018 6:06 PM
876	I think it would be more difficult to obtain hours, find supervisors, restrict learning experiences and may have more of a detramental rather than positive effect on training and consumer protection.	2/21/2018 6:06 PM

877	None	2/21/2018 6:06 PM
878	more responsibility put on the supervisor to determine the adequacy of a student rather than the graduate schools	2/21/2018 6:05 PM
879	None	2/21/2018 6:05 PM
880	top-down management and further bureaucratization	2/21/2018 6:04 PM
881	I do not see any disadvantages. The various ways of gaining supervised hours, as currently in place for the trainee and supervisor confusing, and uniformity will create more consistency and improved compliance	2/21/2018 6:04 PM
882	Delayed time while awaiting processing; Trainee and Associate MFTs, LPCCs and Social Workers in each training cohort will be able to start seeing clients before Psychology Training staff (have to have job before applying, then have to wait for registration # to start job, can't apply fro County Waiver until registration is received...)	2/21/2018 6:03 PM
883	I think registered psychologist category has longer length prior to need to renew - whereas psych assistant renewal is every year.	2/21/2018 6:02 PM
884	It sounds like another hurdle for people who want to supervise and could make some settings not want to take on trainee	2/21/2018 6:01 PM
885	Less personal mentoring.	2/21/2018 6:01 PM
886	Might be more difficult to find a training position.	2/21/2018 6:00 PM
887	Might be more costly for sites to register trainees.	2/21/2018 6:00 PM
888	Cost.	2/21/2018 5:59 PM
889	no benefit to the public	2/21/2018 5:53 PM
890	California doctoral students who attend an APA internship out of state would be disadvantaged to need BOP oversight. I don't see how this could be implipmented for those training outside California but seeking a CA license.	2/21/2018 5:53 PM
891	Whether or not a change of this nature might cause problems by eliminating certain internship locations and opportunities should be explored.	2/21/2018 5:53 PM
892	I don't see any	2/21/2018 5:52 PM
893	wasted time, wasted resources, unnecessary complications	2/21/2018 5:51 PM
894	It would limit places where you can accrue hours, in particular in exempt settings because in those settings, there are no psych. assistance-ships. You would also require the settings to likely go through some standardization program and government settings may not want to do that.	2/21/2018 5:50 PM
895	Unknown impact on exempt settings having to deal with registrations. I'm also unsure about how this impacts the registered psychologist classification.	2/21/2018 5:50 PM
896	This will I suspect make it harder for prospective psychologists to obtain licensure and impact public access to care in certain settings that employ those obtaining supervision.	2/21/2018 5:49 PM
897	Greater need for oversite of training environment to ensure proper supervision and breadth of training experience.	2/21/2018 5:49 PM
898	could be too rigid and make it even more difficult for candidates to get the SPE that they need for licensure.....registered psychologists in the prisons for example are getting SPE already...	2/21/2018 5:48 PM
899	Perhaps if there are added costs, this would be a disadvantage.	2/21/2018 5:48 PM
900	Increased paperwork.	2/21/2018 5:48 PM
901	Academics couldn’t become licensed, but they shouldn’t be any way.	2/21/2018 5:47 PM
902	Limitation of varied opportunities for training.	2/21/2018 5:46 PM
903	It adds a layer of bureaucracy without improving patient safety. You already have to work under another psychologist's license during training, I don't see how being licensed as a psych assistant would make things better.	2/21/2018 5:45 PM

904	Lack of adequate "quality control" over the kind of supervision given if "registered psychologist" or "psychological assistant" - I think officially approved/ reviewed/ authorized internships and post-doctoral training experiences are needed - to protect the public, to ensure quality of training, and to ensure that trainees are really ready for practice. If you have no quality control how can these be guaranteed???	2/21/2018 5:44 PM
905	Changing any law always has a learning curve, and takes time and mistakes to make it work properly. But, I believe it would be worth it in the long run to make these changes.	2/21/2018 5:44 PM
906	Impossible to say without more details. It appears as above, that there'd be more paperwork - not clear whether this would result in better training, supervision, or quality of care. Also, see above re finances etc	2/21/2018 5:44 PM
907	Unnecessary red tape	2/21/2018 5:43 PM
908	Cost, more administrative paperwork.	2/21/2018 5:42 PM
909	limits settings where one can accrue hours and be paid an equitable wage	2/21/2018 5:42 PM
910	None	2/21/2018 5:41 PM
911	Creating undue hardship in gaining SPE resulting in even fewer places one can gain SPE	2/21/2018 5:40 PM
912	Fewer trainees. Difficulty regulating trainers and training facilities. Thus fewer training facilities and fewer trainees.	2/21/2018 5:40 PM
913	Increased administrative tasks.	2/21/2018 5:40 PM
914	Bureaucracy with no justification	2/21/2018 5:39 PM
915	people who want to do clinical work will seek out relevant training opportunities. it should NOT be mandated. someone conducting research in a exempt status should be able to use that placement. If you are licensing someone as a psychologist then you can't mandate this. if you want to make a separate license for a clinical psychologist then perhaps	2/21/2018 5:39 PM
916	The analysts at the Board can be disorganized & do not communicate well. The process needs to be streamlined. It currently takes too long to become a psych assistant (about 5-6 weeks)	2/21/2018 5:39 PM
917	None	2/21/2018 5:38 PM
918	None	2/21/2018 5:37 PM
919	Creates barriers to treatment for pts as schools, students, sites and govt all need to be involved	2/21/2018 5:37 PM
920	I do not have an opinion	2/21/2018 5:35 PM
921	Supervisees usually need more than one hour of supervision. Supervisees may lose out on having more than one supervisor.Difficult in a clinic setting. Why not allow for Registered Psychologists to work in private practice settings? Does not clearing identify the individual as post degree. Not a good idea.	2/21/2018 5:35 PM
922	Some disgruntled graduates	2/21/2018 5:34 PM
923	It'll create a major financial barrier/burden for newly graduates who need employment to pay their student loans along with CA high cost living expenses.	2/21/2018 5:33 PM
924	Another hoop for students to jump through for licensure. Also, it is another expense they would have to accrue.	2/21/2018 5:32 PM
925	None.	2/21/2018 5:32 PM
926	Instituting and enforcing the proposed changes may potentially prove to be time consuming, labor intensive, and more costly. I feel like the BOP should share their perspective on the need, and perceived pros and cons. It's a bit difficult to pre-visualize potential benefits and pitfalls without a clear context.	2/21/2018 5:32 PM
927	Don’t see any real disadvantage.	2/21/2018 5:31 PM
928	I don’t understand the proposal	2/21/2018 5:30 PM
929	Seems like it is narrowing opportunities.	2/21/2018 5:30 PM

930	None. Will improve the training of the individual	2/21/2018 5:30 PM
931	None	2/21/2018 5:29 PM
932	May reduce the ability of people to get licensed, if their work settings don't cooperate. Further entrenches a complex, arcane, rulebound procedure that in itself does nothing to improve consumer protection. We've already seen the Board get fairly abusive (in my opinion) when people don't have all the i's dotted and t's crossed ... even though there are far too many i's and t's, and far too many of them are unnecessary. I think a unified path to licensure should also be a SIMPLIFIED path to licensure that results in fewer applicants getting their hours tossed out, a state of affairs that approaches restraint of trade. Perhaps especially for out-of-state applicants whose state laws and regs happen not to magically line up with ours.	2/21/2018 5:29 PM
933	May impact trainees who want to work in settings that deal with the disadvantaged, low income, or chronic populations.	2/21/2018 5:27 PM
934	Affordability	2/21/2018 5:25 PM
935	Limits already insufficient training opportunities	2/21/2018 5:25 PM
936	Who trains the trainer and standard bearers? Who evaluates their level of expertise?	2/21/2018 5:25 PM
937	This may impact start dates for formal internship training as they would need to wait for their RSP number to come through and/or this could impact patient care as the intern may be onsite, but would be unable to see patients or shadow other providers until their registration number was active.	2/21/2018 5:25 PM
938	It would be extra work for students to register as a psychological assistant and would likely hold up the ability to accrue hours. The CA BOP is notoriously slow with paperwork and not always responsive over the phone or by e-mail, which could prevent students from being able to start in time and could prevent patients/clients from being seen. The cost may be prohibitive to pay for psychological assistant registrations. This could prevent psychologists from taking on more trainees.	2/21/2018 5:24 PM
939	See above.	2/21/2018 5:21 PM
940	More government legislation and oversight. Fewer opportunities for psychologists to train.	2/21/2018 5:20 PM
941	an extra step for those who are collecting hours in APA internships	2/21/2018 5:17 PM
942	One more hoop for candidates to jump through. There are already enough!	2/21/2018 5:17 PM
943	Not all settings are alike (i.e., some settings may be more research oriented than clinically based) and a one-size fits all approach may be too limiting.	2/21/2018 5:17 PM
944	No opinion	2/21/2018 5:15 PM
945	Uniformity?	2/21/2018 5:15 PM
946	There are reasons why the rules exist. Doing away with the registered psychologist category makes it difficult for certain non-profits to function, as it places greater demands on supervision.	2/21/2018 5:14 PM
947	Cannot see any	2/21/2018 5:13 PM
948	Generalizing and placing all supervisees in one category seems to diminish the rich training offered by diverse settings.	2/21/2018 5:13 PM
949	Red tape/hassle	2/21/2018 5:12 PM
950	This might reduce the options for trainees and th types of settings they can earn their hours in?	2/21/2018 5:12 PM
951	The majority of the Psychological Assistant placements are for little to no monetary gain for the trainee. There may be less placements available.	2/21/2018 5:12 PM
952	You would be seemingly making it exponentially more difficult to obtain hours for those that would rather not register as a P.A.	2/21/2018 5:11 PM

953	create added layer of bureaucracy to already complicated process by requiring individuals in other jurisdiction to register in California even if they don't anticipate being in California. Added expense to those in institutional setting to pay for fees to the BOP, Create confusion, force the end or change of specific training programs, restrict the freedom of training sites, consolidate power in the BOP to approve supervisory experiences when institutional sites themselves are more than capable to self-monitoring, use of a one-size-fits-all approach when the actual clinical experience is more varied and complex,	2/21/2018 5:10 PM
954	Varied experience.	2/21/2018 5:09 PM
955	Not clear as I don't know the details. I expect some people are going to have more paperwork, and perhaps some programs may lose some flexibility. Looking at the overview position, I don't think there should be serious disadvantages.	2/21/2018 5:09 PM
956	Interns would no longer be able to seek non-profit sites funded through the Dept. Of Mental Health as Psychology Assistants.	2/21/2018 5:09 PM
957	oversimplification of the complexity of needs for postdocs.	2/21/2018 5:08 PM
958	Unknown	2/21/2018 5:08 PM
959	standardization risks squashing specialization	2/21/2018 5:06 PM
960	Fewer options for post doc training.	2/21/2018 5:06 PM
961	Being a primary care parent, and working part time to accrue 3,000 hours wthin 4 years is impossible.	2/21/2018 5:06 PM
962	Difficulties finding places with opening for psychological assistants	2/21/2018 5:05 PM
963	Reduction in settings for training.	2/21/2018 5:04 PM
964	it will cause a lot of confusion to implement	2/21/2018 5:02 PM
965	see above	2/21/2018 5:01 PM
966	Cost, process of obtaining this while already being in grad school, difficulty transferring across state lines, difficulties based in different settings and their abilities to help/maintain	2/21/2018 5:00 PM
967	I think some government agencies might find it difficult to meet the Psy Assistant requirements limiting trainee/internship placements	2/21/2018 5:00 PM
968	Extra cost, extra time for approvals, extra time for additional required documentation, etc	2/21/2018 4:59 PM
969	Mirrors BBS	2/21/2018 4:58 PM
970	This creates a potential extra layer of bureaucracy that isn't necessarily helpful, especially for APA internships. As programs work to make cases to their organizations about the importance and value of providing training programs, this extra layer can lead to some locations deciding that the extra steps and possible time delay does not outweigh the benefits of offering training therefore removing the programs.	2/21/2018 4:58 PM
971	none	2/21/2018 4:58 PM
972	It presents fewer opportunities for a supervisee to obtain supervised hours. I'm concerned that there may be limitations in how many psychological assistants a single individual can have and how that would affect the ability of trainees to accrue hours.	2/21/2018 4:58 PM
973	See above--I think the expense and hassle involved would reduce the number of psychologists willing to provide training.	2/21/2018 4:57 PM
974	It is unclear how these changes might impact the trainee's ability to see patients with insurance coverage, which could limit access to services for low income (Medical/Medicare) patients.	2/21/2018 4:56 PM

975	This seems like a poorly thought out solution to a problem that doesn't exist. California is already out of step with other States that are moving toward a much simpler model for licensure. It is already unnecessarily difficult to obtain licensure in CA, ESPECIALLY for military families who don't have a choice but to live and practice here. Stop creating new barriers to licensing qualified psychologists. Unless you have clear evidence that suggests that the current licensure model is leading to a bunch of poorly trained psychologists flooding the market (which I doubt) then you are just creating new bureaucracy for bureaucracy's sake. Under you current proposal I would have been unable to obtain licensure in CA, even though I completed an APA accredited internship in WV, and was already licensed in Virginia when I moved here. I had to accrue additional post doctoral hours in a fantastic and very unique, but very low paying exempt setting just to get licensed in CA, and it has seriously impacted my career growth.	2/21/2018 4:56 PM
976	It feels like an attempt to find a "one size fits all" solution. Given the many varied subdisciplines within professional psychology, this may not be realistic or feasible.	2/21/2018 4:53 PM
977	This would significantly burden training programs in exempt academic settings. Their are embedded in most universities many hurdles to negotiate when hiring new interns, adding this requirement would significantly burden that process.	2/21/2018 4:53 PM
978	Restricting trainee opportunities for training.	2/21/2018 4:51 PM
979	Licensed psychologists will be less willing to take these unlicensed people on their licenses; liability insurance for the licensed supervisor will increase drastically. Fewer psych trainees in community agencies as a result.	2/21/2018 4:51 PM
980	the time to become a psych asst will only increase as the BOP staff already has long delays for trainees to become psych assts. This will delay students from beginning to accrue hours. Requiring this change is not a good plan and will be problematic for students and a barrier for licensure.	2/21/2018 4:50 PM
981	-Significant hardship on trainees, especially interns coming to CA from out of state. Board is too slow processing applications and would interfere with start of internship, and thus consumer access to therapists and hours accrual. Imposes financial hardship on trainees. -Exempt settings and formal internships often have APA or ACA requirements and self-supervision/regulation procedures that enhance and maintain a high quality of care and training that would NOT be improved by this proposal. i.e., training standards seem to be higher than BOP standards. -Administrative overhead would be a waste of time for sites and trainees.	2/21/2018 4:50 PM
982	complications in changing models for those already in the process of being trained	2/21/2018 4:48 PM
983	There is a potential for a reduction in placements for trainees to accrue hours for obtaining their license.	2/21/2018 4:48 PM
984	for formal accredited training programs (internships and post doc residencies), it seems that it would add more paperwork with little benefit, given that these trainees already have considerable oversight	2/21/2018 4:47 PM
985	this destroys incentives for post-docs to work in exempt and clinic settings. Psychological assistants were constructed for a private practice model. We don't need a lot more private practice clinicians- we need psychologists who will work in the public sector. Why do this?	2/21/2018 4:47 PM
986	Unclear how this would impact the intern who takes an APA accredited internship or postdoc in her home state of MA but then accepts, before licensure, a first position in CA. Also it seems to imply that the quality of all types of internship and postdoctoral training are equivalent. They are not. Those internships and postdocs that are accredited are, in general, much superior.	2/21/2018 4:47 PM
987	None	2/21/2018 4:46 PM
988	none	2/21/2018 4:46 PM
989	A lack of multidisciplinary opportunities, larger clinical challenges	2/21/2018 4:46 PM
990	Learning new process; extra application times	2/21/2018 4:45 PM
991	I believe it would have additional cost and time for the graduate students who are already overburden with cost and time. When I filed as a registered psychologist it was much less cumbersome than had I filed as a psychological assistant	2/21/2018 4:45 PM
992	Cost burden on the program and fewer programs but for the best	2/21/2018 4:44 PM

993	Over control. Non adaptive homogenization of training.	2/21/2018 4:44 PM
994	Creating more hoops to jump through for trainees that are unnecessary. Creating greater cost for trainees who are already substantially in debt paying for grad school and even paying to accrue experience at their internships. This is entirely unnecessary.	2/21/2018 4:43 PM
995	For programs that area already well "supervised" by accrediting bodies (e.g., APA accredited internships), this adds more burden and bureaucracy for administrators, which ultimately reduces time for training and may negatively impact the institutions financially and/or patient access to care (because people who could be treating patients will have to deal with more administrative requirements).	2/21/2018 4:43 PM
996	More time and money wasted by licenees waiting for approval to start their SPE. More paperwork/bureacracy.This also impacts if they are going to be paid as cost of living in CA is so high; they may look out of state for easier process. Would greatly impact small nonprofits if more paperwork, time, approval wait period, cost is added to getting postdocs onboard. Is the BOP going to add staff to accomodate this extra requirement? Will that be reflected in a higher cost to get registered? I am glad I am licensed and would not have this extra hoop to go through to get licensed (and there are already so many!)	2/21/2018 4:43 PM
997	None	2/21/2018 4:42 PM
998	With the paperwork required, this could cause problems with accruing hours, especially when interns come from different states. The BOP is quite picky about paperwork and timelines, and I am concerned that this could be a barrier.	2/21/2018 4:42 PM
999	Paperwork.	2/21/2018 4:40 PM
1000	bureaucracy	2/21/2018 4:40 PM
1001	Their is a disadvantage on the part of the provider, especially those in training with little resources, who now must pay the fees associated with live scan, and credentialing. Also they will not be able to practice until their psychological assistant-ships are processed, so it may negatively impact care for clients.	2/21/2018 4:40 PM
1002	It seems like it may add an administrative hurdle to accruing hours and providing services with no clear benefit.	2/21/2018 4:40 PM
1003	There is no guarantee about the quality of supervision one receives. It is often very difficult for students to become psychological assistants as psychologists don’t want to take on the liability and/or time commitment.	2/21/2018 4:40 PM
1004	none	2/21/2018 4:40 PM
1005	As a recent licensee, and early career psychologist, I am keenly familiar with the process, and still recovering from the constant hurdles and trauma of it all. In my opinion, anything that limits options or adds additional steps or work load to the licensing process is physically, financially, and emotionally burdensome.	2/21/2018 4:40 PM
1006	N/A	2/21/2018 4:39 PM
1007	removing the internship experience, or reframing it as a psych assistant may decrease the education and training psychologists receive.	2/21/2018 4:38 PM
1008	It places extra financial burden on trainees and training programs with minimal benefit to consumers. In my opinion the benefit does not justify the expense as there are many other ways to more effectively protect consumers.	2/21/2018 4:37 PM
1009	Additional time spent in filling out more needless forms, paying additional money that trainees don't have, and helping to justify someone's job salary.	2/21/2018 4:36 PM
1010	I hope none. I would hope this process would be less costly to the state, but I don't know if it will lower costs or not.	2/21/2018 4:36 PM
1011	It places additional burden on the trainee and institution where training occurs. It does not appear that it would have a true impact on quality of training.	2/21/2018 4:35 PM
1012	may be added burden for trainees/institutions where long-standing/regulated training programs exist; may be challenging to meet requirements across states, as many interns complete training in a different state than their graduate program and/or future license	2/21/2018 4:34 PM
1013	None	2/21/2018 4:33 PM

1014	Not all psychologists want to practice in the same settings and it is better to have more options for training opportunities. Changing this could limit already scarce opportunities for trainees. Furthermore, eliminating trainees from certain facilities could hinder care for clients.	2/21/2018 4:32 PM
1015	Does not even begin to address the problems with supervised professional experience. Over more than 40 years as a supervisor, it was my experience that increasingly graduate schools were turning the clinical training of students to their outside (not school based) practicums and internships and not taking responsibility for overseeing the quality of the training and of the students themselves. While I am proud to have directed a clinical program for a CBO that had a very high quality CAPIC approved internship, it was very expensive to run and none of the students' tuition was given to our agency for the many hours of individual and group supervision and of didactic training provided. It was a hard sell to my ED to see the benefits of the program given the costs in a time of declining government funding. Ultimately when I left the agency after several years, the ED unilaterally closed the program. So the problem with your proposal is that it does not address at all the cost of quality clinical training and where the funding for it will come from. Putting that responsibility entirely on outside school agencies and individuals - even if they meet the letter of providing what is needed for a psychological assistant - does nothing to guarantee quality or to mitigate clinics and other programs or individuals from viewing interns primarily from the point of view of how much income they will generate for the program.	2/21/2018 4:32 PM
1016	DK	2/21/2018 4:31 PM
1017	extra time/paperwork but worth it	2/21/2018 4:31 PM
1018	Unclear as to whether this proposal would lead to more paperwork and bureaucratic processes	2/21/2018 4:31 PM
1019	You did not provide a copy of the proposal, so I am unable to make specific comments.	2/21/2018 4:30 PM
1020	less options for interns	2/21/2018 4:29 PM
1021	See answer to No. 6.	2/21/2018 4:29 PM
1022	time consuming process monetary impact	2/21/2018 4:28 PM
1023	None	2/21/2018 4:28 PM
1024	It will create more hassles for folks who already work in government settings and other clinical settings.	2/21/2018 4:28 PM
1025	More governmental control, rules and regulations.	2/21/2018 4:27 PM
1026	unnecessary limitations, there are soo many hoops to jump through already	2/21/2018 4:26 PM
1027	The disadvantages are the mirror-image of the advantages, i.e., those programs that excel in providing SPE experiences, due to their thoughtful and thorough planning of experiences, may be hampered in being able to provide unique and exceptional experiences to their trainees.	2/21/2018 4:26 PM
1028	Cost, both time and money- for institutions that train, for the board's resources, which already seem too slim, and the creation of additional steps for trainees to go through, when there are already so many hurdles.	2/21/2018 4:26 PM
1029	Paperwork and cost burden for the trainees.	2/21/2018 4:26 PM
1030	Not sure	2/21/2018 4:25 PM
1031	The increased benefit to consumers seems low to me, especially when compared to the impact on availability mental health care to people who need it. We do not need to put more obstacles in the way of licensing. My cats to Duchenne has a great deal of troubl The increased benefit consumers seems low to me, especially when compared to the impact on availability mental health care to people who need it. We do not need to put more obstacles in the way of licensing. My institution has a great deal of trouble finding highly qualified psychologists. This would make it even more difficult.	2/21/2018 4:25 PM
1032	added regulation that likely will not result in some clear advantage to the profession - at least as it seems explained here. Often training programs currently work to screen out inappropriate trainees already.	2/21/2018 4:25 PM
1033	Delays in processing Registered Psychological Assistant forms could have a negative effect on those trying to accrue hours	2/21/2018 4:25 PM

1034	It appears to be a bureaucratic change that would not have an advantage to the public or trainee.	2/21/2018 4:24 PM
1035	Changes to process are always a challenge to institutions to implement effectively and will likely result in delays to service and more costs to both students and agencies.	2/21/2018 4:23 PM
1036	Not addressing the issues of training in different environments and the ability to take advantage of the differences (i.e. strengths, weaknesses, and resources).	2/21/2018 4:23 PM
1037	it may limit certain training programs and students from getting appropriate trainees/training due to funding.	2/21/2018 4:23 PM
1038	Fewer options to accrue hours	2/21/2018 4:22 PM
1039	I think the term psychological assistant could/would be misunderstood.	2/21/2018 4:21 PM
1040	COMPETITION FOR PLACEMENT LACK OF SUPERVISORS	2/21/2018 4:21 PM
1041	Having one named supervisor if that stayed the same.	2/21/2018 4:20 PM
1042	had to find supervisors...not many psychologist what to deal with the financial piece of having a psyche assistant	2/21/2018 4:20 PM
1043	This would be a barrier to doctoral students seeking supervised experiences, adding a requirement that lies outside of many training models. It could invalidate programs that already meet a number of qualifications of accreditation. It takes away systemic support, and puts more personal impact on the supervisee.	2/21/2018 4:20 PM
1044	Both when I was in getting my hours (pre and post doc) and in the 30 yrs. since of supervising students, including some years in the past of having psych. assistants, I observed no greater or lesser quality in supervision of students if they or I were psych. assistants from not. If anything, clinic settings added more richness and variety to both the clinical experience and more opportunities for feedback and consultation.	2/21/2018 4:20 PM
1045	possible delay in processing applications	2/21/2018 4:20 PM
1046	APA approved internships may find fewer applicants and may no longer be sustainable?	2/21/2018 4:20 PM
1047	None identified	2/21/2018 4:19 PM
1048	I could see registration as a barrier to low-income individuals. I could see it as an additional administrative burden to academic medical centers.	2/21/2018 4:18 PM
1049	Excessive burden on students and training institutions. As a training director in a public hospital that trains numerous practicum students every year, this added administrative burden would lengthen and complicate the onboarding process and may require us to take fewer trainees. Considering the sheer amount of training that takes place in exempt settings, this burden will be widespread.	2/21/2018 4:18 PM
1050	Limits the sites that would be able to offer internships for pre and post doc interns.	2/21/2018 4:17 PM
1051	paperwork and more bureaucracy	2/21/2018 4:17 PM
1052	I do not see any at this time.	2/21/2018 4:16 PM
1053	may be more challenging to acquire hours	2/21/2018 4:16 PM
1054	There are currently so many additional requirements in place. What is the purpose?	2/21/2018 4:16 PM
1055	Depending on how the regulations are done, there may be a negative impact on registered psychologists as they are typically found in non-profit or governmental organizations and have different rules and regulations governing them. If the regulations were changed in a way to protect them from negative consequences, simply changing their identifier would have very little negative impact on them.	2/21/2018 4:16 PM
1056	Adds a level of bureaucracy without contributing to quality of patient care or quality of training.	2/21/2018 4:16 PM
1057	1)no increased consumer protection 2)undue burden on APA trainees/sites which have the most rigorous training 3)increased bureaucracy for everyone involved	2/21/2018 4:14 PM

1058	Limited access to opportunities for SPE based on available positions in settings offering expectations that align with the CA BOP	2/21/2018 4:14 PM
1059	Possible lack of access to internship opportunities would affect consumers' access to care by highly trained clinicians	2/21/2018 4:14 PM
1060	More overhead, time, busy work, and bureaucracy to already overwhelmed internship training sites.	2/21/2018 4:13 PM
1061	One more hoop to have to jump through in order to start the next step in the process. It already takes 4-6 weeks to get a clear number issued. Delays and fees as well as more paperwork are not what students need at that phase.	2/21/2018 4:13 PM
1062	See above comment. Increased liability to institution and supervisor psychologists.	2/21/2018 4:12 PM
1063	There may be disadvantages for those whose interest is in academic rather than clinical settings, though not having worked in those I'm not certain of that	2/21/2018 4:11 PM
1064	Added fees and bureaucracy	2/21/2018 4:11 PM
1065	Arduous path. High caution required of trainees for tracking. In the case of trainees who might formerly have gone with an exempt setting, now they would be afraid to object to supervisors and their actions even in a formerly exempt setting. Hours attested to by supervisors would be too valuable to differ with them or file complaints. Exempt settings make it easier on applicants by adding to their feeling of security that they will complete their requirements (so long as they themselves follow the rules of the exempt setting and laws).	2/21/2018 4:10 PM
1066	It sounds good when terms like transparency and consumer protection are used, but my hunch is that this is yet another effort to propagate more regulations, force every clinician and supervisor to fit a certain mold, and consolidate power for APA and the BOP.	2/21/2018 4:10 PM
1067	One size simply never fits all. Never!	2/21/2018 4:09 PM
1068	The Department of State Hospitals would have to development of procedure for registering psychological assistants not currently in place.	2/21/2018 4:09 PM
1069	This proposal serves to unduly burden trainees with additional paperwork and financial expense while limiting the potential variety of training experiences that may benefit their future provision of mental health care. Many trainees also register as psychological assistants early in their training process, and the 5 year limits would remove the possibility of obtaining the necessary supervised professional experience for many students who become psychological assistants prior to their doctoral training or who extend their programs beyond the typical 4-5 years.	2/21/2018 4:08 PM
1070	Possible increased time/cost depending on the nature of registration process.	2/21/2018 4:07 PM
1071	I am not sure.	2/21/2018 4:06 PM
1072	Seems too restrictive	2/21/2018 4:06 PM
1073	More bureaucratic processes to manage, understand and navigate	2/21/2018 4:06 PM
1074	Just another hoop for students to jump through.	2/21/2018 4:06 PM
1075	It adds requirements to the programs and cost to the applicants, but does not increase oversight, increase structure nor support for the applicants nor improve quality of the training/experience. If we are looking to improve transparency and client care, let's require similar standards (or even APA accreditation) across all pre-licensed psychologists.	2/21/2018 4:06 PM
1076	Formal training is very difficult to obtain in some areas. I think it could limit the number of psychologists able to get licensed in a timely and cost-effective manner.	2/21/2018 4:05 PM
1077	More buracracy which is a burden. Less diversity of placements	2/21/2018 4:04 PM
1078	More requirements and time consuming paperwork, risk of things being lost, additional time if things are lost, which seems to be happening as of lately	2/21/2018 4:04 PM
1079	Limits access to multiple supervisory models. Increases the difficulty of obtaining license in other states. Increases the burden on supervisors and agencies and will decrease the number of internships available of which there is already a decline.	2/21/2018 4:04 PM

1080	Not necessary for someone in an APA internship program. Another bureaucratic step.	2/21/2018 4:03 PM
1081	too limiting to only psychologists, too limiting to agencies and students who may not have the fee for PA, too limiting to agency type who may not have a psychologist willing to have a PA,, too limiting overall to experiences available for training	2/21/2018 4:03 PM
1082	In the case of formal internships (CAPIC, APPIC, etc) it seems an unnecessary additional layer of bureaucracy for those trainees to also have to be registered psych assistants, since those programs already have codified standards.	2/21/2018 4:02 PM
1083	We need more mental health providers who can do more varied types of treatment so limiting the ways folks train doesn't make sense to me. I was able to create a position in health psych where there wasn't one before as a part of my training which is now integral in how I/we practice medicine. We need these alternative areas to grow not to become more rigid or traditional. I support whatever increases access to mental health care. I feel my registered psych position had substantially more supervision and training than most of the psych assistants working in private practice that I knew at the same time.	2/21/2018 4:02 PM
1084	None	2/21/2018 4:01 PM
1085	None	2/21/2018 4:00 PM
1086	Placements usually have more than one supervisor and burden would then fall on just one with psych assistanship	2/21/2018 4:00 PM
1087	Cost to register?	2/21/2018 4:00 PM
1088	Unfair to predoctoral APA interns	2/21/2018 3:58 PM
1089	Limits access to number of supervisory psychologists	2/21/2018 3:58 PM
1090	Clearly this would increase the amount of PA applications BOP staff will have to process and track, and sites or trainees would bear the burden of the cost.	2/21/2018 3:58 PM
1091	See above.	2/21/2018 3:58 PM
1092	Interfering with training programs that already have protections in place.	2/21/2018 3:57 PM
1093	Makes an already complicated process more complicated, seems unnecessary.	2/21/2018 3:57 PM
1094	cookie cutter training, limiting of field to what insurance will pay for, lack of growth and innovation in the field	2/21/2018 3:57 PM
1095	It limits the educational and psychologic institutions available to provide training, thereby creating an advantage to those able to afford more expensive institutions.	2/21/2018 3:57 PM
1096	none	2/21/2018 3:57 PM
1097	Do you intend to disallow trainees from interning? Would they only be allowed to work in private practice settings? Although training experiences are disperate, so are the careers and goals of psychologists. Uniformity is not necessarily a boon to public safety and may limit the training experiences of psychologists so they are less equipped to deal with the variety of settings and experiences they will have once licensed.	2/21/2018 3:57 PM
1098	I do NOT support this proposal	2/21/2018 3:56 PM
1099	May be difficult for different training entities to meet standardized training criteria	2/21/2018 3:56 PM
1100	Financial it may be harder on students and would require more paperwork and I'm not sure how large the benefit would be to require all students to be psychological assistants. I too was a psychological assistant, at my own will, and I can tell you that the training did not differ that greatly from an APPIC internship for example. However, the greatest difference for me was seen in the APA accredited internship and APA-accredited postdoc I completed. Just something to consider. What would the requirement of being a psych assistant add besides additional paperwork?	2/21/2018 3:56 PM
1101	Institutions and supervisors with multiple trainees who currently do not have to register as a psychological assistant would have more administrative documentation to review annually and keeping up with the changes to the laws may also increase the BoP's review and administrative costs.	2/21/2018 3:55 PM

1102	The title "psychological assistant" is demeaning to a person who has completed a doctorate and has years of professional experience. It is not clear to the public that this is a professional individual who has completed advanced training. The term "registered psychologist" would be better for all pre-licensed individuals who have completed their doctoral degrees, as within the wider profession of psychology, a person with a doctorate is recognized as a "psychologist."	2/21/2018 3:55 PM
1103	It would limit the exposure to a broad range of settings that only help to strengthen clinical training. It is impossible to offer psychological services to the public when you only receive training with a small fraction of people.	2/21/2018 3:54 PM
1104	It would require people who do go through a formal internship program to go through the hassle of applying to be a psychological assistant.	2/21/2018 3:54 PM
1105	As stated, lack of access for vulnerable populations	2/21/2018 3:54 PM
1106	We all know that training sites differ. One thing about the VA and the exempt positions at UC is that we know that these programs are monitored very closely. You can't say the same thing for individuals doing training in the community. This would punish those who are in really good training programs,	2/21/2018 3:54 PM
1107	NONE	2/21/2018 3:54 PM
1108	Psychology today has become a broad discipline with many subspecialty areas of practice. Centralizing the requirements of training gives the appearance of setting a minimum standard of training, but I believe those standards are already successfully being met. The end result of this proposal would be to discourage those seeking specialty training (such as neuropsychology, child and adolescent clinical psychology, or substance abuse training) by mandating universal areas of competence in disciplines that many psychologists might never practice. The exposure to a broad discipline can already be achieved through graduate school training. This proposal would create an unwieldy and perhaps overly controlling bureaucracy that would further delay the efforts of psychological trainees to at least have some specialty training if they wished to do so after the completion of graduate school. This could end up being costly to trainees in terms of delated training in specialty areas. Such choices should be left up to the individual trainee--as most already receive adequate exposure to the broad discipline of psychology during their graduate school years. I think this proposal would create bureaucratic gridlock and build in a lack of choice in the training of future psychologists. Not a good idea.	2/21/2018 3:54 PM
1109	possible limitation of setting might effect the diversity of experience	2/21/2018 3:54 PM
1110	Many disadvantages. Excessive burden on programs. Increased time spent on paperwork. Trainee and supervisor worry. Leave things how they are.	2/21/2018 3:53 PM
1111	It should be more than just registering as a psych assistant. It needs to be audited and programs/supervisors need to renew accreditation that maintains the level of standard. It is costly for interns or post docs to pay. Particularly each year when they go through practicums and internship/postdocs. It may deter accredited programs from renewing due to this extra step. I think it should be how it is where non APA/Appic Programs should have their trainees register.	2/21/2018 3:53 PM
1112	- long process to review applications for all trainees seeking placement will also bottleneck the process for new psychologists to get licensed (this will contribute to greater paucity of available providers and supervisors).	2/21/2018 3:53 PM
1113	The disadvantages are obvious: no one clinic/training site has a sufficient number of licensed psychologist to have the required number of psychological assistants approved for their oversight (due to the limitation on the number of psych assistants that any licensed psychologist can supervise at any one time); due to the costs of registering psych assistants, some clinics would not be able to afford the costs; this would also increase the administrative time and costs necessary to include interns/psych assists in the training program; and the BOP does not currently have sufficient staff to process in a timely way the number of applications for psych assists - how would the significant increase in the BOP workload be managed?	2/21/2018 3:53 PM
1114	It will be cumbersome and will result in fewer institutional training opportunities if a trainee must be the psych. asst. of an individual staff member.	2/21/2018 3:52 PM
1115	More hoops	2/21/2018 3:52 PM
1116	1) Access to care; 2) Impaired patient safety; 3) Non-punitive terminations; 4) Problems with individual supervision; 5) Financial impact	2/21/2018 3:52 PM

1117	some existing sites may not have the appropriate licensure of staff to provide the necessary supervision of practicum/trainees...	2/21/2018 3:51 PM
1118	This proposal will serve as a barrier to training and services and impose an unnecessary burden on students, practicum sites, and the Board of Psychology. I would support this proposal ONLY if practicum hours will count towards licensure.	2/21/2018 3:50 PM
1119	Sometimes it can take a long time to get the registration approved. I believe some flexibility is needed for how trainees can get their hours.	2/21/2018 3:50 PM
1120	This could create barriers for trainees to receive their supervised hours. If there is a fee to register as a psych assistant, this could also become a barrier. Depending on the expectations of training sites, this could deter sites from taking on registered psych assistants.	2/21/2018 3:49 PM
1121	this will become a financial burden on all involved	2/21/2018 3:49 PM
1122	Ensuring supervisors are employed by agency when providing supervision in an agency setting. Many agencies are not willing to employee a supervisor just for the sake of supervision. It can also be onerous for supervisors as they need to follow all the practices of being an employee, such as CPR training and TB tests, when they do not interact with clients. Currently, if the employer will not pay the $40 fee for the Psych Assistant Registration, the supervisor needs to pay out of pocket as the supervisee cannot pay it.	2/21/2018 3:49 PM
1123	BOP already has many duties and little budget to administer all of these effectively. Adding more duties would severely stress existing BOP employees and unduly burden the BOP. Existing system seems to work well enough as is.	2/21/2018 3:48 PM
1124	Most people know the current system and change has a large cost. I don't really understand the benefits to be honest.	2/21/2018 3:48 PM
1125	Crates more obstacles to clinical practice in an already overly complex process.	2/21/2018 3:48 PM
1126	APIIC is a national match. It could have an impact on the internship sites, which is the most competitive formal type of training. I was a registered psychological assistant the years prior becoming an APIIC matched intern. It seems the proposal would be deferring to the lesser standard.	2/21/2018 3:48 PM
1127	I don’t think there are significant disadvantages.	2/21/2018 3:48 PM
1128	Sufficient Supervisors for exempt settings Exempt settings embracing this change	2/21/2018 3:48 PM
1129	Loss of flexibility in training modalities, roles of psychologists that are non-traditional, experience working with underserved populations.	2/21/2018 3:47 PM
1130	Financial and time burden on trainees. Potential negative impact to training programs - students may be dissuaded to choose their program with this requirement and delay in CA board processes may delay ability to accrue experience.	2/21/2018 3:47 PM
1131	Many people get trained in a different state and then come to California, so I can imagine finishing an internship in a different state and then trying to get licensed in California could create a big delay if people had to register.	2/21/2018 3:47 PM
1132	Some training sites which currently train pre licensed individuals might be disincentivized to continue offering those training slots, if the new program is perceived as to complex or burdensome.	2/21/2018 3:45 PM
1133	It seems like the board would have to process a lot more paperwork since all APA, CAPIC, and APPIC students would then have to register with the board prior to getting hours. Would this mean that all psychology work would constitute SPE? For instance, students who are considered pre-intern "practicum students," would they need to register as a psych assistant even if they are not using their hours towards SPE?	2/21/2018 3:45 PM
1134	May add more red-tape without changes in reimbursement. This may negatively impact funding, which in turn can affect access not only for patients but students' access to training sites.	2/21/2018 3:45 PM
1135	SHIFTING ORGANIZATIONAL PROCEDURES AND PROCESSES, COMPLEXITY OF PLACEMENTS, VARIABILITY IN REGULATIONS, GUIDELINES, AND DIFFICULTY TO ADJUST ON A TIMELY BASES; IT MAY TAKE LONGER TIME FOR SOME THAN OTHER AGENCIES.	2/21/2018 3:45 PM

1136	none	2/21/2018 3:44 PM
1137	financial cost to agencies	2/21/2018 3:44 PM
1138	See anove	2/21/2018 3:43 PM
1139	Time factor in terms obtaining registration as a PA versus other formats (waiver, out of state training)	2/21/2018 3:43 PM
1140	Exploitative cost for trainees who already qualify for food stamps because they are either unpaid or paid so little.	2/21/2018 3:42 PM
1141	Would be an obstacle to psychologists who have done supervised internships and gained supervised postdoctoral clinical experience in other states before moving to California.	2/21/2018 3:42 PM
1142	NONE	2/21/2018 3:42 PM
1143	The main disadvantage is that psychology students would have to incur increased expenses in relation to the "internship" process, which is already expensive enough (and if a student does not "match" on the first attempt, then the student's expenses would increase even more on account of having to re-register as a psychological assistant so that they can apply again for internship).	2/21/2018 3:42 PM
1144	None	2/21/2018 3:41 PM
1145	The licensing intern process is already significant. Required supervision, and appropriate documentation of supervised experience for 3000 hours seems appropriate and consistent with the required licensing process.	2/21/2018 3:41 PM
1146	Infers additional costs and effort for applications, which will make practicum training sites less likely to take applicants. It will slow down the process - having to get a separate psych assistant license in addition to the academic institution and training site's processes, which will delay start of training opportunity for students and will delay provision of care to patients by the students. Given that many students have multiple years of practicum before internship and may also have to register as a psych assistant for SPE post-doctorally, a change will need to be made to extend the number of years one can be a psych assistant. Most interactions with the Board of Psychology take a very long time, and it is very frustrating and difficult to get information back from them. As a supervisor of practicum students, having to deal with them more will make me more reluctant to train students or I will take fewer students.	2/21/2018 3:41 PM
1147	More paperwork and red tape to get through	2/21/2018 3:40 PM
1148	None as long as trainees are still able to specialize/concentrate their hours in concentrated areas (e.g., testing, inpatient work, etc.)	2/21/2018 3:40 PM
1149	None	2/21/2018 3:40 PM
1150	There could be less access of trainees to a broad array of settings and experiences.	2/21/2018 3:40 PM
1151	Bureaucracy	2/21/2018 3:39 PM
1152	1. More time and resources for exempt sites/APA etc. sites that already have strong training. 2. SPE is what is needed to assure training standards - you don't need more. Everyone already does this and the rules for accruing hours are in place already. Don't need more for the BOP to do. It already is busy with applications etc. 3. Creates more that must be done before a trainee gets to site and must be approve by BOP before hours count. If the BOP gets behind at ALL then it negatively impacts trainees and could quickly become a legal nightmare when a student comes to CA for internship at a set time and then because the BOP didn't get the psych assist application approved in time can't count hours they were stated they would be given by site. The BOP is dependent on the state not holding it's funding to have enough staff, if that changes then they would be way behind and cause a nightmare of a problem.	2/21/2018 3:39 PM
1153	Limiting options that are already difficult.	2/21/2018 3:38 PM
1154	It may make it more difficult for sites to provide training. The amount of paperwork coukd increase and time to process the paperwork would increase which could negatively impact training.	2/21/2018 3:38 PM

1155	Pscologist trainees may become more motivated to enter private practice rather than academic or clinic settings. This would decrease research, decrease experience with academic entities and may short clinics who depend on trainees to provide services at DMH/MediCal/Medicare populations.	2/21/2018 3:38 PM
1156	It might limit opportunities for students to gain SPE.	2/21/2018 3:38 PM
1157	N/A	2/21/2018 3:37 PM
1158	It may affect the current persons who have taken the steps to become registered psychologists for instance. This would not affect me I don't think as a psychological assistant.	2/21/2018 3:37 PM
1159	I would still need to apply as a psychologist assistant if I wanted to start working towards having my own practice. Not sure, if this would be the case.	2/21/2018 3:37 PM
1160	Well, you are imposing more rules and processing more paperwork without a clear indication of any significant advantage. A person can still be very poorly trained as a psychological assistant. It doesn not guarantee anything.	2/21/2018 3:37 PM
1161	I don't know if it will take more time to get the Psych Assistantship than the other routes took. It may cost agencies more if it takes more time, and it may financially impact the trainee if it takes more time.	2/21/2018 3:37 PM
1162	Very little, if any.	2/21/2018 3:37 PM
1163	None	2/21/2018 3:36 PM
1164	Less pay or stipend options for interns.	2/21/2018 3:36 PM
1165	It reduces the ability of registered psychologists to be addressed as psychologists within the exempt setting. Nothing ha been said by the BOP as to what they see as the benefits of this proposal. I think that should be stated and explained more clearly.	2/21/2018 3:36 PM
1166	Eliminates many excellent opportunities that are offered under the current guidelines. I gained tremendous experience and unprecedented access to great change making opportunities	2/21/2018 3:36 PM
1167	It gives the trainee much more limited access to a variety of psychotherapy training and supervision and narrows the focus of learning.	2/21/2018 3:36 PM
1168	Might limit training settings	2/21/2018 3:35 PM
1169	No comment	2/21/2018 3:35 PM
1170	It's unclear how the new regulations would be implemented, but I wonder if some agencies that had used registered psychologists would resist using psychological assistants if the paperwork became too onerous.	2/21/2018 3:35 PM
1171	Unknown	2/21/2018 3:34 PM
1172	Don't see any	2/21/2018 3:34 PM
1173	It seems like this would create just another hoop for trainees to jump through as well as another expense on top of the already overwhelming financial burden. From my perspective (without a lot of detailed information about the proposal) it seems like the disadvantages outweigh the advantages.	2/21/2018 3:34 PM
1174	If someone is a psychological assistant, does the supervisor then make them a W2 or are educational stipends for internships going to be exempt? That could be more costly. If exemption is not allowed.	2/21/2018 3:34 PM
1175	Standardization	2/21/2018 3:33 PM
1176	See my answer to the previous question.	2/21/2018 3:33 PM
1177	Will substantially increase administrative and paperwork burden for trainees and training sites. The wait times for processing of registration and licenses, already long, will increase and make it very difficult for trainees to begin their clinical experiences in a timely manner.	2/21/2018 3:33 PM

1178	The proposal, as written is not clear. I presume that requiring all trainees to register as a psychological assistants, would not preclude or prevent hours from an APA internship as counting towards licensure. I received my PhD from Northwestern University and matched at UCLA Neuropsychiatric Institute for my APA approved pre-doctoral internship. I then completed a clinical fellowship at UCLA in an academic setting. I arguably received some of the best training one can get as a psychologist. It is not clear to me, as the proposal as written, if any of my would have counted towards licensure. I presume that what you are proposing is that UCLA would have to provide a way for all of its interns to register a psychological assistants. So then the Major Impact of this proposal would be on the institutions that provide training. I guess my feedback at this point would be that your proposal is not at all clear and, as a consequence, I have a hard time answering the questions with any sense of being informed.	2/21/2018 3:33 PM
1179	none	2/21/2018 3:32 PM
1180	not sure	2/21/2018 3:32 PM
1181	may result in delays of processing as more individuals will likely have to submit paperwork for review, which is already slow.	2/21/2018 3:32 PM
1182	It burdens the Apa approved internships with more paperwork	2/21/2018 3:32 PM
1183	Could be cumbersome for the unlicensed professionals not being able to find work while they compete their studies. The are encumbered with debt, test prep expenses, and without living wage income, become vulnerable to take “longer” when their hours are done/just need to study and take the tests.	2/21/2018 3:32 PM
1184	Exempt government settings would have to restructure internal systems for training and oversight of unlicensed psychologists. This would increase short-term costs (--but produce long-term benefits in terms of the quality of care they provide).	2/21/2018 3:32 PM
1185	Consumers are entitled to know the full information about the credentials of providers. Eliminating the 'intern' terminology used in most pre-doctoral SPE affects that need. Under the proposal, providers should also be required to clearly disclose to consumers their degree status, including if they have not yet attained their degree.	2/21/2018 3:32 PM
1186	transitional and logistical complications	2/21/2018 3:31 PM
1187	It would reduce the opportunities for trainees to gain professional experience towards licensure.	2/21/2018 3:31 PM
1188	Limited number of position available to trainees	2/21/2018 3:30 PM
1189	Smaller training sites may have difficulty with compliance.	2/21/2018 3:30 PM
1190	I just listed them.	2/21/2018 3:30 PM
1191	Formal training programs often have the same or higher standards and training requirements as the board, so this would certainly be a nuisance to them.	2/21/2018 3:30 PM
1192	Additional administrative hassle and financial strain for students. Completely unnecessary.	2/21/2018 3:29 PM
1193	It would likely be mildly inconvenient for people to have to register as psychological assistants.	2/21/2018 3:28 PM
1194	It could make it difficult for out of state or individuals who do not realize they may someday apply for licensure in CA to apply	2/21/2018 3:28 PM
1195	Cost, paperwork, some add'l burden to supervisory staffs and organizations.	2/21/2018 3:28 PM
1196	for previously exempt settings, this may be a change in supervised settings and meeting those requirements	2/21/2018 3:28 PM
1197	Time required to register as a Psych assistant Potential discouragement for training sites to provide post-doc positioins	2/21/2018 3:27 PM
1198	Number of approved sites	2/21/2018 3:27 PM
1199	Few if any.	2/21/2018 3:26 PM
1200	For exempt settings it would reduce access to care significantly	2/21/2018 3:26 PM

1201	What about students who are not from California, or who went to graduate school in CA but move for internship and post-doc placement? Would they also have to pass the CPLEE and if they did not pass what would that do to their internship, post-doc, or licensure status? Would training directors have to fill out additional paperwork, which is already cumbersome?	2/21/2018 3:26 PM
1202	see above	2/21/2018 3:25 PM
1203	Implementation stage would involve a learning process that would slow down work flow and cost money in the short term	2/21/2018 3:25 PM
1204	Psychology Board already seems overburdened this would likely add	2/21/2018 3:25 PM
1205	It will be another step for exempt settings which are often academic and limited in funding and time for additional paperwork.	2/21/2018 3:24 PM
1206	None	2/21/2018 3:24 PM
1207	It may make it more difficult for psychologists to become licensed.	2/21/2018 3:24 PM
1208	Extra administrative burden for no clear gain. Potential delays in starting a postdoctoral fellowship due to slow turnaround times at the BOP. We often wait weeks before hearing back from anyone at the BOP and this would slow down the onboarding process for our postdoctoral fellowship.	2/21/2018 3:24 PM
1209	Not sure, depends on how the process changes for applicants accruing SPE. Could lengthen process, delaying applicants' ability to start accruing SPE. This could be frustrating to applicants and supervisors.	2/21/2018 3:24 PM
1210	Costs to the applicant, possible changes to internship/postdoc application process	2/21/2018 3:23 PM
1211	I worry about creating a ‘system’ that is insensitive to alternative perspectives, non-conforming ideas and populations and the demands of a very fast changing culture	2/21/2018 3:23 PM
1212	Need predoctoral trainees	2/21/2018 3:22 PM
1213	More hassle for training sites that already have systems in place that mostly work. I work at a VA and the idea of adding this extra step to an already very difficult on boarding process for our trainees sounds frustrating and like it will limit our trainee pool.	2/21/2018 3:22 PM
1214	Perhaps will create yet another bureaucratic hoop to jump through. Perhaps will limit rather than expand opportunities.	2/21/2018 3:22 PM
1215	Uncertain.	2/21/2018 3:21 PM
1216	Financial fees to therapist	2/21/2018 3:21 PM
1217	Settings that are exempt (e.g., CDCR) require unlicensed clinicians to perform forensic evaluations, which are then countersigned by a licensed clinician, but the process of explaining the definition of a psych assistant to inmates (or other people, for that matter) is sometimes confusing.	2/21/2018 3:20 PM
1218	This could discourage some smaller places and independent supervisors to turn away trainees because of challenge in meeting standard of larger internships like Kaiser. It is hard to get internships and it can be a hardship on the trainee because many places will not pay interns while they are getting trained....I know I personally had to work for almost 2 years full time to get just my post doc hours with out pay...I am still trying to catch up to the debt 8 years later..	2/21/2018 3:20 PM
1219	Costs of application, another hoop hole for applicants, settings not adhering	2/21/2018 3:19 PM
1220	Burden on trainee that involves more bureaucratic red tape	2/21/2018 3:19 PM
1221	The process will likely be time consuming (time it takes from applying to obtaining approval).	2/21/2018 3:19 PM
1222	Are you proposing everyone has to be a PA in CA for their internship and preinternship training and all of it? It’s overkill for the lower levels of training, a lot of bother and stress wi no appreciable gain. Also this is a different issue but no one has asked my opinion on making PAs only a full licensure track position. I think we need something that would let masters level ppl work for doctoral level ppl ongoing without insisting that everyone either is going to become an ilp or nothing at all. Technicians are useful and have a place.	2/21/2018 3:19 PM

1223	There is nothing offered here describing any standardization of experience. If this proposal includes that, and if it is through APA that the standards are adapted, then I fear a deadening and dumbing down of the profession.	2/21/2018 3:19 PM
1224	Quality of supervision and sites must be monitored	2/21/2018 3:18 PM
1225	Many...added challenges, obstacles, and bureaucracy, possibly added financial burden.	2/21/2018 3:18 PM
1226	Time/cost to go through formal procedure	2/21/2018 3:17 PM
1227	The proposal isn't clear in it's objective for me to be able to describe. If I understand the objective enough, if all supervisees are under the same terminology, this may make it more difficult to accrue hours toward licensure.	2/21/2018 3:17 PM
1228	Limiting SPE to specific sites approved for training psychological assistants. Forcing aspiring psychologists to pay the fee to be a registered PA, generating income for the board, but not necessarily offering a necessary service to these individuals. Limiting SPE opportunities and creating a bottleneck in becoming a psychologist. Limiting innovation and flexibility in experiences one wants to acquire while working towards SPE hours.	2/21/2018 3:17 PM
1229	Further restricts training experiences and prevents diversity of experiences; has potential financial implications for trainees; further delays licensure; pigeonholes trainees and creates more demand for supervisors that may not be possible; creates more paperwork and bureacratic headaches	2/21/2018 3:17 PM
1230	May be additional burden for those seeking a license Grad internship sites are often better organized and supervised than what can be provided by a single practioner May be difficult to find sufficient number of psych assistant positions I do not know the impact on academic institutions but I fear there might be negative one and we can not predict the unintended consequences	2/21/2018 3:17 PM
1231	none	2/21/2018 3:16 PM
1232	It would make it more difficult for students to receive SPE, and some might decide not to become licensed.	2/21/2018 3:16 PM
1233	paper work	2/21/2018 3:16 PM
1234	If having everyone become a registered psychologist would still require them to be sub-categorized into the 4 pathways to accruing hours, it will increase the bureaucratic red tape and possibly increase lost time, lost earning potential, etc.	2/21/2018 3:15 PM
1235	some would be opposed to official registration	2/21/2018 3:14 PM
1236	The cost of registration must be minimal. These are graduate students and interns whose earnings are below the poverty line in many instances. Asking them to spend hundreds of dollars on registration may be asking many to not eat for a week or two. One of APA's missions is to ensure that training meets an appropriate standard.	2/21/2018 3:14 PM
1237	Dealing with the BOP is not always easy and adding extra fees might be burdensome. Also squashing alternative training models.	2/21/2018 3:13 PM
1238	more paper work for the supervisor	2/21/2018 3:12 PM
1239	Confusion across current systems. Psychological assistant just seems so less knowledeable than ACSW for example.	2/21/2018 3:12 PM
1240	More regulation, which necessitates more man hours for the development and management of a system for oversight and accountability.	2/21/2018 3:12 PM
1241	may present barriers to licensure, depending on number of available internship/postdoc sites	2/21/2018 3:11 PM
1242	harder for agencies and interns who would have to wait for the BOP to process their application	2/21/2018 3:11 PM
1243	I could see the fees being oppressive or difficult or trainees.	2/21/2018 3:11 PM
1244	Added bureaucracy to an already complicated system with what I perceive to be little added benefit.	2/21/2018 3:11 PM

1245	Requiring registration as a psych assistant doesn't seem like it would add to training/experience in established training programs.	2/21/2018 3:10 PM
1246	It appears to privilege the same privileged sites; it places further regulations; it potentially disadvantages sites that serve individuals on the margins; it may further contribute to tremendous theoretical and professional monopoly wrought by the APA and its CBT/behaviorism only options which appear to be abundantly clear in near disappearance of all but these approaches from doctoral training, from treatment modalities offered at formal sites, and from such absurd guidelines (now sued by psychological associations across the country) as the new APA PTSD guidelines. Unless consumers' and mental health organizations' rights toward access to diverse treatment modalities for diverse state populations, these changes will further restrict and diminish training and supervision (and access to care!)	2/21/2018 3:10 PM
1247	Forced into a box of sameness and lack of diversity	2/21/2018 3:10 PM
1248	More cost and hoops to jump through for trainees who are already inundated with hoops and costs.	2/21/2018 3:09 PM
1249	This appears to be a logistical step that would not improve consumer care, but would create further hurdles for training programs, especially those who complete their hours in other states.	2/21/2018 3:09 PM
1250	Blocking access to training opportunities. Limiting the kinds of training opportunities, increasing beaurocratic demands	2/21/2018 3:09 PM
1251	Fewer psychologists might obtain clinical experience grounded in research, fewer might apply for post doctoral positions in academic settings. I see how this looks more streamlined, but unless strict/tight oversight of each supervisor is put into place, I don't see how this really changes or improves the current situation. It seems to just limit the settings in which supervisees can receive supervision.	2/21/2018 3:08 PM
1252	Extra hoops for graduate student to jump through.	2/21/2018 3:07 PM
1253	Same answer as above.	2/21/2018 3:07 PM
1254	costly and may be a disincentive to students who might otherwise desire training in California. I believe that APA accredited training sites are sufficiently rigorous in oversight of clinical experiences.	2/21/2018 3:07 PM
1255	may make less prestigious mechanisms for obtaining SPE look equivalent to more rigorous/formal mechanisms (e.g., formal APA-accredited internship)	2/21/2018 3:06 PM
1256	Extra paperwork. I am honestly not that aware of what it takes to be a psych assistant. We've never had to have our trainees do this.	2/21/2018 3:06 PM
1257	My only concern is what the requirements will be in terms of number of hours, etc. - ensuring that the requirements are flexible enough to be relevant for every setting. For example, clinical experiences in our setting are perhaps different than in private practice, VA, or other community clinics. Clinical experiences may include psychoeducation sessions, human mental health research, assessment, and conducting therapy...and many hours of peer supervision and clinical consultation.	2/21/2018 3:06 PM
1258	More bureaucratic red tape and expenses. I don't think it is remotely worth it.	2/21/2018 3:05 PM
1259	Some centers do not allow time for registering.	2/21/2018 3:05 PM
1260	I see huge disadvantages. The training programs overseen by APPIC and CAPIC already meet high standards. Requiring registration with the BOP would result in delays in receiving the required training experiences. My experience with the BOP is that staff is already overstretched and my application for licensure was delayed multiple times by my licensing analyst. Will the BOP be able to hire sufficient staff to cope with all these applications?	2/21/2018 3:05 PM
1261	Those who have a history of a misd or felony (e.g., DUI) may not be allowed to obtain clinical hours or may have to pay high fines or accure treatment/rehabilitation cost despite not having the economic means to do so.	2/21/2018 3:04 PM
1262	Paying fees for psych assistant and then having to pay additional fees for licensed psychologist	2/21/2018 3:04 PM

1263	Increased red tape, wait times to get psych assistant approval by the board (and the back and forth of making BOP suggested changes to the plan for SPE required to register as a psych assistant). Also, it may be redundant for the bop to review plans for Spe for established formal doctoral and postdoctoral internships that have already been reviewed and approved by CAPIC, appic, and apa. There may be a conflict if the bop requires/suggests a change to a plan for spe for a program that has approval from apa, etc. If any substantial change is made, then it would have to be approved by BOP and APA as well as meet the school's requirements for predoc	2/21/2018 3:04 PM
1264	Long process. May be more costly. Whoever the student is registering under needs to know the process to ensure no mishaps or issues that could potentially hinder the student's ability to practice later on.	2/21/2018 3:03 PM
1265	Oversimplication of a complexity of clinical, academic, and research organizations that provide training for postdoctoral applicants.	2/21/2018 3:03 PM
1266	None	2/21/2018 3:02 PM
1267	Limits variety of opportunity	2/21/2018 3:02 PM
1268	None	2/21/2018 3:02 PM
1269	More paperwork	2/21/2018 3:02 PM
1270	not enough placements.	2/21/2018 3:02 PM
1271	Requiring trainees to standardize their experience and register with the BOP as psychological assistants seems like an unnecessary burden that could impact services available to consumers by tying up time and resources. It also seems like it could be overly burdensome on institutions training those trainees, such that they may not be able to remain training sites or such that resources would be diverted away from providing training into managing additional regulations on the training experience. One of these resources would likely be money, which is another disadvantage to this proposal in the impact it is likely to have on the financial health of training sites. More generally, trainees already have an inordinate set of requirements to fulfill in order to become licensed. Adding more requirements and/or more complexity to the process doesn't help anyone and discourages people from entering our field. When I was pursuing licensure in 2011-2012 it took months to receive approval from the BOP for my hours and, in 2010 when applying to become a psychological assistant, it also took months for approval. During the waiting period, trainees are vulnerable financially and adding to this burden would be a significant detriment. If this proposal does become official practice, how will the BOP manage the influx of additional applications, regulation, and administrative burden in a way that doesn't impede trainees' ability to provide services and navigate the licensure process in reasonable time?	2/21/2018 3:02 PM
1272	It would could potentially decrease the accountability oversight of APA/APPIC/CAPIC in the training of psychology trainees in CA and dilute the meaning of specialized supervised professional experiences. It would put increased financial and administrative burden on non-profit agencies to comply with submitting psychological assistantship paperwork.	2/21/2018 3:02 PM
1273	registering may have some cost in time and money to either licensees or the agencies that train them	2/21/2018 3:01 PM
1274	Not knowing that one will move to California prior to acquiring experience and needing to repeat the process once in CA. I think an APA program in any state should be sufficient enough to acquire necessary hours toward licensure	2/21/2018 3:01 PM
1275	Better standard of training for psychologists	2/21/2018 3:01 PM
1276	Likely to decrease opportunities for interns, because some organizations have less staff that are already overloaded. Asking schools and non profits to meet stringent criteria may decrease low cost and free services to clients.	2/21/2018 3:01 PM
1277	Financial, procedural, an added hurdle to an already almost overwhelming process.	2/21/2018 3:00 PM
1278	Again, without major changes to the psychological assistant set up, I don't think it makes sense to expand it.	2/21/2018 3:00 PM
1279	The process for become a Psychological Assistant is complex and approval takes an inordinate amount of time.	2/21/2018 3:00 PM
1280	reduction in diversity of experience	2/21/2018 2:59 PM
1281	I'm not clear what the disadvantages would be.	2/21/2018 2:59 PM

1282	There are many valuable training opportunities outside APPIC, and the current system does not always respect appropriate nontraditional avenues. For example, my husband, a Cog PhD, who teaches at a University would like to be licensed to do only neuropsych assessment, but cannot find a psych asst supervisor, and at 48, is unwilling to go back to school to get ANOTHER PhD or spend $80K at a "professional" school to get "training" less than what he already has in order to do what he's already been trained to do.	2/21/2018 2:59 PM
1283	Dealing with the Board and their	2/21/2018 2:59 PM
1284	As a post-doc respecialization student, all 3,000+ hours of my SPE were as a post-doc fellow, which was fine with me. BOP did not recognize post-doc internship at the time, and that was appropriate in my case.	2/21/2018 2:59 PM
1285	May loose the creativity and flexibility fo having different choices	2/21/2018 2:59 PM
1286	None	2/21/2018 2:58 PM
1287	Unnecessary for APA (or equally rigorously reviewed) accredited programs	2/21/2018 2:58 PM
1288	some clerical tracking costs	2/21/2018 2:58 PM
1289	Because trainees require supervised experience at all levels of training, not just for hours toward licensure, my concern would be that the time limit that some one can be a psychological assistant may not be long enough to cover all levels of training. Most programs start clinical training early on and the average number of years to complete a doctoral program in psychology is 7. I'd suggest expanding the number of years someone can be a psychological assistant to 10 years if this proposal is accepted. Also many trainees work as psychological assistants after they obtain their master's degree, but prior to being accepted into a doctoral program. they would also be at a disadvantage with the current time line for psychological assistants.	2/21/2018 2:58 PM
1290	It seems like an additional hoop to jump through, especially for formal/accredited placements, and even academic/governmental placements since they are geared more towards a teaching model.	2/21/2018 2:58 PM
1291	Extra paperwork	2/21/2018 2:57 PM
1292	None; excellent plan	2/21/2018 2:57 PM
1293	All explained above	2/21/2018 2:57 PM
1294	The time it takes to register and be approved has always been a problem, this adds extra cost for the training site. I don't see the point to doing this at all	2/21/2018 2:57 PM
1295	Sorry, I stuck that in under #6.	2/21/2018 2:57 PM
1296	May make it more difficult for trainees to be placed due to the higher standard supervisors are looking for	2/21/2018 2:57 PM
1297	I am concerned about the costs to trainees who may have quite limited incomes. Also, from a logistically standpoint when would they register? Once they were accepted into a postdoctoral position, would training programs need to verify in some way?	2/21/2018 2:56 PM
1298	see #6 above	2/21/2018 2:55 PM
1299	This seems like an unnecessary expense and burden for people completing a formal pre or post-doc placement. It seems ridiculous to me to require people to register as a PA when they are completing an APA accredited or APPIC member pre or post-doc. Those sites already jump through a remarkable number of hoops to verify that the training provided is meeting standards. I cannot see how this would do anything but slow down the process, make young psychologists even less competitive with other licensed mental health professionals, and just be an extra layer of bureaucracy.	2/21/2018 2:55 PM
1300	More work for little benefit	2/21/2018 2:55 PM
1301	It will require all those currently getting their hours NOT as a psych ass't to now register as a psych ass't (in addition to all the work they did to get an exempt position or formal internship), plus the financial hit of having to pay for something that is now not needed. In addition, it "demotes"registered psychologists to being "the same" as psychological assistants. Plus, for those coming from out of state to fill exempt or intern positions, it places an increased time and financial burden on them.	2/21/2018 2:55 PM
1302	People now exempt will have to go through the registration process.	2/21/2018 2:54 PM

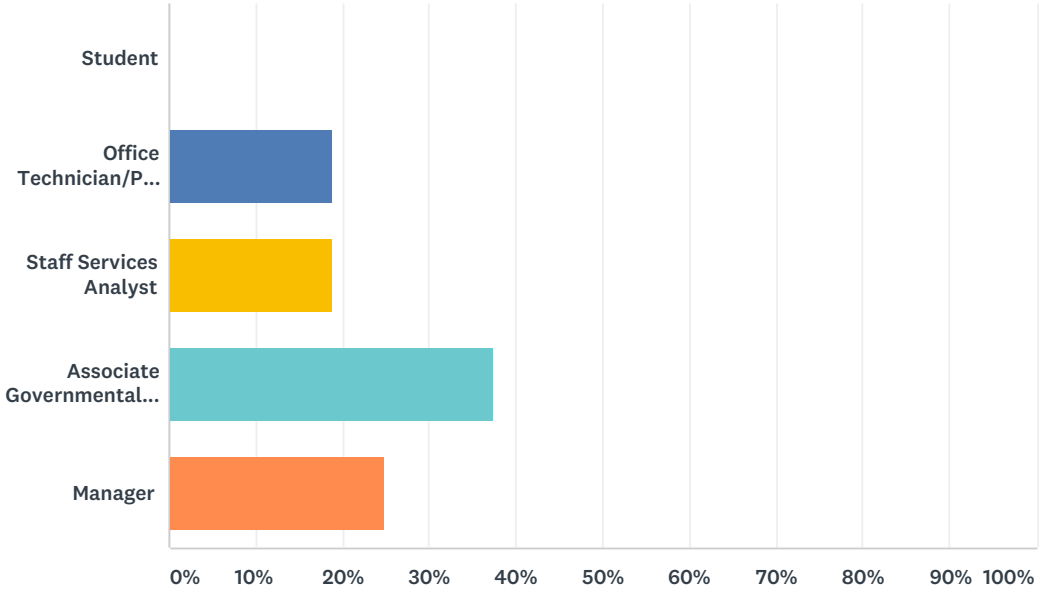
1303	Without seeing specifics it's hard to say, but if formal internship placements, registered psychology status, and other options were removed from practioners as a way of accruing experience it would make it much more difficult for a diverse group of people (who would be practicing in these diverse settings) to become psychologists.	2/21/2018 2:54 PM
1304	See above. It depends on whether it makes changes in the setting and requirements. If it is just a matter of "registration" I do not see a problem, and it could reduce confusion.	2/21/2018 2:54 PM
1305	I was lucky to be a salaried registered psychologist. Colleagues who were Psych assistant struggled to find placements, were often struggling to get enough clients, and barely made any money. So unless this category is broadened from what it was a couple of decades ago, all I see is disadvantages.	2/21/2018 2:54 PM
1306	Yet another hoop for APA-accredited programs to have to handle each year.	2/21/2018 2:53 PM
1307	unneeded addition of regulations, undermines existing models	2/21/2018 2:53 PM
1308	Makes it more difficult with little rationale	2/21/2018 2:53 PM
1309	Extra burden on BOP to have close oversight of training sites and supervisors to ensure that this change actually helps increase quality of training and readiness for professional practice.	2/21/2018 2:53 PM
1310	Multiple.	2/21/2018 2:53 PM
1311	Out of state supervised experience may not count no matter if they come from APA approved placements or not. And just calling unlicensed psychologists psychological assistants does nothing to improve quality of training future psychologists.	2/21/2018 2:52 PM
1312	None	2/21/2018 2:51 PM
1313	Requires one-time, but significant changes to how sites onboard interns	2/21/2018 2:51 PM
1314	Being able to choose a variable path toward accruing hours was very helpful to me. Does this mean internship and postdoctoral training sites would just change everyone's title? I'm not certain I understand the impact this change will have on the person accruing hours, which was not taken into consideration in any of these questions.	2/21/2018 2:51 PM
1315	Decreased ability to recruit and retain; significant limitation to serving the mentally ill prisoner population. Disruption to continuity of care.	2/21/2018 2:50 PM
1316	More regulations and requirements	2/21/2018 2:50 PM
1317	There may be less areas to gain approved supervisory experience	2/21/2018 2:50 PM
1318	Making sure ther are enough psychologists in any given arena to meet the demand	2/21/2018 2:50 PM
1319	more bureaucracy for little benefit	2/21/2018 2:50 PM
1320	1. The BOP process for registering as PA could get overworked and delay strict timelines. 2. Increased competition among an already oversaturated market for pre- and post-doctoral supervised experience. 3. Delays in accruing SPE that meets these new regulations, resulting in increased loan debt.	2/21/2018 2:50 PM
1321	No disadvantages	2/21/2018 2:50 PM
1322	This proposal seems like a scheme to receive more money and oversight from the Board from trainees that have little funds available. I also don't see how this would offer the common goals it proposes. The variance in the training models and practices would remain. I also believe that there is oversight from APPIC and CAPIC that addresses the process for placements and trainees in those settings. Singular pathway to licensure would also negatively impact those from out of state placements and exempt settings.	2/21/2018 2:50 PM
1323	I'm sure it will cost more money for those registering.	2/21/2018 2:49 PM
1324	Possibly make entrance into the field more difficult, thus decreasing number of providers	2/21/2018 2:49 PM
1325	The label appears to diminish the work and education of the intern; it does not raise the statured of the intern who has been educated for many years in the eyes of the public; it does not adequately reflect the training and education thus far.	2/21/2018 2:49 PM

1326	This has the potential to significantly limit access to care for patients who may otherwise not receive psychological services.	2/21/2018 2:49 PM
1327	Some supervisors may not be willing to take on a psychological assistant, thereby reducing both available supervisors and negatively impact availability of care.	2/21/2018 2:49 PM
1328	None.	2/21/2018 2:48 PM
1329	Financial hardship on the part of the trainee and the programs. Lack of access due to stringent requirement	2/21/2018 2:48 PM
1330	I believe that for community mental health settings, it will complicate the process and may deter CMH agencies from hiring doctoral trainees.	2/21/2018 2:48 PM
1331	How will this affect CMH settings that typically employ people as Registered Psychologists? Will this make it more likely a trainee will need to pursue a postdoctoral fellowship. The latter tends to pay terribly and can create great distress for trainees who are juggling loan repayment and high cost of living while also completing additional state licensure requirements (EPPP, EPPP Step 2, CEU's). I wonder if this will create additional barriers for nontraditional students to overcome to achieve licensure.	2/21/2018 2:48 PM
1332	This would be a paperwork and time-resource burden for exempt and similar settings at which trainees do not need to register.	2/21/2018 2:48 PM
1333	I don't see any disadvantages.	2/21/2018 2:48 PM
1334	I am unsure how it would work for the many people who do not complete this full experience in CA. I am also unclear how internship experience would factor into this proposal and what settings and supervisors would be allowed in this case. It does not seem to solve an important issue as I understand it currently.	2/21/2018 2:48 PM
1335	The process of applying to be a psychological assistant might hamper expediency, especially in settings where one rotates through various hospitals.	2/21/2018 2:48 PM
1336	Financial impact on trainees and potentially increasing the time it takes to get licensed.	2/21/2018 2:47 PM
1337	More regulation and administrative burden	2/21/2018 2:47 PM
1338	Monetary fees involved and how it may impact trainees that are often under compensated for time.	2/21/2018 2:47 PM
1339	More paperwork.	2/21/2018 2:47 PM
1340	Would create an initial crisis for those agencies that use recent graduates to service their patients. Would hopefully result in better training.	2/21/2018 2:47 PM
1341	More time and paperwork	2/21/2018 2:46 PM
1342	I am not sure.	2/21/2018 2:46 PM
1343	Only if you restrict trainees to venues that were former sites where we could accrue hours.	2/21/2018 2:46 PM
1344	This would hinder prospective applicants through additional costs, wait times for responses to ensure proper status prior to accruing hours and would be extremely confusing for people who have trained outside of the state.	2/21/2018 2:46 PM
1345	It could delay start dates depending on requirements in the application process.	2/21/2018 2:46 PM
1346	Increased delay in getting trainees registered, particularly as the CA BOP seems overtaxed already.	2/21/2018 2:46 PM
1347	I'm not sure I understand it fully to I'd disadvantages.	2/21/2018 2:46 PM
1348	It honesty feels like another hoop to go through. It's already a frustrating process and the requirements often lack clarity especially for out-of-state trainees who are attempting to move in-state.	2/21/2018 2:45 PM
1349	Psychological Assistant is very specific, and may not be appropriate or possible for all trainees.	2/21/2018 2:45 PM
1350	Psychologist can only supervise 3 assistants -- # would need to be expanded	2/21/2018 2:45 PM

1351	Some settings may not be able to adjust to the new guidelines and would lose access to trainees.	2/21/2018 2:45 PM
1352	May limit options	2/21/2018 2:45 PM
1353	Difficulty finding enough licensed supervisors willing to meet supervision protocols.	2/21/2018 2:45 PM
1354	Potential to complicate an already cumbersome system.	2/21/2018 2:44 PM
1355	Unsure	2/21/2018 2:44 PM
1356	None	2/21/2018 2:44 PM
1357	Time intensive, potentially restricting, confusing when considering out of state trainees. Costly.	2/21/2018 2:44 PM
1358	It is a cumbersome process to become a psychological assistant with many ever changing steps. Also, when hours are completed there are unnecessary steps to submitting final hours and paperwork. A more streamlined approach would be beneficial.	2/21/2018 2:44 PM
1359	it will require excellent organizational skills on the part of whomever is collecting, recording or issuing hours.	2/21/2018 2:44 PM
1360	might make access to opportunities a little tougher, but I still think it is a worthwhile proposal.	2/21/2018 2:44 PM
1361	Reduced options for trainees to acquire hours. It is already an incredibly arduous and difficult experience to get to licensure. Reducing routes for hours to be accrued seems pointless. Particularly since registered psychologist positions tend to have more training than psych assistants. It's unclear to me why the BOP thinks this would be an improvement.	2/21/2018 2:44 PM
1362	As stated above, I'm having a difficult time understanding the advantages. People obtain their hours through a multitude of different opportunities. part of the reason why I worked where I did was because I didn't have to wait the long and lengthy process to become a psych assistant to begin accumulating my hours.	2/21/2018 2:44 PM
1363	An adjustment period for staff and other professionals and clients to understand the changes	2/21/2018 2:43 PM
1364	lack of good, available positions for trainees	2/21/2018 2:43 PM
1365	Money and availability	2/21/2018 2:42 PM
1366	More paperwork for exempt settings, money to have more people check more paperwork.	2/21/2018 2:40 PM
1367	How can I answer this question if the explanation of how this chance would affect us and consumers is not given? From what I understand students will continue to accrue hours in the same different settings but the only thing that would change is applying as a psych assistant? Not sure if it will change much just the paperwork process.	2/21/2018 2:23 PM

Q1 What is your classification?

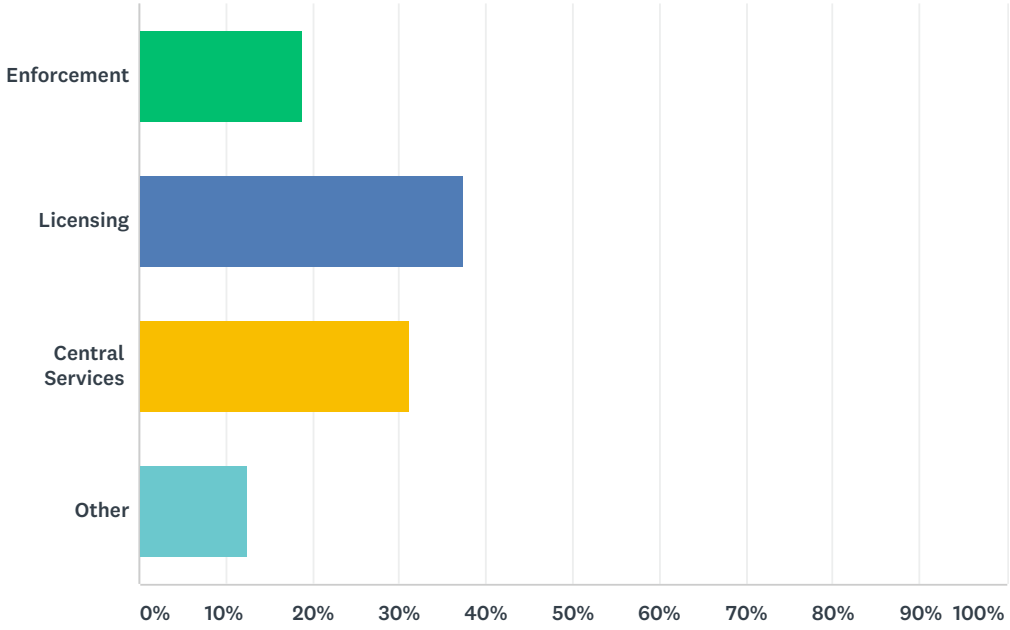
Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Student	0.00%	0
Office Technician/Program Technician	18.75%	3
Staff Services Analyst	18.75%	3
Associate Governmental Program Analyst	37.50%	6
Manager	25.00%	4
TOTAL		16

Q2 What unit do you work in?

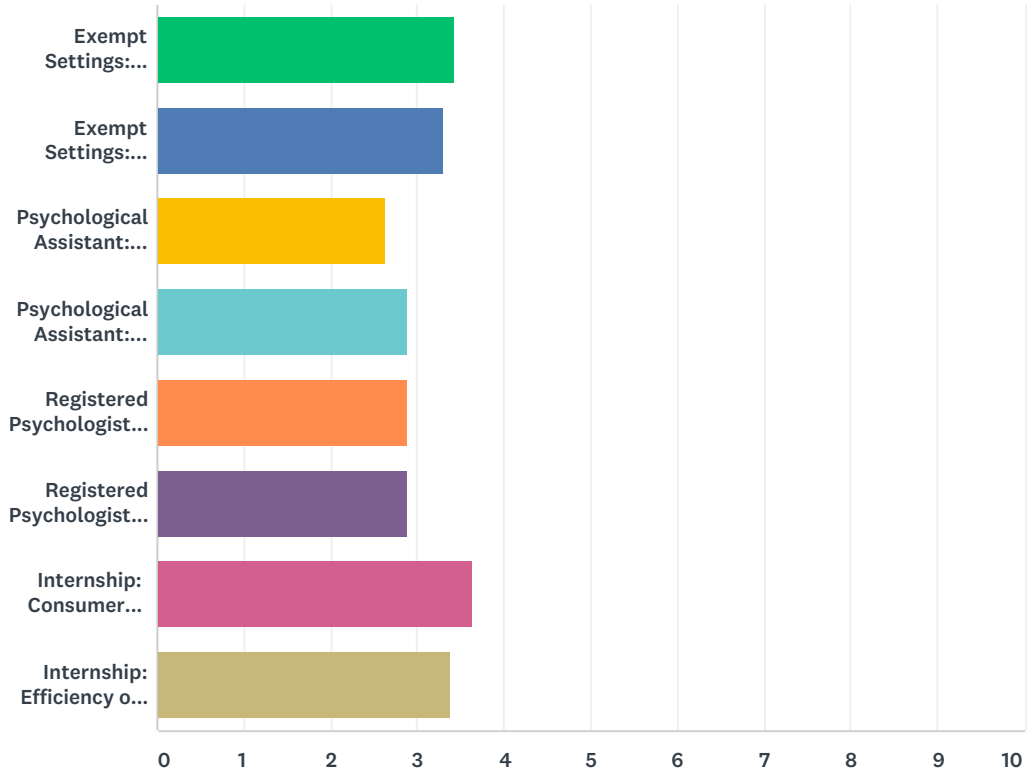
Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Enforcement	18.75%	3
Licensing	37.50%	6
Central Services	31.25%	5
Other	12.50%	2
TOTAL		16

Q3 On a scale from 1-4 (1 being no impact, 4 being major impact) what kind of impact would standardization of the training categories have on the following settings?

Answered: 16 Skipped: 0



	NO IMPACT	LITTLE IMPACT	SOME IMPACT	MAJOR IMPACT	TOTAL	WEIGHTED AVERAGE
Exempt Settings: Consumer Protection	0.00% 0	6.25% 1	43.75% 7	50.00% 8	16	3.44
Exempt Settings: Efficiency of Processing	6.25% 1	12.50% 2	25.00% 4	56.25% 9	16	3.31
Psychological Assistant: Consumer Protection	25.00% 4	18.75% 3	25.00% 4	31.25% 5	16	2.63
Psychological Assistant: Efficiency of Processing	18.75% 3	25.00% 4	6.25% 1	50.00% 8	16	2.88
Registered Psychologist: Consumer Protection	18.75% 3	6.25% 1	43.75% 7	31.25% 5	16	2.88
Registered Psychologist: Efficiency of Processing	12.50% 2	25.00% 4	25.00% 4	37.50% 6	16	2.88
Internship: Consumer Protection	0.00% 0	6.25% 1	25.00% 4	68.75% 11	16	3.63
Internship: Efficiency of Processing	6.25% 1	12.50% 2	18.75% 3	62.50% 10	16	3.38

Q4 What are the advantages to this proposal (answer this question from the perspective of a staff member) as to each setting?

Answered: 16 Skipped: 0

#	RESPONSES	DATE
1	This proposal brings consistency in the statutory and regulatory requirements for those accruing hours and allowed to practice under supervision. It also helps provide better statistics and projections regarding the future PSY applicant pool and licensee population. Technically, if these were better tracked, it would also help us discern differences in training settings and if this were having an impact of exam failure and potentially discipline if it were more prevalent in different supervised settings (ie. showing that these settings were not providing adequate supervision).	3/7/2018 11:13 AM
2	Standardization of training categories will create a clear expectation for individuals accruing SPE and will enhance consumer protection by requiring individuals to be under the jurisdiction of the Board.	3/7/2018 10:16 AM
3	Enhance consumer protection	3/7/2018 10:06 AM
4	I see how the goal is aimed to help standardize the process; however, the reality as I see that these settings seem to be working just fine. The main reason for the denial of hours is the supervision agreement itself. Wether they don't have it which is rare, or simply based upon clerical errors for simply forgetting to sign or date it. It has nothing to do with the actual level of competency the settings provide which I believe is quite good.	3/7/2018 10:03 AM
5	There would be more oversight to individuals accruing SPE, so the ones whom we did not have jurisdiction over before would now fall under our jurisdiction and we would have more complaints that could be pursued.	3/7/2018 9:39 AM
6	Less confusion for applicants and staff	3/7/2018 9:30 AM
7	none	3/7/2018 9:29 AM
8	Accountability for all trainees regardless of setting.	2/28/2018 9:11 AM
9	This will streamline the process. This will allow the Board to monitor all applicants who are in the process of accruing hours and those who are trying to achieve licensure.	2/26/2018 11:36 AM
10	For each setting, consumers will know that the individual is registered and consumer protections are in place. Since it would be a single pathway, the application process would be streamlined.	2/24/2018 3:33 PM
11	Having one answer to "How do I earn SPE?" no matter what the setting or how little information the trainee provides. All primary supervisors are vetted by the BOP. Not having to approve SPE until application for licensure is submitted.	2/21/2018 2:40 PM
12	More able to ensure consumer protection have jurisdiction via the registration to investigate any complaints and discipline where needed.	2/21/2018 1:40 PM
13	ability to have a streamlined process where it could be easier to regulate. Processing times could possibly be quicker and/or easier for the analyst since there is one type of registration.	2/21/2018 1:22 PM
14	More regulation and control. Better consumer protection	2/21/2018 1:15 PM
15	The distinct advantage would be that there everyone earning hours would be on BOP's 'radar'. We would have jurisdiction over all aspects of the practice of psychology.	2/21/2018 1:07 PM
16	Streamline the licensure process.	2/21/2018 12:59 PM

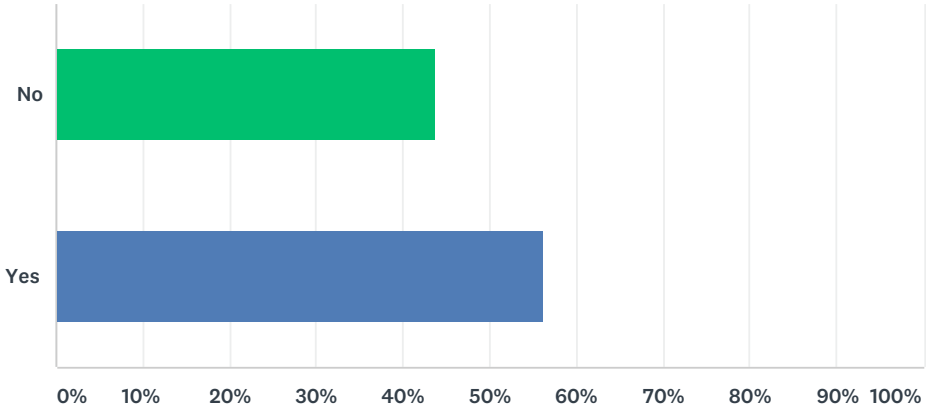
Q5 What are the disadvantages to this proposal (answer this question from the perspective of a staff member) as to each setting?

Answered: 15 Skipped: 1

#	RESPONSES	DATE
1	From a staff prospective, this will be an increased workload for applications and renewals. Additionally, criteria for application approval would need to be reviewed to ensure that it adequately covers the new settings.	3/7/2018 11:13 AM
2	May create a delay in trainees being able to begin work due to having to wait for registration approval that was not required previously in certain training categories (internships, exempt settings).	3/7/2018 10:16 AM
3	Workload increase: e.g., regulatory changes, implementation plans	3/7/2018 10:06 AM
4	Question 4 answers both	3/7/2018 10:03 AM
5	Our workload of complaints would increase quite a bit. Unless we get more Enforcement staff to handle these complaints, our workload would be unmanageable.	3/7/2018 9:39 AM
6	More work for me.	3/7/2018 9:29 AM
7	Need more licensing and enforcement staff since there will be an increase in applications and complaints.	2/28/2018 9:11 AM
8	This can potentially create a big workload for licensing staff. This will affect applicants who are currently in exempt settings that currently do not require to apply to the Board. How will this affect them when they have been in State, County or Federal for years and now they have to apply to become a psychological assistant	2/26/2018 11:36 AM
9	Denying hours or notifying individuals that there are less pathways to licensure.	2/24/2018 3:33 PM
10	Increased number of psychological assistant applications and renewals to process. Initially having irate calls and emails about registration being required for exempt, internship and DMH waiver settings when it wasn't required before.	2/21/2018 2:40 PM
11	Will need to increase staff in each unit.	2/21/2018 1:40 PM
12	processing time could be negatively impacted if now everyone has to get registered, rules and regulations will need to be created (the application process would have to be re-evaluated).	2/21/2018 1:22 PM
13	Longer processing times A need for a very large increase in staff and potentially having to move buildings.	2/21/2018 1:15 PM
14	BOP may need additional staff to process the increased inflow of PSB applications. Facilities and educational institutions would need to be monitored for compliance, which may call for additional Enforcement staff.	2/21/2018 1:07 PM
15	Implementing the changes.	2/21/2018 12:59 PM

Q6 Will this proposal have an adverse impact on your workload based on your current duties? Yes or No. If yes, please explain.

Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
No	43.75%	7
Yes	56.25%	9
TOTAL		16

#	IF YES, PLEASE EXPLAIN:	DATE
1	My team would do the work to pass the legislation required and my technician is in charge of Renewals and that would have a large increase in renewals that is not manageable with the current amount of staff	3/7/2018 11:13 AM
2	It will create a massive influx of PSB applications	3/7/2018 10:03 AM
3	More complaints to investigate and handle.	3/7/2018 9:39 AM
4	I think it will streamline it all and make it easier	3/7/2018 9:30 AM
5	More work for me as the low hanging fruit.	3/7/2018 9:29 AM
6	Possible BreEZe enhancements, extension requests	2/28/2018 9:11 AM
7	Initially increased calls & emails about the change. Possibly an increase in the number of cancellations to process. Also an increase in the number of callers checking the status of their PSB application.	2/21/2018 2:40 PM
8	If more individuals are disciplined I will have more individuals to monitor.	2/21/2018 1:40 PM
9	Workload would massively increase	2/21/2018 1:15 PM

Licensee A

02/21/2018

Jacqueline Horn, PhD, Chair
Licensing Committee
Board of Psychology

Dear Dr. Horn,

At a recent meeting of the Licensing Committee, an item on the discussion was whether pre-doctoral interns and post-doctoral fellows in APPIC or CAPIC member internships or fellowships should have to apply for and register as psychological assistants. The discussion of board members which I viewed on YouTube following the meeting was that such since APPIC and CAPIC rules were strong, then registration would not be necessary.

My experience in an APPIC post-doctoral fellowship did not bear out that assumption. I was a post-doctoral fellow in the APPIC training program at [redacted] in 2016. I left after 3 months and became a psychological assistant at a different agency.

When I started at [redacted] I was handed the attached document at my orientation. It listed who would be the primary and secondary supervisor for myself as well as the other individuals in the fellowship program, which were all listed under "Post-Doctorates."

As you can see from the attached list, Supervisor 1 was assigned to provide primary supervision to myself and 2 other post-doctoral fellows. She was also the primary supervisor for 5 "Doctorates" who were part of Sovereign's CAPIC internship program. Therefore, she was the primary supervisor to these 8 supervisees as well as 2 practicum students and 1 other therapist.

Also listed on the attached sheet, Supervisor 3 was the primary supervisor at [redacted] to 2 CAPIC interns and 7 APPIC post-doctoral fellows.

After I left [redacted] and worked as a psychological assistant at another agency, my primary supervisor was the supervisor to myself and 2 other psychological assistants, in accordance with the Board's rules.

Unlike the rules written by the Board for Psychological Assistants, there are no rules in APPIC or CAPIC which limit the number of supervisees that a primary supervisor may provide supervision to. I believe that private agencies in Southern California are creating APPIC and CAPIC training programs in order to circumvent the Board's rules and hire more trainees than would be allowed if they were all psychological assistants.

In order to prevent this abuse of the APPIC and CAPIC system and restore the authority of the Board to regulate the profession and its training, the Board of Psychology should regulate interns/post-doctoral fellows in APPIC and CAPIC programs by requiring them to register as psychological assistants.

Thank you,

Dr. [redacted]
Psychologist (PSY [redacted])

Licensee A [redacted]

2016-2017 SUPERVISION LIST

	Practicum	Primary	Secondary
1	Trainee 1	Supervisor 1	----------
2	Trainee 2	Supervisor 2	----------
3	Trainee 3	Supervisor 2	----------
4	Trainee 4	Supervisor 1	----------
	Doctorates	**Primary**	**Secondary**
1	Trainee 1	Supervisor 1	Supervisor 3
2	Trainee 2	Supervisor 1	Supervisor 3
3	Trainee 3	Supervisor 2	Supervisor 1
4	Trainee 4	Supervisor 1	Supervisor 3
5	Trainee 5	Supervisor 1	Supervisor 3
6	Trainee 6	Supervisor 3	Supervisor 1
7	Trainee 7	Supervisor 1	Supervisor 3
8	Trainee 8	Supervisor 3	Supervisor 2
	Post-Doctorates	**Primary**	**Secondary**
1	Trainee 1	Supervisor 1	Supervisor 2
2	Trainee 2	Supervisor 1	Supervisor 3
3	Trainee 3	Supervisor 3	Supervisor 1
4	Trainee 4	Supervisor 3	Supervisor 1
5	Trainee 5	Supervisor 3	Supervisor 1
6	Trainee 6	Supervisor 2	----------
7	Trainee 7	Supervisor 3	Supervisor 1
8	Trainee 8	Supervisor 3	Supervisor 1
9	Trainee 9	Unassigned	Unassigned
10	Trainee 10	Supervisor 3	Supervisor 2
11	Trainee 11	Supervisor 1	Supervisor 3
12	Trainee 12	Supervisor 3	Supervisor 2
	MFT/PCCI/MSWs	**Primary**	**Secondary**
1	Trainee 1	Supervisor 3	----------
2	Trainee 2	Supervisor 2	----------
3	Trainee 3	Supervisor 4	----------
4	Trainee 4	Supervisor 4	----------
5	Trainee 5	Supervisor 1	----------
6	Trainee 6	Supervisor 4	----------
7	Trainee 7	Supervisor 4	----------
8	Trainee 8	Supervisor 2	----------

Revised 8/26/2016

From:	bopmail@DCA
To:	Cheung, Stephanie@DCA
Cc:	Lim, Natasha@DCA
Subject:	Board of Psychology - Standardization of Training Categories - Licensee Survey
Date:	Thursday, February 22, 2018 8:25:26 AM

From: [redacted]
Sent: Wednesday, February 21, 2018 4:13 PM
To: bopmail@DCA <bopmail@dca.ca.gov>
Subject: Re: Board of Psychology - Standardization of Training Categories - Licensee Survey

Dr. Jacqueline,

I don't have time for the survey. However, I am always in favor of activities that move things towards STANDARDIZATION.

When I started in psychology licensing was just beginning. I('ve moved several times and am licensed in four states, and it has been difficult each time . . .especially California where I was required to sit for an interview (1986). Fortunately that is gone.

But anything that moves the process to a standard procedure is welcome.

Cheers,

[redacted], Ph.D., Q.M.E.
Forensic Psychologist
Qualified Medical Evaluator
[redacted]
California License PSY [redacted]

On Wednesday, February 21, 2018 01:42:29 PM, Psychology Board <bopmail@DCA.CA.GOV> wrote:

Dear Licensee/Registrant:

At their January 22, 2018 meeting, the Board of Psychology's Licensing Committee discussed and considered a proposal relating to the standardization of trainee categories. The aim of the proposal would

be to enhance consumer protection and transparency by creating a single pathway to licensure that would standardize the process for trainees to gain experience towards licensure as a psychologist. The proposal would require all trainees to register as psychological assistants with the Board in order to accrue supervised professional experience.

Currently, an individual can gain supervised professional experience required for licensure in four (4) different ways:

- Apply to the Board and register as a psychological assistant;

- Apply to become a registered psychologist;

- Gain experience through an exempt setting, such as academic institutions or governmental organizations; or

- Gain experience through a formal doctoral internship/placement that is overseen by the American Psychological Association (APA), the Association of Psychology Postdoctoral and Internship Centers (APPIC), or the California Psychology Internship council (CAPIC).

Even though the common goal for these trainees in these different settings is to gain experience towards licensure as a psychologist, the requirements, oversight and processes can be varied.

The Committee is seeking licensees' feedback on the proposal and cordially invite you to complete this survey: https://www.surveymonkey.com/r/standardizationoftrainingcategories_licensees. The survey should take no more than 10 minutes to complete. The next Licensing Committee meeting is scheduled for April 24, 2018 in Sacramento and we welcome you to attend the meeting in person. This survey will close on Wednesday, March 7, 2018.

We thank you in advance and look forward to receiving your input on this proposal.

Sincerely,

JACQUELINE HORN, PhD, Chair
Licensing Committee
Board of Psychology

From: [redacted]
To: Lim, Natasha@DCA
Subject: RE: Board of Psychology - Standardization of Training Categories - Stakeholder Survey
Date: Wednesday, March 07, 2018 6:23:02 PM

I'm so sorry, Natasha – it has been beyond busy around here. I tried going on the site for the survey, but it said it was closed. I did speak with others in DMH leadership, and we were all in agreement that we thought it would be good to have consistency and standardization. The only concern we had was the current policy that psychologists could only have up to 3 psych assistants. Would this be changed to accommodate governmental agencies? And would the psych assistants be registered to the organization or individual supervisors?

Thanks!
[redacted]

[redacted] Psy.D.
Mental Health Clinical Chief
Los Angeles County Department of Mental Health
Service Area 3 Administration
[redacted]

From: Lim, Natasha@DCA [mailto:Natasha.Lim@dca.ca.gov]
Sent: Wednesday, February 21, 2018 1:33 PM
To: [redacted]
Subject: Board of Psychology - Standardization of Training Categories - Stakeholder Survey

Dear Stakeholder:

At their January 22, 2018 meeting, the Board of Psychology's Licensing Committee discussed and considered a proposal relating to the standardization of trainee categories. The aim of the proposal would be to enhance consumer protection and transparency by creating a single pathway to licensure that would standardize the process for trainees to gain experience towards licensure as a psychologist. The proposal would require all trainees to register as psychological assistants with the Board in order to accrue supervised professional experience.

Currently, an individual can gain supervised professional experience required for licensure in four (4) different ways:

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- Apply to become a registered psychologist;
- Gain experience through an exempt setting, such as academic institutions or governmental organizations; or
- Gain experience through a formal doctoral internship/placement that is overseen by the American Psychological Association (APA), the Association of Psychology Postdoctoral and Internship Centers (APPIC), or the California Psychology Internship council (CAPIC).

Even though the common goal for these trainees in these different settings is to gain experience towards licensure as a psychologist, the requirements, oversight and processes can be varied.

The Committee is seeking stakeholders' feedback on the proposal and cordially invite you to complete this survey: https://www.surveymonkey.com/r/standardizationoftraineecategories_stakeholder. The survey should take no more than 10 minutes to complete. The next Licensing Committee meeting is scheduled for April 24, 2018 in Sacramento and we welcome you to attend the meeting in person. This survey will close on **Wednesday, March 7, 2018**.

We thank you in advance and look forward to receiving your input on this proposal.

Sincerely,

JACQUELINE HORN, PhD, Chair
Licensing Committee
Board of Psychology

PSYCHOLOGICAL INTERNS AND TRAINEES WORKING AT THE CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION:

An Exempt Setting

Abstract

The California Department of Corrections & Rehabilitation (CDCR) offers high quality training and supervision to all of its pre-doctoral interns and post-doctoral trainees who provide treatment services to a diverse patient population within the Mental Health Delivery System (MHSDS). Practice experience in outpatient and inpatient settings provides a unique experience to individuals who are in the process of obtaining licensure, while the practical experience of maintaining individual caseloads, closely consulting with peers and licensed psychologists and participating in an interdisciplinary treatment team all help interns and trainees to acquire essential skills in clinical practice. CDCR is a large organization which is governed by an intricate network of laws, regulations, policies and procedures that have developed over time to ensure that the MHSDS can best achieve its goal of providing timely, cost-effective mental health services.

CONTENTS

PSYCHOLOGICAL INTERNS AND TRAINEES WORKING AT THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, AN EXEMPT SETTING

Purpose

The purpose of this paper is to provide an overview of the needs of psychological interns and trainees employed by the California Department of Corrections and Rehabilitation (CDCR) and how the "exempt setting" status supports the CDCR's regulatory processes, while providing enhanced transparency to the type of educational and professional mental health environment that is unique to working in the Mental Health Services Delivery System (MHSDS). Additionally, this paper explores some of the negative impacts associated with the Board of Psychology's proposal to standardize training categories, resulting in the elimination of the "exempt status" status and the conversion of all pre-licensed, psychological staff categories into the category of "psychological assistant."

Overview of Psychological Training at CDCR

The California Department of Corrections and Rehabilitation aspires to provide the highest level of training for our psychological pre-doctoral interns and post-doctoral trainees to prepare them for assuming a dynamic role as professional psychologists in a rapidly changing world of mental health care. The overriding mission of this statewide training program is to provide broad-based, clinical training in the areas of assessment, intervention, professional development, professional ethics and standards as well as multicultural issues. An emphasis is placed on providing direct patient care with a considerable amount of close supervision while in the process of obtaining a license as a psychologist in California. Interns and trainees are taught the necessary skills to be diagnosticians and clinicians with an emphasis on the development of new clinical skills, as well as the augmentation of existing skills, based on sound psychological principles and steeped in scientific inquiry. CDCR adheres to the core competencies and professional expectations of the American Psychological Association (APA) and is a continuing education sponsor for APA-accredited educational activities.

CDCR currently offers approximately 200 post-doctoral trainees and 28 pre-doctoral interns the opportunity of a unique learning and practice experience in a variety of clinical settings and with a highly diverse patient population. Post-doctoral trainees are found in many of the thirty-four facilities throughout the state, while pre-doctoral internship programs are located at nine different CDCR sites. CDCR internship programs are all APPIC-approved, and the CDCR internship programs are currently all in the process of application for APA accreditation.

The Mental Health Services Delivery System (MHSDS) is a model similar to many of the current service delivery models found in the community. Delivery of treatment services in MHSDS meets the high standards set by mental health experts today. All interns and trainees provide direct services to patients and are involved with the high standards, governing the identification and referral process of the mentally ill, diagnosis, treatment planning, monitoring, and quality of treatment modalities within the context of a service model based upon case management, an Interdisciplinary Treatment Team (IDTT),

and individual and group psychotherapy. This service model consists of professionals from various disciplines, who together, provide the basis for treating the core aspects of the patient's mental illness. All IDTT participants have access to consultation with various disciplines throughout their work days. Interns and trainees hone their communication skills while participating in case presentations of patients on their caseloads, treatment planning and monitoring, together with other IDTT members, and goal-setting for achieving the most effective treatment for each individual patient.

As a primary clinician, each intern and trainee carries his/her own patient caseload. Initial assessments and screenings are performed by the primary clinician, who then presents these findings to the IDTT, together with suggestions for treatment interventions and modalities. Treatment goals are also conceptualized by the primary clinician. The IDTT reviews cases during the scheduled meetings, utilizing the data that has been collected by the primary clinician. The team weighs various treatment options for each individual, and finalizes each treatment plan. Treatment and monitoring services are provided to any individual who has ***current*** symptoms and/or requires treatment for the current Diagnostic and Statistical Manual (DSM) diagnosed (may be provisional), serious mental disorders listed below:

- Schizophrenia
- Delusional Disorder
- Schizophreniform Disorder
- Schizoaffective Disorder
- Brief Psychotic Disorder
- Substance-Induced Psychotic Disorder (exclude intoxication and withdrawal)
- Psychotic Disorder due to a General Medical condition
- Psychotic Disorder
- Major Depressive Disorders
- Bipolar Disorders
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder and Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
- Exhibitionism
- "Medical Necessity," which may be provided as needed, when it is necessary to protect life and/or treat significant disability/dysfunction in an individual diagnosed with or suspected of having a mental disorder.

Depending upon the severity of symptoms and the degree of functional disability, each patient is placed by an interdisciplinary treatment team (IDTT) in one of the five levels of care provided for by the Mental Health Services Delivery System (MHSDS) Program Guide edition 2009. The levels of care found in the MHSDS are similar to those found in many community organizations. Final determinations of a patient's level of care are made by the IDTT. The levels of care are as follows:

1. **Correctional Clinical Case Manage System** (CCCMS): Outpatient program for patients whose symptoms are generally under control, or who are in partial remission as a result of treatment. This may include a response to symptoms that require only a brief intervention, such as a psychotherapy session or an adjustment in medications. When mentally disordered, these inmate-patients can function in the general population and do not require a clinically structured, therapeutic environment.

2. **Enhanced Outpatient Program** (EOP): Outpatient for patients whose functioning is lower than those patients in CCCMS, for example by:
    - An acute onset or significant decompensation of a serious mental disorder characterized by increased delusional thinking, hallucinatory experiences, marked changes in affect, and vegetative signs with definitive impairment of reality testing and/ or judgment; and/or
    - Inability to function in the General Population based upon an inability to program in work or educational assignments, or other correctional activities such as religious services, self-help programming, canteen, recreational activities, visiting, etc., as a consequence of a serious mental disorder, or
    - The presence of dysfunctional or disruptive social interaction, including withdrawal, bizarre or disruptive behavior, extreme argumentativeness, inability to respond to staff directions, provocative behavior toward others, inappropriate sexual behavior, etc., as a consequence of serious mental disorder, or
    - An impairment in the activities of daily living, including eating, grooming, personal hygiene, maintenance of housing area, and ambulation, as a consequence of serious mental disorder.

3. **Mental Health Crisis Bed (MHSDS) Placement:** inpatient treatment at the Acute level of care designed for patients in crisis or decompensated with a length of stay generally up to 10 days:
    - Marked impairment and dysfunction in most areas (ADLs, communication, social interaction, etc.)
    - Dangerousness to others as a consequence of a serious mental disorder, and/or dangerousness to self for any reason
    - These conditions usually indicate that this particular individual is highly impaired.

4. **Psychiatric Inpatient Programs (PIPs)** are available to patients requiring 24-hour inpatient care for treatment of mental health disorders. There are two Levels of Care within a PIP: Acute Psychiatric Program (APP) and Intermediate Care Facility (ICF).
   Acute Psychiatric Program: Patients who may benefit from treatment in an APP are generally either a danger to self or others for reasons of mental health decompensation, or otherwise exhibiting self-injurious behaviors requiring intense, inpatient treatment. Length of stay for Acute is generally 30-45 days though can be longer as clinically indicated.

   Intermediate Care Facility: A patient may be appropriate for admission to the ICF when experiencing active symptoms consistent with a serious mental disorder, which requires highly-structured, inpatient psychiatric care. Patients admitted to an ICF are generally

unable to function in an outpatient setting, and require longer-term stabilization based upon a comprehensive treatment program. The expected length of stay is up to 6 months but could be longer or shorter depending on clinical need.

5. **Department of State Hospital referrals:** An additional inpatient setting treatment option is available to patients, who meet the need for ICF, and whose clinical and custodial needs may best be met in one of the hospital facilities belonging to the Department of State Hospitals (DSH). CDCR has an agreement with this system, which allows specifically-identified patients to be referred to DSH, when indicated. The criteria for admission to DSH are similar to those for admission to a PIP at the ICF level of care.

The IDTT corresponding with that level of care then designs and finalizes an individualized treatment plan for each patient. Psychological trainees and interns, who all carry individual caseloads, may be assigned to any of the above level of care settings. A minimum of thirty to fifty percent of the total work week is spent in face-to-face clinical interventions and therapy activities. Trainees and interns are given increasing independence to provide these clinical services according to the developmental level they achieve during the course of their clinical practice at CDCR.

Training

Psychological trainees and interns receive extensive training in both didactic settings, as well as during clinical practice. Trainees and interns participate in multi-disciplinary classroom educational activities, as well as in webinars and on-the-job instruction, which may be individual or in group settings. Trainees and interns also have access to sharepoint sites, which contain extensive written resources for clinical practice. A sampling of CDCR's training resources can be found in a binder, which accompanies this paper. CDCR's training activities include a wide range of themes, most of which are focused on guiding interns and trainees on a path of improving their clinical skills, while strengthening their knowledge base. Examples of training themes include the following: Suicide assessment and safety planning, differential diagnosis of mental disorders (corresponding to use of the DSM-5 and its major tools), clinical case formulation and treatment planning, theoretical orientations in psychology and their associated treatment modalities, cultural issues in mental health treatment, diagnosis and management of developmental disabilities and neurocognitive disorders of the elderly, practice in individual therapy and group treatment techniques, and many other areas of interest for pre-licensed staff, as well as licensed psychologists. CDCR emphasizes the principle of life-long learning, a primary goal set forth by the APA.

In addition to the numerous didactic training activities, CDCR psychologists have direct, ongoing access to other peers and professionals from neighboring disciplines. IDTT meetings are generally scheduled weekly. Trainees and interns prepare their cases for case consultation and the decision-making process that occurs within these meetings or they provide oversight of these processes. Consultation with peers and licensed psychologists is made available to trainees and interns. Collaboration with professionals in other disciplines

is available on an ongoing basis both with members of the IDTT and other mental health and other professionals within CDCR. Trainees and interns frequently collaborate on many difficult issues regarding the diagnosis and treatment of the seriously mentally ill in various areas of correctional mental health. Training aims to generate the skills necessary to play an instrumental role in decision-making processes involving crisis intervention and suicide prevention. These activities require a high level of clinical acumen and a broad variety of professional skills. Collaboration with other professionals is a core concept at CDCR. Ongoing training is provided to all licensed psychologists, trainees, and interns employed by CDCR, to ensure a high level of clinical competency within our organization. It is essential that learning and experience meet both the needs of the individual psychologist as well as those of our organization. Working with mental health professionals in other disciplines has proved both stimulating and enriching for both pre-licensed and licensed individuals. It is also notable that feedback collected from clinical supervisors (licensed psychologists) reflects high regard for the work with supervisees, who bring "fresh ideas" and high levels of desire to learn new principles and techniques while working in their mental health programs.

Each trainee or intern also receives extensive training on the usage of the Electronic Health Record, which uses the Cerner(R) computer system, specifically PowerChart(R). The PowerChart is used to access the patient's electronic medical record. It streamlines the workflow process into one desktop application, and provides the user with state-of-the-art tools for effective mental health practice. Among the most widely-used tools, PowerChart offers facilities for assessment and intake, providing immediate access to historical patient data, assessment outcome measures, differential diagnosis (including access to the DSM-5), tools for initial and ongoing evaluation of suicide risk and self-harm, mental status examination, treatment planning and symptom progression monitoring, and tools that help the clinician in making recommendations regarding changes in level of care, treatment interventions and modalities, and crisis management. Trainees and interns have access to specialized consultation and instruction with psychologists who are designated as "Super-Users," in addition to their clinical supervisors and other staff. Trainees and interns who have received this extensive training and practice in the use of the PowerChart(R) receive experience in cutting-edge, modern psychological practice, which is invaluable for future clinical practice as a psychologist.

Pre-doctoral interns

CDCR internship programs are all approved by the Association of Psychology Postdoctoral and Internship Centers (APPIC). The sites are divided geographical regions (consortia), which are currently all in the process of applying for APA accreditation. All CDCR institutional internship programs offer intensive training programs, providing interns with a broad range of experiences. All internships are for a duration of 12 months or for a minimum 1,500 hours. An Individual Learning Plan or ILP, building upon prior classroom and experiential education, is established for each intern during the initial weeks of participation in the internship program. Internships increase in depth and complexity as the program year progresses. The intern is expected to increase his/her level of independence in clinical

activities through regular individual and group supervisions. CDCR provides a wide range of training opportunities and excellent supervision within its member agencies. Institutional staff working in tandem with the statewide CDCR organization, support interns to attain the competencies that are foundational to professional development.

Interns attend weekly, two-hour didactic sessions onsite and collectively with interns from other sites at least quarterly. Interns also participate in interdisciplinary team educational meetings, at least 2 hours of psychological assessment instruction (either locally or via webinar), and 2-hour monthly scholarly seminars conducted by professional staff. All materials are standardized and available to training directors, training coordinators, supervisors, and other training staff on the internship sharepoint. (Please see syllabus for basic course descriptions, found in printed materials. Note: These materials were approved by APPIC).

Each intern completes the following core assignments listed below while completing two clinical rotations. Since the missions of individual site agencies are varied, each site agency has an institutional rotation plan, allowing for a minimum of 2 different rotations during the 12-month internship. Examples for rotation plans may include but not be limited to any of the following:

- Work experience obtained by working with patients in different levels of care (may include two outpatient programs, or a combination of an outpatient program with an inpatient program).
- Work experience in programs treating mental disorders, combined with programs that include patients who also have a developmental or neuro-cognitive disability in addition to a mental disorder.
- Work experience in special patient populations in restricted settings (administrative segregation, Psychiatric Service Units, etc.) combined with a rotation performed in a non-restricted (“mainline”) setting.
- Reception Center settings combined with non-reception center areas.
- A clinical intervention rotation followed by a primary assessment rotation.

At the end of the internship year, interns are expected to have developed competencies in the following areas, which are adapted from the APA Benchmark Competencies (2012):

- Clinical interventions/therapy
- Group therapy
- Psychological assessment and diagnosis
- Multicultural awareness/cultural responsiveness
- Ethics and stands of practice
- Consultation and team skills
- Basic skills for practice in a correctional setting

Post-doctoral trainees

Knowledge-based training programs for post-doctoral trainees builds upon knowledge that was acquired in their graduate programs and in previous work experience settings, and includes the following:

- Psychological theories and research
- Principles, techniques, and problems in developing and coordinating a clinical psychological treatment program
- Principles, techniques, and trends in psychology with particular reference to normal and disordered behavior, human development motivation, personality learning, individual differences, adaptation, and social interaction
- Methods of assessment and modification of human behavior
- Characteristics and social aspects of mental disorders and cognitive impairment
- Cultivation and reinforcement of specialized areas of interest
- Research methodology, program evaluation, institutional and social processes, and group dynamics
- Functions of psychologists in various mental health services
- Current trends in the field of mental health
- Professional training
- Community organization and allied professional services

Hands-on training experience, on the other hand, aims to guide trainees in the acquisition of and reinforcement of professional skills and abilities to do the following:

- Plan, organize, and work in a specialized clinical psychological treatment program involving members of other treatment disciplines
- Provide professional consultation
- Teach and participate in professional training (according to the developmental stage of the individual trainee). Recognize situations requiring the creative application of technical skills
- Develop and evaluate creative approaches to the assessment, treatment, and rehabilitation of mental disorders
- Application of specialized clinical knowledge and skills in the treatment of patients, both in individual, as well as in group therapy settings
- Conduct assessment and psychological treatment procedures
- Analyze situations accurately and respond appropriately
- Communicate effectively

Application, Selection and Hiring of Interns and Trainees

The California Department of Corrections and Rehabilitation hires both pre-doctoral interns and post-doctoral trainees from large candidate pools. Because all CDCR internship programs are APPIC approved, pre-doctoral interns are selected both through the “match process” (see below), conducted by the National Match Services and the CDCR hiring process. The hiring of post-doctoral trainees, on the other hand, are hired on with procedures associated with state

civil service, except for those post-doctoral trainees working at the Psychiatric Inpatient Program of the California Medical Facility, which provides a specialized, APA post-doctoral program for a select group of post-doctoral individuals. In this case, both APA and CDCR procedures are applied. However, the California Penal Code, Section 5068.5 limits the duration of employment of unlicensed psychological staff. Additional limitations to types of activities performed by interns and trainees are also described in this section.

Employment waiver for hiring pre-licensed psychological staff

According to Section 5068.5 of the California Penal Code, a waiver allowing the employment of pre-doctoral interns and post-doctoral trainees may be granted pursuant to Section 1277 of the Health and Safety Code. Pursuant to this sub-section, the waiver shall be granted "only to the extent necessary to qualify for licensure." Therefore, interns and trainees who have not yet accrued the required 3,000 hours of supervised professional experience (SPE), must begin accruing SPE as soon as they are hired, which is only possible when the trainee is providing treatment. If a trainee, who has not yet accrued his/her 3,000 hours of supervised profession experience (SPE) is not able to see patients in treatment, he/she would not be considered to be in a process "necessary to qualify for licensure." In such cases, CDCR may be obligated to non-punitively terminate the employment of such individuals

Application process for pre-doctoral interns

Prospective interns must have completed all required course work, supervised practicum experiences and be in good standing with their psychology training program. Additionally, prospective candidates must have:

- 250 hours of assessment experience.
- 800 hours of direct client service gained through a practicum experience in settings appropriate for a doctoral level psychology intern.
- Acquired practicum experience at two independent sites.

Interns from both Ph.D.and Psy.D. programs are encouraged to apply. To be considered for match, each applicant is required to submit a completed application through the APPIC applicant portal (http://www.appic.org/AAPI-APPA#APP). The completed APPI on-line application must include:

- A current curriculum vitae;
- Official graduate program transcripts;
- Three letters of recommendation from professionals familiar with the interns' clinical skills;
- A certification of readiness from the applicant's training director and a completed work sample (a de-identified psychological testing report)

In addition to the APPIC process, applicants must also submit an application to CDCR through the regular, civil service employee application process. Instructions for application can be found on line. Note: To qualify for consideration for an internship the candidate must pass an

examination based upon professional knowledge and experience. All candidates who pass the examination will be ranked according to their scores. In addition, competitors must possess essential personal qualifications, including integrity, initiative, dependability, good judgment, ability to work cooperatively with others, and a state of health consistent with the ability to perform the assigned duties.

Upon receipt of an application, the consortium central office reviews all materials. If an application is deemed incomplete, the central office contacts the prospective intern, providing him/her with an opportunity to submit complete documentation within a given timeframe. An applicant who has submitted a complete packet, and who meets eligibility requirements, may advance to the second stage of the review process, which consists of a review by the site Training Coordinator for consideration for an interview.

Note: all CDCR internship programs are dedicated to providing equal educational opportunities to persons of any age, ethnic background, gender, religion, and sexual orientation.

Pre-doctoral intern selection process

The intern selection process begins with an evaluation of the candidate's application packet by the Training Coordinator(s) of the institutional training site or sites to which the intern has applied. Through this process, the institutional Training Coordinator(s) rates each application based upon criteria including:

- Information contained in the application packet;
- The hours and type of assessment experience;
- The hours and type of direct client service experience;
- Breadth of experience in treating diverse populations;
- Breadth of experience in treating populations similar to those served by the institutional Training Program to which the applicant applies;
- Perceived level of interest in the institutional Training Program to which the applicant applies.
- Positive review from previous supervisors/instructors

Candidates who pass the initial evaluation will be invited to an in-person interview with the institutional Training Coordinator. Under special circumstances, a telephone interview may be permitted.

An additional rating is assigned to each candidate based upon completion of his/her interview. Each prospective intern will be assigned a "rank," reflective of the average of ratings from the initial evaluation and the interview. Institutional Training Coordinators follow the guidelines outlined in *"Interviewing Applicants with Disabilities for Doctoral and Postdoctoral Internship Positions,"* published by the Disability Issues Officer of the American Psychological Association, as well as departmental guidelines.

Once an intern is matched to an institutional site, he/she will be notified by the matching service. The intern will receive an official follow-up letter within two to three business days, and a phone call confirmation within 24 hours from the institutional Training Program agency with which he/she has been placed noting that the offer is contingent upon meeting all civil service requirements. Sites which do not match with potential interns during the match, will proceed to the

Phase II of the National Match.

The internship is a full-time, limited term, one-year program. Interns accrue approximately three to four weeks of leave time that can be used for illness, vacation and/or research. Commencement of the internship in August is contingent on passing a security clearance/background check, fingerprinting, drug testing, and TB test.

Post-doctoral trainee application process

To reiterate, according to Section 5068.5 of the California Penal Code, a waiver allowing the employment of post-doctoral trainees may be granted pursuant to Section 1277 of the Health and Safety Code. However, pursuant to this sub-section, the waiver shall be granted "only to the extent necessary to qualify for licensure." Therefore, post-doctoral trainees, who have not yet accrued the required 3,000 hours of supervised professional experience (SPE) must begin accruing SPE as soon as they are hired, which is only possible when the trainee is providing treatment.

To be eligible for consideration for employment at CDCR, the candidate must submit an application and Training and Experience Assessment (T&E), both of which are available on the internet. Note: Online instructions are available**.** After taking the T&E, the names of the successful candidates are merged onto the eligibility list in order of final scores. Note: List eligibility expires after 12 months. Hiring authorities at the various CDCR facilities review applications of the candidates listed, and select the most competent individuals for interviews. From the pool of candidates interviewed, the hiring authority at the facility then selects the intern or trainee, who best meets the requirements of the job. Generally speaking, at this point, a tentative offer is made, and a request is sent to the Statewide Credentialing Unit, which begins the process of credentialing. All interns and trainees must submit copies of their academic transcripts for review, along with the credentialing form. The Credentialing Unit determines whether the candidate has met the minimum qualification requirements for employment at CDCR, which include the academic requirements (during pre-licensure), background check, and drug testing. Additionally, references are reviewed. Only after having been credentialed can a final hiring offer be made. Note: Supervision Agreements may only be made after the final decision for hiring has been made and the individual has appeared at the facility to begin work.

Supervision

Individual Clinical Supervision
Providing supervision/training in the profession of psychology is a critical component of the CDCR experience offered to pre-licensed psychological staff. Supervision guides the interns' professional development and enhances their philosophy and practice. The selection of a primary supervisor generally takes place prior to the supervisee's arrival at CDCR, but after the interview and a review of the trainee's/intern's credentials. After a thorough discussion of the supervision requirements and conditions, the Supervision Agreement (provided by the Board of Psychology) is reviewed and signed by all stakeholders. This document is retained by each site. Supervision logs are kept by the supervisee.

Primary and delegated supervisors are selected by the program director (usually a senior psychologist supervisor) on the basis of the following:

- Specific treatment setting
- Specialized knowledge and skills of trainee or intern
- Developmental professional level of supervisee
- Compatibility with individual supervisor

Trainees and interns receive a minimum of two hours of regularly scheduled individual supervision per week. At least one of these supervisors is the primary. All supervisors are licensed psychologists and have completed the required 6 hour supervision course.

The primary supervisor monitors the supervisee's caseload, supports the development of clinical skills, promotes the supervisee's professional growth, and evaluates supervisee's progress through frequent and actionable feedback. When finalizing the Supervision Agreement between the primary supervisor and the trainee, specialized skills and needs of the supervisee are also identified, as well as the supervisee's goals and objectives. Note: the primary supervisor can change when any of the following transpires:

- The trainee's or intern's working setting changes for any reason (for example, when an intern begins a new rotation, or when a trainee or supervisor requests to be transferred to a new setting to have the opportunity of working with a different population and broadening his/her clinical skills set).
- When a primary supervisor retires
- When a primary supervisor is out on extended leave
- When the work setting of a primary supervisor changes
- Work schedule changes for the primary supervisor

Supervisors are ethically and legally responsible for the work and professional conduct of their intern-supervisees. Supervisors will uphold and model standards and practices consistent with the **Ethical Principles of Psychologists and Code of Conduct** of the American Psychological Association (2002). In addition, supervisors and their intern supervisees will abide by the

California Department of Corrections and Rehabilitation's applicable work rules, codes, and directives.

Following an orientation to supervision, each supervisor and intern will review the *Internship Supervision Agreement*. This form can be found as Attachment A of this manual. At this time, they will also complete the California Board of Psychology Supervision Agreement Form. Further, the booklet, "Professional Therapy Never Includes Sex" will be reviewed with each supervisor and the intern. Each will sign and date the forms.

Pre-doctoral interns

For pre-doctoral interns, the primary supervisor may remain the same throughout the internship year or may change depending on program structure and intern training needs. In the event the circumstances require a change in the primary supervisor, the intern and the new primary supervisor will review the intern's ILP, make any corrections/additions (if warranted), and sign and date the updated copy. Updated copies of the ILP will be retained by the agency and by the intern; the original will be placed in the intern's maintained central file. A change in primary supervisor also requires that a new BOP Supervisor Agreement form be completed, signed and dated prior to start and continuance of supervision.

Interns all work under the (California psychologist license) of their primary supervisors. All patients are informed in their Consent to Treatment form that the intern is unlicensed, and that his/her supervisor has access to all documentation. The primary supervisor is responsible for reading, approving and signing all clinical documentation that goes into the health record. In addition, the primary supervisor may request that notes be revised before entry into the health record. The primary supervisor works with the intern on these revisions, and approves all revisions with the supervisor's signature.

The delegated or secondary supervisor may remain consistent throughout the internship year, or may change if necessary. This will be decided by each institutional Training Coordinator in conjunction with the primary supervisor. The delegated supervisor may act in the primary supervisors' place during absences by the primary supervisor, or may be selected to supervise a specific activity (e.g. psychological assessment).

Group Supervision

Group supervision is an integral component of the training program at CDCR. Post-doctoral trainees and pre-doctoral interns are expected to spend a minimum two hours per week in group supervision. Interns are afforded the opportunity to discuss their client caseload, assessment cases and dialogue about such issues as the initial mental health evaluation, diagnostic issues, case conceptualization, treatment planning, transference/countertransference issues, appropriate boundaries, dual relationships, professional conduct, and legal and ethical considerations. Group supervision also assists students to develop skills associated with providing effective feedback to peers.

DISCUSSION

"Exempt Setting" Status

The California Department of Corrections and Rehabilitation (CDCR) currently belongs to the category of organizations, which, in regard to the employment, supervision and training of pre-doctoral interns and post-doctoral trainees, is referred to as an "exempt setting." CDCR provides a unique experience for growth and development of professional knowledge and skills to its interns and trainees. Pre-licensed staff members enjoy a high level of supervision, education and training, and collaboration with both psychologists and members of other disciplines while actively participating as a member of an Interdisciplinary Treatment Team (IDTT). They also have the opportunity to receive professional guidance and consultation from a range of licensed professionals at all times during their work hours. Interns and trainees all carry a patient caseload. They work in various inpatient and outpatient settings, according to the level of professional development, individual strengths and interests, as well as institutional need.

The Statewide Training Unit also provides a wide range of educational materials and activities, all of which reinforce and augment the on-the-job learning process. The acquisition of clinical knowledge and therapeutic and communicative skills are a high priority for all clinical staff members working at CDCR. Clinical practice takes place in the Mental Health Services Delivery System (MHSDS) at CDCR. This model provides a state-of-the art structure that that is aimed at delivering the highest possible quality of care to a wide range of highly diverse individuals. Interns and trainees provide services to their patients in accord with the policies and procedures set forth by the MHSDS Program Guide, 2009 edition and its sequelae. They also have access to the Electronic Health Record, a "Cerner" computer-based health record system that streamlines the workflow process into one desktop application, and provides the user with state-of-the-art tools for effective mental health practice, also providing a wide range of assessment tools, for which each user is carefully trained. A comprehensive and complex structure with many treatment options, CDCR's mental health services have been continuously modernized and adapted to meet the changing needs of its heterogeneous patient population.

CDCR policy lays out the specific relationship between the MHSDS and the public as follows: "the intent of the MHSDS is to advance the CDCR's mission to protect the public by providing timely, cost-effective mental health services that optimize the level of individual functioning of seriously mentally disordered inmates and parolees in the least restrictive environment…The MHSDS utilizes a variety of professional clinical, custody, and support staff to provide the best available quality of care to seriously mentally disordered inmates." Since its inception in 1994, the MHSDS has progressed in its goal of providing high quality care through the implementation of complex structures that are closely monitored.

The California Department of Corrections and Rehabilitation (CDCR) and its Mental Health Services Delivery System (MHSDS) are closely regulated by California statutes and regulations,

and by the Department's own policies and procedures, which, in turn, are closely monitored by a Federal court order, as well as existing statutes and regulations. Additionally, CDCR has continued to develop solutions, which reflect a high level of competence in Departmental regulation and the ability of the MHSDS to oversee its large number of inpatient and outpatient programs. In view of this multi-layered oversight, CDCR provides its interns and trainees with a secure and transparent work and educational structure for growing and developing through their clinical work with a complex patient population. CDCR's ability to provide its interns and trainees with a high-quality, clinical work environment is contingent upon preserving important structures and procedures in the MHSDS system. While changes are considered and implemented on an ongoing basis, it is essential that these modifications are compatible with existing conditions.

It appears that the Board's proposal to eliminate the "exempt setting" status would conflict with a number of existing structures, laws and regulations found at CDCR. Moreover, the current proposal would necessitate changes in the Penal Code (Section 5068.5), the Health and Safety Code (Section 1277), CDCR policy and procedures and other legal mandates, which would, in turn, lead to a de-stabilization of our Department's operations. The Board's proposal to subsume all pre-doctoral interns and post-doctoral trainees under the umbrella of "psychological assistant" represents a definite indication of one of the dangers of de-stabilization of the Department's delivery of mental health services to an underserved, complex patient population.

Over-Standardization of Training Categories

CDCR adheres to the requirements for employment of pre-licensed psychological trainees as set out in the Penal Code, section 5068.5 as follows: CDCR is able to only hire licensed psychologists, except for "persons in the professions of psychology or clinical social work who are gaining qualifying experience for licensure in those professions in this state." If the Board's proposal to standardize training categories, converting all pre-licensed psychological staff classifications into the category of "psychological assistant, CDCR would experience substantial impact to its ability to hire and retain this important cohort. If this proposal is enacted, all pre-doctoral interns or post-doctoral trainees who have not yet accrued all 3,000 hours of supervised professional experience would not be able to work at CDCR until they are registered with the Board and his/her Supervision Agreement approved. Because of this, hiring delays would be expected, which would be extremely detrimental to the Department's ability to hire the most competent staff. Similarly, delays in the Board's review of applications for annual renewal would prevent trainees from continuing clinical practice (until they had obtained Board approval for their applications), since they would not be able to provide mental health services to patients on their caseloads. In addition to the necessity for CDCR to non-punitively terminate the services of pre-licensed individuals, who were not able to continue seeing patients prior to the Board's approval, this would greatly impact continuity of care, and serve to increase workloads of psychologists providing coverage, or, in other instances, necessitate the instatement of registry clinical staff, thus causing a significant financial impact to the Department. Finally, initiating the "psychological assistant" category for all pre-licensed staff

working in psychological programs at CDCR would require that all Supervision Agreements be pre-approved by the Board each time a new primary supervisor is identified. Here, too, processing of new Supervision Agreements by the Board may lead to further delays possibly resulting in non-punitive termination. Such issues would be deleterious to the professional and personal lives of the intern or trainee, and would lead to undue burden and on clinical staff and institutional mental health delivery effectiveness. Access to care, patient safety issues, as well as personal and professional impact of both pre-licensed psychological staff, as well as other supervisorial, clinical and administrative support staff would result.

Conclusions

The implementation of the Board's proposals to eliminate the "exempt setting" status and to standardize training categories by converting all pre-doctoral interns and post-doctoral trainee classifications into "psychological assistants" would severely impact the delivery of mental health services to CDCR's patient population. Patient safety issues would occur, and staff would lead to severe workload problems of those mental health clinicians providing coverage. Furthermore, section 5068.5 of the Penal Code states that unlicensed psychological staff must be in the process of "gaining qualifying experience for licensure," which would not be the case if psychological assistants working at CDCR had not yet obtained approval by the Board for both their registration as a psychological assistant and/or for the Supervision Agreement with their primary supervisors. Such a situation would force CDCR to non-punitively terminate unlicensed staff, whose ability to accrue supervised professional experience hours would be hindered by delays in the Board's processing of these two applications.

CDCR is focused on effectively integrating pre-doctoral interns and post-doctoral trainees, while maintaining a mental health services delivery structure that continues to provide highly quality patient care. Negative impact on the Department's ability to hire and retain competent pre-licensed staff would result in impairment of the Department's high quality of care. Maintaining the upward progression and ongoing modernization of mental health treatment remains paramount. We hope that the Board will reconsider any proposal to standardization of training categories that would cause any harm to interns, trainees, licensed psychologists, or to the patients to whom we provide clinical services. Going forward, the California Department of Corrections and Rehabilitation places great importance on maintaining transparency regarding the activities and issues associated with providing high quality mental health care to a large, diverse inmate population.

Sources:

American Psychological Association (2002). Ethical Principles of Psychologists and Code of Conduct.

American Psychological Association (2017). http://www.apa.org/ed/accreditation/index.aspx

Association of Psychology Postdoctoral and Internship Centers (appic.org/*) Consortia.*

California Business and Professions Code, Sections 2903, 2909, 2909.5, 2910 and 2911, and 2913.

California Code of Regulations, Title XXII, Division 5, Chapter 12, Article 4, Section 79739

California Department of Corrections and Rehabilitation. Division of Correctional Health Care Services Mental Health Services Delivery System Program Guide 2009 Revision.

California Department of Human Resources. http://www.calhr.ca.gov/state-hr-professionals/Pages/9873.aspx

California Health and Safety Code, Section 1277.

California Penal Code, Section 5068.5.

Joint Commission. Standards: Behavioral Health (August 2017).

Mental Health Clinical/Custody Trainings																			
Item #	MHTU Staff SME Role	Course Title	BET Course Title (max 40 characters)	Audience	BET Course Code	Required	Requirement Reference	Training Type (IST/OJT/OS T/T4T)	Delivery Method	CME/CEU (Yes/No)	CME/CEU Credits (Number)	Frequency (how often required)	Length of Course(s) in Hours	Required Prerequisites	Classifications	Developer / Owner/SME	Link to Materials	Instructors Qualified to Present/Work Location	Notes
1	HB*	CCCMS STRH/LTRH Programs Collaboration Training	MH-CCCMS STRH-LTRH PRGMS COLLABORATION	All MH, nursing and custody staff who will work in the program	11055487	Yes	Coleman v Brown 2014-0410	IST	Direct	No	0	One Time Pre- Activation and for New Staff working in STRH/LTRH	1	N/A	All MH, nursing and custody staff who will work in the program	Erica Hausey, Correctional Counselor II, Specialist, Ronald Hadrava, Correctional Lieutenant, Marcie Flores, CNE, Amy Eargle, Ph.D. Chief	Materials from Master List\1A MH-CCCMS STRH-LTRH PRGMS COLLABORATION-11055487	3 instructors, 1 from each discipline	McCarver was lead; sent e-mail 11/13. Kenneth Martin has provided activation dates and previous training materials; will add JV to calls; Maria Giannuli to conduct training on site for PBSP and HDSP prior to 12/28/15 activation date. 5.12.2016 Update notes here due to additional activations.
3a	TL*	Suicide Risk Evaluation (SRE)	SUICIDE RISK ASSESSMENT - MH	All Mental Health Clinical Staff, including Psychiatry and Telepsychiatry	11052995	Yes	Coleman v Brown 1995 VAR	IST	In Person	Yes	7	For New Employees within 180 days of hire and every two years thereafter	7	N/A	All Mental Health Clinical Staff, including Psychiatry and Telepsychiatry	Robert Horon, Ph.D.	Materials from Master List\1B SUICIDE RISK ASSESSMENT-MH-11052995	Psychologist	7-hour suicide training. Suicide assessment trainings. Robert Horon is lead. Includes CSSRS and suicide watch training. Include annual IST training requirements (Robert Horon and Felicia are leads). Robert recently provided short slide deck and post-test questions. Need process for tracking and accountability; what are next steps? Ask Robert Horon re: naming conventions. 5/3/17-Per Dr. Horon: class is mandatory for clinicians who complete SREs. RT's are not required to attend (they are optional). No different requirement for CTC/PIP clinicians. 7/14/17 – SRE training is every 2 years; annually for clinicians in MHCB. Yes, correct 1. Will PIP staff be required to take annually also? Currently they are, I'd imagine the requirement would include former DSH programs 2. Will this still be required once all institutions go live? Yes, it will still be required. Is there another training that will replace this 7-hour training? No, the training will be revised to be more EHRS specific; we started shifting to the EHRS for the class in last year's T4T (held November, 2016).
3b	TL*	Suicide Risk Evaluation (SRE) - T4T	SUICIDE RISK ASSESSMENT - MH - T4T	All Mental Health Clinical Staff, including Psychiatry and Telepsychiatry	11055709	Yes	Coleman v Brown 1995 VAR	T4T	In Person	Yes	7	As needed	7	N/A	All Mental Health Clinical Staff, including Psychiatry and Telepsychiatry	Robert Horon, Ph.D.	Materials from Master List\1B MH SUICIDE RISK EVALUATION (SRE)-T4T-11055709	Psychologist	7-hour suicide training. Suicide assessment trainings. Robert Horon is lead. Includes CSSRS and suicide watch training. Include annual IST training requirements (Robert Horon and Felicia are leads). Robert recently provided short slide deck and post-test questions. Need process for tracking and accountability; what are next steps? Ask Robert Horon re: naming conventions. .
4a	KR	Custody and Mental Health Staff Collaboration Trainings	CUSTODY & MH STAFF COLLABORATION - OJT	Field Clinical and Custody Staff	11053019	No - completed	Coleman v Brown 2009 - 0618	OJT	In Person	No	0	Completed	8	N/A	All MH Clinical, All Custody	James Vess (no one assigned)	Materials from Master List\4A CUSTODY & mh Custody and Mental Health Staff Collaboration Trainings - 11053019	2 instructors, 1 from each dicipline	This was delivered in 2010 and 2011. Existing curriculum needs revision. Has not been rolled out statewide. Needs budget authority. BET Code Title is "Custody and MH Staff Collaboration Training" HCS BET Code 7/5/17.This training will be replaced by the Partnership Training (D.Sharp).
5a	HB	Suicide Prevention	SUICIDE PREVENTION - IST	Field and HQ Custody and Health Care Staff	11053393	Yes	Program Guide, Coleman v Brown 1995 VAR	IST	In Person	No	0	Annual	2	N/A	All health care and custody staff	Robert Horon, Ph.D.	Materials from Master List\5 SUICIDE PREVENTION - IST-11053393	2 instructors, 1 from each dicipline	HQ health care probably not receiving. Need to arrange videotaped with telephonic HQ clinical support for fire camps, etc. Has been revised per Hayes. T4T not begun. Ask Robert Horon re: naming conventions. Currently waiting for Galt to vet updated LP. 5.3.2016 OTPD communicated that the updates should be completed by next week at the latest. 10-14-16 Per Dr. Eargle, training needs to be updated regarding what is considered a medical emergency. If medical/nursing says it is an emergency, custody needs do an immediate UOF if necessary. The patient does not have to show visible signs of distress to qualify for a medical emergency. Issue brought on by CCI custody staff at the institution believe policy says if there is no immediate sign(s) of an emergency (i.e., the inmate is exhibiting no ill effects or distress), they are not empowered to effect an emergency cell entry, and would have to go with a controlled UOF.
5b	HB	Suicide Prevention T4T	MH - SUICIDE PREVENTION - T4T	Psychologists, Social Workers, Psychiatry (optional)	11057584	No	Program Guide, Coleman v Brown 1995 VAR	T4T	In Person	No	0	One Time	8	Licensed MH Clinician; Attended IST class 11053393	Psychologist, Social Workers, Psychiatry (optional)	Amber Carda, Psy.D.		1 instructor	Developed/Revised September 2017.
7a	TL	Rules Violation Report Writing	MH - RULES VIOLATION REPORT WRITING	All MH Psychologists and Social Workers	11055484	Yes	Coleman v Brown 2015-0504	IST	In Person	No	0	One Time and For New Employees	4	N/A	All MH Psychologists and social workers	Charles Odipo and Corey Scheidegger	Materials from Master List\7A MH - RULES VIOLATION REPORT WRITING - 11055484	2 instructors, 1 from each dicipline	Will need updating. Initial training for New Employees and then special topics/refresher for existing staff. RVR -Recent presentation by Charles Odipo and Corey Scheidegger to BPH. What are next steps? Any corrective training delivered to HDSP or other problem locations? Assessing Risk of Decompensation- No research literature on this area of risk assessment; will be grounded in case formulation. Primarily related to RVR process? Revise current materials? 1.27.16 Per Dr. Vess address "C-Status Inmates" in this training. 10-13-16 Per Dr. Eargle, ". I think all new staff should have the four hour training, but after that, they should get the update. So I would say that MH will be providing an updated training focused on completing the MHA. We could ask new staff to go to the 4 hour training (those who have not already had it)."
7b	TL	Rules Violation Report Writing - T4T	MH - RULES VIOLATION REPORT WRITING-T4T	All MH Psychologists and Social Workers	11055710	Yes	Coleman v Brown 2015-0504	T4T	In Person	No	0	As needed	4	N/A	All MH Psychologists and social workers	Charles Odipo and Corey Scheidegger	Materials from Master List\7B MH - RULES VIOLATION REPORT WRITING - T4T-11055710	2 instructors, 1 from each dicipline	Will need updating. Initial training for New Employees and then special topics/refresher for existing staff. RVR -Recent presentation by Charles Odipo and Corey Scheidegger to BPH. What are next steps? Any corrective training delivered to HDSP or other problem locations? Assessing Risk of Decompensation- No research literature on this area of risk assessment; will be grounded in case formulation. Primarily related to RVR process? Revise current materials? 1.27.16 Per Dr. Vess address "C-Status Inmates" in this training.
8	TL*	Safety/Treatment Planning with Suicide Risk Assessment and Management aka Principles of Safety Planning for Suicidal Inmates	MH - SAFETY PLANNING FOR SUICIDE RISK	Field Clinical Mental Health Staff, including Psychiatry if they complete SRE's	11055488	Yes	Standard of Practice in the Community	IST	Webinar	Yes	2	One Time and For New Employees	2	N/A	All Mental Health Clinical Staff, including Psychiatry and Telepsychiatry	Robert Canning, Ph.D. (2014): Robert Horon (2015-16)	Materials from Master List\8 MH - SAFETY PLANNING FOR SUICIDE RISK - 11055488	1 Instructor	2-23-2016 - Confirmed with David Villadelgado(SSMI) in CME Review Unit that this course is good for the shelf life of 2 years, and CME credits only can be taken just the one time per participant.
9	KR	DSM-5 (Overview)	MH - DSM-V OVERVIEW	All Mental Health Clinical Staff	11055489	No		IST	DVD	Yes	4	One Time and For New Employees	4	N/A	All MH Clinical	Dr. Charles Scott (Vendor) Kim Cornish (contact)	Materials from Master List\9 MH - DSM-V OVERVIEW - 11055489	1 Instructor	Optional training/~~May be repeated every 2 years for credit for psychologists and social workers.~~ DVD available of Galt training. (Presenter Charles Scott). Kim Cornish is Contact. Plan and timeframe for roll-out? Integration with EHRS training and procedures? 2-23-2016 Per David Villadelgado CE credits may be earned for 2 years from the date the course video was completed. Post expiration we would have to obtain new materials for CE credits to be issued. Course may only be taken once per person. DVD dated 2-11-15.
10a	KR*	MH/UOF Clinical Training	MH - Use of Force Clinical Training	Field Clinical Mental Health Staff	11055482	Yes	DOM 32010.14.2, 51020.1- 51050.25, Coleman v Brown 2014-0410 VAR	IST	In Person	No	0	One Time and For New Employees	6	N/A	All MH Clinical, Psychiatry optional	Sharon McCarver /Mark Villarreal	Materials from Master List\10A MH - USE OF FORCE CLINICAL TRAINING - 11055482	Psychologist / Social Worker	Focus on risk of decompensation and Motivational Interviewing Techniques 10-14-16 Per Dr. Eargle, training needs to be updated regarding what is considered a medical emergency. If medical/nursing says it is an emergency, custody needs do an immediate UOF if necessary. The patient does not have to show visible signs of distress to qualify for a medical emergency. Issue brought on by CCI custody staff at the institution believe policy says if there is no immediate sign(s) of an emergency (i.e., the inmate is exhibiting no ill effects or distress), they are not empowered to effect an emergency cell entry, and would have to go with a controlled UOF.
10b	KR*	MH/UOF Clinical Training - T4T	MH - Use of Force Clinical Training - T4T	Field Clinical Mental Health Staff	11056078	Yes	DOM 32010.14.2, 51020.1- 51050.25, Coleman v Brown 2014-0410 VAR	T4T	In Person	No	0	As needed	6	N/A	All MH Clinical, Psychiatry optional	Sharon McCarver /Mark Villarreal	Materials from Master List\10B MH - USE OF FORCE CLINICAL TRNG - T4T - 11056078	Psychologist / Social Worker	Focus on risk of decompensation and Motivational Interviewing Techniques 10-14-16 Per Dr. Eargle, training needs to be updated regarding what is considered a medical emergency. If medical/nursing says it is an emergency, custody needs do an immediate UOF if necessary. The patient does not have to show visible signs of distress to qualify for a medical emergency. Issue brought on by CCI custody staff at the institution believe policy says if there is no immediate sign(s) of an emergency (i.e., the inmate is exhibiting no ill effects or distress), they are not empowered to effect an emergency cell entry, and would have to go with a controlled UOF.
11	HB*	Review of Refusal to Attend Treatment by EOP Inmates Housed in ASU	MH - REFUSAL OF TX BY EOP ASU PATIENTS	All MH Psychologists and Social Workers	11054079	Yes	Coleman v Brown 2014-0410	IST	Webinar	No	0	One Time and For New Employees	2.5	N/A	All Mental Health psychologists and social workers, Psychiatry optional	Marilyn Immops	Materials from Master List\11 MH - REFUSAL OF TX BY EOP ASU PATIENTS - 11054079	Psychologist	Needs revision for next go around. Check with institutions to see what problems arose. (a court-mandated training, currently as live webinar). Will need either updated live webinars or enduring materials to provide ongoing training to mental health providers who have not yet participated. Dr. Eargle: I think the intent is for all clinicians; not just those in ASU EOP otherwise we would have specified that. I think the reasoning is: 1) it is important for everyone in the system to know what we are doing and how we are thinking about things. 2) someone could be asked to fill in in ASU EOP and should know what to do.
12a	KR	EOP IDTT Review of Work Program Eligibility (Functional Evaluation)	MH- EOP IDTT REVIEW & FUNC EVAL PROC	All MH Psychologists and Social Workers	11055490	Yes	Hecker v Brown 2014	IST	In Person	No	0	One Time and For New Employees	1.5	N/A	All MH Psychologists and social workers; Psychiatrists recommended but not mandatory	Charles Odipo, EdD., Senior Psychologist, Amy Eargle PhD, Chief Psychologist	Materials from Master List\12A MH - EOP IDTT REVIEW/FUNC EVAL PROC - 11055490 (old)	1 Instructor	Will need updating. Initial training for New Employees and then special topics/refresher for existing staff 5.12.16 Was a webinar and now Should be Live In Person per Dr. Eargle.
12b	KR	EOP IDTT Review of Work Program Eligibility (Functional Evaluation) - T4T	MH- EOP IDTT REVIEW & FUNC EVAL PROC - T4T	All MH Psychologists and Social Workers	11055884	Yes	Hecker v Brown 2014	T4T	In Person	No	0	One Time and For New Employees	1.5	N/A	All MH Psychologists and social workers; Psychiatrists recommended but not mandatory	Charles Odipo, EdD., Senior Psychologist, Amy Eargle PhD, Chief Psychologist	Materials from Master List\12B MH - EOP IDTT REVIEW/FUNC EVAL PROC - T4T - 11055884 (old)	1 Instructor	Will need updating. Initial training for New Employees and then special topics/refresher for existing staff 5.12.16 Was a webinar and now Should be Live In Person per Dr. Eargle. 8.10.2016 - This is an instructor course T4T. HB
12c	KR	Program Assignment for EOP Patients: An IDTT Review Process	MH - IDTT RVW PRCS: EOP PRGRM ASSGNMNT	All Clinical Mental Health Staff	11057420	Yes	Court Order	IST	In Person	Yes	4	One Time	4	N/A	All MH Psychologists and social workers; Psychiatrists recommended but not mandatory	Sunita Chamber	Materials from Master List\12C MH - PROGRAM ASSIGNMENTS FOR EOP PT. IDTT RVW PRO-11057450	1 Instructor	
12d	KR	Program Assignment for EOP Patients: An IDTT Review Process (T4T)	MH - IDTT RVW PRCS: EOP PRGRM ASSGNMNT - T4T	All Clinical Mental Health Staff	11057508	Yes	Court Order	T4T	In Person	Yes	4	One Time	6	N/A	All MH Psychologists and social workers; Psychiatrists recommended but not mandatory	Sunita Chamber	Materials from Master List\12D MH - PROGRAM ASSIGNMNT FOR EOP PT. IDTT RVW PROC T4T	1 Instructor	
13a	KR*	ICC (Case by Case Review)	MH - ICC CASE BY CASE REVIEW	All MH Psychologists and Social Workers	11055497	Yes	Coleman v Brown 2014-0829	IST	In Person	No	0	One Time and For New Employees	2	N/A	All MH Psychologists and social workers	Dr. Corey Scheidegger and Sharon McCarver	Materials from Master List\13A MH - ICC CASE BY CASE REVIEW - 11055497	1 instructor (2 if possible)	Will need updating. Initial training for New Employees and then special topics/refresher for existing staff. Will need to be updated for info from "single cell memo". This clarifies expectations for consultation between custody and MH staff.
13b	KR	ICC (Case by Case Review) - T4T	MH - ICC CASE BY CASE REVIEW - T4T	All MH Psychologists and Social Workers	11055711	Yes	Coleman v Brown 2014-0829	T4T	In Person	No	0	As needed	2	N/A	All MH Psychologists and social workers	Dr. Corey Scheidegger and Sharon McCarver	Materials from Master List\13B MH - ICC CASE BY CASE REVIEW - T4T - 11055711	1 instructor (2 if possible)	Will need updating. Initial training for New Employees and then special topics/refresher for existing staff. Will need to be updated for info from "single cell memo". This clarifies expectations for consultation between custody and MH staff.
14	HB	SHU /DSH/PIP Case Conference	MH - SHU DSH/PIP Case Conference	Field Clinical Mental Health Staff	11055478	Yes	Coleman v Brown 2014-0410, Court Submittals 2014-0801	IST	Webinar	No	0	Completed	2	N/A	All MH Clinical	Maria Giannuli	Materials from Master List\14 MH - SHU DSH/PIP CASE CONFERENCE - 11055478	1 Instructor	Needs updating for EHRS. May not be able to do it until EHRS is rolled out.

15	TL	Routine Peer Review	MH - ROUTINE PEER REVIEW	All MH Psychologists and Social Workers	11055491	Yes	Mental Health Policy Memorandum of 2014-1215, and Required for ACA/JC Membership.	IST	Webinar	No	0	One Time and For New Employees	2	Active License	All MH Clinical Psychology and Social Work	Maria Giannuli?	Materials from Master List\15 MH - ROUTINE PEER REVIEW - 11055491	2 Instructors	Will need updating for EHRS once peer review score forms are updated 7/5/17 This is being updated and delivered by Maria Guilini. Marilyn provides the ongoing routine peer review training. The revised training will meet the needs of psychologists and social workers performing routine peer reviews on the basis of the new Electronic Health Record. Planning phase has not yet begun.
16	KR	Psychopathy	MH - Psychopathy	All MH Clinical staff	11055479	No		IST	Direct in person	Yes	2.5	As needed	2.5	N/A	All MH Clinical	Marilyn Immoos	Materials from Master List\16 MH - PSYCHOPATHY - 11055479	1 Instructor	Optional training
17a	HB	TONI-4 (Test of Nonverbal Intelligence IV)	MH - TONI-4	Only Psychologists Using TONI-4	11057278	Yes for selected staff	Clark v Brown	IST	Direct in person	Yes	6	One Time for selected clinicians	7	N/A	All Psychologists using TONI-4	Corey Scheidegger, Ph.D.	Materials from Master List\17A MH - TONI-4 - 11057278	2 Instructors	DDP run. Related to Clark
17b	HB	TONI-4 (Test of Nonverbal Intelligence IV) - T4T	MH - TONI-4 T4T	Only Psychologists Using TONI-4	11057279	Yes for selected staff	Clark v Brown	T4T	Direct in person	Yes	6	One Time	7	N/A	All Psychologists using TONI-4	Corey Scheidegger, Ph.D.	Materials from Master List\17B MH - TONI-4-T4T - 11057279	2 Instructors	DDP run. Related to Clark
18	HB*	Differential Diagnosis with Complex Cases in Corrections	MH - DIFFERENTIAL DX w/ COMPLEX CASES	Field Clinical Mental Health Staff	11055485	Yes	Suicide Prevention Workgroup (Lindsay Hayes, Coleman Special Master).	IST	Webinar	Yes	2.5	One Time and For New Employees	2.5	N/A	All MH clinical staff, Psychiatry optional	Marilyn Immoos	Materials from Master List\18 MH - DIFFERENTIAL DX W. COMPLEX CASES - 11055485	2 Instructors	Will need updating
19a	TL	MHSDS Program Guide	MH - MHSDS PROGRAM GUIDE	All MH clinical staff, may be taken by RT's and nursing	11055929	Yes	Standard of Practice in the Community	IST	Direct in person	Yes	14	One Time and For New Employees	8	N/A	All MH clinical staff, may be taken by RT's and nursing	James Vess (no one assigned)	Materials from Master List\19A MH - MHSDS PROGRAM GUIDE - 11055929	1 Instructor	Needs updating
19b	TL	MHSDS Program Guide Training - T4T	MH - MHSDS PROGRAM GUIDE T4T	All MH clinical staff	11055994	Yes	Standard of Practice in the Community	T4T	Direct in person	Yes		As needed	14	N/A	All MH clinical staff, may be taken by RT's and nursing	James Vess (no one assigned)	Materials from Master List\19B MH - MHSDS PROGRAM GUIDE - T4T - 11055994	1 Instructor	Needs updating
20	KR	Evaluation of CCCMS Inmates for Minimum Support Facilities (MSF)	EVAL CCCMS I/M MIN SUPP FAC SUIT-HCS OJT	All MH Psychologists and Social Workers	11054895	Yes	PC 6250 and 6258 and Three Judge Panel 2014-0210 Order	IST	Webinar	No	0	One Time and For New Employees	1	N/A		Rachel Latter	Materials from Master List\20 EVAL CCCMS I/M MIN SUPP FAC SUIT-HCS OJT - 11054895	Psychologist	Training for MH evaluation for CCCMS inmates. 6-13-16 Note from Dr. Latter: Waiting for notification from Laura Ceballos regarding change in policy (TBD).
21	HB	Identification and Management of Mild Cognitive Disorder & Dementia	MH - MCI/Dementia Care Guide Training	All MH Psychologists and Social Workers	11055477	No	Program Guide, Required for M.D.s in the Receiver's IMSP and P	IST	Webinar	Yes	2.5	As needed	2.5		All Medical Providers (MH optional)	Marilyn Immoos	Materials from Master List\21 MH - MCI DEMENTIA CARE GUIDETRNG - 11055477	SW, PsyD, PhD, MD (All applicable)	There is a dementia care guide, and a draft of the policy and procedure. Related notification needs to go out clarifying use of current diagnostic nomenclature (DSM-V and ICD-10)?Will change name and materials. Need old code and new.
22	TL	Cadet Academy Trainings (MHSDS) T4T	MH - T4T FOR ACADEMY TRAINERS	MH Psychologist and Social Workers that will act as instructors	11055712	TBD		T4T	Direct	No	0	One Time	8	N/A	MH Psychologist and Social Workers that will act as instructors	Corey Scheidegger and Rachel Latter	Materials from Master List\22 MH - T4T FOR ACADEMY TRAINERS - 11055712	Psychologist / Social Worker	7-5-17 This course if to train clinical staff in order to instruct the MHSDS course at the academy.
23	TL*	Suicide Prevention: Mentoring (Initial)	SUICIDE RISK ASSESSMENT MENTOR - OJT	All Clinical Staff	11053032	Yes	Coleman v Brown 1995 VAR	OJT	Direct-ongoing	No	0	Ongoing until 3 evaluations above 80%, every two years thereafter, or per audit results, except must be annual for MHCB Clinical Staff.	ongoing	Suicide Prevention	Clinical Mental Health staff, including Psychiatry	Robert Horon, Ph.D.	Materials from Master List\23 SUICIDE RISK ASSESSMENT MENTOR - OJT - 11053032	Psychologist	Ask Robert Horon re: naming conventions. 10-13-16 Per Memo dated 3/15/16, Mentors shall receive annual "booster" training delivered by webinar or T4T sessions held by HQ 10-13-16 Per Dr. Eargle, N/A for supervisors ONLY if they do not do SRE's. Mentors need to repeat the SRE mentor training updates every two years. 10-14-16 Per Dr. Horon, MHCB staff is required to have SRE mentoring yearly as a process, not as a class. For all others, mentoring is to reoccur every two years. 4-17-16 Per Dr. Horon: SRE Mentoring is required for all mental health staff, including unlicensed, contract staff, etc. Mentoring is required yearly for MHCB clinicians and every other year for others. 7-14-17 • Is Suicide Prevention: Mentoring referring to the mentoring that occurs and tracked by SPR FIT at the institutions? Or is there an actual training? HQ is required to do an initial mentor training and an annual 'booster' training. Both are done live or by webinar. The OJT done at institutions is separate and only tracked by the facility.
25	KR	Gender Dysphoria / Intro	MH - Gender Dysphoria - Intro	All MH Clinical Staff at the 11 transgender Hubs and RC's	11055480	No	Recent Transgender Lawsuit	IST	In Person	No	0	As needed	1	N/A	All Mental Health Clinical Staff	Kim Cornish, Trish Wallis, Jim Telander, Amy Eargle, Amber Carda	Materials from Master List\25 MH - GENDER DYSPHORIA - INTRO - 11055480	Psychologist	Pending development of program. Starts with 1 hour on countertransference – currently underway. Kim Cornish to follow-up with other resources/SMEs, to train selected clinicians at each institution as source of local expertise. Consider for CCHCS LMS.
26a	HB	ART (Milestones Credit for EOP)	MH - ART MILESTONE CREDIT FOR EOP	Select MH Clinicians From All EOP Institutions (Those who do groups)	11055783	TBD	Hecker Lawsuit of 2007	IST	In Person	Yes	13	One Time for selected clinicians	13	N/A	Select MH Clinicians from All EOP Institutions	Rachel Latter and Amber Carda	Materials from Master List\26A MH - ART MILESTONE CREDIT FOR EOP - 11055783	2 instructors, 1 from each dicipline	Rachel and Amber. Two of the four qualifying group therapy activities implemented in collaboration with University of Cincinnati (A.R.T. and Thinking for Change). T4T is provided to institution staff. Two other groups to be implemented: Substance Abuse and Family Relations. Rachel reports:Milestone Credit groups (ART/T4C) a. Most programs are running now. b. We need to begin setting up site visits to establish who should return for the T4T training. c. We need to identify times with UCCI instructors to administer T4T trainings. d. We need to set up times to conduct booster sessions with UCCI instructors. (1-22-16 Ask Rachel per Amy) 6-6-15 Note from Dr. Latter: Dr. Brecker/Carda will be contacts. Institutions requring observations: CIW, VSP, CCWF, PBSP (video conference?) and SAC?? (BY OCT 1).
26b	HB	ART (Milestones Credit for EOP) - T4T	MH - ART MILESTONE CREDIT FOR EOP - T4T	Select MH Clinicians From All EOP Institutions (Those who do groups)	11055785	TBD	Hecker Lawsuit of 2007	T4T	In Person	Yes	13	One Time for selected clinicians	13	N/A	Select MH Clinicians from All EOP Institutions	Rachel Latter and Amber Carda	Materials from Master List\26B MH - ART MILESTONE CREDIT EOP - T4T - 11055785	2 instructors, 1 from each dicipline	Rachel and Amber. Two of the four qualifying group therapy activities implemented in collaboration with University of Cincinnati (A.R.T. and Thinking for Change). T4T is provided to institution staff. Two other groups to be implemented: Substance Abuse and Family Relations. Rachel reports:Milestone Credit groups (ART/T4C) a. Most programs are running now. b. We need to begin setting up site visits to establish who should return for the T4T training. c. We need to identify times with UCCI instructors to administer T4T trainings. d. We need to set up times to conduct booster sessions with UCCI instructors. (1-22-16 Ask Rachel per Amy)
29	KR	Male Community Re-entry Program Training (MCRP)	MH - MCRP	All MH Clinical	11055483	Yes	PC 6250 and 6258 and Three Judge Panel 2014-0210 Order	IST	Webinar	No	0	One Time and For New Employees	1	N/A	All MH clinical staff	Rachel Latter	Materials from Master List\29 MH - MCRP - 11055483	Psychologist / Social Worker	Need guidelines and training for CCCMS inmates eligible for placement. Areas of functional assessment: work, transportation, management of MH illness, treatment compliance, living in low security environment, socially compatible w/o supervision, won't disrupt others and their program; was MH illness a factor in their offending; any 115s/RVRs; ability to access resources in the community. Need delineation of relevant programs and FAQ for field staff. What are the facilities like? Consult Roger Meir, AD, Division of Rehab Services, and Jay Virbel regarding female offenders. For minimum support facilities, training has been developed and we want to combine it with the assessment for re-entry programs. Ask Amy. **Ask Amy about reference; confirm reference** 6-6-16 Note from Dr. Latter: Make up webinars have been completed by Sunita Chamber, Ph.D. and will repeat upon institutional request.
30	KR	Community to Corrections Transitional Re-entry Program Training (CCTRP)	MH - CC Transitional Reentry Programs	All MH Clinical	11055703	Yes	PC 6250 and 6258 and Three Judge Panel 2014-0210 Order	IST	Webinar	No	0	One Time and For New Employees	1	N/A	All MH clinical staff	Rachel Latter	Materials from Master List\ 30 CCTRP Custody to Comm. Transitional Reentry Programs - 11055703	Psychologist / Social Worker	Need guidelines and training for CCCMS inmates eligible for placement. Areas of functional assessment: work, transportation, management of MH illness, treatment compliance, living in low security environment, socially compatible w/o supervision, won't disrupt others and their program; was MH illness a factor in their offending; any 115s/RVRs; ability to access resources in the community. Need delineation of relevant programs and FAQ for field staff. What are the facilities like? Consult Roger Meir, AD, Division of Rehab Services, and Jay Virbel regarding female offenders. For minimum support facilities, training has been developed and we want to combine it with the assessment for
31a	HB	DSH-MOU and Related Policies	MH - DSH_MOU AND RELATED POLICIES	All Mh Clincial	11055481	Yes	(cite memo, find memo)	IST	In Person	No	0	One Time (Requires annual updates)	8	N/A	All Mh Clinical Staff	James Vess and Brittany Brizandine	Materials from Master List\31a DSH_MOU and Related Policies - 11055481	2 instructors	Training Unit will provide training. Can do T4T with DSH Cordinators at HQ, or determine if a training video can be shot and distributed, with DSH Cordinators as facilitators of training at each institution. Communications Office cannot assist us with making a video until February 2016 at the earliest. Initial rollout may have to be live. 7-5-17 Requires annual updates 2017 update was the Inpatient Referrals webinar #86. New staff will take the updated training and not have to take this original training.
31b	HB	DSH-MOU and Related Policies - T4T	MH - DSH_MOU AND RELATED POLICIES - T4T	All Mh Clincial	11055435	Yes	(cite memo, find memo)	T4T	In Person	No	0	One Time (Requires annual updates)	8	N/A	All Mh Clinical Staff	James Vess and Brittany Brizandine	Materials from Master List\31b DSH_MOU and Related Policies - T4T - 11055435	2 instructors	Training Unit will provide training. Can do T4T with DSH Cordinators at HQ, or determine if a training video can be shot and distributed, with DSH Cordinators as facilitators of training at each institution. Communications Office cannot assist us with making a video until February 2016 at the earliest. Initial rollout may have to be live.
32a	TL	Clinical Decision Making for Mental Health Crisis Bed Referrals (MHCB Triage)	MH - CLINICAL DECISION MAKING FOR MHCB REFERRALS	All MH Clinical	11056076	Yes		IST	In Person	Yes	4	One Time and For New Employees	4	Clinical Case Formulation	All MH Clinical Staff	Carrie Brecker and James Vess	Materials from Master List\32a Clinical Decision Making for MHCB Referrals - 11056076	2 instructors	Ftimefromt for roll out-follwng EHRS schedule. Pilot of different interventions; using custody staff for 1:1; consulation with clinical staff prior to admission; go back to cell policy, property not rolled up; coordinate with other pilot initiatives and locations. Schedule pending, based on EHRS roll-out. 7-5-17 Will be included in clinician onboarding.
32b	TL	Clinical Decision Making for Mental Health Crisis Bed Referrals (MHCB Triage) - T4T	MH - CLINICAL DECISION MAKING FOR MHCB REFERRALS - T4T	All MH Clinical	11056077	Yes		T4T	In Person	Yes	4	One Time	8	Clinical Case Formulation	All MH Clinical Staff	Carrie Brecker and James Vess	Materials from Master List\32B MH - CLIN. DECISION MKNG - MHCB REF T4T - 11056077	2 instructors	Ftimefromt for roll out-follwng EHRS schedule. Pilot of different interventions; using custody staff for 1:1; consulation with clinical staff prior to admission; go back to cell policy, property not rolled up; coordinate with other pilot initiatives and locations. Schedule pending, based on EHRS roll-out.

33a	KR	IDTT: An overview of the clinical thinking and process	MH - AN OVERVIEW OF THE CLINICAL THINKING AND PROCESS	All MH Clinical	11056355	Yes		IST	In Person	Yes	7	One Time and For New Employees	8	MHCB Referrals	All MH Clinical Staff	Sunita Chamber and James Vess		1 Instructor	27 will likely be IDTT, treatment planning documentation, and 7388B. As of 7/5/2016 >>IDTT: Finalize training revisions 10/ 24 – 11/4
33b	KR	IDTT: An overview of the clinical thinking and process - T4T	MH - AN OVERVIEW OF THE CLINICAL THINKING AND PROCESS - T4T	All MH Clinical	11056354	Yes		T4T	In Person	Yes	7	One Time	16	MHCB Referrals	All MH Clinical Staff	Sunita Chamber and James Vess		2 Instructors	Make mandatory. Revise based on experience to date; re-emphasize clinical formulation. Tie in RVR evaluations. Emphasis in CM Round 27 will likely be IDTT, treatment planning documentation, and 7388B. As of 7/5/2016 >>IDTT: Finalize training revisions 10/ 24 – 11/4 Obtain CEU approval 11/4 – 11/18 Identify trainers for each institution and selected regional staff trainers 11/4 – 11/18 Schedule one day T4T for each region 11/18 – 11/30 Conduct T4T in each region 1/9 – 1/20/2017 Training conducted at each institution 1/20 – 2/10 QM data monitored for MHCB utilization, including Regional Team monitoring of IDTT and documentation 3/31/2017 and ongoing
35a	TL	CASE / 128C-2 Training	MH - CASE/128C-2 TRAINING	Psychologists/Social Workers who administer the CASE	11055952	Yes	Clark v Brown	IST	In Person	NO	0	One Time for selected clinicians	6	N/A	Psychologists/Social Workers who administer the CASE	Charles Odipo and Corey Scheidegger	Materials from Master List\35a CASE_128-C-2 Training - 11055952	2 instructors	In development. Related to adaptive needs (Clark). Responsibility for updates and training new staff.
35b	TL	CASE / 128C-2 Training - T4T	MH - CASE/128C-2 TRAINING - T4T	Psychologists/Social Workers who administer the CASE	11055953	Yes	Clark v Brown	T4T	In Person	NO	0	One Time for selected clinicians	6	N/A	Psychologists/Social Workers who administer the CASE	Charles Odipo and Corey Scheidegger	Materials from Master List\35b CASE_128-C-2 Training - T4T - 11055953	2 instructors	In development. Related to adaptive needs (Clark). Responsibility for updates and training new staff.
36a	HB	Thinking for a Change (Milestones Credit for EOP)	MH - T4C MILESTONE CREDIT FOR EOP	Select MH Clinicians From All EOP Institutions (Those who do groups)	11055784	TBD	Hecker Lawsuit of 2007	IST	In Person	Yes	26	One Time for selected clinicians	32	N/A	Select MH Clinicians from All EOP Institutions	Rachel Latter and Amber Carda	Materials from Master List\36a Thinking for a Change (T4C) (Milestones Credit for EOP) - 11055784	2 instructors, 1 from each dicipline	Rachel and Amber. Two of the four qualifying group therapy activities implemented in collaboration with University of Cincinnati (A.R.T. and Thinking for Change). T4T is provided to institution staff. Two other groups to be implemented: Substance Abuse and Family Relations. Rachel reports:Milestone Credit groups (ART/T4C) a. Most programs are running now. b. We need to begin setting up site visits to establish who should return for the T4T training. c. We need to identify times with UCCI instructors to administer T4T trainings. d. We need to set up times to conduct booster sessions with UCCI instructors. (1-22-16 Ask Rachel per Amy) 6-6-15 Note from Dr. Latter: Dr. Brecker/Carda will be contacts. Institutions requring observations: CIW, VSP, CCWF, PBSP (video conference?) and SAC?? (BY OCT 1)
36b	HB	Thinking for a Change (Milestones Credit for EOP) - T4T	MH - T4C MILESTONE CREDIT FOR EOP - T4T	Select MH Clinicians From All EOP Institutions (Those who do groups)	11055692	TBD	Hecker Lawsuit of 2007	T4T	In Person	Yes	26	One Time for selected clinicians	32	N/A	Select MH Clinicians from All EOP Institutions	Rachel Latter and Amber Carda	Materials from Master List\36b Thinking for a Change (T4C) T4T - 11055692	2 instructors, 1 from each dicipline	Rachel and Amber. Two of the four qualifying group therapy activities implemented in collaboration with University of Cincinnati (A.R.T. and Thinking for Change). T4T is provided to institution staff. Two other groups to be implemented: Substance Abuse and Family Relations. Rachel reports:Milestone Credit groups (ART/T4C) a. Most programs are running now. b. We need to begin setting up site visits to establish who should return for the T4T training. c. We need to identify times with UCCI instructors to administer T4T trainings. d. We need to set up times to conduct booster sessions with UCCI instructors. (1-22-16 Ask Rachel per Amy) 6-6-16 - Note from Dr. Latter: T4T for T4C will occur week of November 28 or December 5, 2016 (4 days), if instructors are available. Once dats are set we need to begin to notify staff (identified on the participants excel spreadsheet in the training unit, milestone credit, ART-T4C folder) about dates and obtain commitment from staff and chief for each training we want them to attend. Need to reserve rooms for the training (one large room, break out roms as needed). Need to coordinate materials (e.g. three laptops, materials for training sent by UCCI, IST sheets, etc.) * Contract extension is being worked on by Sharon Prindle-Bush/Crystal Bender (CDCR) and Michelle Altenau (UCCI) - (Carda and Brecker and involved in email correspondence) * Need to contact Mandy Bley to begin booster sessions again (Carda/Brecker) (to begine in July) ~ Mandy will know how many we have left and will coordinate schedule with us so we should have her work with Hanna Burgess to ensure she can get connected. ~ Email participants about the days/times of boosters. ~ Request IST sheets from institutions on booster sessions to track attendance. * Need to re-reach out to Eva and Mandy regarding how we can master train our staff to conduct T4T trainings.
39a	KR	Gender Dysphoria & Treatment of Transgender Patients	GENDER DYSPHORIA/TX OF TRANSGENDER PT - MH	All MH Clinical Staff	11056588	Yes		OJT	In Person	Yes	3.5	One Time	3.5	N/A	Social Workers; Psychologists and Psychiatrists in the transgender hubs and RC's	Kim Cornish	Materials from Master List\39a-Gender Dysphoria and Treatment of Transgender Patients - 11056588	Psychologist	Pending development of program. Starts with 1 hour on countertransference – currently underway. Kim Cornish to follow-up with other resources/SMEs, to train selected clinicians at each institution as source of local expertise. 2/16/2017-Kristin Francis with RJD is SME 7-5-17 Cornish & Francis project
39b	KR	Gender Dysphoria & Treatment of Transgender Patients T4T	GENDER DYSPHORIA/TX OF TRANSGENDER PT - T4T	All MH Clinical Staff	11056589	Yes		T4T	In Person	Yes	3.5	One Time	3.5	N/A	Social Workers; Psychologists and Psychiatrists in the transgender hubs and RC's	Kim Cornish	Materials from Master List\39b-Gender Dysphoria and Tx of Transgender Pt T4T - 11056589	Psychologist	Pending development of program. Starts with 1 hour on countertransference – currently underway. Kim Cornish to follow-up with other resources/SMEs, to train selected clinicians at each institution as source of local expertise. 2/16/2017-Kristin Francis with RJD is SME 7-5-17 Cornish & Francis project
47a	HB	Clinical Case Formulation	MH - CASE FORMULATION	All MH Clinical	11055928	Yes		IST	Direct in person	Yes	6	One Time and For New Employees	6	n/a	All MH Clinical staff	Sunita Chamber and James Vess	Materials from Master List\47a Case Formulation - 11055928	Psychologist	7-5-17 Included in clinical onboarding. 7.25.2016 - Hanna verified with Dr. Chamber of the CE credit hours for both IST and T4T they are 6 hours. due to one will have teachbacks and they do not get credit for CE's on teachbacks. 7.26.2016 - Hanna got back BET CODE and since BIS cannot accomodate 15 hours, need to add 1 additional hour to the schedule when createing the event. the system only allows 14 hours.
47b	HB	Clinical Case Formulation T4T	MH - CASE FORMULATION - T4T	All MH Clinical	11055927	Yes		T4T	Direct in person	Yes	6	One Time	15	n/a	All MH Clinical staff	Sunita Chamber and James Vess	Materials from Master List\47b Case Formulation T4T - 11055927	Psychologist	7-5-17 Included in clinical onboarding. 7.25.2016 - Hanna verified with Dr. Chamber of the CE credit hours for both IST and T4T they are 6 hours. due to one will have teachbacks and they do not get credit for CE's on teachbacks. 7.26.2016 - Hanna got back BET CODE and since BIS cannot accomodate 15 hours, need to add 1 additional hour to the schedule when createing the event. the system only allows 14 hours.
65	TL	Mental Health, Health Care Services - General	MH-HEALTH CARE SERVICES GENERAL-OJT	All Mental Health Staff	11055498			OJT	Variable	NO	0	Variable	Variable	N/A	Variable	Mental Health Training Unit	Materials from Master List\65 MH HCS - General-OJT - 11055498	Variable	There will be measurable learning objectives for each topic, but the reason for requesting code will allow the MH program to capture the training hours from one time webinars or topics that are not going to be ongoing formalized trainings.
66	TL	Mental Health, Health Care Services General Continuing Education	MH-HCS GENERAL CONTINUING ED	All Mental Health Staff	11055499			IST	Variable	YES	Variable	Variable	Variable	N/A	Variable	Mental Health Training Unit	Materials from Master List\66 MH HCS - General Continuing Ed - 11055499	Variable	There will be measurable learning objectives for each topic but the reason for requesting this code is to allow the mental health program to capture the training hours from one time continuing education activities for which credit can be earned that do have their own individual BET ID.
68	TL*	Non-Disciplinary Segregation Processing Procedure for MHSDS Inmates	MH - NDS ASU Process for MHSDS INMATES	All MH Clinical staff	11053601	YES	Coleman v Brown 2014-0410	OJT	Variable	No	0	One Time and For New Employees	1	N/A	All MH Clinical staff	James Vess	Materials from Master List\68 MH-NDS ASU Process for MHSDS Inmates - 11053601	N/A	
69	TL*	Pre-Minimum Eligible Release Dated Reviews Expectations	MH-PRE-MERD REVIEW EXPECTATIONS - OJT	All MH Clinical staff	11055486	YES	Coleman v Brown 2014-0410	OJT	Variable	No	0	One Time and For New Employees	1	N/A	All MH Clinical staff	James Vess	Materials from Master List\69 MH-PRE-MERD Review Expectations - 11055486	N/A	
70	TL	Suicide Reviews, Suicide Prevention Conferences/Videoconferences (Ongoing)	MH - SUICIDE REVS/PREV CONF/VIDEO CONF	Mental Health Clinicial Staff	11055930	YES		OJT	Webinar	No	0	Monthly Ongoing	1	N/A	MH Clinical staff	Robert Horon, Ph.D.	Materials from Master List\70 MH-Suicide Revs_Prev Conf_Video Conf - 11055930	Psychologist	7.19.16 Per Dr. Horon these are regularly scheduled ongoing suicide related learning activities required for proof of practice for MH clinical staff. The materials change monthly. 7-14-17 • Suicide Reviews, Suicide Prevention Conferences/videoconferences – is this required monthly for all staff? Suicide reviews are attended by staff by invitation only. Suicide prevention videoconferences are required for SPRFIT Coordinators and SRE Mentors but available to all staff. Amy has tried to make it required, but the technology to record and post the videoconferences for staff who can't attend live hasn't worked out thus far.
71	KR	Using the Columbia Suicide Severity Rating Scale (C-SSRS) in the EHRS	MH - USING THE C-SSRS IN THE EHRS	All Mental Health Staff	11055885	No		IST	Live / Webinar	YES	2	One Time and For New Employees	2	N/A	Psychologists and Social Workers; Psychiatry strongly recommended	Dr. K. Posner and Dr. Robert Horon	Materials from Master List\71 MH-Using the C-SSRS in the EHRS - 11055885	Psychologist	7-14-14 • Is the Columbia Suicide Severity Rating Scale in EHRS training require for all staff? Yes Are you delivering this training? It's a 2 hour training using a recorded DVD with a brief additional slide show. A T4T occurred in 2016.
72a	HB	DDP Overview Training	MH - DDP OVERVIEW TRAINING	All Psychologists and Social Workers at DDP institutions	11055951	YES		IST	In Person	NO	0	One Time for selected clinicians	3	N/A	All Psychologists and Social Workers	Charles Odipo and Corey Scheidegger	Materials from Master List\72a MH-DDP Overview Training - 11055951	Psychologist	Validity Period: For New Clinicians, One Time, Refresher in future)
72b	HB	DDP Overview Training - T4T	MH - DDP OVERVIEW TRAINING - T4T	All Psychologists and Social Workers at DDP institutions	11055950	YES		T4T	In Person	NO	0	One Time for selected clinicians	3	N/A	All Psychologists and Social Workers	Charles Odipo and Corey Scheidegger	Materials from Master List\72b MH-DDP Overview Training - T4T - 11055950	Psychologist	Validity Period: For New Clinicians, One Time, Refresher in future)
73	TL	Evaluating Self-harm Incidents: Suicide Definitions	MH - EVAL SELF-HARM INCDNTS SUICIDE DEF	Psychologists, Social Workers, and Psychiatrist recommended	11056375	NO	Recommended; may become required once memo released (which specifies these definition changes)	IST	Webinar	NO	0	One Time	1	N/A	Psychologists, Social Workers, and Psychiatrist recommended	Robert Horon, Ph.D.	Materials from Master List\73 MH-Suicide Definitions - 11056375	Psychologist	The course reviews revised definitions of self-harm, including terms not to use, and explains why this revision has taken place.
74a	KR	12 Item ASU Screening	MH - 12-ITEM ASU SCREENING	PTs required Psychologists, Social Workers, & Psychiatrist recommended	11056403	YES	Required; form designed after discussions between court experts and the Statewide Mental Health Program	IST	Webinar	NO	0	One Time	0.5 hours	N/A	Psychologists, Social Workers, & Psychiatrist recommended; PTs required	Robert Horon, Ph.D.	Materials from Master List\74a MH-12 Item ASU Screen - 11056403	Psychologist	The class reviews the new post-ASU placement screening, which is intended to inquire about suicidal thoughts after ASU arrival in inmates without identified mental health issues.

74b	KR	12 Item ASU Screening - T4T	MH - 12-ITEM ASU SCREENING - T4T	PTs required Psychologists, Social Workers, & Psychiatrist recommended	11056404	YES	Required; form designed after discussions between court experts and the Statewide Mental Health Program	T4T	In Person?	NO	0	One Time	0.5 hours	N/A	Psychologists, Social Workers, & Psychiatrist recommended; PTs required	Robert Horon, Ph.D.	Materials from Master List\74b MH-12 Item ASU Screen T4T - 11056404	Psychologist	The class reviews the new post-ASU placement screening, which is intended to inquire about suicidal thoughts after ASU arrival in inmates without identified mental health issues.
75a	TL	SRE Mentoring (Advanced)	MH - SRE MENTORING ADVANCED	Psychologists, Social Workers and Psychiatrist who provide mentoring recommended	11056401	NO	This course is offered for mental health clinicians who have taken the Initial SRE Mentoring course.	IST	Webinar	NO	0	One Time	2	Initial SRE Mentoring class; 6 months or more of	Psychologists, Social Workers and Psychiatrist who provide mentoring recommended	Robert Horon, Ph.D.	Materials from Master List\75a MH-SRE Mentoring-Advanced - 11056401	Psychologist	This course is offered for mental health clinicians who have taken the Initial SRE Mentoring course. Mentoring was begun under agreement with the court; no court order is applicable however.
76	HB	Incorporating Cultural Competence within Suicide Risk Evaluation	MH - CULTURAL COMPETENCE WITHIN SRE	Mental Health and Primary Care Physicians	11056344	NO	Course designed as a quality improvement project (for MH clinicians and facility physicians)	IST	Webinar	Yes	1	One Time	1	N/A	Recommended for psychologists, social workers, psychiatrists, and physicians	Robert Horon, Ph.D.	Materials from Master List\76 MH-Cultural Competence within SRE - 11056344	Psychologist	The course reviews way of incorporating cultural, religious, and familial beliefs into suicide risk evaluation; provides models and assessment tools that clinicians can access to aid in this task, etc.
77	KR	Kaufman Brief Intelligence Test, Second Edition (KBIT-2)	MH - KBIT-2 – OJT	Psychologists/Social Workers at RC institutions	11056475	YES		OJT	Webinar	NO	0	One Time	1	N/A	Psychologists at RC institutions	Latter/Odipo/Scheidegger	Materials from Master List\77 MH-KBIT-2 - 11056475	Psychologist	The KBIT-2, a brief measure of verbal and nonverbal intelligence. This one-hour webinar will provide a description of the KBIT-2. The presenter will focus on administration, scoring, and interpretation of the subtests, as well as technical properties of the instrument.
78	TL	MHCB Discharge Custody Checks Policy	MH - MHCB Discharge Custody Checks	MH Clinicians, Psychiatric Technicians	11056650	YES	The course is required for mental health clinicians and psychiatric technicians. The form was	IST	Webinar	NO	0	One Time	1	N/A	MH Clinicians, Psychiatric Technicians	Robert Horon, Ph.D.	Materials from Master List\78 MH-MHCB Discharge Custody Checks - 11056650	Licensed mental health clinician or nurse instructor	To improve the continuity of clinical care for patients discharged from a MHCB, a new policy has been developed which is a revision to the MH Program Guides. The policy outlines staff responsibilities for patients discharged from a MHCB to a general population housing unit or a segregated housing unit 7-14-17 • Is the MHCB Discharge Custody Checks Policy training required for all staff? If so, are you delivering it via webinar or in person?
79	HB	Revisions to the 5-Day Follow Up Form	MH - 5-DAY FOLLOW UP FORM REVISION	MH Clinicians, Psychiatric Technicians and Nursing Staff Members	11056651	YES	The course is required for mental health clinicians and psychiatric technicians. The form was revised following feedback from the subject matter expert hired by the Office of the Special Master.	IST	Webinar	NO	0	One Time	1	N/A	MH Clinicians, Psychiatric Technicians and Nursing Staff Members	Robert Horon, Ph.D.	Materials from Master List\79 MH-5 Day Follow Up - 11056651	Licensed mental health clinician or nurse instructor	The class outlines why the 5-day follow-up form was revised and how the form is to be completed now. The course clearly describes how the form is used for suicide risk evaluation and risk management.
80	KR	DBT Skills Training: The Essentials	DBT SKILLS TRAINING: THE ESSENTIALS	Psychologists, Social Workers, Recreational Therapist and Psych Techs	11056928	NO		IST	In Person	YES	12.5	One Time	12.5	N/A	Psychologists, Social Workers, Recreational Therapist and Psych Techs	The Linehan Institute Behavioral Tech/Carrie Brecker	Materials from Master List\80- DBT Skills Training- The Essentials - 11056928	Psychologist / Social Worker	
81	TL	The Mentally Disordered Offender (MDO) Statute (PC 2960-2981, except 2974)	MH - THE MDO STATUTE	CDCR DCHS Staff including MDO unit staff (psychologist, psychiatrist, licensed clinical social workers)	11057075	NO		IST	In Person	YES	2	One Time	2	N/A	CDCR DCHS Staff including MDO unit staff (psychologist, psychiatrist, licensed clinical social workers)	Jeffrey Kropf, Ph.D., Stacy McLain, Ph.D., Juliana Rohrer, Ph.D.	Materials from Master List\81 - MH - The MDO Statute - 11057075	Psychologist	
82	TL	Epileptic Seizures and Non-Epileptic Seizures: Understanding the Differences (MDO)	MH - EPILEPTIC SEIZURES MDO	MDO Evaluators (psychologist)	11057260	NO		IST	In Person	YES	3	One Time	3	N/A	MDO Evaluators (psychologist)	Brenda A. Austin, Ph.D./ MDO Psychologists	Materials from Master List\82 - MH - Epileptic Seizures MDO - 11057260	Psychologist	
83	TL	Diagnosis, Treatment & Risk Assessment of Offenders with and withouth Paraphilias (MDO)	MH - DX, TX & RISK ASSESS OF OFFEND W/ & W/O PARAPHILIAS MDO	MDO Psychologists	11057402	No		IST	In Person	YES	2	One Time	2	N/A	Psychologists	Stacy McLain, Ph.D.	Materials from Master List\83 - MH - Dx, Tx & Risk Assess of Offenders w_wo Paraphilia(s) MDO - 11057402	Psychologist	
84	HB	Collaborative Assessment and Management of Suicidality (CAMS)	MH - CAMS	Mental Health Clinicial Staff (as selected by institutional MH leadership)	11057181	NO		IST	Online interactive video	YES	3	One Time	3	N/A	Mental Health Clinicial Staff (as selected by institutional MH leadership)	David Jobes, Ph.D. / Robert Horon	Materials from Master List\84 - MH - CAMS - 11057181	Psychologist	
85a	KR	Lift and Shift Training: Psychiatric Inpatient Program	MH - LIFT & SHIFT TRG: PSYCHIATRIC IP PRG	Psychologist, Social Workers, Psychiatrists, Admission and Discharge Unit Staff (PIP Staff)	11057277	YES PIP staff	(cite memo, find memo)	IST	In Person	No	0	One Time	3	N/A	Psychologist, Social Workers, Psychiatrists, Admission and Discharge Unit Staff (PIP Staff)	Carrie Brecker, Psy.D., Sunita Chamber, Psy.D.	Materials from Master List\85 - MH - Lift & Shift Psychiatric Inpatient Pro - 11057277	Psychologist / Social Worker	
85b	KR	Lift and Shift Training: Psychiatric Inpatient Program - T4T	MH - LIFT & SHIFT TRG: PSYCHIATRIC IP PRG (T4T)	Psychologist, Social Workers, Psychiatrists, Admission and Discharge Unit Staff (PIP Staff)	11057502	YES PIP staff	(cite memo, find memo)	T4T	In Person	No	0	One Time	6	N/A	Psychologist, Social Workers, Psychiatrists, Admission and Discharge Unit Staff (PIP Staff)	Carrie Brecker, Psy.D., Sunita Chamber, Psy.D.	Materials from Master List\85b MH - Lift & Shift Psychiatric Inpatient Prg T4T	Psychologist / Social Worker	
86	KR	Inpatient Referrals	MH - INPATIENT REFERRALS	Psychologist, Social Workers, Psychiatrists	11057276	YES	DSH MOU	IST	Webinar	No	0	One Time (Requires annual updates)	1	N/A	Psychologist, Social Workers, Psychiatrists	Carrie Brecker, Psy.D., Sunita Chamber, Psy.D.	Materials from Master List\86 - MH - Inpatient Referrals - 11057276 (CDCR Employees)	Psychologist / Social Worker	
87	TL	Suicide Risk Assessment Tools in the EHRS	MH - SRA TOOLS IN THE EHRS	Psychologist & Social Workers (optional for Psychiatrists)	11057282	YES	Dr. Eargle took the workshop on 6-6-17 and stated the class was mandatory for psychology and social workers	IST	In Person	YES	4	One Time	4	Yes, 7-hr SRE Training	Psychologist & Social Workers (optional for Psychiatrists)	Robert Horon, Ph.D.	Materials from Master List\87 - MH - Suicide Risk Assessment Tools in the EHRS - 11057282	Psychologist	7-14-17 • Is the Suicide Risk Assessment Tools in the EHRS training required for all staff? If so, will you be delivering it in person or webinar? There's been some back and forth on this one; it was originally just a CME activity and optional, then required, but now I'm not so sure.
88	HB	Suicide Case Reviewer Training	MH - SUICIDE CASE REVIEWER TRAINING	Licensed Psychologist, Licensed Social Workers	11057415	YES	MHSDS Program Guide, Rev 2009	IST	In Person	YES	14	Annual	16	Active License	Licensed Psychologist, Licensed Social Workers	Amber Carda, Psy.D.	Materials from Master List\88 - MH - Suicide Case Reviewer Training - 11057415	Psychologist / SPR-FIT	
89	KR	Crisis Intervention Team (CIT)	MH - CRISIS INTERVETION TEAM (CIT)	Psychologists, Custody Officers, Nursing	11057417	Yes	Required for staff working in CIT	IST	In Person	NO	0	One Time	4	N/A	Psychologists, Custody Officers, Nursing	Carrie Brecker, Psy.D.	Materials from Master List\89- MH - Crisis Intervention Team CIT - 11057417	Psychologist / Nursing / Custody	Course developer Rachel Latter Steiferman
90	TL	Custody, MH Partnership Plan Training			11057400														
91	HB	Completing the RVR MHA in EHRS	COMPLETING THE RVR MHA IN EHRS	Select Psychologist & Social Workers (optional for Psychiatrists)	11057632	YES		IST	Webinar	No	0	One Time	1	N/A	Select Psychologist & Social Workers (optional for Psychiatrists)	Corey Scheidegger, Ph.D.		Psychologist	
92	KR	Treatment Planning for IEX (Indecent Exposure) Housing Unit	MH - TX PLANNING FOR IEX HOUSING UNIT	Psychologists and Social Workers	11057842	NO	NO	IST	Videoconference	No	0	One Time	18	N/A	Psychologists and Social Workers	Psy.D, Carrie Brecker, Psy.D, Sunita Chamber,		Psychologist	3 hour sessions x 6 session = 18 total hours.
93	TL	New Clinician Onboarding Academy	MH - NEW CLINICIAN ONBOARDING ACADEMY	Psychologist, Social Worker, Psychiatrist	11057918	YES		IST	In Person			One time and For New Employees	32	N/A	Psychologist, Social Worker, Psychiatrist	Carrie Brecker, PsyD		PsyD/PhD	4 day module
94	HB	Countertransference	MH - COUNTERTRANSFERENCE	Psychologist, Social Worker, Psychiatrist	11057895	YES		IST	In Person	Yes	4	One time and For New Employees	4	N/A	Psychologist, Social Worker, Psychiatrist	Kathleen O'Meara		Ph.D.	
95	KR	Clinical Supervision - Individual	MH - CLINICAL SUPERVISION - INDIVIDUAL	Unlicensed Psychologists and Social Workers	11057892	YES	pursuant to the Board of Psychology and The Board of Behavioral Science	OJT	In Person	No	0	Weekly until license is obtained	1	N/A	Unlicensed Psychologists and Social Workers	Travis Williams, PsyD		PhD/PsyD/LCSW	
96	KR	Clinical Supervision - Group	MH - CLINICAL SUPERVISION - GROUP	Unlicensed Psychologists and Social Workers	11057891	YES	pursuant to the Board of Psychology and The Board of Behavioral Science	OJT	In Person	No	0	Weekly until license is obtained	1	N/A	Unlicensed Psychologists and Social Workers	Travis Williams, PsyD		PhD/PsyD/LCSW	
97	HB	MH Supervisors Conference	no code required	MH Supervisors	NO CODE REQUIRED	NO	-	-	in person	YES	14	One Time	14	N/A	MH Supervisors	Sunita Chamber PsyD		PsyD	
98	TL	Onboarding Inpatient Coordinator Sustainable Process Training	MH - ON-BOARDING IPC SUSTAINABLE PROC	Inpatient Coordinators (IPCs) at each EOP Institution	11058056	YES	For all new IPCs	IST	Webinar	No	0	One Time	3	N/A	For all new IPCs	Sylvia Shirikian, PsyD		PsyD	
99	TL	Annual Sustainable Process Inpatient Coordinator Training	MH - ANNUAL SUSTAINABLE PROCESS IPC	Inpatient Coordinators (IPCs) at all Sustainable Process Institutions	11057931	YES		IST	In Person	No	0	Annual	4	Sustainable Process Onboarding Training	IPCs at all sustainable process institutions	Sylvia Shirikian, PsyD		Sylvia Shirikian, Psy.D & Theresa Owens	

PSYCHOLOGY INTERNSHIP STATEWIDE ASSESSMENT TRAINING CALENDAR

Note: The Statewide Psychological Webinars will take place every 2nd Friday from 9:00-11:00 AM.

Month 2017/2018	Training Subject	Webinar/Local classroom	Description
September 8, 2017	**Mental Status Examination (MSE)**	local	**The MSE is a foundational method of gaining real-time patient information in a systematic, brief manner.** It helps us monitor treatment process, and gives us a snap-shot of how a patient's symptoms may be responding to intervention. It is key toward the provision of effective, individualized mental health services.
October 13, 2017	**Initial Intake**	local	**Patient History and initial assessment:** Based upon current health record requirement. Instructor will work through the taking of a good patient history and apply good practices toward making a good case formulation using this information. The findings will inform the differential diagnostic process.
November 9, 2017 (Thursday due to holiday on Friday)	**Part I: Intellectual Assessment**	Webinar	**Intellectual Assessment includes a range of standardized, psychological tests that measure various facets of intelligence.** Part I deals with the theories and issues related to the choice of tests and their basic characteristics. It also helps the learner gain additional understanding into the principles upon which this category of tests are based.
December 8, 2017	**Part II: Intellectual Assessment**	Webinar	**Intellectual Assessment:** Part II deals with the application of the principles and theories explored in Part I.
January 12, 2018	**Part I: Suicide Risk Evaluation**	local	**Suicide prevention is one of the core goals of treatment at CDCR.** Part I: expands previous trainings and enables the intern to receive individualized training in this area. It covers primarily the basic suicide evaluation tools.
February 9, 2018	**Part II: Advanced suicide risk evaluation and self-harm assessment**	local	**Part II:** Provides a more detailed exploration of the varying possibilities in the EHRS for evaluating not only basic suicide factors, but this coursework extends the focus to include self-harm and safety planning.

Month 2017/2018	**Training Subject**	**Webinar/Local classroom**	**Description**
March 9, 2018	**Part I: Neuropsychological Screening**	Webinar	**Part I: Neuropsychological screening:** Neuropsychological screening can help provide vital information for understanding the presentation of a substantial number of patients in corrections whose symptomatic exhibits complex causal factors. Here, the theories and special issues of commonly-used screening tools will be explored.
April 13, 2018	**Part II: Neuropsychological Screening**	Webinar	**Part II: Neuropsychological screening:** This coursework deals with the aspects of practical application of neuropsychological screening tools.
May 11, 2018	**RVR and DDP assessment**	local	**RVR and DDP assessment:** This local training helps the learners to deepen their understanding of the RVR Mental Health Assessment tool and the tools used in the Developmental Disabilities Program. It gives the participants an opportunity to bring questions and comments related to any experience they may have had in this area, and broadens their knowledge of the varying types of CDCR-specific assessment.
June 8, 2018	**Part I: Personality Assessment**	Webinar	**Part I: Personality Assessment:** This coursework aims at reviewing the basic tenets of personality testing, while giving the participant to assess his/her current knowledge level related to theoretical bases of personality assessment and the general issues.
July 13, 2018	**Part II: Personality Assessment**	Webinar	**Part II: Personality Assessment:** Part II deals with the practical application of personality assessment and gives the participant the opportunity to review his/her skills in this area.

CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION
STATEWIDE MONTHLY DIDACTIC CALENDAR
2-HOUR DIDACTIC SEMINAR
2017-2018

Statewide "Scholarly Seminars": Institutional Training Programs will rotate duties of planning and providing scholarly seminars with relevant, clinical themes for a 2-hour session. Statewide scholarly seminars take place every third Friday from 9 AM to 11 AM.

September 22, 2017

Introduction to Practice as a Primary Clinician in Correctional Mental Health Care

Instructor: Frank Weber, Ph.D.

Solid Documentation
Importance of Self Care/Preventing Burn Out
Ethics/Strategies/Report Writing *(Dr. Weber, Psychologist)*
Interfacing with custodial and other non-mental health professionals
Collecting collateral information for your case conceptualization
Cultural competency in prison settings
Adapting clinical interventions to prison settings

October 20, 2017

Motivational Interviewing and Program Evaluation

Instructor: Sonia Ruiz, Ph.D.

Basic skills
Active listening
Open-ended vs. close-ended questions
Giving reflections
Influencing thought processes
The patient as a responsible member of the treatment team
Using motivational interviewing to perform consultation
Theories and Methods of Program Evaluation
Evaluating your individual and group therapy outcomes

CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION
STATEWIDE MONTHLY DIDACTIC CALENDAR
2-HOUR DIDACTIC SEMINAR
2017-2018

November 17, 2017

Supervision
Instructor: Frank Weber, Ph.D.

The Intern as a Supervisor

Theories of supervision
APA guidelines and expectations for supervision
Developmental/competency-based supervision
Basic supervisorial skills

- Self-assessment as part of supervision
- When to seek consultation/mentoring
- Addressing areas of weakness
- Setting goals and objectives within a professional development framework
- What to disclose to your supervisee
- Creating a fertile basis for sharing information and giving feedback
- What and how to document / Practicing supervisory skills whether with practicum students or using vignettes

December 15, 2017

Recognizing and Dealing with Psychopathy in a Correctional Setting
Instructor: Marilyn Immoos, Ph.D.

Psychopathy Checklist-Revised and its Critics
Identifying signs and symptoms of Psychopathy
Special Communication Skills
Issues in Treatment Planning
Providing and receiving supervision in working with psychopathic individuals
Differentiating psychopathy from other sources of institutional violence

January 19, 2018

Issues of Aging and Cognitive Impairment
Instructor: Marilyn Immoos, Ph.D.

Medical Issues and Mental Health
Healthy aging vs. abnormal cognitive decline
Neurocognitive Disorders, Mild
Neurocognitive Disorders, Major (dementia)
Consultation and Referrals
Effective interventions with elderly patients

CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION
STATEWIDE MONTHLY DIDACTIC CALENDAR
2-HOUR DIDACTIC SEMINAR
2017-2018

February 16, 2018

New Patient: Initial Case Analysis: Identifying Key Patient Issues During Early Evaluative Phases
Instructor: Marilyn Immoos, Ph.D.

- You have a new patient
- How do you begin identifying the patient's core case components?
- What are the factors you should consider when prioritizing the importance/severity of the patient's issues?
- This webinar consists of a basic guide during your initial sessions and an opportunity to practice with your colleagues on sample case studies

March 16, 2018

Differential Diagnosis of Psychosis Due to Stimulant Use
Instructor: Marilyn Immoos, Ph.D.

April 20, 2018

Identifying and Addressing the Most Common Cultural Diversity Issues as a Primary Clinician at CDCR
Instructor: Sharon Page-Pressley, Psy.D.

Diversity in Practice
Role of the Family in various populations
SES issues
LGBT
Prison and Gang Culture
The contribution of racial and ethnic health and mental health disparities on recidivism
Racial and ethnic macro and micro-aggressions

CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION
STATEWIDE MONTHLY DIDACTIC CALENDAR
2-HOUR DIDACTIC SEMINAR
2017-2018

May 18, 2018

Suicide Prevention
Instructor: Robert Horon, Ph.D.

Overview of major suicidological theorists: Why do people kill themselves
Assessing and Integrating Culture within suicide risk assessment
Understanding the statistics (community and correctional settings, national, state, etc.)
Evaluating chronic, acute and protective factors
Documenting risk formulation and safety/treatment planning
Treating the suicidal patient: Core competencies
Effective empirically-supported interventions for suicidal patients: Introduction to CAMS (example treatment)
Inpatient referrals and involuntary treatment issues

June 15, 2018

Countertransference
Instructor: Marilyn Immoos, Ph.D.

Types of triggers
Identifying clinician's reactions
Cultivating an objective, professional approach
Analyzing effects of provoking patient behaviors during interactions
Integrating information related to countertransference into case analysis
Communication strategies for dealing with provocation
Treatment options for adversarial patients

July 20, 2018

Looking Forward
Instructors: Lamberto Domingo, Ph.D. and Sonia Ruiz, Ph.D.

Intern presentations
Guest speaker from CPA
Statewide Internship Training Director Address

Syllabus for Internship Week by Week Author Tracking Log

Week #	Author	Site/Location	Consortium (N/S)	Module 1	Module 2	Module 3	Module 4
1	Dr. Marilyn Immoos	HQ / Elk Grove		**Introduction to practicing in a correctional setting:** * Rules and Guidelines for working in our institution as a MH clinician * Rules and Guidelines for working in our program as a MH clinician * Vision of MHSDS * Population served	**Initial intake/assessment** * Overview of intake/assessment content * Eliciting information from the inmate during the initial interview(s) * Documenting identifying data * Including the necessary forensic information * Documenting behavioral alerts	Practice examples * Working through real cases * Practicing in formulation of interview questions * Documenting your observations & findings	Discussion
2	Dr. Marilyn Immoos	HQ / Elk Grove		**Primary mental health disorders treated in the MHSDS (Comparison DSM IV TR with DSM-5)** * Schizophrenia spectrum * Attenuated Psychosis * Delusional Disorder * Schizophreniform * Brief Psychotic Disorder * Material for institutions using DSM IV TR. For institutions using EHRS Dr. Domingo has DSM-5 materials to use.	**Diagnosis of residual psychotic symptoms due to long-term, previous drug use** * Frequent Pt. population in corrections No real diagnosis in DSM (ICD-10) has a diagnosis that fits, however F1.x75 Late-onset psychotic disorder (due to psychoactive substance use): * Diagnosing and treating this population in prison * Substance-Induced Pyschotic disorder * Psychotic disorder due to a General medical condition	Timelines for treatment/re-evaluation	Discussion
3	Dr. Marilyn Immoos	HQ / Elk Grove		**Routine Interview** * Effective interview styles * Building a good therapeutic relationship * Communication issues * How to recognize and deal with manipulation and attempts at over-familiarity by patients-inmates * Contents of a face-to-face interview	**Working with inmate-patients:** * Intentional production of symptoms * Complex and multi-diagnoses * Other behavioral issues * Confidentiality in a correctional setting - IDTT as a multi-disciplinary body, which includes custody officers	Simple role plays	Discussion
4	Dr. Sonia Ruiz	RJD	S	**Overview of Group Therapy Basics** * Overview of stages (Tuckman) * Skills and training	**Special Issues in Corrections** * Difficult participants * Conflict resolutions * Motivation	**Yalom and other basic theories of group therapy** * Ending the session	Discussion and Practice
5	Each Institution Separately	ALL	Both	**Electronic Unit Health Record Use/Electronic Health Record** (note: this training will be developed by each site for it's own interns)	**Overview of the forms & what they contain** * Mental Health Evaluation * Treatment plan * Progress notes * Suicide Risk Evaluation * Brief clinical overviews and summaries	**Practice on acessing different types of information** * How to connect up the Treatment Plan with your monitoring of Pt. current condition & Sx	Practice and Discussion
6	Dr. Tanya Holland	Solano	N	**Your Development as a Clinician** * Your learning process * Honesty, active listening, and sincerity * Working with a supervisor or proctor	**Retaining your ethics & values** * Maintaining boundaries * Being aware of your surroundings * Knowing your ethics code	**Self-care and Communication** * Outside of work * Preventing burnout * Honest communication w/ supervisors & peers * Bend, but don't break	Discussion
7	Dr. Tanya Holland	Solano	N	**Working with correctional and other non-MH staff** * Communication strategies * Limitations of confidentiality * What & How to report	**Establishing and maintaining relationships** * Collaborating and sharing of vital inforamtion * Finding your "niche" as a mental health provider in a multi-disciplinary correctional environment	Role plays with members of other disciplines	Discussion

Syllabus for Internship Week by Week Author Tracking Log

Week #	Author	Site/Location	Consortium (N/S)	Module 1	Module 2	Module 3	Module 4
8	Each Institution Separately	ALL	Both	**Accessing and using collateral information** * Accessing and interpreting forensic information (criminal history, current offense information and behaviors and risk factors related to committing offense(s) * Interviewing clinical and non-clinical staff and documentation of and use of this information (each institution will conduct separately)	**Accessing and using collateral information** * Accessing and interpreting forensic information (criminal history, current offense information and behaviors and risk factors related to committing offense(s) * Interviewing clinical and non-clinical staff and documentation of and use of this information	**Accessing and using collateral information** * Accessing and incorporating medical history * How to find and document prescribed psychiatric medications	Discussion
9	Each Institution Separately	ALL	Both	**Clinical Intake Assessment (includes):** * Review of inmate-patient's Central File and eUHR/EHRS * Face-to-face interview with inmate-patient and interviews with other staff * Review of previous mental health records * Degree of impairment * Evaluation of suicide and violence potiential This session will be developed by each site	**Training on Mental Health Evaluation (7386)/EHRS requirements for Initial Intake:** * Basic form completion * Identifying Patient * Correctional information * Effective communication * Developmental Disability Program (DDP)	**Training on Mental Health Evaluation (7386) cont'd.:** * Purpose * Presenting Problem/Summary of Evaluation * Developmental and social history	**7386, cont'd** Medical History Mental Health Treatment Settings Summary of MH history History of psychiatric medications
10	Dr. Barbara Bachmeier	CMF	N	**Treatment planning** * Gathering information for designing treatment plan * Thearpy types and indications for specific disorders * Training on drafting of Treatment Plan * What belongs in a treatment plan	**Treatment planning** * How to prioritize and formulate the problems to be addressed in treatment * How to identify and document treatment objectives * How to identify and document treatment goals * Understanding measurable outcomes and how to document	**Treatment planning** * Mental Status Exam contents for a treatment plan * Preparing for your participation as member of the in Interdisciplinary Treatment Team	Summary of Treatment Planning
11	Dr. Neakrase	CMF	N	**Writing a progress note** * Basic outline of note * How to determin what's important and what isn't * Patient quotes	**Mental Status Examination** * Categories * How to assess * How to document findings * How not to document	Examples * Good examples * Examples of inadequate documentation	Discussion and Practice
12	Dr. Marilyn Immoos	HQ / Elk Grove		**Part 1 (in a 3-part series)** **Manifestations of Psychotic Symptoms in Schizophrenia & Schizophrenia-related Disorders** * Effective ways to detect psychotic symptoms * Effective strategies for assessing credibility of patient reported hallucinations	* Effective assessment of patient reported delusions * Assessing credibility of patient signs of disorganized speech & behaviors * Exploring major components of negative symptoms	* Use of helpful tools * Practice with use of Guide for Assessing Credibility of Psychotic Symptoms in Mental Disorders	* Use of case samples * Discussion
13	Dr. Marilyn Immoos	HQ / Elk Grove		**Part 2** **Manifestations of Psychotic Symptoms in Mental Disorders Not closely Related to Schizophrenia** * Most common types of psychotic symptoms & their presentations * Psychotic Sx that may be related to current or recent substance use	* Psychosis that may be related to other medical conditions * Psychotic Sx in Bipolar I (mania) & in MDD w/ psychotic features	* Psychotic Sx in Borderline P.D., psychosis-imitations in Schizotypal P.D.	* Practice in use of case samples & Guide * Discussion
14	Dr. Marilyn Immoos	HQ / Elk Grove		**Part 3** **Theory & Practice of Assessing for Credibility of Psychotic Sx in Commonly-Treated Mental Disorders** * Motivations for false or exaggerated reports * Red flags * Practice in case evaluation using the Guide for Assessing the Credibility of Patient Reports of Psychotic Sx	* Practice in cases involving psychotic symptoms that may be related to "another medical condition, " including previous, long-term drug use	* Practice in determining credibility of reported Sx that may be related to a mood disorder * Psychotic Sx credibility related to Borderline P.D. & Schizotypal issues	* Intense Practice using Guide for Assessing the Credibility of Pt. Reports of Psychotic Sx

Syllabus for Internship Week by Week Author Tracking Log

Week #	Author	Site/Location	Consortium (N/S)	Module 1	Module 2	Module 3	Module 4
15	Dr. Joseph Obegi	CHCF	N	**Justification of Suicide Risk** * Purpose * General contents of the document * Sources * Research basis of the "Data Collection" sections * Improving your risk evaluation skills	**Suicide Risk Evaluation (7447)** * Part 1: Data Collection - Check boxes - Risk factors - Protective factors - "Is PATH WARM" - Plan or intent?	**Suicide Risk Evaluation (7447)** * Part II - MSE - Estimate of Risk - Justification - Safety/Risk Reduction Plan	Discussion/Practice risk formulation vignette
16	Dr. Heather L. Stephens per Dr. Sonia Ruiz	RJD	S	**Psychologist Consultation:** * With other Primary Clinicians * With psychiatry * With Medical	**Psychologist Consultation** * Providing consultation to custody officers * Providing consulation to obtaining consultation from teachers and inmate supervisors * Providing consultation to adminstrators	**Psychologist Consultation:** * Communication techniques * Consultations with DDP program * Consultation with other programs * Providing consultation to religious staff members	Discussion
17	Dr. Mark Hume	CIW	S	**Offense-related assessment** * Overview of types * Indications for forensic assessment * Benefits from understanding assessment	**Other tools for predicting violence** * Psychological testing tools * Forensic testing: - Actuarial tests - Structured interviews - File reviews - Integrative evaluation processes	**Treatment issues related to ASPD/psychopathy** * Contraindications * What works * What doesn't work	Discussion and Practice
18	Dr. Tanya Holland	SOL	N	**Face-to-face interviews and case management** * Effective interview styles * Building a good therapeutic relationship * Communication issues	**Face-to-face interviews and case management** * Contents of a face-to-face interview * Mental Status Exam contents for a progress note	**Face-to-face interviews and case management** * Documentation requirements on a progress note (training on progress note)	Practice on progress note format / Questions
19	Belinda Comeaux	HQ / Elk Grove		**Making referrals** * Types of referrals * Referral forms * Referrals to other services (for example, "medical")	**Making referrals** * Referrals for testing * Documentation requirements	**Making referrals** * Criteria and procedures for referring an inmate-patient to a higher level of care Documentation	Discussion
20	Dr. Marilyn Immoos	HQ / Elk Grove		**History of Major Theoretical Orientations:** * Behaviorism & Social learning - Significant theorists - Basic Tenets - Classical vs. Operant Conditioning - Social learning theorists - Cognitive Psychology	**History of Major Theoretical Orientations:** * Introduction to Freud's Psychoanalysis * Major theoretical components * Use in therapy * Changes in Freud's theory during later years	**History of Major Theoretical Orientations:** * Introduction to Existential thought * Application of Existentialism in psychotherapy - Binswanger - Frankl's Logotherapy	**History of Major Theoretical Orientations:** Discussion
21	Dr. Mailyn Immoos	ALL	Both	**Major Theoretical Orientations & Their Related Common Psychotherapies:** • Behaviorism & Social learning - Behavior-change based therapies - Social learning & modeling techniques - CBT - DBT	**Major Theoretical Orientations & Their Related Common Psychotherapies:** * Current Psychodynamic Theory & practice * Ego Psychology * Object-Relations * Self Psychology	**Major Theoretical Orientations & Their Related Common Psychotherapies:** * Current application of Existential Psychology to Psychotherapy * Other methods	**Major Theoretical Orientations & Their Related Common Psychotherapies:** Discussion
22	Dr. Marilyn Immoos	HQ / Elk Grove		**Example of Psychodynamic Group Psychotherapy:** * The presenter and interns simulate a group therapy session * The presenter and interns use an excerpted session from a group therapy toolkit	**Example of Psychodynamic Group Psychotherapy:** Using the Guide in Script form, the presenter begins by playing the role of the facilitator, while the interns play the (inmate) participants	**Example of Psychodynamic Group Psychotherapy:** Presenter & interns switch roles, so that the interns all get a chance to play both.	**Example of Psychodynamic Group Psychotherapy:** Intern discussion with presenter
23	Dr. Charles Odipo	HQ / Elk Grove		**Developmental Disabilities Program (DDP or Clark Program):** * Program Overview * Description of the DDP cohort * Making Referrals * Vulnerabilities in prison due to developmental disability (Odipo)	**Overview of DDP testing:** * Quick Test * TONI-4 * Case III * Other possible tests	**Effective Communication & other common adaptive help, for example:** * Speak slowly * Use simple language * Ask inmate to repeat things in own words * Other	Role plays and discussion

Syllabus for Internship Week by Week Author Tracking Log

Week #	Author	Site/Location	Consortium (N/S)	Module 1	Module 2	Module 3	Module 4
24	Belinda Comeaux	HQ / Elk Grove		**Pre-release planning** * Case management of physical transition * Connecting with Parole Agen or county probation officer to determine resources available, timelines, etc.	**Pre-release planning** * Working with Transitional Case Managers (TCMP) to ensure that requirements for request for benefits are met * SSI applications and your role in the process	**Advanced eUHR review for SSI**	Discussion
25	Dr. Barry Perlmutter	SOL	N	**Legal issues** * Special confidentiality guidelines for the correctional setting * Court orders and your documentation * Due process issues and inmate rights	**Legal Issues** * Mandatory reporting issues (Tarasoff/Ewing, and reporting child and elder abuse requirements) * Coleman Lawsuit & how it guides practice at CDCR * Clark Case	**Legal issues** * Ethical standards for professional conduct	Discussion
26	Dr. Barry Perlmutter	SOL	N	**Professional Ethics for Psychologists** * Review of APA ethical guidelines * Responsibilities of psychologists * Difficulties & special areas of ethical practice	**Ethical practice in a correctional setting:** * Special provisions regarding confidentiality * Therapeutic relationship to patients * Obligation to maintain safety & security in institution	**Special pitfalls in a correctional setting** * Patient manipulation * Self-disclosure issues * Gift-acceptance & other types of actions	Discussion of YOUR particular thoughts & concerns
27	Dr. Marilyn Immoos	HQ / Elk Grove		**Example of Cognitive Behavioral Therapy-based Group Psychotherapy:** • The presenter and interns simulate a group therapy session • The presenter and interns use an excerpted session from a group therapy toolkit	**Example of Cognitive Behavioral Therapy-based Group Psychotherapy:** Using the Guide (in Script form), the presenter begins by playing the role of the facilitator, while the interns play the (inmate) participants	**Example of Cognitive Behavioral Therapy-based Group Psychotherapy:** Presenter & interns switch roles, so that the interns all get a chance to play both.	**Example of Cognitive Behavioral Therapy-based Group Psychotherapy:** Intern discussion with presenter
28	Dr. Marilyn Immoos	HQ / Elk Grove		**Example of Group Psychotherapy based upon Logotherapy (based on Existential Psychology):** * The presenter and interns simulate a group therapy session * The presenter and interns use an excerpted session from a group therapy toolkit	**Example of Group Psychotherapy based upon Logotherapy (based on Existential Psychology):** Using the Guide (in Script form), the presenter begins by playing the role of the facilitator, while the interns play the (inmate) participants	**Example of Group Psychotherapy based upon Logotherapy (based on Existential Psychology):** Presenter & interns switch roles, so that the interns all get a chance to play both.	**Example of Group Psychotherapy based upon Logotherapy (based on Existential Psychology)**: Intern discussion with presenter
29	Dr. Marilyn Immoos	HQ / Elk Grove		**Example of Group Psychotherapy based upon Dialectical Behavioral Therapy:** * The presenter and interns simulate a group therapy session * The presenter and interns use an excerpted session from a group therapy toolkit (DBT)	**Example of Group Psychotherapy based upon Dialectical Behavioral Therapy (DBT):** Using the Guide (in Script form), the presenter begins by playing the role of the facilitator, while the interns play the (inmate) participants	**Example of Group Psychotherapy based upon Dialectical Behavioral Therapy (DBT):** Presenter & interns switch roles, so that the interns all get a chance to play both.	**Example of Group Psychotherapy based upon Dialectical Behavioral Therapy (DBT):** Intern discussion with presenter
30	Dr. Marilyn Immoos	HQ / Elk Grove	N	**Cultural/linguistic issues:** * What is culture? * Definition of multi-cultralism * CDCR's policy regarding cultural fairness * Cultural heterogeneity and attitudes toward mental illness * Cultural diversity and attitudes regarding individualism vs. group-orientation	**Procedures for addressing language understanding problems with non-native English speakers:** * Procedures for obtaining a language interpreter/sign language interpreter * Tips for working with an interpreter * Cultural diversity and communication styles	**Cultural evaluation tools:** * Current DSM materialsz * Needs & strengths assessment related to cultural background factors	Discussion & practice using tools

Syllabus for Internship Week by Week Author Tracking Log

Week #	Author	Site/Location	Consortium (N/S)	Module 1	Module 2	Module 3	Module 4
31	Dr. Marilyn Immoos	HQ / Elk Grove		**Gender responsive treatment in corrections:** * How do the needs of incarcerated women differ from those of men? * Strenghts women generally bring to the table * How various psycho-social factors show in females * Poverty * Parenting * Relationships	**Addiction in women offenders:** * Relationships & drugs * Sobriety as a goal * Staying the course (social support) * Dealing with cravings	**Stress coping and Dialectical Behavior Therapy for women** * DBT skills training * Social support * Making relaxation a priority in everyday life	DBT practice session, stress-coping, relaxation
32	Dr. Marilyn Immoos	HQ / Elk Grove		**Designing Training Materials for Mental Health Clinicians** * Planning phase * Sample exercise * Research phase * Exercise	**Designing Training Materials for Mental Health Clinicians** * Designing lesson plan * Sample lesson plan with exercise	**Designing Training Materials for Mental Health Clinicians** * Designing the PPT * Designing handouts	**Designing Training Materials for Mental Health Clinicians** * Practice * Discussion
33	Dr. Marilyn Immoos	HQ / Elk Grove		**Gang culture in prison** * History * Overview of gangs * Hierarchy and rules * SNY issues	**Gang rules and mental health treatment** * Inherent dangers for MHSDS participants in some Hispanic gangs * Mental Health treatment (CCCMS) in the SHU * Risks for mental health providers	**Gang hierarchy and prison life** * Gang rules and mental health * Reporting safety and security issues	Discussion
34	Dr. Marilyn Immoos	HQ / Elk Grove		**Aging in prison** * Dealing with an aging population in prison * Housing issues * Medical issues	**Dementia in prison:** * Dealing with early-phase dementia * Screening for dementia * Referrals to Medical and working with Medical * When refer to for DDP testing (to the Clark psychologist)	**How and when CDCR provides inpatient care (transfer to) to individuals with various stages of dementia**	Practice using case vingettes
35	Anne Barber, ASW	RJD	S	**Grief and loss in a correctional setting** * Attachment theory Tasks of Mourning	**Facilitating appropriate grief** * Normal vs. complicated bereavement	**Working through complicated bereavement** * Promoting resiliency Cultural expressions of loss	Discussion
36	Dr. Marilyn Immoos	HQ / Elk Grove		**The Theory & Practice of Clinical Case Formulation:** * Why formulate? * Steps in case formulation * Individual & systemic levels	**The Theory & Practice of Clinical Case Formulation:** *4 P's Model *Inferring Psychological Mechanisms	**The Theory & Practice of Clinical Case Formulation: Case example:** *Exploring data (chart review) * Organizing data (4 P's) * Formulating working hypothesis * Inferring Psychological Mechanisms *Formation of schemas	**The Theory & Practice of Clinical Case Formulation: Case example:** *Defenses, Projective identification, & Traumatic Repetition *Biological Perspective *Forming working hypothesis *Different Theoretical Perspectives *IDTT meeting
37	Dr. Marilyn Immoos	HQ / Elk Grove		**Example of Humanistic Psychology-based Group Therapy:** * The presenter and interns simulate a group therapy session * The presenter and interns use an excerpted session from a group therapy toolkit	**Example of Humanistic Psychology-based Group Therapy:** * A discussion of ethics taking place in a story * Participants listen to story & are asked to give their opinions at the end of each section	**Example of Humanistic Psychology-based Group Therapy:** * Interns play group participants (inmates) processing their experience with the group facilitator	**Example of Humanistic Psychology-based Group Therapy:** Intern discussion with presenter
38	Dr. Marilyn Immoos	HQ / Elk Grove		**Example of "Problem-Solving" Group Therapy:** * The presenter and interns simulate a group therapy session * The presenter and interns use an excerpted session from a group therapy toolkit	**Example of "Problem-Solving" Group Therapy:** Using the Guide (in Script form), the presenter begins by playing the role of the facilitator, while the interns play the (inmate) participants	**Example of "Problem-Solving" Group Therapy:** Presenter & interns switch roles, so that the interns all get a chance to play both.	**Example of "Problem-Solving" Group Therapy:** Discussion
39		CMF	N	**PTSD and other Trama Related Illnesses and Issues**			

Syllabus for Internship Week by Week Author Tracking Log

Week #	Author	Site/Location	Consortium (N/S)	Module 1	Module 2	Module 3	Module 4
40	Dr. Marilyn Immoos	HQ / Elk Grove		**Countertransference** * Determining what I feel at the time * Recognizing my triggers * Knowing what types of behaviors make me angry	**Using Information Derived from Countertransference to:** * Understand patient interactions better * Obtain more insight into personality factors of the patient * Create treatment strategies for addressing these problems	**Practicing treatmetn strategies for difficult patients:** * What works? * What doesn't work * Role plays	Discussion
41	Dr. Marilyn Immoos	HQ / Elk Grove		**Psychoeducation: Patient Self-Care (to be presented by an intern)** * Simulate an individual or group therapy session * What do you need to take good care of yourself in prison?	**Psychoeducation: Patient Self-Care** * Maslow's Need Hierarchy * Immediate Physiological Needs * Teaching participant(s) to use Workbook items	**Psychoeducation: Patient Self-Care** * Safety Needs in Prison * Examples * Brainstorming with participant(s)	**Psychoeducation: Patient Self-Care** * Self-evaluation of intern's presenting experience * Group discussion: Contents, presentation, suggestions, questions, feedback
42	Dr. Sonia Ruiz and Dr. Lamberto Domingo	RJD and CMF	N/S	**Self Care, Burnout, Vicarious Trauma, and Compassion Fatigue** *			
43	Dr. Marilyn Immoos	HQ / Elk Grove		**Part 1: Differential Diagnosis of personality Disorders, Clusters A & C:** * General Personality Disorder Issues * Introduction to use of Guide to Differential 'Diagnosis of Personality Disorders	**Part 1: Differential Diagnosis of personality Disorders, Clusters A & C:** * Cluster A Personality Disorders * Using Guide to track manifestation of Sx (DSM-5) * Practicing Differential Diagnosis with the Guide * Formulating a Working Diagnosis	**Part 1: Differential Diagnosis of personality Disorders, Clusters A & C:** * Cluster C Personality Disorders * Using Guide to track manifestation of Sx (DSM-5) * Practicing Differential Diagnosis with the Guide * Formulating a Working Diagnosis	**Part 1: Differential Diagnosis of personality Disorders, Clusters A & C:** * Practice with additional Role Plays and Discussion
44	Dr. Marilyn Immoos	HQ / Elk Grove		**Part 2: Differential Diagnosis of personality Disorders, Cluster B:** * General Personality Disorder Issues * Introduction to use of Guide to Differential 'Diagnosis of Personality Disorders	**Part 2: Differential Diagnosis of personality Disorders, Cluster B:** * Cluster A Personality Disorders * Using Guide to track manifestation of Sx (DSM-5) in ASPD * Adding the recommended additions to diagnostic process (DSM-5)	**Part 2: Differential Diagnosis of personality Disorders, Cluster B:** * Using questions (in Guide) excerpted from the SCID-5-PD * Diagnosing BPD * Diagnosing NPD * Diagnosing Histrionic PD	**Part 2: Differential Diagnosis of personality Disorders, Cluster B:** * Playing through role plays * Augmenting role play materials with your own ideas * Discussion
45	Dr. Marilyn Immoos	HQ / Elk Grove		**Recognizing and dealing with psychopathy (part 2)** The purpose of today's lesson is to enhance the diagnostic skills practiced during previous sessions in the differential diagnosis of a case involving psychopathy by following the Guide to Understanding Psychopathy. **Part 1,** Recognizing and Dealing with Psychopathy in a Correctional Setting, was presented as a Statewide Webinar on December 16, 2016, providing you with basic concepts of psychopathy. **Part 2** was designed to provide a brief review, and then give you the opportunity to practice on a case sample with guidance.	**Recognizing and dealing with psychopathy (part 2)** * Identify the major factors necessary for identifying symptoms of psychopathy by using the Guide, which is based on the Technical Manual of the Psychopathy Checklist, Revised (Hare, 2003). * Identify the core types of collateral information (e.g.: chart reviews, staff interviews, etc.) necessary for a thorough assessment.	**Recognizing and dealing with psychopathy (part 2)** * Conduct a practice interview using the materials found in the sample case and the breakdown of the PCL-R 20 items. * Formulate a concise working assessment of the sample case.	**Recognizing and dealing with psychopathy (part 2)** Discussion
46	Dr. Marilyn Immoos	HQ / Elk Grove		**Differential Diagnosis of MDD** * Main diagnostic criteria (DSM-5) * Patient interview questions (SCID-5-CV)	**Differential Diagnosis of MDD** * Severity specifiers * Other specificers (drilling down on MDD symptoms)	**Differential Diagnosis of MDD** * Major dimensions of psychotic features in MDD * Differential diagnosis of MDD	**Differential Diagnosis of MDD** * Practice samples * Discussion
47	Dr. Marilyn Immoos	HQ / Elk Grove		**Understanding Bi-polar spectrum disorders (DSM 5) (to be presented by an intern)** * Theoretic basis * Overview of types * Spectrum concepts	**Differential Diagnosis of Bipolar Disorders** * Identifying disorders that share symptoms with BP * Identifying the differences between these disorders and BP * Designing a Reminder Sheet	Vignettes and role plays	Discussion and practice

Syllabus for Internship Week by Week Author Tracking Log

Week #	Author	Site/Location	Consortium (N/S)	Module 1	Module 2	Module 3	Module 4
48	Each Institution Separately	ALL	Both	**Self-study presentations** * Interns present summaries of their self-study projects (for example, special testing projects, research, special areas of interest, etc.) (note: this training will be developed by each site for it's own interns)	**Self-study presentations** Interns present summaries of their self-study projects (for example, special testing projects, research, special areas of interest, etc.)	**Self-study presentations** Interns present summaries of their self-study projects (for example, special testing projects, research, special areas of interest, etc.)	Self-study presentations Interns present summaries of their self-study projects (for example, special testing projects, research, special areas of interest, etc.)
49	Each Institution Separately	ALL	Both	**Review of psychology practice in a correctional setting** (note: this training will be developed by each site for it's own interns)	**Special issues in diagnosis & treatment of inmate-patients**	**Your role as a psychologist practicing in a correctional setting** * Compliance with deadlines * Law & ethics surrounding practice * Special concerns related to confidentiality in a prison setting	Student evaluation of this program

Key Legend Highlights
Grey – Social Worker Belinda Comeaux (HQ)
Yellow – Dr. Marilyn Immoos (HQ)
Green – NCDCR Lamberto Domingo
Pink – Solano (Northern) – Barry Perlmutter or Tanya Holland
Blue – SCDCR Jennifer Foote or Sonia Ruiz
Blue - Mark Hume – CIW (Southern)

Housekeeping

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- You may use the chat function located on the right of your screen for any questions or comments. A response will be provided to you as soon as possible.
- Please complete your sign-in sheet (ensure your institution name is also recorded) and forward to CMEReview@cdcr.ca.gov or fax to 916-691-0658 within the next two business days. This is required for the issuance of a CME Certificate.
- A random post-evaluation survey will be conducted three months following the CME Activity. If you are selected, your prompt response is appreciated.
- The training presentation will be posted on the LIFELINE after all sessions of the Activity are completed: http://cchcsnet/cphcs/hc/medical/primarycare/QI/Pages/TrainingPresentations.aspx
- Never put phones on HOLD.

Safety/Treatment Planning for Suicide Risk Assessment

Robert Canning, Ph.D.
Suicide Prevention Coordinator

Disclosure

- None of the faculty, planners, presenters, committee, or staff involved in planning the activity have any relevant financial relationships with commercial interests.

Today's Course

- Class length is two hours
- Two hours of Category I Continuing Medical Education credit
  - Physicians and psychologists
  - LCSWs will obtain separate certificates
- Evaluations and sign-in sheets required to get credit
- Required for all CDCR mental health clinicians

Why now?

- Reviews of SRE's by the Court's expert plus internal audits have shown:
  - Typical treatment/safety plans are non-specific and not tailored to the individual
  - Often simply repeat policy ("continue CCCMS") rather than specify treatment
  - Do not address modifiable risk and protective factors or warning signs
  - They bear little relationship to the levels of risk noted by the clinician

Learning Objectives

- After today's class, clinicians will be able to:
  - Identify when safety planning for suicide risk is required
  - Describe the important components of any suicide treatment/safety plan.
  - Identify those components of a suicide risk assessment used to construct an appropriate treatment/safety plan.
  - Using data provided in the lesson, create an adequate treatment/safety plan.

Outline of Course

- General principles for treatment/safety planning
  - Must address modifiable risk and protective factors and warning signs
  - The treatment/safety plan should flow directly from judged level of risk
  - The plan should have specificity and be individualized

What to Target

- Internal states
  - Anger
  - Agitation
  - Despair
  - Hopelessness
  - Problem-solving skills
- External context
  - Isolation and Social Support
  - Environmental safety

Short-term Risk Can be Modified

- Medication treatment for agitation/anxiety
- Custodial conditions require working closely with custody
- Buying time can defuse crisis situations
- Means restriction (sheets, KOP meds, sharps)

Some Targets for Intervention

- Impulsivity
  - Buying time can cool off the situation
  - If only suicidal statement, explore the motivation
- Suicidal methods
  - Access to KOP and other pills?
  - Reduce access to sharps – cell searches while out of cell
- Interpersonal isolation
  - In-cell activities (ASU workbooks, entertainment devices)
  - Cellies
  - Groups

Longer-term Interventions

- Can help with behaviorally disordered patients
- Chain analysis is:
  - A sequence of questions that are linked
  - A method of inquiry that focuses on:
    - Problem behaviors
    - Antecedents – also called precipitating factors, triggers
    - Vulnerabilities
    - Consequences of behavior
    - Solutions
    - Prevention

More on Chain Analysis

- Chain analysis is focused on:
  - The individual
  - Their problem behavior
  - Their environment
- It requires:
  - Patience
  - An attention to detail
  - Cooperation across boundaries

Example for self-harm

- Target behavior
  - Suicidal statements
  - Self-harm behaviors
- Vulnerabilities
  - Few internal or external resources to deal with the situation (ASU for example)
  - E.g. low frustration tolerance, limited response set (aggression, passivity, etc.)
  - Cognitive style – rigid, black/white

- Cues
  - Housing changes
  - Lack of contact with family
  - Staff changes
  - New inmates on tier (or removal of same)
  - Bad news (all kinds)
- Targeted Outcomes
  - Increase length of time between:
    - Episodes of self-harm
    - Suicidal statements
    - Depressive episodes
    - Violent outbursts

Chronic Suicidal Thinking in Outpatient Setting

- If appropriate and possible:
  - Consider the Collaborative Assessment and Management of Suicidality (CAMS) approach
  - Alternatively could use CBT approach from Joiner and colleagues
  - Also recommended is Treating Suicidal Behavior by Rudd, Joiner & Rajab, 2004

Four Common CDCR Scenarios

- Outpatient intake evaluation
- Elevated suicide risk in an ongoing patient
- MHCB Discharge
- Crisis evaluation

(NB: These are meant only as examples of the many possible scenarios in CDCR.)

Case 1: Outpatient Intake

Inmate Smith

Outpatient Intake

- All intakes should include an evaluation of the risk of harm to self and others
- If there is elevated risk (beyond simple demographics or distant adversity in childhood), a full evaluation with a treatment/safety plan should be completed.

Case 1: Inmate Smith

- Referred for a mental health evaluation after telling his PCP he was "too tired to go on."
  - 59 y.o. Caucasian, unmarried inmate
  - Sentence of 17 to life for PC 187, down 21 years
  - Recently transferred to your prison
  - Never been in MHSDS
  - No suicide attempts in past
  - No documented or reported psychiatric treatment
  - Health is good

Case 1: More details

- Recent five year rejection by BPH
- Clean disciplinary record for 10+ years
- Had been in previous institution for 17 years
- Just given an assignment
- Transfer was due to yard changes
- Hx of EtOH abuse in the community
- Reports childhood physical abuse by a parent

Case 1: Presenting Problems & Mental Status

- Presenting Problem
  - Increasing depression since BPH and transfer to current prison
- Mental Status Exam
  - Behavior normal and cooperation good
  - No thought disorder or perceptual disturbance
  - Describes his mood as down – "really low"
  - States he has been more and more hopeless
  - Has had fleeting thoughts of death – no plan or current intent
  - Sleep is poor – 3-4 hours per night for three weeks
  - Concentration is poor – interferes with his new job
  - Somewhat fidgety
  - Says he doesn't "feel like myself anymore."
  - He is motivated for treatment
  - His judgment is intact and insight is moderate

Treatment planning for low/minimal risk patients

- Minimal risk patients
  - Few chronic factors other than demographics
  - No acute risk factors/warning signs present
- Treatment planning (more akin to monitoring)
  - Contingent statements: "If patient starts using alcohol…" or "If patient has a bad outcome with BPH hearing…"
  - Recommendation for future assessments

Triggers for a full assessment of risk with a treatment/safety plan

- Scenario 1: Moderate to high levels of chronic risk
  - History of suicidal or self-harm behavior
  - Significant psychiatric problems
  - Significant substance use/dependence
  - Significant medical problems – particularly chronic disease and/or pain
  - Significant violence toward others
  - Numerous correctional factors (life or long sentence)

- Scenario 2: Significant chronic risk with some acute risk factors
  - Numerous clinical chronic factors increase the vulnerability of individuals
  - Paired with acute risk, these inmates have risk that needs to be directly addressed with a plan
- Scenario 3: Moderate to high acute risk with few chronic factors
  - Inmates with poor coping may be overwhelmed by acute risk – multiple losses, bad news, etc.

Case 1: SRE Risk & Protective Factors


Are any warning signs of imminent suicide present? (Circle/mark all that apply) S A T W A R M

PART I: DATA COLLECTION

CHRONIC RISK FACTORS (Historic and Demographic)

ACUTE RISK FACTORS (Within 3 Months)

PROTECTIVE FACTORS

Does the inmate-patient report a plan to kill him/herself? Yes No

Does the inmate-patient report a desire to die? Yes No

Case 1: Risk Level and Plan

ESTIMATE OF RISK

CHRONIC RISK [X] Low [ ] Moderate [ ] High ACUTE RISK [ ] Low [X] Moderate [ ] High

Justification of Risk Level (Required):

Chronic risk low to moderate; length of time in prison, history of substance abuse in community, demographics, and physical abuse as child. No history of suicide attempts; no known hx of psychiatric disorder; physical health is good; stable adjustment to prison life.

Acute risk moderate - ideation (passive), hopelessness, recent rejections and loss of stable of living situation; current psych symptoms suggest episode of depression (sleep, hopelessness, low mood and energy, poor concentration); no acute anxiety or panic;

Protective/Buffers: good relationship with brother (correspondence/phone); good work history; insight into situation; oriented toward future - parole plans; good coping (not alcohol or emotion-focused);

Safety/Risk Reduction Plan (Target acute/modifiable risk factors from Part I): Justification of Risk Level (Required):

1. Enter into MHSDS at CCCMS level of care
2. Evaluation for possible antidepressant medication;
3. Consider weekly/biweekly sessions for two months - cognitive/behavioral focus
4. Lifer group is available
5. Short-term contact with brother - more letter writing
6. Work on longer-term plan for next BPH hearing - maintain job, possible volunteer activity;
7. Decrease social isolation via joining chapel group (if appropriate) or other inmate groups
8. Exercise regularly - walking/jogging, in-cell exercise regimen

Treatment Plan Comments

- Modifiable risk factors
  - Treat psychiatric disorder
    - Medication for vegetative symptoms
    - CBT for hopelessness and passive suicidal ideation
    - Increase future planning
    - Physical activity for sleep, etc.
  - Decrease social isolation
- Increase buffers
  - Increase contact with brother
  - Groups for social contact
  - Use problem-solving for future planning
  - Reinforce value of work

What other interventions?

Case 2: New Onset Suicidal Thoughts in Current Patient

Inmate Garcia

Ongoing patients

- Clinicians should take their cues from patient's reports and changes in affect and behavior
- Clinicians should not be hesitant to ask about thoughts of self-harm or suicide as part of ongoing treatment

Case 2: Inmate Juarez

- Had been in CCCMS for three years
  - 39 y.o. Hispanic, married inmate
  - Sentence of 15 years for aggravated assault and burglary (7 years to serve)
  - Reported sx of bipolar d/o a year after arrival in CDCR
  - One apparent manic episode 15 years ago in community
  - Stable on mood stabilizing medication (previous trial of lithium)
  - One suicide attempt as a teen (laceration requiring stitches – says he wanted to die)
  - Had seen a psychiatrist and therapist for two years as a teen and then in his 20's
  - Back problems in last year - works in PIA

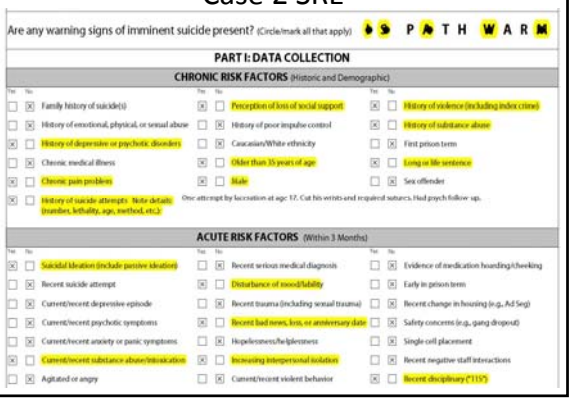
Case 2: More details

- Father died two years ago of heart attack
- Sister recently divorced from husband of ten years
- Has not gotten a letter from his mother in two weeks
- Got a counseling chrono for poor work performance last week
- Written up for pruno three months ago
- Hx of EtOH abuse in the community
- Recently got a letter from his wife that she is thinking of leaving him

Case 2: Presenting Problems & Mental Status

- Presenting Problem
  - Recent bad news; recurrence of racing thoughts, poor sleep, some suicidal ideas ("I had the idea to jump off the tier.")
- Mental Status Exam
  - Mildly agitated ("jittery"), cooperation good
  - No overt thought disorder or perceptual disturbance
  - Describes his mood as "sketchy" and "all over the place"
  - Worried that he can't make it to parole
  - Does not express a desire to die – rather to feel better and get his life "under control"
  - Sleep is poor – 2-4 hours per night for three weeks
  - Concentration is poor – interferes with his new job
  - Has not showered in three days
  - Worried about getting "manic" again
  - Judgment is intact and insight is moderate

Case 2 SRE



Are any warning signs of imminent suicide present? (Circle/mark all that apply) S P A T H W A R M

PART I: DATA COLLECTION

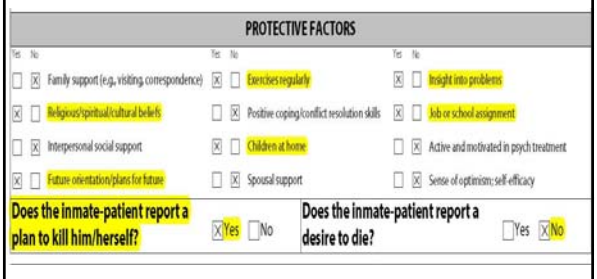
CHRONIC RISK FACTORS (Historic and Demographic)

Yes	No		Yes	No		Yes	No	
	X	Family history of suicide(s)	X		Perception of loss of social support	X		History of violence (including index crime)
	X	History of emotional, physical, or sexual abuse	X		History of poor impulse control	X		History of substance abuse
X		History of depressive or psychotic disorders	X		Caucasian/White ethnicity	X		First prison term
	X	Chronic medical illness	X		Older than 35 years of age	X		Long or life sentence
X		Chronic pain problem	X		Male	X		Sex offender
X		History of suicide attempts Note details (number, lethality, age, method, etc.):	One attempt by laceration at age 17. Cut his wrists and required sutures. Had psych follow-up.					

ACUTE RISK FACTORS (Within 3 Months)

Yes	No		Yes	No		Yes	No	
X		Suicidal ideation (include passive ideation)	X		Recent serious medical diagnosis	X		Evidence of medication hoarding/cheeking
	X	Recent suicide attempt	X		Disturbance of mood/lability		X	Early in prison term
	X	Current/recent depressive episode	X		Recent trauma (including sexual trauma)		X	Recent change in housing (e.g., Ad Seg)
	X	Current/recent psychotic symptoms	X		Recent bad news, loss, or anniversary date		X	Safety concerns (e.g., gang dropout)
	X	Current/recent anxiety or panic symptoms	X		Hopelessness/helplessness		X	Single-cell placement
X		Current/recent substance abuse/intoxication	X		Increasing interpersonal isolation		X	Recent negative staff interactions
	X	Agitated or angry	X		Current/recent violent behavior	X		Recent disciplinary ('115')

Case 2 SRE



PROTECTIVE FACTORS

Yes	No		Yes	No		Yes	No	
	X	Family support (e.g., visiting, correspondence)	X		Exercises regularly	X		Insight into problems
X		Religious/spiritual/cultural beliefs		X	Positive coping/conflict resolution skills	X		Job or school assignment
	X	Interpersonal social support	X		Children at home		X	Active and motivated in psych treatment
X		Future orientation/plans for future		X	Spousal support		X	Sense of optimism; self-efficacy

Does the inmate-patient report a plan to kill him/herself?	X Yes	No	Does the inmate-patient report a desire to die?	Yes	X No

Case 2: Judgment of Risk/Rationale

- Warning Signs: Ideation, Substances, Anxiety/Agitation, Withdrawal, Mood changes
- Chronic Risk: **Moderate**
  - Present: Age/Gender, Hx of substance abuse, perception of loss of social support, violent crime, hx of suicide attempt, chronic pain, hx of bipolar d/o, one suicide attempt
  - Absent: No family hx, no abuse, no sex offense, Hispanic
- Acute Risk: **Moderate-High**
  - Current bipolar symptoms, ideation with plan, bad news, alienation from family (death, no correspondence, possible separation), recent 115 for pruno
- Buffers: Religion, some future orientation, insight, exercise, current job, children at home

Case 2 SRE

ESTIMATE OF RISK

CHRONIC RISK ☐Low ☒Moderate ☐High **ACUTE RISK** ☐Low ☒Moderate ☐High

Justification of Risk Level (Required):

Chronic Risk: Has a number of vulnerabilities: history of one suicide attempt and bipolar disorder with successful medication treatment. Index crime is violent. Worries about getting older in prison; complains about his back pain and loss of family in last couple years.

Acute Risk: Lots of recent bad news (wife's letter, RVR for pruno, poor work performance. Also has had increase in bipolar sx - poor sleep, racing thoughts. Also occasional thoughts of jumping off tier. Wife's letter has really sent him into a "tizzy" - mildly anxious/agitated, poor concentration, etc.

Buffers: Has intellectual capacity and insight enough to have some perspective; is afraid of full-blown manic episode but understands need to see psychiatrist and work in treatment. Goes to chapel weekly and can access his religion as a refuge from hopelessness. Still feels connected to his friends but family ties are difficult right now. Says he would not commit suicide - it would hurt his children.

Case 2: Safety Plan Focus Points

- Modifiable Risk Factors (Acute), Warning Signs
  - Ideation with plan, loss of social support, loss of hope for release, mania sx, bad news, alcohol abuse?
- Protective Factors
  - Intellectual capacity, insight, desire not to get "sick again" (will comply with treatment), religion, children at home, friends on yard

Case 2: Safety Plan

- Urgent psychiatric consult – both you and patient
- Increase treatment sessions to weekly
- Focus on getting sleep regulated
- Figure out what is wrong at work and make a plan
- Make sure he knows how to find you or other mental health support
- Communicate with team that you have a patient in crisis – ask for suggestions and alert them to his possible needs
- Work on possible reconciliation with wife
- Appointment with chaplain
- AA group?
- Consider hospitalization if nothing changes in a month or he gets worse

What other interventions?

- In a level II/III institution?
- What about ASU?
- Level IV?

Case 3: MHCB Discharge

Inmate Marx

Case 3: Inmate Marx

- Had been in MHCB for eight days
  - 27 y.o. Caucasian, single female inmate
  - Sentence of 7 years for sale of illegal drugs (second offense) with 3 to serve
  - History of self-harm (cutting) since adolescence
  - No hx of MH treatment in community
  - Admitted to MHCB after breakup with in-prison partner
  - Cut both wrists length-wise requiring 90 stitches; some tendon damage
  - Medications changes while in MHCB – now on mood stabilizer
  - Going to EOP level of care (was CCCMS)

Case 3: More details

- Has a child in community
- Has used drugs in prison
- Has not been EOP before (CCCMS 2 years)
- Wants to go back to work (canteen)
- High school education
- Cuts herself when anxious and lonely
- Has a reputation for not getting along with CO's

Case 3: Presenting Problems & Discharge Mental Status

- Presenting Problem
  - Recent serious suicide attempt, loss of relationship, in-patient hospitalization
- Discharge Mental Status Exam
  - Mildly agitated ("jittery"), cooperation good
  - No overt thought disorder or perceptual disturbance
  - Describes her mood as "scared," depressed, "ready to leave"
  - Affect is flat with little range or reactivity
  - Does not want to go to EOP
  - Reports no thoughts of dying
  - Sleep is six hours per night
  - Judgment is marginal (over confident) and insight is moderate

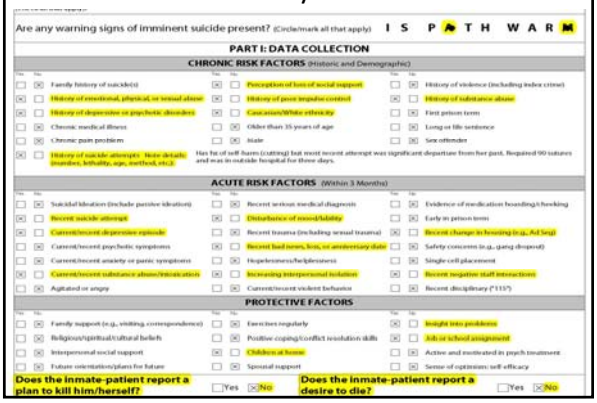
MHCB Discharge Procedures

- IDTT prior to discharge
- Suicide risk assessment prior to discharge
- Contact with receiving program/institution
- Clinician-to-clinician contact
- Orders written for five-day follow-up

Issues with Safety Planning for MHCB Discharge

- Acute risk factors may be partially resolved
- Crisis has lessened but not resolved
- Patient may not want to discharge
- Patient may not want to go to receiving program
- Important to realize that you are d/c'ing to a lower level of care which is riskier
- Discussion with receiving staff is important

Case 3: Suicide Risk/Protective Factors



Are any warning signs of imminent suicide present? (Circle/mark all that apply) I S P A T H W A R M

PART I: DATA COLLECTION

CHRONIC RISK FACTORS (Historic and Demographic)

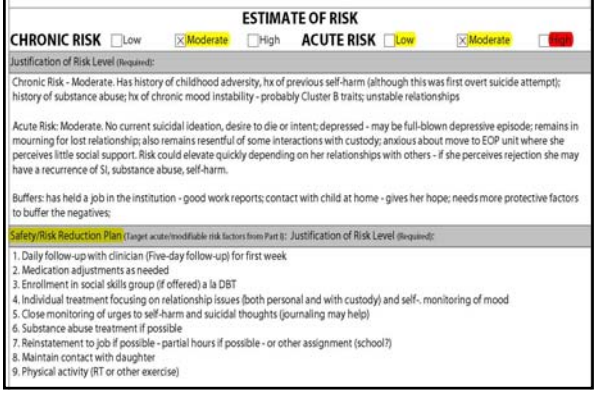
ACUTE RISK FACTORS (Within 3 Months)

PROTECTIVE FACTORS

Does the inmate-patient report a plan to kill him/herself? ☐Yes ☒No

Does the inmate-patient report a desire to die? ☐Yes ☒No

Case 3: Risk Levels and Plan



ESTIMATE OF RISK

CHRONIC RISK ☐Low ☒Moderate ☐High ACUTE RISK ☐Low ☒Moderate ☐High

Justification of Risk Level (Required):

Chronic Risk - Moderate. Has history of childhood adversity, hx of previous self-harm (although this was first overt suicide attempt); history of substance abuse; hx of chronic mood instability - probably Cluster B traits; unstable relationships

Acute Risk: Moderate. No current suicidal ideation, desire to die or intent; depressed - may be full-blown depressive episode; remains in mourning for lost relationship; also remains resentful of some interactions with custody; anxious about move to EOP unit where she perceives little social support. Risk could elevate quickly depending on her relationships with others - if she perceives rejection she may have a recurrence of SI, substance abuse, self-harm.

Buffers: has held a job in the institution - good work reports; contact with child at home - gives her hope; needs more protective factors to buffer the negatives;

Safety/Risk Reduction Plan (Target acute/modifiable risk factors from Part I): Justification of Risk Level (Required):

1. Daily follow-up with clinician (Five-day follow-up) for first week
2. Medication adjustments as needed
3. Enrollment in social skills group (if offered) a la DBT
4. Individual treatment focusing on relationship issues (both personal and with custody) and self-. monitoring of mood
5. Close monitoring of urges to self-harm and suicidal thoughts (journaling may help)
6. Substance abuse treatment if possible
7. Reinstatement to job if possible - partial hours if possible - or other assignment (school?)
8. Maintain contact with daughter
9. Physical activity (RT or other exercise)

Safety Planning for Inpatient Discharge

- *Post-discharge is a well-known high risk period*
- If you are the sending someone out:
  - Find out what groups and programs are available
  - Use contingent statements on the judgment of risk
- If you are on the receiving end:
  - Monitor closely
  - Communicate with staff (custody & mental health)
  - Increase frequency of visits initially
  - Rely on groups if possible

- What about other options?
- Differences when dealing with male or female patients?
- Returning to same level of care? Is it good policy after inpatient discharge after a serious suicide attempt?
- What about institutions with limited resources?
- Custody environments?

Case 4: Crisis Intervention

Inmate Jones

Case 4: Inmate Jones

- ASU CCCMS housing
  - 43 y.o. Level IV inmate
  - 17 to life for PC 187, down 15 years
  - ASU for Battery on Inmate with SBI
  - Being assessed a SHU term
  - No history of MH care in community
  - Two MHCB admissions in last 5 years
  - Significant Axis II pathology – Adjustment Disorder on Axis I
  - No history of serious suicide attempts
  - Currently on Remeron 45 mg q evening – partial

Case 4: More details

- Called by CO because inmate made possible suicidal statements ("I ain't gonna do no SHU term." "I'd rather just go out rather than go to Corcoran."
- Has not been sleeping, refusing evening meals, pacing
- Wife left him 10 years ago; has contact with his kids
- Has used drugs in prison
- Hx of medication non-adherence
- Has had a job at times in prison
- High school education
- No hx of psychosis
- Dx'ed with Hepatitis C and offered treatment

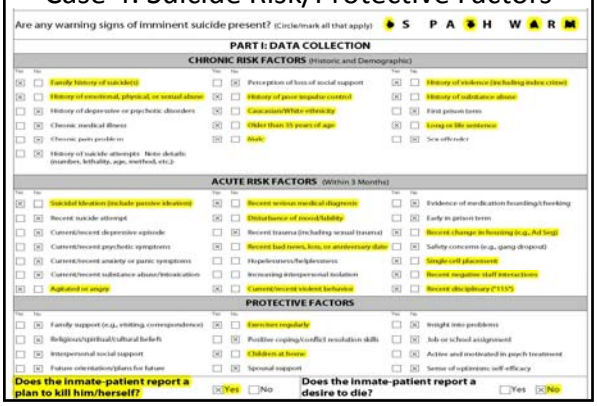
Case 4: Presentation & Mental Status

- Presenting Problem
  - Making veiled suicidal statements: "I ain't gonna do no SHU term. I've had it with this place."
- Mental Status Exam on exam (seen in holding cell)
  - Mildly agitated, cooperation OK
  - No overt thought disorder or perceptual disturbance
  - Describes his mood as "pissed off"
  - Affect is angry; behavior is aggressive
  - Does not want to go to EOP
  - Reports no thoughts of dying
  - Sleep is six hours per night
  - Judgment is marginal (over confident) and insight is moderate

Crisis Evaluations

- Opportunities for intervention
- Use de-escalation techniques
- Build rapport
- Use time to gather as much information as possible
- Understand as many options as possible
- Maintain composure
- Talk with referring staff before talking with inmate
- Review chart (if possible) and SOMS/ERMS if possible
- Consult with MH staff who may know patient

Case 4: Suicide Risk/Protective Factors


Are any warning signs of imminent suicide present? (Circle/mark all that apply) S P A H W A R M

PART I: DATA COLLECTION

CHRONIC RISK FACTORS (Historic and Demographic)

- Family history of suicide(s)
- History of emotional, physical, or sexual abuse
- History of depressive or psychotic disorders
- Chronic medical illness
- Chronic pain problem
- History of suicide attempts - Note details: (number, lethality, age, method, etc.):
- Perception of loss of social support
- History of poor impulse control
- Caucasian/White ethnicity
- Older than 55 years of age
- Male
- History of violence (including index crime)
- History of substance abuse
- First prison term
- Long or life sentence
- Sex offender

ACUTE RISK FACTORS (Within 3 Months)

- Suicidal ideation (include passive ideation)
- Recent suicide attempt
- Current/recent depressive episode
- Current/recent psychotic symptoms
- Current/recent anxiety or panic symptoms
- Current/recent substance abuse/intoxication
- Agitated or angry
- Recent serious medical diagnosis
- Disturbance of mood/lability
- Recent trauma (including sexual trauma)
- Recent bad news, loss, or anniversary date
- Hopelessness/helplessness
- Increasing interpersonal isolation
- Current/recent violent behavior
- Evidence of medication hoarding/cheeking
- Early in prison term
- Recent change in housing (e.g., Ad Seg)
- Safety concerns (e.g., gang dropout)
- Single cell placement
- Recent negative staff interactions
- Recent disciplinary (“115”)

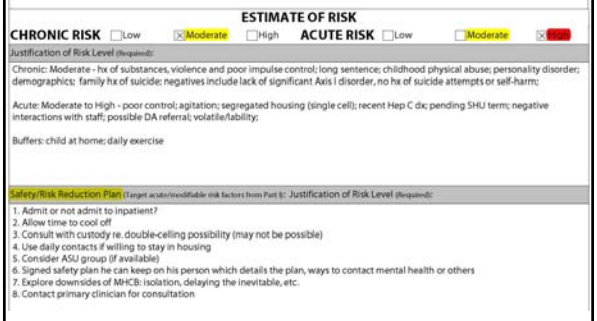
PROTECTIVE FACTORS

- Family support (e.g., visiting, correspondence)
- Religious/spiritual/cultural beliefs
- Interpersonal social support
- Future orientation/plans for future
- Exercises regularly
- Positive coping/conflict resolution skills
- Children at home
- Spousal support
- Insight into problems
- Job or school assignment
- Active and motivated in psych treatment
- Sense of optimism; self-efficacy

Does the inmate-patient report a plan to kill him/herself? Yes No

Does the inmate-patient report a desire to die? Yes No

Case 4: Risk Levels and Plan


ESTIMATE OF RISK

CHRONIC RISK Low Moderate High ACUTE RISK Low Moderate High

Justification of Risk Level (Required):

Chronic: Moderate - hx of substances, violence and poor impulse control; long sentence; childhood physical abuse; personality disorder; demographics; family hx of suicide; negatives include lack of significant Axis I disorder, no hx of suicide attempts or self-harm;

Acute: Moderate to High - poor control; agitation; segregated housing (single cell); recent Hep C dx; pending SHU term; negative interactions with staff; possible DA referral; volatile/lability;

Buffers: child at home; daily exercise

Safety/Risk Reduction Plan (Target acute/modifiable risk factors from Part I): Justification of Risk Level (Required):

1. Admit or not admit to inpatient?
2. Allow time to cool off
3. Consult with custody re. double-celling possibility (may not be possible)
4. Use daily contacts if willing to stay in housing
5. Consider ASU group (if available)
6. Signed safety plan he can keep on his person which details the plan, ways to contact mental health or others
7. Explore downsides of MHCB: isolation, delaying the inevitable, etc.
8. Contact primary clinician for consultation

Safety Planning for Crisis Interventions

- We live in a constrained universe
  - Constrained by safety/security concerns
  - Constrained by therapeutic resources
  - Constrained by being placed in either/or situations
- How to increase our options
  - Time is on our side
  - Use consultation
  - Have good relationships with custody

Final Thoughts

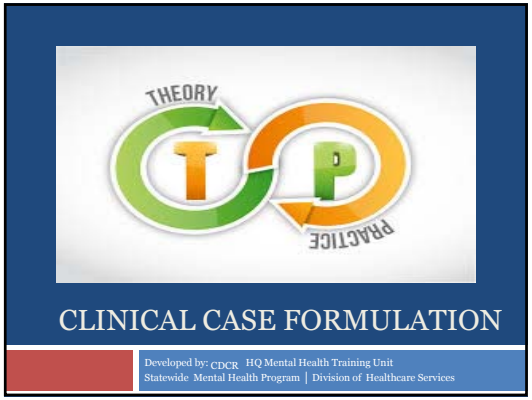
- Think about multiple time periods
  - Immediate interventions
    - Medication
    - Custodial interventions
    - Inpatient vs. Outpatient
  - Medium term
    - Engaging in treatment
    - Strengthening/building self-skills
    - Build relationships
  - Longer term
    - Meaning of suicidal behavior/statements
    - Building consistent behavior and future orientation
    - Decreasing hopelessness and psychic pain

Reminders

- Every SRE includes a safety plan
  - Targeted at the individual
  - What is feasible given the constraints of prison and the context
  - Should be a communication to the patient and to other clinical staff
  - Should not be a reiteration of policy

Questions, Comments, Suggestions

- Please complete and return evaluations and sign in sheets within 2 days to: CMEReview@cdcr.ca.gov or fax to 916-691-0658



Course Purpose

- Define Case Formulation
- Identify the utility of case formulation in forensic practice
- Review the 4P's :
  - Predisposing
  - Precipitating
  - Perpetuating
  - Protective

2

Course Objectives

By the end of this training you should:

- ❖ Have an operational definition for the case formulation process
- ❖ Know how to effectively conceptualize the case
- ❖ Be able to identify the steps involved
- ❖ Understand the 4P's model
- ❖ Know how to apply formulation to manage and treat the patient
- ❖ Conduct formulation informed IDTT's

3

Case Formulation Defined

Definition:

"A conceptual model representing an offender's various problems, the hypothesized underlying mechanisms, and their interrelationships."

(Voss, J., & Ward, T. (2011) Sexual offences against children. In M. McMurran & P. Sturmey(Eds.), *Forensic case formulation* (175 – 194). Chichester, UK: Wiley.)

Components:

- Testable Hypothesis
- Clearly linked to contemporary theory and research
- **Causal** explanation for psychological mechanisms

4

Why Formulate?

Filtering Your Data

Discerning Figure from Ground

5

Why formulate?

- Guides treatment
- Identifies clear markers for change
- Enhances Empathy
- Highlights the therapeutic relationship

Helps us understand the Patient

6

1. Gather clinical data. Data Sources Include:
   - Record Review
   - Interview with the patient
   - Staff Consultations
2. Outline a clinical summary.
3. Integrate the data. Establish a working hypothesis.

(Step2)+(Step 3)= A narrative of the patient's life story

- → Etiological
- → Contextual
- → Explanatory

What are the steps?

7

Individual and Systemic Levels

Individual Factors:	Systemic Factors:
Biological—temperament, physical disabilities	Couple – communication, intimacy, support
Behavioral – learning, modelling	Family – systems dynamics, patterns, traditions
Cognitive – negative thoughts, schemas	Occupational/school – opportunity, environment
Psychodynamic – defenses, attachments, object relations	Social – race, gender, class, community resources

8

Individual and Systemic Levels

9

Putting it together: Integrative Case Formulation

4 P's Model:

- Predisposing factors – distal vulnerabilities
- Precipitating factors – proximate triggers
- Perpetuating factors – maintain the problem behaviour
- Protective factors – reduce the influence of risk factors

10

Putting it together: Integrative Case Formulation

4 P's Model:	Individual Factors:	Systemic Factors
Predisposing factors	Sexual abuse; family disintegration; family violence; separation from father; parental alcoholism and mental illness	Intergenerational dysfunctional family dynamics; loss of SES; poor and violent neighbourhood and school environment
Precipitating factors	Acute drug and health problems in mother; increased family conflict; loss of job; drug use	Family finances further eroded; family dynamics in crisis; remaining friends dysfunctional; gangs
Perpetuating factors	Poor self concept and sense of inadequacy from negative schemas; insecure attachment style; recreates abusive and dominating relationships; schemas	Disconnected from positive support within and outside family; inability to improve living situation; poor mental and physical health care
Protective factors	Intelligent; good verbal communication skills; sense of humour; cares about family	Mother remains committed to children's well-being; social service agency available to help; former pastor remains in contact; successful uncle may provide encouragement and support

11

Putting it Together: Inferring Psychological Mechanisms

- Consider psychological vulnerabilities.
- Identify problems, biological factors, formative learning events, and proximal triggering factors.
- Infer plausible cause .

12

Putting it Together: Case Example #1-Jewels

•21 y/o Peruvian Female

•Index Offences= Terrorist Threats with GBI likely, Possession of narcotics with intent to sell

•Sentenced to 6 years at 50%

•Index Offence occurred within 2 weeks after release from ADW conviction

•4 prior convictions for possession, theft and assaults, including juvenile record and an arrest for prostitution.

13

Putting it Together: Case Example #1-Jewels

Referral Considerations:

•Exhibits assaultive behaviors towards staff and other inmates.

•Unit custody staff report that Jewels is disruptive on the unit and often interferes with program routines.

•3rd term in prison

•Previous mental health treatments have focused on teaching impulse control.

14

Putting it Together: Case Example #1-Jewels

What we know:

• POR's in SOMS/ERMS document different variations of the following statement from Jewels "I do unto others before they do unto me." This life philosophy is fairly consistently reflected throughout Jewels's criminal and clinical records.

•Jewels's is known with a variety of names in the community, mostly due to stolen identities of people in the community and others formed from fictitious creations of her mind.

15

Putting it Together: Case Example #1-Jewels

What we know cont'd:

•She is the 3rd eldest child with a total of 5 siblings, 2 are step-siblings. Jewels has no contact with any of them.

•Her father mysteriously died when she was 7 y/o possibly from drug related events. Mother remarried, shortly after. Her step-father worked away from home and maintained little to no contact with any of the children.

•Discipline was implemented by her mother, often in a highly violent and impulsive manner. Jewels's mother would often explode during her alcohol-induced rages causing Jewels to run away and stay with friends until things "cooled down."

•Her family life worsened over time, Jewels became less interested in school and began using and selling drugs by the time she was 14 y/o. She also developed a habit of robbing strangers at knife point.

16

Putting it Together: Case Example #1-Jewels

Clinical Impressions of the Treatment Team:

•Jewels is difficult to get along with and she seems to enjoy this. It seems that having meaningful relationships is a sign of weakness in her mind which implies that others will take advantage of her.

•Jewels has invested tremendous energy at establishing a formidable and aggressive image of herself and she wants to be taken seriously.

•She enjoys instilling fear in others and is often callous when presented with an audience.

•She often voices that she engages in the therapy process as a form of entertainment. When confronted regarding her behaviors towards others, she often states, "No one felt guilty for what they did to me. Screw you and your high and mighty, screw them!"

17

Putting it together: Case Example #1-Jewels

Organize using the 4 P's Model

4 P's Model:	Individual Factors:	Systemic Factors
Predisposing factors	Jewels's family fragmented early, especially after father's mysterious death; Jewels' mother displayed highly violent behaviours; Jewels suffered the loss of her father at an early age and the ongoing loss of her mother due mother's emotional absence. Jewels's personal history also includes an absence of prosocial role models.	There is a history of intergenerational dysfunction as Jewels's maternal family substance use and promiscuous relationships are pervasive across generations-there has been a prevalent erosion of family connection and interpersonal trust; little is known of her paternal family although patterns of criminal and risky behaviours are noted; after father's death they suffered a significant loss of SES.
Precipitating factors	Interpersonal disconnect and emotional estrangement→re-trigger rejection, loss and abandonment; active cocaine use	No sense of family or interpersonal belongingness; social associates are dysfunctional; gang driven interactions which challenge her "toughness"
Perpetuating factors	Poor self concept and sense of inadequacy from negative schemas; insecure attachment style exacerbated by fears of abandonment and rejection.	Disconnected from positive support within and outside family; inability to improve living situation couples with a lack of motivation to do so.
Protective factors	Intelligent; good verbal communication skills; struggles for survival	None known at present

18

Exercise: Case Example #1-Jewels

Task #1:
- Break into small groups
- Take 10-15 minutes to formulate a working hypothesis

Task #2:
- Group discussion (10 minutes)

Task #3:
- Take 5 minutes to develop broad treatment objectives based upon your formulation

19

Putting it Together: Case Example #1-Jewels

Inferring Psychological Mechanisms:

•Jewels's problems originate from her disintegrated early childhood and absence of prosocial role models. Her father died mysteriously and her mother at times became volatile and unpredictable left Jewels frightened as a child and enraged as an adolescent with nothing to ground her in the norms of society. Jewels's attachments were significantly eroded with the death of her father, absence of her step-father and emotional disconnect of her mother. As a result, her sense of self evolved as someone who is provocative and unruly in order to compensate feelings of rejection and abandonment + an image of self that is unwanted and unloved.

•Fearful of her discouraging and tumultuous home life, she would run away for survival as a means to distance herself from her toxic environment. Her core beliefs appear riddled with the notion that the weak are preyed upon and left abandoned. This perhaps shaped cognitive schemas : of self as predatory which is empowering rather than being a victim; of the world as harsh and fatalistic; and of others as either being treacherous, manipulative and unpredictable or frail, pathetic and vulnerable.

•The thrill she feels when intimidating and exploiting others gives her a sense of mastery and control absent in her early life experiences. It allows her to comfort the young girl within her that was frightened and scared. It also allows her to be the savior and protector of that little girl that suffered alone and presently drives her re-offending behaviors.

•Her statements that no one has felt guilty for acting poorly upon her seem both partially grounded in her reality and partially serves as means to justify her own lack of remorse and sense of empathy.

20

Putting it Together: Case Example #1-Jewels

Different Perspectives:

Biological Perspective:

➢Looks at innate temperament which can later impact attachment styles. There can be overlaps with social learning if considering behavior modeling and mimicking.

➢Jewels may possess an innate temperament in which she is tough, aggressive, fearless, impulsive, and sensation seeking. This leads to gravitation towards delinquent behaviors in the absence of prosocial role models. This provides her with an adrenal rush that excites and enlivens her senses in an otherwise deprived environment.

➢Neglectful, rejecting and abusive parenting has lead to chronic acting out, rigid resistance to external control, aversion to emotional experiences and an inability to understand the suffering her behavior creates.

21

Putting it Together: Case Example #1-Jewels

Different Perspectives:

Cognitive Behavioural Perspective:

➢Looks at cognitive schemas forming the internal models of self and others. Concerned with the individuals beliefs, expectations, attributions, appraisals, and the subjective ways in which the individual construes his or her world.

➢Jewels cognitive style can be characterized as deviant, egocentric and impulsive. The notions of morality or the sense of right and wrong appear irrelevant and dismissible to her.

➢Her core beliefs, as stated earlier, include the perception of the world as a predatory arena in which the weak are exploited and left abandoned. She therefore cultivates an image that is volatile and provocative and is free of concern or care for others. She is entertained by her reckless, and at times violating, presence as this positions her as the ideal survivor in her world.

22

Putting it Together: Case Example #1-Jewels

Different Perspectives:

Interpersonal Perspective:

➢Focuses on relationships between individuals and the impact of their communications in a developmental trajectory. Early relational experiences may form templates that shape relationships later in life.

➢Jewels is quick to become argumentative, oppositional, dismissive and seeks to provoke others in her interpersonal relating. In a more severe form, she can become vicious, vulgar and ruthlessly attack and torment others. She navigates the interpersonal realm of her world from a stance of 'Competition is rule, survival is goal, and no one can be trusted' (Millon, 2004).

23

Observation: Conducting IDTT Meeting

- Determine who is involved (i.e. Counselor, SW, Psychiatrist, Rec. Therapist, Psychologist etc.)
- Engage the patient
- Engage the team and integrate the team discussion
- Any special considerations?

24

Lunch Break

25

POP QUIZ: When We Were Awake

WARNING: Do Not Look At Your Notes

1. **What is the zone of peak performance?**
   Job pressure and job performance are at the optimal level .
2. **What is the relationship between value, confidence and mood?**
   They are the 3 major factors that affect audience motivation towards learning during a training.
3. **Who is the unconsciously incompetent participant?**
   The person who believes they already know the concept and has the skill and ability for application when in reality they does not.
4. **How do you manage the unconsciously incompetent participant?**
   Validate their comments and make comments that push beyond their understanding.
5. **T/F: When participants are cynical you should become argumentative and humiliate them to extinguish the negative attitude.**
   False
6. **What is a clinical summary?**
   A series of data points that are descriptive.
7. **List the 3 major components of a case formulation.**
   Testable hypothesis, linked to a clinical theory, & gives causal explanation.
8. **List the 3 essential components of the clinical narrative (patient's life story).**
   Etiological, Contextual, & Explanatory

26

Putting it Together: Case Example #2-Mr. Jones

- 41 year old white male
- Serving sentence of 12 years
- Currently incarcerated for 11 years
- Current offences of kidnapping, sexual assault
- 2 prior convictions for sexual offences against adolescent and pre-adolescent boys
- Currently presents with anxiety and depression

27

Putting it Together: Case Example #2-Mr. Jones

Treatment Planning:

- Current treatment needs
- Recommendations regarding treatment focus and process
- Issues of release preparation and reintegration

28

Putting it Together: Case Example #2-Mr. Jones

Developmental History:

- Relationship with mother and grandmother
- Relationship with father
- Impact on attachment
- Peer relationships and school performance
- Maladaptive adjustment strategies
- Withdrawal and rumination to anger
- Sexually reinforced fantasies of dominance and retribution

29

Putting it Together: Case Example #2-Mr. Jones

Treatment History:

- Completed prison treatment program for child sex offenders, minimal treatment progress

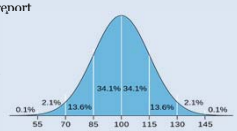
"...his inability to be consistent in his application of therapy and intermittent return to manipulative and dishonest behavior restricted the progress that he made in treatment."

30

Putting it Together: Case Example #2-Mr. Jones

Cognitive Limitations?

- Inconsistent intellectual functioning results
  - "probably has an IQ in the low seventies at best, which incidentally would place him in the bottom 4 or 5 percent of the IQ range"
    - 1987 Psychiatrist's report
- 1991 WAIS-R:
  VIQ = 79, PIQ = 92, FSIQ = 82
- 2002 WASI:
  VIQ = 104, PIQ = 106, FSIQ = 106



31

Putting it Together: Case Example #2-Mr. Jones

Psychopathy:

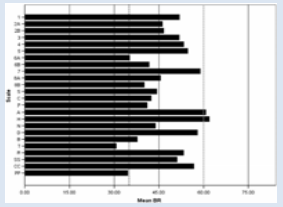
- PCL-R = 24/40
  - Below international cut-off of 30 for classification as psychopath
    - Conning/manipulative
    - Lack of remorse or guilt
    - Lack of empathy
    - Impulsive
    - Irresponsible

32

Putting it Together: Case Example #2-Mr. Jones

MCMI Primary Elevations:

- Avoidant = 99
- Depressive = 89
- Anxiety = 82
- Narcissistic = 17



33

Putting it Together: Case Example #2-Mr. Jones

Formulation: 4P's and Functional Analysis

- Predisposing factors
- Perpetuating factors
- Precipitating factors
- Protective factors
  - Needs met through offending
  - Adaptive alternatives

34

Exercise: Case Example #2-Mr. Jones

Task #1:

- Break into small groups
- Take 10-15 minutes to formulate a working hypothesis

Task #2:

- Group discussion (10 minutes)

Task #3:

- Take 5 minutes to develop broad treatment objectives based upon your formulation

35

Putting it Together: Case Example #2-Mr. Jones

Formulation: Inferring Causal Mechanisms

- Attachment: internal working model
  - Sense of self, others, and relationships
- Peer relationships
- Patterns carried forward into adult life
  - Ways of being in the world
- Sex, aggression, retribution and power
- Needs meet through offending

36

Putting it Together: Case Example #2-Mr. Jones

Implications for Treatment

•Collaboration: Alignment with the offender's goals for a good life

•Therapeutic alliance: the challenge of establishing and maintaining a good working relationship

•Environmental factors: the importance of addressing the nature of the current and post-release environment

37

Exercise: Conducting IDTT Meeting

Task #1:

Break into your small groups and practice conducting an IDTT for Mr. Jones (15 minutes)

A Groups = Prepare and Practice for **Initial IDTT;** PC has had two 1:1 contacts
B Groups = Prepare and Practice for **4th IDTT;** PC has been working with patient for 9months

- Determine who is involved (i.e. counselor, SW, Psychiatrist, Rec. Therapist, psychologist etc.)
- Discuss considerations for IDTT
- Develop a Treatment Plan:
  - -Presenting Problem(s) and Priority
  - -Treatment Goals (specific, measurable, & time limited)
  - -Interventions

Task #2:

- Present as IDTT for large group
- Group discussion (10 minutes)

38

Summary Notes

- **Case Formulation**

→when grounded in clinical theory, attempts to understand and explain causal etiologies for the patient's clinical presentation.

- **Utility**

→when done right, the formulation helps you understand the patient, informs what the patient needs and allows you to tailor the interventions.

- **4P's** **(predisposing, precipitating, perpetuating, & protective)**

→assist in integrating data for predisposing, precipitating, perpetuating and protective factors

39

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•For questions regarding training material, please feel free to contact us.
•For questions regarding clinical decision-making, please seek supervision.

THANK YOU!!

CDCR HQ Mental Health Training Unit

CCHCS

Countertransference during Psychotherapy in Correctional Practice

A totalistic View of Clinician's Reactions to Their Patients (Handout for Coursework)

Immoos, Marilyn@CDCR

Transference & countertransference propel conflictual unconscious material into the dynamics of both analytic and non-analytic therapy. If therapists fail to notice these displaced phenomena during their session, they are limited in their ability to help their clients move beyond their one-sided accounts of problematic relationships and events outside of therapy or to gain insight into counter-productive coping strategies that hamper the develop of prosocial thinking and behaviors.

Countertransference During Psychotherapy in Correctional Practice:

A totalistic view of mental health clinicians' reactions to their patients

Learning Outcomes:

1. Provide both the classical and the current views of transference and countertransference and give examples.
2. Describe the types of patient behaviors that commonly elicit negative reactions from therapists in a correctional setting.
3. Summarize Kahnemann's model of fast and slow thinking.
4. List some of the most common biases found among clinicians practicing in a correctional setting, and show how these biases serve to prevent complex thinking.
5. Practice processing negative countertransference using Kahnemann's model of "effortful mental processing."

Examples of Behaviors That Elicit Negative Countertransference:

SAFETY-RELATED

- Violent threats (examples):
  - Any type of verbal threat
  - Any type of physical gesture indicating violence
  - Veiled threats
- Under the influence of substances (any type of behavior that signifies possible "under the influence", and requires ending of the session
- Comments that constitute violations of boundaries (examples):
  - Any comments on personal appearance with sexual undertones
  - Any sexualized comments that pertain to the therapist (and are not within the framework of dreams or fantasies related to the therapeutic process)
  - Any serious attempt to gain personal information that is not within a framework of levity or humor

NON-SAFETY-RELATED (but could portend potential safety events)

- Evasive language and behaviors
- Unwillingness to communicate or participate in the treatment experience
- Non-credible patient reports made for no known purpose, except to control the conversation (common with individuals with psychopathic traits)
  - Patient prevaricates for no identifiable reason
  - Patient changes his/her story during the course of the encounter without embarrassment or shame – doesn't care what you as a therapist think about it
  - Patient has no regard for your feelings or your reactions to his/her behaviors or statements
  - Patient reports that appear to be made for the purpose of coaxing the therapist into providing avenues for achieving personal aims that do not involve safety or evasion of harm
  - Non-credible patient reports made with the intention of deceiving the therapist (for any reason)

Possible motivations for false or exaggerated reports or presentations

- **Factitious Disorder** (desire for medical treatment-dependency traits)
- **Malingering** (DSM-5, Z76.5): Intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as avoiding work, obtaining financial compensation, evading punishment, obtaining drugs, etc.
- **Adaptive Malingering** (Intentional production of false or grossly exaggerated symptoms, motivated by attempt to secure personal safety or survival (or safety of others)
- **Psychopathic-control:** Fabrications related to persons with a high level of psychopathic features : Usually is associated with lack of cooperation during the diagnostic evaluation and in complying with the prescribed Tx; often has the aim of controlling the conversation/therapist (can portend potential violence if frustrated or perceives devaluation)
- **Confabulation:** The spontaneous creation of memories that never occurred or of actual events that have been distorted to another place and/or time ("filling in the gaps"): Dementia, Korsakoff's Syndrome
- **Psychosis:** Reports of delusional thoughts or hallucinations
- **Delirium:** A disturbance of attention or awareness that is accompanied by a change in baseline cognition that cannot be better explained by a preexisting or evolving neurocognitive disorder…manifested by reduced ability to direct, focus, sustain, and shift attention. Manifested by a reduced orientation to the environment or at times even to onesself. Usually short-lived, and the consequence of an underlying medication condition , substance intoxication or withdrawal, use of a medication, or a toxin exposure.

Kahneman's Model of Fast and Slow Thinking (2 different ways the brain forms thoughts):

- **System 1**: Fast, automatic, frequent, emotional, stereotypic, unconscious
  - Examples of System 1
    (in order of complexity)
    - See that an object is at a greater distance than another
    - Localize the source of a specific sound
    - Complete the sentence "war and …"
    - Display disgust when seeing a gruesome image
    - Solve 2+2=?
    - Read a text on a billboard
    - Understand simple sentences
  - Disadvantages of System 1
    - Reliance primarily on System 1 would shut down our ability to reason and think in complex patterns necessary for solving more difficult problems
    - System 1 (and its schema) tend to form biases & prejudices that can hamper our ability to perceive things and process those perceptions with the necessary level of objectivity
- **System 2:** Slow, effortful, infrequent, logical, calculating, conscious
  - Examples of System 2
    - Brace yourself before the start of a sprint

        - Point your attention towards someone at a loud party
        - Dig into your memory to recognize a sound
        - Sustain a higher than normal walking rate
        - Determine the appropriateness of a behavior in a social setting
        - Count the number of A's in a certain text
        - 68X24?
        - Determine the validity of a complex logical reasoning
- What Only System 2 Can Do
    - Follow rules
    - Compare objects on several attributes
    - Make deliberate choices between options
    - Adopt "task sets": it can program memory to obey an instruction that overrides habitual responses

COMMON BIASES IN CORRECTIONAL MENTAL HEALTH PRACTICE

#1. Individuals who are manipulative in their reporting, who malinger symptoms or feign illness (formerly described as "being Axis II") CANNOT also have a mental disorder.

Example: Mr. S. was a 31-year-old, divorced African American male serving a 2nd sentence for robbery. He had a history of substance use disorders (drug of favor methamphetamine), and had various RVRs for using drugs in prison. Mr. S. disclosed to a number of clinicians that he had made exaggerated reports of mental health symptoms several times in order to get out of ASU. Several months prior to his parole date, he began attempting to convince his primary clinician to change his diagnosis from an unspecified depressive disorder to a more serious diagnosis, so that he would be able to receive SSI after his release. He freely admitted to this behavior, and it was documented by a number of clinicians. In spite of these admitted exaggerated reports, Mr. S. began to experience severe panic attacks, and shortly after a transfer to a new institution, Mr. S. complained of auditory hallucinations when in his cell at night. His level of anxiety increased substantially during the next few months, and shortly before he was about to parole, he made a serious suicide attempt.

Questions for discussion:

- ***What kinds of biases may be generated by this example?***
- ***What type of experience might be behind these biases? (How did they get started)?***
- ***Why are these biases not valid in this case?***
- ***How could these biases cloud a clinician's perception and judgment?***

#2. If a patient is treatment compliant, taking his/her medication as prescribed, his/her mental health problems will be solved.

Mr. R. is a 28-year-old Caucasian male, who is serving a 15-year sentence for rape. He is diagnosed with schizoaffective disorder. He exhibits extreme hypersexuality, aggression, agitation, auditory hallucinations, and grandiose delusions, believing that God has given him power over his victims, and that rape is his right. Mr. R. is on involuntary medication treatment (PC 2602), and has had many trials of various medications, including Clozapine. Although he takes them (under monitoring) as prescribed, Mr. R. continues to experience severe psychotic symptoms and often violent behaviors. These symptoms have never improved under any of the medications prescribed.

Questions for discussion:

- ***What kinds of biases may be generated by this example?***
- ***What type of experience might be behind these biases? (How did they get started)?***
- ***Why are these biases not valid in this case?***
- ***How could these biases cloud a clinician's perception and judgment?***

#3. Individuals who refuse to attend one-on-one primary clinician encounters or group therapy DO NOT need mental health treatment.

Mr. G. is a 45-year-old Hispanic male with four children, who is separated from his wife and serving a first term for DUI with involuntary manslaughter. Mr. G. was diagnosed with Major Depressive Disorder four years ago, and has been taking anti-depressants as a participant in EOP for most of that period. Mr. G. began refusing his therapy groups about six weeks ago. He also refuses to go to yard, except to canteen and to chow. Mr. G. appears to be isolating himself in his cell, although first watch officers have observed him pacing during the night. Mr. G. has always been rather quiet, but lately, he appears irritable when questioned about mental health issues. His primary clinician has provided cellside treatment for the past few weeks, and has encouraged him to attend his treatment groups, but he reports not needing the groups. His primary clinician is considering making a recommendation to remove Mr. G. from EOP for treatment in CCCMS because of his "lack of motivation in the treatment process."

Questions for discussion:

- ***What kinds of biases may be generated by this example?***
- ***What type of experience might be behind these biases? (How did they get started)?***
- ***Why are these biases not valid in this case?***
- ***How could these biases cloud a clinician's perception and judgment?***

#4. Generally uncooperative patients do not need mental health treatment, but are simply trying to manipulate the mental health system.

Ms. H. is a 26-year-old married, Hispanic female with 2 children, whose husband and many of her family members were affiliated with a gang. She grew up in the gang milieu, and was arrested with other members for selling drugs. Ms. H. had a history of childhood abuse, including sexual abuse, and her current symptoms include symptoms of chronic PTSD and substance use disorders. Ms. H. was conflicted as to her need for mental health treatment, but the strength of her PTSD symptoms, causing her to experience nightmares, flashbacks, periods of high anxiety and hypervigilance had increased during the past few months. Nevertheless, Ms. H. had been conditioned to be suspicious of mental health and mental health providers, as many gang dropouts were pressured to avoid treatment. Ms. H. self-referred occasionally, but subsequently withdrew her desire for treatment, although her level of suffering was, at times, high.

Questions for discussion:

- ***What kinds of biases may be generated by this example?***
- ***What type of experience might be behind these biases? (How did they get started)?***
- ***Why are these biases not valid in this case?***
- ***How could these biases cloud a clinician's perception and judgment?***

#5. Patients who exhibit aggressive behaviors will never commit suicide.

Mr. U. was a 43-year-old, married, Caucasian male doing a life sentence for murder. He had a history of previous terms for domestic violence. While in prison (approximately 6 months before his suicide by hanging), he had killed his cell mate and was in the process of attending court hearings, when he (without any warning) decided to commit suicide. In spite of his history, Mr. U. had built up a successful business in his 20's and 30's. He had a history of treatment for depression, with one admission to the MHCB for suicidal ideation in the previous year, but he was considered to be very "functioning" and was requesting to be removed from CCCMS when he died.

Questions for discussion:

- ***What kinds of biases may be generated by this example?***
- ***What type of experience might be behind these biases? (How did they get started)?***
- ***Why are these biases not valid in this case?***
- ***How could these biases cloud a clinician's perception and judgment?***

#6. An inmate's fear for his/her own safety never leads to mental health decompensation.

Mr. Y. is a 25-year-old single, Hispanic male, who is serving a 10-year-sentence for assault with a deadly weapon. He has a history of gang affiliation, and upon beginning his sentence, he reported having been threatened by gang members in his institution. Mr. Y. was admitted to ASU for safety concerns (non-punitive), but began receiving threats (voices "through the pipes") that persisted sometimes most of the night. Initially, he was a participant in the MHSDS at the CCCMS level of care with a diagnosis of Generalized Anxiety Disorder. However, while in ASU, he reported that some of the "voices" may be auditory hallucinations. His level of agitation increased substantially, while he waited for the debriefing process to move forward. Convinced that he was going to be killed, he made a serious suicide attempt.

Questions for discussion:

- ***What kinds of biases may be generated by this example?***
- ***What type of experience might be behind these biases? (How did they get started)?***
- ***Why are these biases not valid in this case?***
- ***How could these biases cloud a clinician's perception and judgment?***

Steps for Implementing System 2

STEP #0

- Before you start, determine whether the situation is dangerous to your safety.
- Do you need to end the session, press your alarm, alert custody, or implement any de-escalation techniques? If so…
- Follow the procedures you have learned to address immediate safety issues during patient encounters.
- If safety is not an immediate issue, continue to Step #2.

Step #1

- Identify the types of feelings you are having that appear to be triggered by your interaction with the patient.

Step #2

- Identify the words, behaviors, or of the patient that seem to be eliciting your negative reaction.

Step #3

- Stop and reserve judgment regarding the patient's intentions!
- Take a deep breath.
- Re-group your thoughts.
- Table your judgment.
- Make a decision to gain more information before making a decision on the patient's motives.

Step #4

- Gather new information
- Review the patient's C-File (ERMS/SOMS) to see if he has any history of being a victim
- Review the medical record to see if the patient has a history of trauma or has been a victim of abuse.
- Interview custody officers to determine if the patient has been observed to be in any distress, or is showing any vulnerabilities regarding potential victimization by other inmates.

Step #5

- Consult with your supervisor and/or peers.
- You might also wish to consult with other mental health and medical providers who are in contact with this patient.

Step #6

- Re-ducat the patient for a new encounter.
- Perform a thorough Mental Status Examination.
- Establishing trust and good therapeutic rapport is vital!
- Carefully query the patient about his relationship with his cell mate.

Note that inmates often do not disclose victimization concerns for fear of retaliation

Step #7

- Formulate a strategy in collaboration with your supervisor and possibly with other members of the IDTT.

(Optional) Case Sample 2

Optional Exercise: How Would You Proceed With this Case?

- Read through the following case sample.
- What is your intuitive reaction to this patient? (System 1)
- Does this case warrant further assessment into the possible motives of this patient? (System 2)
- Using the stepwise model, construct your strategies.

Ms. X. is a 35-year-old, single female with 6 children, who is serving her third term for possession of illegal substances. She has a long history of substance use disorders (her drug of favor is methamphetamine) and a history of severe childhood abuse, including sexual abuse from age 9-13. Ms. X. has a history of multiple SIBs and several serious suicide attempts. Recently, her female partner was transferred to a different yard, and since the transfer, Ms. X. has been seriously destabilized, agitated, and threatening to commit suicide. Her rage attacks have become more frequent & more intense, & she reports periods of dissociation and incidents of auditory hallucinations at night. Ms. X. is asking to be transferred to a different yard to be with her partner. She is making regular threats of SIB, while exhibiting a high level of agitation and extreme mood "highs & lows."

Discussion:

1. What were the types of feelings you would be having as a result of this patient's actions?
2. What are the exact words or patient behaviors that seem to be eliciting your negative reaction?
3. Were you able to temper this negative reaction and move forward from System 1 to System 2? What worked?
4. What aspects of the patient's mental health history appeared to be playing the most significant role in the patient's behaviors?
5. What recommendations did your workgroup make for approaching this situation?
6. What kinds of questions would be most effective in your patient-therapist interview?
7. Going forward, what would your strategy consist of?

A view of mental health clinicians' reactions to their patients

COUNTERTRANSFERENCE IN CORRECTIONAL MENTAL HEALTH PRACTICE

Exercise: A Patient Who Annoyed You

- Think of a patient who really annoyed you.
- Discuss this with somebody in the room, or write down your thoughts to these questions:
  - What was the theme you were discussing?
  - What did the patient say or do to annoy you? (ex.: lied, exaggerated, ignored your feelings, etc.)
  - What were your immediate thoughts?
  - How did you react outwardly?
  - How would you have wanted to react?

The Purpose of This Webinar

- The purpose of this webinar is to explore some of the major issues related to countertransference and to examine some of the strategies that help turn a clinician's negative reactions to a patient into a productive, clinical process.

Introduction

- Transference & countertransference propel conflictual unconscious material into the dynamics of both analytic and non-analytic therapy. If therapists fail to notice these displaced phenomena during their session, they are limited in their ability to help their clients move beyond their one-sided accounts of problematic relationships and events outside of therapy or to gain insight into counter-productive coping strategies that hamper the develop of prosocial thinking and behaviors.

Making Lemonade Out of Lemons

- On the other hand, if therapists identify and decode displaced material that manifests during sessions, their perception of what is going on relationally in therapy can complement and correct client's accounts of what goes on outside of therapy and can serve to help the patient recognize counterproductive coping strategies, providing a basis for pro-social change.

Benefit for Clinicians

- Clinicians can realize how, through countertransference, they are also acting out their own anxiety, aggressions, personal insecurity or low self-esteem in conflictual interpersonal issues in their own work with clients. Not identifying the underlying mechanisms of transference & countertransference can lead to "endless repetition" of the same reactions and can reinforce counterproductive patient behaviors.

Learning Outcomes

1. Review both the classical and the current views of transference and countertransference and give examples.
2. Describe the types of patient behaviors that commonly elicit negative reactions from therapists in a correctional setting.
3. Summarize Kahnemann's model of fast and slow thinking.

Learning Outcomes (cont'd.)

4. List some of the most common biases found among clinicians practicing in a correctional setting, and show how these biases serve to prevent complex thinking.
5. Using the step-wise process contained in the handout, practice processing negative countertransference by using "effortful mental processing" (System 2).

Learning Outcome 1

- Review both the classical and the current view of transference and countertransference.

Classical View of Transference

- *According to Freud, transference is the reappearance in the unconscious minds of clients of an early-life event from which they had to dissociate because of its overwhelming emotional impact* (Schore, 2003).
- *As a result, transference creates resistance to facing psychic pain long enough and well enough to resolve the conflict causing the pain* (Freud, 1917).
- *Though the conscious mind has been told that past conflicts need to be resolved, the unconscious mind sees transference as a process whereby it can avoid conflict resolution.*

Current, Totalistic View of Transference (Kernberg)

- *During therapy, clients unconsciously and compulsively attempt to re-enact unresolved interpersonal conflicts originating in the past or outside of therapy.*
- *Clients unconsciously attend to similarities between their therapists and others with whom they have unresolved conflicts.*
- *They project qualities of other persons onto their therapists.*
- *In addition, some clients attempt to use mental health organizations to solve problems that are outside the mental health scope.*

Classical View of Countertransference

- Freud: *classical countertransference, the mirror of transference, is the therapist's own transference being elicited by client's transference. Recall that classical transference refers to a client's feelings and attitudes toward a significant early-life figure being displaced to the therapist* (Freud 1912).

More Classical View of Countertransference

- When defined as a "construct, countertransference refers to the therapist's unconscious responses to the client's feelings and attitudes toward a significant past figure being displaced to the therapists. It is a response triggered by the therapist's own unresolved conflicts.

Countertransference Occurs Automatically

- Countertransference (according to classical theory) occurs automatically.
- Then it is itself repressed or dismissed from awareness as soon as it is suspected by the conscious mind.
- Signs of its presence (called *derivatives* or *manifestations)*, may be noted by the conscious mind.

Totalistic Countertransference

- Countertransference refers to *all* attitudes and feelings that therapists experience toward clients, unconscious as well as conscious.
- *It consists of the therapist's unconscious, unresolved conflicts that are elicited by a client's transference, as well as the therapist's conscious, justifiable reactions to actual experiences during therapy.*
- *It includes reactions to what clients say and do in therapy and to what they report they are going through outside of therapy* (Kernberg, 1987).

Not Identifying Underlying Mechanisms Can…

- Create a distortion of the clinician's perception
- Cause emotional turmoil in the clinician
- Impair his/her insight & impair clinical work
- Cloud the clinician's judgment during the therapy session
- Lead to dangerous situations in a correctional setting

Identifying Underlying Mechanisms

- ***Identifying the underlying mechanisms and the types of unconscious conflicts associated with countertransference can improve the course of the therapy and STOP the repetition of old feelings, thoughts, perceptions, and behaviors.***

Exercise: Brainstorm Examples of Countertransference

Brainstorm at least 3 examples

A client's behaviors (or projections) elicit the following unconscious thought process in his therapist:

1)
2)
3)

Are There Positive Types of Countertranference?

Positive or Negative Transference?

Cognitive Biases

- In our section on cognitive biases, we're going to talk more about how these biases influence countertransference, and how we might best wish to work with these phenomena! We'll be working in sub-workgroups processing brief sample cases using a stepwise approach.

Learning Outcome 2

- Describe the types of patient behaviors that commonly elicit negative reactions from therapists in a correctional setting.

Exercise: Patient Behaviors That Bother You the Most

- Think of the most annoying type of patient behavior (that elicits the most negative reaction from you as a therapist).
- Now, make a list of other negative behaviors, prioritizing their negative effect on you.
- Discuss these with someone else if possible.

Examples of Behaviors That Elicit Negative Countertransference

- Violent threats
- Under the influence of substances
- Comments that constitute violations of boundaries
- Non-credible patient reports made for no known purpose, except to control the conversation (common with individuals with psychopathic traits)
- Patient reports that appear to be made for the purpose of coaxing the therapist into providing avenues for achieving personal aims that do not involve safety or evasion of harm
- Non-credible patient reports made with the intention of deceiving the therapist (for any reason)
- Evasive language and behaviors
- Unwillingness to communicate or participate in the treatment experience

Safety vs. Non-Safety-Related Patient Behaviors

- Now, let's look at each of the previous types of negative behavior and categorize it into either a "safety-related" or "non-safety-related" behavior type.

Safety vs. Non-Safety Related Patient Behaviors

Safety-related

- Violent threats
- Under the influence of substances
- Comments that constitute violations of boundaries

Non-safety-related

- Evasive language & behaviors
- Unwillingness to communicate or participate in the treatment experience
- Non-credible patient reports (most types)

Common Causes of Patient Non-Credible Reporting

- ***Possible motivations for false or exaggerated reports or presentations***
  - ***Factitious Disorder***
  - ***Malingering***
  - ***Adaptive Malingering***
  - ***Fabrications related to persons with a high level of psychopathic features***
  - ***Confabulation***
  - ***Psychosis***
  - ***Delirium***

Strategies for Safety-Related Behaviors

- Assess level of danger
- Always be closer to the door & not blocked
- Inmate should sit furthest away from door
- Think about whether to use your alarm
- Or assess whether you can peacefully end the session
- Continue to monitor & assess necessity for ending the session
- Always maintain calm and apply techniques of de-escalation
- Follow your training!

Non-Safety-Related Patient Behaviors

Always follow safety rules, even if current presentation does not reflect emergent safety conditions

- Next section: We will look at how to apply both intuitive (fast) and analytical (slow) thinking using Daniel Kahnemann's cognitive model toward designing our approach to negative countertransference.

Learning Outcome 3

- Summarize Kahnemann's model of fast and slow thinking

Kahneman's Model of Fast & Slow Thinking

- To better understand how negative countertransference can be reinforced and processing impaired, we will use Kahneman's model of "Thinking Fast and Slow."
- In addition, we will use elements from Kahneman's model as a guide for processing the cognitive biases that prevent us from processing these negative therapist reactions.

Two Different Ways the Brain Forms Thoughts

- **System 1:** Fast, automatic, frequent, emotional, stereotypic, unconscious

Exercise

2 X 2=?

- How long did it take you to calculate that simple multiplication example?
- How hard was it?

Examples of System 1 (in order of complexity)

- See that an object is at a greater distance than another
- Localize the source of a specific sound
- Complete the sentence "war and ..."
- Display disgust when seeing a gruesome image
- Solve 2+2=?
- Read a text on a billboard
- Understand simple sentences

Intuition & Experience in System 1

- Some of System 1 is based upon "intuition" or "survival instinct"
- Other aspects require previous experiences that help us construct "schemas" or categories of thinking that help us react to various types of stimuli automatically
- This is a vital resource for survival
- It also frees us up to perform routine tasks without having to spend a lot of time on thinking and planning
- Without these "schemas", we would never be able to accomplish what we need to do to get through the day

Disadvantages of System 1

- Reliance primarily on System 1 would shut down our ability to reason and think in complex patterns necessary for solving more difficult problems
- System 1 (and its schema) tend to form biases & prejudices that can hamper our ability to perceive things and process those perceptions with the necessary level of objectivity

System 2 Way of Thinking

System 2: Slow, effortful, infrequent, logical, calculating, conscious

Exercise

68 x 24=?

- How long did it take you to calculate this example?
- Could you do it in your head, or did you have to do it on paper?
- How much trouble was it?

Examples of System 2

- Brace yourself before the start of a sprint
- Point your attention towards someone at a loud party
- Dig into your memory to recognize a sound
- Sustain a higher than normal walking rate
- Determine the appropriateness of a behavior in a social setting
- Count the number of A's in a certain text
- 68X24?
- Determine the validity of a complex logical reasoning

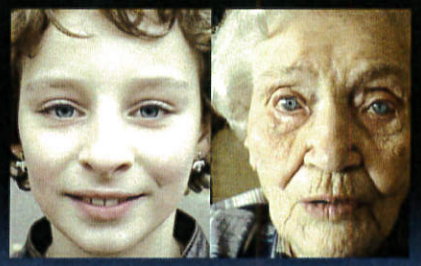
What Only System 2 Can Do

- Follow rules
- Compare objects on several attributes
- Make deliberate choices between options
- Adopt "task sets": it can program memory to obey an instruction that overrides habitual responses

Exercise: Potential Consequences of Getting Stuck in System 1

- Discuss some of the potential consequences of getting stuck in System 1.
  - How would this affect your ability to remain objective, collect information, perform an accurate case formulation?
  - How could these problems result in inadequate patient care?
  - What could this mean for patient safety?

Exercise: Who Has Better Computer Skills?



Being on automatic pilot can be great & even ensure survival, but…

- It may restrict our reactions to those types of mental activities based upon intuitive or quick thoughts
- Prevent our using of System 2 (the slow, effortful, complex, analytical thinking mode)
- Set into motion our biases and prejudices

(Yes, we all have them)

Next Section

- In the next section, we're going to explore some of the more common biases found among mental health clinicians practicing in correctional settings. We will see how, in some ways, it is easy to fall into these automatic types of thinking, and view some of the consequences.

Learning Outcome 4

- List some of the most common biases found among clinicians practicing in a correctional setting, and show how these biases serve to prevent complex thinking.

Exercise: Common Clinician Biases

- You and your sub-workgroup will be assigned one or more biases on the list (pp. 3-4 of the handout).
- Describe your reactions to each of the assigned biases.
- Show how each may have come into being.
- Expound upon why each is not valid.
- Discuss some of the potential dangers of each related to the clouding of a clinician's perception and judgment.

Bias #1

- Individuals who are manipulative in their reporting, who malinger symptoms or feign illness (formerly described as "being Axis II") CANNOT also have a mental disorder.

Bias #2

- If a patient is treatment compliant, taking his/her medication as prescribed, his mental health problems will be solved.

Bias #3

- Individuals who refuse to attend one-on-one primary clinician encounters or group therapy DO NOT need mental health treatment.

Bias #4

- Generally uncooperative patients do not need mental health treatment, but are simply trying to manipulate the mental health system.

Bias #5

- Patients who exhibit aggressive behaviors will never commit suicide.

Bias #6

- An inmate's fear for his/her own safety never leads to mental health decompensation.

Discussion

- What did you think of this exercise?
- Did you recognize any of the biases from your own daily working activities?
- How did the subjects in the vignettes appear to you AFTER your discussion?

Next Section

- In the next section, we are going to explore a number of techniques for changing our thought processes from System 1 (the automatic thought-intuitive state) to System 2 (the effortful, slow, state of complex reasoning).

Learning Outcome 5

- Using the step-wise process contained in the handout, practice processing negative countertransference by using "effortful mental processing" (System 2). Practice processing negative countertransference by using "effortful mental processing" (System 2).

Discussion: Vignette & Step-wise Process

- We are now going to begin with a "bare bones" description of a situation in therapy with which many of us who practice as psychologists in a correctional setting are familiar. This basic scene will help us to identify some of the steps to help us identify the annoying behaviors, our own emotional reactions, and to find the most effective strategies for dealing with such situations of negative countertransference.

Case Sample 1

- Imagine that you have a patient in your office, who is trying to get your recommendation for a cell move. Your first inclination may be to view this request as a type of "manipulation for reasons of personal gain." The patient apparently does not want to tell you WHY he wants a cell move, and you feel yourself getting increasingly annoyed. (You're in System 1) What can you do (to move to System 2)?

Effective Strategies for Countertransference

The Steps

Step 0

- Before you start, determine whether the situation is dangerous to your safety.
- Do you need to end the session, press your alarm, alert custody, or implement any de-escalation techniques? If so…

Follow the procedures you have learned to address immediate safety issues during patient encounters.

If safety is not an immediate issue, continue with Step 1.

Step 1

- Identify the types of feelings you are having that appear to be triggered by your interaction with the patient.

Step 2

- Identify the words, behaviors, or of the patient that seem to be eliciting your negative reaction.

Step 3

- Stop and reserve judgment regarding the patient's intentions!
- Take a deep breath.
- Re-group your thoughts.
- Table your judgment.
- Make a decision to gain more information before making a decision on the patient's motives.

Step 4

- Gather new information
- Review the patient's C-File (ERMS/SOMS) to see if he has any history of being a victim
- Review the medical record to see if the patient has a history of trauma or has been a victim of abuse.
- Interview custody officers to determine if the patient has been observed to be in any distress, or is showing any vulnerabilities regarding potential victimization by other inmates.

Step 5

- Consult with your supervisor and/or peers.
- You might also wish to consult with other mental health and medical providers who are in contact with this patient.

Step 6

- Re-ducat the patient for a new encounter.
- Perform a thorough Mental Status Examination.
- Establishing trust and good therapeutic rapport is vital!
- Carefully query the patient about his relationship with his cell mate.
- Note that inmates often do not disclose victimization concerns for fear of retaliation.

Step 7

- Formulate a strategy in collaboration with your supervisor and possibly with other members of the IDTT.

Discussion

- Do you have any comments on this fictitious case?
- Would you have proceeded with a different strategy?
- How do you think the initial countertransference was dealt with?

Optional Exercise: How Would You Proceed With this Case?

- Read through the following case sample.
- What is your intuitive reaction to this patient? (System 1)
- Does this case warrant further assessment into the possible motives of this patient? (System 2)
- Using the stepwise model, construct your strategies.

Optional Case Sample 2

- Ms. X. is a 35-year-old, single female with 6 children, who is serving her third term for possession of illegal substances. She has a long history of substance use disorders (her drug of favor is methamphetamine) and a history of severe childhood abuse, including sexual abuse from age 9-13. Ms. X. has a history of multiple SIBs and several serious suicide attempts. Recently, her female partner was transferred to a different yard, and since the transfer, Ms. X. has been seriously destabilized, agitated, and threatening to commit suicide. Her rage attacks have become more frequent & more intense, & she reports periods of dissociation and incidents of auditory hallucinations at night. Ms. X. is asking to be transferred to a different yard to be with her partner. She is making regular threats of SIB, while exhibiting a high level of agitation and extreme mood "highs & lows."

Discussion

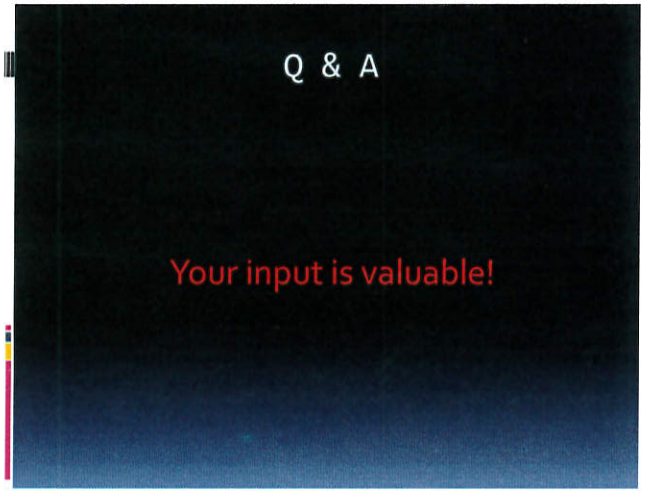
1. What were the types of feelings you would be having as a result of this patient's actions?
2. What are the exact words or patient behaviors that seem to be eliciting your negative reaction?
3. Were you able to temper this negative reaction and move forward from System 1 to System 2? What worked?
4. What aspects of the patient's mental health history appeared to be playing the most significant role in the patient's behaviors?
5. What recommendations did your workgroup make for approaching this situation?
6. What kinds of questions would be most effective in your patient-therapist interview?
7. Going forward, what would your strategy consist of?

Summary of Today's Webinar

1. We reviewed both the classical and the current views of transference and countertransference .
2. We described the types of patient behaviors that commonly elicit negative reactions from therapists in a correctional setting.
3. We summarized Kahnemann's model of fast and slow thinking.

Summary (cont'd.)

4. We listed some of the most common biases found among clinicians practicing in a correctional setting, and showed how these biases serve to prevent complex thinking.
5. Using the step-wise process contained in the handout, we practiced processing negative countertransference by using "effortful mental processing" (System 2).


Q & A
Your input is valuable!

Guide to Differential Diagnosis of Personality Disorders

This guide was designed to provide a set of practical steps for diagnosing personality disorder. In addition to information found in the DSM-5, you will also find sample questions to assist you in interviewing your patient. These questions have been tailored to fit the needs of a correctional population, and are based on the following source: First, et al. "Structured Clinical Interview for DSM-5 Personality Disorders SCID-5-PD "Interview". The rating scale is provided to assist you in gaining additional understanding into the frequency and intensity of the presenting signs and symptoms. Caution: This scale is not standardized and was not intended for use as a specific measuring device. The differential diagnosis section is excerpted from the DSM-5. By following the steps provided in this Guide, you will be able to form a working diagnosis for use in your further evaluative processes and as a tool that will contribute valuable information toward your case formulation and understanding of the patient's pathology.

TABLE OF CONTENTS

STEPS FOR GUIDE USE:

1. ***Discuss the basic concepts of personality disorders, as indicated in the DSM-5 Alternative Model of Personality Disorders.***
2. ***While performing your initial interview of a patient, by whom you suspect the presence of a personality disorder, form a preliminary hypothesis as to whether a personality disorder (PD) may be present in your patient***
3. ***If you suspect that more than one PD may be present, create a hierarchy that demonstrates the strength and intensity of the symptoms reported and the signs observed.***
4. ***Next, using the sample assessment questions provided in left-hand column of the table (also found in the SCID-5-PD), perform your interview with the patient.***
5. ***Differential diagnosis: Go through the "rule-outs", and eliminate each as warranted.***
6. ***Formulate your final working diagnosis of the sum total of your data.***

PERSONALITY DISORDERS (DSM-5)

1. ***Discuss the basic concepts of personality disorders, as indicated in the DSM-5 Alternative Model of Personality Disorders.***

Introduction to Personality Disorders:

The concept of "personality" can be defined as "a pattern of perceiving, relating to, and thinking about the environment and oneself" (excerpted from the *Alternative DSM-5 Model for*

Personality Disorders). Further, the essential features of a personality disorder are described as follows:

- Moderate or greater impairment in personality (self/interpersonal) functioning.
- One or more pathological personality traits
- The impairments are relatively inflexible and pervasive across a broad range of person and social situations.
- The impairments are relatively stable across time and have onsets that can be traced back to at least adolescence or early adulthood.
- The impairments are not better explained by another mental disorder.
- The impairments are not soley attributable to the physiological effects of a substance or another medical condition (e.g., severe head trauma).
- The impairments are not better understood as normal for an individual's developmental stage or sociocultural environment.

Disturbances in self and interpersonal functioning constitute the core of personality psychopathology. The DSM-5 offers 5 levels of impairment:

1. Little or no impairment
2. Some
3. Moderate
4. Severe
5. Extreme

Personality Disorder-Trait Specified

A. A trait-specified view of personality functioning is offered by the DSM-5 in the following 4 areas:
   - ***Identity*****:** Experience of oneself as unique, with clear boundaries between self and others; stability of self-esteem and accuracy of self-appraisal; capacity for, and ability to regulate, a range of emotional experience.
   - ***Self direction*****:** Pursuit of coherent and meaningful short-term and life goals; utilization of constructive and prosocial internal standards of behavior; ability to self-reflect productively.
   - ***Empathy:*** Comprehension and appreciation of others' experiences and motivations; tolerance of differing perspectives; understanding the effects of one's own behavior on others
   - ***Intimacy***: Depth and duration of connection with others; desire and capacity for closeness; mutuality of regard reflected in interpersonal behavior.

B. One or more pathological personality trait domains OR specific trait facets within domains, considering ALL of the following domains:

1. **Negative Affectivity** (vs. Emotional Stability): Frequent and intense experiences of high levels of a wide range of negative emotions (e.g., anxiety, depression, guilt/shame, worry, anger), and their behavioral (e.g., self-harm) and interpersonal (e.g., callousness) manifestations.
2. **Detachment (**vs. Extraversion): Avoidance of socioemotional experience, including both withdrawal from interpersonal interactions, ranging from casual, daily interactions to friendships to intimate relationships as well as restricted affective experience and expression, particularly limited hedonic capacity.
3. **Antagonism (**vs. Agreeableness): Behaviors that put the individual at odds with other people, including an exaggerated sense of self-importance and a concomitant expectation of special treatment, as well as a callous antipathy toward others, encompassing both unawareness of others' needs and feelings, and a readiness to use others in for purposes of personal gain or to make the individual "look bigger," by making the other person "look smaller."
4. **Disinhibition (**vs. conscientiousness): Tendency to seek immediate gratification (inability to wait for gratification), leading to impulsive bheaiovr that is driven by current thoughts, feelings, and external stimuli, without regard for past learning or consideration of future consequences.
5. **Psychoticism (**vs. Lucidity): Exhibiting a wide range of culturally incongruent odd, eccentric, or unusual behaviors and cognitions, including both process (e.g., perception, dissociation) and content (e.g., beliefs).

The following is a list of personality disorders (according to the DSM-5) by cluster:

Table 1: Personality Disorders by Cluster

Cluster A	Cluster B	Cluster C	No Cluster
Paranoid Personality Disorder	Antisocial Personality Disorder	Avoidant Personality Disorder	Personality change due to another medical condition
Schizoid Personality Disorder	Borderline Personality Disorder	Dependent Personality Disorder	Other specified personality disorder
Schizotypal Personality Disorder	Histrionic Personality Disorder	Obsessive-Compulsive Personality Disorder	Unspecified personality disorder
	Narcissistic Personality Disorder		

CLUSTER A

Cluster A personality disorders are described as those disturbances that are “odd or eccentric.” This cluster is comprised of 3 such personality disorders:

Paranoid Personality Disorder: A patter of irrational suspicion and mistrust of others, interpreting motivations as malevolent

Schizoid Personality Disorder: Lack of interest and detachment from social relationships, apathy, and restricted emotional express

Schizotypal Personality Disorder: A pattern of extreme discomfort interacting socially, and distorted cognitions and perceptions

1. PARANOID PERSONALITY DISORDER

Prevalence in the community=2.3%
Prevalence among substance users=4.4%

Paranoid PD Criteria
• Suspects, without sufficient basis, that other are exploiting, harming, or deceiving him or her.
• Is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates.
• Is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her.
• Reads hidden demeaning or threatening meanings into benign remarks or events.
• Persistently bears grudges (i.e., is unforgiving of insults, injuries, or slights).
• Persistently bears grudges (i.e., is unforgiving of insults, injuries, or slights).
• Perceives attacks on his/her character or reputation that are not apparent to others and is quick to react angrily or to counterattack.
• Has recurrent suspicions, without justification, regarding fidelity of significant other.

Additionally, people with paranoid personality disorder are generally hard to get along with. They often have problems with close relationships. They may be argumentative, and are found to be frequently complaining, or quiet and aloof. They may appear to be "cold" due to guarded, secretive, or devious behaviors. They may also appear to be objective, rational, and unemotional, but they may also have labile affect in areas of hostility, stubbornness, and frequent use of sarcasm. Generally speaking, many members of this cohort need to be self-sufficient and have a strong sense of autonomy. Furthermore, they need to have a high degree of control over those around them. These individuals are often rigid, critical of others, and unable to collaborate, although they have great difficulty accepting criticism themselves According to psychoanalytical theory, they attribute malevolent motivations to others due to projection of their own fears. Some individuals may exhibit thinly hidden, unrealistic grandiose fantasies often attuned to issues of power and rank, while tend to develop negative stereotypes

of others, particularly those from population groups distinct from their own. They are often attracted by simplistic formulations of the world, and are often wary of ambiguous situations. A few of these individuals may be perceived as "fanatics," forming tightly knit "cults" with people who share their paranoid belief systems. Some may experience very brief psychotic episodes (lasting minutes to hours) in response to stress. Others may develop major depressive disorder, while still other individuals may be at increased risk for agoraphobia and OCD. Alcohol and other substance use disorders are common among members of this cohort. The most commonly co-occurring personality disorders: schizotypal, schizoid, narcissistic, avoidant, and borderline personality disorder..

Differential Diagnosis:

Compare Paranoid PD with the following:

Other mental disorders with psychotic symptoms (i.e.: Delusional Disorder, Schizophrenia). Note: paranoid symptoms preceding onset of psychosis may point to a "premorbid" Paranoid PD.

Personality change due to another medical condition: Only diagnose another medical condition if the traits that emerge are attributable to the direct effects of the other medical condition on the central nervous system.

Substance use disorders: Paranoid PD must be distinguished from symptoms that may develop n association with persistent substance use.

Paranoid traits with physical handicaps: the disorder must also be distinguished from paranoid traits associated with the development of physical handicaps (e.g., hearing impairment)

Other personality disorders and personality traits:

Other PDs may have features in common with Paranoid PD: All PDs may be diagnosed if the Pt's pathology meets the criteria. Monitor for psychosis (do not diagnosis PD unless premorbid). If, however, the sum total of presenting factors appears to belong to a certain type of PD, consider diagnosing that PD. It helps to prioritize your diagnostic impressions.Consult both lists of diagnostic tables when deciding which symptoms belong to which criteria.

Sample Case #1: Paranoid Personality Disorder:

Mr. P. is a 41 y/o Caucasian male, who is doing a 3rd term for Terrorist Threats. He is convinced that various government organizations, particularly the Environmental Protection Act (EPA) are conspiring to take his money or cause him to be evicted from the cabin he inhabits in the foothills. When in town for groceries, he interpreted benign questions regarding his well-being as

"invasions of my privacy." He was briefly married from 30-31, but his ex-wife had to obtain a restraining order, because Mr. P. was convinced she had been unfaithful and had begun following her after their separation. Mr. P. reported upon rare occasions that he felt that others were jealous of his superior intelligence, and wished him harm as a result. Mr. P. has participated in anti-government groups, whereby he shared attitudes toward "the government that protects undeserving segments of the population," reflecting a racist view of various minority ethnicities. Mr. P. has a history of diagnoses with Major Depressive Disorder and Alcohol Use Disorder.

Differential Diagnostic Process Example on Sample Case:

- Mr. P. shows traits of suspiciousness, Interpersonal aloofness, and paranoid ideation (Paranoid PD), but does not present with magical thinking, unusual perceptual experiences, or the odd thinking and speech that are associated with Schizotypal PD.
- He exhibits features of strangeness, eccentricity, coldness and aloofness (associated with Schizoid PD that is not generally related to paranoia).
- He reacts to minor stimuli with anger (associated with BPD and Histrionic PD), but BPD and Histrionic PD are not usually associated with paranoia.
- ASPD may also be present, if the motivations for personal gain or to exploit others can also be observed.

Your Working Diagnosis:_____

2. SCHIZOID PERSONALITY DISORDER

- Prevalence in community=4.9%
- Prevalence for substance users=3.1%

Diagnostic Criteria: Pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts as indicated by at least of the following:
1. Neither desires nor enjoys close relationships, including being part of a family.
2. Almost always chooses solitary activities.
3. Has little, if any, interest in having sexual experiences with another person. (Attention needed for correctional rules and policies).
4. Takes pleasure in few, if any, activities.
5. Lacks close friends or confidants other than first-degree relatives.
6. Appears indifferent to the praise of criticism of others.
7. Shows emotional coldness, detachment, or flattened affectivity.

People with schizoid personality disorder may also have particular difficulty expressing anger, even in response to direct provocation. They frequently lack emotion, and their lives sometimes seem directionless (lacking goals). Often, they react passively to adverse circumstances and have difficulty responding appropriately to important life events. Often they demonstrate a lack of social skills, having few friendships. People with this disorder may experience very brief psychotic episodes, or their pathology may turn out to be a premorbid antecedent of delusional disorder or schizophrenia.

Differential Diagnosis for Schizoid PD ("rule-outs"):

- **Other mental disorders with psychotic symptoms**: Differentiate between Schizophrenia, delusional disorder, bipolar or depressive disorder with psychotic features, because these disorders are all characterized by a period of persistent psychotic symptoms.
- **Autism spectrum disorder**: Generally presents with more severely impaired social interaction and stereotyped behaviors and interests.

- **Personality change due to another medical condition:** Traits are attributable to the effects of another medical condition on the central nervous system.
- **Substance use disorders**: Schizoid personality disorder must also be distinguished from symptoms that may develop in association with persistent substance use.

Sample Case #2: Schizoid Personality Disorder:
Mr. S. is a 30 y/o, African American male, who is serving a sentence for substance-related offenses. He was the only child of a mother with substance use disorder, and was alone much of his childhood. Although of above-average intelligence, he was frequently truant in middle school, and he dropped out of high school in the 9th grade, and has never been able to hold a job for more than a few days. He has never had a girlfriend (he identifies as heterosexual), and has had very few relationships. He appears shy, but he states that he actually prefers to be alone, and does not seek the company of other people. He claims that this was the case as far back in childhood as he can recall. He does not indicate that he was physically abused, although maternal neglect and possible emotional abuse were probably present during his childhood. He does not have any friends in prison, and is averse to any type of social contact. Mr. S. has frequently attempted to be single-celled, but this has been denied for lack of specific necessity. Mr. S. says that he cannot say why he needs to be alone, but is adamant in his desire to avoid contact, and has consistently carried this out while incarcerated.

Your Working Diagnosis:_____

3. SCHIZOTYPAL PERSONALITY DISORDER

- Prevalence in community=4.6% (USA)

Diagnostic Criteria: Pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of context, as indicated by 5 or more of the following:
1. Ideas of reference (excluding delusions of reference).
2. Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or "sixth sense")
3. Unusual perceptual experiences, including bodily illusions.
4. Odd thinking and speech (e.g., vague, circumstantial, metaphorical, over-elaborate, or stereotyped).
5. Suspiciousness or paranoid ideation.
6. Inappropriate or constricted affect.
7. Behavior or appearance that is odd, eccentric, or peculiar.
8. Lack of close friends or confidants other than first-degree relatives.
9. Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self.

Additionally, people with schizotypal personality disorder often seek treatment for the associated symptoms of anxiety or depression. Particularly in response to stress, many individuals may experience transient psychotic episodes, although they usually are insufficient in duration to warrant an additional diagnosis such as brief psychotic disorder or schizophreniform disorder. Over half of these individuals may have a history of at least one major depressive episode. Between 30%-50% have a concurrent diagnosis of MDD. Common co-occurrences include schizoid, paranoid, avoidant, and borderline personality disorders.

Differential Diagnosis for Schizotypal PD ("rule-outs"):

- **Other mental disorders with psychotic symptoms:** Differentiate between Schizophrenia, delusional disorder, bipolar or depressive disorder with psychotic

features, because these disorders are all characterized by a period of persistent psychotic symptoms.

- **Autism spectrum disorder:** Generally presents with more severely impaired social interaction and stereotyped behaviors and interests.
- **Personality change due to another medical condition:** Traits are attributable to the effects of another medical condition on the central nervous system.
- **Substance use disorders:** Schizotypal personality disorder must also be distinguished from symptoms that may develop in association with persistent substance use.

Sample Case #3: Schizotypal PD:
Mr. B. is a 48 y/o," Other" (his father and mother are from Malaysia) male who is doing a second term for ADW. He was approached by a salesman, whom he believed to be part of a conspiracy to invade his "space", and stabbed the "intruder" in the arm as the man attempted to sell him a cleaning product. Mr. B. has a history of isolating himself, wearing only green overalls, and lives in the country in a cottage owned by his brother. He has no close friends, and appears to be convinced that "familiarity breeds contempt." His parents are deceased, and he has minimal contact to any of his 4 siblings, except for the brother who owns the cottage, where he lived rent-free until his arrest. Mr. B. believes that he can predict the future, and feels that he can read other people's minds if he so desires. He has a long history of suspiciousness against all governmental agencies, and served a first term in state prison for terrorist threats against a candidate for the state legislature. He is convinced that government is a "dangerous business" and that "all politicians are trying to keep me from living my life the way I see fit."

Your Working Diagnosis:_____

CLUSTER B

Cluster B is comprised of four personality disorders, which are described as being either dramatic, emotional, or erratic, as follows:

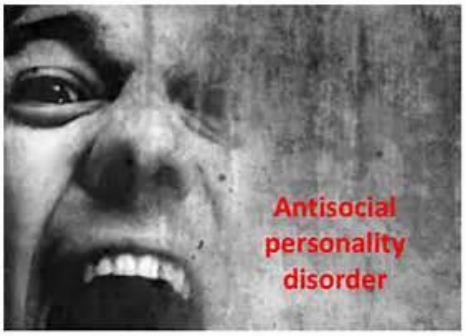
- Antisocial Personality Disorder (ASPD): a pervasive pattern of disregard for & violation of the rights of others, lack of empathy, bloated self-image, manipulative & impulsive behavior

- Borderline Personality Disorder (BPD): pervasive pattern of abrupt mood swings, instability in relationships, self-image, identity, behavior & affect, fear of real or imagined abandonment, often leading to impulsivity & sometimes self-harm

- Histrionic Personality Disorder: pervasive pattern of attention-seeking behavior & excessive, unauthentic emotions

- Narcissistic Personality Disorder: a pervasive pattern of grandiosity, need for admiration, and lack of empathy

4. ANTISOCIAL PERSONALITY DISORDER



- **Prevalence in the community=0.2%-3.3%**
- **Prevalence in substance users, prisons, & other forensic settings > 70%**
- **Prevalence is higher in samples affected by adverse socioeconomic (i.e., poverty) or sociocultural (.e. migration) factors**

Diagnostic Criteria: A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by three (or more) of the following:
1. Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are ground for arrest.
2. Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.
3. Impulsivity or failure to plan ahead.
4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults.
5. Reckless disregard for safety of self or others.
6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.
A. At least 18 years.
B. Evidence of conduct disorder with onset before age 15.
C. Not occurring exclusively during schizophrenia or bipolar disorder.

Since one of the mandatory pre-requisites for ASPD includes Conduct Disorders present before the age of 15, Here are the diagnostic criteria for CD.

Conduct Disorder (CD), A Required Precursor to Antisocial Personality Disorder

Diagnostic Criteria (DSM-5_
A. Repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of at least 3 of the following in the past 12 months, 2ith at least 1 criterion present in the past 6 months:
Aggression to People and Animals
1. Often bullies, threatens, or intimidates others.
2. Often initiates physical fights.
3. Has used a weapon that can cause serious physical harm to others
4. Has been physically cruel to people.
5. Has been physically cruel to animals.
6. Has stolen while confronting a victim.
7. Has forced someone into sexual activity.
Destruction of Property
8. Has deliberately engaged in fire setting with the intention of causing serious damage.
9. Has deliberately destroyed others' property.
Deceitfulness or Theft
10. Has broken into someone else's house, building, or car.
11. Often lies to obtain goods or favors or to avoid obligations (i.e.: "cons" others).
12. Has stolen items of nontrivial value without confronting a victim, but without breaking and entering.
Serious violations of Rules
13. Often stays out at night before age 13.
14. 14. Has run away from home overnight at least twice.
15. Is often truant beginning before age 13.
Causes significant impairment in social, academic, or occupational functioning.

DSM-5: Psychopathy may be considered when diagnosing Antisocial Personality Disorder: "Psychopathy" (table from Hare, 1993)

Psychopathy Checklist, Revised (Hare, 1991)

INTERPERSONAL/EMOTIONAL FACTOR 1	SOCIAL DEVIANCE FACTOR 2
Glibness/ Superficial Charm	Need for Stimulation/Proneness to Boredom
Grandiose Sense of Self-Worth	Parasitic Lifestyle
Pathological Lying	Poor Behavioral controls "Aggressivity"
Conning/Manipulative	Early Behavior Problems
Lack of Remorse or Guilt	Lack of Realistic, Long-Term Goals
Shallow Affect	Impulsivity
Callous/Lack of Empathy	Irresponsibility
Failure to Accept Responsibility for Own Actions	Juvenile Delinquency
	Revocation of Conditional Release
	Criminal Versatility

DSM-5: Also to be considered when diagnosing Antisocial Personality Disorder: "Sociopathy"

Sociopathy: is an old term for "antisocial personality disorder." According to Robert Hare, et. al., "sociopathy" includes antisocial behaviors that were learned or could be considered "maladaptive" to mainstream, societal rules. In contrast to persons with psychopathy, however, individuals exhibiting sociopathy may be able to bond in relationships, feel empathy with others, and exhibit loyalty (for example, to their "homies" in gang culture). Persons with psychopathy are not able to form attachments, and possess a much greater degree of narcissism than do persons with sociopathy.

Differential Diagnosis for ASPD ("rule-outs"):

Substance use disorders: When antisocial behavior in an adult is associated with a substance use disorder, the diagnosis of ASPD is not made unless the signs of ASPD were also present in childhood and have continued into adulthood. When substance use and antisocial behavior both began in childhood and continued into adulthood, both a substance use disorder and ASPD should be diagnosed if the criteria are both met, even though some antisocial acts may be a consequence of the substance use disorder (e.g., illegal selling of drugs, thefts to obtain money for drugs, etc.).

Schizophrenia and bipolar disorders: Antisocial behavior that occurs exclusively during the course of schizophrenia or a bipolar disorder should not be diagnosed as ASPD.

Other personality disorders:

Criminal behavior not associated with a personality disorder: Also, in contrast to what many people believe, "criminal behavior" is not the same thing as ASPD, although the manifestations of ASPD may show themselves in criminal behavior. ASPD needs to be viewed longitudinally and historically in the life of the individual, rather than being a snap shot judgment arising from currently observed behavior.

Case Sample #5: Antisocial Personality Disorder

Ms. J. is a 35 y/o, Hispanic female, who is serving a 3rd term for ADW. She has a long history of gang-related violence, prostitution, & intense anger outbursts that have often resulted in aggressive behaviors. She was abandoned from her father at age 4 & spent most of her childhood in foster homes. She has a history of juvenile hall, & selling drugs as an adolescence. She began using cocaine at age 15, after having begun with alcohol & marijuana at age 10. Ms. J. has a few friends, & appears to wield a substantial amount of authority on the yard. She has a history of 10 RVR's for possession of controlled substances for sales, & appears to be a dominating figure in most of the activities in which she participates. Ms. J. has been a participant in the MHSDS at the CCCMS several times, and has received a number of varied diagnoses, ranging from mood disorders to substance-induced psychotic disorder, substance use disorders, & borderline personality disorder. She has a history of several overdoses, and has made frequent threats to harm herself, having made superficial scratches on her arm on at last 4 occasions, whereby she was admitted to the MHCB, where she has also received diagnoses of "malingering" and "impulse control disorder."

Your Working Diagnosis:_____

Case Sample #6 of ASPD with Psychopathic features

Mr. V. is a 25 y/o Caucasian, gang dropout (SNY), who is serving a 2nd term for grand theft auto. He has a history of truancies, foster homes, & was arrested & held at the California Youth Authority from ages 14-17 for grand theft and ADW. Mr. V. also has a history of selling drugs in the community and pimping. He has been heard to brag about his past "business successes," & has promised to "make the money on the stock market I deserve" when released from custody (his EPRD is in 2 years). Mr. V. dropped out of the Aryan Brotherhood, according to his report, because of "differences of opinion with the shotcaller." Mr. V. claims to be "too smart to have to deal with such dumb-asses." He exhibits glibness, a certain manipulative charm, and a sense of grandiosity and entitlement. He is known for preying on others for personal gain, and manipulating young women and men into prostitution, whereby he maintained control over his "employees" be threatening violence and severe sanctions for any behaviors he deemed disadvantageous to his aims. Mr. V. occasionally exhibits depressive symptoms when he is not

able to act out his wishes and desires (particularly in ASU). His predatory behavior while incarcerated has contributed to his receiving of numerous RVRs.

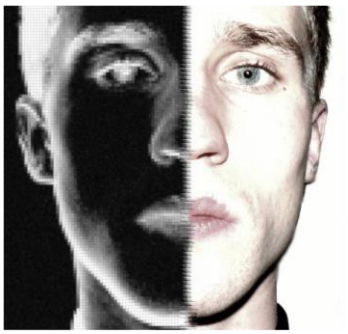
Your Working Diagnosis:_____

Case Sample #7: Criminal Behavior for Personal Gain Only

Mr. C. is a 28 year old, African American male who is serving a 1st term for computer fraud and identity theft. He has no mental health history, no history of gang affiliation, nor any serious medical problems. Mr. C. was found to have a particularly high I.Q. while in primary school, but was considered by several teachers in their reports to lack in motivation in subjects for which he demonstrated no interest. Mr. C. did appear, however, to spend after-school hours solely on his computer, and was highly motivated in any subjects related to these activities. Mr. C. dropped out of a prestigious college after his junior year, where he had majored in computer science. Mr. C. was found to be a proficient hacker of other people's accounts, and to have used information he gleaned to open credit card accounts, purchasing tens of thousands of dollars of goods, which he in turn, sold to "fence" for further sales. Mr. C. was quoted to have viewed this behavior as "a normal consequence of having the knowledge and the skills necessary for the job."

Your Working Diagnosis:_____

5. BORDERLINE PERSONALITY DISORDER



Prevalence in the community=1.6&-5.9%, in primary care settings, about 10% and about 20% among psychiatric inpatients. Approximately 2/3 of the cases are females.

Diagnostic Criteria: Pervasive pattern of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by 5 or more of the following:
1. Frantic efforts to avoid real or imagined abandonment.
2. Pattern of unstable and intense interpersonal relationship characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least 2 areas that are potentially self-damaging (e.g., spending, sex, mutilating behavior)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to a marked reactive of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

Typical features of borderline personality disorder are instability of self-image, personal goals, interpersonal relationships, and emotions that are frequently accompanied by impulsivity, risk taking, and/or hostility or rage. Characteristic problems are observable in the person's sense of identity, self-direction, ability to have consistent empathic feelings or others, and difficulties in intimate relationships. People with borderline personality often tend to idealize people of particular interest, while devaluing the same person suddenly, when that person disappoints them. They also exhibit specific maladaptive traits in the area of negative affectivity and also antagonism and/or disinhibition.

Differential Diagnosis:

Depressive and bipolar disorders: BPD often co-occurs with depressive or bipolar disorders, and when criteria for both are met, both may be diagnosed. Because the cross-sectional presentation of BPD can be mimicked by an episode of depressive or bipolar disorder, the clinician should avoid giving an additional diagnosis of BPD based only on cross-sectional presentation without having documented that the pattern of behavior had an early onset and a long-standing course.

Other personality disorders: Although histrionic personality disorder can also be characterized by attention seeking, manjpulative behavior, and rapidly shifting emotions, BPD is distinguished by self-destructiveness, angry disruptions in close relationships, and chronic feelings of deep emptiness and loneliness. Paranoid ideas or illusions may be present in both BPD and schizotypal PD, but these symptoms are more transient, interpersonally reactive, and responsive to external structuring in BPD. Although paranoid PD (PPD) and narcissistic PD (NPD) may also be characterized by an angry reaction to minor stimuli, the relative stability of self-image, as well as the relative lack of self-destructiveness, impulsivity, and abandonment concerns, distinguishes these disorders from BPD. Although ASPD and BPD are both characterized by manipulative behavior, individuals with ASPD are manipulative to gain profit, power, or some other material grification, whereas the goal in BPD is directed more toward gaining the concern of caretakers. Both dependent personality disorder and borderline personality disorder are characterized by fear of abandonment; however, the individual with BPD reacts to abandonment with feelings of emotional emptiness, rage, and demands, whereas the individual with dependent personality reacts with increasing appeasement and submissiveness and urgently seeks a replacement relationship to provide caregiving and support. BPD can further be distinguished from dependent personality disorder by the typical pattern of unstable and intense relationships.

Personality change due to another medical condition: BPD must be distinguished from personality change due to another medical condition, in which the traits that emerge are attributable to the effects of another medical condition on the central nervous system.

Substance use disorders: BPD must also be distinguished from symptoms that may develop in association with persistent substance use.

Identity problems: BPD should be distinguished from an identity problem, which is reserved for identity concerns related toa developmental phase (e.g., adolescence and and does not qualify as a mental disorder.

Case Sample #8: Borderline Personality Disorder

Ms. B. is a 41 year-old, Caucasian female serving a third term for child endangerment and selling drugs. Ms. B. has a history of various substance disorders (with Methamphetamine as her drug of favor). She was sexually abused from age 9-12 from her maternal uncle, and neglected by both parents, who were both addict., experiencing numerous incidents of physical and emotional above. When Ms. B. was 10, her father went to prison, and she was placed in foster care. Ms. B. is constantly afraid of being abandoned, considers herself to be "bisexual", and has a history of numerous, unstable relationships. Ms. B. tends to idealize her partner initially, but at the first sign of what Ms. B. perceives as rejection, she turns on her partner with rage, and has acted out with several incidents of assault. Ms. B. claims to have short periods during which she "loses time" and does not recall the events during these periods. She claims to have "heard voices" on certain occasions when feeling particularly stressed. Ms. B. has a history of diagnoses with bipolar I disorder, mood disorder NOS, and major depressive disorder. She also reports of feeling extreme emptiness and having brief periods of depersonalization.

Your Working Diagnosis:_____

6. HISTRIONIC PERSONALITY DISORDER

Prevalence among substance users=1.84%
Prevalence in community=2%-3% and for inpatient & outpatient settings=10%-15%

Diagnostic Criteria: Pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by 5 of the following:
1. Is uncomfortable in situations in which he/she is not the center of attention.
2. Interaction with others is often characterized by inappropriate sexually seductive or provocative behavior.
3. Displays rapidly shifting and shallow expression of emotions.
4. Consistently uses physical appearance to draw attention to self.
5. Has a style of speech that is excessively impressionistic and lacking in detail.
6. Shows self-dramatization, theatricality, and exaggerated expression of emotion.
7. Is suggestible (i.e., easily influenced by other or circumstances).
8. Considers relationships to be more intimate than they actually are.

Differential Diagnosis:

Other personality disorders and personality traits: Other personality disorders may be confused with histrionic personality disorder because they have certain features in common. It is therefore important to distinguish among these disorders based on differences in their characteristic features. Although borderline personality disorder (BPD) can also be characterized by attention-seeking, manipulative behavior, and rapidly shifting emotions, it is distinguished by self-destructiveness, angry disruptions in close relationships, and chronic feelings of deep emptiness and identify disturbance. Individuals with antisocial personality disorder and histrionic personality disorder share a tendency to be impulsive, superficial, excitement seeking, reckless, seductive, and manipulative, but persons with histrionic personality disorder tend to be more exaggerated in their emotions and do not characteristically engage in antisocial behaviors. Individuals with histrionic personality disorder are manipulative to gain profit, power, or some other material gratification. Although individuals with narcissistic personality disorder also crave attention from others, they usually want praise for their “superiority,” whereas individuals with histrionic personality disorder are willing to be viewed as fragile or dependent if this is instrumental in getting attention.

Individuals with narcissistic personality disorder may exaggerate the intimacy of their relationships with other people, but they are more apt to emphasize the "VIP" status or wealth of their friends. In dependent personality disorder, the individual is excessibly dependent on others for praise and guidance, but is without the flamboyant, exaggerated, emotional features of individuals with histrionic personality disorder.

Personality change due to another medical condition: Histrionic personality disorder must be distinguished from personality change due to another medical condition, in which the traits that emerge are attributable to the effects of another medical condition on the central nervous system.

Substance use disorders: The disorder must also be distinguished from symptoms that may develop in association with persistent substance use.

Case Sample #9: Histrionic Personality Disorder

Ms. H. is a 36 year-old, "Other", (she was born on the island of Borneo with a native mother and a Dutch father) female who is serving a five year term for grand theft (jewelry). Ms. H. was found to have the contraband in her car, although she claimed not to know anything about it, as her significant (male) other also had used the same vehicle. Ms. H. presented with a flamboyant, loud, seductive behavior during the initial interview. She claimed to need mental health because she often felt "displaced" at being in prison. She laughed at appropriate times, but appeared to be exaggerated in her reactions. There was no sign of any thought or mood disorder during the initial interview, but Ms. H. reported that she felt that she needed help in adjusting to her new circumstances. She appeared to attempt to answer the questions during the MSE in a way she thought the clinician expected. She admitted to "coming on" to people, and claimed that she had a hard time not being recognized as the center of attention. She appeared to identify many of her former medical providers as "friends." Ms. H. pleaded for help one moment, and the next, was able to switch over to a more confident, assertive individual.

Your Working Diagnosis:_____

7. NARCISSISTIC PERSONALITY DISORDER

Prevalence in the community=0%-6.2%.
Prevalence in prison=14% among males & 20% among females (UK study)

Diagnostic Criteria: Pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by 5 (or more) of the following:
1. Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements).
2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
3. Believes that he/she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).
4. Requires excessive admiration.
5. Has a sense of entitlement (i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations).
6. Is interpersonally exploitative (i.e., takes advantage of others to achieve his/her own ends).
7. Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others.
8. Is often envious of others or believes that others are envious of him/her.
9. Shows arrogant, haughty behaviors or attitudes.

Differential Diagnosis for Narcissistic PD ("rule-outs"):

Other personality disorders and personality traits: The most useful feature in discriminating narcissistic personality disorder (NPD) from histrionic, antisocial, and borderline personality disorders, in which the interactive styles are coquettish, callous, and needy, respectively, is the grandiosity characteristic of narcissistic personality disorder. The relative stability of self-image as well as the relative lack of self-destructiveness, impulsivity, and abandonment concerns also help distinguish narcissistic personality disorder from borderline personality disorder. Excessive pride in achievements, a relative lack of emotional display, and disdain for other's sensitivities help distinguish narcissistic personal disorder from histrionic personality disorder. Although

individuals with BPD, histrionic PD, and NPD may require much attention, those with NPD specifically need that attention to be admiring. Individuals with ASPD and NPD share a tendency to be tough-minded, glib, superficial, exploitative, and non-empathic. However, NPD does not necessarily include characteristics of impulsivity, aggression, and deceit. In addition, individuals with ASPD may not be as needy of the admiration and envy of others, and persons with NPD usually lack the history of conduct disorder in childhood or criminal behavior in adulthood. In both NPD and OCPD, the individual may profess a commitment to perfectionism and believe that others cannot do things as well. In contrast to the accompanying self-criticism of those with OCPD, individuals with NPD are more likely to believe that they have achieved perfections. Suspiciousness and social withdrawal usually distinguish those with schizotypal or PPD fro those with NPD. When these qualities are present in individuals with NPD, they derive primarily from fears of having imperfections or flaws revealed.

Mania or hypomania: Grandiosity may emerge as part of manic or hypomanic episodes, but the association with mood change or functional impairments helps distinguish these episodes from NPD.

Substance use disorders: NPD must also be distinguished from symptoms that may develop in association with persistent substance use.

Case Sample of Narcissistic Personality Disorder

Dr. N. is a 75 year old, Caucasian male serving a first term for inheritance fraud. Dr. N. has a history of grandiosity, believing that he alone could solve many of the mysteries of human suffering. Dr. N. was convinced that all people owe him a level of deference that is far superior to other medical professionals. He had a history of attempting to manipulate patients in the past into signing on to expensive treatments, and he had been under investigation for insurance fraud from two separate heath care organizations, but due to a lack of evidence, he was never found to be culpable. Dr. N. had an older sister and was the older of two sons, and his father was also a physician, but had focused on a family practice in a semi-rural area. Dr. N. felt that such a practice was far “beneath my status and skill set.” He appeared to have competed intensely for his father’s approval, which he apparently never received to the extent he felt he deserved. Dr. N. was highly competitive, and tended to make “scorched earth” out of all his contests, dealing devastating blows of social destruction to his opposition. He was often heard to say, “Nobody can solve the problems of humanity as I can.” Dr. N. appeared to attempt to dominate fellow inmates, seeking admiration and attempting to manipulate them to perform cleaning and other tasks. He was found murdered in his cell by his cell mate after having served one year of his sentence.

Your Working Diagnosis:_____

CLUSTER C

:

Cluster C disorders are characterized as “anxious” or “fearful” disorders. Although less predominant in a prison environment, these personality disorders may prove to be a source of substantial mental health distress to a number of inmates. Additionally, the “anxious or fearful” disorders may occur comorbidly with a number of other mental health disorders, particularly mood disorders associated with depressive symptoms. Furthermore, disorders belong to Cluster C may represent pre-morbid conditions, which are succeeded by severe mental disorders. Hence, knowledge of these disorders and how they affect a patient’s mental health history may serve to enhance the process of forming a working hypothesis regarding causality and correlative factors for more accurate case formulation and individual treatment planning. The following represents a brief overview of the disorders belonging to Cluster C:

Avoidant Personality Disorder: pervasive feelings of social inhibition & inadequacy, extreme sensitivity to negative evaluation
Dependent Personality Disorder: pervasive psychological need to be care for by other people
Obsessive-compulsive Personality Disorder: characterized by rigid conformity to rules, perfectionism, and control to the point of satisfaction & exclusion of leisurely activities & friendships (not the same as & quite different from obsessive-compulsive disorder)

8. AVOIDANT PERSONALITY DISORDER

Prevalence for community=5.2%
Prevalence for substance users=2.4%

Diagnostic criteria: Pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by 4 or more of the following:
1. Avoids occupational activities that involve significant interpersonal contact because of fears of criticism, disapproval, or rejection.
2. Is unwilling to get involved with people unless certain of being like.
3. Shows restraint within intimate relationships because of the fear of being shamed or ridiculed.

4. Is preoccupied with being criticized or rejected in social situations.
5. Is inhibited in new interpersonal situations because of feelings of inadequacy.
6. Views self as socially inept, personally unappealing, or inferior to others.
7. Is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing.

A person with avoidant personality disorder may vigilantly appraise the movements and expressions of others. On the other hand, social reactions to these behavior serve to reinforce fears. Fear and tense demeanor may elicit ridicule from others, which confirms the person's self- doubt. This disorders is often described as "timid" or "fearful", "lonely" or "isolated."
Low self-esteem and hypersensitivity to rejection are common among members of this cohort. Avoidant personality disorder is also characterized by restricted interpersonal contacts, and cohort members are often isolated, and without a large social support network.
Often, they desire affection and acceptance, and may fantasize about idealized relationships with others. One of the common outcomes of these issues is that members of this group often have a tendency to become dependent when able to obtain relationships.

Differential Diagnosis for Avoidant PD ("rule-outs"):
Anxiety disorders: There appears to be a great deal of overlap between avoidant personality disorder and social anxiety disorder (social phobia), so much so that they may be alternative conceptualizations of the same or similar conditions. Avoidance also characterizes both avoidant personality disorder and agoraphobia, and they often co-occur.

Other personality disorders and personality traits: Avoidant and dependent personality disorders are characterized by feelings of inadequacy, hypersensitivity to criticism, and a need for reassurance. Although the primary focus of concern in avoidant personality disorder is avoidance of humiliation and rejection, in dependent personality disorder the focus is on being taken care of. Likely to co-occur. Schizoid PD and Schizotypal PD are characterized by social isolation, but individuals with avoidant personality disorder want to have relationship with others and feel lonely, whereas those with Schizoid or Schizotypal PD may be content with or prefer social isolation. Paranoid PD and avoidant PD are both characterized by a reluctance to confide in others, but in avoidant PD, this reluctance is attributable more to a fear of being embarrassed or being found inadequate, rather than to a fear of others' malicious intent.

Personality change due to another medical condition: Avoidant PD must be distinguished from personality change due to another medical condition, in which the traits that emerge are attributable to the effects of another medical condition on the central nervous system.

Substance use disorders: Avoidant PD must also be distinguished from symptoms that may develop in association with persistent substance use.

Case Sample #10: Avoidant Personality Disorder (An example from the community that is not found in the PPT):

Mr. X. is a 26 year old, African American specialist in computer program design working for a large corporation. He was referred to a psychologist by his PCP (in the community), because he was having trouble sleeping and complained of worry and rumination that were absorbing his thoughts and preventing him from performing his work to his best ability. He has always appeared very shy, and reports to have had very few friends while in school or college. He is an only child and grew up in a small, semi-rural town. Both parents worked fulltime for the duration of his school years, and his grandmother cared for him during pre-school and primary school years. While in middle school, he had a key to the family's apartment, and generally came home directly after school. He has a history of very little participation in extra-curricular activities, and claims that he always suffered from "stage fright" when he had to give any type of presentation. He states that he always felt "odd" and had the impression that others were talking about him, and pointing the finger at his flaws. As a result, he states that he attempted to "fade into the woodwork", becoming a "gray mouse" in the crowd. Mr. X. is highly conscientious, getting his work in on time or before the deadline, so as to avoid any criticism from his supervisor. He claims to be embarrassed easily, and is always afraid of blushing in front of others. Mr. X. identifies as "heterosexual," but has never had an intimate relationship.

Your Working Diagnosis:_____

9. DEPENDENT PERSONALTIY DISORDER

Prevalence for substance users=0.49%
Prevalence in community=0.5-3.7%

Diagnostic Criteria: Pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by 5 or more of the following:
1. Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others.
2. Needs others to assume responsibility for most major areas of his/her life.
3. Has difficulty expressing disagreement with others because of fear or of loss of support or approval. (Exclude realistic fears of retribution).
4. Has difficulty initiating projects or doing things on his/her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy).
5. Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant.
6. Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself.
7. Urgently seeks another relationship as a source of care and support when a close relationship ends.
8. Is unrealistically preoccupied with fears of being left to take care of him or herself.

Associated Features of Dependent Personality Disorder

(not often found in MHSDS): Individuals suffering from Dependent Personality Disorder are not often found in the MHSDS, although chances of comorbidity with other mental disorders are higher. This disorder is characterized by pessimism and self-doubt. Persons belonging to this cohort tend to belittle their abilities and assets (which can make them vulnerable in a correctional setting, particularly if they refer to themselves as “stupid” in front of other inmate)s. Individuals suffering from dependent personality may view criticism and disapproval as proof of their worthlessness and lose faith in themselves. Social relations tend to be limited

to those upon whom they are dependent. As previously indicated, these characteristics are counter-productive to survival in a prison setting, although features may be found in persons who are diagnosed with comorbid BPD, anxiety disorders or adjustment disorders.

Differential Diagnosis for Dependent PD ("rule-outs"):

Other mental disorders and medical conditions: Dependent personality disorder must be distinguished from dependency arising as a consequence of other disorders (e.g., depressive disorders, panic disorder, agoraphobia) and as a result of other medical conditions.

Other personality disorders and personality traits: Although many personality disorder are characterized by dependent features, dependent personality disorder can be distinguished by its predominantly submissive, reactive, and clinging behavior. Both dependent personality disorder and borderline PD are characterized by fear of abandonment, but the individual with BPD reacts to abandonment with feelings of emotional emptiness, rage, and demands, whereas the individual with dependent personality disorder reacts with increasing appeasement and submissiveness, and urgently seeks a replacement. Individuals with histrionic PD also have a strong need for reassurance and approval, but unlike dependent PD, histrionic PD is characterized by gregarious flamboyance and with active demands for attention.

Personality change due to another medical condition: Avoidant PD must be distinguished from personality change due to another medical condition, in which the traits that emerge are attributable to the effects of another medical condition on the central nervous system.

Substance use disorders: Avoidant PD must also be distinguished from symptoms that may develop in association with persistent substance use.

Case Sample #11: Dependent Personality Disorder

Mr. D. is a 47 year old, Caucasian male who is serving a first term for participating in a child pornography production operation. According to court transcripts, Mr. D., whose male partner ran a production operation for the filming of children for pornographic products, aided his partner in securing the child actors for this illegal business. Records indicate that Mr. D. has never himself been involved in any pedophile activities, and, according to his own report, Mr. D. vehemently states that he believes pedophilia to be wrong, repulsive, and "something I would never do myself!" When asked why he then participated in his partner's child pornography enterprise, he replied, "It was like an addiction to John. I could never say no to him, and I was always afraid he would leave me if I put up any resistance to doing what he wanted. I knew it was wrong, but I couldn't help it. I was terrified he wouldn't want to be with me anymore. I knew it was wrong for me to be getting kids to participate in the films, but I just felt frozen in

my fear of John leaving me if I refused to go on with doing what he wanted." Currently, Mr. D. reports having suicidal ideation and a severe, depressive reaction to a pending transfer, which will separate him from his current cellmate, who is also his current partner. "It's like reliving the separation all over again," Mr. D. reports. If, in being transferred to a different institution, I lose Ted, I don't know what I'll do!"

Your Working Diagnosis:_____

10. OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

Prevalence for community=2.1%-7.9%

Diagnostic criteria: Pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts, as indicated by 4 or more of the following:
1. Is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost.
2. Shows perfectionism that interferes with task completion (e.g., is unable to complete a project because his or her own overly strict standards are not met).
3. Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity).
4. Is over-conscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification).
5. Is unable to discard worn-out or worthless objects even when they have no sentimental value.
6. Is reluctant to delegate tasks or to work with others unless they submit to exactly his/her way of doing things.
7. Adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes.
8. Shows rigidity and stubbornness.

Obsessive-Compulsive Personality Disorder is also not often found at CDCR. People with Obsessive-Compulsive Personality Disorder often have difficulty deciding the best way of performing a specific particular task. They may be prone to become upset or angry n situations in which they are not able to maintain control. Anger may be expressed with righteous indignation over a seemingly minor matter. Persons belonging to this cohort may be especially attentive to their relative status in dominance-submission relationships and may display

excessive deference to an authority. Dealings with others often have a formal quality. These individuals may be preoccupied with logic and intellect and intolerant of affective behavior in others. Often, there is a preoccupation with work, and a tendency toward competitiveness, resulting in reactions of time urgency.

Differential Diagnosis for Obsessive-Compulsive PD ("rule-outs"):

Obsessive-compulsive disorder: despite the similarity in names, OCD is usually easily distinguished from obsessive-compulsive personality disorder by the presence of true obsessions and compulsions in OCD. When criteria for both obsessive-compulsive personality disorder and OCD are met, both diagnoses should be recorded.

Hoarding disorder: A diagnosis of hoarding disorder should be considered especially when hoarding is extreme (e.g., accumulated stacks of worthless objects present a fire hazard or other safety concerns, e.g. in cell-living).

Other personality disorders and personality traits: Individuals with narcissistic personality disorder may also profess a commitment to perfectionism and believe that others cannot do things as well, but these individuals are more likely to believe that they have achieve perfection, whereas those with OCPD are usually self-critical. Individuals with NPD or ASPD lack generosity but will indulge themselves, whereas those with OCPD adopt a miserly spending style toward both self and others. Both schizoid PD and OCPD may be characterized by an apparent formality and social detachment. In OCPD, this stems from discomfort with emotions and excessive devotion to work, whereas in schizoid personality disorder there is a fundamental lack of capacity for intimacy.

Personality change due to another medical condition: OCPD must be distinguished from personality change due to another medical condition, in which traits emerge attributable to the effects of another medical condition on the central nervous system.

Substance use disorders: OCPD must also be distinguished from symptoms that may develop in association with persistent substance use.

Case Sample #12: Obsessive-Compulsive Personality Disorder (An example from the community that is not found in the PPT):
Ms. O. is a 35-year old, Hispanic female, who has never been married nor had an intimate relationship. Ms. O. identifies as heterosexual, but although she admits to having a certain amount of longing for a close relationship, she reports, "My life has no space for another person. I'm really attentive to detail, and always feel that my work has to be perfect! It puts a lot of pressure on me, because I have a hard time getting my assignments in on time." Ms. O. works as an office technician for a large governmental organization. Although she has a

master's degree in business administration, Ms. O. states that she would rather not promote to a higher position, because of the stress she would endure if she were to work in a more demanding position. Ms. O. suspects that most of her colleagues are "sloppy in their work habits," and even when her supervisor suggests that she share a task, Ms. O. has a hard time dividing up any parts of the project with another fellow colleague. She tends to fret over small details in her work product, and when asked to make modifications, she experiencing a great deal of inner resistance toward making any changes. Her life centers around her work, and she has no hobbies, pets, nor any activities that she does for pleasure. Ms. O. does tend to have difficulties discarding any items that she is acquired, whether they are of value or not. This behavior, however, does not appear to reach the threshold for a diagnosis with Hoarding Disorder at this time.

Your Working Diagnosis:_____

OTHER PERSONALITY DISORDERS (NO CLUSTER)

PERSONALITY CHANGE DUE TO ANOTHER MEDICAL CONDITION

Note: Collaboration with Medical for these cases is often essential!

Diagnostic Criteria:
A. Persistent personality disturbance that represents a change from the individual's previous characteristic personality pattern.
B. There is evidence from the hx, physical exam, or lab findings that the disturbance is the direct patho-physiological consequence of another medical condition.
C. The disturbance is not better explained by another mental disorder.
D. The disturbance does not occur exclusively during the course of a delirium.
E. The disturbance causes clinically significant distress or impairment in social, occupation, or other important areas of functioning.
Specify type:
Labile type: If the predominant feature is affective lability.
Disinhibited type: If the predominant feature is poor impulse control as evidenced by sexual indiscretions, etc.
Aggressive type: If the predominant feature is aggressive behavior.
Apathetic type: If the predominant feature is marked apathy and indifference.
Paranoid type: If the predominant feature is suspiciousness or paranoid ideation.
Other type: If the presentation is not characterized by any of the above subtypes.
Combined type: If more than one feature predominates in the clinical picture.
Unspecified type
Common manifestations: Include affective instability, poor impulse control, outbursts of aggression or rage grossly out of proportion to any precipitating psychosocial stressor, marked apathy, suspiciousness, or paranoid ideation.
Possible nexus between localization of the pathological process and presentation, for example: injury to the frontal lobes may yield symptoms such as lack of judgment or foresight, facetiousness, disinhibition, and euphoria. Right hemisphere strokes have often been shown to evoke personality changes in association with unilateral spatial neglect, anosognosia (i.e., inability of the individual to recognize a bodily or functional deficit, such as the existence of hemiparesis), motor impersistence, and other neurological deficits.

Examples of medical conditions associated with changes in personality: Including central nervous system neoplasms, head trauma, cerebrovascular disease, Huntington's disease, epilepsy, infectious conditions with central nervous system involved (e.g., HIV), endocrine conditions (e.g., hypothyroidism, hypo- and hyperadrenocorticism), and autoimmune conditions with central nervous system involvement (e.g., systemic lupus erythematosus).
Differential Diagnosis:
Chronic medical conditions associated with pain and disability (e.g., dependent behaviors that result from a need for the assistance of others following a severe head trauma, cardiovascular disease, or dementia).
Delirium or major neurocognitive disorder: (This Dx not given if the behaviors occur exclusively during a delirium).
Another mental disorder due to another medical condition: A Dx of personality change due to another medical condition is not given if the disturbance is better explained by another mental disorder due to another medical condition (e.g., depressive disorder due to brain tumor).
Substance use disorders: Personality changes may also occur in the context of substance use disorders, especially is the disorder is long-standing.
Other mental disorders: Marked personality changes may also be an associated feature of other mental disorders (e.g., schizophrenia; delusional disorder; depressive and bipolar disorders; other specified and unspecified disruptive behavior, impulse-control, and conduct disorders; panic disorder). However, in these disorders, no specific physiological factor is judged to be etiologically related to the personality change.
Other specified Personality Disorder: this category applies to presentations in which Sx characteristics of a personality disorder that cause clinically significant distress. Personality or impairment in social, occupational, or other important areas of functioning predominate, but do not meet the full criteria for any of the disorders in the personality disorders diagnostic class. The other specified personality disorder category is used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for any specific personality disorder.
Unspecified Personality Disorder: This category applies to presentations in which Sx characteristic of a personality disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the personality disorders diagnostic class. It is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific personality disorder, and includes presentations in which there is insufficient information to make a more specific diagnosis.

Differential Diagnosis of "Personality Change Due to Another Medical Condition (and "rule-outs"):

Chronic medical conditions associated with pain and disability: chronic medical conditions associated with pain and disability can also be associated with changes in personality. The diagnosis of personality change due to another medical condition is given only if a direct pathophysiological mechanism can be established. This diagnosis is not given if the change is due to a behavioral or psychological adjustment or response to another medical condition (e.g., dependent behaviors that result from a need for the assistance of others following a severe head trauma, cardiovascular disease, or dementia).

Delirium or major neurocognitive disorder: Personality change is a frequently associated feature of a delirium or major neurocognitive disorder. A separate diagnosis of personality change due to another medical condition is not given if the change occurs exclusively during the course of a delirium. However, the diagnosis of personality change due to another medical condition may be given in addition to the diagnosis of major neurocognitive disorder if the personality change is a prominent part of the clinical presentation.

Another mental disorder due to another medical condition: The diagnosis of personality change due to another medical condition is not given if the disturbance is better explained by another mental disorder due to another medical condition (e.g., depressive disorder due to brain tumor).

Substance use disorders: Personality changes may also occur in the context of substance use disorders, especially if the disorder is long-standing. The clinician should inquire carefully about the nature and extent of substance use. If the clinician wishes to indicate an etiological relationship between the personality change and substance use, the unspecified category for the specific substance (e.g., unspecified stimulant-related disorder) can be used.

Other mental disorders: Marked personality changes may also be an associated feature of other mental disorders (e.g., schizophrenia; delusional disorder; depressive and bipolar disorders; other specified and unspecified disruptive behavior, impulse-control, and conduct disorders; panic disorder). However, in these disorders, no specific physiological factor is judged to be etiologically related to the personality change.

Other personality disorders: Personality change due to another medical condition can be distinguished from a personality disorder by the requirement for a clinically significant change from baseline personality functioning and the presence of a specific etiological medical condition.

Case Sample #13: Personality Change Due to Another Medical Condition

Ms. Q. is a 62-year-old, Caucasian female who has been diagnosed with moderate Major Neurocognitive Disorder and Major Depressive Disorder, recurrent, moderate. She is a third termer, having served 2 previous sentences for drug-related offenses. Her commitment offense is petty theft with priors. Ms. Q. began drinking alcohol at age 8, while babysitting her younger siblings while her mother was working as a prostitute. At age 9, child protective services transferred her and her 3 younger siblings to various foster families. Ms. Q. has a history of numerous placements in foster families and group homes. At 12, Ms. Q. tried cannabis, and at 14, she began using combinations of cocaine and heroin. She was first arrested for selling drugs at 15 to help support her addiction. At age 16, she was arrested for soliciting. Ms. Q. has participated in a number of drug rehabilitation programs, but has had difficulty complying with attendance rules, and has never completed any of the programs. Ms. Q. has difficulty trusting other people, and has a history of withdrawing from social activities. For the past approximately 18 months, Ms. Q. has become verbally aggressive, threatening anyone who comes near her with physical violence. She consistently carries a sack with photographs and other souvenirs with her. If anyone approaches, Ms. Q. accuses them of wanting to take her belongings. She has begun kicking and hitting anyone whom she feels has entered "her space." This level of aggression is new to Ms. Q.'s behavioral repertoire, and has worsened during the past few weeks.

Your Working Diagnosis:_____ (Please include type)

A Dialectical Behavior Informed Therapy Group

BASIC RADICAL ACEPTANCE SKILLS

For the Clinician: The purpose of this session is to help the participant continue to learn effective skills for dealing with perceived, unbearable stress, poor self-control mechanisms, and frequent rage attacks and/or self-harm. This is the seventh session of a fifteen session DBT skills building program. Basic radical acceptance represents one of the core concepts in DBT work, and it presents a hurdle for many individuals with problems stemming from poor emotional regulation and impulsive behaviors. This session was designed for an adult, correctional population, building on Marsha Linehan's fundamental skills building methods.

A Dialectical Behavior Informed Therapy Group

BASIC RADICAL ACCEPTANCE SKILLS

For the Clinician:
The purpose of Session 7 is to provide a set of techniques for dealing with the acute episodes of stress reactions by using the concept of radical acceptance.

- **Radical acceptance:**
  - **Can be defined as tolerating something without judging it or trying to change it." (McKay, Wood, & Brantley, 2007),**
  - **Is a concept that is important to for dealing with adverse situations.**
  - **Represents a vital concept found in Dialectical Behavioral Therapy (Linehan, et al).**
  - **This session emphasizes processes for:**
    - **Strengthening cognitive control skills**
    - **Learning and practicing self-soothing techniques**

SUMMARY:

- **What is radical acceptance?**
- **How does relaxation exercise put you in a better state?**
- **How do negative judgments help cement your anger?**
- **Safe Place Visualization exercise**
- **Changing "You" statements to mindful "I" statements**

Introduction:

"Today, we would like to return our focus to dealing with bad stress, when it's already making our lives miserable. You have probably all experienced these episodes. Things get to be just too much, and one little thing, stressor, seems to put you 'over the edge' Anger, anxiety, unhappiness, or even pain or misery can follow. Our goal is to get together the right tools for dealing with these really hard experiences. You will receive some handouts with some additional suggestions. We are going to go through these today. Some of these may work for you, some of these have to be practiced for awhile, so that you can tell if they'll work, and others may not work at all. With time, your needs may change. So, it's good to view your program as a "work in progress".

RELAXATION

Relaxation Exercise Level 1

"You can do this exercise standing, sitting or lying down. Here, we're sitting. Place both feet flat on the floor, knees apart. Make your upper body straight, but not stiff. Now, without raising your shoulders or your chest, I want you to blow the air out, while pulling your abdomen in, making a flat stomach. Imagine that you have a spare tire there, below your waist. When you blow the air out, the tire pulls in. Now, slowly, you have a lot of residual air in your lungs. Breathe the air in through the nose, while expanding

your abdominal muscles outwards, like you're filling the tire with air. Now, slowly, blow the air out, pulling the muscles inwards. Wait a few seconds, until you need to inhale again, and repeat. Remember, breathe the air in through the nose, while your abdomen is expanding outward; air out through the mouth, while abdomen is being pulled in (making a 'flat stomach'). Chest and shoulders remain relaxed, and do not pull upward. If you're having trouble, you may want to use your hands to push the abdomen in while exhaling, and then to push against outwards, while inhaling.'

LETTING GO OF HURTFUL EMOTIONS

Exercise:

> **"**Imagine that each finger of your hand is connected with a feeling you're experiencing right now. For example, your thumb is abandonment, your ring finger is anger, your middle finger is fear, and so on. Hold each finger, one by one and breathe deeply to soothe yourself and let the feeling go**."**

Discussion:

How did doing this exercise make you feel? You might wish to practice the 9-step exercise, so that it becomes well conditioned. Otherwise, if you wait until you are really in a bad stressed-out state, it won't come automatically.

NEGATIVE JUDGMENTS

For the clinician: Probably one of the hardest parts of radical acceptance is learning to deal with negative judgments. Becoming aware of and then writing down individual negative judgments has been shown to help create personal awareness of these patterns.

Introduction: You're going to get to know your common negative judgments by keeping a log for awhile. (All of these Handouts can be kept as separate pieces of paper in your diary). Getting to know what the negative judgments are that you experience the most will help you identify the things you will want to change in order to turn down the pressure in daily living.

HANDOUT 7A

SAMPLE NEGATIVE JUDGMENTS RECORD

When?	Where?	What?
Sunday,	In front of	Tom elbowed me trying to get into the

10 AM	**the chapel**	**chapel first. I thought about fighting back, but he got away and was in the chapel before I knew it. I hate being disrespected.**
Sunday, 2 PM	**Out on the yard**	**Found Tom out on the yard under a tree trying to keep cool. He really looked stupid.**
Monday, 6 AM	**In my cell**	**Call to get up and go to chow. The CO that was on First Watch is really a jerk!**
Monday, 8 AM	**At work in the Voc section**	**I hate work and the supervisor is out to get me and the pay is crummy.**
Monday, 11 AM	**In the chow hall**	**The food is worse than usual today!**
Monday, 3 PM	**Out on the yard**	**There's that jerk Tom again.**
Monday, 4:30 PM	**In the chow hall**	**This food can't get any worse!**
Monday, 6:00 PM	**At AA meeting**	**AA is useless!**
Monday, 8:45 PM	**In my cell**	**The TV program stinks!**

MY NEGATIVE JUDGMENTS RECORD

WHEN? WHERE? WHAT?

Task: "Who would like to read the first 3 items? The next 3 items? (etc. until all items have been read).

Discussion:

- Tell us about some of your negative judgments.
- Which of these negative judgments would be the easiest to give up? Which the hardest?
- How did this exercise cause you to feel?

JUDGMENTS AND LABELS:

- Trigger overwhelming emotions and anger
- Often lead to disappointment and suffering

- Prevent you from being truly present in the moment because you're thinking about past issues or imagining how to get even in the future!

HANDOUT 7B: SAFE PLACE VISUALIZATION

"Now, I'm going to take a walk through my own private garden. The sun overhead is warm, but not too warm. I can feel it shining on my abdomen, whose muscles I am using to breathe deeply and relaxed. I take off my shoes, and feel the warm, soft, velvety, freshly-cut grass under my bare feet. Just ahead, I can see an old stone wall, in whose middle is a heavy, wooden gate. I start walking toward that gate, feeling the warm, freshly-cut grass under my feet. Arriving at the gate, I grab hold of the heavy, metal latch, pushing it downwards, and leaning on the heavy, wooden gate, until it opens. I walk through the opening, turning to pull the heavy, wooden gate closed behind me. The sun is warm, but not too warm. I can hear the birds singing in a tree further away. I begin walking towards that big, old oak tree in the distance. Suddenly, I hear a squirrel, rustling in the leaves covering the ground. He begins racing towards the tree, nut in mouth, and I watch him run up the big, old, trunk, disappearing in a knot-hole somewhere in the middle. I continue my walk toward that tree. On my right is a lavender bush. I pause to pick a few of the soft, sweet-pungent needles, crushing them between my thumb and forefinger, and then holding them up to my nose. I breathe in the wonderfully sweet-pungent odor, then put the lavender needles in my pocket for further reference. I continue walking toward the old oak tree, listening to the birds singing above, and feeling the warm, freshly-cut grass like a velvet carpet under my bare feet. I continue to walk towards the tree, pausing on my left to look at the awesome rose garden. Yellow, orange, white, pink, red, and dark, dark, red roses (my favorite) are to be seen. I pick some of the petals of that dark, dark – almost black – red rose, squish them between my thumb and forefinger, and hold them up to my nose, breathing in that heavy, wonderful sweet smell. Then, I put the petals in my pocket for further reference, and continue walking. I feel the warm, freshly-cut grass under my bare feet, and hear a bug rustling under the drying leaves on the ground next to the gardenia bushes to my right. Walking directly towards the big, old oak tree, I reach its large trunk, sit down on the grass, and lean my back against the trunk, letting it totally support me. I look up into the sky, and can see the fluffy, white, cumulus clouds floating by. They're making all sorts of shapes: dogs, trees, houses, people, horses – I let them float by like my thoughts. Hearing the birds up above, like a musical accompaniment, I watch the shapes floating by. Now, after I have rested up a bit, I get up, and begin walking back towards the gate. I can feel the warm, freshly-cut grass underneath my feet. I arrive at the rose bushes, this time, on my right, and focus on the yellow rose this time, picking a couple of its petals, squishing them between my thumb and forefinger, and then holding them up to my nose, breathing in the wonderful, sweet rose's perfume. Putting the petals in my pocket, I continue walking towards the gate. The birds are singing up above, the warm, freshly-cut grass under my bare feet. I reach the lavender bush on my left, and pause to pick a few needles, squishing them between my thumb and

forefinger, and then holding them up to my nose, breathing in the deliciously sweet-pungent smell of the lavender. Putting the lavender needles in my pocket, I continue walking towards the gate. Honey bees are buzzing in the flowerbed next to my elbow. I pause to listen to their soothing buzz, and then continue towards the gate. Reaching the heavy, wooden gate, I pull it towards me, and walk out into the world outside. I put my shoes back on, and maybe hum my own melody, while I re-enter the world rejuvenated."

CHANGING "YOU" STATEMENTS TO MINDFUL "I" STATEMENTS

Discussion: "Let's look at some "you" statements for a moment:

YOU STATEMENTS:

- "You're disrespecting me!"
- "You get on my nerves!"
- "You're trying to lay the blame on me!"
- "I know that you did that to me on purpose just to get even!"

WHAT DO "YOU" STATEMENTS HAVE IN COMMON?

- They're all judgments of another person.
- Each statement blames the other person for the way the speaker feels.
- How would you react if someone said one of these You statements to you?
- What would you do? (stop listening, walk away, get aggressive, hit him/her?)
- YOU STATEMENTS ARE ALL ON THE SPEAKER!

HANDOUT 7C

SOLUTION: HOW TO TURN "YOU STATEMENTS INTO "I STATEMENTS"

- "I" statements are based on how YOU feel.
- "I" statements better describe YOUR feelings.
- "I" statements let other people know how YOU feel in a nonjudgmental way.
- "I" statements are likely to cause less trouble.
- "I" statements make YOU feel stronger!

EXAMPLES:

"YOU" STATEMENTS	"I" STATEMENTS
"You're making me mad!"	"I like to pick my battles myself."

“I know you’re doing this on purpose to make me go crazy!”	**“**I’m the man/woman who decides how he/she feels.”
“Stop fooling around. You’re getting on my nerves!”	**“**I’m want my peace and quiet right now.”
“If you don’t listen to what I’m’ telling you, I’m not going to talk to you anymore.”	“I like to talk to people who listen to what I’m saying.”
“Stop being a jerk!”	**“**I like to be around people who are cool with things.”
“Why do you keep doing that to me.”	“I don’t let people get to me with stuff that I don’t like.”
“Sometimes it looks like you don’t wanna change.”	**“**I like people who roll with the punches.”

HOMEWORK ASSIGNMENT 1 (HANDOUT 7A):

- Complete the “MY NEGATIVE JUDGEMENTS RECORD” on Handout 7A.
- Make sure to include your most difficult negative judgments and those that happen the most often.
- Bring to next session.

HOMEWORK ASSIGNMENT 2 (HANDOUT 7B):

- Practice the Safe Place Visualization exercise (Handout 7B) at least once daily.
- Try to practice this exercise at least once at the same time every day.
- Use this exercise to calm down after having been angry.

HOMEWORK ASSIGNMENT 3 (HANDOUT 7C):

- Make a list of the “You” statements that push your buttons the most.
- Then, turn each “You” statement into an “I” statement.
- Write the “You” statement first and the “I” statement next to it or underneath it (depending on how much space you need).

EXAMPLE:

1. **“You’re pushing my buttons.”**
   “I pick my own battles.”

SUMMARY:

- What is radical acceptance?
- How does relaxation exercise put you in a better state?
- How do negative judgments help cement your anger?
- Safe Place Visualization exercise
- Changing “You” statements to mindful “I” statements

From: Berg, Jennifer(CSH) @DSH
To: Cheung, Stephanie@DCA
Cc: Immoos, Marilyn@CDCR; Sanchez, Catherine(CSH)@DSH
Subject: BOP proposed regulations/statute changes re. "psychological assistants" & deletion of "exempt settings"
Date: Tuesday, March 27, 2018 8:27:58 AM

Ms. Cheung

I have been in contact with Dr Immoos, who I believe has done an exceptional job detailing the potential impacts of requiring currently exempt employees to register as psychological assistants.

I believe Dr Immoos has covered the issues in great detail, so I will not repeat all the items that she has already covered. I wanted to communicate that DSH-Coalinga would be 100 percent on board with providing to the board a roster of employees that we have working in this setting gaining hours toward licensure.

We already have supervision agreements in place for these employees and it would be reasonable and manageable for us to report on a regular basis to the board employees that are currently working on obtaining hours in this setting.

I have worked for both CDCR and DSH and I feel I have a solid understating of potential impacts to patient care if the board of Psychology were to do away with the exempt setting that currently exists.

I have included Dr Catherine Sanchez on this email who is our Internship coordinator. I would normally have her respond to you directly, however she is out until April 3, so I wanted to get this info to you in a timely manner.

Please reach out to either Dr Sanchez or myself if we can be of further assistance.

Thank you for your consideration.

Jennifer Berg, Psy.D.
Chief of Psychology
Coalinga State Hospital
(559) 934-3780

Lim, Natasha@DCA

From: Houston, Parker@DSH <Parker.Houston@dsh.ca.gov>
Sent: Friday, March 30, 2018 1:37 PM
To: Cheung, Stephanie@DCA
Subject: Proposal to change exempt status for governmental pre-licensure psychological assistants

Dear Ms. Cheung,

I have been talking with Dr Immoos at CDCR Headquarters, who shared with me some of the potential impacts of requiring currently exempt employees to register as psychological assistants.

I believe Dr Immoos has covered the issues extensively, so I will not repeat all the items that she has already covered.

I worked for CDCR for 10 years and served as the acting Chief of Mental Health for the largest institution with almost 100 psychologists and nearly 30 post graduates who provide 24-7 patient care. I currently work for the Department of State Hospitals Headquarters. If the BOP were to do away with the exempt setting that currently exists, I think the impact could be quite significant and could adversely impact court-driven patient care.

Currently, anyone prelicensure must set up a rigorous clinical supervision agreement with a licensed psychologist who has taken the required APA supervision CE course. If the board finds it acceptable, I like the idea of submitting a regular report to the BOP identifying the individual who fit this classification.

If you would like to speak further about this, please feel free to contact me.

Thank you for your consideration.

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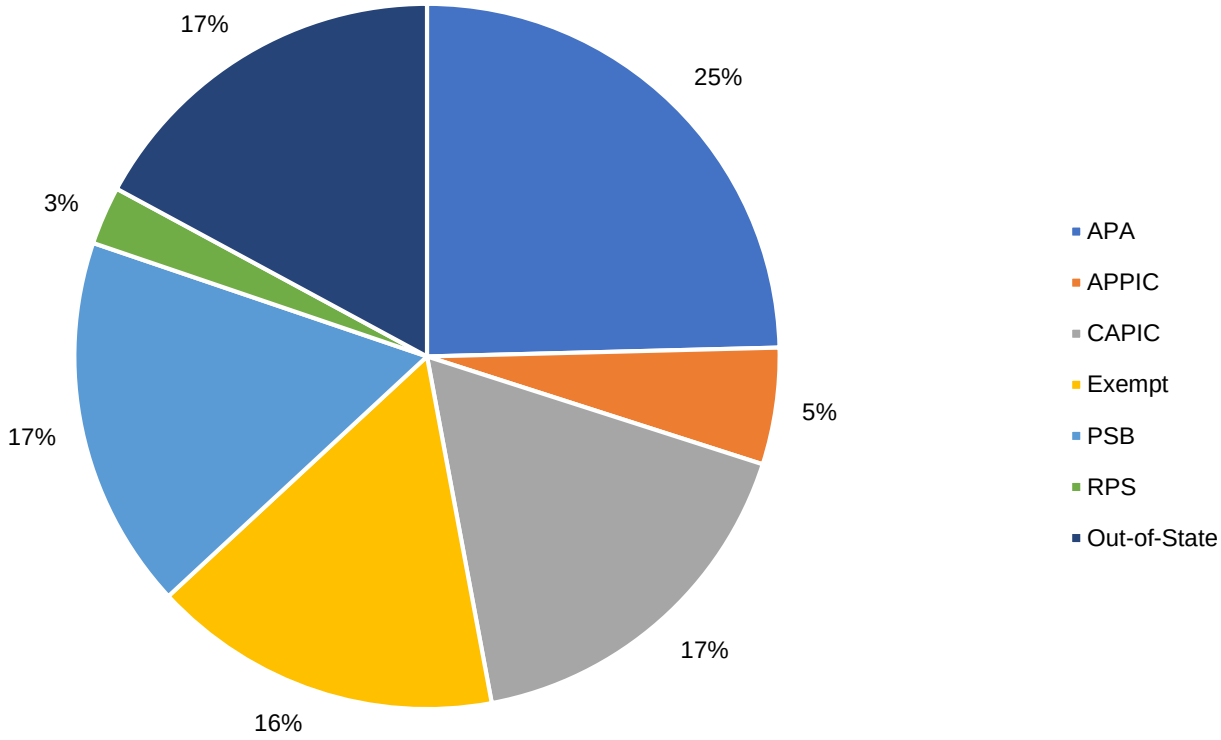
Supervised Professional Experience by Trainee Categories



Data Collection Period: February 12, 2018 thru March 29, 2018

APA: American Psychological Association;
APPIC: Association of Psychology Postdoctoral and Internship Centers;
CAPIC: California Psychology Internship Council
Exempt: Academic institutions, public schools, governmental agencies, or DMH Waivers
PSB: Registered Psychological Assistants
RPS: Registered Psychologists