

# Journal

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

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## President's Message

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

Welcome to the spring 2017 edition of the California Board of Psychology *Journal*!

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

Since I last wrote, we had the February quarterly Board meeting, as well as an extended teleconference Board meeting. The agendas, particularly as to legislative concerns put forward by the Policy and Advocacy Committee, chaired by the dynamic Ms. Nicole Jones, have been more than full. As you may be aware, the Board is sponsoring legislation authored by Assembly Member Marc Levine regarding training for suicide assessment and intervention for all psychologists and applicants for licensure as psychologists. That measure, Assembly Bill 89, passed the Assembly with only one vote in opposition to the legislation.

For those licensees or prospective licensees who are concerned about one more requirement for additional training, be aware that if you have received sufficient hours of training previously, whether by way of a continuing education class, graduate study, or supervised applied experience, you will not need to pursue additional offerings under the proposed statute unless you feel it would benefit you and your clients/patients to add to and update your education and training. The Board's primary concern is the variability in training received by psychologists based on empirical evidence of noticeable discrepancies, particularly among a minority of training and graduate programs. Consistent with the Board's primary mission of protecting consumers of psychological services, we want to ensure, to the fullest extent practicably possible, that all psychologists have received at least a minimum of training and exposure to the prevention of suicide,

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## Part 2 of the Enhanced Examination for Professional Practice in Psychology

*By Emil Rodolfa, Ph.D., Chair of EPPP Part 2 Implementation Task Force, and Carol Webb, Ph.D., ASPPB Chief Operating Officer*

The Association of State and Provincial Psychology Boards (ASPPB) is the association of all of the governmentally regulated licensing boards for psychology in the United States and Canada. ASPPB's primary mission is to assist its member boards in their mandate of public protection. One of the requirements for licensing boards is to ensure that the professionals whom they license are competent. Competence is comprised of the integrated use of knowledge, skills, attitudes, and values.

For more than 50 years, candidates' knowledge of psychology has been assessed successfully with the Examination for Professional Practice in Psychology (EPPP), developed by ASPPB, but psychology-licensing boards have had to rely on other mechanisms to provide an assessment of licensure candidates' skills.

### What is Part 2 of the EPPP?

Part 2 of the EPPP is a skills examination with a computer-based administration. This examination is meant to augment the current EPPP, the test of foundational knowledge needed to practice psychology independently. Part 2 of the EPPP is based on the 2017 ASPPB Competencies Expected of Psychologists at the Point of Licensure. The final competency model was developed based on the 2016 ASPPB Job Task Analysis, which included input from licensed psychologists throughout the United States and Canada and provided the blueprint for the Part 2. (Interestingly, about 20 percent of the psychologists who responded to the Job Task Analysis were from California. The full report of the Job Task Analysis is available on the ASPPB website, [www.asppb.net](http://www.asppb.net)).

### Why is ASPPB developing a skills portion of the EPPP?

ASPPB is developing Part 2 of the EPPP to offer licensing boards a standardized, reliable, and valid mechanism to assess skills, so that along with the EPPP Part 1, licensing boards will have the up-to-date means necessary to assess information about a candidate's competence and readiness for licensure. Thus, the enhanced EPPP will provide licensing boards a snapshot of a candidate's ability to practice independently.

Including a skills portion to the EPPP is part of a natural progression of the evolving nature of psychology education and training, and licensing assessment practices. There are a number of conditions that have occurred, and that are occurring, that have encouraged ASPPB to develop this examination at this time. These conditions include:

### Competency Models

There exists an essential agreement among many professional groups, including the American Psychological Association Commission on Accreditation (CoA), Mutual Recognition Agreement of the Canadian Colleges and Boards of Psychology (MRA), Canadian Psychological Association Accreditation (CPAA), and ASPPB on what are the necessary competencies to practice independently. These groups have developed different models of competency; but, although there are differences in the structure of these models, there is substantial agreement regarding the foundational and functional elements across these models. With this professional agreement, ASPPB is able to clearly provide guidance to licensing boards regarding the competencies that need to be assessed for independent practice.

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Part 2 of the Enhanced Examination for Professional Practice in Psychology (continued from page 2)

### ***Technological Advances***

Advances in affordable technology have made it possible to assess most of the skills in the ASPPB model via a computer-based examination, rather than using a more costly and time-consuming examination using either real patients/clients or standardized patients/clients.

### ***Lack of Standardization of Graduate Education***

There have been significant concerns expressed about the lack of standardization of graduate education in psychology, including differences in practicum and foundational education. This variability in graduate education results in EPPP pass rates from American Psychological Association-accredited programs ranging from 13 percent to 100 percent. This variability also results in students accruing anywhere from a few hundred hours to several thousand hours of practicum experience. Even the American Psychological Association (APA) and CPAA accreditation systems do not require a prescribed course of education and training.

ASPPB values these accreditation systems, and, in fact, has endorsed APA or CPAA accreditation as a minimum requirement for doctoral level licensure for health service psychologists. It should be noted, however, that accreditation systems accredit training programs, not individuals. Licensing boards license individuals. It is the duty of licensing boards to assure the public that each individual psychologist who is licensed is competent to practice. Further, not all academic programs are APA/CPAA accredited, thus some applicants who become licensed are from programs that have not been reviewed by an external agency. Students from these non-accredited academic programs typically underperform on the EPPP when compared to the average student from an accredited doctoral program, supporting the need for these programs to be reviewed. Because of the great variability in the current educational system in psychology at both the doctoral as well as internship levels, ASPPB is developing the Part 2 to help boards better assess students graduating from such a system.

### ***Supervisor Evaluations***

It has been noted that supervisors have trouble writing critical or constructive letters of evaluation. This issue of the accuracy, or validity of supervisor evaluations, is not new, nor is it particularly debatable. The reliability and validity of supervisors' assessments has been questioned for years, and it has been demonstrated that supervisors tend to overestimate their reports of supervisee competence, perhaps due to an inherent conflict of being in the gatekeeper and mentor roles simultaneously. Part 2 of the EPPP will offer psychology licensing boards a standardized, reliable, and valid assessment of many of the skills needed to practice independently.

### ***Clearer Understanding of Competency Assessment***

Thanks to the evolution of the culture of competency in psychology, we have a better idea of how to assess that competency has been achieved. A number of articles have described how to go about assessing competency. Although simple in design, a pyramid model ("knows, knows how, shows how, does") developed by psychologist George Miller in 1990 has been very helpful in providing a framework to clarify the steps needed to effectively assess competency using computer technology.

### ***Doctoral Professions' View of Competency Assessment***

All other doctoral level health professions use a skills examination as a step toward determining competency. These other professions have focused on their own cultures of competence for many years. The EPPP Part 2 skills examination is a next step to fully bring the profession of psychology into the culture of competence.

### ***ASPPB Membership Support***

The ASPPB membership (psychology licensing boards in the United States and Canada) has discussed competence and the need for a skills-based assessment for many years. Each time

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### Part 2 of the Enhanced Examination for Professional Practice in Psychology (continued from page 3)

licensing boards have been asked to respond to surveys indicating their level of support for a skills examination, they have consistently supported such an examination.

#### In Summary

As can be seen, there are many factors that have influenced the development of a skills element to be included as Part 2 of the EPPP. Taking these factors into account, Part 2 of the EPPP is being developed to complement Part 1, the current test of knowledge, and this enhanced EPPP will provide licensing boards a more advanced means to assess an applicants' readiness to practice independently. This advancement in competency assessment will enable licensing boards to better fulfill one of their primary functions: to ensure that those they license can practice competently.

#### Developing Part 2 of the EPPP

As noted before, Part 2 of the EPPP is based on the 2017 ASPPB Competencies Expected at the Point of Licensure. After the ASPPB 2016 Job Task Analysis, a blueprint for this skills examination was developed. This blueprint describes the percent of test items that

will be from each of the ASPPB Competency Model clusters. The blueprint can be found on the ASPPB website at [www.asppb.net/page/EPPPPart2](http://www.asppb.net/page/EPPPPart2).

The goal in developing Part 2 of the EPPP is to offer a test where candidates for licensure will actually have to demonstrate that they “know how” and can “show how” to perform aspects of the competencies listed in this competency model.

#### Writing EPPP Part 2 Items

More than 120 psychologists have volunteered to write items for the Part 2, and more than 50 percent of these item writers are early career psychologists. ASPPB is in the process of training these psychologists how to write items that will appear on the test.

A variety of item types will appear on the EPPP Part 2. Although it is still in development and the item types have not been finalized, it is clear that there will be 1) traditional multiple choice items, 2) multiple select items (e.g., items where a candidate will have to choose a number of responses, perhaps in the order that they would be done), 3) scenarios and vignettes with scaffolding questions (e.g., questions that

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### President's Message (continued from page 1)

a rapidly growing public health problem, particularly among California adults 25 to 34 years of age for whom it is the third-leading cause of death. We are hopeful that psychologists will continue to lead the way in promoting such training and education just as they lead the way in so many areas of our varied discipline.

All the Board's committees are actively pursuing their respective domains of concern. The active committees at present are the Licensing Committee, the Enforcement Committee, the Outreach and Education Committee, and the Policy and Advocacy Committee. Most recently, the Licensing Committee

held a stakeholders meeting in Sacramento where we heard from professional associations, training directors, and graduate programs regarding proposed changes in the statutes and regulations that constitute the Pathways to Licensure. The meeting, most ably chaired by Dr. Jacqueline Horn, led to a rich discussion of the particulars of the legislative and regulatory scheme, along with broader issues facing contemporary psychology and psychologists, particularly those being trained for future licensure. The statutes and regulations, which users often find confusing and piecemeal, will hopefully more completely reflect and integrate a

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## New Licensees: What You Need to Know

By Cherise Burns, Central Services Manager, Board of Psychology

Earning your psychologist license can be an exciting time for you as a new licensee, but it can also be filled with questions as you start your own practice, or are learning what rules apply to your particular practice setting.

Here are some frequently asked questions the Board of Psychology (Board) receives from first-time licensees:

### Do I need to display my license in my primary place of business?

Business and Professions (B&P) Code Section 680 requires all healthcare practitioners, which includes psychologists, to disclose his or her name and license status on a name tag in at least 18-point font while working, unless the psychologist works in a practice or office where their license is prominently displayed to the public. For this reason, the Board recommends that if you do not wish to wear a name tag at your office, that you prominently display your license in a publicly visible location.

For those working in group or institutional settings, there may be a specified place in your front lobby area where other practitioners display their license where you can also display yours. Additionally, there are special exemptions for those working in some psychiatric settings; in those cases, you should speak with your employer on the specific requirements in your facility regarding posting of your license or wearing a name tag with your license status.

*Note: If you have two primary places of business, you do have the option to purchase a duplicate wall certificate of your license for display in your secondary place of business. The request form, Application for Duplicate Wall/Pocket Certificate, is available on the Board's website at [www.psychology.ca.gov/forms\\_pubs/dup\\_wallcert.pdf](http://www.psychology.ca.gov/forms_pubs/dup_wallcert.pdf).*

Additionally, B&P Code Section 680.5 also requires healthcare practitioners, which includes psychologists, to communicate their name, state-granted practitioner license type, and highest level of academic degree to patients at their initial office visit. This information can be provided in one of two ways:

- In writing, during the patient's initial office visit, or
- Via prominent display in the office, in an area visible to patients.

The law requires that if you choose to display this information in a patient area, the information must be:

- In at least 24-point type font, and
- Presented in the following format:

#### HEALTHCARE PRACTITIONER INFORMATION

1. Name and license \_\_\_\_\_
2. Highest level of academic degree \_\_\_\_\_
3. Board certification (ABMS/MBC) \_\_\_\_\_

### Are there other documents or consumer notices I am required to display in my primary place of business?

Psychologists are required by law to post in their offices a notice about filing consumer complaints pursuant to B&P Code Section 2936. The law states, "To facilitate consumers in receiving appropriate psychological services, all licensees and registrants shall be required to post, in a conspicuous location in their principal psychological business office, a notice which reads as follows":

*NOTICE: The Department of Consumer Affairs' Board of Psychology receives and responds to questions*

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## Psychologist's License Profile: Education History Now Included

By Stephanie Cheung, Licensing Manager, Board of Psychology

The Department of Consumer Affairs' BreZE License Verification feature has a new enhancement: Education history, including school information and graduation year, is now available as part of a psychologist's license profile regulated by the Board of Psychology (Board).

To verify a license, visit <https://www.breeze.ca.gov/> and click on the button that says "License Search." A license can be searched by different parameters, such as by licensee's name, license number, or county.

If you believe that your education history may be listed incorrectly, notify the Board regarding the error via e-mail at [boplicensing@dca.ca.gov](mailto:boplicensing@dca.ca.gov). Board staff will review your licensing file and will update

the information in the system once verified. The Board will notify you via e-mail when the update has been made. Please allow at least two weeks for the information to be updated.

Licensees who obtained their licenses prior to 1999 may not have the education history information available in the licensing profile just yet. During that time period, the Board did not have the appropriate tool to capture such information electronically—keeping the record in physical files. The Board is taking proactive steps to rectify the situation and appreciates your patience while files are updated.

### President's Message (continued from page 4)

cohesive and rational road map to the process for training and licensure when this process is complete. A second stakeholders meeting is scheduled for August 22 in Los Angeles. We encourage all stakeholders, particularly those with interests in psychology education and training, to consider attending. The Licensing Committee is holding the meetings with the able assistance of facilitators from the Department of Consumer Affairs' SOLID division and with the full blessing of the Board, as a sign of our commitment to openness and transparency—fundamental values in any democratic governmental process.

The Board is still waiting for gubernatorial appointments to fill Board vacancies for two licensees. We will be operating with a closer to a full complement of Board members by the time we convene our second quarterly meeting of the

year on June 15 and 16 in Ontario, CA, with the addition of Mr. Seyron Foo, a public member from Southern California who comes from the not-for-profit community. I will be writing in more detail regarding this exciting new addition to our ranks in time for the Board's summer *Journal*.

In the meantime, due to considerations requiring sufficient attendance to guarantee quorums for key votes and the action-oriented agendas of our numerous committees, my colleagues on the Board and the staff continue to work double duty, moving forward on legislative and regulatory priorities while we await further additions to our ranks. I am very thankful for all their efforts on behalf of the consumers of psychological services, which help to promote the continuing evolution and excellence of the field and our licensees.



## My Experience With Failure to Report Child Abuse

By Michael Lindsay, Ph.D.

To begin, let me ask you to reflect on the following question: Why is mandated reporting relatively simple to understand and, at times, so hard to do?

As a psychologist who has unsuccessfully managed this challenge in one particular case, I now offer my reflections, lessons learned, and recommendations. My hope is to help psychologists better prepare to fulfill our mandated reporting requirements in a way that simultaneously meets both society's goals for addressing abuse and our clinical, legal, and ethical responsibilities.

Now for the story of my failure to report.

In 2004, a young adolescent male was referred to me for depression and a recent suicide attempt by overdose. In therapy, he reported feeling hopeless about being gay, recurrent episodes of self-cutting, and ruminations about death. He worried about his mother surviving a potentially life-threatening illness and simmered with rage at his father for initiating a divorce and "making" the family move out of the home, among other emotionally charged issues. Within a few months of therapy, as the client's hopelessness diminished, he disclosed having pursued sexual contact with other males at his local gym, some of whom were of adult age. He also requested that I not share this information with anyone else.

It should be clear to anyone reading this account that criteria for reporting child abuse were met—in disclosing to me that he, a minor, was engaging in sexual behaviors with adult men, I had more than the "reasonable suspicion" needed to be required to file a child abuse report.

It might not be clear to some of you, however, why I chose not to make that report. I was essentially underprepared to manage the multiple challenges embedded in this situation. To begin with, I was excessively worried about my client's safety.

"What ifs" abounded. What if I do not get the chance to intervene and mitigate his reactions? What if he makes another lethal suicide attempt in reaction either to his parents' judgment or in despair over losing the one relationship in which he could confidentially work through his otherwise overwhelming issues? On the other hand, what if, first, he stops engaging in these abusive sexual behaviors and, after attaining more stability, then faces the need for working through the abuse reporting process?

As a psychologist who had at that point worked in child and adolescent inpatient psychiatric units for many years and having filed many child abuse reports in my career, I was clear that my course of action in this case was not adhering to what I was legally required to do. Instead, perceiving it as a true dilemma, I agonized over how best to manage it, more than any other clinical matter in my career. I sought, and obtained, multiple consultations, with both psychologists and an attorney. Most of the consultations concurred that this was a dilemma and empathized with my efforts to minimize the suicide risk. The attorney, who specialized in legal issues for clinicians, suggested (incorrectly) that I explain to the client that these behaviors must stop immediately and, if they continued, a child abuse report would be filed. One clinician, though, did hold firm that the mandated course of action was the only way for me to proceed. Unfortunately, I did not heed that advice. I continued to work with the client on his presenting issues, highlighting the harmfulness of the sexually abusive behaviors, and received assurances by the client that these types of incidents had stopped.

The client appeared to be making progress, until just after the year-end holidays, when he called requesting hospitalization. He reported that he was suicidal and did not feel safe. I facilitated his admission and, in the course of his inpatient treatment, he disclosed the prior incidents with adult men. A child abuse report was immediately filed by the hospital's social worker.

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**My Experience With Failure to Report Child Abuse (continued from page 7)**

I do not know much about how the client has fared since our work ended, but I did hear that the client had made another suicide attempt during the course of the police investigation, and he once again survived it. His mother met with me to learn of the reasons for my failure to report, expressing her disapproval, and his father called expressing his sense of anger and betrayal.

The story of legal and administrative consequences for my failure to report is long, beyond the scope of this account. A summary, however, should prove instructive. After interviews with a police detective and a Board of Psychology (Board) investigator, I received a court summons from the city for “failure to report.” I pled nolo contendere and agreed to a dismissal offer contingent upon fulfilling 120 hours of community service and a \$4,000 donation to a charity serving children, and making a presentation to colleagues on mandated reporting issues. I fulfilled these requirements and actually presented at three roundtable meetings hosted by our local association’s Ethics Committee.

The Board proceeded with its own investigation, hearing, and stipulated settlement process. I agreed to seven years’ probation of my license; a psychological assessment; six months of psychotherapy; a restriction on working with minors for one year; 10 additional continuing education hours per year (on child abuse, mandated reporting, and/or adolescent sexual behavior issues); no supervision of others during the course of the probation; weekly meetings with a practice monitor; and reporting monthly to a Board probation monitor. After about three years, I was also invited by our local psychology association to participate as a member of the Ethics Committee, actively reviewing and researching issues of ethical concern within our local practice community.

I learned a great deal through these experiences, and I know that I am more competent in managing complicated mandated reporting issues. I’ve also grown more generally as a professional. At the end of

six years, I appealed for early termination, appearing before the Board to answer their questions about my evidence of remediation, as well as questions from the Deputy Attorney General. The petition was successful, and I was taken off probation. My ongoing responsibilities as a psychologist continue, as do the lessons I learned.

One of the key lessons for me is that I was unknowingly at greater risk for failing to report in certain types of situations. This risk was overdetermined, and I was underprepared for what was to come. In analyzing what happened, I needed to examine both professional-practice shortcomings and personal challenges, including:

- My initial informed consent conversation with the client did not adequately discuss mandated reporting scenarios, nor my commitment to working with the client throughout any reporting process.
- My family-of-origin role history prepared me to be an exceptionally attentive and empathic listener, yet, on the other side of this same coin, I struggled with over-accommodating others and fearfully avoiding conflict. I also typically assumed the burden of what were actually shared problems and tried to cope with them on my own. All of these characteristics were realized in my work with this client.
- My counter-transference included over-identification with the client’s struggle for hope and connection as a gay adolescent. In some essential ways, I had been there myself.
- Also, the consultations I had obtained did not plumb these depths adequately, and, in retrospect, I did not challenge them to question me to find ways that both addressed my concerns and met all of my responsibilities.
- My therapist advised that I consult an attorney but did not directly challenge me on my failure to report.

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My Experience With Failure to Report Child Abuse (continued from page 8)

I have always recognized that, as psychologists conducting psychotherapy, our role carries multiple responsibilities, which sometimes directly conflict. In the first few years of coming to terms with my failure to report, I learned about, and presented on, the growing field of “therapeutic jurisprudence.” I understand its purpose to be educating clinicians to competently prepare for and manage the therapeutic implications of complying with the legal requirements entailed in practicing psychotherapy.

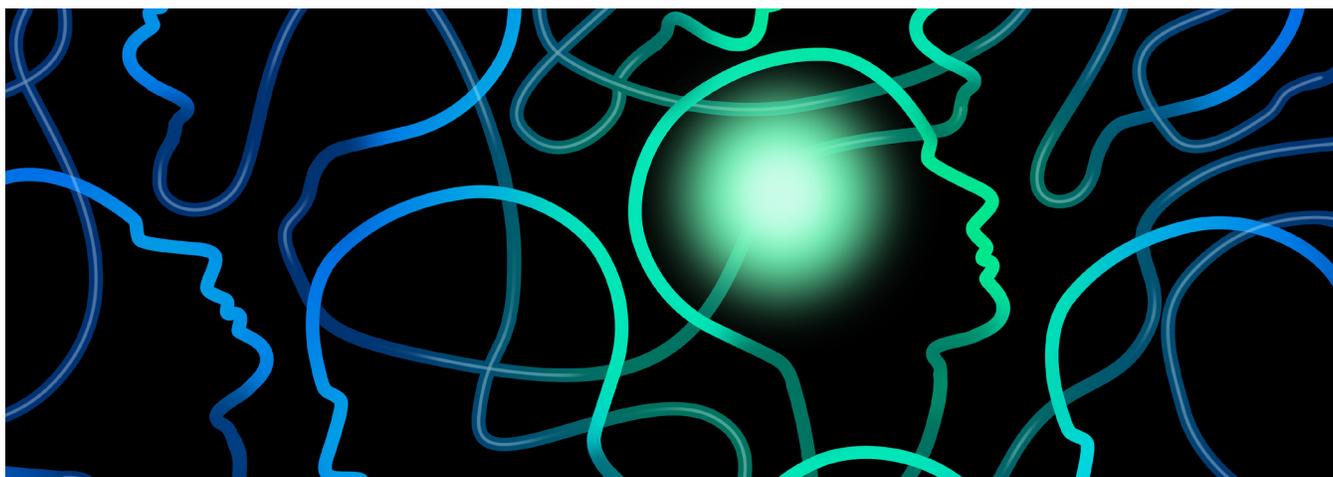
One of the key insights for me was that, because our clinical world is dynamically nested in larger legal and social systems, we must be prepared, both in mindset and in skills, to adequately engage with these other systems. By mindset, I mean our fundamental willingness to actively engage with the many tensions and paradoxes inherent in our work. By skills, I mean the implementation of, and capacity for, a range of practices, including:

- Clear, informed consent procedures at the onset of treatment and, as relevant, throughout the treatment;
- Framing mandated reporting within the therapeutic endeavor;
- Anticipating one’s likely personal difficulties with mandated reporting in certain scenarios, and proactively addressing these;

- Effectively managing the reactions of clients, and others, to the reporting action, through targeted education and training, and through seeking consultations with professionals outside of our usual/comfortable circle of acquaintances.

Our society’s commitment to casting a wide net for identifying abusers and victims of abuse, evident through the “reasonable suspicion” threshold for mandated reporting across many professions, guarantees a dynamic, at times difficult, relationship between our nested systems. Yet, whether we like it or not, our freedom as clinicians to practice is circumscribed by the authorization we are given; and, as a corollary, our responsibilities within our practice include adequately prioritizing and preparing for, among many other mandates, principles, and standards, reporting abuse without fail when “mandate” criteria are met.

When I extrapolate from both research summaries on mandated reporting and from anecdotal evidence I’ve heard from dozens of psychologists in my network and beyond, I surmise that many of us need to substantially improve our preparedness for effectively fulfilling our abuse reporting requirements. We understand what is required, but many of us have found it, at times, so hard to do. I hope my experience serves to strengthen your efforts to become better prepared.





Part 2 of the Enhanced Examination for Professional Practice in Psychology (continued from page 4)

build upon answers given previously), 4) test items requiring exhibits (e.g., test protocols), and 5) other nontraditional types of test questions (e.g., mix-and-match type items). Through these various item types, the EPPP Part 2 will test a licensure candidate's ability to display a snapshot that she or he knows how to do the appropriate things when practicing psychology.

The content of the items will be drawn from situations that can be encountered when in practice; for instance, how to go about assessing a client or how to intervene in a specific situation. Item content will also be drawn from the ASPPB Disciplinary Data System and The Trust (formerly the American Psychological Association Insurance Trust), which will provide descriptions of situations where psychologists were disciplined for their professional behaviors. The goal in using these resources is to provide candidates with realistic situations that have caused psychologists difficulty in navigating their professional lives.

### When Will the EPPP Part 2 be Launched?

The plan is for the EPPP Part 2 to be launched in early 2019. During the next two years (2017–2018), items will be written and each question will be beta tested. ASPPB will need the help of volunteers willing to serve as item writers and beta testers during the next 18 months. If you are a licensed psychologist and would like to participate, please fill out the form on the ASPPB website (<https://www.surveymonkey.com/r/EPPPPart2>). The beta testing phase requires that psychologists have been licensed no more than two years. Beta testing will begin in 2018.

### Conclusions

ASPPB has received many comments and reactions over the last year about the development of the EPPP Part 2. As Part 2 moves forward in its development, we welcome the opportunity to communicate with other professional groups about this examination and want to continue what has proven to be a very useful dialogue with students and early career

psychologists, as well as representatives from the education and training community and the practice community. This skills examination will contribute to a licensing board's ability to ensure that the professionals who are licensed are competent, in a more up-to-date and enhanced manner than before.

It is the responsibility of the education and training community to produce qualified, compassionate, curious, earnest, and competent practitioners. Licensing boards, however, need to assess competence to determine minimum entry-level standards for many different areas, including foundational knowledge, ethics, critical thinking, and acquisition of basic, functional skills. In addition, licensing boards need to do so in a legally defensible manner, which means standardization and reliability are critical concepts. It would be irresponsible for ASPPB to not move forward with a skills part of the EPPP when we now have met all of the necessary conditions for such an exam. It would be like going for a driver's license and only taking the test of knowledge of rules of the road, and not the actual driving test; or like applying to be a licensed physician, dentist, podiatrist, chiropractor, osteopath, optometrist, or pharmacist and only taking a test of knowledge and not a skills exam. Part 2 of the EPPP will allow psychology licensing boards to better fulfill their mandate to protect the public.

As Cathy Grus, Ph.D., the Associate Executive Director of the APA Education Directorate, stated, "ASPPB has to be responsive to a society that trusts psychology to be a profession that is populated by individuals who are well trained. I think Step 2 will establish that psychologists are holding themselves accountable and we value our profession."

We thank you for the opportunity to provide an overview of the EPPP Part 2 to California psychologists.

Please send any comments or questions about this article or the EPPP Part 2 to Emil Rodolfa, Ph.D., Chair of EPPP Part 2 Implementation Task Force, at [erodolfa@alliant.edu](mailto:erodolfa@alliant.edu).



New Licensees: What You Need to Know (continued from page 5)

and complaints regarding the practice of psychology. If you have any questions or complaints, you may contact the Board on the Internet at [www.psychology.ca.gov](http://www.psychology.ca.gov), or by e-mailing [bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov), calling 1-866-503-3221, or writing to the following address:

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

A downloadable version of this notice is available in multiple languages on the Board's website at [www.psychology.ca.gov/consumers/consum\\_stat.shtml](http://www.psychology.ca.gov/consumers/consum_stat.shtml).

### Is there anything in particular that my business cards, letterhead, or advertisements need to have on them?

Pursuant to Title 16 of the California Code of Regulations (CCR) Section 1380.6, psychologists are required to display their psychology license number in any advertising, public directory, or solicitation. This requirement includes your business cards, letterhead, business directories, websites, and any other forms of advertising you may choose to use. This requirement also applies to advertisements, directories, and solicitations made by group practices and psychological corporations.

*Note: This requirement does not apply to psychologists practicing in governmental organizations and nonprofit organizations that are engaged in research, education, or services where those services are defined by a board composed of community representatives and professionals.*

### How long do I need to retain patient records?

B&P Code Section 2919 requires psychologists to retain patient records for a minimum of seven years, or if the patient is a minor, they must retain the patient's records for seven years after the date the patient reaches the age of 18.

### When do I need to update the Board on changes to my address of record or e-mail in order to receive timely communications and renewal notices?

Psychologists are required to file an address of record with the Board, which will be used as their mailing address and is publicly disclosable and available through the Board's website.

Whenever there is a change in a psychologist's address of record, the psychologist must notify the Board within 30 days of the change and provide both the old and new addresses, as required by Title 16 of CCR Section 1380.5. Psychologists can update their address of record with the Board using the BreZE system or by submitting to the Board a Notice of Change of Address form available at [www.psychology.ca.gov/licensees/change\\_address.pdf](http://www.psychology.ca.gov/licensees/change_address.pdf).

### When will I get my first renewal notice from the Board?

The Board's licensing system will automatically generate and mail a paper renewal application to your address of record approximately 75 days prior to the expiration date of your license. However, it is your responsibility to renew your license on time, and failure to receive this application does not relieve you from action if you fail to renew on time.

*Note: Many of the returned applications the Board receives weeks after mailing them to licensees are returned because licensees failed to update the Board on a change in their address of record.*

To prevent a delay in renewing your license, if you have not received your renewal application within a month before your expiration date, the Board recommends using the BreZE online system to renew quickly and securely.

*Note: You can always check on the status of your license and your expiration date using the License Verification feature in the BreZE system available at <https://www.breeze.ca.gov/datamart/selfSearchTypeCADCA.do?from=loginPage>.*

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## Christopher Link, Psy.D., Receives 2015–2016 Licensed Mental Health Services Provider Education Program Award



“Throughout my training and career as a clinical psychologist, I have been dedicated to serving at-risk and vulnerable populations. This has included providing services to medically fragile children in a hospital setting and

working with low income, culturally diverse clients in various community mental health agencies throughout Southern California. I have also been able to provide services in Spanish and have invested significant time and personal resources toward developing and strengthening my ability to provide clinical services to Spanish-speaking clients. In my current work setting, a health clinic on a Native American reservation, I am able to serve both the Native American

and monolingual Spanish-speaking populations, two historically marginalized and underserved communities. The fact that I am now able to serve these individuals in the greater area of my hometown makes it all the more rewarding.

“My passion has, and will always be, to work with those individuals who are most vulnerable and underserved. Receiving the LMHSPEP [Licensed Mental Health Services Provider Education Program] award makes it possible for me to fulfill this passion, as it greatly eases the financial burden of my student loans. Without generous awards such as this, I can definitely say that it would be extremely challenging, from a financial perspective, for me to work in the types of community mental health settings I enjoy so much. I am so very grateful to the Health Professions Education Foundation for this award and for the opportunity it provides me to serve those who are most in need.”





## Unlicensed Activity

*By Sandra Monterrubio, Enforcement Program Manager, Board of Psychology*

As part of its consumer protection effort, the Board of Psychology (Board) holds that only those with a license to practice psychology can provide psychological services to the public. Any type of unlicensed activity is in violation of Business and Professions (B&P) Code Section 2903. The Board routinely takes action against individuals who are advertising and/or providing therapy and psychological services without a current and valid license.

For unlicensed activity complaints that the Board receives, the complaints fall into one of two categories:

- Licensees whose license has expired or cancelled, or been revoked, and who continue to provide psychological services.
- Individuals who have never held a license and provide or advertise the provision of psychological services.

When the Board is made aware of any type of unlicensed activity allegedly taking place, a complaint is opened and investigated. If at the commencement of the investigation, it is determined that unlicensed activity or misrepresentation has taken place, the Board will move forward with taking steps to ensure that such unlicensed activity ceases. Actions the Board can take against those who violate B&P Code Section 2903 are:

- Issuance of educational letters that alert the subject to what might constitute unlicensed activity.
- Issuance of citations and fines to licensees practicing with an expired or cancelled license, or to subjects who have never been licensed with the Board but have practiced psychology without a license. Citations and fines range from \$250–\$5,000.



- In egregious cases where a licensee is practicing with an expired license, the Board may refer the case to the Office of the Attorney General for formal discipline.
- The Board may also refer the violation to the local district attorney to pursue for false and misleading advertising or practicing without a license.

For more information about unlicensed activity, please visit the Board's website at [www.psychology.ca.gov](http://www.psychology.ca.gov) or contact the Board at (916) 574-7720.



## Summary of Licensing Activity

By Antonette Sorrick, Executive Officer, Board of Psychology

### California Board of Psychology Annual Statistical Profile Fiscal Year 2015–2016

**Board Staff:** 24 Civil Service Employees, 1 Exempt

**Licenses/Certificates/Permits:** 22,079

**Board Membership:** 5 Licensees, 4 Public Representatives

**Strategic Plan Adopted:** 2014

### Summary of Licensing Activity

| Initial Licenses/Certificates/Permits |               |              |              |
|---------------------------------------|---------------|--------------|--------------|
| TYPE                                  | APPS RECEIVED | ISSUED       | RENEWED      |
| PSYCHOLOGIST                          | <b>1,446</b>  | <b>1,055</b> | <b>9,689</b> |
| REGISTERED PSYCHOLOGIST               | <b>187</b>    | <b>140</b>   | <b>0</b>     |
| PSYCHOLOGICAL ASSISTANT               | <b>1,042</b>  | <b>973</b>   | <b>764</b>   |

| Licensing Population by Type |                          |                            |           |
|------------------------------|--------------------------|----------------------------|-----------|
| TYPE                         | CERTIFICATES/<br>PERMITS | LICENSES/<br>REGISTRATIONS | APPROVALS |
| PSYCHOLOGIST                 | <b>0</b>                 | <b>20,227</b>              | <b>0</b>  |
| REGISTERED PSYCHOLOGIST      | <b>0</b>                 | <b>272</b>                 | <b>0</b>  |
| PSYCHOLOGICAL ASSISTANT      | <b>0</b>                 | <b>1,580</b>               | <b>0</b>  |

| Renewal and Continuing Education (CE) |                      |                                     |
|---------------------------------------|----------------------|-------------------------------------|
| TYPE                                  | FREQUENCY OF RENEWAL | NUMBER CE HOURS REQUIRED EACH CYCLE |
| PSYCHOLOGIST                          | <b>EVERY 2 YEARS</b> | <b>36</b>                           |
| REGISTERED PSYCHOLOGIST               | <b>NON-RENEWABLE</b> | <b>0</b>                            |
| PSYCHOLOGICAL ASSISTANT               | <b>EVERY YEAR</b>    | <b>0</b>                            |

| Exam Results |              |            |              |
|--------------|--------------|------------|--------------|
| EXAM TITLE   | PASS         | FAIL       | TOTAL        |
| EPPP         | <b>775</b>   | <b>607</b> | <b>1,382</b> |
| CPSE         | <b>0</b>     | <b>0</b>   | <b>0</b>     |
| CPLEE        | <b>1,114</b> | <b>214</b> | <b>1,328</b> |
| <b>TOTAL</b> | <b>1,889</b> | <b>821</b> | <b>2,710</b> |

### Summary of Enforcement Activity

| Consumer Complaints—Intake |   |
|----------------------------|---|
| <b>980</b>                 | RECEIVED                                  |
| <b>210</b>                 | CLOSED WITHOUT REFERRAL FOR INVESTIGATION |
| <b>723</b>                 | REFERRED FOR INVESTIGATION                |
| <b>77</b>                  | PENDING                                   |

| Conviction/Arrest Notification Complaints |                                   |
|---|-----------------------------------|
| <b>56</b>                                 | RECEIVED                          |
| <b>55</b>                                 | CLOSED/REFERRED FOR INVESTIGATION |
| <b>62</b>                                 | PENDING                           |

| Inspections |  |
|-------------|--|
| <b>N/A</b>  |  |

| Investigations |         |
|----------------|---------|
| <b>63</b>      | OPENED  |
| <b>63</b>      | CLOSED  |
| <b>89</b>      | PENDING |

| Number of Days to Complete Intake and Investigations |  |
|--|--|
| <b>8</b>   | UP TO 90 DAYS  |
| <b>8</b>   | 91 TO 180 DAYS   |
| <b>19</b>  | 181 DAYS TO 1 YEAR   |
| <b>19</b>  | 1 TO 2 YEARS   |
| <b>9</b>   | 2 TO 3 YEARS   |
| <b>0</b>   | OVER 3 YEARS   |
| <b>327</b>   | AVERAGE NUMBER OF DAYS TO COMPLETE INTAKE AND INVESTIGATIONS |

| Citations and Fines |   |
|---------------------|---|
| <b>0</b>            | ISSUED  |
| <b>86</b>           | ISSUED WITH A FINE                                  |
| <b>1</b>            | WITHDRAWN   |
| <b>0</b>            | DISMISSED   |
| <b>114</b>          | AVERAGE NUMBER OF DAYS TO ISSUE A CITATION AND FINE |

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Summary of Licensing Activity (continued from page 14)

| Total Amount of Fines |           |
|-----------------------|-----------|
| <b>\$79,205</b>       | ASSESSED  |
| <b>\$0</b>            | REDUCED   |
| <b>\$62,010</b>       | COLLECTED |

| Criminal/Civil Actions |                                     |
|------------------------|-------------------------------------|
| <b>5</b>               | REFERRALS FOR CRIMINAL/CIVIL ACTION |
| <b>0</b>               | CRIMINAL ACTIONS FILED              |
| <b>0</b>               | CIVIL ACTIONS FILED                 |

| Office of the Attorney General/Disciplinary Actions |                        |
|---|------------------------|
| <b>43</b>   | CASES OPENED/INITIATED |
| <b>52</b>   | CASES CLOSED           |
| <b>58</b>   | CASES PENDING          |

| Number of Days to Complete AG Cases |   |
|-------------------------------------|---|
| <b>3</b>                            | 1 YEAR                                      |
| <b>13</b>                           | 1 TO 2 YEARS                                |
| <b>9</b>                            | 2 TO 3 YEARS                                |
| <b>21</b>                           | 3 TO 4 YEARS                                |
| <b>6</b>                            | OVER 4 YEARS                                |
| <b>1,047</b>                        | AVERAGE NUMBER OF DAYS TO IMPOSE DISCIPLINE |

| Formal Actions Filed/Withdrawn/Dismissed |   |
|--|---|
| <b>7</b>                                 | STATEMENTS OF ISSUES FILED                        |
| <b>30</b>                                | ACCUSATIONS FILED                                 |
| <b>2</b>                                 | RESTRAINING/RESTRICTION/SUSPENSION ORDERS GRANTED |
| <b>0</b>                                 | STATEMENTS OF ISSUES WITHDRAWN/DISMISSED          |
| <b>8</b>                                 | ACCUSATIONS WITHDRAWN/DISMISSED                   |

| Administrative Outcomes/Final Orders |                             |
|--------------------------------------|-----------------------------|
| <b>0</b>                             | LICENSE APPLICATIONS DENIED |
| <b>4</b>                             | REVOCATION                  |
| <b>13</b>                            | SURRENDER OF LICENSE        |
| <b>0</b>                             | PROBATION WITH SUSPENSION   |
| <b>1</b>                             | SUSPENSION ONLY             |
| <b>31</b>                            | PROBATION ONLY              |
| <b>3</b>                             | PUBLIC REPRIMAND            |
| <b>0</b>                             | OTHER DECISIONS             |

| Petitions to Revoke Probation Filed/Petitions and Accusations to Revoke Probation Filed |                    |
|---|--------------------|
| <b>3</b>  | TOTAL NUMBER FILED |

| Subsequent Disciplinary—Administrative Outcomes/Final Orders |  |
|--|--|
| <b>0</b>   |  |

| Petition for Modification or Termination of Probation |         |
|---|---------|
| <b>0</b>  | GRANTED |
| <b>1</b>  | DENIED  |
| <b>1</b>  | TOTAL   |

| Petition for Reinstatement of Revoked License/Registration/Certification |         |
|--|---------|
| <b>0</b>   | GRANTED |
| <b>0</b>   | DENIED  |
| <b>0</b>   | TOTAL   |

| Cost Recovery to DCA |           |
|----------------------|-----------|
| <b>\$274,060</b>     | ORDERED   |
| <b>\$41,887</b>      | COLLECTED |

| Consumer Restitution to Consumers/Refunds/Savings |  |
|---|--|
| <b>\$1,508</b>                                    | RESTITUTION ORDERED                                  |
| <b>\$0</b>  | AMOUNT REFUNDED                                      |
| <b>\$0</b>  | REWORK AT NO CHARGE                                  |
| <b>\$0</b>  | ADJUSTMENTS IN MONEY OWED/PRODUCT RETURNED/EXCHANGED |
| <b>\$0</b>  | TOTAL SAVINGS ACHIEVED FOR CONSUMERS                 |

| Receipt of Complaint to Assignment to Investigator |                        |
|--|------------------------|
| <b>8</b>   | AVERAGE NUMBER OF DAYS |

| Investigations: Opening to Closing of Case |                        |
|--|------------------------|
| <b>327</b>                                 | AVERAGE NUMBER OF DAYS |

| Investigations: Closure of Investigation to Imposing Formal Discipline |                        |
|--|------------------------|
| <b>246</b>   | AVERAGE NUMBER OF DAYS |



New Licensees: What You Need to Know (continued from page 11)

### What is the best way to renew my license?

Due to postal delays, lost mail, and delays in the manual processing of renewals through the Department of Consumer Affairs' automated processing system, the Board recommends renewing quickly and securely online using the BreEZe system. Oftentimes, it can take up to four to six weeks to clear the payment and process a hard copy renewal application, compared to the one to three days it typically takes to renew online.

Delays can cause licensees a period of delinquency in their license and possibly lead to insurance reimbursement and enforcement issues. Always verify that your renewal has been processed using the License Verification feature in the BreEZe system (<https://www.breeze.ca.gov/datamart/selSearchTypeCADCA.do?from=loginPage>), which will show your new expiration date once the renewal has been successfully processed.

### Will I get a new license and pocket license issued at my first renewal?

You will get a new physical license and smaller pocket license issued to your address of record upon each renewal. If you have submitted a hard copy renewal application through the mail and have not received your new license or pocket license within six weeks, you should contact the Board to ensure that your renewal application was successfully processed and that the Board has your correct address of record on file. The Board receives numerous licenses and pocket licenses returned as undeliverable.

### How many hours of continuing education (CE) do I need to complete before my first renewal?

BPC Section 2915 and 16 CCR Section 1397.60 require that to renew your license as a psychologist, the licensee must have accrued at least 36 hours of

qualifying continuing professional development (CPD), nine of which must be live or live-interactive, within the two-year period immediately preceding the expiration date of the license.

For licenses issued after January 1, 2016, the renewal date for licensees is based on the date of issuance and not based on the licensee's birth month; therefore, the first renewal for all initial licenses issued after January 1, 2016, would require the full 36 hours of CPD, of which nine hours must be live or live-interactive.

### When do the CE hours need to be completed by for my first renewal?

All of the required CE hours must be completed by the date you sign and submit your renewal application.

*Note: When you sign and submit your renewal application, you are certifying under penalty of perjury that you have already completed the number of hours indicated on your renewal application.*





## Legislative and Regulatory Update

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

### REGULATORY

#### Verification of Experience/Supervision Agreement Forms

Title 16, California Code of Regulations Sections 1387 and 1387.1

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

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

The proposed regulation would no longer require the pre-approval of this supervision plan in order for SPE to count toward Board licensure. In addition, the regulation mandates that the plan include how and when the supervisor will provide periodic feedback to the supervisee so that the supervisee gets the benefits of the supervisor's assessment on how their training is going.

The Board noticed the initial Rulemaking File on April 1, 2016. After the close of the 45-day public comment period, the hearing was held at the May 2016 Board meeting. The Board received no comments and adopted the proposed language. The Rulemaking File was approved by the Department of Consumer Affairs (DCA), the Business Consumer Services and Housing Agency, and the Department

of Finance before being submitted to the Office of Administrative Law (OAL). The Board withdrew the submitted regulatory package from OAL on February 1, 2017, due to the need for a 15-day notice of modified text. Staff noticed the modified text on February 7, 2017. The notice period ended on February 22, 2017. Staff submitted the finished regulatory package to DCA on March 14, 2017, and then to OAL on April 24, 2017.

### LEGISLATIVE UPDATE

#### SPONSORED LEGISLATION

##### Omnibus Proposal

Each year the Senate Business, Professions, and Economic Development (BP&ED) Committee reaches out to DCA boards and bureaus regarding the need for clean-up language and noncontroversial statutory changes to the Business and Professions Code (BPC) that all get combined into one large omnibus bill.

For the 2017 legislative session, staff submitted a Request for Approval of Proposed Legislation Omnibus Proposal (Omnibus Proposal) for Board approval at its November 2016 Board meeting, which was approved, and a revised Omnibus Proposal at its March 2017 Policy and Advocacy Committee meeting and April 2017 Board meeting, which was approved as revised, to address additional issues brought to the Board's attention after initial submission of the proposal.

The final Omnibus Proposal approved by the Board in April 2017 and sent to Senate BP&ED includes changes that remove the specification of who pays the psychological assistant registration fee and raise the delinquency fee for psychologists to 50 percent of the renewal fee, with a maximum of \$150. These changes were required to conform the psychological assistant fee to changes created by the Board's Sunset Bill Senate Bill (SB) 1193 (Chapter 484, Statutes of 2016), and to address the artificially

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Legislative and Regulatory Update (continued from page 17)

low and outdated delinquency fee for psychologists, which was not aligned with the methodology used by the majority of DCA entities. After the April 2017 Board meeting, the revised Omnibus Proposal with the psychological assistant fee changes and the delinquency fee changes were sent to Senate BP&ED staff for consideration in their 2017 Omnibus Bill, which Senate BP&ED staff indicated would be incorporated into SB 547 (Hill).

### **Suicide Assessment and Intervention Coursework Requirement**

In response to the Governor's veto message of Assembly Bill (AB) 2198 (Levine, 2014) relating to mandated one-time continuing education (CE) coursework in suicide prevention, assessment, and training, the Board conducted surveys of doctoral programs and pre- and post-doctoral internship and practicum programs and reviews of licensure requirements for licensed psychologists in 2015. The Board's Licensing Committee then reviewed the issue and determined that due to sufficiently significant variances in educational and training experience, there should be a minimal one-time requirement for coursework or training in suicide assessment and intervention for all licensed psychologists. In 2016, the Licensing Committee, in coordination with Board staff and Legal Counsel, worked on draft language and background materials for presentation to the Board.

During the Licensing Committee meetings in 2016, multiple stakeholders provided input on the draft language, and Assembly Member Levine's office watched committee hearings and periodically checked in with Board staff on the progress of the Committee.

At the November 2016 Board meeting, the Licensing Committee and Policy and Advocacy Committee jointly presented the Suicide Assessment and Intervention Coursework Requirement Legislative Proposal. This proposal would, effective January 1, 2020, require all applicants for licensure as a psychologist with the Board to have completed a minimum of six hours of coursework and/or applied

experience under supervision in suicide assessment and intervention. This requirement can be met via coursework in their qualifying degree program, CE courses, or as part of their applied experience in any of the following settings: practicum, internship, or formal post-doctoral placement that meets the requirement of Section 2911, or other qualifying SPE. Additionally, this proposal would, effective January 1, 2020, require a licensee prior to the time of his or her first renewal, or an applicant for reactivation or reinstatement, to meet a one-time requirement of six hours of coursework and/or applied experience under supervision in suicide assessment and intervention. This requirement could be fulfilled with past coursework, applied experience, or CE courses in suicide assessment and intervention and would be verified by the Board during an individual licensee's CE audit.

At the November 2016 Board meeting, the Board approved the Suicide Assessment and Intervention Coursework Requirement Legislative Proposal and instructed Board staff to move forward with the language and work with Assembly Member Levine's office, who prior to the meeting had informed staff of their desire to author the bill if the proposal was approved.

On January 9, 2017, Assembly Member Levine introduced AB 89, which includes the Suicide Assessment and Intervention Coursework Requirement text as approved by the Board at its November 2016 meeting.

On April 20, 2017, AB 89 (Levine) passed out of the Assembly and was referred to the Senate where it is awaiting assignment to the Senate BP&ED from the Senate Committee on Rules.

### **Active Bills**

#### **AB 244 (Cervantes)**

#### **Maternal Mental Health**

This bill would create a pilot program in counties that elect to participate to increase the capacity

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Legislative and Regulatory Update (continued from page 18)

of health providers that serve pregnant and postpartum women up to one year after delivery to effectively prevent, identify, and manage postpartum depression and other mental health conditions. The pilot program may include the following: a consultation program utilizing telehealth and e-consult technologies; training and toolkits on screening, assessment, and the range of treatment options; coordination of care for program participants; and access to perinatal psychiatric consultations for program participants. The pilot program would be privately funded and require a report to the Legislature regarding the pilot program's results within six months of the end of the pilot.

*Location:* Assembly Committee on Health

*Board Position: Support if Amended.* The Board supports the creation of the pilot program but is concerned about the bill's identification of only "perinatal psychiatric consultation" and could unnecessarily inhibit pilot programs from utilizing psychologists and other licensed mental health professionals to provide psychotherapy services and limit the timeframe for providing services, resulting in suboptimal use of limited program resources. The Board is therefore requesting specified amendments to add "postpartum" and "psychological" to the bill to cover the full spectrum of perinatal and postpartum care that is required during pregnancy and a year after giving birth.

Staff called the author's office to discuss the amendments the Board was seeking and was informed that the bill is now a two-year bill and will not be moving for the remainder of this legislative year.

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**AB 710 (Wood)**

**Department Of Consumer Affairs: Boards: Meetings**

This bill would require every board within DCA to meet once every other calendar year in rural

California. Current law requires these boards to meet at least three times each calendar year, at least once in Northern California and once in Southern California. This bill would require the Board to hold one meeting every other calendar year in a rural California location.

*Location:* Assembly Floor

*Board Position: Oppose.* This bill, if passed, would require the Board to conduct a Board meeting in a rural California location every other calendar year when the majority of the licensee and consumer population is located in metropolitan areas around Central and Southern California. This bill is not only poorly defined and administratively burdensome, it is also shortsighted in that it would require the Board to hold meetings in areas of the state that do not maximize the ability of the majority of the Board's licensees and consumers to attend and participate in Board meetings. This bill could simultaneously reduce participation by the public and licensees while increasing costs for Board meetings.

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**AB 1188 (Nazarian)**

**Health Professionals Development: Loan Repayment**

This bill would increase the biennial fee collected at the time of renewal from specified Board and Board of Behavioral Sciences (BBS) licensees from \$10 to \$20, which would be deposited in the Mental Health Practitioner Education Fund. This bill would also allow licensed professional clinical counselors and professional clinical counselor interns to be eligible for grants to reimburse education loans and add a fee of \$20 at the time of renewal for licensed professional clinical counselors and interns, which would be deposited in the Mental Health Practitioner Education Fund.

This bill would increase the amount of Mental Health Practitioner Education Fund grants available to Board licensees and would help increase access to mental

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Legislative and Regulatory Update (continued from page 19)

health services in underserved and vulnerable communities in California.

*Location:* Assembly Committee on Appropriations

*Board Position: Support.* This bill, if passed, would help increase access to mental health services for underserved communities by providing larger incentives to licensees who are working with these vulnerable populations.

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**SB 572 (Stone)**

**Healing Arts Licensees: Violations: Grace Period**

This bill would prohibit healing arts boards under DCA from issuing a disciplinary action or otherwise penalizing a licensee who commits a violation that does not cause irreparable harm to a consumer and is remedied within 15 days.

*Location:* Senate Committee on Business, Professions and Economic Development

*Board Position: Oppose.* This bill purposefully undermines the Board's authority to discipline its licensees who violate the Psychology Licensing Law, thereby impeding the Board's mandate of consumer protection and enforcement of ethical standards of practice within the field of psychology. This bill is not only ill-defined and ambiguous, but could have far reaching negative impacts on the consumers of psychological services in California who rely on the Board to ensure that their licensed providers are competent, ethical, and provide the highest quality of care.

On May 3, 2017, staff was notified that the author is no longer pursuing this bill for the remainder of this year's legislative session.

**SB 798 (Hill)**

**Healing Arts: Boards**

This bill is the Sunset Bill for the Medical Board of California (Medical Board), which includes provisions transferring the licensing and regulation of research psychoanalysts to the Board. Currently, research psychoanalysts are licensed and regulated by the Medical Board; a process that organizationally is a historical remnant that the Senate BP&ED and the Medical Board believe it is time to remedy. Senate BP&ED expressed to Board staff that the Board appears to be the most appropriate regulatory body for these professionals and wishes to transfer their oversight to the Board.

*Location:* Senate Committee on Appropriations

*Board Position: Support if Amended.* The transfer of registration and oversight of research psychoanalysts makes sense from a policy and regulatory perspective; however, the Board has administrative concerns with the bill as written. For this reason, the Board is seeking delayed implementation of the research psychoanalyst provisions, addition of a provision to transfer and extend current regulatory provisions until the Board can promulgate new regulations, and a technical amendment regarding which fund research psychoanalyst registration fees should be deposited into once these provisions take effect.





## Disciplinary Actions: January 1 to March 31, 2017

### **Richard Diffenderfer**

Unlicensed, Santa Rosa

On February 1, 2017, a citation order and order of abatement was issued to Mr. Diffenderfer for engaging in the unlicensed practice of psychology and for making false and misleading statements to the public by misrepresenting himself as a psychologist.

Disciplinary Actions: January 1 to March 31, 2017

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### **SURRENDER**

#### **C. Joanne Crawford, Ph.D.**

Psychologist License No. PSY 15927, Berkeley

Dr. Crawford stipulated to the surrender of her license after an accusation was filed alleging that she engaged in unilateral communication with one parent in a child custody dispute by offering assistance and advice as to that parent's course of action, thereby manifesting a dual relationship; made recommendations to the court that substantially affected the child and the other parent based on information obtained only from the adversarial parent; and failed to produce relevant psychological records upon proper request as explicitly authorized by the court. The order took effect January 1, 2017.

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#### **Alisa S. Burgess, Ph.D.**

Psychologist License No. PSY 12877, Belvedere

Dr. Burgess stipulated to the surrender of her license after an accusation was filed alleging that she failed to assess the possibility of and potential for domestic violence, and that she failed to review potential risk and safety issues with the clients, individually. The order took effect January 28, 2017.

#### **Alan Edward Brooker, Ph.D.**

Psychologist License No. PSY 9414, Davis

Dr. Brooker stipulated to the voluntary surrender of his license following a November 26, 2016, decision by the Board that placed his license on probation for five years. The decision provided that Dr. Brooker could request the voluntary surrender of his license if he ceased practicing due to retirement. The surrender took effect February 4, 2017.

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#### **Robert Arthur Allen, Ph.D.**

Psychologist License No. PSY 7158, Roseville

Dr. Allen stipulated to the surrender of his license after an accusation was filed alleging he engaged in a sexual relationship with a patient during the course of her therapy and within two years following therapy. The order took effect February 5, 2017.

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#### **Augustus Lievanos, Ph.D.**

Psychologist License No. PSY 19059, Orange

Dr. Lievanos stipulated to the surrender of his license after an accusation was filed alleging a 2015 misdemeanor conviction for driving under the influence of alcohol, and the use of alcohol in a manner that was dangerous to himself, another person, or to the public. The accusation alleged in aggravation 1999 and 2006 convictions for driving under the influence of alcohol. The order took effect February 16, 2017.

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#### **Maura T. Sullivan, Ph.D.**

Psychologist License No. PSY 17450, Chico

Dr. Sullivan stipulated to the surrender of her license after an accusation was filed alleging a 2015 misdemeanor conviction for driving under

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Disciplinary Actions (continued from page 21)

the influence of alcohol, and the use of alcohol in a manner that was dangerous to herself, another person, or to the public. The order took effect February 23, 2017.

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**Thomas Patrick Howell, Ph.D.**

Psychologist License No. PSY 10340, Placentia

Dr. Howell stipulated to the voluntary surrender of his license following a July 8, 2016, decision by the Board that placed his license on probation for three years. The decision provided that Dr. Howell could request the voluntary surrender of his license if he ceased practicing due to retirement. The surrender took effect March 30, 2017.

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**PROBATION**

**Virgil Dean Moorehead Jr., Psy.D.**

Psychologist License No. PSY 28973, Trinidad

Dr. Moorehead stipulated to the issuance of his license with three years' probation and is subject to its revocation if he fails to comply with the terms and conditions of his probation, based upon a 2000 misdemeanor conviction for driving under the influence of alcohol and driving with a suspended license, a 2005 misdemeanor conviction for reckless driving due to the presence of alcohol, and infractions for speeding over 65 mph and having an open container in the passenger compartment of his vehicle. The order took effect February 8, 2017.

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**Miranda A. DeWitte, Psy.D.**

Psychological Assistant Registration No. PSB 94023262, La Mesa

Dr. DeWitte stipulated to the issuance of her registration with five years' probation and is subject to its revocation if she fails to comply with the terms and conditions of her probation, based upon a

2012 misdemeanor conviction for driving under the influence of alcohol; a 2010 misdemeanor conviction for disorderly conduct; a 2006 misdemeanor conviction for driving with a .08 percent or higher blood alcohol; a 2005 misdemeanor conviction for public intoxication; a 2004 conviction for improper lane usage, failing to yield at an intersection, and leaving a motor vehicle accident; and a 2003 misdemeanor conviction for driving under the influence of alcohol and improper lane usage. The order took effect March 8, 2017.

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**Jessica Robinson, Ph.D.**

Psychologist License No. PSY 18805, Solana Beach

Dr. Robinson's license was placed on probation for five years and is subject to its revocation if she fails to comply with the terms and conditions of probation, after failing to adequately create and maintain records regarding the treatment of her patient, and for the use of a controlled substance to an extent or in a manner dangerous to herself or the public. The order took effect March 17, 2017.

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**INTERIM SUSPENSION ORDER**

**Penny McClellan, Ph.D.**

Psychologist License No. PSY 11801, San Diego

An interim suspension order was issued against the license of Dr. McClellan, prohibiting her from engaging in the practice of psychology in California, due to an inability to practice safely as a result of cognitive impairment. The order took effect March 29, 2017. An accusation has been filed to resolve the status of her license.

(continued on page 23)



Disciplinary Actions (continued from page 22)

**PUBLIC LETTER OF REPROVAL**

**Cynthia Tetley-Nash, Ph.D.**

Psychologist License No. PSY 15903,  
Newport Beach

Dr. Tetley-Nash stipulated to the issuance of a public letter of reproof after failing to adequately provide and document the informed consent of a patient prior to treatment; breaching the patient's confidentiality when she disclosed a confidential document to another member of the family; and assuming inappropriate, conflicting roles in her treatment and care of different members of the patient's family. The order took effect March 30, 2017.





### Board Members

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Alita Bernal

Michael Erickson, Ph.D.

Seyron Foo

Jacqueline Horn, Ph.D.

### Board Meeting Calendar

**JUNE 15–16** (Ontario)

**SEPTEMBER 14–15** (Berkeley)

**NOVEMBER 16–17** (San Diego)

### Licensing Committee Meetings

**AUGUST 22** (Los Angeles)

**OCTOBER 13** (Sacramento)

### Outreach and Education Committee Meetings

**DECEMBER 7** (Sacramento)

### Policy and Advocacy Committee Meetings

**NONE SCHEDULED**



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