

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 2019 edition of the California Board of Psychology *Journal*!

The mission of the Board of Psychology is to protect consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.

At the time of this writing, board staff and board members are preparing for the first two-day quarterly board meeting of the year in Sacramento. We will be meeting in one of the historic hearing rooms in the Capitol building. The formal surroundings lend a certain gravitas to the proceedings, especially since the meeting will include the swearing in of two new licensed board members appointed at the end of former Governor Jerry Brown's second term, Dr. Mary Harb Sheets of San Diego and Dr. Lea Tate of Redding.

Mary Harb Sheets, Ph.D., is a psychologist in private practice. In addition to teaching courses in advanced law and ethics at the California School of Professional Psychology at Alliant International University in San Diego, she is the former chair of the Ethics Committee of the California Psychological Association. On a more personal note, Dr. Harb Sheets takes great pride in her Palestinian heritage.

Lea Tate, Psy.D., is a psychologist in private practice as well, although she is also employed by the U.S. Department of Veterans Affairs. Besides her varied practice, Dr. Tate has extensive experience in hospital administration and community organizing. Living in a relatively small city in Shasta County, she will bring a unique and welcome perspective to the board's deliberations as many psychologists practice outside of major metropolitan areas.

At our last board meeting of 2018, the board members elected their officers for 2019. I will continue in my role as president and Mr. Seyron Foo, one of our valued public members, was elected vice president. I look forward to working with him in his new position in 2019. The board thanks Ms. Alita Bernal for her valuable service as vice president in 2018.

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One of the most significant issues being addressed by the board is the Enhanced EPPP, formerly known as the EPPP Part 2, the proposed national licensing exam as reconceived and developed by the Association of State and Provincial Psychology Boards (ASPPB). Uncertainty exists as to the implementation of the examination due to feedback from stakeholders and state licensing boards. At present, ASPPB will move forward with the examination on a trial basis for states choosing to be early adopters and will reserve its judgment on mandatory implementation of the exam based on evolving experience. All of that being said, it appears likely that the exam will become mandatory at a later date. The board will be considering its posture as to the adoption of the examination, but it is unlikely to move forward with the new examination, which includes a second part intended to measure skills much like the old oral examination, pending a final determination of ASPPB. The fate of the national licensing exam as it relates to California will be an important subject of discussion and deliberation at the February board meeting.

Other issues to be addressed involve hearing on the petitions of probationers; the board's legislative agenda, including the impact of proposed bills on consumers and psychological services; the ongoing evolution of a comprehensive overhaul of the pathways to licensure, our efforts at outreach and education, and review of the enforcement process. It is our continued hope that petitioners, licensees, consumers, and other stakeholders will avail themselves of the opportunity to demystify the process and better acquaint themselves with the board's agenda and efforts by attending board meetings or watching the webcasts of the proceedings, which are recorded for those who cannot view them live.

At the Strategic Planning Meeting, Dec. 3-4, 2018, in Napa, the board drafted our objectives for the next five years. It is an important step in setting major agenda items for future action and anticipating the allocation of resources. In setting the agenda, consideration was given to detailed stakeholder surveys in response to which there was substantial feedback from the licensed population, among many others. The board would like to thank all of the concerned parties who were kind enough to provide their thoughts. One issue highlighted by the responses was the confusion between the board and groups who advocate directly on behalf of psychologists. Although licensees are a substantial stakeholder group, psychologists sometimes struggle to recognize the board's charge, which is consumer protection as a semiautonomous board under the aegis of the Department of Consumer Affairs. The board licenses and regulates its licensees in order to provide effective protection of consumers of psychological services. Professional associations, such as the California Psychological Association, on the other hand, advocate for psychologists and their interests. Professional associations and their political action committees are your advocacy groups, although the board gives due consideration to the concerns of licensees in modeling and implementing its regulations, its advocacy efforts, and proposing statutory changes.

The board hopes that you are having a great 2019, knowing that you are most likely in the throes of business as usual until the summer holidays. The board is grateful to all of the board members and its capable staff for their service to the state and the consumers of psychological services. It is only through your participation in board deliberations that we can hope to establish the best policies for the future of psychological services.



Disaster Psychology for California

By Merritt D. Schreiber, Ph.D.

Professor of Clinical Pediatrics, Department of Pediatrics, Los Angeles BioMedical Research Institute at Harbor-UCLA Medical Center, David Geffen School of Medicine at UCLA

What do we know about the impact of disasters on children and adults?

In the aftermath of disasters and terrorism events, there is a continuum of risk and resilience. From a population-level perspective, many adults and children will experience temporary distress and a resilience pathway, yet a significant minority will experience a worsening of the pre-disaster conditions and still others will develop a “new incidence disorder” and functional impairment (Galea, et al., 2005). Recent reviews of available published literature suggest that, on average, 30–40 percent of direct victims of a disaster are at risk for a new disorder. The most common is post-traumatic stress disorder (PTSD), yet PTSD commonly co-occurs with other clinical disorders such as depression, other anxiety disorders, and substance abuse disorders, forming particularly pernicious comorbidity.

What are evidence-based interventions for disaster survivors?

The best available reviews from the U.S. National Academies of Sciences/Institute of Medicine and UK Cochrane Reviews have found that trauma-focused cognitive behavioral therapies are generally superior to other approaches based on the totality of available literature. For adults, prolonged exposure cognitive behavioral therapy developed by a psychologist at University of Pennsylvania may be superior to other cognitive behavioral therapy approaches. For children and adolescents, trauma-focused cognitive behavioral therapy is an evidence-based approach for children. It is being disseminated widely in the United States and internationally from the National Child Traumatic Stress Network (www.nctsn.org/interventions/trauma-focused-cognitive-behavioral-therapy). Although there is considerable interest and appeal in using “psychological first aid (PFA)” for disaster survivors, presently there is no randomized control trial (RCT) data to support its use and definitive intervention. RCT investigation is needed to determine the appropriate role of PFA. In short, PFA, by itself, is

not a sufficient approach to address those at risk for new incidence clinical disorders or those experiencing worsening of pre-existing clinical disorders. We are eager to move our disaster psychology toward a population level, evidence-based, continuum of “stepped triage to care.”

How can psychologists become involved in disaster response?

Psychologists can become involved in disaster response primarily in two ways:

1. Response phase:

In the response phase, psychologists can deploy to shelters, mass casualty collection points, local assistance centers, family support centers, or family assistance centers. This involves responding rapidly day or night to support disaster victims in these primary acute phase service delivery sites. Organizations that do this include the American Red Cross; local Medical Reserve Corps; “Give an Hour,” a national nonprofit organization originally created to serve military families; California’s Disaster Healthcare Volunteers system, and California’s Medical Assistance Teams. Psychologist volunteers with these groups can respond to their own communities, regions, or anywhere in the state. Services in these settings include rapid triage, brief crisis intervention, linkage, and referral. These settings do not provide traditional psychotherapeutic care and require willingness of psychologists to learn about providing acute crisis intervention in a nonoffice setting without a typical provider-patient context. Currently in California, we have critical gaps of response volunteers requiring use of volunteers from other states.

2. Recovery phase:

Recent experiences with active shooter events in San Bernardino, Las Vegas, and Ventura County as well as wildfires and flooding highlight critical gaps in local access to care for those at risk for new or worsening clinical disorders. Not everyone

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Disaster Psychology for California (continued from page 3)

is prepared to drop what he or she is doing and report to a field disaster location and provide targeted crisis intervention “on the fly.” Others may be prepared to accept disaster survivors into their practices at no cost as part of a spirit of giving back to the community. For example, after the “ghost ship” fire in Oakland, families who experienced the loss of a young family member were dispersed throughout California. Since the American Red Cross Disaster Mental Health Program does not provide definitive care, local authorities in Oakland asked for assistance to refer families wanting services. Working together with other professional associations, the California Psychological Association (CPA) was able to link members to local authorities to facilitate pro bono care.

Continued efforts to improve the ability of communities to improve both acute phase response and link to evidence-based definitive care are active at present.

For more information on how to get involved, visit the following websites:

Your local psychological association disaster resource network (chapter information): <https://www.cpapsych.org/page/19>

State of California Disaster Health Volunteer Program: www.healthcarevolunteers.ca.gov/

Give an Hour: <https://giveanhour.org/impact/california>

Medical Reserve Corps: <https://mrc.hhs.gov/volunteerfldr/AboutVolunteering>

American Red Cross: www.redcross.org/volunteer/become-a-volunteer.html

American Psychological Association (APA)
Disaster Resource Network
www.apa.org/practice/programs/drn/index.aspx
www.apa.org/helpcenter/disaster-site.aspx

CPA: www.cpapsych.org

If these resources don't work out, contact me directly at m.schreiber@ucla.edu.

Note from the Author

I serve as chair of disaster response for CPA, a component of the APA Disaster Resource Network. At the CPA Disaster Resource Network, we provide linkages between urgent requests for volunteers from national organizations such as APA and our local chapter members; sponsor an annual meeting of local CPA chapter disaster coordinators; and participate on a range of state-level activities focused on disaster mental health improvement for our state.

Renewal Applications Going Paper-Light After 2020

By Sarah Proteau, Central Services Technician

Did you know that renewal applications generate thousands of pounds of paper every year? In the interest of reducing our carbon footprint, conserving natural resources, reducing mailing costs, and making the best use of staff resources, the board has decided to go “paper-light” for license renewals. With the ease and convenience of the BreZE online system, the board will be moving all license renewal applications online by the end of 2020 and phasing out paper renewal applications.

After 2020, licensees will no longer receive the automated renewal applications mailed to your address of record, and instead will receive a postcard reminder to renew online. Renewing your license online reduces the processing time significantly. Your renewal will be updated within 24 to 48 hours.

Online renewal through BreZE is the quickest and most convenient way to prevent delay in receiving your license. Please join us in our efforts to go green and reduce excess paper waste.

Of course, if you are unable to renew online and would prefer to renew by mail, licensees will still be able to go on our website at www.psychology.ca.gov/forms_pubs/lic_renewal.pdf and print out and complete the manual renewal application form. If you decide to renew by mail with a printed application, please keep in mind that the manual process can take four to six weeks. After the renewal is updated, it can take another two to three weeks to receive the pocket license in the mail. So, don't wait, switch to online renewals today!



Experts Needed for Examination Development

By Lavinia Snyder, Examinations Coordinator, Board of Psychology

Interested in earning 16 hours of continuing education hours and satisfactorily completing the laws and ethics training required for license renewal? The Board of Psychology is recruiting qualified licensees to serve as subject matter experts (SMEs) to participate in two-day workshops to assist in developing the California Psychology Laws and Ethics Examination (CPLEE), one of the exams applicants are required to pass as a qualification for licensure.

The board's workshops are held on two consecutive eight-hour days throughout the year in Sacramento. The types of workshops include:

- **Item writing:** The purpose of this workshop is to develop items for the CPLEE. Participants will receive training in item writing principles and will work in conjunction with a testing specialist to develop clinical vignette-based questions as well as standard multiple-choice questions for the examination.
- **Item review:** The purposes of this workshop are to: 1) review newly developed items (i.e., standard multiple-choice items) for clarity, relevance, and technical accuracy; and 2) evaluate previously used items based on item statistics, candidate comments, etc. Participants will work as a group to ensure that potential items are acceptable for inclusion on future versions of the examination.
- **Examination construction:** The purpose of this workshop is to select potential items based on the examination plan of the CPLEE. Participants will evaluate items for each content area included in the examination and select those that best represent the knowledge required for entry into the profession.
- **Passing score:** The purpose of this workshop is to establish the passing score for the CPLEE. Under the facilitation of a testing specialist, participants will apply minimum competence standards to establish a criterion-referenced passing score.

Aside from earning continuing education hours and satisfying the laws and ethics requirement for renewal, participants at a workshop will receive a per diem rate of \$300 per day for two days. Participants will also receive reimbursement for travel expenses with set limitations as defined under the Department of Consumer Affairs' (DCA) Travel Guidelines. Air and

ground travel will be covered and arranged for by the board. Hotel accommodations will be reimbursed up to the state rate of \$95 per day plus tax. Meals will be reimbursed at the rate established by DCA. Below is the reimbursement matrix of coverage. Meal reimbursement will be subject to change and dependent on the time of travel.

Expense	Maximum reimbursement for 24-hour travel	Comments
Breakfast	\$7	Travel begins at or before 6 a.m.
Lunch	\$11	Travel begins at or before 11 a.m.
Dinner	\$23	Travel begins at or before 5 p.m.
Incidentals	\$5	
Hotel	\$95 + taxes	SME must book
Mileage	\$.54/mile	Personal vehicle use
Air travel/rental car	Booked by the board	

Expense	Maximum reimbursement less than 24-hour travel	Comments
Breakfast	\$7	Travel begins at or before 6 a.m. and ends at or after 9 a.m.
Lunch		Not authorized
Dinner	\$23	Travel begins at or before 4 p.m. and ends at or after 7 p.m.
Incidentals		Not covered
Mileage	\$.54/mile	Personal vehicle use
Air travel/rental car	Booked by the board	

To qualify to serve as an SME, a licensee **MUST**:

- Hold a current license as a psychologist issued by the board.
- Be in good standing, having no prior or pending disciplinary actions, and no pending investigations or enforcement actions against them.
- Agree not to participate in any examination coaching or preparation activities as stated in the agreement signed with the board upon commencement of examination development activities.

If you are a qualified licensee and interested in serving as an SME, please email Lavinia.Snyder@dca.ca.gov with your name, license number, phone number, and email address. Any licensees who express interest in attending future workshops will be placed on the interested parties list for future notification of workshop dates. Notification will be via email.

2018 Legislative Advisories

By Cherise Burns, Central Services Manager

Former Governor Jerry Brown signed the following bills into law in 2018. These bills affect the Board of Psychology, its licensees and applicants, and the consumers of psychological services in California.

LEGISLATIVE ADVISORY: Assembly Bill 282 (Jones-Sawyer) Chapter 245, Statutes of 2018—Aiding, Advising, or Encouraging Suicide: Exemption from Prosecution

Operative date of legislation: Jan. 1, 2019

Attention board stakeholders:

AB 282 (Jones-Sawyer) was signed by former Governor Brown on Sept. 5, 2018, and became operative Jan. 1, 2019. This legislation amends section 401 of the Penal Code to make persons whose actions are performed in compliance with the End of Life Option Act immune from prosecution for deliberately aiding, advising, or encouraging suicide.

SUMMARY OF CHANGES:

This bill ensures that psychologists and physicians and surgeons who participate in and follow the requirements of the End of Life Option Act (commencing with section 443 et. seq. of the Health and Safety Code) through their evaluation or diagnosis of a patient with a terminal illness, performance of the required mental health assessment of a terminally ill patient, or their prescribing or dispensing of an “aid-in-dying drug” to a terminally ill patient cannot be prosecuted under California law.

Note: Compliance with the requirements of the End of Life Option Act includes all mandatory reporting to the California Department of Public Health, if any apply. For more information on the End of Life Option Act and its reporting requirements, go to www.cdph.ca.gov/Programs/CHSI/Pages/End-of-Life-Option-Act.aspx#.

LEGISLATIVE ADVISORY: AB 2138 (Chiu) Chapter 995, Statutes of 2018—Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction.

Operative date of legislation: July 1, 2020

Attention board stakeholders:

AB 2138 (Chiu) was signed by former Governor Brown on Sept. 30, 2018, and will become operative July 1, 2020. This legislation amends various provisions of the Business and Professions Code (BPC) relating to a board's ability to deny a license or take disciplinary action in relation to criminal convictions based on various factors related to the crime, and revises requirements related to the criteria of rehabilitation that boards must consider when evaluating the denial of an application, a petition for reinstatement, or a petition for early termination of probation.

SUMMARY OF CHANGES:

Applicants:

- This bill prohibits the board from denying an application for licensure based on a conviction of a crime unless the conviction meets the following criteria:
 - The conviction is for a crime substantially related to the qualifications, functions, or duties of the practice of psychology and was within seven years from the date of application to the board, regardless of whether the applicant was incarcerated for that crime, or the applicant is presently incarcerated or was released from incarceration within the preceding seven years from the date of application.
 - The seven-year limitation does not apply and the board may deny the application if the applicant was convicted of a serious felony, as defined in section 1192.7 of the Penal Code (PC), or convicted of a crime for which registration is required pursuant to paragraph (2) or (3) of subdivision (d) of section 290 of the PC.
 - Note: The board may not deny an application on the basis of a conviction if the applicant obtained a certificate of rehabilitation, had been granted clemency or a pardon by a state or

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2018 Legislative Advisories (continued from page 6)

federal executive, or the conviction has been dismissed pursuant to sections 1203.4, 1203.4(a), 1203.41, or 1203.42 of the PC, or a comparable dismissal or expungement.

- The board may deny the application if the applicant was subjected to formal discipline by a licensing board in or outside of California within the last seven years from the date of application, the discipline was based on professional misconduct that would be cause for discipline before the board, and the professional misconduct was substantially related to the qualifications, functions, or duties of the practice of psychology. Note: This would not apply to prior disciplinary action where the basis for disciplinary action was a conviction that has been dismissed pursuant to sections 1203.4, 1203.4(a), 1203.41, or 1203.42 of the PC, or a comparable dismissal or expungement.
- This bill continues to allow the board to deny an application for licensure if the applicant knowingly made false statements of fact in his or her application, but an applicant's failure to disclose a fact cannot be the sole basis for application denial.
- This bill prohibits the board from denying an application for licensure based on an arrest that resulted in a disposition other than a conviction.
- This bill allows the board to request mitigating information from an applicant regarding the applicant's criminal history for purposes of determining substantial relationship or demonstrating evidence of rehabilitation, provided that the applicant is informed that disclosure is voluntary and that the applicant's decision not to disclose any information is not a factor in the board's decision to grant or deny an application for licensure.
- This bill requires the board to notify an applicant who is being denied licensure due to their conviction history of the following:
 - The denial or disqualification of licensure.
 - Any existing procedure the board has for the applicant to challenge the decision or to request reconsideration.

- That the applicant has the right to appeal the board's decision.
- The processes for the applicant to request a copy of his or her complete conviction history and question the accuracy or completeness of the record pursuant to sections 11122 to 11127 of the PC.
- This bill defines a conviction as "a judgment following a plea or verdict of guilty or a plea of nolo contendere or finding of guilt. Any action which a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence."

All of the above changes to initial licensure applications and criminal conviction considerations will impact the board's initial licensure review process and may cause delays in processing applications for individuals with prior criminal convictions after the operative date of the bill.

Applicants and licensees:

- This bill requires boards to develop criteria and, in doing so, to use particular criteria (below) to define whether a crime is substantially related to the qualifications, functions, or duties of the profession it regulates. These substantial relationship criteria are used to determine whether a board will deny, revoke, or discipline a license for conviction of a crime.
 - The new criteria that a board must include in its substantial relationship regulations are:
 - > The nature and gravity of the offense.
 - > The number of years elapsed since the date of the offense.
 - > The nature and duties of the profession in which the applicant seeks licensure or in which the licensee is licensed.

The board's current regulation that defines substantial relationship to the profession of psychology is title 16 of the California Code of Regulations (CCR) section 1394.

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2018 Legislative Advisories (continued from page 7)

- This bill requires boards to include new criteria (below) to their regulations regarding rehabilitation that are used to determine whether to deny, revoke, or discipline a license.
- This bill requires the board to add to its rehabilitation criteria the consideration of whether the applicant or licensee completed the criminal sentence at issue without a violation of parole or probation.

The board’s current rehabilitation criteria for the purposes of license denial and reinstatement are in title 16 of CCR section 1395, and the current rehabilitation criteria for the purposes of license suspension or revocation are in title 16, CCR section 1395.1.

Both of the above changes to the substantial relationship criteria and rehabilitation criteria may impact the board’s disciplinary processes and initial licensure application review and denial processes.

IMPLEMENTATION:

The board is working with the Department of Consumer Affairs (DCA) and other boards and bureaus regarding any necessary changes to regulations, forms, and the BreZze licensing system regarding licensing applications and the board’s disciplinary processes by the operative date of this bill.

LEGISLATIVE ADVISORY: AB 2968 (Levine) Chapter 778, Statutes of 2018—Psychotherapist-Client Relationship: Victims of Sexual Behavior and Sexual Contact: Informational Brochure.

Operative date of legislation: Jan. 1, 2019

Attention board stakeholders:

AB 2968 (Levine) was signed by former Governor Brown on Sept. 26, 2018, and became operative Jan. 1, 2019. This legislation amends sections 337 and 728 of the BPC relating to the content required for inclusion in the informational brochure for victims of psychotherapist-patient sexual contact (which is now called “Therapy Never Includes Sexual Behavior”) regarding inappropriate sexual behavior, sexual contact, and touching of an intimate part between a psychotherapist and a client or patient. This legislation also expands the existing requirement

so that psychotherapists, or an employer of a psychotherapist, who become aware of alleged sexual behaviors, in addition to sexual contact, between a previous psychotherapist of a client or patient, must provide and discuss the brochure with the client/patient.

SUMMARY OF CHANGES:

All licensees:

- New legal requirement: If a licensee or their employer becomes aware of any alleged incident(s) of sexual intercourse, touching of an intimate body part, or sexual behavior(s) between a previous psychotherapist of a client or patient during the course of previous treatment(s), the licensee must provide the client or patient a copy of the brochure prepared by DCA (currently called “Therapy Never Includes Sexual Behavior”) and discuss the brochure with the client or patient.
- This bill defines “sexual behavior” as inappropriate contact or communication of a sexual nature. Note: This does not include the provision of appropriate therapeutic interventions relating to sexual issues.
- This bill also requires that the brochure be available on the websites of the Board of Psychology, the Board of Behavioral Sciences, the Medical Board of California, and the Osteopathic Medical Board of California. Links to the current publications can be found on the Board of Psychology’s Publications page or at DCA’s website below.

IMPLEMENTATION:

The Board of Psychology is working with the Board of Behavioral Sciences, Medical Board of California, and Osteopathic Medical Board of California on final revisions to the “Therapy Never Includes Sexual Behavior” brochure. The revised publication should be available by late 2019. An electronic copy of the current brochure is available at www.dca.ca.gov/publications/proftherapy.shtml. To order paper copies, please email bopmail@dca.ca.gov.

To help provide additional clarity about what is intended by the term “sexual behavior,” a few examples of actions or communications that could be considered sexual behavior include:

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2018 Legislative Advisories (continued from page 8)

- Touching or exposing oneself inappropriately in a client's presence.
- Sending flirtatious, sexually suggestive, or sexually explicit texts, messages, or emails to a client.
- Sending clients photos that include nudity, genitals, or sexually suggestive poses.
- Asking clients to send the licensee photos of themselves that include nudity, genitals, or sexually suggestive poses.
- Kissing a client.

***NOTE: This is not an exhaustive list and is provided to give context to the types of behaviors that could be found to be sexual behaviors upon investigation.**

Special note to supervisors:

- Pursuant to title 16 of CCR section 1387.1(m), primary supervisors are required to review the brochure with trainees. This would include reviewing the revised brochure upon its publication later this year.

Legislative Update

The legislative update will be provided in the summer *Journal*.

Regulatory Update

Below are the board's pending regulatory changes and their status in the formal rulemaking process.

Title 16, CCR sections 1391.1, 1391.2, 1391.5, 1391.6, 1391.8, 1391.10, 1391.11, 1391.12, and 1392.1—Psychological Assistants

Status: Initial review phase. This phase includes reviews by DCA and the Business, Consumer Services and Housing Agency (BCSH) before a formal Notice of Public Hearing with the Office of Administrative Law (OAL).

This regulatory package does the following:

Conforms the CCR to statutory changes made in SB 1193 (Hill, Chapter 484, Statutes of 2016) which requires psychological assistants to obtain a single registration with the board, to be renewed annually.

This registration will be independent from their supervisor(s) or employer(s), but does not remove the requirement that psychological assistants practice only under supervision. Additionally, the proposed regulatory language removes duplication as to who pays the psychological assistant registration fee, as this is already specified in statute.

Title 16, CCR section 1396.8—Standards of Practice for Telehealth

Status: Initial review phase. This phase includes reviews by DCA and BCSH before a formal Notice of Public Hearing with the OAL.

This regulatory package does the following:

Establishes standards of practice for the delivery of psychological health services via telehealth to a client at an originating site in this state, or to a client who is domiciled or is a resident of California but who is temporarily located outside of this state. These standards would apply to licensed California psychologists and psychology trainees.

Title 16, CCR sections 1381.9, 1397.60, 1397.61, 1397.62, and 1397.67—Continuing Professional Development

Status: Initial review phase. This phase includes reviews by DCA and BCSH before formal Notice of Public Hearing with the OAL.

This regulatory package does the following:

Changes the continuing education (CE) guidelines and requirements that must be completed by licensed psychologists from the CE model to the broader continuing professional development (CPD) model.

Title 16, CCR sections 1381.9, 1381.10, and 1392—Retired License, Renewal of Expired License, Psychologist Fees

Status: Initial review phase. This phase includes reviews by DCA and BCSH before formal Notice of Public Hearing with the OAL.

This regulatory package does the following:

Establishes a new section called "Retired Status," which would allow a licensee to apply to have their license placed in a retired status.



Administrative Citations:

Nov. 1 to Dec. 31, 2018

La'Shurn M. Ferrell, Psy.D.
Unlicensed, San Lorenzo

On Nov. 5, 2018, a citation containing an order of abatement and fine in the amount of \$500 was issued to La'Shurn M. Ferrell, Psy.D., for engaging in the unlicensed practice of psychology.

Chris Grzeszczak
Unlicensed, Los Altos

On Dec. 19, 2018, a citation containing an order of abatement and fine in the amount of \$1,500 was issued to Chris Grzeszczak for engaging in the unlicensed practice of psychology.

Disciplinary Actions:

Nov. 1 to Dec. 31, 2018

SURRENDER

Marilyn Anne Coffy, Ph.D.
Psychologist License No. PSY 10860, Oakland

Dr. Coffy stipulated to the voluntary surrender of her license following an Oct. 31, 2018 decision by the board that placed her license on probation for three years, and which allowed her to request the voluntary surrender of her license if she ceased practicing or was otherwise unable to satisfy the terms and conditions of probation. The surrender took effect Nov. 13, 2018.

Julie Axelrod Austin, Psy.D.
Psychologist License No. PSY 14898, Mill Valley

Dr. Austin stipulated to the surrender of her license after an accusation was filed alleging that she used the prescription pad of a licensed physician without that physician's knowledge or permission to call in and pick up dangerous drugs and controlled substances in the name of her deceased grandmother. The surrender took effect Nov. 15, 2018.

Fredric A. Seldin, Ph.D.
Psychologist License No. PSY 20365, San Diego

Dr. Seldin stipulated to the voluntary surrender of his license

following an Aug. 8, 2018 decision by the board that placed his license on probation for 3.5 years, and which allowed him to request the voluntary surrender of his license if he ceased practicing, or was otherwise unable to satisfy the terms and conditions of probation. The surrender took effect Dec. 6, 2018.

Barbara L. Ingersoll, Psy.D.
Psychologist License No. PSY 18402, San Luis Obispo

Dr. Ingersoll stipulated to the surrender of her license after an accusation was filed alleging that she engaged in multiple relationships and had a conflict of interest by forming a personal relationship with an inmate while employed as a staff psychologist with the California Department of Corrections and Rehabilitation. It is alleged that she continued to communicate with the inmate telephonically after he was transferred to a forensic hospital and she sent money, gifts, and greeting cards to the inmate. It was further alleged that she attempted to conceal her activities by purchasing money



Disciplinary Actions (continued from page 10)

Explanation of Disciplinary Language and Actions

Gross negligence: An extreme departure from the standard of care.

Incompetence: Lack of knowledge or skills in discharging professional obligations.

Public letter of reproof: Formal discipline that consists of a reprimand of a licensee that is a matter of public record for conduct in violation of the law.

Accusation: A formal, written statement of charges.

Stipulated settlement of decision: The case is formally negotiated and settled prior to hearing.

Surrender: To resolve a disciplinary action, the licensee has given up his or her license, subject to acceptance by the Board of Psychology.

Suspension from practice: The licensee is prohibited from practicing or offering to provide psychological services during the term of suspension.

Revoked: The right to practice has ended due to disciplinary action.

Revocation stayed, probation with terms and conditions: “Stayed” means the revocation is postponed. Professional practice may continue so long as the licensee complies with specific probationary terms and conditions. Violation of any term of probation may result in the revocation that was postponed.

orders and sending funds and gifts by using the inmate’s family’s addresses as the return address and also using aliases, including posing as the inmate’s wife. The surrender took effect Dec. 14, 2018.

PROBATION

Melauree Shaw, Ph.D.
Psychologist License No. PSY 27575, Folsom

Dr. Shaw stipulated to placing her license on probation for three years and is subject to its revocation if she fails to comply with the terms and conditions of probation, after an accusation was filed alleging that she engaged in electronic communication (email and texts) with the parents of a minor client during and after termination of therapy, which constitutes gross negligence. The order took effect Nov. 8, 2018.

Lisa L. Twilling, Psy.D.
Psychologist License No. PSY 16468, San Francisco

Dr. Twilling stipulated to placing her license on probation for six years and is subject to its revocation if she fails to comply with the terms and conditions of probation, after an accusation was filed alleging that she exceeded the boundaries of a professional therapeutic relationship when she developed a personal relationship with a patient subsequent to providing couples therapy to the patient and her partner; and she created a conflict of interest with both patients. The order took effect Dec. 9, 2018.

Virgil D. Moorehead, Jr., Psy.D.
Psychologist License No. PSY 28973, McKinleyville

After a petition to revoke was filed, Dr. Moorehead stipulated to an order placing his license on probation for four years. This order supersedes an earlier order, which was effective Feb. 8, 2017, placing Dr. Moorehead’s license on probation for three years. Dr. Moorehead’s license is subject to revocation if he fails to comply with the terms and conditions of his probation. Dr. Moorehead failed to comply with two terms of the 2017 order requiring that he abstain from all nonprescribed, controlled drugs and alcohol and submit to tests and samples, and comply with the board’s probation program. The order took effect on Dec. 27, 2018.

Board Members

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

Seyron Foo (Vice President)

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Sheryll Casuga, Psy.D.

Mary Harb Sheets, Ph.D.

Jacqueline Horn, Ph.D.

Nicole J. Jones

Lea Tate, Psy.D.

Meeting Calendar


2019 Board Meetings

April 24–26 Los Angeles

Aug. 15–16 Berkeley

Oct. 3–4 San Diego



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

Email: bopmail@dca.ca.gov

Website: www.psychology.ca.gov

Phone: (916) 574-7720

Toll-Free: (866) 503-3221

Fax: (916) 574-8672