

Journal

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

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President's Message

Michael Erickson, Ph.D.

Welcome to the summer 2014 edition of the *Journal* from the California Board of Psychology (Board)!

Here you will find a variety of topics and articles including the do's and don'ts of licensure section for applicants, how the Board serves consumers and its licensees, additional information about our Strategic Plan 2014-18, information about a new YouTube video that goes through the steps in applying for licensure as a psychologist, an article about the DSM-5 tied to some of the specific diagnostic issues at the California Regional Centers, how to verify a license, disciplinary actions, and a legislative and regulatory update.

Regarding the legislative and regulatory update, one of the bills, AB 809 (Logue), pertains only to the practice of telehealth in California, and yet, in reviewing the bill it appears that existing provisions in the telehealth law not only affect psychologists providing telehealth services, but also may already affect psychologists providing standard services in-office. Background for this: Current statutes require the provider to gain verbal or written consent to use telehealth prior to the initiation of each instance of telehealth services, and both e-mail and telephone conversations with patients are now defined as part of telehealth. This implies that the psychologist who uses occasional e-mail with the patient or provides consultation by telephone would be using telehealth and would be expected to gain consent for this each time this type of service occurs.

The good news is that AB 809 would delete a segment of the Telehealth Advancement Act of 2011 requiring a health care provider to obtain verbal consent prior to each delivery of telehealth services. Instead of the need to obtain consent for each delivery of service, the bill would allow the provider to verbally inform the patient about the use of telehealth and request the patient's verbal approval prior to the initial use of telehealth, which would apply in that instance and for any subsequent use of telehealth. The Board has written a letter of support if amended (requesting a minor change in language to resolve

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Strategic Plan 2014–18

Miguel Gallardo, Psy.D. (Chair, Outreach and Education Committee); Jacqueline Horn, Ph.D. (Chair, Licensing Committee); Nicole Jones, Public Member (Chair, Policy and Advocacy Committee), Board of Psychology

This past January, the Board of Psychology (Board) surveyed its stakeholders (licensees, associations, schools, and staff) to assess the level of satisfaction with the Board and its services. As a Board, we have prioritized connecting more with our stakeholders, while also seeking ways that we can enhance the work and its impact across the State. The survey findings were the foundation of the Board's Strategic Plan. In May, the Board ratified the Strategic Plan, and we are currently in the process of conducting an Action Planning Session with Board staff.

Another important outcome from our Strategic Planning session was setting the priority to enhance the Board's efficiency, while continuing to ensure the highest standards in the delivery of psychological services. As a result, the Board made a decision to consolidate the structure of its committees. Previously, the Board was comprised of Legislative, Enforcement, Contemporary and Emerging Issues, Continuing Education, Licensing, and Outreach and Consumer Education Committees. The new committee structure is comprised of three committees: Licensing Committee, Policy and Advocacy Committee, and Outreach and Education Committee. These three committees include the work of the previous committees, but with a more consolidated format. Enforcement issues will be considered by the full Board and all other committee business will be divided between the appropriate committees, as needed. The goal of committee restructure is to be more effective, efficient, and transparent in our business processes.

Licensing Committee

The purpose of the Licensing Committee is to give "applicants, licensees, and registrants a method for providing psychological services in California" in such a way as to protect the consumers of those services. In this capacity, this Committee evaluates the training and education of potential licensees and registrants, as well as monitors the continuing

education and professional development of renewing licensees and ensures that all requirements for licensure or registration have been completed and met. In order to accomplish its purpose, the Licensing team has made it a priority to maintain an efficient and effective licensing process, ensuring that processing times are well within those times established to maintain protection for consumers; to provide customer service training to all licensing staff to enhance service to stakeholders; and to establish communication tools to facilitate the licensing process for applicants (see article on the new YouTube instructional video on page 3). Furthermore, in its efforts to ensure that only qualified and competent individuals remain licensed to provide psychological services in the State, continuing education and professional development regulations are continually updated as new information becomes available about what works to help psychologists maintain their competence to practice.

Policy and Advocacy Committee

The purpose of the Policy and Advocacy Committee is to provide a platform for the Board to take a more proactive approach toward legislation and regulation. Not only will the Board take a more hands-on role in proposing legislation that will protect consumers, streamline the licensing process, and make more clear requirements for application and renewals, the Board also plans to be transparent about governance and decision-making. For example, the Board will post all legislative advocacy letters as well as webcast all of its committee meetings, including the Policy and Advocacy Committee meetings.

Outreach and Education Committee

The purpose of the Outreach and Education Committee is to provide accessible information to the Board's stakeholders, including but not limited to consumers, applicants, licensees, students, faculty, and professional associations. Transparency in our

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Video on How to Become Licensed and Other Enhanced Communication Tools

Jacqueline Horn, Ph.D., Chair, Licensing Committee

The Board of Psychology (Board) has created a very informative YouTube video “How to Apply to Become a Licensed Psychologist.” Applicants can access that instructional video by going to the Board’s website, www.psychology.ca.gov, and clicking on the “Applicants” tab; the video title is listed under “Psychologist.”

The Board’s Licensing Committee and staff have made it a priority to help make the licensing process easier and more efficient for applicants, and this video is the first in a series to help with this goal. Plans are to create more instructional videos that will focus on the processes for becoming psychological assistants and registered psychologists.

In order to further demystify the licensing process, as well as other aspects of the Board’s functions, Board meetings are held at educational institutions that provide graduate training in psychology. Students, faculty, and others interested in learning about what the Board does are invited to attend, to ask questions about our process, and to participate as different topics are discussed. We reserve time during each meeting for students and faculty to get answers to their questions about licensure, the exam process, or any other issues. The first meeting was held in February in Sacramento at the Alliant campus, and in May the Board met at Pepperdine’s Los Angeles campus. To see the dates and locations of future Board meetings, go to our website, www.psychology.ca.gov, and click on “Board Meetings” under “Quick Hits.” You can also see the Board Meetings Calendar on page 16 of the *Journal*.



“How to Become a Licensed Psychologist” YouTube video

We are thrilled about the latest goings-on in licensing. Please check out the new YouTube video and stay tuned for the next ones!

President’s Message (continued from page 1)

any ambiguity about stating the provider is not expected to be present at the patient’s “originating site” [the site where the patient is located at the time health care services are provided via telecommunications] and consent is obtained).

Since current telehealth law now includes e-mail and telephone conversations as part of telehealth, psychologists may wish to consider revising their informed consent for all new patients to include consent for possible use of telehealth services such as e-mail and telephone. By obtaining this type of consent upon initiation of psychological services, consent is in place in the event of subsequent use

of e-mail or telephone consultation; and if AB 809 is signed by the Governor, consent would only need to be gained at the outset rather than for each instance of use. Although the Board has no complaints about psychologists providing telehealth services, including the requirement that consent be obtained each time service is delivered, the commentary provided above is intended to help highlight ways in which the provision of general psychological treatment based in-office may already include elements defined as telehealth (e-mail or telephone consultation) and to raise awareness about one of the additional requirements imposed by using telehealth.



The Do's and Don'ts of Licensure as a Psychologist in California

Jeffrey Thomas, Assistant Executive Officer

To be licensed as a psychologist in California, avoid common pitfalls by adhering to the following do's and don'ts when accruing supervised professional experience and applying for licensure:

DO: Become familiar early on with the requirements for licensure set forth in statute and regulation. The supervision requirements are complex. To avoid problems, understand them prior to starting supervision.

DON'T: Make assumptions that your supervised professional experience meets the requirements to be accepted toward the licensure requirements. Be familiar with the licensure requirements and, when in doubt, ask your supervisor or call the Board of Psychology (Board) for clarification.

DO: Register with the Board prior to starting the accrual of hours when registration with the Board is required.

DON'T: Begin supervision prior to registration with the Board when registration is required. In many instances, registration with the Board is required. Failure to register when registration is required will result in the Board's inability to accept your supervised experience and a possible citation and fine. Supervised professional experience can be accrued only in the following ways without registration with the Board:

- Formal pre-doctoral internship, which is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) or the California Psychology Internship Counsel (CAPIC)
- As an employee of an exempt setting
- Pursuant to a Department of Mental Health Waiver
- Formal postdoctoral training program that is accredited by the American Psychological Association or that is a member of APPIC or CAPIC

Except as itemized above, everyone accruing supervised professional experience in California must register with the Board prior to beginning work. This is true even if you hold another license that allows you to provide services independently since independent

practice under another license does not meet the Board's requirements, even if appropriately supervised.

DO: With your supervisor, prepare a supervision agreement that meets the requirements of section 1387(b)(10) of Title 16 of the California Code of Regulations prior to the accrual of supervised professional experience. This document must be completed and signed by both you and the supervisor prior to the start of the experience.

DON'T: Post-date or back-date supervision agreement forms. This will likely result in your hours of supervised professional experience being denied by the Board. If you realize after you have started the experience and that this document has not been signed by you and your supervisor, consult with your supervisor and prepare a supervision agreement immediately to prevent any further hours from disqualifying toward the licensure requirements.

DO: Submit your application well in advance of when you want to take the Examination for Professional Practice in Psychology (EPPP).

DON'T: Wait until the last minute to submit your application, as application backlogs and missing documentation may delay the approval of your application.

DO: Have your fingerprints scanned for a criminal history clearance through the Live Scan process. This process requires applicants to take a completed "Request for Live Scan Service" form, which is available on the Board's website (www.psychology.ca.gov/forms_pubs/live_scan.pdf), to a Live Scan site for fingerprint scanning services. Live Scan sites are located throughout the State at various locations within each county. If your fingerprints have been scanned in connection with a previous application submitted to the Board, you will not have to repeat this process.

DON'T: Wait until you have passed the examinations to have your fingerprints scanned. Before the Board can issue a license, a clearance must be received from the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) to document that the applicant has no criminal history that has a substantial relationship to



the qualifications, functions, or duties of a psychologist. Therefore, the issuance of your license will be delayed until the clearances are received.

DO: Request that your transcripts be submitted to the Board directly by the educational institution as early as possible. Applicants with degrees from schools outside the United States and Canada must provide the Board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and any other documentation the Board deems necessary.

DON'T: Wait until you are ready to take the EPPP to request your transcripts. Oftentimes, the educational institutions experience delays in fulfilling requests for copies of transcripts. Since the Board cannot verify that you meet the requirements for taking the examination until the transcripts are received and reviewed, any delay in receipt of the transcripts will directly delay approval to take the examination.

DO: Have your supervisors submit the supervision agreement along with the verification of experience form directly to the Board as early as possible.

DON'T: Wait until you are ready to take the EPPP to have your supervisor submit the supervision agreement and verification of experience forms. Since the Board cannot verify that you meet the requirements for taking the examination until the supervision agreement and verification of experience forms are received and reviewed, any delay in receipt of the documents will directly delay approval to take the examination. Keep in mind that while you only need to submit documentation of 1,500 hours of qualifying experience to take the EPPP, you will need to submit an additional 1,500 hours of qualifying experience to take the California Psychology Supplemental Examination (CPSE) once the EPPP has been passed.

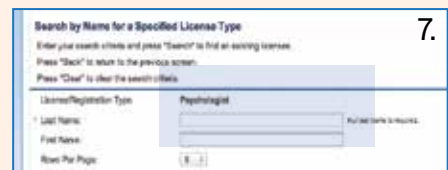
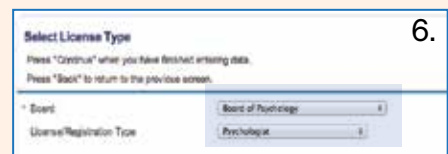
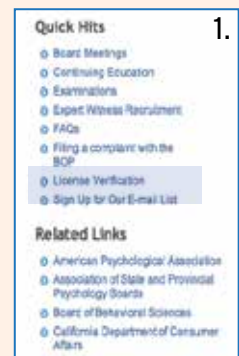
DO: Submit as early as possible evidence of completing coursework in human sexuality, child abuse, substance abuse, spousal abuse, and aging and long-term care.

DON'T: Wait until you have passed the EPPP and the CPSE to submit evidence of compliance with the required coursework. Although you can submit such evidence along with the Request for Initial Licensure Form received once you pass the CPSE, failure to provide such evidence will result in the delay in your license being issued. Once you have taken one of the required courses, mail it to the Board for inclusion in your file. For further information about the specific requirements for each course, please review sections 1382 through 1382.5 of the California Code of Regulations. For a link to the relevant regulations, please visit us on the web at www.psychology.ca.gov.

How to Verify a License

On the homepage of the Board of Psychology (www.psychology.ca.gov):

1. Click on “License Verification” (pictured).
2. On the next screen, you will see “DCA BreEZe Online Services”
3. Scroll to the bottom of the page and click on “Click Here to Access Breeze Online Services” in the bottom, middle of the page.
4. On the next screen, click on “Verify a License.”
5. Click on “Search by Board/Bureau Name.”
6. Enter Board/Bureau Name: Board of Psychology (pictured).
7. Enter License/Registration Type: Psychologist (pictured).
8. Click on “Continue.”
9. On the next screen, enter the Psychologist name and click on “Search.”





Board of Psychology: Working for Consumers and Its Licensees

Sandra Monterrubio, Enforcement Program Manager, Board of Psychology

The mission of California Department of Consumer Affairs (DCA) is to protect consumers through effective enforcement activities and oversight of California's licensed professionals. DCA's regulatory entities establish minimum qualifications and levels of competency for licensure. They also license, register, or certify practitioners; investigate complaints; and discipline violators of its rules and regulations.

The California Board of Psychology (Board) was established to protect the health, safety, and welfare of consumers of psychological services, with integrity, honesty, and efficiency. As a consumer protection agency, the Board must investigate all complaints to determine whether a violation of the laws and regulations relating to the practice of psychology has occurred. Complaints are not publicly disclosed, but Accusations (formal statement of charges against a licensee) and Decisions and Orders (the actual disciplinary action rendered against the licensee or registrant ordered by the Board) are posted on the Board's website. The goal of the disciplinary process is to ensure that quality psychological services are provided to consumers in California and to preserve high standards of practice within the profession.

In order to provide public safety and ensure the quality of practice, the Board uses Vertical Enforcement by having an investigator and a Deputy Attorney General (DAG) work jointly on investigations. All complaints are given an initial review by enforcement staff. Initially, the complaint may result in a citation and fine, closed with no action, or a formal investigation. If it appears that a serious violation may have occurred (e.g., sexual misconduct, gross negligence, or incompetence), the complaint is forwarded to a Health Quality Enforcement Unit investigator for formal investigation and the case is reviewed by two subject matter experts. The

investigator will collect evidence, and interview the complainant and the licensee/registrar. The investigator and DAG work collaboratively until the investigation is closed and a recommendation is made. Based on the recommendation of the DAG and investigator, the Board can close a case for insufficient or no evidence, issue a citation and fine, or have the Attorney General's Office draft an Accusation, which is a formal statement of charges against a licensee.

If an Accusation is filed, the case may be resolved through a stipulated settlement. A stipulated settlement is an agreement between Board staff and the respondent (licensee) and some type of discipline is imposed. If a settlement cannot be reached, the case is heard before an Administrative Law Judge (ALJ) and a Proposed Decision is drafted and forwarded to the Board members for consideration. Once the Proposed Decision or Stipulated Settlement has been adopted, the licensee/registrar may petition the Board for reconsideration of a decision within 30 days. In addition, licensees/registrants may petition the Board for reinstatement of a revoked license, reduction of penalty terms, or termination of probation.

Currently, the Board has approximately 22,000 licensees and registrants and on average the Board receives approximately 700 complaints each year. Of those 700 complaints, approximately 30 result in formal discipline, which is 4 percent of the total complaints received. The Board is committed to honesty, ethical conduct, and responsibility to consumers. The Board is also held accountable to an open and transparent enforcement process that weeds out unfounded complaints and ensures that they are not disclosed to the public. We continue to be committed to consumer protection while respectful of the due process of its licensees.



DSM-5 Neurodevelopmental Disorders: Discussion of New Diagnostic Criteria and Their Impact on Regional Centers

Michelle Cuevas, Ph.D.

After the Diagnostic and Statistical Manual (DSM-5) was released in May 2013, there have been significant changes in the way mental health practitioners are asked to derive diagnoses. These changes especially affect clinicians who diagnose Autistic Disorder (now Autism Spectrum Disorder) and Mental Retardation (now Intellectual Disability [also known as Intellectual Developmental Disorder]). Changes in criteria, specification, and differential diagnoses are significant in conjunction with how assessment measures, clinical observations, and diagnostic interviews are conducted. These changes, coupled with changes in insurance laws and legislation affecting access to resources, have placed added burden on mental health clinicians working for the Regional Center.

In briefly reviewing the DSM-5, a diagnostic criterion is met for an Autistic Spectrum Disorder diagnosis if someone displays symptoms in both the Social Communication and Repetitive and Restrictive Behaviors domains. Furthermore, the diagnosing clinician must identify a severity rating ranging from level 1 (“requiring support”) to level 3 (“requiring very substantial support”) for both domains, and diagnosing multiple diagnoses that were not previously allowed is now possible (Rogers, 2013). Currently, the DSM-5 requires that all symptoms be met under Social Communication and Interaction. It also requires that two symptoms of repetitive behavior are met. Although the specific age of three years old is removed, it does state that symptoms must be present in the “early developmental period.” This may be considered vague and leaves room for error. However, this diagnosis actually allows for stronger clinical judgment and less ambiguity for childhood identification and diagnosis (Rogers, 2013). By removing language

delays as the primary focus of deficit and with increased description of sensory-related behaviors, this places far greater emphasis on characteristics that are seen among individuals with this spectrum disorder rather than individuals with an unclear differential diagnosis (Moran, 2013). This may also help in increasing accuracy in identification, which may affect incidence rates in the United States.

There are also changes in the criteria for diagnosing Intellectual Disability (previously known as Mental Retardation). Due to Rosa’s Law (S. 2781, signed by President Obama in 2010), references to “mental retardation” in many Federal and State statutes have changed to “intellectual disability.” This is in light of the pejorative nature and sensationalization of the word “retard,” in which there have been notable incidents of bullying, prejudice, and segregation of those diagnosed with any form of developmental

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DSM-5 Neurodevelopmental Disorders (continued from page 7)

disability, learning disability, or who were perceived to have a disability. Although the change in name has had many beneficial results, diagnosing has also become difficult and ambiguous. In the previous diagnosis of mental retardation, there were specific criteria dependent on adaptive and cognitive functioning. Specifically, mild, moderate, severe, and profound were delineated based on standardized scores from cognitive measures. It also required deficits in adaptive areas and that the onset of symptoms is present prior to the age of 18 years old.

Per the DSM-5, however, emphasis is no longer placed on a specific range of scores, but rather on the basis of adaptive functioning. Severity levels are also divided in three domains: conceptual, social, and practical. Although there is mention of standardized scores (e.g., consideration should be made if someone scores less than two standard deviations from average and an identification of the margin for measurement error), there is clear emphasis on assessing “real-life situations and mastery of practical tasks” (p. 37, DSM-5). Furthermore, the “Unspecified” severity level remains and an additional diagnosis of “Global Developmental Delay” was developed for those under the age of five years old.

With these changes, how do agencies like the Regional Center hope to provide the highest standard of care and accurate diagnostic assessment? This becomes difficult given that the laws that dictate eligibility determination have not yet been revised nor have internal documents providing statistical and epidemiological information been changed to reflect newer ICD-10 codes and newer terminologies identified in the DSM-5. In California, the Regional Center system primarily focuses on neurodevelopmental disabilities and eligibility is often dictated by the Lanterman Developmental Disabilities Services Act (Welfare and Institutions [W&I] Code section 4500). It identifies five specific eligible categories: Autism, Intellectual Disability, Cerebral Palsy, Epilepsy, and “disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability” (W&I section 4512(a)). Within these diagnoses,

it also identifies level of severity as being “substantially handicapping” (W&I section 4512(l)). However, the phrase “substantially handicapping” can be relatively subjective and varies from case to case. In its most basic meaning, the phrase addresses seven areas of function: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. Additionally, some areas noted above may be age-specific and developmentally inappropriate for young children.

While the law does not specify interpretation, the Association of Regional Center Agencies (ARCA) has devised a task force to develop clinical recommendations and guidelines in order to help apply ambiguous law to clinically ambiguous diagnoses. This leaves heavy responsibility on the assessment team composed of medical, psychological, case managerial, and educational specialists.

However, all is not lost. Through this task force, several movements have been made to provide more structure and understanding of what Regional Centers find to be substantially handicapping. Further, if someone has an educational designation of Autistic-like behaviors but is able to care for his or her hygiene independently, can navigate his or her environment independently, and can obtain and maintain employment independently may not be eligible for Regional Center services. Lastly, should there be a child with language delays, but has met all other developmentally appropriate milestones (e.g., socialization, functional nonverbal communication, average nonverbal intelligence, etc.), this child may be eligible for early intervention (also known as “Early Start”) services if identified prior to the age of three years old, but may not continue to be eligible once he or she reaches three years old.

These examples illustrate how often people mistake Regional Center as providing services to anyone with a developmental delay. Governed by the Department of Developmental Services and the Lanterman Act, Regional Centers attempt to provide the communities they serve with training,

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Legislative and Regulatory Update

Jonathan Burke, Administrative Coordinator

AB 186 (Maienschein) Military Spouses: Temporary Licenses

SUMMARY: Establishes a temporary licensure process for an applicant who holds a current license in another jurisdiction and who supplies satisfactory evidence of being married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces.

The Board of Psychology (Board) is committed to helping military families overcome any obstacles that they may face during the licensing process. However, the Board already accommodates military spouses and those in domestic partnerships in the following ways:

- The expediting of their applications
- A 180-day period to pass the necessary examination(s) during which time the applicant can practice psychology

The Board voted at the June Board meeting to take an oppose position. The Board is of the opinion that creating an entirely new temporary license category for the spouses and domestic partners of military personnel is unnecessary because of the mechanisms that are currently in place.

POSITION: Oppose

AB 809 (Logue) Healing Arts: Telehealth

SUMMARY: Allows the verbal consent to telehealth given by the patient at its initial use to apply in any subsequent use of telehealth.

As amended, Business and Professions Code section 2290.5(b) states that “Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth at the originating site shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health during a specified course of health care and treatment.”

The term “originating site” is defined as the location of the patient at the time health care services are

provided. This implies that if the health care provider does not physically go to the site where the patient is located to obtain the patient’s verbal or written consent, then he or she is guilty of unprofessional conduct and subject to disciplinary action on his or her license or registration. This runs counter to the purpose of telehealth, which is to use electronic means to make health care more accessible, especially for patients in rural areas.

The Board voted at the June Board meeting to take a support if amended position. The Board requests that the phrase “at the originating site” be deleted from Business and Professions Code section 2290.5(b). This amendment would allow the Board to adopt a support position to AB 809.

POSITION: Support if amended

AB 1505 (Garcia) Child Abuse: Mandated Reporters

SUMMARY: Amends the Child Abuse and Neglect Reporting Act (CANRA). Makes instances of sodomy or oral copulation with a minor reportable as sexual abuse only if the conduct involves either a person over 21 years of age or a minor under 16 years of age.

The Board voted at its May Board meeting to take an oppose position unless amended. The Board was concerned that the bill does not resolve the lack of clarity in current law. An earlier version of the bill would have clarified for mandated reporters that consensual sodomy or oral copulation between two minors, including those under age 16, is not reportable as sexual assault under CANRA.

The Board’s desire is that a psychologist be allowed to determine if sodomy or oral copulation between two individuals, of like age, is abusive and reportable or non-abusive and nonreportable, similar to the determination made of other sexual behavior. The initial version of the bill was clearer in fulfilling the intent of the Board in clearing up the mandated reporting requirements of CANRA.

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Legislative and Regulatory Update (continued from page 9)

The bill was withdrawn by the author and will not be progressing through the Legislature in the current legislative session.

POSITION: Oppose unless amended

AB 1702 (Maienschein) Professions and Vocations: Incarceration

SUMMARY: This legislation would provide that an applicant shall not be subject to a delay in processing his or her application or a denial of the license due to the applicant completing some or all of the licensure requirements while incarcerated.

The Board voted at the May Board meeting to take an oppose position. The Board has concerns that this bill will cause confusion among applicants who experience a delay due to a conviction and the subsequent incarceration.

POSITION: Oppose

AB 1758 (Patterson) Healing Arts: Initial License Fees: Proration

SUMMARY: Requires that the fee for an initial temporary or permanent license, or an original license imposed under existing provisions of law regarding the licensure of psychologists, be prorated on a monthly basis.

POSITION: None

AB 1843 (Jones) Child Custody Evaluations: Confidentiality

SUMMARY: This bill would grant statutory authority to the Board to access a child custody evaluation report for investigating allegations that one of its licensees, while serving as a child custody evaluator, engaged in unprofessional conduct in the creation of the report.

The Board is mandated by law (Family Code section 3110.5(e)) to investigate complaints against its licensees for unprofessional conduct occurring while that licensee served as a child custody evaluator. AB 1843 will allow the Board to investigate these complaints in a more timely and cost-effective manner.

The Board voted at the June Board meeting to take a support position.

POSITION: Support

AB 2041 (Jones) Developmental Services: Regional Centers: Behavioral Health Treatment

SUMMARY: The bill relates to developmental services, regional centers, and behavioral health treatment. AB 2041 requires that a regional center classify a vendor as a behavior management consultant or behavior management assistant if the vendor meets licensure and education requirements. It requires that the behavior management assistant or behavior management consultant be approved as a California regional center vendor. The bill relates to required health coverage and health benefit plans.

POSITION: None

AB 2058 (Wilk) Open Meetings

SUMMARY: This legislation would modify the definition of “state body” within the Bagley-Keene Open Meeting Act to include advisory committees with less than three individuals when those committees have standing subject matter jurisdiction.

POSITION: None

AB 2198 (Levine) Mental Health Professionals and Suicide Prevention

SUMMARY: Requires a psychologist to complete a minimum of 15 contact hours of coursework in suicide assessment, treatment, and management before he or she may be issued a license. This bill also requires six hours of continuing education (CE) in suicide assessment if currently licensed by the Board.

The Board is aware that suicide is an extremely important topic that has touched the lives of many families in our State. The Board is committed to educating our licensees and the general public on this issue via various outreach and educational tools. The Board does not believe, however, that AB 2198 is the appropriate vehicle for achieving competence in this area.

- The coursework and CE hours mandated in the bill will not help a licensee achieve competency in the area of suicide assessment, prevention, and training. The Board is concerned that attending a six-hour course may provide a false sense of subject area mastery to a licensee.

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Legislative and Regulatory Update (continued from page 10)

- Suicide assessment, prevention, and training are currently integrated into the curriculum of most graduate training programs. Additionally, suicide assessment is a knowledge point tested in both the national and State examinations (Examination for Professional Practice in Psychology [EPPP], California Psychology Supplemental Examination [CPSE], California Psychology Law and Ethics Examination [CPLLE]).
- The Board is opposed to CE courses being mandated by the Legislature when the Board is better positioned to determine what areas of study will further the professional development of its licensees.

The Board voted at the June Board meeting to take an oppose position. The Board has concerns that, while well-intentioned, this bill will not achieve the intended goals of increasing competence in the important area of suicide prevention, assessment, and training.

POSITION: Oppose

AB 2396 (Bonta) Convictions: Expungement: Licenses

SUMMARY: This legislation would provide that a person may not be denied licensure solely based upon a conviction that has been dismissed through specified penal code procedures.

The Board currently cites section 480 of the Business and Professions Code when denying a license to an applicant with an expunged conviction. If the Board is prohibited from denying a license based solely on a conviction that has been dismissed or expunged, the Board would be required to conduct an investigation to substantiate the underlying cause for the conviction. This would have a fiscal impact on the Board through increased utilization of the Division of Investigations, the Attorney General's Office, and staff resources. The alternative would be to license those applicants who have an expunged conviction that we have determined would potentially pose a danger to the public.

The Board took an oppose position at its May Board meeting because this legislation would negatively impact the Board's ability to protect California consumers.

POSITION: Oppose

SB 570 (DeSaulnier) Advanced Alcohol and Drug Licensing Act

SUMMARY: Establishes licensure and registration provisions relating to advanced alcohol and drug counselors and advanced alcohol and drug counselor interns to be administered by the newly created licensing board. This is the proposed Practice Act for a Drug and Alcohol Counselor Licensing Board under the Department of Health Care Services.

The Board agrees with and supports the goal of licensing all licensed advanced alcohol and drug counselors (LAADC) and registering all advanced alcohol and drug counselor interns (AADCI). Alcohol and drug counselors and interns serve vulnerable patient populations, and the Board is concerned about the lack of oversight and educational standards currently in place for LAADCs and AADCIs. The Board, however, has the following concerns:

- Proposed section 11975.43 of the Practice Act could allow an individual who lacks an advanced degree to become licensed for independent practice at the same level as an applicant who has an M.A., M.Sc., or Ph.D. The Board proposes an amendment that requires an advanced degree for licensure or registration as an LAADC or AADCI.
- Even with the advanced degree that would be required commencing January 1, 2016, the "single diagnosis" possibility for that degree (alcohol and drug counseling) does not ensure that those individuals would be sufficiently trained in how to recognize when a more serious mental health condition is occurring along with the substance abuse. The Board proposes amending the bill to require training on how to recognize when a mental health issue is at the base of the substance abuse, how to assess for mental health issues, and how to determine when a referral to a trained mental health practitioner would be appropriate.
- Because the Board views alcohol and drug abuse primarily as psychological problems that also can lead to other health concerns, we believe that alcohol and drug counselors and interns should be regulated by a board or department, like the Department of Consumer Affairs (DCA), that is more familiar with issues that can arise for the consumer group being treated by this proposed license group, alcohol and drug counselors.

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Legislative and Regulatory Update (continued from page 11)

The Board voted at the June Board meeting to take a support if amended position.

POSITION: Support if amended

SB 1159 (Lara) License Applicants: Federal Tax Identification

SUMMARY: This bill would allow licensees to use Federal taxpayer identification in lieu of a Social Security number when applying for licensure. In addition, this bill would prohibit any program within the DCA from processing an application that omits these numbers.

POSITION: None

SB 1466 (Senate Committee on Business, Professions and Economic Development) Health Care Professionals

SUMMARY: This bill is an omnibus bill that included various nonsubstantive changes in DCA Board practice acts. The changes related to the psychology licensing law include the elimination of the fictitious name permit process and the amendment to the Board's address and contact information, as well as changes regarding initial renewal and delinquency fees associated with the fictitious name permit law.

POSITION: Support

To access the full text of the bills, please visit <https://leginfo.legislature.ca.gov/> and search by bill number.

Title 16, CCR, Section 1397.12 – Uniform Standards Related to Substance Abuse and Disciplinary Guidelines

The current Disciplinary Guidelines (amended 2/07) referenced in existing regulation must be amended to be made consistent with current law (Senate Bill 1441 [Ridley-Thomas, Chapter 548, Statutes of 2008]). This proposal incorporates Uniform Standards 1–12 in the Board's proposed "Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees (Amended 2/14)" to describe the mandatory conditions that apply to a substance abusing applicant or licensee, updates the standard and optional terms and conditions of probation,

and adopts uniform and specific standards that the Board must use in dealing with substance-abusing licensees, registrants, or applicants to increase consumer protection.

The final language was approved at the May Board meeting. The hearing is set to take place on August 22, at 9 a.m., at the Board meeting.

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

Title 16, CCR, Sections 1388, 1388.6, 1389, 1392 – Examinations, License Requirements and Waiver of Examination, Reconsideration of Examinations, Psychologist Fees

The final language was approved at the May Board meeting. The hearing is set to take place on August 22, at 10 a.m., at the Board meeting.

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

The Board is also seeking to have regulations on the accommodations for English as Second Language (ESL) candidates. Currently, the Board has a policy, but this will place conditions in the regulations.

Title 16, CCR, Sections 1397.60, 1397.61, 1397.62, 1397.67 – Definitions, Continuing Education Requirements, Continuing Education Exemptions and Exceptions, Renewal After Inactive or Delinquent Status

Current regulations only allow for "traditional" CE courses. The resulting proposed language provides a wide variety of options for licensees to obtain their CE, including conferences or convention attendance, practice outcome monitoring, peer consultation,

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Disciplinary Actions

The following disciplinary actions were taken by the Board of Psychology (Board) during the period of July 1, 2013, to June 30, 2014. Below are the steps to locate and view the disciplinary documents from our website:

1. Go to www.psychology.ca.gov and click on “BreEZe” button.
2. Click on “Click Here to Access BreEZe Online Services.”
3. Next, click on “Verify a License” and enter the search criteria (e.g., licensee or registrant’s name or license number).
4. Scroll down to “Public Record Documents” and click on “PDF” to view the discipline documents.

If you need further assistance, please contact the Board at (916) 574-7720 or toll-free at (866) 503-3221.

RESPONDENT NAME AND LICENSE NUMBER	VIOLATION	EFFECTIVE DATE	ACTION
Atkinson, Carol H., Ph.D. (PSY 14698)	B&P Code § 2960 (j), (r)	Stipulated Decision, March 9, 2014	License surrendered
Barr, Christopher J., Ph.D. (PSB 94020341)	B&P Code §§ 475 (a) (2); 480(a) (1), (3); 2960 (a), (b), (k)	Stipulated Decision, March 13, 2014	Upon registration as a Psychological Assistant, registration will be revoked, stayed, 3 years’ probation. Registration issued on March 13, 2014.
Brizendine, Robert Edward, Ph.D. (PSY 11131)	B&P Code § 2960 (b), (i); and violation of probation terms	Stipulated Decision, March 20, 2014	License surrendered
Cortese, Jill R., Ph.D. (PSY 21006)	B&P Code § 2960 (b)	Stipulated Decision, October 4, 2013	License revoked, stayed, 5 years’ probation
Dawson, Joan Kay, Psy.D. (PSY 20943)	B&P Code § 2960 (j), (n), (p), (r)	Stipulated Decision, April 11, 2014	License revoked, stayed, 3 years’ probation
Gabrinetti, Paul Anthony, Ph.D. (PSY 9076)	B&P Code § 2960 (i), (j), (r)	Stipulated Decision, January 11, 2014	License revoked, stayed, 5 years’ probation
Gandolfo, Ronald L., Ph.D. (PSY 3782)	B&P Code § 2960 (j)	Stipulated Decision, November 22, 2013	Public reprimand
Jones, Kathleen Mary Deardon, Ph.D. (PSY 3145)	B&P Code § 2960 (r)	Stipulated Decision, September 27, 2013	License surrendered
Kanner, Keith D., Ph.D. (PSY 12658)	B&P Code §§ 2936; 2960 (i), (j), (r); 16 C.C.R. § 1396.1	Stipulated Decision, June 6, 2014	License surrendered
Lester, Laureen (Applicant)	B&P Code §§ 475 (a) (2), (3), (4); 480 (a) (1), (2), (3); 2963	Decision, December 21, 2013	Application for registration as a Psychological Assistant granted, immediately revoked and stayed, with 3 years’ probation
Marson, Gia, Ph.D. (PSY 18764)	B&P Code § 2960 (j), (r)	Stipulated Decision, November 1, 2013	License revoked, stayed, 3 years’ probation
McInay, Philip Kent, Ph.D. (PSY 9131)		Stipulated Interim Suspension Order issued May 16, 2014	Full suspension; no practice allowed

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Disciplinary Actions (continued from page 13)

RESPONDENT NAME AND LICENSE NUMBER	VIOLATION	EFFECTIVE DATE	ACTION
Moerk, Kirstin Claudia, Ph.D. (PSY 19566)	B&P Code § 2960 (a), (b)	Default Decision, May 11, 2014	License revoked
Murphy, Lisa M., Ph.D. (PSY 16549)	B&P Code § 2960 (j), (r)	Stipulated Decision, September 20, 2013	License revoked, stayed, 3 years' probation
Murray, Edward L., Ph.D. (PSY 11814)	B&P Code § 2960 (a), (k)	Decision, January 18, 2014	License revoked
Niehaus, Martin, Psy.D. (PSY 17373)	B&P Code § 2960 (a), (n)	Decision, September 27, 2013	License revoked
Parker, John C., Ph.D. (PSY 5717)	B&P Code § 2960 (i), (k)	Decision, August 9, 2013	Public reprimand
Peskin, Harvey, Ph.D. (PSY 1676)	B&P Code § 2960 (i), (j), (k), (l), (p), (r)	Stipulated Decision, August 9, 2013	License revoked, stayed, 3 years' probation
Peterson, Christine Sagen, Ph.D. (PSY 6929)	B&P Code § 2960 (a), (b); 16 C.C.R. §§ 1394, 1397.2(c)	Stipulated Decision, November 22, 2013	License revoked, stayed, 5 years' probation
Price, Leslie, Psy.D. (PSY 23592)	B&P Code §§ 2960 (j), (k), (o); 2960.1	Stipulated Decision, December 27, 2013	License surrendered
Rodenburg, Frances Ann, Ph.D. (PSY 13031)	B&P Code § 2960 (a), (b)	Stipulated Decision, August 9, 2013	License surrendered
Sabatasso, Anthony Peter, Ph.D. (PSY 5211)	B&P Code §§ 2960 (a), (b), (c), (n); 2963	Stipulated Decision, March 2, 2014	License surrendered
Slomon, Suzanne Gaynor, Ph.D. (PSY 5422)	B&P Code § 2960 (a), (b)	Stipulated Decision, May 4, 2014	License surrendered
Snyder, Sheila Baker, Ph.D. (PSY 9931)	B&P Code § 2960 (h), (i), (j), (n), (r)	Stipulated Decision, October 31, 2013	License surrendered
Spring, Michael, Ph.D. (PSY 3498)	B&P Code § 2960 (j), (p)	Decision, October 4, 2013	License revoked, stayed, 5 years' probation
Valdez, Philip Michael (Applicant)	B&P Code §§ 475 (a) (2), (3), (4); 480(a) (1), (3); 2963	Decision, January 18, 2014	Application for registration as a Psychological Assistant granted, immediately revoked, revocation stayed, with 5 years' probation
Velasquez, Roberto J., Ph.D. (PSY 13120)	B&P Code § 2960 (a), (n)	Stipulated Decision, March 2, 2014	License surrendered
Wise, Christy, Ph.D. (PSY 19841)		Suspension Order issued August 20, 2013	No practice allowed pending resolution of substantially related criminal matter under PC §§ 487, 182 (a) (1), 23



DSM-5 Neurodevelopmental Disorders (continued from page 8)

community outreach, service coordination, and support. This system is both closed and open. It is closed in that these centers are only equipped to provide services to individuals with a developmental disability. While comorbidity with a mental diagnosis is common, the mental health diagnosis cannot be the primary focus of treatment. It is open as there is no “cap” or “quota” to the number of individuals served. Each service is consumer-focused, and each consumer is provided with a service coordinator to help manage and act as mediator between consumer, his or her family, and providers.

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Legislative and Regulatory Update (continued from page 12)

academic instruction, etc. The proposed regulations also establish a requirement that licensees engage in learning activities pertinent to cultural diversity and social justice issues as they apply to the practice of psychology in California.

A stakeholder meeting has been planned for late July and the final language will be considered at the August Board meeting. The regulations packet will be noticed in time for the hearing to take place at the November 2014 Board meeting.

Strategic Plan 2014–18 (continued from page 2)

processes is the hallmark of communication and will provide a platform for the Board to convey its goals and objectives for years to come. For example, the Board will be changing its continuing education requirements to be competency-based and provide a venue for psychologists to continue to learn and grow in the profession in ways that research indicates better serve them and those they serve. The task of communicating these changes remains a high priority for the Board, and we are committed to making the transition seamless by way of providing information early in the process and frequently looking forward.



Board Meeting Calendar

AUGUST 21–22, 2014

(California Institute of Integral Studies,
San Francisco)

NOVEMBER 20–21, 2014

(Doubletree Hotel, San Diego)

FEBRUARY 26–27, 2015

(State Capitol, Sacramento)

MAY 14–15, 2015

(Los Angeles)

AUGUST 13–14, 2015

(Bay Area)

NOVEMBER 12–13, 2015

(San Diego)

Board Members

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Jacqueline Horn, Ph.D.

* * * * *



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

E-mail: bopmail@dca.ca.gov

Website: www.psychology.ca.gov

Telephone: (916) 574-7720

Toll-Free: (866) 503-3221

Fax: (916) 574-8672

