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Review of the Oral Examination

By Martin R. Greenberg, Ph.D.
President of the Board

At its quarterly meeting on August 18, 2001 in Sacramento, the California Board of Psychology voted to proceed with the rulemaking process to eliminate the oral examination component of the licensing process. This action followed years of review aimed at determining 1) the value of an oral examination and 2) whether the existing oral examination sufficiently complies with sound psychometric principles. The Board relied upon the following sources for input about this important issue:

- Independent Testing Expert: The Board consulted with an international expert in test development for occupational examinations. It was this expert's opinion that the Board's oral examination had significant problems and should not continue to be used as part of the licensing process.
- Internal Testing Expert: The Department of Consumer Affairs relies on the Office of Examination Resources (OER) to develop and oversee examinations for licensure for all of its boards and bureaus. The California Board of Psychology (BOP) oral examination has evolved over many years to attempt to produce an examination that does comply with sound psychometric principles. It is the current opinion of the OER that the BOP oral examination does not meet these standards and therefore, should no longer be used for licensing purposes. (See Norman Hertz, Ph.D. letter and attachment of July 3, 2001)
- Focus Groups: The OER conducted two focus groups comprised of approximately 20 psychologists for two days to discuss the value of the oral

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Board Takes Action on Oral Exam

On Nov. 2, 2001, the California Board of Psychology (BOP) held a public regulation hearing in which the Board unanimously voted to adopt regulations that will eliminate the oral examination component for licensure. This historic action followed several years of intense investigation and study by the Board. (For details, visit the BOP Web site at www.psychboard.ca.gov.)

The Board has the responsibility to establish requirements for licensure to independently practice psychology in California. The requirements have included a doctoral degree in psychol-

ogy, 3,000 hours of qualifying supervised professional experience, passing the Examination for the Professional Practice of Psychology (EPPP), and passing the oral examination. Effective Jan. 1, 2002, the oral examination is no longer required. However, the regulations adopted on Nov. 2 include a new requirement. Candidates must pass a written examination that covers California laws, regulations and professional ethics (California Jurisprudence and Professional Ethics Examination — CJPEE).

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Treating Psychologists in Child Custody Matters: PRINCIPLES FOR PRUDENT PRACTICE

Guest Article

Gary R. Rick, Ph.D.
Licensed Psychologist
and
Lucia Tebbe, Esq.
Attorney at Law

Psychologists invariably work with divorced parents and/or their children. Custody arrangements in these families vary from limited to substantial levels of conflict. Treating psychologists can often create significant problems if they do not properly understand their role as therapists from the outset of their treatment. (Greenberg, et al, 2001). In this article, problems faced by psychologists involved in the treatment of parents or children in custodial arrangements are discussed. Suggestions for prudent practice to minimize these problems are given.

Misguided Benevolence

There are two primary sources of motivation that may lead treating therapists into precarious positions. Firstly, the treating therapists may feel an imperative to “protect the child,” even if no mandated reporter issue related to child abuse or neglect exists. Secondly, the therapist may feel a need to assist an apparently well-intentioned parent in pursuing the interests of the child. Therapists may provide documentation or testimony in court that may later prove to be unwise and potentially dangerous to the therapist. Child custody litigants are known to be prone to file civil lawsuits or licensing board allegations against mental health professionals who do not support the complaining party’s position.

Ambiguous and Contradictory Laws and Ethical Guidelines

Mental health professionals are bound by an increasing number of state laws and ethical guidelines that are sometimes ambiguous and contradictory. A therapist may be faced with a decision to violate either the law or an ethical principle. It is best to anticipate these conflicts and the impact of ambiguously written rules at the outset of therapy. In addition, psychologists must be aware of community standards in running their practices since such standards are often at issue in civil lawsuits.

Two particular legal-ethical issues are important in child custody related treatment. Firstly, there is the issue of getting a proper “consent to treatment” for the minor child. Parents are often unclear as to the exact physical and legal custody they may share with one another. Secondly, it has become increasingly complicated to determine who holds the privilege confidentiality of treatment. Court officers may differ as to who holds the privilege regarding minors in a custodial dispute.

Another potentially problematic issue includes the ethical requirement to “do no harm.” Harm is often defined quite differently by competing child custody litigants. In some cases, it may be harmful to do nothing while in others it may be harmful to do anything. Psychologists are generally required to provide treatment based on the most recent findings in the scientific literature. Treating psychologists may be called upon to demonstrate the research efficacy of the treatment procedures they have used.

The following principles for safe practice specific to child custody related treatment are given to suggest ways various problems may be avoided. The issues discussed should be part of a written treatment contract signed at the outset of therapy. Ideally, the treatment contract should be prepared as a stipulation signed by the parents and their attorneys. It should then be filed with the court.

Principles of Prudent Practice in Child Custody Related Treatment

1. Obtain Written Consent to Treatment from Both Parents or a Court Order

Whenever treatment for the child is requested, ask for clarification regarding the custody arrangement. Do not accept the representation of any divorced parent regarding the consent to treatment by the other parent. Before beginning therapy or a second session, the therapist should contact the second parent or guardian and request a signed consent for treatment. If the parent refuses to sign a consent, the therapist should inform the parent who made the initial contact that a court order for treatment will be required before any additional treatment can be rendered.

2. Clarify Confidentiality at the Outset of Therapy

Various experts in California differ in interpreting legal guidelines regarding who holds the privilege of confidentiality in individual child therapy. Confiden-

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Treating Psychologists in Child Custody Matters: Principles for Prudent Practice ...

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tiality should be discussed with a child and the parents before therapy begins. In some cases such as those involving domestic violence, the statements of a child should not be released to the parents unless there is a court order to that effect. In other cases, the child may consent to open discussions of therapeutic issues with their parents. The psychologist should take into consideration the interests and desires of the child before disclosing any information to any outside source. The parents should acknowledge their acceptance of the conditions under which they may or may not be informed of therapeutic information in writing at the outset of treatment.

3. Establish the Treating Clinician's Relationship to the Court and Counsel

Psychologists may be requested to provide information to the court or to an attorney. The impact of providing such information should be determined at the outset of therapy and be agreed to in writing. In some cases, the psychologist may require a release of confidentiality so that periodic or as needed reports can be made to court or counsel or so that the psychologist may initiate such reports consistent with the child's interest. In other cases, the psychologist may find that providing such information could seriously interfere with therapy. In such cases, the use of a second clinician functioning as a parenting plan coordinator can be used to maintain therapeutic effectiveness while providing information to the court, attorney, and parents. Parenting plan coordinators can give parents and the court direction based on information from a variety of sources including the treating psychologist.

4. Do not make Diagnostic or Quasi-diagnostic Statements about an Unseen Party

Few psychologists would ever make a diagnosis of a parent they have not seen. However, a treating psychologist may refer to personality and/or mental disorders that might be present in the other party. Later, the clinician might learn that their patient has prepared a declaration stating that a diagnosis has been made or may request such a declaration from the treating clinician. Therefore, psychologists would be well advised to have their patient acknowledge in writing that any diagnostic information discussed about an unseen party is purely speculative and is provided only in the interests of the therapy of the identified patient.

5. Do not Accept Any Dual Role

Treating psychologists should avoid pursuing any task that would not commonly be part of treating an identified patient. Psychologists should be alert not to change the therapeutic role that was initially pursued. The clinician may treat one parent individually and then be asked to see the child individually. It appears that this is an error that is commonly made by well-intentioned therapists. The therapist may feel pressure from the parent and there may be insurance or other practical pressures. Nevertheless, the clinician should be aware that treatment of the child might very well be biased by the previous treatment with the parent. The child should be seen by a different therapist.

In addition to providing psychotherapy, there are a number of roles psychologists may fulfill in a child custody dispute. These roles include

being a court appointed evaluator, a mediator, a special master, an expert for one parent, or a treating therapist for an identified patient. Once one role has been taken, no other role can ever be taken. This includes situations in which the clinician may be named in a court order or stipulation by counsel to pursue a second role. Psychologists should be aware that the court has no power to order them to provide any service. The only persons who can be ordered to anything are the parties in the dispute. The clinician should inform counsel or the court that they cannot perform the second role.

6. Do Not Recommend a Change in Custody

Treating therapists are generally not in a position to make recommendations regarding a change in custody even on a temporary basis. If abuse or neglect is suspected, the protection of the child should be discussed with the appropriate governmental agency. Treating psychologists should recommend that an evaluation be conducted if this need is indicated in therapy. One of the worst mistakes a treating clinician can make is to take it upon themselves to write a quasi-evaluation with recommendations based on information learned in therapy. Persons preparing such reports are failing to take into consideration the biasing influences specific to their role in treatment.

7. Be Aware of Suggestibility

Treating psychologists are in a position to become unwitting accomplices in influencing the reports of children about their outer and inner experiences. Research has shown that the perceptions of children are very

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Did you know?

Since May 16, 1997, the California Board of Psychology has been on the Internet! The Board's Web site is at: www.psychboard.ca.gov.

The Web site contains all issues of the *BOP Update* and other publications such as the pamphlets, *For Your Peace of Mind: A Consumer Guide to Psychological Services* and *Professional Therapy Never Includes Sex*. Additionally, the "What's New?" section of the Web site is where the Board posts notices of regulation changes,

new legislation and other important information to keep licensees, registrants, applicants and consumers up to date on issues affecting licensing and regulation of the profession of psychology.

Additionally, the Web site allows consumers to file complaints online and it allows the public to verify licensees' and registrants' status and provides access to licensees' and registrants' public information such as address of record.

Treating Psychologists in Child Custody Matters: Principles for Prudent Practice ...

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malleable and prone to influence by a variety of factors. Treating therapists working with a child and one parent are in a perfect position to validate the perceptions of that parent. The parent may exaggerate and/or modify descriptions of the child's statements, behavior and dreams. Treating therapists may shift their role to that of an evaluator hoping to determine the meaning of information that is often provided by one parent. The parent and therapist may shape the reports and experiences of the child in the direction the meets the needs and perceptions of that parent.

8. Be Aware of Alienation

Some divorced parents act in a way that tends to alienate the relationship between the other parent and the child regardless of the actions of the "other" parent. The therapists treating a child in conjunction with only one parent may also facilitate such alienation. The psychologist must strive to maintain a balanced perspective of parents, particularly when only one parent is involved in therapy. Children should be encouraged to base their perceptions on their own observations and not on the opinions of parents. Parents inclined to feel excessive negativity should discuss


alienation with the child's therapist or their own therapist. Telephonic contact during or proximal to therapy with a parent out of the area can be helpful to the psychologist and the child.

9. Use Research Supported Treatment Procedures

There are a variety of treatment procedures and modalities that have seen widespread clinical use in spite of a lack of research support. Psychologists who use these procedures may have substantial training in the use of these techniques and may point to their widespread use by a variety of established professionals. They may also provide anecdotal information to support the use of these procedures.

The use of "anatomically complete" dolls, sand tray therapy, and play therapy in general continue to be used by many therapists in spite of the dearth of research to support the use of these techniques for either therapy or evaluation. Psychologists who use any procedures not validated by empirical research would do well to fear examination by an attorney knowledgeable of the research. Fortunately, there is an emergent body of research providing direction to psychologists using validated methods for interview and treatment.

10. Provide Percipient Information to the Court or Counsel

When the condition for providing information regarding therapy to outside sources are met, psychologists should refrain from giving unnecessary recommendations or opinions. By reporting what was seen or heard in therapy, a psychologist can provide compelling information in an objective and believable fashion. Excessive interpretation or advocacy can generate an appearance of bias and decrease believability. 

Reference

Greenberg, L.R., Gould, J.W. Gould-Saltman, and Stahl, P.M. Is the Child's Therapist Part of the Problem? *AFCC Newsletter*, 2001.

The Board of Psychology is committed to including guest articles in every BOP Update. The Board takes no responsibility for the accuracy or veracity of any comments or statements contained in a guest article, and the Board remains neutral on any position statements made in a guest article.



UPDATE

Psychology Licensing Examination Transitions

Please read the following important information regarding recent transitions in the psychology licensing examination process:

Examination for Professional Practice in Psychology

The Office of Administrative Law approved regulations that give the California Board of Psychology the authority to offer the computer administered version of the Examination for Professional Practice in Psychology (EPPP) effective September 1, 2001. With the approval of these regulations, the paper and pencil version of the EPPP is no longer offered in California.

Also effective September 1, 2001, applicants are eligible to take the EPPP upon completion of 1,500 hours of qualifying supervised professional experience and completion of a qualifying doctoral degree. No longer will applicants need to delay taking the EPPP until completion of the 1,500 hours of post-doctoral experience.

Once the Board has determined that an applicant possesses a qualifying doctoral degree, has completed at least 1,500 hours of qualifying supervised professional experience, and has paid the \$532 EPPP fee to the Board, the applicant's name will be forwarded to the Professional Examination Service (PES) in New York. Subsequently, PES will provide the applicant with application material that must be completed and returned to PES in order to take the computer administered EPPP. The completed material will be reviewed by PES.

Once PES approves the application material, a letter will be sent by PES to each qualified applicant authorizing him or her to sit for the EPPP. This "Authorization to Test Letter" will provide the applicant with the toll-free telephone number of the testing center for use in scheduling an examination appointment and for additional instructions on the scheduling process.

Applicants must schedule and sit for the EPPP within sixty days of the date on the "Authorization to Test Letter." When the applicant calls the testing center for an appointment to test, he or she will be required to pay a testing fee of \$65. Applicants must follow all directions provided by PES and the testing center in scheduling a testing appointment. Applicants may take the computer administered EPPP up to four times in any 12-month period.

Oral Examination

At its quarterly meeting on August 18, 2001 in Sacramento, the California Board of Psychology voted to proceed with the rulemaking process to eliminate the oral format of the supplemental licensing examination. With this elimination, the Board will be implementing the computer administered California Jurisprudence and Professional Ethics Examination (CJPEE) beginning after January 1, 2002.

California Jurisprudence and Professional Ethics Examination

The CJPEE is a 100 question multiple choice examination focused on laws and regulations relating to the practice of psychology and the Ethical Principles and Code of Conduct of the American Psychological Association. The examination will be computer administered at Experior Assessments examination sites that are available throughout the State of California. The fee for the CJPEE is \$129.

Applicants become eligible to take the CJPEE when they:

- Have passed the EPPP and completed a total of at least 3,000 hours of qualifying supervised professional experience, or
- Have allowed their California license to expire and have not renewed it within three years and the license has not been subject to discipline, or
- Have been licensed in another state, Canadian province or U.S. territory for at least five years, and the license has not been subject to discipline, or
- Hold a Certificate of Professional Qualification issued by the Association of State and Provincial Psychology Boards.

Once the Board has determined that an applicant qualifies to take the CJPEE and has paid the \$129 CJPEE fee to the Board, the applicant's name will be forwarded to Experior Assessments. Subsequently, Experior Assessments will send examination material and instructions on scheduling a date and time for his/her examination.

Applicants must follow all directions provided by Experior Assessments and the testing center in scheduling a testing appointment. If an applicant does not pass the CJPEE, there is a ninety-day waiting period required between retakes of the CJPEE. Applicants may take the computer administered

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SUPERVISION AT A GLANCE

Supervision Condition	Intern (2911 B&P)	Psychological Assistant (2913 B&P)	Exempt Setting Employee (2910 B&P)	Registered Psychologist (2909 B&P)
Supervisor must be licensed three years	No	Yes (1391.5 (a) CCR)	No	No
Supervisor must be able to certify to competence to supervise (1387.1(b) CCR)	Yes	Yes	Yes	Yes
Supervisor presence on-site	Must be employed by the same agency 50% of the hours being worked by the supervisee (1387(b)(6) CCR)	Must be physically on-site 50% of the time that supervisee is working. (1391.5(a) CCR)	Must be employed by the same agency 50% of the hours being worked by the supervisee (1387(b)(6) CCR)	Must be employed by the same agency 50% of the hours being worked by the supervisee (1387(b)(6) CCR)
Supervisor availability on or off-site	Must be available 100% of the time supervisee is working (1387(b)(6) CCR)	Must be available 100% of the time supervisee is working (1387(d)(1)(A) CCR)	Must be available 100% of the time supervisee is working (1387(b)(6) CCR)	Must be available 100% of the time supervisee is working (1387(b)(6) CCR)
Primary Supervisor must be licensed psychologist (1387.1)	Yes	No -- 2913 of the B&P Code allows Board Certified Psychiatrists to employ and supervise psychological assistants ¹	Yes	Yes
MFT's and LCSW's can serve as primary supervisor (1387.1)	No	No	No	No
Primary supervisor must provide a minimum of one hour of direct, individual, face-to-face supervision in every week in which the supervisee accrues hours (1387(b)(4)	Yes	Yes	Yes	Yes
Supervision must account for at least 10% of total hours worked by the supervisee (1387(b)(4)	Yes	Yes	Yes	Yes
The experience must be accredited by the APA or a member of or meet membership requirements of APIC or CAPIC (1387)	Yes	No	No	No

¹2913 B&P allows Board Certified Psychiatrists to employ and supervise psychological assistants. However, section 1387(d)(1)(C) limits to 750 the amount of hours that can be accrued as a psychological assistant under a psychiatrist's supervision.



Quick Reference Guide to Psychology Supervision Regulations

The information on these two pages is offered as a quick reference to understanding Section 1387 of the California Code of Regulations regarding supervised professional experience. The chart, at left, and supplemental information, below, are offered for convenience and to promote understanding of this complex regulation. They are not a substitute for knowing the regulation in its entirety.

For all of the requirements relating to supervised professional experience, please directly consult Section 1387, which is available at the Board's Web site www.psychboard.ca.gov under the "Laws and Regulations" button.

Summary of Various Other Requirements That Apply to All Supervision Situations

1. Supervisees shall have no proprietary interest in the business of the primary or delegated supervisor and shall not serve in any capacity that would hold influence over the primary or delegated supervisor's judgement in providing supervision (1387(b)(3)).
2. Supervisees cannot pay or otherwise remunerate supervisors to provide supervision (1387(b)(7)).
3. Supervisees cannot function under another license or in another professional capacity while accruing supervised professional experience (SPE) (1387(b)(8)).
4. Supervisors must ensure all SPE including record keeping is in compliance with the APA Ethical Principles and Code of Conduct (1387.1(e); 1387.2(e)).
5. Primary supervisors are responsible for monitoring the welfare of the supervisee's clients (1387.1(f)).
6. Primary supervisors are responsible for monitoring the clinical performance and professional development of the supervisee (1387.1(h)).
7. Supervisors are responsible for ensuring that both they and the supervisees have the education and training in the areas to be supervised (1387.1(i)&(j); 1387.2(h)).
8. Supervisors and supervisees shall at all time be in compliance with the laws and regulations and with the Ethical Principles and Code of Conduct of the American Psychological Association (1387.1(c), (d), (e), (k); 1387.2(c), (d), (e), (i)).
9. Supervisors shall have no familial, intimate or other relationship with the supervisee that would compromise the supervisor's effectiveness (1387.1(k); 1387.2(i)).
10. Supervisors shall not supervise a supervisee who is now or has ever been a psychotherapy patient of the supervisor (1387.1(l), 1387.2(j)).
11. Supervisors shall not exploit or engage in sexual relationships with supervisees (1387.1(m); 1387.2(k)).
12. Primary supervisors shall provide each supervisee with a copy of the pamphlet "Professional Therapy Never Includes Sex" (1387.1(n)).
13. Primary supervisors must monitor the supervision performance of all delegated supervisors (1387.1(o)).

Thanks to Steven Sultanoff, Ph.D. for inspiring the format and content of this newsletter feature.



Review of the Oral Examination ...

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examination in determining whether candidates are minimally competent to practice psychology. It was the conclusion of these groups that the oral exam did not add value to this process and that eliminating the exam would not present a threat to public health, safety and welfare. (See March 6, 2001 memo and attachment from Norman Hertz, Ph.D.)

and determined there were significant problems with the examination.

- **Review of All Psychology Boards in the United States:** A review of U.S. psychology licensing boards demonstrates that a majority of boards do not use an oral examination based on practice-content areas. There is no indication that the states without an oral exam have any increased enforcement problems arising from incompetent practitioners.
- **Public Forums:** The BOP held public forums in Los Angeles and Sacramento to give people an opportunity to express their opinions and concerns about elimination of the oral examination. Although there was testimony from people who felt strongly that the oral exam should be continued, there were no compelling arguments that suggested that eliminating the examination would present a threat to the health, safety and welfare of the public.
- **Reliability Study Conducted by OER:** The OER conducted a reliability study of the BOP oral examination

- **Advice of Legal Counsel:** The Board's legal counsel has advised that considering the content of the OER letter and attachment of July 3, 2001, the Board would be in a precarious legal position if, with this knowledge, it administered the oral examination again.

The review of the oral examination has been ongoing for many years. The questions asked have led to answers we cannot ignore. After considering the findings of the efforts listed above, especially the recommendations of the OER, the Board's legal counsel, and representatives of the Department of Consumer Affairs, the Board has concluded that the oral examination must be eliminated.

It is the right thing to do, and it is being done in the right way and for the right reasons. It is difficult to make changes involving such strong traditions and professional sentiment.

This change doesn't mean the Board will not consider other requirements for licensure. In fact, at the same time the oral examination is being eliminated, the Board is implementing an objective examination on jurisprudence and professional ethics issues. All candidates for licensure will be required to pass this examination before becoming licensed. This computer-administered examination will be available to those who qualify on or after Jan. 1, 2002.

Additionally, the Board will continue to monitor the consequences of this change in the examination process. If it is determined that an additional measure is needed somewhere in the licensing process, the Board will develop another measure and it will do so in a psychometrically sound and legally defensible way.

As the oral examination is being eliminated, the Board is looking at changes in regulations and policies relating to supervised professional experience (SPE), with the intent of increasing the quality of this vital component of psychologists' training.

In following through with the recommendations of the previously mentioned focus groups coordinated by the Department of Consumer Affairs' Office of Examination Resources, a group of psychologists was convened on Friday, July 20, 2001 to explore possible changes in regulations/policies/practices of supervised professional experience.

The participants included a variety of practitioners from university counseling centers, internship directors, mental health centers, mental hospitals and private practice. The Board invited the California Psychological Association (CPA) to appoint a representative as well as a representative from Division 2 of CPA. The Board's Vice President, Emil Rodolfa, Ph.D. and myself facilitated the group.

The daylong meeting was rich in discussion and ideas. The meeting focused on exploring ways to make the SPE experience more meaningful to supervisees, while increasing the accountability and competence of supervisors and those they supervise. It was acknowledged that the current methods of evaluating supervisees left

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Important reminder

Every supervisor of a psychological assistant shall be responsible for the limited psychological functions performed by the psychological assistant and for ensuring that the extent, kind and quality of the limited psychological functions performed by the assistant are consistent with his or her training and experience, and that the assistant complies with the provisions of the code and the Board's regulations. (1391.6(a) CA Code of Regulations)



Review of the Oral Examination ...

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much to be desired. Additionally, there was much discussion regarding the lack of training by many supervisors in the art/science/techniques/laws and regulations of supervision.

Summary of Recommendations

There was agreement that three issues should be further explored that might improve the value of SPE and consequently add to the overall competence of those training to be licensed psychologists.

1. Development of a contract to be signed by supervisor and supervisee spelling out the duties of both parties. This would include professional, legal and ethical behaviors that are part and parcel of this important/critical aspect of training that clearly effects the public.
2. Development of a standard evaluative mechanism that will provide meaningful and written feedback at frequent intervals in a variety of categories. This should be a comprehensive evaluation but should not place an increased burden on the time of supervisors.
3. Enhance current regulation regarding the six-hour requirement of training in supervision. The enhancement would require six hours of continuing education in the area of supervision for those psychologists who supervise. Whether to require this during every license renewal for which supervision is being conducted should be further explored.

We have and will continue to discuss these recommendations with the full Board as we proceed. We are grateful to the participants who shared experiences and ideas and we are looking forward to the continuing improvement and evolution of our regulations over time as they pertain to SPE in a way that ensures the quality, competence and safe practice habits of current and future psychologists in California.

All of the documents referenced in my comments are available for review at the Board's Web site www.psychboard.ca.gov under the "Examinations" button. 

Statement on Medication


The Board of Psychology published the following "Statement on Medication" in 1998 and has since made the statement available on its Web site. The Board has received very positive feedback on the statement and has most recently received requests to offer the statement in this edition of the BOP Update:

California psychologists cannot legally *prescribe* medication. This prohibition is established in Section 2904 of the California Business and Professions Code.

Often, consumers seeking mental health services are taking medications or suffering from conditions that could be treated very successfully by medications prescribed by a physician. Psychologists are often the first mental-health-care providers assessing and treating such consumers. Indeed, many psychologists have extensive training and experience in the applications of medications.

Psychologists may discuss medications with a patient. A psychologist may suggest to a physician a particular medication to be prescribed by a physician. However, the ultimate decision as to whether a patient should receive medication lies solely with the physician.

A psychologist may engage in a collegial discussion with a patient's physician regarding the appropriateness of a medication for the condition being treated. A psychologist has primary responsibility to monitor the patient's progress in psychotherapy, which includes assisting in monitoring the changes that may be attributable to the medication in the patient. Psychologists should maintain a close consultative relationship with physician care-givers in order to assure appropriate overall treatment of the patient.

There are many psychological conditions that manifest themselves in physical symptoms. There are physical problems that have psychological symptoms as well. The best interests of the patient demand that psychologists work closely with primary care physicians and psychiatrists who are prescribing medications to the patient of the psychologist. While a psychologist's responsibility can include involvement in limited aspects of a patient's medications, the patient's physician is the only person who may lawfully prescribe the medication for the patient. 



Board Takes Action on Oral Exam ...

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There has been some confusion that the CJPEE is designed to replace the oral examination. While it is correct that the oral exam will be eliminated and the CJPEE will be required, it was never the intention of the Board that the CJPEE would attempt to assess the content areas of the oral exam. They are different exams designed to assess different content areas.

Why Did the Board Eliminate the Oral Exam?

For years we have questioned the value of the oral examination. While it is clear that the oral exam had value in terms of professional development, as a rite of passage, as a tool for encouraging prospective licensees to develop verbal skills demonstrating a certain “readiness” to be a member of the psychological community, etc., it must be remembered that these are not the mandates of a licensing board.

The mandates of the Board are to “protect the public from the unauthorized and unqualified practice of psychology and from unprofessional conduct by persons licensed as psychologists.” As can be reviewed from the information on the BOP Web site, we made multiple inquiries that resulted in the Board’s conclusion that the oral exam could be eliminated without compromising the health and safety of the public. We consulted with experts in the area of occupational examination development. We conducted reliability studies of the exam and reviewed the examination requirements of every state in the United States. We reviewed the examination requirements of other health professions including medicine, nursing, dentistry, and others. We met for hours with many of our licensees, including experienced oral commissioners and we held open forums in both Northern and Southern California to allow the public to present opinions and to have input into the process. Finally, we followed the legal mandates of the public rulemaking process, which culminated with the public regulation hearing and formal adoption of the regulation proposals on Nov. 2, 2001.

There has been quite a bit of misunderstanding about the methods by which we arrived at the decision to eliminate the oral exam. In fact, the majority of the criticism we received was not that the exam was eliminated (even our harshest critics acknowledged there are significant problems with the oral examination), but rather they questioned the methods we employed and the speed with which they perceived us to have moved.

The Board set out on a venture to gather information that would result in well-reasoned regulations that are legal, fair and in the public interest. The BOP has made many changes

in policy and regulation through the years. We create (and change over time) regulations regarding supervision, continuing education, examinations, and enforcement, among others. We make these decisions based on many variables.

The Board has progressed in its quest to ensure that its licensing and examination programs are fair and meet legal standards set forth in the Business and Professions Code. The criticism leveled at the BOP resulted from misconceptions that we took actions based on the scientific standards of focus groups, validation studies, and other efforts. Although we considered the recommendations of focus groups and the pilot validation study, other factors were also considered (including direct personal observation and experience during many years of exam development and administration practices). The fact is, we approached the issues from several fronts in an effort to gather information and facts that would lead us to an informed decision commensurate with our responsibilities as a regulatory board.

Norman Hertz, Ph.D., the director of the Office of Examination Resources, is a nationally recognized expert in the development of licensing examinations. He has been instrumental in the ongoing development efforts of the oral exam since 1990. He has worked diligently towards making the exam comply with educational and psychological testing standards (as mandated by Section 139 of the Business & Professions Code).

He is committed, as is the Board, to asking difficult and controversial questions about the BOP’s examination program. His conclusion is that we do not have a valid oral examination. He has stated that he has taken this exam as far as an oral exam can be taken in efforts to achieve validity. He hoped and strived, as did we all, that there would be a better product by this time that we could without a doubt, call valid. The fact is, there is not.

The Board applauds Dr. Hertz’ professional integrity and courage to render an objective opinion without regard for personal influence by the Board, members of professional associations, or others. However, the decision to eliminate the oral exam rested solely with the Board. Dr. Hertz did not make the decision for the Board. The Board’s legal counsel did not make the decision for the Board. The external-testing expert from Rand Corporation, the focus groups, or validation studies did not make the decision for the Board.

We held public forums throughout the state to hear from all interested parties. We reviewed examination programs of psychology licensing boards throughout North America, and

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Board Takes Action on Oral Exam ...

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found that fewer than one-third of these boards utilize a competency-based oral examination. We reviewed disciplinary data from states without such an oral exam to see if there was a relationship between competency based oral exams and discipline and we found no correlation. No single one of these individual efforts led the BOP to the conclusion to eliminate the oral exam. All of this information was distilled and after many conversations (often heated ones) among Board members, the Board voted unanimously to eliminate the oral exam. Based on our comprehensive review of this issue, we are confident the public is not placed at an increased risk of harm by incompetent psychologists as a result of issuing a license without administering the oral exam.

Such breaks in tradition are often difficult to accept at first. The oral exam has been a mainstay of psychology licensure for a long time in California. However, it was an exam that — even in its continuous attempts to be psychometrically sound — was too subjective and, in our opinion, did not comply with testing standards, and consequently does not comply with California law.

So, we will miss the sense of duty and responsibility we shared with the many psychologists who so graciously gave of their time and energy to help write the exams. We will miss the dedicated oral examiners who came together to give something back to the profession and toil through long and tedious days of examinations. To many, the oral exam represents the final path by which candidates join us in a profession we cherish. In many ways, saying goodbye to this exam is like saying goodbye to an old friend.


This is the end of the chapter, but not the end of the story. The Board continues to review the requirements for licensure and the practice of psychology. It is reasonable to consider the value of competency based examinations. Although we are of the opinion that there are many inherent problems in an oral examination, we will continue to consider options that reflect best practices in terms of public protection and the evolution of professional psychology.

There are many questions to consider and there are many stakeholders. The American Psychological Association currently has a committee reviewing the need for certifying specialists in the various areas of psychology. The American Board of Professional Psychology (ABPP) established a program of certifying psychologists in specialty areas. There are ongoing groups, such as the Association of Psychology Postdoctoral and Internship Centers (APPIC) which will hold a conference to attempt to define “minimal competency.” In

the meantime, we have proposed that the Association of State and Provincial Psychology Boards (ASPPB) (the association comprised of all psychology licensing boards in the United States and Canada, which develop and administer the EPPP) study the issue of a competency exam for licensure.

At this point, California, as well as most states, does not license specialists. The psychology license is a generic license that allows licensees to practice in areas in which they have the proper education, training and experience. Many have questioned why we had what is essentially a clinical/counseling exam for generic licensure. ASPPB is uniquely positioned to take into account the experience of all licensing boards in the United States and Canada. Perhaps, if a majority of licensing boards conclude that a competency exam is essential as a complement to the EPPP, there could be an effort to develop this exam and administer it nationally. Hopefully, this would be an objective, standardized exam that eliminated all the pitfalls of an oral exam.

The Board of Psychology appreciates all of the time and effort by the people who contributed to this important change to regulations regarding licensure. The Board’s Executive Officer, Tom O’Connor and his staff, the Department of Consumer Affairs’ Office of Examination Resources, and the California Psychological Association and others who took the time to contribute to the process have all added significantly and honorably to the debate.

We are satisfied that the changes are a move in the right direction and look forward to continuing along a path that keeps California in the forefront of the regulation of the practice of psychology. 

Did you know?

Section 2936 of the California Business and Professions Code states that to facilitate consumers in receiving appropriate psychological services, all licensees and registrants shall be required to post, in a conspicuous location, a notice which reads as follows:

NOTICE: The Department of Consumer Affairs receives questions and complaints regarding the practice of psychology. If you have any questions or complaints, you may contact this department by calling (800) 633-2322 or (916) 263-2699 or by writing to this address:

Board of Psychology
1422 Howe Avenue Suite 22
Sacramento CA 95825



Who 'Owns' the Patient?

We often get questions from supervisors and supervisees about what should happen when a psychological assistant or registered psychologist terminates employment with a supervisor or agency. This happens when a psychological assistant or registered psychologist becomes licensed or simply chooses to begin working with a different supervisor. In these situations, the question becomes, "Who owns the patient?"

The simple answer is that the patient owns the patient. It is the patient's choice to remain in treatment with the original supervisor or to continue treatment with the psychological assistant or registered psychologist who has moved on to be employed and supervised in a new setting.


This sometimes creates a conflict between supervisor and supervisee. The supervising psychologist may have referred patients to the psychological assistant or registered psychologist and may be upset that the psychological assistant or registered psychologist is leaving and planning to treat the patient in a new setting.

We are aware of cases in which the supervisor called patients and told them that they could not choose to continue treatment with their psychological assistant or registered psychologist who is terminating employment. The critical issue is not what is best for the supervisor, the psychological assistant or the registered psychologist, but what is best for the patient. To comply with ethical standards and appropriate professional conduct the following is recommended:

If a psychologist, psychological assistant or registered psychologist is employed by a psychologist or agency and is planning to terminate employment, the patient should be given the option to remain in the current setting (and be assigned to another psychotherapist) or to resume treatment with the current psychotherapist in the new setting.

If the current psychotherapist is unable to continue treatment in the new setting, the supervisor should provide options for continuity of care. However, some agencies and employers have policies specifying that patients will remain with their agency or practice. In these cases, there can be legal implications that may not protect the psychological assistant if they treat the patient in the new setting.

It may be necessary to seek legal consultation when such an issue arises. Regardless, the welfare of the patient is paramount.

A contract signed by the supervisor and the employees (psychologists, psychological assistants, registered psychologists) that spells out all of the legal, ethical, and professional responsibilities of both parties—including a plan for responsibly taking care of patients when employment is terminated—can resolve these issues before they become problems. 

Online Licensing Services Available

The Board of Psychology is pleased to announce that online professional licensing services are now available for psychologists and psychology applicants. The new services allow licensees and applicants to:

- Apply to become licensed as a psychologist
- Renew an existing psychologist license
- Change the address of record of an existing psychologist license
- Request a duplicate license


These services can be accessed by visiting the Board of Psychology Web site at www.psychboard.ca.gov, the Department of Consumer Affairs Web site at www.dca.ca.gov, or the State of California eBusiness center at www.ebizcenter.ca.gov.

Licensing Exam Transitions ...

(Continued from page 5)

CJPEE up to four times in any twelve month period.

Those applicants who have previously been approved to take the oral examination will be scheduled to take the CJPEE starting January 1, 2002 once the \$129 fee has been received.

Additional information on the changes in examination processes can be obtained from the Board's Web site (www.psychboard.ca.gov). 

Did you know?

You can e-mail the Board at: bopmail@dca.ca.gov with a question, comment or suggestion. You can change your address of record by simply e-mailing the Board. It is the Board's goal to respond to e-mails within one working day after receipt.



Disciplinary Actions

OCTOBER 1, 2000 — OCTOBER 31, 2001

Notice:

The following decisions become operative on the effective date except in situations where the licensee obtains a court-ordered stay. This may occur after the preparation of this newsletter. For updated information on stay orders and appeals you may telephone (916) 263-2691 and speak to the Board's Enforcement Analyst. To order copies of these decisions and other documents, send your written request by mail or e-mail at bopmail@dca.ca.gov. Include the name and license number of the licensee and send to the attention of the Enforcement Program at the Board's office in Sacramento. Please note that there is a minimal copying charge for these documents.

Ross, Deborah, Ph.D. (PSY 8336) Los Gatos, CA

B&P Code §§2960(h)(j)(n)(r). Violation of confidentiality. Gross negligence in the practice of psychology. Dishonest, corrupt, or fraudulent act. Repeated negligent acts. Decision effective October 11, 2000. License revoked, stayed, 5 years' probation.

Cornell, Christopher, Psy.D. (RPS 2000243) Los Angeles, CA

B&P Code §2960(a)(b). Conviction of a crime substantially related to the practice of psychology. Use of a controlled substance or alcohol in a dangerous manner. Stipulated Decision effective October 23, 2000. Registration granted, revoked, stayed, 3 years' probation.

Griffin, James J. Ph.D. (PSY 12634) Los Gatos, CA

Stipulated Decision effective December 17, 2000. License surrender.

Mahoney, Richard, Ph.D. (PSY 6909) Norwalk, CA

License reinstated on January 5, 2001. Revoked, stayed, 5 years' probation. Must pass Jurisprudence exam before practice can begin.

Kassorla, Irene, Ph.D. (PSY 3525) Beverly Hills, CA

Petition for Termination of Probation granted. Probation terminated December 7, 2000.

Harned, Hillie, Ph.D. (PSY 8460) San Francisco, CA

B&P Code §822. Mental and/or physical illness. Decision effective January 12, 2001. License revoked, stayed, 4 years' probation.

Luciano, Mark J. Ph.D. (PSY 8846) San Diego, CA

B&P Code §2960(a). Conviction of a crime substantially related to the practice of psychology. Stipulated Decision effective March 2, 2001. License revoked, stayed, 3 years' probation.

Williams, Oliver B. Ph.D. Oxnard, CA

B&P Code §§2960(a)(n), 480(a)(1). Conviction of a crime substantially related to the practice of psychology. Dishonest, corrupt or fraudulent act. Stipulated Decision effective January 5, 2001. License to be granted upon meeting licensing requirements, revoked, stayed, 10 years' probation.

Reagor, Pamela, Ph.D. (PSY 3807) Tustin, CA

B&P Code §§2960(j)(q). Gross negligence in the practice of psychology. Functioning outside field or fields of competence as established by his or her education, training and experience. Stipulated Decision effective March 7, 2001. License revoked, stayed, 5 years' probation.

Engelmann, Timothy, Ph.D. (PSY 17316) San Mateo, CA

B&P Code §§2960(a). Conviction of a crime substantially related to the practice of psychology. Stipulated Decision Effective March 11, 2001. License granted March 21, 2001, revoked, stayed, 3 years' probation.

Adams, Bill Asher, Ph.D. (PSY 3083) Temecula, CA

Stipulated Decision effective March 22, 2001. License surrender.

(Continued on page 14)



Disciplinary Actions ... (Continued from page 13)

**Davis, Norman, PsyD (PSY 17314)
Modesto, CA**

B&P Code §2960(m). Disciplinary action by another state against a license or registration. Stipulated Decision effective March 20, 2001. License granted, revoked, stayed, 1 year probation.

**Klaristenfeld, Kenneth, Ph.D. (PSY 12965)
Encino, CA**

Stipulated Decision effective May 9, 2001. License surrender.

**Ruman, Marilyn, Ph.D. (PSY 6181)
Beverly Hills, CA**

B&P Code §§2960(j)(r). Gross negligence in the practice of psychology. Repeated negligent acts. Stipulated Decision effective May 17, 2001. License revoked, stayed, 5 years' probation.

**Gleason, Warren Preston, Ph.D. (PSY 5243)
Stockton, CA**

B&P Code §2960(n). Dishonest, corrupt or fraudulent act. Decision effective May 25, 2001. License revoked.

**Lee, Loren Lance, Ph.D. (PSY 11627)
Los Gatos, CA**

Stipulated Decision effective June 15, 2001. License surrender.

**Stone, John Spencer, Ph.D. (PSY 5217)
Berkeley, CA**

B&P Code §§2960(h)(j)(r). Violation of confidentiality. Gross negligence in the practice of psychology. Repeated negligent acts. Decision effective August 10, 2001. License revoked, stayed, 10 day suspension, 5 years' probation.

**McGee, Michael Kevin (PSB 25238)
San Diego, CA**

Stipulated Decision effective August 12, 2001. Registration surrender.

**Marks, Clifford, Ph.D. (PSY 3549)
San Diego, CA**

Stipulated Decision effective August 12, 2001. License surrender.

**Kerr, Kathe, Ph.D. (PSY 10006)
Tustin, CA**

B&P Code §2960(j). Gross negligence in the practice of psychology. Decision effective September 14, 2001. License revoked, stayed, 5 years' probation.

Explanation of Disciplinary Language

Revoked—*The license is cancelled, voided, annulled, rescinded. The right to practice is ended.*

Revoked, stayed, probation—*“Stayed” means the revocation is postponed, put off. Professional practice may continue so long as the licensee complies with specific probationary terms and conditions. Violation of probation may result in the revocation that was postponed.*

Suspension—*The licensee is prohibited from practicing for a specific period of time.*

Gross negligence—*An extreme departure from the standard of practice.*

Default decision—*Licensee fails to respond to Accusation by filing a Notice of Defense, or fails to appear at administrative hearing.*

License surrender—*Resignation “under a cloud.” While charges are still pending, the licensee turns in the license - subject to acceptance by the Board. The right to practice is ended.*

Effective decision date—*The date the disciplinary decision goes into operation.*

**Quillen, Roger Wayne, Ph.D. (PSY 3805)
Stockton, CA**

B&P Code §§2960 (j)(r). Gross negligence in the practice of psychology. Repeated negligent acts. Decision effective September 15, 2001. License revoked, stayed, 5 years' probation.

**Harlan, Carolyn, Ph.D. (PSY 9778)
Burlingame, CA**

B&P Code §§2960 (j)(o). Gross negligence in the practice of psychology. Act of sexual relations with a patient or sexual misconduct which is substantially related to the qualifications, functions or duties of a psychologist or psychological assistant. Default Decision effective October 13, 2001. License revoked.

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APA-Approved Courses Accepted for Credit

Effective January 1, 2002, courses given by an American Psychological Association (APA) approved sponsor can be accepted for continuing education credit. Additionally, as of that date, Continuing Medical Education (CME) courses that are applicable to the practice of psychology and that are accredited by the California Medical Association or the Accreditation Council for Continuing Education can also be accepted for continuing education credit.

A licensee who receives continuing education from an APA approved sponsor or from a CME provider must submit verification of course completion along with the \$35.00 participant reporting fee to the MCEP Accrediting Agency.

Disciplinary Actions ... (Continued from page 14)

Williams, Kathleen, Ph.D. (PSY 12786) Glendale, CA

B&P Code 2960. Unprofessional conduct. Stipulated Decision effective October 21, 2001. License revoked, stayed, 3 years' probation.


Mann, Ronald, Ph.D. (PSY 4625) Pacific Palisades, CA

B&P Code 2960(j). Gross negligence in the practice of psychology. Decision effective October 20, 2001. License revoked, stayed, 5 years' probation.

Greer, Andrew Scott, Ph.D. (PSY 10454) Los Angeles, CA

Petition for Termination of Probation granted. Decision effective September 21, 2001.

Byrnes, Dennis Lancaster, CA

B&P Code 2960 (a)(b). Conviction of a crime substantially related to the practice of psychology. Use of a controlled substance or alcohol in a dangerous manner. Decision effective when applicant meets requirements for registration as a registered psychological assistant. Application granted, revoked, stayed, 3 years probation. 

Reminders from the Board

Education Notes

The Board would like to remind all licensees when considering topics for continuing education, the Board is required by sections 2914.1 and 2914.2 of the Business and Professions Code to encourage licensees to take a course in geriatric pharmacology and to take courses in psychopharmacology and biological bases of behavior.

Additionally, with regard to educational institutions, pursuant to Section 2914.3 of the code, the Board encourages institutions that offer a doctorate degree program in psychology to include in their biobehavioral curriculum, education and training in psychopharmacology and related topics including pharmacology and clinical pharmacology.

Additionally, Section 32 of the code states, "The Legislature finds that there is a need to ensure that professionals of the healing arts who have or intend to have significant contact with patients who have, or are at risk to be exposed to, acquired immune deficiency syndrome (AIDS) are provided with training in the form of continuing education regarding the characteristics and methods of assessment and treatment of the condition." The Board encourages licensees to consider this legislative finding when selecting courses to comply with continuing education requirements for license renewal.

Important Reminder: Patient Notification Regarding Trainees

The supervisor of any trainee shall inform each client or patient in writing prior to the rendering of services by the trainee that the trainee is unlicensed and is under the direction and supervision of the supervisor. (1387.1(g) and/or 1391.6(b) CA Code or Regulations)

Display Your License Number

Section 1380.6 of the California Code of Regulations requires every licensed psychologist to display his or her psychology license number in any advertising, public directory or solicitation. This would include business cards, letterhead, business directories, etc.

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Please Note: The address listed on the mailing label is the address of record listed with the Board of Psychology. This is the address that is given to the public upon request and where license renewal forms are sent. It is also the address that is made available to the public on the Board of Psychology Web site verification of license feature.

The Board recommends that you not use your residence address as your address of record for reasons of personal security. If you wish to change your address of record, you can either mail the request to the Board's office in Sacramento or you can e-mail the request to: bopmail@dca.ca.gov.

*The Board of
Psychology is
committed to the
protection of the
health, safety, and
welfare of consumers
of psychological services.*

