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BOARD MEETING NOTICE **February 25-26, 2015**

Department of Consumer Affairs
Hearing Room
1625 North Market Blvd., 1st Floor
Sacramento, CA 95834

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources.

Wednesday, February 25th
8:30 a.m.

FULL BOARD OPEN SESSION - Call to Order and Establishment of Quorum

- I. Petition for Modification of Probation for Suzanne Chiu, ASW 37316
- II. Petition for Early Termination of Probation for Scott Bobrow, IMF 73916
- III. Petition for Early Termination of Probation for Lyle Keller, LCSW 21795
- IV. Petition for Early Termination of Probation for Douglas Meyer, LMFT 84089
- V. Petition for Early Termination of Probation for Jennifer Weeks, LMFT 47271
- VI. Public Comment for Items not on the Agenda
- VII. Suggestions for Future Agenda Items

FULL BOARD CLOSED SESSION

VIII. Pursuant to Section 11126(c)(3) of the Government Code, the Board Will Meet in Closed Session for Discussion and to Take Action on Disciplinary Matters.

IX. Pursuant to Section 11126(a) of the Government Code, the Board Will Meet in Closed Session to Discuss the Method to Evaluate the Performance of the Board's Executive Officer.

FULL BOARD OPEN SESSION

- X. Adjournment



Governor
Edmund G. Brown Jr.
State of California

Business, Consumer Services
and Housing Agency
Department of
Consumer Affairs

Thursday, February 26th
8:30 a.m.

FULL BOARD OPEN SESSION - Call to Order and Establishment of Quorum

- XI. Introductions*
- XII. Chair Report
- XIII. Approval of the November 19-20, 2015 Board Meeting Minutes
- XIV. Executive Officer's Report
 - a. Budget Report
 - b. Operations Report
 - c. Personnel Report
- XV. Office of Professional Examinations Services Presentation
- XVI. Discussion and Possible Action Regarding English as a Second Language Accommodation for Examination Candidates
- XVII. Update Regarding the Possible Use of the AMFTRB National Examination for Licensure in California
- XVIII. Discussion and Possible Action Regarding LMFT Trainees and Telehealth
- XIX. Discussion and Possible Action Regarding Proposed Changes to Business and Professions Code Section 146
- XX. Legislative Update
- XXI. Regulation Update
- XXII. Strategic Plan Update
- XXIII. Supervision Committee Update
- XXIV. Enforcement Process Presentation
- XXV. Discussion and Possible Action Regarding Establishing Standing Committees
- XXVI. Consideration of Request for Recognition as Board Recognized Continuing Education Approval Agency
 - a. California Psychological Association
- XXVII. Public Comment for Items not on the Agenda
- XXVIII. Suggestions for Future Agenda Items
- XXIX. Adjournment

**Introductions are voluntary for members of the public*

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Times and order of items are approximate and subject to change. Action may be taken on any item listed on the Agenda.

THIS AGENDA AS WELL AS BOARD MEETING MINUTES CAN BE FOUND ON THE BOARD OF BEHAVIORAL SCIENCES WEBSITE AT www.bbs.ca.gov.

NOTICE: The meeting is accessible to persons with disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Christina Kitamura at (916) 574-7835 or send a written request to Board of Behavioral Sciences, 1625 N. Market Blvd., Suite S-200, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

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1625 North Market Blvd., Suite S-200
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www.bbs.ca.gov

To: Board Members

Date: February 9, 2015

From: Christina Kitamura
Administrative Analyst

Telephone: (916) 574-7835

Subject: **Approval of the November 2014 Board Meeting Minutes**

The November 2014 draft minutes will be provided under separate cover.

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2014/2015 Budget

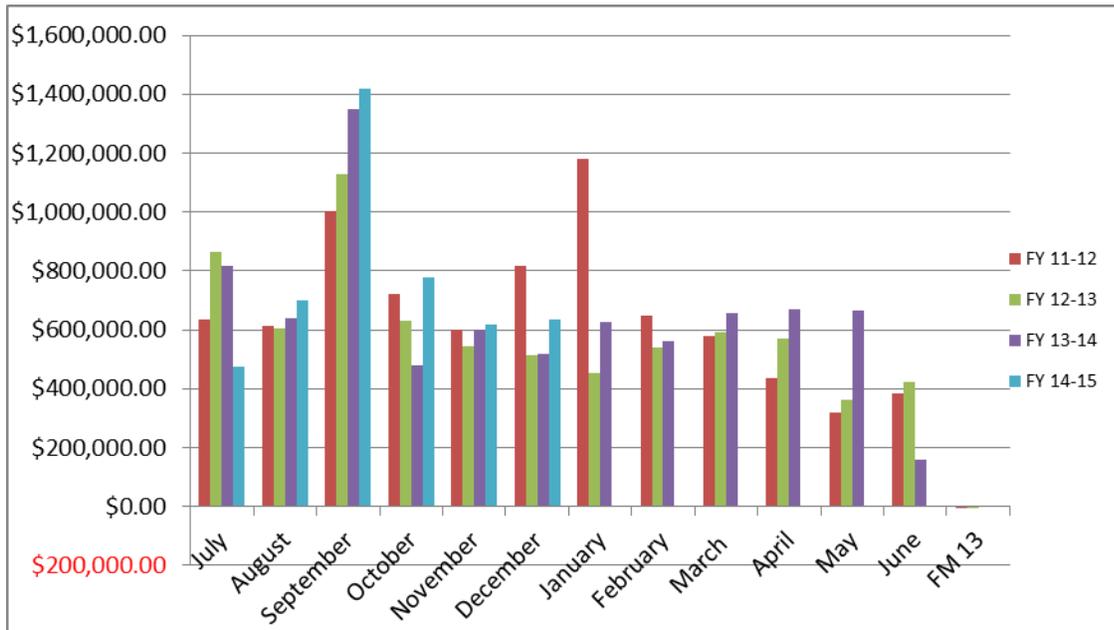
The 2014/2015 budget for the Board is \$9,139,000. As of December 31, 2014, the Board has spent \$4,251,882 reflecting 47% of the total budget. The chart below provides a breakdown of expense categories and percentages.

Expense Category	Amount	Percentage
Personnel	\$1,803,644	20%
OE&E	\$1,539,168	17 %
Enforcement	\$ 661,808	7 %
Minor Equipment <i>Includes LPCC exp</i>	\$ 247,262	3%
Total Expenses	\$ 4,251,882	47%

As of December 31, 2014, the Board had collected \$4,626,166 in total revenue.

Month	FY 11-12	FY 12-13	FY 13-14	FY 14-15
July	\$636,305.00	\$865,553.99	\$817,394.34	\$475,567.98
August	\$614,882.97	\$605,609.87	\$641,178.70	\$698,635.93
September	\$1,002,602.57	\$1,130,230.37	\$1,349,479.66	\$1,419,736.29
October	\$723,621.83	\$631,685.86	\$480,531.87	\$779,134.95
November	\$601,895.03	\$545,880.97	\$600,316.56	\$617,891.41
December	\$816,772.93	\$514,784.93	\$516,264.24	\$635,199.34
January	\$1,180,871.34	\$452,850.71	\$625,528.05	
February	\$646,040.15	\$541,115.50	\$559,755.55	
March	\$576,972.25	\$593,123.75	\$655,619.38	
April	\$437,016.67	\$569,381.90	\$670,839.44	
May	\$317,204.07	\$360,131.06	\$663,732.55	
June	\$383,326.67	\$421,329.60	\$158,802.68	
FM 13	(\$1,375.78)	(\$266.97)	\$388.71	

The chart below provides a fiscal year comparison of the Board's monthly revenue.



Board Fund Condition

The Board's fund condition reflects 3.6 months in reserve.

2015/2016 Budget

On January 13, 2015, Governor Brown introduced his proposed budget for fiscal year 2015/2016. The Board's budget for fiscal year 2015/2016 will be just over \$9 million dollars and includes two limited term positions and full time position authority for two existing half time positions. The two limited term positions will be dedicated to the examination restructure that becomes effective January 1, 2016.

BBS EXPENDITURE REPORT FY 2014/15

OBJECT DESCRIPTION	FY 2013/2014	FY 2014/2015		
	ACTUAL EXPENDITURES	BUDGET ALLOTMENT	CURRENT AS OF 12/31/2014	UNENCUMBERED BALANCE
PERSONAL SERVICES				
Salary & Wages (Civ Svc Perm)	1,867,358	2,487,216	1,117,798	1,369,418
Salary & Wages (Stat Exempt)	93,888	91,152	42,675	48,477
Temp Help (907)(Seasonals)	62,564	0	0	0
Temp Help (915)(Proctors)	0	444	0	444
Board Memb (Per Diem)	16,400	12,900	6,300	6,600
Overtime	18,025	1,500	13,428	(11,928)
Totals Staff Benefits	1,026,090	1,279,413	623,443	655,970
Salary Savings		0		0
TOTALS, PERSONAL SERVICES	3,084,325	3,872,625	1,803,644	2,068,981
OPERATING EXP & EQUIP				0
Fingerprint Reports	9,743	14,827	8,222	6,605
General Expense	79,829	90,155	46,606	43,549
Printing	88,968	43,000	53,915	(10,915)
Communication	14,311	21,513	7,042	14,471
Insurance	0	325	0	325
Postage	48,855	84,767	23,694	61,073
Travel, In State	84,066	57,684	43,703	13,981
Travel, Out-of-State	17,835	72,000	1,274	70,726
Training	450	25,463	1,456	24,007
Facilities Operations	353,176	227,925	107,085	120,840
Utilities	0	4,330	0	4,330
C&P Services - Interdept.	0	14,939	0	14,939
C&P Services-External Contracts	40	245,516	342	245,174
DEPARTMENTAL PRORATA				0
DP Billing (424.03)	851,283	859,461	429,730	429,731
Indirect Distribution Costs (427)	432,543	467,389	233,694	233,695
Public Affairs (427.34)	16,010	14,277	7,138	7,139
D of I Prorata (427.30)	13,864	14,651	7,326	7,325
Consumer Relations Division (427.35)	15,797	15,606	7,804	7,802
OPP Support Services (427.01)	0	490	0	490
Interagency Services (OER IACs)	175,868	325,065	64,406	260,660
Consolidated Data Services (428)	685	24,096	20	24,076
Data Proc (Maint,Supplies,Cont) (432)	16,785	14,448	11,695	2,753
Statewide Pro Rata (438)	361,763	388,161	194,080	194,081
EXAM EXPENSES				0
Exam Site Rental	27,949	99,630	17,528	82,103
Exam Contract (PSI) (404.00)	280,488	358,659	185,897	172,762
C/P Svs - Expert Examiners (404.01)	0	45,000	342	44,658
C/P Svs - External Subj Matter (404.03)	126,202	365,260	86,170	279,090
ENFORCEMENT				0
Attorney General	739,028	801,588	466,930	334,659
Office of Admin. Hearing	131,616	154,926	70,179	84,747
Court Reporters	9,223	0	4,072	(4,072)
Evidence/Witness Fees	22,564	94,955	12,793	82,162
Division of Investigation	60,756	215,669	107,834	107,835
LPCC	482,348		194,801	(194,801)
Minor Equipment (226)	63,162	16,000	43,697	(27,697)
Equipment, Replacement (452)	0	0	6,846	(6,846)
Equipment, Additional (472)	0	69,600	1,918	67,682
Vehicle Operations	0	19,000	0	19,000
TOTAL, OE&E	4,525,207	5,266,375	2,448,238	2,818,137
TOTAL EXPENDITURES	\$7,609,532	\$9,139,000	\$4,251,882	\$4,887,118

Reimbursements	FY 13/14	FM	Current Budget Alotment as of 12/31/2014
Fingerprints	13	(11,040)	(24,000) (6,304)
Other Reimbursements		(9,685)	(26,000) (4,230)
Unscheduled Reimbursements		(140,234)	(112,001)
Total Reimbursements		(160,959)	(50,000) (122,535)

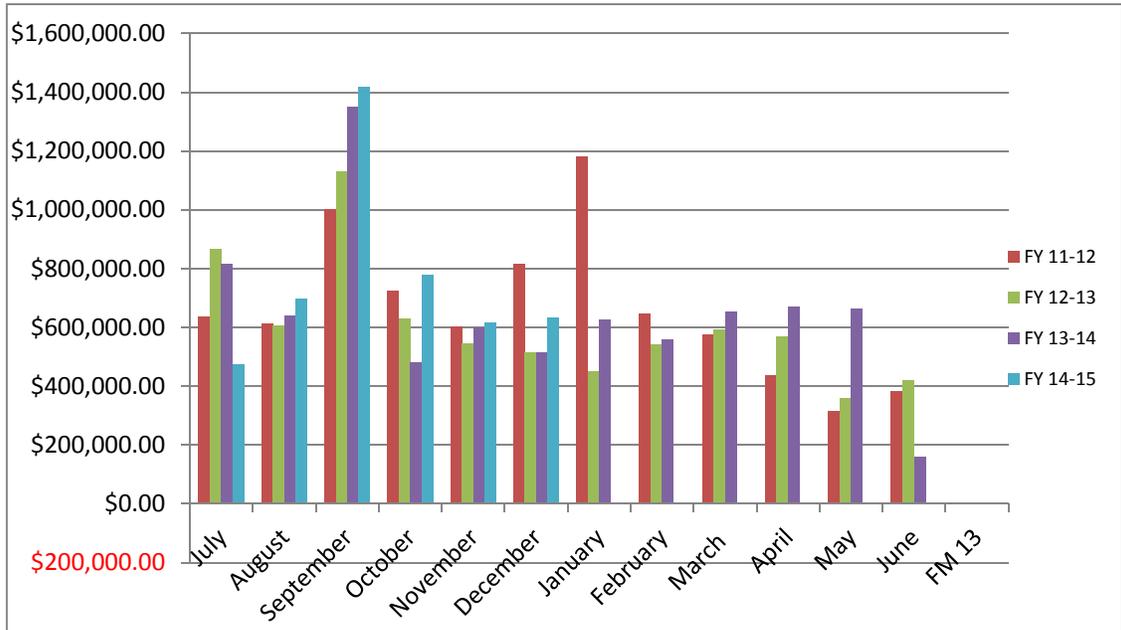
0773 - Behavioral Science

Analysis of Fund Condition

(Dollars in Thousands)

		Governor's Budget			
	ACTUAL 2013-14	CY 2014-15	BY 2015-16	BY +1 2016-17	BY +2 2017-18
BEGINNING BALANCE	\$ 1,468	\$ 3,149	\$ 2,769	\$ 3,412	\$ 3,471
Prior Year Adjustment	\$ 215	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 1,683	\$ 3,149	\$ 2,769	\$ 3,412	\$ 3,471
REVENUES AND TRANSFERS					
Revenues:					
125600 Other regulatory fees	\$ 81	\$ 83	\$ 83	\$ 83	\$ 83
125700 Other regulatory licenses and permits	\$ 2,339	\$ 2,666	\$ 2,666	\$ 2,666	\$ 2,666
125800 Renewal fees	\$ 5,071	\$ 4,881	\$ 4,881	\$ 4,881	\$ 4,881
125900 Delinquent fees	\$ 75	\$ 72	\$ 72	\$ 72	\$ 72
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1
150300 Income from surplus money investments	\$ 5	\$ 6	\$ 4	\$ 5	\$ 5
150500 Interest interest from Interfund loans	\$ 415				
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3
161400 Miscellaneous revenues	\$ 4	\$ 4	\$ 4	\$ 4	\$ 4
Totals, Revenues	\$ 7,994	\$ 7,716	\$ 7,714	\$ 7,715	\$ 7,715
Transfers from Other Funds					
F00683 Teale Data Center (CS 15.00, Bud Act of 2005)	\$ -	\$ -	\$ -	\$ -	\$ -
F00001 GF loan repayment per item 1170-011-0773 BA of 2002	\$ 1,400	\$ 1,000	\$ 2,200	\$ 1,400	\$ -
F00001 GF loan repayment per item 1110-011-0773 BA of 2008				\$ 400	\$ 2,000
F00001 GF loan repayment per item 1110-011-0773 BA of 2011					
Transfers to Other Funds					
T00001 GF loan per item 1170-011-0773 BA of 2002	\$ -	\$ -	\$ -	\$ -	\$ -
T00001 GF loan per item 1110-011-0773 BA of 2008	\$ -	\$ -	\$ -	\$ -	\$ -
T00001 GF loan per item 1110-011-0773 BA of 2011	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues and Transfers	\$ 9,394	\$ 8,716	\$ 9,914	\$ 9,515	\$ 9,715
Totals, Resources	\$ 11,077	\$ 11,865	\$ 12,683	\$ 12,927	\$ 13,186
EXPENDITURES					
Disbursements:					
8860 FSCU (State Operations)	\$ -	\$ -	\$ -	\$ -	\$ -
8880 Financial Information System for California	\$ 37	\$ 7	\$ -	\$ -	\$ -
1110 Program Expenditures (State Operations)	\$ 7,891	\$ 9,089	\$ 9,271	\$ 9,456	\$ 9,645
Total Disbursements	\$ 7,928	\$ 9,096	\$ 9,271	\$ 9,456	\$ 9,645
FUND BALANCE					
Reserve for economic uncertainties	\$ 3,149	\$ 2,769	\$ 3,412	\$ 3,471	\$ 3,541
Months in Reserve	4.2	3.6	4.3	4.3	4.3

Month	FY 11-12	FY 12-13	FY 13-14	FY 14-15
July	\$636,305.00	\$865,553.99	\$817,394.34	\$475,567.98
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September	\$1,002,602.57	\$1,130,230.37	\$1,349,479.66	\$1,419,736.29
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Board Statistics

Attached for your review are the quarterly performance statistics for the second fiscal quarter of 2014/2015. Processing times are still unavailable at this time. In lieu of licensing processing times, the processing date as of February 4, 2015 is provided. The processing dates represent the date the application was received by the Board that the licensing staff is currently evaluating.

Licensing Program

Overall, the receipt of Board examination applications increased since the last quarter report. The decrease in registrant and intern applications can be attributed the seasonality of this type of application. Typically, the Board receives the greatest volume of registrant and intern applications in the months following graduation. Effective January 1, 2015, the Board stopped accepting applications for Continuing Education Providers. The increase in this quarter's Continuing Education Provider application volume is likely the result of this change.

Application Volumes

Application type	2 nd Quarter 10/1/14-12/31/14	1 st Quarter 7/1/14-9/30/14	Difference
MFT Intern	963	1402	-31%
MFT Examination	775	755	3%
ASW	835	1473	-43%
LCSW Examination	389	356	9%
LEP Examination	29	30	-3%
LPCC Intern	151	213	-29%
LPCC Examination	37	25	48%
PCE	76	62	23%

Current processing dates are listed below.

Licensing Processing Dates

License type	Current Processing Dates (2/4/14)	Processing Date at November Board Meeting (11/10/14)	Processing Date at August Board Meeting (8/18/14)
MFT Intern	1/16/2015	10/23/2014	7/24/14
MFT Examination	10/19/2014	6/25/2014	1/22/14
ASW	1/26/2015	10/23/2014	7/7/14
LCSW Examination	9/30/2014	4/21/2014	1/25/14
LEP Examination	1/23/2015	11/3/2014	7/30/14
LPPC Intern	12/4/2014	9/9/2014	6/23/14
LPCC Examination	12/15/2014	9/8/2014	na
CE Provider	*program ended January 1, 2015	10/31/2014	7/28/14

A total of 1,305 initial licenses were issued in the second quarter.

Examination Program

A total of 3,731 examinations were administered in the first quarter. Nine (9) examination development workshops were conducted October through December.

Administration Program

The Board received 9310 applications in the second quarter. Additionally, 13,562 renewal applications were received and processed in the second quarter. The Board's cashier completed 2933 renewal applications. 776 individuals renewed their license or registration online. The remaining renewals were processed by DCA's central cashing unit.

Enforcement Program

The Enforcement staff received 249 consumer complaints and 287 criminal convictions in the first quarter. 392 cases were closed this quarter and 46 cases were referred to the Attorney General's office for formal discipline.

Enforcement staff met or exceeded three established performance measures (PM) this quarter. PM 2, Complaint Intake, increased by 3 days due to a vacancy during this quarter. The Board's current PM4, Formal Discipline, is 527 days, which is under the DCA established the performance target for PM 4 at 540 days (18 months). This reduction is attributed to the increased staffing levels at the Attorney General's office.

Outreach Activity

Board staff did not attend any outreach activities during the second quarter.



Board of Behavioral Sciences Quarterly Statistics Report As of December 31, 2014

This report provides statistical information relating to various aspects of the Board's business processes. Statistics are grouped by unit.

CASHIERING

The Board's Cashiering Unit processes license renewals and applications. Approximately 85% of renewal processing occurs in the Department of Consumer Affairs Central Cashiering Unit.

Renewals Processed In-House	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Processed	552	1098	1101	1136	873	924	5684
Received	*	*	*	*	*	*	*
Process Time	*	*	*	*	*	*	*

**Data Currently Unavailable*

Renewals Processed By DCA Central Cashiering	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Processed	2069	3647	2565	4175	2990	2688	18134
Received	*	*	*	*	*	*	*
Process Time	*	*	*	*	*	*	*

**Data Currently Unavailable*

Online Renewals	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
	N/A	N/A	N/A	N/A	298	478	776

Application Payments Processed In-House**	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Processed	3227	2655	2532	2229	1628	1650	13921
Received	*	*	*	*	*	*	*
Process Time	*	*	*	*	*	*	*

***These totals represent all other applications and do not include renewal applications*

LICENSING

The Board's Licensing Unit evaluates applications for registration and examination eligibility. This involves verifying educational and experience qualifications to ensure they meet requirements defined in statute and regulation.

Initial Licenses Issued	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
LMFT	122	112	151	194	196	313	1088
LCSW	119	108	118	117	152	157	771
LEP	13	12	14	10	8	8	65
PCE	19	32	24	15	16	30	136
LPCC	55	56	55	44	27	18	255
LCSW Examination Eligibility Applications	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Received	197	62	157	200	113	76	805
Approved	170	104	117	210	323	160	1084
Process Time	153	148	157	155	141	122	146
Process Time Less Def Lapse	*	*	*	*	*	*	*
LMFT Examination Eligibility Applications	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Received	196	307	252	203	324	248	1530
Approved	245	368	407	414	327	333	2094
Process Time	173	148	133	110	100	89	125
Process Time Less Def Lapse	*	*	*	*	*	*	*
LPCC Examination Eligibility Applications	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Received	10	2	13	16	10	11	62
Approved	14	10	10	7	1	4	46
Process Time	*	*	*	*	*	*	*
Process Time Less Def Lapse	*	*	*	*	*	*	*
LEP Examination Eligibility Applications	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Received	17	7	6	12	7	10	59
Approved	24	16	10	14	10	8	82
Process Time	25	15	13	12	8	11	14
Process Time Less Def Lapse	*	*	*	*	*	*	*
ASW Registration Applications	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Received	842	195	436	363	220	252	2308
Approved	138	191	278	339	219	202	1367
Process Time	26	30	19	14	11	12	12
Process Time Less Def Lapse	*	*	*	*	*	*	*

LMFT Intern Registration Applications	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Received	419	563	420	468	321	174	2365
Approved	330	251	237	519	267	327	1931
Process Time	15	17	21	16	15	16	17
Process Time Less Def Lapse	*	*	*	*	*	*	*
LPC Intern Registration Applications	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Received	69	45	99	87	45	19	364
Approved	85	50	46	40	25	27	273
Process Time	32	39	44	47	45	56	44
Process Time Less Def Lapse	*	*	*	*	*	*	*
PCE Applications	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Received	23	35	35	17	20	39	169
Approved	18	14	29	41	9	13	124
Process Time	13	18	22	12	9	11	14
Process Time Less Def Lapse	*	*	*	*	*	*	*

EXAMINATION

The Board's Examination Unit processes complaints and performs other administrative functions relating to the Board's examination processes.

Examinations Administered	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
LCSW Written	162	154	146	182	321	139	1104
LCSW CV	134	141	139	150	307	107	978
LMFT Written	229	262	288	363	407	610	2159
LMFT CV	153	166	202	237	247	602	1607
LPCC GAP (LMFT)	37	62	49	4	3	1	156
LPCC GAP (LCSW)	0	0	2	0	0	0	2
LPCC GP L&E	5	3	4	2	0	1	15
LPCC Traditional L&E	6	8	4	5	5	2	30
LEP	13	18	12	14	12	10	79
Total Exams Administered	739	814	846	957	1302	1472	6130
Examination Workshops	4	2	7	5	1	2	21

ENFORCEMENT

The Board's Enforcement Unit investigates consumer complaints and reviews prior and subsequent arrest reports for registrants and licensees. The pending total is a snapshot of all pending items at the close of a quarter.

Complaints (Complaint Intake*)	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Received	94	84	113	90	92	67	540
Closed without Assignment for Investigation	33	22	52	*	*	*	107
Assigned for Investigation	71	43	54	44	65	52	329
Average Days to Close or Assigned for Investigation	9	7	7	15	8	7	11
Intake Pending	2	10	10	12	10	8	8

Convictions/Arrest Reports	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Received	70	106	121	99	79	109	584
Closed / Assigned for Investigation	3	2	0	*	*	*	5
Assigned for Investigation	72	96	117	63	126	99	573
Average Days to Close	4	4	5	7	7	5	6
Intake Pending	0	8	11	17	0	6	6

INVESTIGATION**

Desk Investigation	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Assigned	136	132	163	105	183	150	869
Closed	161	141	180	160	98	123	863
Average Days to Close	134	132	80	119	90	76	95
Pending	*	*	*	584	671	699	699
Field Investigation (Sworn)	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Assigned	3	5	2	4	1	6	21
Closed	3	0	1	0	0	5	9
Average Days to Close	114	0	393	0	0	233	233
Pending	*	*	*	34	35	36	36
All Investigations	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
First Assignments	146	139	175	115	194	152	921
Closed	153	142	194	160	105	127	881
Average Days to Close	134	143	84	119	93	86	99
Pending	*	*	*	455	544	569	569

*Data currently unavailable

Enforcement Actions	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
AG Cases Initiated	15	4	11	14	18	14	76
AG Cases Pending	118	117	114	126	139	138	138
SOIs Filed	5	3	2	4	6	1	21
Accusations Filed	13	5	4	4	6	7	39
Proposed/Default Decisions Adopted	3	3	1	3	0	7	17
Stipulations Adopted	6	3	11	2	1	2	25
Disciplinary Orders	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Final Orders (Proposed Decisions Adopted, Default Decisions, Stipulations)	10	6	11	5	1	9	42
Average Days to Complete***	752	907	887	408	361	682	527
Citations	Jul -14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	YTD
Final Citations	4	5	0	0	1	1	11
Average Days to Complete****	311	276	0	0	133	918	525

Complaint Intake *

Complaints Received by the Program.

Investigations **

Complaints investigated by the program whether by desk investigation or by field investigation.

Measured by date the complaint is received to the date the complaint is closed or referred for enforcement action.

If a complaint is never referred for Field Investigation, it will be counted as 'Closed' under Desk Investigation.

If a complaint is referred for Field Investigation, it will be counted as 'Closed' under Non-Sworn or Sworn.

Disciplinary Orders Average Days to Complete ***

Measured by the date the complaint is received to the date the order became effective.

Citations ****

Measured by the date the complaint is received to the date the citation was issued.

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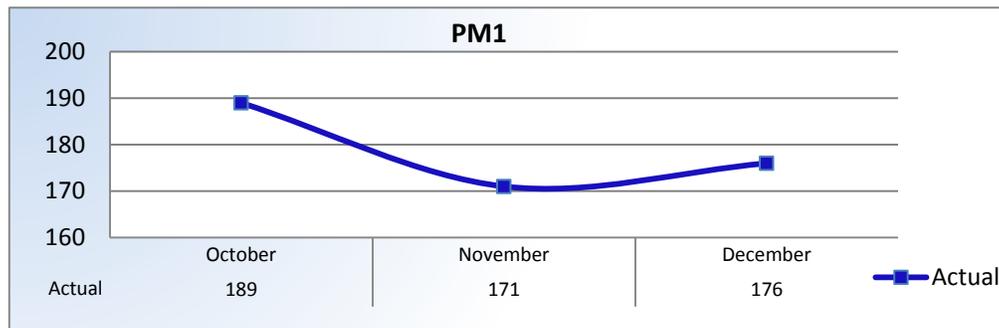
Performance Measures

Q2 Report (October - December 2014)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

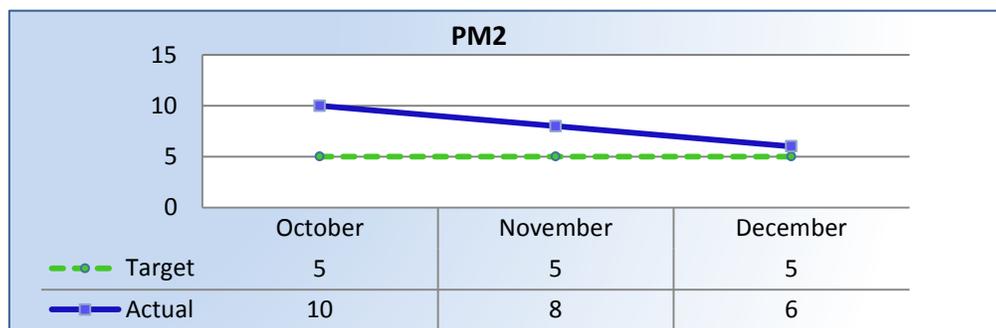


Total Received: 536 Monthly Average: 179

Complaints: 249 | Convictions: 287

PM2 | Intake

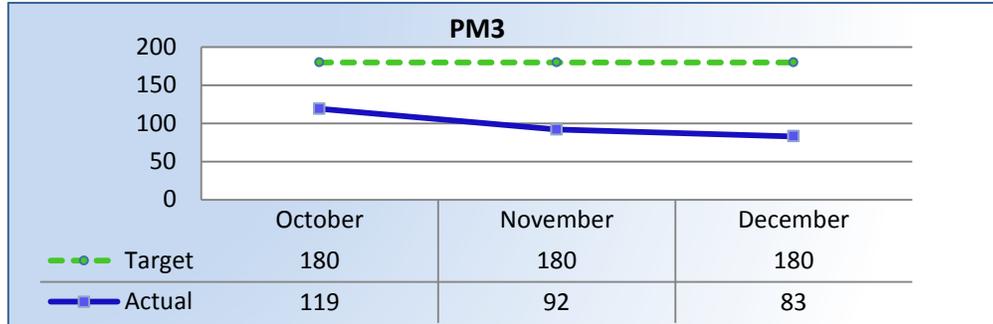
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 5 Days | Actual Average: 8 Days

PM3 | Intake & Investigation

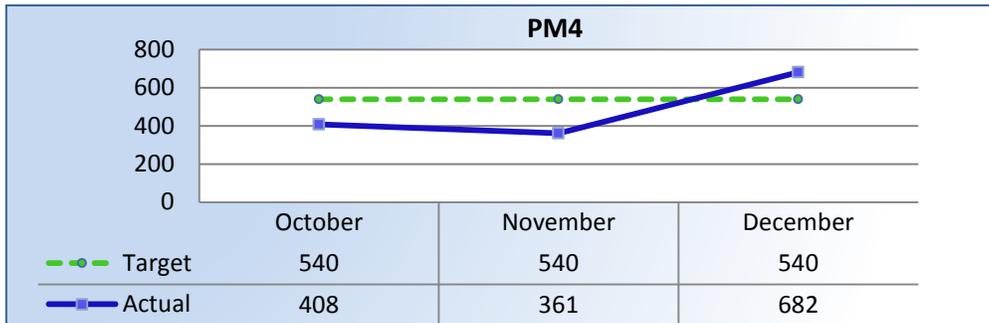
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 180 Days | Actual Average: 100 Days

PM4 | Formal Discipline

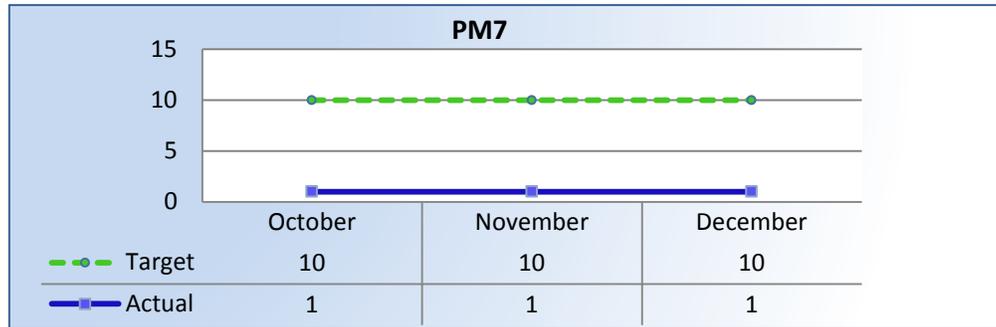
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 527 Days

PM7 | Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | Actual Average: 1

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not have any probation violations this quarter.

Target Average: 7 Days | Actual Average: N/A

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1625 North Market Blvd., Suite S-200
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www.bbs.ca.gov

To: Board Members

Date: February 5, 2015

From: Laurie Williams
Human Resources Liaison

Telephone: (916) 574-7850

Subject: Personnel Update

New Employees

- Associate Governmental Program Analyst (AGPA) (Part-time) – Enforcement Program
Andrea Bertram-Mueller transferred to the Board effective November 4, 2014 to serve as part-time (0.5) Probation Case Analyst in the Criminal Conviction & Probation Unit. Ms. Bertram-Mueller transferred to the Board from the Department of Health Care Services where she functioned as a Compliance Analyst. Ms. Bertram-Mueller will monitor probationers to determine compliance with the terms of their probation. Additionally, Ms. Bertram-Mueller will initiate appropriate action for probationers not in compliance with their probation.
- Management Services Technician (MST) (Limited-Term 2-year) – Licensing Program
Effective December 2, 2014, Valarie Enloe transferred to the Board to assist the Licensing Unit by processing applications for the examination eligibility applications. In Ms. Enloe's prior employment she worked as a Program Technician II at the Department of Social Services. She performed audits of vendor contracts, researched and analyzed medical records for accuracy and resolved billing discrepancies with vendors.
- Office Assistant (OA) (Full-time Limited-Term 2-year) – Administration Program
Portia Hillman has been appointed to the Office Assistant vacancy in the Administration Program. Ms. Hillman is new to state service and worked as a Customer Service Team Lead for the Bank of America for 29 years in the private sector before beginning her state service on December 19, 2014. Ms. Hillman will provide front office clerical support pertaining to the processing of the daily mail, prepare archive transfer documents, and ensure correct information is input into the BreZze database for various licensing applications. Ms. Hillman performed many of these same functions for the Board while working under the AARP program.
- Office Technician (OT) (Full-time 1-year Limited-Term) – Enforcement Program
Mina Michael has been appointed to the Office Technician vacancy in the Criminal Conviction & Probation Unit. Mr. Michael transferred to the Board from the Department of Corrections and Rehabilitation effective January 19, 2015. At the Department of Corrections he researched and maintained a tracking system for Appeals and performed audits. Mina will provide Enforcement Unit support; complete the initial review of subsequent arrest notifications and subsequent dispositions. He will also process accusations, statement of issues, and other disciplinary documents.

Departures

Effective December 31, 2014, Patricia Fay retired after dedicated 25-year career in state service. Ms. Fay served as the Board's Continuing Education (CE) Audit Analyst and Continuing Education Provider (PCE) Evaluation Analyst.

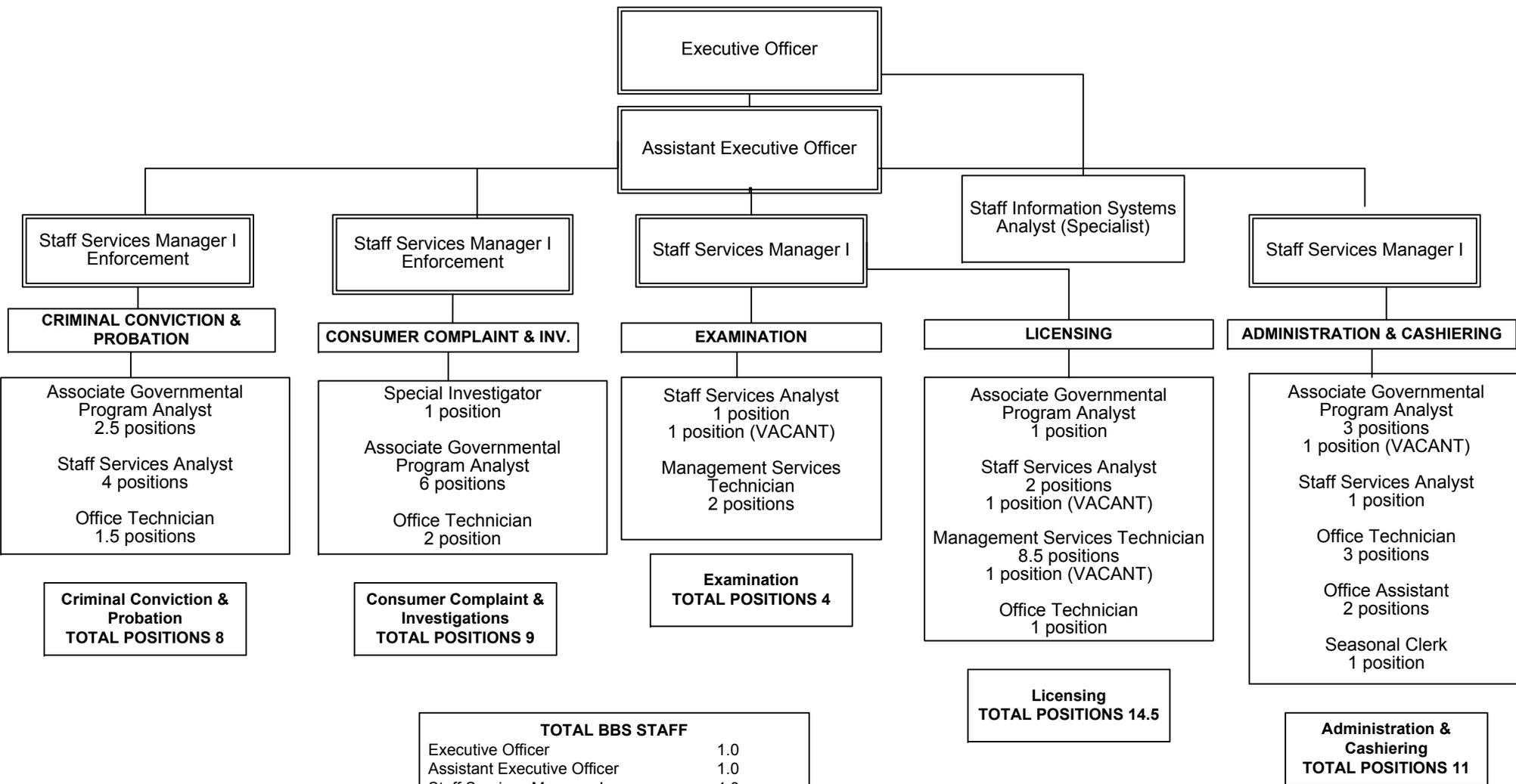
Marina O'Connor transferred to the Department of Consumer Affairs (DCA) Executive Office as a Research Analyst effective January 1, 2015. Marina served as the Board's Policy and Statistical Analyst and a Performance Measurement Specialist.

Vacancies

Board staff has initiated the recruitment process for the positions noted below:

- Staff Services Analyst (SSA) (Full-time) – Administration (fill behind S. Wright) – The hiring manager is currently reviewing applications and will begin the interview process next week.
- Management Services Technician (MST) (Full-time) – Licensing (fill behind A. Flores) - The Licensing Manager is requesting to reclass this MST vacancy to an SSA in the Licensing Unit to function as a Lead Analyst. This position will also plan and coordinate webinars and outreach activities related to the licensing process.
- Staff Services Analyst (SSA) (Full-time) – Licensing (fill behind P. Fay) - The Licensing Manager is revising the duties of this vacancy to align with the Board's current operational needs and revisions to the Board's continuing education program.
- Associate Governmental Program Analyst (AGPA) (Full-time) (fill behind M. O'Connor) – This position will serve as the Board's Website Analyst by maintaining, supporting and updating the Board's Internet website. The incumbent will also be responsible for the development and programming of information to be migrated to production, maintenance of all directory information and will ensure data available on the Board's website meets accessibility requirements.

Department of Consumer Affairs
BOARD OF BEHAVIORAL SCIENCES
FEBRUARY 2015
FY 2014-15



TOTAL BBS STAFF	
Executive Officer	1.0
Assistant Executive Officer	1.0
Staff Services Manager I	4.0
Staff Info. Systems Analyst	1.0
Special Investigator	1.0
Associate Govt. Program Analyst	13.5
Staff Services Analyst	10.0
Management Services Technician	11.5
Office Technician	7.5
Office Assistant	2.0
Seasonal Clerk	1.0
TOTAL STAFF	53.5

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Memo

1625 North Market Blvd., Suite S-200
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To: Board Members

Date: February 2, 2015

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Office of Professional Examination Services Presentation

The Office of Professional Examination Services will present an overview of the examination development process and examination security.

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To: Board Members

Date: February 6, 2015

From: Marc Mason
Administrative Manager

Telephone: (916) 574-7828

Subject: Consider English as a Second Language as a Possible Testing Accommodation

Issue

The Board does not currently offer special accommodations for examinees who speak English as a Second language (ESL). A small number of Board licensees have approached the Board and requested some sort of ESL accommodation.

Background

Board records indicate that from at least 2000 up to July 1, 2011, candidates who requested an ESL accommodation were granted extra time to take the board examinations. However, ESL is not identified as a disability under the Americans with Disabilities Act (ADA).

Prior to making the decision to end the ESL accommodation, the Board contacted the Office of Professional Examination Services (OPES) for information. OPES indicated that they reviewed the readability of the Board's examination as well as other ESL issues. OPES considered that prior to entering a bachelor's program or master's program, ESL candidates take the Test of English as a Foreign Language (TOEFL). Further, the candidate receives the master's degree in English. Based on this information, it is reasonable to conclude that a candidate should be proficient enough to take the examination in English.

Possible ESL Accommodations

There are two possible accommodations that the Board could make. The first accommodation that could be made is to translate the Board's exams into languages other than English. According to OPES when a licensing board, bureau, or committee under DCA is faced with the decision whether or not to adapt an examination, the following must be taken into consideration:

- If a language survey has been conducted and a target language group has been identified to have a substantial number (5%) of non- or limited English-speaking candidates, an examination may be adapted.
- If English is an essential aspect of a profession, an examination will not be adapted.

A translated examination must adhere to the current standards and guidelines for testing. Further, the cost to translate an examination ranges from \$25,000 up to \$75,000 per exam, per language. The Board

currently develops 6 examinations; two different versions of each examination. The option to translate an examination would require a language survey, but at the outset, this option is cost prohibitive.

The second option for an ESL accommodation is giving candidates extra time to take the exam. This is the option the Board has used in the past. If the Board did choose this option a criteria for how to decide who would be granted an ESL accommodation would need to be developed and likely placed in regulations. For instance, the Board of Psychology has proposed regulations that require the following for an ESL accommodation of extra time:

- The candidate submits a signed request for an ESL accommodation of extra time under penalty of perjury that English is his or her second language.
- A TOEFL IBT certification score of 85 or below must be sent by Educational Testing Service directly to the Board. The TOEFL must have been taken within the previous two years prior to the application.

Their TOEFL IBT is composed of four parts that measure an individual's reading, listening, speaking, and writing skills in English. The test can be taken online or in person at a testing center and the fee for taking the test is \$185. A score of 85 would indicate that an individual has "low" to "intermediate" proficiency in English.

Recommendation

Conduct an open discussion regarding whether or not the Board would like to offer a testing accommodation for ESL. And if so, what criteria should be established and direct staff to draft regulatory language for consideration.

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To: Board Members

Date: February 2, 2015

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Association of Marriage and Family Therapy Regulatory Board Examination

Background

In 2011/2012, the Board engaged the services of Applied Measurement Services, LLC (AMS) to assess the Association of Marriage and Family Therapy Regulatory Board (AMFTRB) national examination. The AMFTRB national examination is used by numerous states in the nation for licensure as a Marriage and Family Therapist. AMS was charged with determining whether the AMFTRB national examination met prevailing standards for fair, valid, and legally defensible licensure examinations. AMS also evaluated the similarity between the AMFTRB national examination plan and the Board's examination plan.

Additionally, in 2012, two Board Subject Matter Experts (SMEs) participated in AMFTRB's Practice Analysis Task Force (PATF). This task force developed the first draft of practice analysis outlining the domains, tasks, and/or activities performed in practice and the required knowledge and skill base appropriate for practice. This outline is comparable to the Board's Occupational Analysis that is conducted every 5 to 7 years. Both analyses serve as the foundation for the respective licensure examination.

The involvement of California licensed SMEs in AMFTRB's national practice analysis represents the first time California has had an active role in the development of the national examination. One observation as to the differences between the LMFT practice in California and the LMFT practice nationally is that California LMFT practice is much broader.

During the August 2013 Board Meeting, AMS presented their findings regarding the AMFTRB examination. AMS determined that the AMFTRB national examination met professional and technical guidelines for examination validation, but noted some technical issues. Due to confidentiality agreement, AMS was not permitted to share some of these issues publicly. However, these issues were discussed with the Board Members in a closed session in the February 2013 board meeting.

AMS also noted that the current ratio of LMFTs in California versus the nation. Specifically, at that time, California had approximately 35,000 LMFTs versus 20,000 across the nation. Further, at the time of AMS' assessment of the AMFTRB examination, the administration of this examination was a paper and pencil test. AMS stated that AMFTRB was exploring the possibility of transitioning to a computer based test format. Considering the Board's current acceptable examination performance and the delay

in implementing the examination restructure, AMS suggested that the Board continue to have discussions with AMFTRB to resolve the technical issues.

Board Members discussed the information presented by AMS. Considering the factors presented by AMS, such as examination candidate volume and test administration, Board Members were not inclined to use the national examination in California at that time.

Update

Since 2013 Board staff has not engaged in any further conversations with AMFTRB due to the implementation of BreEZe and other Board priorities.

A review of the AMFTRB's examination website reveals that the administration of the national examination is now computer based. The 200-item examination is offered one week each month and examination results are provided 20 business days after the test period closes. The fee for the national examination is \$350. Additionally, AMFTRB now provides the examination plan on its website.

Board Examinations

Effective January 1, 2016, the Board will implement its examination restructure. Both the LPCCs and LCSWs will be taking a national examination as one of two required examinations for licensure in California. LMFTs will continue to take two Board developed examinations for licensure in California. A LEP national examination does not exist. Therefore, the examination structure for LEPs will not change.

National examinations frequently offer reduced waiting periods between examinations. California LCSW and LPCC examination candidates will be permitted to test more frequently according to the national examination procedure. This will allow candidates the opportunity to become licensed in California much sooner than under the Board's current examination structure. Currently, examination candidates must wait 180 days between examinations. This waiting period coincides with the release of the different versions (two) of the Board developed examinations.

The use of the national examination for licensure creates a benefit that LMFTs will be unable to receive. Recognizing that LMFT examination candidates would also benefit from increased opportunities to take the LMFT examination, the Board is working with OPES to release three examination versions per year. The releases are tentatively planned for January, May, and September. A fourth release may be considered in the future as well as increasing the frequency of the LEP examination.

Recommendation

Conduct an open discussion to determine if there is an interest in considering the LMFT national examination for licensure in California.

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To: Board Members

Date: February 9, 2015

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: Trainees and Telehealth

Summary

This proposal would correct a potential loophole in Business and Professions Code (BPC) §2290.5 which does not specify that MFT Trainees may practice telehealth.

Background

The Board's licensing law defines marriage and family therapist and professional clinical counselor trainees as individuals who are currently enrolled in a qualifying master's degree program and have completed at least 12 semester or 18 quarter units in that program. (Business and Professions Code (BPC) §§4980.03(c) and 4999.12(g))

The law specifies that trainees may not provide services in a private practice. (BPC §§4980.43(d) and 4999.34(c))

It is the responsibility of the trainee's school to coordinate the trainee's services with the site at which he or she is providing services. The school must approve the site and have a written agreement with the site detailing each party's responsibilities and outlining supervision methods. (BPC §§4980.42 and 4999.36))

Licensing law for clinical social workers does not specifically define trainees or specify any requirements of them. It does recognize them as being exempt from licensure (BPC §4996.15).

Because trainees are practicing in exempt settings, the Board does not have authority to regulate their practice. This includes their use of telehealth.

However, applicants for licensure as a marriage and family therapist (LMFT) are allowed to count some pre-degree hours of trainee experience. Because the Board accepts some of those hours as experience toward licensure, the Board may specify the conditions under which those hours are gained.

Telehealth Statute and MFT Trainees

BPC §2290.5 is the statute that defines telehealth and sets provisions for the practice of telehealth for all healing arts licensees.

A stakeholder has raised concern that BPC §2290.5 is written only for licensed individuals (a definition which includes interns/associates, but not trainees, who are not yet under the jurisdiction of the Board.) However, at the same time, BPC §4980.43 allows MFT trainees count some of their experience gained as a MT trainee toward licensure, and allows some of this experience to be via telehealth. This is causing concern that MFT trainees and their supervisors may be vulnerable to liability for providing telehealth services, as §2290.5 does not include trainees. (This same concern does not apply to ASW or PCC trainees, as they must work in exempt settings and they may not count hours earned as a trainee toward licensure.)

To address this concern, staff worked with DCA Legal to propose a solution via amendment to the LMFT statute, clarifying that MFT trainees are permitted to perform telehealth (**Attachment A**):

BPC §4980.43(i): (i) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. For purposes of section 2290.5, trainees may provide services via telehealth within the scope authorized by this chapter and in accordance with any regulations governing the use of telehealth promulgated by the board. Trainees and interns shall have no proprietary interest in their employers' businesses and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of their employers.

Staff proposed amending BPC §4980.43 instead of the general telehealth statute (BPC §2290.5). Because BPC §2290.5 affects all healing arts boards with a variety of license, registration, and other provider statuses, staff believes it would be difficult to get a Board-specific definition amended in.

Policy and Advocacy Committee Action

At its January 30, 2015 meeting, the Policy and Advocacy Committee discussed this language, as part of a broader discussion about telehealth. The Committee approved of the language staff proposed (**Attachment A**).

However, at the meeting, the Committee learned that CAMFT was also pursuing a proposal to address this issue. The CAMFT amendments would amend BPC §2290.5 directly. CAMFT has already found an author to pursue this legislation. **Attachment B** shows CAMFT's proposed amendments to BPC §2290.5.

CAMFT indicated that they may be willing to consider the amendments proposed by Board staff in lieu of their own, possibly with some minor adjustments. The Committee directed staff to work with CAMFT and to bring both proposals to the February Board meeting for further discussion.

Recommendation

Conduct an open discussion regarding the language proposed by Board staff (**Attachment A**) and the language proposed by CAMFT (**Attachment B**).

Attachments

Attachment A: BBS Proposed Amendments

Attachment B: CAMFT Proposed Amendments

Attachment C: Current Telehealth Law and Definition of "License" (BPC §§ 2290.5 and 23.7)

ATTACHMENT A

Proposed Amendment to LMFT Statute

§4980.43. PROFESSIONAL EXPERIENCE; INTERNS OR TRAINEES

(a) Prior to applying for licensure examinations, each applicant shall complete experience that shall comply with the following:

- (1) A minimum of 3,000 hours completed during a period of at least 104 weeks.
- (2) Not more than 40 hours in any seven consecutive days.
- (3) Not less than 1,700 hours of supervised experience completed subsequent to the granting of the qualifying master's or doctoral degree.
- (4) Not more than 1,300 hours of supervised experience obtained prior to completing a master's or doctoral degree.

The applicant shall not be credited with more than 750 hours of counseling and direct supervisor contact prior to completing the master's or doctoral degree.

(5) No hours of experience may be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction and becoming a trainee except for personal psychotherapy.

(6) No hours of experience may be gained more than six years prior to the date the application for examination eligibility was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (c) of Section 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d) of Section 4980.36 shall be exempt from this six-year requirement.

(7) Not more than a combined total of 1,000 hours of experience in the following:

(A) Direct supervisor contact.

(B) Professional enrichment activities. For purposes of this chapter, "professional enrichment activities" include the following:

(i) Workshops, seminars, training sessions, or conferences directly related to marriage and family therapy attended by the applicant that are approved by the applicant's supervisor. An applicant shall have no more than 250 hours of verified attendance at these workshops, seminars, training sessions, or conferences.

(ii) Participation by the applicant in personal psychotherapy, which includes group, marital or conjoint, family, or individual psychotherapy by an appropriately licensed professional. An applicant shall have no more than 100 hours of participation in personal psychotherapy. The applicant shall be credited with three hours of experience for each hour of personal psychotherapy.

(8) Not more than 500 hours of experience providing group therapy or group counseling.

(9) For all hours gained on or after January 1, 2012, not more than 500 hours of experience in the following:

(A) Experience administering and evaluating psychological tests, writing clinical reports, writing progress notes, or writing process notes.

(B) Client centered advocacy.

(10) Not less than 500 total hours of experience in diagnosing and treating couples, families, and children. For up to 150 hours of treating couples and families in conjoint therapy, the applicant shall be credited with two hours of experience for each hour of therapy provided.

(11) Not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth in accordance with Section 2290.5.

(12) It is anticipated and encouraged that hours of experience will include working with elders and dependent adults who have physical or mental limitations that restrict their ability to carry out normal activities or protect their rights.

This subdivision shall only apply to hours gained on and after January 1, 2010.

(b) All applicants, trainees, and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of marriage and family therapy. Supervised experience shall be gained by interns and trainees only as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by interns or trainees as an independent contractor.

(1) If employed, an intern shall provide the board with copies of the corresponding W-2 tax forms for each year of experience claimed upon application for licensure.

(2) If volunteering, an intern shall provide the board with a letter from his or her employer verifying the intern's employment as a volunteer upon application for licensure.

(c) Except for experience gained pursuant to subparagraph (B) of paragraph (7) of subdivision (a), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

(1) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting. No more than six hours of supervision, whether individual or group, shall be credited during any single week.

(2) An individual supervised after being granted a qualifying degree shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of client contact is gained in each setting. No more than six hours of supervision, whether individual or group, shall be credited during any single week.

(3) For purposes of this section, “one hour of direct supervisor contact” means one hour per week of face-to-face contact on an individual basis or two hours per week of face-to-face contact in a group.

(4) Direct supervisor contact shall occur within the same week as the hours claimed.

(5) Direct supervisor contact provided in a group shall be provided in a group of not more than eight supervisees and in segments lasting no less than one continuous hour.

(6) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.

(7) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation.

(8) The six hours of supervision that may be credited during any single week pursuant to paragraphs (1) and (2) shall apply to supervision hours gained on or after January 1, 2009.

(d) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the trainee’s work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(C) Is not a private practice owned by a licensed marriage and family therapist, a licensed professional clinical counselor, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(2) Experience may be gained by the trainee solely as part of the position for which the trainee volunteers or is employed.

(e) (1) An intern may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the intern’s work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(2) An applicant shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (d), until registered as an intern.

(3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.

(4) Except for periods of time during a supervisor's vacation or sick leave, an intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee that has satisfied the requirements of subdivision (g) of Section 4980.03. The supervising licensee shall either be employed by and practice at the same site as the intern's employer, or shall be an owner or shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.

(5) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.

(f) Except as provided in subdivision (g), all persons shall register with the board as an intern in order to be credited for postdegree hours of supervised experience gained toward licensure.

(g) Except when employed in a private practice setting, all postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctoral degree and is thereafter granted the intern registration by the board.

(h) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(i) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. [For purposes of section 2290.5, trainees may provide services via telehealth within the scope authorized by this chapter and in accordance with any regulations governing the use of telehealth promulgated by the board.](#) Trainees and interns shall have no proprietary interest in their employers' businesses and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of their employers.

(j) Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred by those trainees, interns, or applicants for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(k) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

**OFFICE OF LEGISLATIVE COUNSEL
DRAFT BILL**

RN: 1502019

This request was prepared for you in accordance with instructions provided to us by Teresa Trujillo.

LCB Deputy Contact: Ms. Michelle Samore at 341-8141.

The boxes checked below, if any, apply to this request:

- Cover letter:** This request is accompanied by a cover letter, to bring to your attention legal or practical issues that may be raised by this bill, if introduced.
- Unbacked bill:** The attached bill draft has **not** been backed for introduction. When a Member has decided to introduce this bill draft, the draft should be returned to the Office of Legislative Counsel as soon as possible so that it can be prepared for introduction by that Member.
- Spot bill:** This bill, if introduced, may not be qualified for referral to a committee, if it is deemed a bill that makes no substantive change in or addition to existing law, or that would not otherwise affect the ongoing operations of state or local government (see, for example, Assembly Rule 51.5).
- Bill related to the budget:** In order for this measure to be deemed a bill “providing for appropriations related to the budget” within the meaning of Section 12 of Article IV of the California Constitution, thereby allowing the measure to be passed by a majority vote and to take effect immediately upon enactment, it is necessary that this measure contain an appropriation and be identified in the Budget Bill as a measure related to the state budget.
- Reintroduced bill:** This bill, if introduced, may violate the rule that, except as specified, a Member may not author a bill during a session that would have substantially the same effect as a bill he or she previously introduced during that session (Joint Rule 54(c)).

An act to amend Section 2290.5 of the Business and Professions Code,
relating to healing arts.



150201929518BILL

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 2290.5 of the Business and Professions Code is amended to read:

2290.5. (a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) "Health care provider" means a both of the following:

(A) A person who is licensed under this division.

(B) A marriage and family therapist intern and trainee, as defined in Section 4980.03, completing supervised experience for licensure pursuant to paragraph (11) of subdivision (a) of Section 4980.43.

(4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

(6) "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at



a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth 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. The consent shall be documented.

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to his or her medical information shall apply to telehealth interactions.

(g) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(h) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of



telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.



LEGISLATIVE COUNSEL'S DIGEST

Bill No.

as introduced, _____.

General Subject: Telehealth: marriage and family therapist interns and trainees.

Under existing law, “telehealth” is defined as the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site. Existing law requires a health care provider prior to the delivery of health care services via telehealth to inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth. For these purposes, existing law defines a health care provider as a healing arts licensee. Existing law, the Licensed Marriage and Family Therapist Act, provides for the registration of marriage and family therapist interns and regulates marriage and family therapist trainees. Existing law requires applicants for a marriage and family therapist license to complete specified experience subject to certain



limitations, including no more than a certain number of hours providing counseling services via telehealth.

This bill, for purposes of the telehealth provisions, would expand the definition of “health care provider” to also include a marriage and family therapist intern and trainee, as specified.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.



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Attachment C Relevant Code Sections

BPC § 23.7.

Unless otherwise expressly provided, "license" means license, certificate, registration, or other means to engage in a business or profession regulated by this code or referred to in Section 1000 or 3600.

BPC §2290.5.

(a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) "Health care provider" means a person who is licensed under this division.

(4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

(6) "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth 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. The consent shall be documented.

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to his or her medical information shall apply to telehealth interactions.

(g) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(h) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

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To: Board Members

Date: February 2, 2015

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: Proposed 2015 Omnibus Legislation

Each year, the Board sponsors an omnibus bill, which makes minor, technical, or noncontroversial changes to Board licensing laws. These changes must be unopposed, and are meant to correct such things as spelling/grammar errors, or inconsistent or confusing language.

The Board approved language for this year's omnibus bill at its November 20, 2014 meeting.

Since that time, the need for an additional amendment has been identified, as follows:

Amend BPC Section 146 – Penalties for Unlicensed Practice

Background: BPC Section 146 requires licensure to practice several professions (including marriage and family therapy (via BPC Section 4980) and clinical social work (via BPC Section 4996) and outlines the penalties for unlicensed practice.

Licensed educational psychologists (LEPs) and licensed professional clinical counselors (LPCCs) are not included in a list in this section of professions requiring a license to practice.

Recommendation: Amend BPC Section 146 to include LEPs (via BPC Section 4989.50) and LPCCs (via BPC Section 4999.30) in the list of references to professions which require a license in order to practice.

Recommendation

Direct staff to make any discussed changes and any non-substantive changes to the proposed language, and submit to the Legislature for inclusion in the 2015 omnibus bill.

Attachments

Attachment A: Proposed Amendment

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**ATTACHMENT A
2015 BOARD OMNIBUS BILL
PROPOSED AMENDMENT**

Amend Business and Professions Code (BPC) §146.

(a) Notwithstanding any other provision of law, a violation of any code section listed in subdivision (c) is an infraction subject to the procedures described in Sections 19.6 and 19.7 of the Penal Code when either of the following applies:

(1) A complaint or a written notice to appear in court pursuant to Chapter 5c (commencing with Section 853.5) of Title 3 of Part 2 of the Penal Code is filed in court charging the offense as an infraction unless the defendant, at the time he or she is arraigned, after being advised of his or her rights, elects to have the case proceed as a misdemeanor.

(2) The court, with the consent of the defendant and the prosecution, determines that the offense is an infraction in which event the case shall proceed as if the defendant has been arraigned on an infraction complaint.

(b) Subdivision (a) does not apply to a violation of the code sections listed in subdivision (c) if the defendant has had his or her license, registration, or certificate previously revoked or suspended.

(c) The following sections require registration, licensure, certification, or other authorization in order to engage in certain businesses or professions regulated by this code:

(1) Sections 2052 and 2054.

(2) Section 2630.

(3) Section 2903.

(4) Section 3660.

(5) Sections 3760 and 3761.

(6) Section 4080.

(7) Section 4825.

(8) Section 4935.

(9) Section 4980.

(10) Section 4989.50

~~(1011)~~ Section 4996.

(12) Section 4999.30

~~(1113)~~ Section 5536.

~~(1214)~~ Section 6704.

~~(1315)~~ Section 6980.10.

~~(1416)~~ Section 7317.

~~(1517)~~ Section 7502 or 7592.

~~(1618)~~ Section 7520.

~~(1719)~~ Section 7617 or 7641.

~~(1820)~~ Subdivision (a) of Section 7872.

~~(1921)~~ Section 8016.

~~(2022)~~ Section 8505.

~~(2123)~~ Section 8725.

~~(2224)~~ Section 9681.

~~(2325)~~ Section 9840.

~~(2426)~~ Subdivision (c) of Section 9891.24.

~~(2527)~~ Section 19049.

(d) Notwithstanding any other provision of law, a violation of any of the sections listed in subdivision (c), which is an infraction, is punishable by a fine of not less than two hundred fifty dollars (\$250) and not more than one thousand dollars (\$1,000). No portion of the minimum fine may be suspended by the court unless as a condition of that suspension the defendant is required to submit proof of a current valid license, registration, or certificate for the profession or vocation which was the basis for his or her conviction.

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To: Board Members

Date: February 2, 2015

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: Legislative Update

Board staff is currently pursuing the following legislative proposals:

1. Supervised Work Experience Requirements (No Bill Number Assigned at This Time)

This bill streamlines the experience requirements for LMFT and LPCC applicants. It eliminates the complex assortment of minimum and maximum hours of differing types of experience required for licensure (also known as the “buckets” of experience) and instead requires 1,750 hours of the experience to be direct clinical counseling hours. The remaining required 1,250 hours may be non-clinical experience.

The bill also makes amendments to LCSW law to allow LCSW applicants to count some direct supervisor contact hours, as well as some hours spent attending workshops, trainings, conferences, and seminars, toward their required experience.

This bill proposal was approved by the Board at its November 20, 2014 meeting.

2. Enforcement Process (No Bill Number Assigned at This Time)

This bill makes two separate amendments to the law governing the enforcement process:

- a) It modifies the Board’s requirements for an individual to petition for a termination of probation or modification of penalty. Under the proposal, the Board may deny a petition without hearing if the petitioner is not in compliance with the terms of his or her probation.
- b) It clarifies that the Board has jurisdiction to investigate and take disciplinary action even if the status of a license or registration changes or if the license or registration expires.

The goal of these changes is to increase the efficiency of the enforcement process. This bill proposal was approved by the Board at its November 20, 2014 meeting.

3. Omnibus Legislation (Senate Business, Professions, and Economic Development Committee) (No Bill Number Assigned at This Time)

This bill proposal, approved by the Board at its November 20, 2014 meeting, makes minor, technical, and non-substantive amendments to add clarity and consistency to current licensing law.

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To: Committee Members
Date: January 14, 2015
From: Christy Berger
Regulatory Analyst
Telephone: (916) 574-7817
Subject: Rulemaking Update

APPROVED REGULATORY PROPOSALS

Continuing Education

The Continuing Education regulations have been finalized and are scheduled to take effect on the following dates:

- **Effective January 1, 2015:**

1. The new regulations will officially become part of the Board's regulations
2. An entity who would like to become recognized by the Board as an approval agency may submit documentation of compliance with the new requirements
3. The board will cease accepting applications for board-approved CE providers

- **Effective July 1, 2015**

As of this date, all Board-approved CE providers will no longer be renewed. Board-approved providers with a current Board-approved CE provider number may continue to offer CE courses until their provider number expires. This means that the number of providers with Board approval will phase-out gradually, until the last expire on June 30, 2017.

CURRENT REGULATORY PROPOSALS

Disciplinary Guidelines and SB 1441: Uniform Standards for Substance Abuse: Amend Title 16, CCR Section 1888

This is a regulatory proposal that the Department of Consumer Affairs (DCA) and the state Legislature have asked all healing arts licensing boards to pursue. It creates uniform standards for discipline that the boards must follow in cases of licensee or registrant substance abuse. This proposal was prompted by a concern at the Legislature that there is a lack of a consistent policy across DCA's healing arts boards for handling cases that involve licensees or registrants who abuse drugs or alcohol.

Disciplinary Guidelines and SB 1441 (continued)

This proposal was initially approved by the Board at its meeting in November 2012. A revised proposal was approved by the Board in March 2014. The public comment period has ended, and the proposal has been submitted to DCA and the State and Consumer Services Agency (SCSA) for review. Once approved by these entities, staff will submit it to OAL for final approval.

Implementation of SB 704 (Examination Restructure): Amend Title 16, CCR Sections 1805, 1806, 1816, 1816.2, 1816.3, 1816.4, 1816.5, 1816.6, 1816.7, 1829, 1877; Add Sections 1805.01, 1822.5, 1822.6, 1830, 1878

This proposal would revise Board regulations for consistency with statutory changes made by SB 704¹, which restructures the examination process for LMFT, LCSW, and LPCC applicants effective January 1, 2016.

This proposal was originally approved by the Board at its meeting in February 2013, and published in its California Regulatory Notice Register on March 15, 2013. However, the proposal was withdrawn in May 2013, as staff learned of implementation conflicts with the new BreEZe database system. For this reason, the effective date of the restructure was delayed until 2016².

The final proposal was approved by the Board at its meeting in August 2014. It was published in its California Regulatory Notice Register on November 14, 2014. The public hearing was held on December 29, 2014, and the 45-day public comment period has ended. This proposal is now under review by the Department of Consumer Affairs.

Requirements for Licensed Professional Clinical Counselors to Treat Couples or Families: Amend Title 16, CCR Sections 1820.5 and 1822; Add Sections 1820.6 and 1820.7

This proposal clarifies requirements for LPCCs to treat couples and families, and outlines a process by which LPCCs and PCC Interns would receive Board confirmation that they have met the requirements to treat couples and families.

The final proposal was approved by the Board at its meeting in May 2014. Staff is developing materials that are required for submission of the proposal to OAL for publication, which will begin the 45-day public comment period.

¹ Chapter 387, Statutes of 2011

² SB 821 (Chapter 473, Statutes of 2013)

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To: Board Members

Date: February 5, 2015

From: Steve Sodergren
Assistant Executive Officer

Telephone: (916) 574-7847

Subject: **Strategic Plan Update**

Management and staff continue to address the strategic goals and objectives. Attached for your review is the Strategic Plan update for February 2015.

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Licensing	DUE DATE	STATUS
<i>Establish licensing standards to protect consumers and allow reasonable and timely access to the profession.</i>		
1.1 Identify and implement improvements to the licensing process to decrease application processing times.	Q1 2015	Staff effort continues. Application processing times have continued to decrease.
1.2 Complete the processing of Licensed Professional Clinical Counselor grandfathered licensing application.	Q1 2014	Completed October 1, 2013
1.3 Review the current eligibility process for Licensed Marriage and Family Therapists and Licensed Professional Clinical Counselors to identify and reduce barriers and implement process improvements.	Q4 2018	On January 30 th , 2015 the fourth supervision committee meeting was conducted. Staff was directed to draft new language pertaining to supervisor qualifications and to conduct a survey of supervisors and supervisees. The next meeting will be on April 10, 2015.
1.4 Explore development of uniform clinical supervision standards to ensure consistent supervision of registrants and trainees.	Q4 2015	On January 30 th , 2015 the fourth supervision committee meeting was conducted. Staff was directed to draft new language pertaining to supervisor qualifications and to conduct a survey of supervisors and supervisees. The next meeting will be on April 10, 2015.
1.5 Investigate the use of technology for record keeping and therapeutic services and its effects on patient safety and confidentiality and establish best practices for licensees.	Q4 2016	

1.6 Determine feasibility of license portability and pursue legislation if needed.	Q3 2020 Licensed portability will be improved with the acceptance of the national licensing exam, which will occur in 2016 with exam restructure for LCSW's. Legislations signed by the Governor in September 2014 modifies the out-of-state requirements for LMFTs and LPCCs with an effective date of 1/1/16.
1.7 Establish ongoing process to evaluate requirements for all license types to promote parity between licensing programs as appropriate.	Q4 2016 Staff effort, as reported in November, continues. Legislation introduced this year would make supervised experience requirements more uniform. The Supervision Committee is considering changes to supervisor qualifications and is working toward parity where appropriate.
1.8 Evaluate the feasibility of online application submission through the Breeze system and implement if possible.	Q2 2016

Examinations	DUE DATE	STATUS
Administer fair, valid, comprehensive, and relevant licensing examinations.		
2.1 Implement recommendations made by the Exam Program Review Committee to restructure the examination process and promulgate regulations as necessary.	Q1 2016	Rulemaking package approved by the Board in August 2014. Regulations were noticed in November 2014 and will be in place by January 1, 2016. Board staff members are currently working on implementation.
2.2 Establish a recruitment process for Subject Matter Experts to ensure a diverse pool on which to draw for examination development.	Q2 2016	Management is reviewing the current recruitment process and identifying areas in which process changes are needed. OPES will be assisting the Board in the recruitment process. Management will be meeting with OPES to finalize the agreement on February 4, 2015.
2.3 Create a process for evaluating the performance of Subject Matter Experts assisting with exam development.	Q4 2015	

Enforcement	DUE DATE	STATUS
<i>Protect the health and safety of consumers through the enforcement of laws and regulations.</i>		
3.1 Establish a recruitment process for Subject Matter Experts to ensure a diverse pool on which to draw for case evaluations.	Q4 2014	Staff effort, as reported in November, continues.
3.2 Develop a training program, including uniform standards for reports and evaluations, for all enforcement Subject Matter Experts.	Q1 2015	Staff effort, as reported in November, continues.
3.3 Improve internal process to regularly consult with the Attorney General’s office to advance pending disciplinary cases.	Q4 2014	Staff effort, as reported in November, continues.
3.4 Establish uniform standards and templates for reports and evaluations submitted to the Board related to disciplinary matters.	Q2 2015	

<p>3.5 Create a process for evaluating the performance of Subject Matter Experts assisting on enforcement cases.</p>	<p>Q2 2015 An evaluation form was created to evaluate expert reviewer performance. Evaluations will be completed by the DAG's and enforcement staff to measure performance and identify training needs.</p>
<p>3.6 Identify and implement improvements to the investigation process to decrease enforcement processing times.</p>	<p>Q1 2015 Staff effort, as reported in November, continues.</p>

Legislation and Regulation

Ensure that statutes, regulations, policies, and procedures strengthen and support the Board's mandate and mission.

	DUE DATE	STATUS
<p>4.1 Adopt regulations to incorporate <u>Uniform Standards for Substance Abusing Licensees</u> to align with other healing arts boards.</p>	Q2 2015	Submitted to DCA for final approval September 2014. Once approved by DCA, will need to be approved by Agency, Finance, and then OAL.
<p>4.2 Modify regulations to shift oversight of continuing education providers to Approval Agencies.</p>	Q4 2014	Staff is now working to implement the new regulations. Effective dates are in phases (1/1/15 and 7/1/15)
<p>4.3 Pursue legislation to implement the recommendations of the Out of State Education Review Committee to ensure parity with California educational requirements.</p>	Q4 2014	Signed by the Governor in September 2014. The new out-of-state requirements have an effective date of 1/1/16.
<p>4.4 Pursue legislation to resolve the conflict in law that prohibits the Board's access to information necessary for investigations regarding child custody reports.</p>	Q4 2014	Signed by the Governor in September 2014. Became effective on 1/1/15.
<p>4.5 Review regulatory parameters for exempt settings and modify, if necessary, to ensure adequate public protection.</p>	Q4 2017	

Organizational Effectiveness <i>Build an excellent organization through proper Board governance, effective leadership, and responsible management.</i>	DUE DATE	STATUS
5.1 Pursue adequate staffing levels across all functional areas within the Board.	Q3 2015	Board continues to work on filling vacancies.
5.2 Evaluate internal procedures to identify areas for improvement to ensure prompt and efficient work processes.	Q1 2016	Staff effort, as reported in November, continues.
5.3 Enhance Board employee recognition program to reward exceptional performance and service.	Q4 2014	
5.4 Implement an internal training and education program for all Board staff to enhance skills and abilities for professional development.	Q3 2015	
5.5 Establish standing Board committees that align with the Board’s strategic goal areas.	Q4 2014	Discussed at November Board meeting. Update provided at February meeting.

Outreach and Education <i>Engage stakeholders through continuous communication about the practice and regulation of the professions.</i>	DUE DATE	STATUS
6.1 Implement cost-effective ways to educate applicants and licensees on current requirements.	Q1 2015	Staff has been coordinating and conducting outreach for the new Continuing Education and Exam Restructure requirements. Frequently Asked Questions have been developed and staff is working with DCA staff to develop an informative video concerning Exam Restructure.
6.2 Enhance the Board’s outreach program by redesigning publications and the Board’s website, leveraging new technologies and exploring the use of social media.	Q3 2015	Staff effort, as reported in November, continues. A Winter newsletter has been produced and is awaiting final editing.
6.3 Partner with the Office of Statewide Planning Health and Development and other external stakeholder groups to encourage more diversity within the mental health professions.	Q4 2019	Staff effort, as reported in November, continues.

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To: Board Members

Date: February 5, 2015

From: Steve Sodergren
Assistant Executive Officer

Telephone: (916) 574-7847

Subject: Supervision Committee Update

The Supervision Committee held its fifth meeting on January 30, 2015 at Sacramento, California. During the meeting the following topics were discussed:

Update on Prior Committee Decisions

Staff acknowledged that they are in the process of obtaining an author for the legislative proposal that would reduce the “buckets” for LMFT and LPCC, and instead require a minimum of 1,750 hours of direct counseling, and a maximum of 1,250 hours of non-clinical experience. This legislative proposal reflects the language approved by the Board in November 2014.

The committee reviewed prior informal decisions that were agreed on by the committee and the stakeholders. The following decisions were discussed:

- Time licensed in another state should be able to count towards 2 years of licensure for all supervisor/license types
- Supervisor training requirements should be consistent across license types
- Allow Triadic supervision in place of Individual supervision
- Offsite supervision laws should be consistent across license types
- Offsite supervision laws should encompass offsite supervisors who are employed or contracted by the employer (as opposed to only addressing volunteers).

There was also a discussion about the remaining areas that the committee needs to address; supervision requirements, supervisor responsibilities, and employment/employers.

Discussion Regarding Supervisor Qualifications

The discussion regarding supervisor qualifications included a review of the current supervisor requirements in California, a summary of ten other state’s supervisor qualifications and a review of the “model” laws recommended by several professional associations.

Discussion Regarding the Proposed Supervisor and Supervisee Surveys

Staff presented the current draft of the surveys and recorded the recommended changes. The distribution of the surveys was also discussed.

Future Meeting Dates

April 10, 2015	Southern California
June 26, 2015	Southern California
August 7, 2015	Sacramento
October 23, 2015	Sacramento

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To: Board Members

Date: February 4, 2015

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

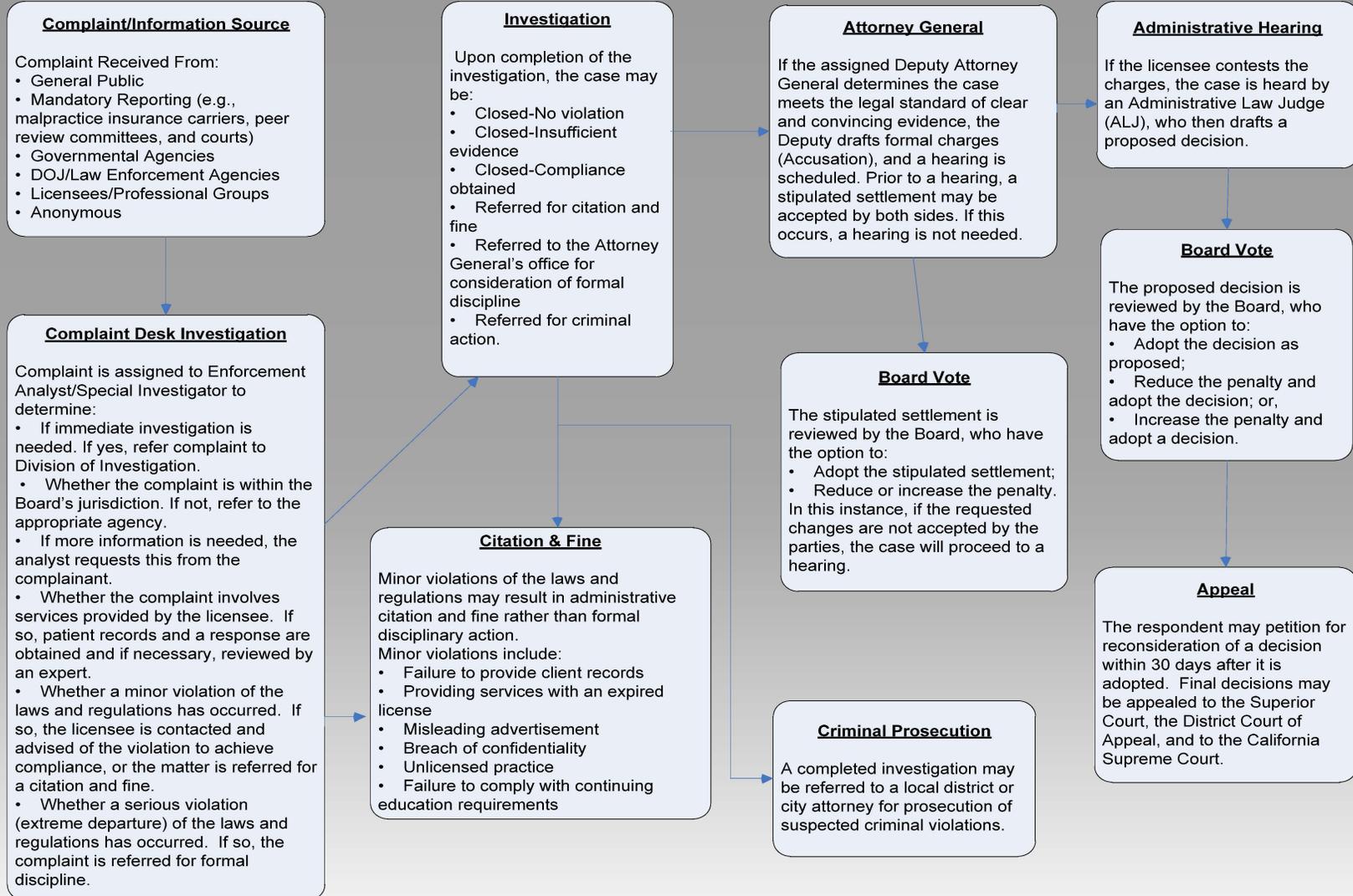
Subject: Enforcement Process Presentation

Enforcement Program Manager Gina Bayless will present an overview of the enforcement process.

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Board of Behavioral Sciences

Enforcement Process



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To: Board Members

Date: January 29, 2015

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Update Standing Board Committees

Background

During the November 20, 2014 Board meeting, Board Members discussed establishing standing committees, a Strategic Plan Goal for the Board. The Board's Strategic Plan Organizational Effectiveness Goal 5.5 specifies establishing committees that align with the Board's Strategic Plan Goals. If the Board were to do this, the Board would have five (5) standing committees. Board staff conducts all research and preparation for all Board committee meetings.

Several Board Members expressed concern that the additional committees may be an increased burden to staff and lead to increased travel expenses. Other Board Members wondered if there was a need for all of the standing committees. Further, some Board Members expressed a desire for information regarding the upcoming year's priorities and goals to determine if standing committees were needed.

2015 Priorities and Goals

Board staff is focusing on the following projects for 2015.

- Implementation of the examination restructure
- Implementation of the revision to out-of- state education requirements
- Completing the implementation to the Board's continuing education program

Successful completion of these projects involves revising the BreZE data system to incorporate the new functionality; testing the BreZE data system to ensure functionality performs as designed; revising all board forms to align with law changes; developing information for stakeholders specific to the changes; determining the best strategies to convey the information to stakeholders; and coordinating the changes with related DCA entities such as the Office of Professional Examination Services and PSI, the Board's testing vendor.

Additionally, Board staff will begin preparing its Sunset Report to submit to the legislature. Preparation of the report typically begins late spring and the report is submitted to the legislature in November. The Sunset Report is comprehensive review of Board operations since its last Sunset Review (2011/2012). The report will respond to specific questions from the legislature regarding areas of concern and/or current issues and will incorporate data relevant to all Board's programs.

Finally, Board staff will continue to focus on all goals in the Strategic Plan with a 2015 completion date. Some of these goals include the work of the supervision committee; subject matter recruitment,

training, and evaluation; evaluate and improve board processes; and enhancing the Board's outreach program.

Discussion

Staff Resources

Staff resources are a strong consideration in the discussion of establishing standing committees. The projects noted above will be time consuming for board staff and will be in addition to their current daily tasks. Yet, these projects represent the near completion of the Board's comprehensive review of all Board programs that began with the initial discussion to revise the educational requirements for licensure in 2006/2007. The Board's last comprehensive review of a Board program reviews the requirements for supervision. It is anticipated that this review will be complete at the end of 2015.

If the Board were to establish the standing committees this year, there is a strong concern that Board staff will be "stretched too thin". Ultimately, committee work, the 2015 projects, and daily tasks may be affected.

However, an argument can be made to establish at least one additional committee this year to work with Board staff to prepare the Sunset Report. Ideally, this comprehensive report should be developed in consultation with the Board Members. Therefore, it does seem appropriate to consider establishing a committee to work with Board staff on this report.

Increased Expenses

Over the last five years, the Board has spent an average \$88,000 a year on travel. This figure is attributed to 10 to 12 board and committee meetings a year for board members and staff. Additional meetings will result in increased expenses. However, in the past five years, the Board has reverted funds (unexpended monies) from its budget. So it is likely that the Board could absorb the additional costs by achieving savings in other operational areas.

Ad-Hoc Committee versus Standing Committee

The success of the Board's current Ad-Hoc committee approach is well documented (e.g. Exam Program Review Committee, Continuing Education Review Committee). A primary reason for discussing the establishment of standing committees is to address the desire to immediately refer a topic to a specific committee instead of waiting to create an Ad-Hoc committee. While this is one benefit of a standing committee, another benefit has not been mentioned. Specifically, the increased number of committees affords Board Members an increased opportunity to participate on a committee.

Committee membership ranges from three (3) members to four (4). Committee members are appointed by the Board Chair. With only one established committee, the absence of a policy or direction as to how long a member may serve on a committee, and relatively little turnover in the committee membership, the opportunity for participation is somewhat limited. Therefore, the only remaining opportunity for Board Members interested in serving on a committee is the creation of an Ad-Hoc committee.

Possible Options

Balancing the current 2015 projects, goals, and creation of the Sunset Report with the desire for standing committees as well as considering Board resources may be achieved through the following options.

- Postpone the discussion of establishing standing committees until 2017. This timeline will be after all major revisions to board programs are implemented and will allow the Board to reassess its current goals and resources at that time.

- Continue using the Ad-Hoc Committee approach to specific topic areas.
- Establish a two (2) person committee to work with staff to develop the Sunset Report. Reevaluate the need for this committee for future board projects after the completion of the Board's Sunset Review in the spring/summer of 2016.
- Consider developing a board policy that specifies the number of years a Board Member may serve on the Policy and Advocacy committee or any other future standing committee. Within that policy determine committee composition and consider the rotation of members that will ensure continuity and avoid knowledge gaps.

Recommendation

Board Members should conduct an open discussion to determine if it is their desire to establish standing committees at this time. If not, Board Members should determine if some, or if all of the possible options discussed above are a viable alternative at this time.

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Sacramento, CA 95834
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www.bbs.ca.gov

To: Board Members **Date:** February 9, 2015

From: Rosanne Helms **Telephone:** (916) 574-7897
Legislative Analyst

Subject: **Consideration of California Psychological Association (CPA) as a Board-Recognized Continuing Education Approval Agency**

Background

The Board's continuing education (CE) regulations were recently approved by the Office of Administrative Law (OAL). These regulations are the result of a multi-year effort by the Board to delegate the authority to approve CE providers to "board-recognized approval agencies" that have expertise and have established stringent requirements for approving CE providers.

The new continuing education regulations will be phased-in gradually, with the following effective dates:

1. **January 1, 2015:** The Board ceased accepting applications for new board-approved continuing education providers.
2. **July 1, 2015:** All Board-approved continuing education providers will no longer be renewed. Board-approved providers with a current Board-approved continuing education provider number may continue to offer CE courses until his or her provider number expires.

Board-Recognized Approval Agencies

The following entities are recognized by the Board as approval agencies:

1. National Association of Social Workers (NASW)
2. Association of Social Work Boards (ASWB)
3. National Board of Certified Counselors (NBCC)
4. National Association of School Psychologists (NASP)
5. American Psychological Association (APA)
6. California Association of Marriage and Family Therapists (CAMFT)

The regulations allow the Board to recognize another entity as an approval agency if it can demonstrate that it meets certain criteria (California Code of Regulations (CCR) 16 §1887.4.1(b)):

- a) Is an organization that represents a licensed health care profession;
- b) Has a documented code of ethics;
- c) Has documented procedures for maintaining a continuing education approval program, including maintaining/managing records and data for the program, and monitoring and approving CE providers and courses;

- d) Has policies to avoid a conflict of interest between any provider and approval functions; and
- e) Has the capacity to evaluate courses to ensure compliance with the course requirements in regulation.

The regulation text stating these requirements can be found in **Attachment A**.

The new CE regulations also spell out specific approval agency responsibilities, CE provider responsibilities, and CE course content requirements (**Attachment B**).

New Approval-Agency Applicants

The California Psychological Association (CPA) is here today to request approval as a Board-recognized continuing education approval agency.

CPA has provided a packet of information regarding their continuing education approval program (**Attachment C**).

Attachments

Attachment A: Regulation Text: Board-Recognized Approval Agencies

Attachment B: Regulation Text: Approval Agency Responsibilities, CE Provider Responsibilities, and CE Course Content Requirements

Attachment C: CPA Continuing Education Materials

Attachment A
Continuing Education Regulations
Language Outlining Requirements to be a Board-Recognized Approval Agency

1887.4.1. BOARD-RECOGNIZED APPROVAL-AGENCIES
OPERATIVE July 1, 2015

(a) The following are board-recognized approval agencies:

- (1) National Association of Social Workers (NASW)
- (2) Association of Social Work Boards (ASWB)
- (3) National Board of Certified Counselors (NBCC)
- (4) National Association of School Psychologists (NASP)
- (5) American Psychological Association (APA)

(b) The board may recognize another entity as an approval agency if the entity can demonstrate in writing the following:

- (1) The entity is an organization that represents a licensed health care profession.
 - (2) The entity has a documented Code of Ethics.
 - (3) The entity has documented procedures for maintaining a continuing education approval program, including, but not limited to:
 - (A) Maintaining and managing records and data related to continuing education programs.
 - (B) Monitoring and approving continuing education providers and courses.
 - (4) The entity has policies to avoid a conflict of interest between any provider and approval functions.
 - (5) The entity has the capacity to evaluate courses to ensure compliance with Section 1887.4.0.
- (c) Upon written confirmation from the board that the entity has been recognized, the entity may advertise that it has been recognized by the board.

(d) Failure of the entity to substantially comply with the provisions as set forth in Section 1887.4.2 shall constitute cause for revocation of recognition by the board.

Note: Authority cited: Sections 4980.60, 4989.34, 4990.20 and 4999.76, Business and Professions Code. Reference: Sections 4980.54, 4989.34, 4996.22 and 4999.76, Business and Professions Code.

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Attachment B
Continuing Education Regulations
Approval Agency Responsibilities, CE Provider Responsibilities, and CE Course
Content Requirements

§1887. DEFINITIONS

OPERATIVE July 1, 2015

(e) An “approval agency” means an organization recognized by the board that evaluates and approves providers of continuing education, ensures courses offered by its providers meet the continuing education requirements of the board, and monitors the quality of each approved continuing education course.

§1887.4.0. CONTINUING EDUCATION COURSE CONTENT

OPERATIVE July 1, 2015

(a) Courses shall meet the requirements, relevant to each practice, as set forth in Sections 4980.54, 4989.34, 4996.22 and 4999.76 of the Code.

(b) The content of the course shall be based upon a methodological, theoretical, research, or practice knowledge base, and;

(1) demonstrate credibility through the involvement of the broader mental health practices, education, and science communities in studying or applying the findings, procedures, practices or theoretical concepts; or

(2) be related to ethical, legal, statutory or regulatory policies, guidelines, and standards that impact each respective practice.

(c) Each continuing education course shall have:

(1) written educational goals and specific learning objectives that are measurable and serve as a basis for an evaluation of the effectiveness of the course;

(2) an evaluation mechanism that allows each participant to evaluate the continuing education course;

(3) a syllabus that provides a general outline of the course, which shall contain, at a minimum, the learning objectives for each course and a summary containing the main points for each topic; and

(4) a mechanism that allows all participants to assess their achievement in accordance with the program’s learning objectives.

Note: Authority cited: Sections 4980.60, 4989.34, 4990.20 and 4999.76, Business and Professions Code. Reference: Sections 4980.54, 4989.34, 4996.22 and 4999.76, Business and Professions Code.

1887.4.2. APPROVAL AGENCY RESPONSIBILITIES

OPERATIVE July 1, 2015

(a) Each board-recognized approval agency shall:

- (1) Evaluate each continuing education provider seeking approval in accordance with the requirements of Section 1887.4.3.
- (2) Maintain a list of the names and addresses of persons responsible for the provider's continuing education program. The approval agency shall require that any change in the responsible person shall be reported to the approval agency within 15 days of the effective date of the change.
- (3) Provide the board with the name, address and responsible party of each provider upon request.
- (4) Respond to complaints from the board, providers, or licensees concerning activities of any of its approved providers or their courses.
- (5) Conduct periodic reviews of courses offered by providers approved by the agency to determine compliance with the agency's requirements and requirements of the board and, upon request, report the findings of such reviews to the board.
- (6) Ensure that the continuing education coursework offered by its providers meets the continuing education requirements of the board.
- (7) Establish a procedure for reconsideration of its decision that a provider or a provider's course does not meet statutory or regulatory criteria.

Note: Authority cited: Sections 4980.60, 4989.34, 4990.20 and 4999.76, Business and Professions Code. Reference: Sections 4980.54, 4989.34, 4996.22 and 4999.76, Business and Professions Code.

**§1887.4.3. CONTINUING EDUCATION PROVIDER RESPONSIBILITIES
OPERATIVE July 1, 2015**

(a) A continuing education provider shall be either:

- (1) an accredited or approved postsecondary institution that meets the requirements set forth in Sections 4980.54(f)(1), 4989.34, 4996.22(d)(1), or 4999.76(d) of the Code;
- (2) a board-recognized approval agency or a continuing education provider that has been approved or registered by a board-recognized approval agency for continuing education; or
- (3) an organization, institution, association, or other entity that is recognized by the board as a continuing education provider. The following organizations are recognized by the board as continuing education providers:

- (A) American Association for Marriage and Family Therapy (AAMFT)
- (B) American Association for Marriage and Family Therapy-California Division (AAMFT-CA)
- (C) California Association for Licensed Professional Clinical Counselors (CALPCC)
- (D) California Association of Marriage and Family Therapists (CAMFT)
- (E) National Association of Social Workers-California Chapter (NASW-CA)
- (F) California Society for Clinical Social Work (CSCSW)
- (G) California Association of School Psychologists (CASP)
- (H) California Psychological Association (CPA)
- (I) California Counseling Association (CCA)
- (J) American Counseling Association (ACA)

- (b) Each provider shall ensure that each continuing education course complies with the requirements of Section 1887.4.0.
- (c) Each provider shall furnish each licensee a record of course completion as defined in Section 1887.11.0.
- (d) Each provider shall maintain records of completion of their continuing education courses for four (4) years as defined in Section 1887.12(b). Credit hours awarded shall be in compliance with Section 1887.5.
- (e) Each provider shall have a methodology for determining the credit hours awarded for the completion of continuing education courses.
- (f) No provider shall discriminate against any individual or group with respect to any service, program or activity on the basis of gender, race, creed, national origin, sexual orientation, religion, or age, or other prohibited basis.
- (g) No provider shall promote or advocate for a single modality of treatment that is discriminatory or likely to harm clients based upon current accepted standards of practice.
- (h) Each provider must be able to demonstrate that their programs train licensees to treat any client in an ethical and clinically sound manner consistent with the code of ethics of their accrediting agency, approval agency, or professional association.
- (i) Each provider must have written policies and procedures for grievance resolution and must respond to grievances from course attendees, regulatory boards, or their governing accreditation agency in a timely manner.
- (j) When a provider works with another party on the development, distribution, and/or presentation of a continuing education course (joint sponsorship), there shall be procedures to identify and document the functions of each participating party.
- (k) Each provider is responsible for meeting all applicable local, state and federal standards, including the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §§ 12101-12213 (2008).
- (l) Each provider shall submit all documents related to an audit of course material to the approval agency or the board upon written request.

Note: Authority cited: Sections 4980.60, 4989.34, 4990.20 and 4999.76, Business and Professions Code. Reference: Sections 4980.54, 4989.34, 4996.22 and 4999.76, Business and Professions Code.

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October 17, 2014

RECEIVED

OCT 21 2014

Board of Behavioral Sciences
Rosanne Helms, Regulations Analyst
1625 N. Market Blvd, Ste 200
Sacramento, CA 95834

BOARD OF BEHAVIORAL SCIENCES

Dear Ms. Helms –

The California Psychological Association would like to submit comments on the proposed CE regulations. This is specifically in response to sections 1887. (Definitions) and 1887.4.1. (Board Recognized Approval Agencies).

1887. Definitions

The proposed regulations define an “approval agency” as “an organization recognized by the board that evaluates and approves providers of continuing education, ensures courses offered by its providers meet the continuing education requirements of the board, and monitors the quality of each approved continuing education course.”

We submit that the California Psychological Association (CPA) warrants consideration as an “approval agency” in that we have been formally assessing and approving continuing education provider organizations since August, 1997 when we initially developed and managed the Mandatory Continuing Education for Psychology Accrediting Agency for the Board of Psychology (BOP). This program managed almost 300 provider organization at its peak and was consistently active until December, 2012 when, in response to a BOP regulation change, it ceased operations.

1887.4.1. Board Recognized Approval Agencies

Further, we submit that CPA meets all of the criteria listed in this section. In the recent BOP regulation change that closed the MCEP Accrediting Agency, CPA was recognized as one of only four provider approval bodies (1397.61(f)) along with the American Psychological Association, ACCME and CMA.

Since November, 2012, CPA (through its Office of Professional Development) has operated as a BOP approved provider agency that has approved 120 CE providers for psychologists in California. Although our provider approval system is focused on the state level, it follows the same model as that used by the American Psychological Association (APA). The BBS currently recognizes APA as a board recognized approval agency. (1887.4.1.(a)(5)). I have enclosed a copy of our criteria and standards.

Request

The California Psychological Association respectfully requests that it be recognized in the BBS regulations as a board recognized approval agency. (1887.4.1.(a)(6)) If you have any further questions, please let us know. A representative from CPA will unfortunately not be able to attend the next regularly scheduled BBS meeting where presumably this request will be on the agenda. We are available prior to the meeting to answer any questions.

Respectfully,

A handwritten signature in black ink that reads "Jo Linder-Crow, PhD".

Jo Linder-Crow, PhD
CPA Chief Executive Officer

Encl: Criteria Manual and Application Guideline

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California Psychological Association
Office of Professional Development
CE Provider Approval System

Criteria Manual and
Application Guide

September, 2012

Version date: 9/25/12

Introduction

This document is intended to provide the support you will need to complete your application and remain in compliance with the requirements of CPA's Provider Approval System. It is written as a guide to the application itself so that you are clear as to what CPA is looking for when formulating your answers.

This document is divided into seven sections, matching the seven focus areas of the application, plus appendices. Each focus area consists of multiple criteria; all application questions relate to at least one criterion within that focus area.

All responses will be assessed based on how completely they address how the organization or its CE Program meets the stated criteria.

This manual and guide includes several appendices that contain additional information on policies and practices, examples and sample forms. The frequently asked questions (**FAQ**) on the next page should answer most of your questions as you complete the application.

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Before You Begin. . . Frequently Asked Questions (FAQ)

- Q.** I don't know how many courses/activities we will present over the next year. What if my estimate is significantly off?
- A.** Not to worry. If you present more programs than expected, we will invoice you for the fee. If you present less programs, we will reimburse the additional fee.
- Q.** We are a government agency and do not have an IRS letter. Can we still be considered exempt?
- A.** Yes, just mark Community/Government Agency in addition to any other appropriate provider type description. (General Info)
- Q.** Does the program administrator need to be a psychologist?
- A.** No. They just need to be organized and competent. (Focus Area B)
- Q.** Why am I required to keep records for five years?
- A.** The CA Board of Psychology requires psychologists to be able to produce documentation for up to four years prior to their current two year renewal cycle.
- Q.** What do you want when you ask for references and citations in Focus Area D?
- A.** If the material you intend to present is already well integrated into the practice of psychology, then general references to the foundational material is sufficient. (i.e., from the work(s) of. and the research of)
- If this is a newer area, particularly one that would be an application of theory/practice that has not received general acceptance in the field of psychology or is a new application of a methodology or approach, then the references need to be more specific, relevant and timely; the actual references and research citations would be needed to ground the material in the accepted body of psychological knowledge.
- Q.** What is considered an emerging rather than an established area for course content?
- A.** Any practice that is not clearly linked to established psychological theory/research. For example, the application of an established approach to a significantly different population or diagnosis or an evolving area of practice such as the impact of social media on practice. (Focus Area D)
- Q.** Are we required to use the sample evaluation form?
- A.** No. However, the information required for the after course report must be collected in such a way that it can be reported for our use. (Focus Area E)
- Q.** Can I use the same evaluation forms with the other professional attending?
- A.** You can use a single evaluation for all attendees; however, we only want data from psychologists and for the required questions. (Focus Area E)
- Q.** Are simple calendar listings considered to be "advertisements" in terms of both the required language and after course reporting?
- A.** No, however if they link to more detailed information, the linked information is considered to be advertising. (Focus Area G)
- Q.** Is there any way to shorten the required promotional materials statement?
- A.** No, but you can use a greatly reduced font size for this "fine print" information. (Focus Area G)
- Q.** How do I calculate a summary average score for the course report?
- A.** Use maximum number of points scored on each item divided by number of responses. e.g., objective 1 scores 1-1s; 2-2s; 2-3s; 10-4s; and 20-5s.
- Total score = 151. Total responses = 35. Calculated average (151/35) = 4.3

Focus Area A

Goals and Organization Overview

CRITERIA

- A. 1. Providers must have a statement of goals for their CE program that clearly articulates the scope and purpose of the program.

- A. 2. Providers must have a clearly defined and delineated organizational structure that supports their stated goals.

Focus Area B
Program Management

CRITERIA

- B. 1. Providers must include the direct input of psychologists in all phases of the decision-making and program-planning process for the activities offered to psychologists for CE credit.
- B. 2. Providers must have a clearly designated program administrator who is responsible for ensuring that the organization meets the administrative requirements of this program.
- B. 3. Providers must obtain and retain administrative and educational records to include course descriptions, syllabi, learning objectives, instructor CV/expertise, attendance records and who was awarded credit for a period of five (5) years.
- B. 4. Providers using proprietary information (e.g., testing or scoring materials) and/or identifiable clinical material must ensure the security and confidentiality of the materials, the individuals and the organizations involved.
- B. 5. Providers must have written policy for addressing participant complaints in a reasonable, ethical, and timely fashion.
- B. 6. Providers must manage their total program (instructor selection, course content and content development process and organizational operations) in a manner that respects cultural, individual, and role differences as well as addresses issues of diversity including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status.
- B. 7. Providers must make all CE programs accessible to individuals with disabilities, according to the requirements of the Americans with Disabilities Act.
- B. 8. Providers must adhere to all Standards in this document in all aspects of their CE program.

Focus Area C

Educational Planning and Instructional Methods

CRITERIA

- C. 1. Providers must develop specific and measurable learning objectives for each course that clearly describe what participants are expected to learn.

- C. 2. Providers must select instructors with expertise in the program content area and who are competent to teach this program content at a post-doctoral level of knowledge and skills.

- C. 3. Providers must obtain documentation that clearly demonstrates the expertise of their instructors.

Focus Area D

Curriculum Content

CRITERIA

- D. 1. Providers must ensure program content is offered at the post-licensure level in psychology and is designed to maintain, develop, broaden and increase competencies.
- D. 2. Providers must demonstrate that the information and programs presented are intended to maintain, develop, and increase conceptual and applied competencies that are relevant to psychological practice, education, or science and have a direct consumer application in at least one of the following ways:
- 2.1 CE programs include content related to well-established psychological principles.
 - 2.2 CE programs are based on content that extends current theory, methods or research, or informs current practice.
 - 2.3 CE programs provide information related to ethical, legal, statutory or regulatory guidelines and standards that impact psychology.
 - 2.4 CE programs whose content focuses on non-traditional or emerging practice or theory must be able to directly bridge course content to criteria 2.1.
- Note:** Demonstration must be through the use of:
- *established research as demonstrated by the involvement of the broader psychological practice, education, and science communities in studying or applying the findings, procedures, practices, or theoretical concepts;*
 - *peer reviewed, published support beyond those publications and other types of communications devoted primarily to the promotion of the approach;*
- D. 3. Providers are to require that instructors inform attendees of the accuracy and utility of the materials presented, the limitations of the content being taught, and any known risks associated with the content.
- D. 4. Providers must clearly disclose any commercial support for and/or known biases of the CE program, presentation, or instructor to program attendees at the time the CE program begins. Any other relationship that could be reasonably construed as a conflict of interest must also be disclosed at the beginning of the presentation.

Focus Area E

Program Evaluation

CRITERIA

- E. 1. Providers must use a formal (written) evaluation tool to assess both attendee satisfaction and program effectiveness for psychologist attendees. *(see sample in Appendix 4)*
Note: *For conferences, evaluations are required for each session granting CPA CE credit for psychologists.*
- E. 2. Evaluations must include CE participants' overall satisfaction with their experience to include ancillary factors such as physical environment, accessibility and method of delivery.
- E. 3. Evaluations must have questions assessing how well each educational objective was achieved. (Likert scale meets minimum standard) **Note:** *See Course Reporting requirement, Appendix 5.*
- E. 4. Evaluations must have a question asking how much the participant learned from the program. (Likert scale meets minimum standard) **Note:** *See Course Reporting requirement, Appendix 5.*
- E. 5. Providers must use the results of the evaluation process to improve and plan future programs.

Focus Area F
Standards for Awarding Credit

CRITERIA

- F. 1. Providers must award CE credit for psychologists on the basis of one credit per sixty minutes of instructional time.
 - 1.1. Break time cannot be counted as instructional time.
 - 1.2. Partial credit for partial attendance cannot be granted. Full credit for full attendance is the only option.

- F. 2. Providers must provide attendance verification (e.g., letters or certificates) to each participant that includes the CPA OPD approval statement, the name and date of the activity, the number of CE credits earned, and a signature or other verification from the sponsoring organization.

- F. 3. Providers must be able to verify and provide subsequent verification to individuals who request it for at least five years after completion of the activity. Providers must agree to provide copies of CE attendance/credit confirmation document readily and at no fee.

- F. 4. Distance/Independent Learning Providers must have a method of determining whether the person being awarded credit for the course was the individual who completed the course.

Focus Area G
Promotion and Advertising

CRITERIA

- G. 1. Providers must have a readily accessible way that allows potential participants to obtain the following information prior to enrolling in a CE program:
- a. Learning objectives;
 - b. A description of the target audience and the post-licensure instructional level of the activity (introductory, intermediate, or advanced);
 - c. Start and end times;
 - d. Cost, including all fees and the refund/cancellation policy;
 - e. Instructor credentials, including relevant professional degree and discipline, current professional position, and expertise in program content;
 - f. The number of CE credits offered for each activity;
 - g. A clear indication of any activities within a program that are not offered for CE credit.
- G. 2. Providers must disclose, prior to registration, any known commercial support for CE programs or instructors. Any other relationships that could be reasonably construed as a conflict of interest also must be disclosed.
- G. 3. Providers must use the following statement **as is** in all promotional materials: *(Note: Please insert your own organizational name where indicated.)*

"(Organization name) is approved by the California Psychological Association to provide continuing professional education for psychologists. (Organization name) maintains responsibility for this program and its content."

APPENDICIES

Appendix 1

FEE STRUCTURE

The fee structure for CPA's Provider Approval System is designed to level the playing field somewhat between exempt and non-exempt organizations (aka non-profit and for-profit) and between providers with larger and more active programs and those with smaller/less active programs.

- All organizations must submit an initial application fee with their application.
- Initial approval will be awarded for a two year period. Subsequent approvals will be for two or five year periods. At the end of the approval period, a new application must be submitted with the accompanying application fee.
- When an organization is approved, the provider will be invoiced and must remit annual payment, before approval becomes effective
- There is an annual fee to maintain an approved provider's status. This fee is based on the number of courses provided. *(See fee structure below)*
- There is no fee associated with filing the required individual after course reports.
- If a Provider exceeds their volume rate in any given year, they will be billed for the additional course fee(s).
- Invoices will be mailed in advance of annual expiration dates and are to be paid prior to the provider expiration date.
- Late fees will be applied to all late applications. Late fees are calculated at 10% but no less than \$25.

2012 - 2013 FEE STRUCTURE

Fee Type	Provider Type Rates	
	Non-Profit	For Profit
Application Fee	\$ 100	\$ 200
Annual Fee (0 - 5 courses)	\$ 400	\$ 600
Annual Fee (6 -10 courses)	\$600	\$ 800
Annual Fee (11-15 courses)	+ \$ 150	+ \$ 200
Annual Fee (16-20 courses)	+ \$ 200	+ \$ 300

Appendix 2

OPD Office
Use Only

Application Checklist

This list is provided to assist in ensuring a complete application is sent, as incomplete applications may be returned.

Application Cover Sheet

- Completed

General Information

- Completed

Focus Area A: Goals and Organization Overview

There are no attachments required for Area A.

Focus Area B: Program Management

- CVs of psychologists involved in program planning and development. (1.b)
- Complaint and refund policy
- Written diversity and individual respect policy or statement, if available.
- List of collaborating organizations, program titles and dates (if applicable)

Focus Area C: Educational Planning and Instructional Methods

- Summary Data Chart, completed.
- Full CVs of instructors listed in the summary data chart (if an instructor is also involved in program planning and development and a CV has already been provided, you do not need to provide a duplicate CV. (Please reference Focus Area B, Question 1.)
- Full CV for individual(s) responsible for distance/independent learning program and test preparation (if applicable)

Appendix 3

Tips on Writing Learning Objectives and Learning Assessments

Learning Objectives

Programs being offered for CE Credit for psychologists must include clearly stated objectives. The objectives should be written in **measurable, behavioral terms** and should state exactly what the participant will be able to do following the workshop.

As a guideline, a four-hour workshop should include three or four objectives while a seven-hour workshop should have five to seven objectives. Think in terms of new skills or knowledge the participant will have upon completion of the workshop.

Verbs to consider

- ✓ list, describe, recite, write
- ✓ compute, discuss, explain, predict
- ✓ apply, demonstrate, prepare, use
- ✓ analyze, design, select, utilize
- ✓ compile, create, plan, revise
- ✓ assess, compare, rate, critique

Verbs to avoid

- ≠ know, understand
- ≠ learn, appreciate
- ≠ become aware of, become familiar with

Example:

This workshop is designed to help you:

1. Describe various theoretical approaches to coaching.
2. Differentiate between the coaching relationship and the therapeutic relationship.
2. Identify steps to quickly build an effective coaching relationship and avoid potential pitfalls.
4. Demonstrate knowledge of ethical issues present in coaching relationships, using a case study example.

Appendix 4

Sample Forms

A. Sample Course Evaluation Form

B. Sample Attendance Confirmation

C. Sample Complaint Policy

Other samples and forms to be added as requested.

Sample Course Evaluation Form

Course Title: _____

Course Date: _____

Please identify license(s) held:

Psychologist

MD

RN

Other

Post-Doc Intern

MFT/LCSW/LEP/LPCC

Please assist us with determining the effectiveness of this program by completing the following evaluation.

	Strongly Disagree		Strongly Agree	
A. This program met the stated Learning Objectives.				
1. Objective 1	1	2	3	4 5
2. Objective 2	1	2	3	4 5
3. Objective 3	1	2	3	4 5
4. Objective 4	1	2	3	4 5
	Strongly Disagree		Strongly Agree	
B. Instructors were qualified to present this material.				
1. Instructor 1 (Name)	1	2	3	4 5
2. Instructor 2 (Name)	1	2	3	4 5
3. Instructor 3 (Name)	1	2	3	4 5
	Strongly Disagree		Strongly Agree	
C. Course content was:				
1. Appropriate for intended audience	1	2	3	4 5
2. Consistent with stated objectives	1	2	3	4 5
	Strongly Disagree		Strongly Agree	
D. Overall, you were satisfied with:				
1. Your educational experience.	1	2	3	4 5
2. The method of instructional delivery.	1	2	3	4 5
3. The physical environment of the experience.	1	2	3	4 5 N/A
4. Accessibility of the facilities.	1	2	3	4 5 N/A
5. I learned something useful from this program	1	2	3	4 5

Comments

Sample Attendance Confirmation

Name of Organization / Logo **Confirmation of Attendance**

Name: _____ CA License No: PSY _____

The above mentioned professional verifies that they attended, **in its entirety**, the following:

Course Title:

Date:

Instructor:

Contact Hours:

Location:

CPA OPD Provider Code: _____ **Distance/Independent Learning:** ____ (Y/N)

The ***Name of Organization*** is approved by the CPA OPD to sponsor continuing professional education for psychologists in California. ***Name of Organization*** maintains responsibility for this program and its content.

***Organization's Authorized
Signature***

Name and Title

Options: Location/ Contact Information/ Mission Statement

Complaint Policy Sample

[name of organization] is fully committed to conducting all activities in strict conformance with the American Psychological Association's Ethical Principles of Psychologists. [name of organization] will comply with all legal and ethical responsibilities to be non-discriminatory in promotional activities, program content and in the treatment of program participants.

The monitoring and assessment of compliance with these standards will be the responsibility of the CPA PAS CE Program Director in consultation with ().

While [name of organization] works to assure fair treatment for all participants and attempts to anticipate problems, there will be occasional issues which will require intervention and/or action on the part of (name of organization). This procedural description serves as a guideline for handling such complaints.

When a participant, either orally or in written format, files a grievance and expects action on the complaint, the following actions will be taken.

1. If the complaint concerns a speaker, the content presented by the speaker, or the style of presentation, the individual filing the complaint will be asked to put his/her comments in written format. The CE Program Director will then pass on the comments to the speaker, assuring the confidentiality of the grieved individual.
2. If the complaint concerns a workshop offering, its content, level of presentation, or the facilities in which the workshop was offered, the (CE Director) will mediate and will be the final arbitrator. If the participant requests action during a workshop or conference, the (CE Director or his/her representative) will:
 - a. attempt to move the participant to another presentation or
 - b. provide a credit for a subsequent presentation or
 - c. provide a partial or full refund of the registration fee.

Actions 2b and 2c will require a written note, documenting the grievance, for record keeping purposes. The note need not be signed by the grieved individual.

3. If the grievance concerns the business practices of [name of organization] CE program, in a specific regard, the CE Program Director or Administrator will attempt to arbitrate.

Refund and Attendance Policy Sample

CANCELLATIONS are subject to a \$50.00 processing fee and must be received 14 days prior to be eligible for a refund. **IMPORTANT NOTICE:** Those who attend this workshop in full and complete the appropriate evaluation form will receive CE credits. Please note that credit will only be granted to those who attend the entire workshop. Those arriving more than 15 minutes after the start time or leaving before the workshop is completed will not receive CE credit.

Appendix 5

Individual Course Report

- This report must be filed within 30 days (one month) of the presentation of any and all continuing education activities or presentations. Providers may request additional time in advance when preparing a report for a large conference.
 - Distance/Independent learning courses require an annual report 6 weeks prior to the date of the provider's annual renewal.
- Evaluation summary responses are for psychologist attendees only. Please do not include other professions. Please do not send copies of the individual evaluations unless specifically requested, i.e., via a records audit.
- The report is intended to capture a calculated **average** score of the evaluations submitted by psychologists for each evaluation item.
- Attach a blank copy of the evaluation form (with objectives and instructor name(s) entered) that was used for this program.
- Attach copies of all advertising, marketing and/or announcements) used to promote this program (including electronic media) .
- If this is for an Distance/Independent learning course, attach a copy (blank) or a description of the learning assessment upon which credit was awarded.
- While there is no fee associated with filing these reports, failing to file or filing chronically late reports may put your provider approval status at risk.

CPA Office of Professional Development Individual Course Report

Provider Name: _____ Provider Code: _____

Course Title: _____

Course End Date: _____ # Credits: _____ Distance/Independent Learning: **Y / N**

Total Attendees: _____ % Licensed Psychologists: _____

Instructors: _____
(please include full name and degree)

Summary of Evaluations:

A. This program met the stated Learning Objectives.

Summary Average Score

- | | |
|----------------|----------|
| 1. Objective 1 | 1. _____ |
| 2. Objective 2 | 2. _____ |
| 3. Objective 3 | 3. _____ |
| 4. Objective 4 | 4. _____ |

B. Instructors were qualified to present this material.

Summary Average Score

- | | |
|-----------------|----------|
| 1. Instructor 1 | 1. _____ |
| 2. Instructor 2 | 2. _____ |
| 3. Instructor 3 | 3. _____ |

C. Course content was:

Summary Average Score

- | | |
|--------------------------------------|----------|
| 1. Appropriate for intended audience | 1. _____ |
| 2. Consistent with stated objectives | 2. _____ |

D. The attendees, overall, were satisfied with:

Summary Average Score

- | | |
|---|----------|
| 1. Their educational experience. | 1. _____ |
| 2. The method of instructional delivery. | 2. _____ |
| 3. The physical environment of the experience. | 3. _____ |
| 4. Accessibility of the facilities. | 4. _____ |
| 5. I learned something useful from this program | 5. _____ |

Attachments:

- Blank Evaluation Advertising Learning Assessment & Attendance Verification method (DL/IL only)

Appendix 6

Audit and Non-Compliance Policy

The CPA Office of Professional Development expects that all Approved CE Providers abide by the requirements and meet the stated standards of this program in all focus areas.

As an assurance, providers will be occasionally asked to provide additional information and original documents that will be used as part of an internal audit process. Any request for documents will be based on the records that providers are required to obtain and maintain in order to meet program standards.

A request for documents can be random, or it can be triggered by a psychologist complaint or from information included as part of the standard course report or as a result of a change in program administration.

CPA will endeavor to work with providers to rectify procedural or administrative matters. Failure to fully respond to a request for additional information, however, can result in responses ranging from placing the non-responsive provider on immediate inactive status, probation or revoking approval.

Repeated inconsistency in applying course content standards can also result in probation or revocation of approval status.

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AMERICAN PSYCHOLOGICAL ASSOCIATION

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002
Effective June 1, 2003

With the 2010 Amendments
Adopted February 20, 2010
Effective June 1, 2010

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A–E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an op-

portunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010. The amendments became effective on June 1, 2010 (see p. 15 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA website, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279–282.
- American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56–60.
- American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357–361.
- American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22–23.
- American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633–638.
- American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390–395.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597–1611.
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060–1073.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of

their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that indi-

vidual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the ser-

vices of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national

origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g.,

therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02,

Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipi-

ents of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employ-

er-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05,

Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate

to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by

automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such

as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the cli-

ent's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

2010 AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT”

The American Psychological Association’s Council of Representatives adopted the following amendments to the 2002 “Ethical Principles of Psychologists and Code of Conduct” at its February 2010 meeting. Changes are indicated by underlining for additions and striking through for deletions. A history of amending the Ethics Code is provided in the “Report of the Ethics Committee, 2009” in the July-August 2010 issue of the *American Psychologist* (Vol. 65, No. 5).

Original Language With Changes Marked

Introduction and Applicability

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority~~ in keeping with basic principles of human rights.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority. Under no circumstances may this standard be used to justify or defend violating human rights.~~

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code. take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

NOTES



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Printed in the United States of America