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BOARD MEETING NOTICE November 19-20, 2014

The Mission Inn
3649 Mission Inn Avenue
The Galleria Room
Riverside, CA 92501
(951) 784-0300

***Wednesday, November 19th
8:30 a.m.***

FULL BOARD OPEN SESSION - Call to Order & Establishment of a Quorum

- I. Ethical Decision Making – Dianne Dobbs, DCA Senior Legal Counsel
- II. Petition for Modification of Probation for Theresa Fenanader, LCSW 25391
- III. Petition for Modification of Probation for Jason Hatakeyama, ASW 30811
- IV. Petition for Early Termination of Probation for Kalie McCormack, IMF 71076
- V. Petition for Reinstatement of License for Mary White, MFC 37753
- VI. Suggestions for Future Agenda Items
- VII. Public Comment for Items not on the Agenda

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

FULL BOARD OPEN SESSION

- IX. Adjournment



Governor
Edmund G. Brown Jr.
State of California

Business, Consumer Services
and Housing Agency

Department of
Consumer Affairs

Thursday, November 20th
8:30 a.m.

FULL BOARD OPEN SESSION - Call to Order & Establishment of a Quorum

- X. Introductions*
- XI. Approval of the Board Meeting Minutes
 - a. July 11, 2014
 - b. August 6, 2014
 - c. August 13, 2014
 - d. August 27-28, 2014
 - e. October 7, 2014
- XII. Chairperson's Report
- XIII. Executive Officer's Report
 - a. Budget Report
 - b. Operations Report
 - c. Personnel Update
 - d. BreEZe Update
- XIV. Strategic Plan Update
- XV. Supervision Committee Update
 - a. Update on October 24th, 2014 meeting.
 - b. Discussion and Possible Action Regarding Changes to Current Supervised Work Experience Requirements for LCSW, LMFT and LPCC
- XVI. Discussion and Possible Action Regarding Legislation Affecting the Board
 - a. Discussion and Recommendations for Possible Action Regarding Proposed 2015 Omnibus Bill Amending Business and Professions Code Sections 4980.43, 4984.01, 4996.2, 4996.28, 4999.45, 4999.46, and 4999.100
 - b. Discussion and Recommendation for Possible Action Regarding Amendments to Support the Board's Continuing Education Program
 - c. Discussion and Recommendation for Possible Action to Sponsor Legislation to Support the Board's Enforcement Process
 - d. Update Regarding AB 1629: Crime Victims: Compensation: Reimbursement of Violence Peer Counseling Expenses
- XVII. Legislative Update
- XVIII. Rulemaking Update
- XIX. Consideration of Requests for Recognition as an Approval Agency
 - a. California Marriage and Family Therapist Association (CAMFT)
 - b. California Psychological Association

- XX. Discussion and Recommendations for Establishing Standing Board Committees
- XXI. Suggestions for Future Agenda Items
- XXII. Public Comment for Items not on the Agenda
- XXIII. 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 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: November 14, 2014

From: Christina Kitamura
Administrative Analyst

Telephone: (916) 574-7830

Subject: Meeting Materials to be Provided Later

The following materials will be provided under separate cover:

- XI. d. Approval of the Board Meeting Minutes: August 27-28, 2014
- XIII. b. Executive Officer's Report: Operations Report

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BOARD MEETING MINUTES - *DRAFT*
July 11, 2014

Department of Consumer Affairs
Hearing Room
1625 N. Market Blvd., N220
Sacramento, CA 95834

The Board of Behavioral Sciences met via teleconference from the following locations:

Eisenhower Medical Center 39000 Bob Hope Dr. Delores Hope Rehab Clinic Rancho Mirage, CA 92270	800 State College Blvd Education Classroom Bldg., #422 Fullerton, CA 92834
2400 Moorpark Ave., #300 San Jose, CA 95128	5506 Ranchito Ave. Sherman Oaks, CA 91401
8559 Nephi Wy. Fair Oaks, CA 95628	11470 Henley Ln. Bel Air, CA 90077
6405 S. Halm Ave. Los Angeles, CA 90056	5060 Castille Wy. Riverside, CA 92507

Members Present

Christina Wong, Chair, LCSW Member
Deborah Brown, Vice Chair, Public Member
Dr. Leah Brew, LPCC Member
Betty Connolly, LEP Member
Dr. Harry Douglas, Public Member
Sarita Kohli, LMFT Member
Patricia Lock-Dawson, Public Member
Renee Lonner, LCSW Member
Karen Pines, LMFT Member
Dr. Christine Wietlisbach, Public Member

Members Absent

Samara Ashley, Public Member
Dr. Peter Chiu, Public Member

Staff Present

Kim Madsen, Executive Officer
Steve Sodergren, Asst. Executive Officer
Dianne Dobbs, Legal Counsel
Rosanne Helms, Legislative Analyst
Christy Berger, Regulatory Analyst
Christina Kitamura, Administrative Analyst

Public Attendees

Cathy Atkins, California Association of Marriage and Family Therapists
Pete Nielsen, California Association of Drug and Alcohol Counselors (CADAC)
Sherry Daily, CADAC
Louie Brown, Law Offices of Kahn Soares & Conway
Rebecca Gonzales, National Association of Social Workers (NASW)

1 Janlee Wong, NASW
2 Ashley Jones, NASW
3 Additional attendee representing NASW
4 Dean Porter, California Association for Licensed Professional Clinical Counselors (CALPCC)
5
6

7 Christina Wong, Chair of the Board of Behavioral Sciences (Board), called the meeting to order
8 at 11:34 a.m. Christina Kitamura called roll, and a quorum was established.
9

10 **I. Introductions**

11 The Board Members, Board staff, and guests introduced themselves.
12

13 **II. Discussion and Possible Action Regarding Senate Bill 570 (DeSaulnier) Advanced
14 Alcohol and Drug Licensing Act**
15

16 Rosanne Helms presented SB 570, which establishes the Advanced Alcohol and Drug
17 Counselor Licensing Board (board) within the Department of Consumer Affairs (DCA) for the
18 purposes of licensing and regulating Advanced Alcohol and Drug Counselor Interns (AADCI)
19 and Licensed Advanced Alcohol and Drug Counselors (LAADCs).
20

21 The Assembly Committee on Business, Professions, and Consumer Protection suggested at its
22 hearing in June 2014 that it may be more efficient to create a committee within the Board of
23 Behavioral Sciences (BBS).
24

25 This bill has not been amended to place this license type under the jurisdiction of BBS at this
26 time. For now, the bill still creates a separate licensing board under DCA. If this bill is amended
27 to create a subcommittee under BBS, such amendments will likely not be published until the
28 Legislature reconvenes from summer recess on August 4th. The last day for the Legislature to
29 amend bills is August 22nd.
30

31 Existing law:

- 32 • Requires the Department of Health Care Services (DHCS) to review and certify alcohol and
33 other drug programs as meeting state standards.
- 34 • Requires individuals providing alcohol and drug counseling in an alcohol and drug program
35 licensed or certified by DHCS to be certified by a DHCS-approved certifying organization.
- 36 • Requires all alcohol and drug (AOD) counselors employed by DHCS licensed or certified
37 alcohol and drug programs to register to obtain certification as an AOD counselor with one
38 of the approved certifying organizations within 6 months of their hire date. Certification must
39 be completed within 5 years.
- 40 • Sets the following minimum education and experience requirements that the certifying
41 organizations must require:
 - 42 ➤ At least 155 hours formal AOD education;
 - 43 ➤ At least 160 hours supervised AOD training;
 - 44 ➤ At least 2,080 hours of work experience providing AOD counseling;
 - 45 ➤ Passage of a written or oral exam.
- 46 • Prior to certifying a registrant as an AOD counselor, the certifying organization must contact
47 all other DHCS-approved certifying organizations to determine if the registrant's certification
48 was ever revoked.
49

50 SB 570 sets the following requirements for the issuance of an intern registration (AADCI)
51 beginning January 1, 2017:

- 1 a. Possession of a masters or doctoral degree from a board-recognized accredited or
- 2 approved school in a relevant field;
- 3 b. Completion of 315 clock hours of alcohol and drug-specific education from an accredited or
- 4 approved school recognized by the board;
- 5 c. Completion of 315 performance/experience hours, including 45 classroom instruction hours
- 6 and 255 practical experience hours; and
- 7 d. Passage of a state and federal criminal background check.

8
9 SB 570 sets the following requirements for the issuance of a license (non-grandparent method):

- 10 a. Possession of a masters or doctoral degree from a board-recognized accredited or
- 11 approved school in a relevant field;
- 12 b. Completion of 315 clock hours of alcohol and drug-specific education from an accredited or
- 13 approved school recognized by the board;
- 14 c. Completion of 315 performance/experience hours;
- 15 d. Completion of 2,000 hours of work experience as an alcohol and drug counselor;
- 16 e. Passage of a nationally recognized licensing exam designated by the board; and
- 17 f. Passage of a state and federal criminal background check.

18
19 SB 570 sets requirements for the issuance of a license (Grandparenting, Option 1) if the

20 applicant applies between January 1, 2017 and June 30, 2018 and meets the following

21 requirements on or before January 1, 2017:

- 22 a. Holds a current, valid advanced alcohol and drug counseling certification or clinical
- 23 supervision certification, issued by a certifying organization recognized by the DHCS. This
- 24 certification must include the following minimum requirements;
- 25
 - 315 hours alcohol and drug counseling education;
 - 26 • A 45-hour practicum course;
 - 27 • 6,000 hours of work experience as an alcohol and drug counselor;
 - 28 • Passage of a test approved for certification by the International Certification &
 - 29 Reciprocity Consortium (IC&RC) or board-recognized equivalent;
 - 30 • A letter from a certifying organization affiliated with the IC&RC and recognized by DHCS,
 - 31 or equivalent, confirming the applicant is an advanced-level counselor in good standing.
- 32 b. Passage of a state and federal criminal background check;
- 33 c. Provides a letter from a certifying organization affiliated with the IC&RC, or equivalent, and
- 34 recognized by DCA, confirming 10,000 documented hours of experience in alcohol and drug
- 35 abuse counseling within the past 10 years, consistent with IC&RC standards for advanced
- 36 certification; and
- 37 d. Holds one of the following degrees to be counted in lieu of experience, toward the 10,000
- 38 required hours, if the degree is substantially related:
- 39
 - An associate's degree may count for 2,000 experience hours;
 - 40 • A bachelor's degree may count for 4,000 experience hours;
 - 41 • A master's degree may count for 6,000 experience hours.

42
43 SB 570 sets requirements for the issuance of a license (Grandparenting, Option 2) if the

44 applicant applies between January 1, 2017 and June 30, 2018 and meets the following

45 requirements on or before January 1, 2017:

- 46 a. Practices alcohol and drug counseling and is licensed to practice marriage and family
- 47 therapy, psychology, clinical social work, clinical counseling, or medicine; and
- 48 b. Provides documentation of 6,000 experience hours providing direct alcohol and drug
- 49 counseling.

50
51 SB 570 specifies the scope of practice.

- 1 a. Defines “alcohol and drug counseling” as a process involving a psychotherapeutic
2 relationship between a client experiencing addiction, dependence, abuse of alcohol or
3 drugs, or other symptoms related to substance abuse, and a counselor or therapist trained
4 to provide help to address these issues.
5 b. Provides that alcohol and drug counselors must understand their limited scope and refer a
6 client assessed as needing the services of another licensed professional, in a timely
7 manner. The bill has been amended to define “a timely manner” as within 14 days, if in a
8 private practice.
9

10 SB 570 specifies Exemptions from Licensure/Registration:

- 11 • A person engaging in alcohol and drug counseling exclusively for in-custody services of the
12 Department of Corrections and Rehabilitation, or as an employee or volunteer of the State of
13 California or the government of the United States;
14 • An unpaid member of a peer or self-help group, as long as this person does not use a title
15 stating or implying licensure or registration;
16 • A cleric or religious leader providing spiritual advice/guidance free of charge;
17 • A director, officer, or staff member of a program described in Section 8001 of the Penal
18 Code (PC); and
19 • A director, officer, or staff member of a program described in Health and Safety Code
20 Section 11752.1(l) or (m).
21

22 SB 570 also states that this bill shall not be construed to constrict, limit, or withdraw the
23 licensing acts of LMFTs, LCSWs, or LPCCs.
24

25 SB 570 requires the board to revoke or deny a license or registration if the person meets one or
26 more of the following:

- 27 a. Has been convicted of five or more criminal offenses within a 30 month period within the
28 past two years or less;
29 b. Is required to register as a sex offender;
30 c. Has been convicted of a violent felony, as defined in law, within the past three years. After
31 the expiration of three years, if on parole, he or she may be licensed or registered by the
32 board if the parole officer or the Board of Parole Hearings provides written approval.
33

34 The Board of Parole Hearings may withdraw this written approval. In this case, the license
35 or registration shall be revoked by the board. However, if the Board of Parole Hearings
36 reinstates the approval, then the board shall reinstate the license or registration.
37

38 This provision also applies to a person convicted of a crime that the board determines is
39 substantially related to the practice of alcohol and drug counseling.
40

41 SB 570 states that the startup funds to implement this licensing program shall be derived, as a
42 loan, from the reserve of the fund.
43

44 Background:

45 Although the regulations promulgated by the DHCS require AOD counselors working within
46 its licensed or certified facilities to become certified, this requirement does not apply outside
47 its licensed or certified facilities. As a result many practitioners of drug and alcohol
48 treatment are not regulated.
49

50 In May 2013, the California Senate Office of Oversight and Outcomes (SOOO) published a
51 report. The report presents evidence that California’s system for addiction treatment allows
52 registered sex offenders and other serious felons, as well as counselors facing current drug
53 and alcohol charges and those already revoked for misconduct, to provide treatment. The
54 report finds that counselors can easily flout education and training requirements; that the

1 system does not allow for criminal background checks for counselors; and that the system
2 contains gaps that can be exploited by counselors who move between private organizations
3 that register and certify counselors. The SOOO report recommends that drastic changes to
4 California's counselor certification system should be considered. Among a list of many
5 recommendations, the report recommends a requirement for fingerprint-based criminal
6 background checks for anyone working as a counselor.
7

8 The author's office stated the following:

9 *"The Affordable Care Act (ACA) requires participating exchange members to maintain*
10 *accreditation by the National Committee for Quality Assurance (NCQA). The NCQA*
11 *requires behavioral health practitioners to be licensed in order for a plan to maintain*
12 *accreditation. Because California is one of the minority of states without licensure for*
13 *AADC, patients are being referred to other licensed professionals with little training or*
14 *education in alcohol and drug treatment."*
15

16 This bill proposes to regulate the practice of drug and alcohol counseling in both licensed
17 facilities and private practice by creating standards for certification and licensure as an alcohol
18 and other drug counselor. Alcohol and drug counseling as defined in this bill, is a number of
19 specified activities performed for the purpose of treating alcohol or other drug problems only.
20

21 This bill would create a license to treat only one diagnosis. An LAADC would therefore have to
22 be able to differentiate between an issue that is solely attributed to alcohol and drug abuse
23 problems and symptoms and issues that may be attributable to a diagnosis outside the scope of
24 practice of the LAADC.
25

26 Concerns:

- 27 • A licensee under this bill must refer any client assessed as needing additional services not
28 within the scope of their practice to another licensed professional. Because alcohol and
29 other drug treatment relates to a single diagnosis, it is likely that a patient will have other
30 diagnoses outside of their practitioner's scope of practice. This raises a concern about
31 continuity of care, as patients will likely need to seek out a new practitioner at some point
32 within their treatment, which may be disruptive to their treatment and progress.
33
- 34 • A concern raised by the California Association of Drug and Alcohol Educators (CAADE) in
35 their opposition letter to the bill was that an LAADC with a master's degree would be
36 licensed to the same level as a counselor with a GED or High School Diploma.
37

38 BPC §4453.1 is the language that could pave the way for a high school graduate to become
39 licensed. However, this is language grandfathering in people who may be practicing as
40 certified counselors already. It is an attempt to deal with the subset of counselors who have
41 been doing this kind of work for a long time, but who lack a masters or doctoral degree.
42 After June 30, 2018, the provisions in Section 4453.2, which require a masters or doctoral
43 degree in a related field, would apply.
44

- 45 • Although the bill does not place LAADCs and AADCIs under BBS's jurisdiction at this time,
46 there has been significant recent discussion at the Legislature about the possibility of doing
47 so. Unlike the BBS's current license types, LAADCs and AADCIs are not required to have a
48 master's degree if they gain licensure during the grandparenting period.
49
- 50 • The disciplinary standards for LAADCs and AADCIs are significantly different than the
51 disciplinary standards for LMFTs, LEPs, LCSWs, and LPCCs. Under this bill, LAADCs and
52 AADCIs would be permitted to have up to five convictions of criminal offenses within a 30-
53 month period within the past two years, before their license could be revoked or denied. It

1 also permits licensure for persons with a violent felony conviction as long as it occurred over
2 three years ago and the person's parole officer approves.
3

4 Placing these license types under BBS would require the board to hold these license types
5 to vastly different standards than its LMFT, LEP, LCSW, and LPCCs, who, with these same
6 convictions, would either be denied licensure or placed under significant probation terms in
7 order to ensure public protection.
8

- 9 • SB 1441 required DCA to establish uniform and specific standards that each board would be
10 required to use in dealing with substance abusing licensees. Each healing arts board under
11 DCA either has, or is in the process of, running regulations to establish the uniform
12 standards.
13

14 Some of the requirements of the uniform standards are:

- 15 • Clinical diagnostic evaluation (estimated cost: \$1,000 - \$3,000);
- 16 • Supervision (estimated cost: \$200-\$400 per month);
- 17 • Required Drug Testing (52-104 times per year for first year; 36-104 times per year in
18 years 2-5; estimated cost: \$70 per test).
19

20 AADCIs and LAADCs practice a healing art and would therefore be subject to the Uniform
21 Standards. Due to the nature of this profession, many AADCIs and LAADCs would have
22 past substance abuse convictions and would therefore qualify as substance abusing
23 licensees subject to the uniform standards.
24

25 Although this may place a substantial financial hardship on a large number of these
26 licensees, the uniform standards must be applied equally to all healing arts licensees under
27 DCA. Exempting them from the uniform standards could create an incentive for other
28 licensed healing arts professionals, who abuse substances and are disciplined, to become
29 alcohol and drug counselors in order to avoid high-cost disciplinary actions required of them
30 in order to keep their license.
31

- 32 • These two new license types represent an estimated 36,000 new licensees and registrants.
33 The BBS is in the process of recovering from the hiring freezes, furloughs, and lack of
34 resources of the past five years. Currently, the BBS is experiencing significant backlogs in
35 its processing of LMFT, LCSW, and LPCC applications.
36

37 In addition, over the next two years, the BBS is legislatively mandated to implement several
38 new processes that will require a significant amount of staff time and outreach to implement
39 correctly. These include the following:

- 40 • Examination restructure
- 41 • New out-of-state requirements for LMFT and LPCC applicants
- 42 • New continuing education programs; and
- 43 • Changes to LMFT/LPCC supervision requirements to streamline the licensing process
44 and reduce processing times.
45

46 In addition, a significant amount of staff resources are still being utilized to work out issues
47 with the new Breeze database system.
48

49 A mandate to create a new licensing program, coupled with a year-and-a-half
50 grandparenting period, would effectively halt all of the above operations.
51

- 52 • There are several instances in this bill which require the licensing entity to determine if an
53 applicant's education or experience is "equivalent" to a third party's standard.

1 There are numerous methods of certifying alcohol and drug counselors across the country.
2 These requirements set an expectation that, if it receives an application with experience,
3 education, test scores, or an internship that is not approved for certification by the IC&RC,
4 then the board must be able to determine whether or not it is "equivalent."

5
6 This will require employment of and extensive reliance on subject matter experts to do an in-
7 depth analysis of the programs providing the experience, education, tests, etc., for each
8 grandparenting applicant, to determine equivalency.

- 9
10 • Staff is estimating a total cost of approximately \$8.7 million to start up the licensing program.
11 This includes the following:
- 12 ➤ 36 additional positions (majority in enforcement to handle the increased number of
 - 13 convictions/disciplinary actions of this licensing population);
 - 14 ➤ Additional furniture and office space for the new positions;
 - 15 ➤ Additional fingerprinting costs;
 - 16 ➤ Additional investigative costs (Attorney General and Office of Administrative Hearings);
 - 17 ➤ Examination costs;
 - 18 ➤ IT costs to program a new license type into the Breeze database.

19
20 Renee Lonner expressed that the Board of Behavioral Sciences is not a good fit for the
21 proposed drug and alcohol licensing program. Ms. Lonner is curious to know why this program
22 continues to be presented to the BBS, and why the Board's suggestions are not satisfactory.
23 The Board could be helpful in locating a different venue for this program.

24
25 Dr. Leah Brew agrees that there needs to be regulation of this profession. However, she noted
26 concerns regarding the scope of the license, the inability for the Board to take on a new
27 licensing program at this time, dual-diagnosis, education, and grandparenting.

28
29 Sarita Kohli agreed with Dr. Brew's comments. She noted concerns regarding education,
30 background information and convictions, and hardships that this will create for the Board.

31
32 Dr. Harry Douglas noted concerns regarding the undertaking to implement this licensing
33 program.

34
35 Dianne Dobbs explained that as the bill is written, it does not contemplate placing this licensing
36 program under the BBS. However, there is an indication that the bill may be amended to place
37 the licensing program under the BBS. The Board is not meeting again until after the
38 amendments are made. Therefore, the Board should vote on the bill as written and have an
39 alternate vote, as well.

40
41 Patricia Lock-Dawson noted concerns regarding training and education.

42
43 Betty Connolly noted concerns regarding a single-diagnosis license. However, she supports the
44 concept of regulating this profession.

45
46 Deborah Brown noted concerns with co-occurring disorders that cannot be treated by LAADCs.

47
48 Karen Pines noted concerns with possible criminal convictions of LAADC applicants and the
49 impact it will have on the Enforcement Program.

50
51 Sherry Daily, CADAC, stated that the sponsor of the bill does not support placing this licensing
52 program under BBS. A package of amendments will be coming out. Those amendments will
53 not use staff, resources, or funding from the BBS to implement the licensing program.

1 Ms. Daily stated that the applicants that would be grandparented are well trained and educated
2 in the referral process and in their scope of practice. She agreed that people with co-occurring
3 disorders need to be referred.
4

5 Ms. Daily estimated that there are 36,000 counselors who want to give back to the community,
6 but they are not peer counselors yet and are not candidates for licensure. But these counselors
7 would be registered so that the board knows who they are.
8

9 Ms. Daily provided some numbers of advanced-level certified counselors in California. Taking
10 into consideration the 70% exam pass rate, she estimated that the number of counselors would
11 be less than 3,300 statewide. Therefore, the \$8.7 million estimate to start up the program is
12 inaccurate.
13

14 Ms. Daily stated that the next set of amendments will require grandparent candidates to sit for or
15 provide proof of passing a master's level exam. Twenty-eight states require this master's level
16 exam.
17

18 Ms. Daily explained that the profession has a steeper penalty for relapse versus regulations
19 implemented by SB 1441, and the general requirement for employment is 2 years of sobriety.
20 She feels that SB 1441 might assist in some fairness and rehabilitation efforts that are not
21 currently provided for counselors.
22

23 Ms. Daily stated that issues regarding background checks have been an issue in every state.
24 Typically the trend has been that some states do not order an automatic revocation or denial of
25 an application; instead, they leave it under the purview of the licensing board. She would like to
26 see this process implemented when denying or granting an application.
27

28 Ms. Daily stated that if it is necessary to push the implementation date out, the sponsor will
29 agree to that.
30

31 Ms. Daily also agreed that BBS is not the place for this license program; however, DCA is the
32 department that is equipped to regulate this profession. DCA is the first best fit for this
33 profession in regards to consumer protection. The Department of Public Health, which is a
34 smaller department, is the next best fit.
35

36 Cathy Atkins, CAMFT, expressed that this profession needs regulation. She noted concerns
37 regarding this program falling onto BBS.
38

39 Dean Porter, CALPCC, noted concerns regarding grandparenting, independent practice versus
40 supervised practice, and putting other professionals out of work if this license program is
41 implemented.
42

43 Janlee Wong, NASW, expressed that mental health treatment and addiction treatment is
44 merging. These services will eventually be integrated, which will impact the BBS.
45

46 Rebecca Gonzales, NASW, noted concerns regarding the grandparenting language.
47

48 After further discussion, the general consensus was that the profession should be regulated.
49 However, there are several concerns with the bill as written.
50

51 Louie Brown, attorney from Law Offices of Kahn Soares & Conway, stated that the associations
52 initially expressed that they opposed the earlier version of the bill because it was not under
53 DCA. The BBS and associations are now expressing that they do not want the profession
54 under DCA.
55

1 Ms. Daily added that CADAC did not oppose placing this profession under DCA; they opposed
2 placing it under BBS.
3
4 Ms. Helms responded that the Board of Psychology has expressed an interest in placing this
5 profession under their board.
6
7 ***Renee Lonner moved to support AB 570 if amended and to authorize staff to provide***
8 ***technical support to the sponsors. Deborah Brown seconded. The Board voted***
9 ***unanimously (10-0) to pass the motion.***
10
11 Ms. Gonzales noted that the associations took positions of oppose unless amended.
12
13 Ms. Wong presented the second position to place the program under BBS and requested a
14 motion and vote.
15
16 ***Dr. Leah Brew moved to oppose AB 570 if amended to place the program under the***
17 ***Board of Behavioral Sciences. Sarita Kohli seconded. The Board voted unanimously***
18 ***(10-0) to pass the motion.***
19
20 **III. Suggestions for Future Agenda Items**
21 There were no suggestions for future agenda items.
22
23 **IV. Public Comment for Items Not on the Agenda**
24 There were no public comments.
25
26 **V. Adjournment**
27 The Board adjourned at 1:29 p.m.

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Board Meeting Minutes - *DRAFT*
August 6, 2014

Department of Consumer Affairs
Mendocino Room*
1625 N. Market Blvd., #S-210*
Sacramento, CA 95834

Members Present

Christina Wong, Chair, LCSW Member
Deborah Brown, Vice Chair, Public Member
Dr. Leah Brew, LPCC Member
Dr. Peter Chiu, Public Member
Betty Connolly, LEP Member
Sarita Kohli, LMFT Member (*arrived at 12:16 p.m.*)
Patricia Lock-Dawson, Public Member (*arrived at 12:34 p.m.*)
Renee Lonner, LCSW Member
Karen Pines, LMFT Member

Staff Present

Steve Sodergren, Asst. Executive Officer
Dianne Dobbs, Legal Counsel
Christina Kitamura, Administrative Analyst

Members Absent

Samara Ashley, Public Member
Dr. Christine Wietlisbach, Public Member

Guests

None in attendance

FULL BOARD OPEN SESSION

I. Call to Order and Establishment of Quorum

Christina Wong, Board of Behavioral Sciences (Board) Chair, called the meeting to order at 12:11 p.m. Christina Kitamura took roll, and a quorum was established.

II. Suggestions for Future Agenda Items

There were no suggestions for future agenda items.

III. Public Comment for Items not on the Agenda

There were no public comments.

Ms. Wong closed the meeting at 12:15 p.m. Sarita Kohli arrived at 12:16 p.m.

1 **FULL BOARD CLOSED SESSION**

- 2
- 3 **IV. Pursuant to Section 11126(c)(3) of the Government Code, the Board Will Meet in Closed**
- 4 **Session for Discussion and Take Action on Disciplinary Matters**
- 5
- 6 **V. Pursuant to Section 11126(a) of the Government Code, the Board Will Meet in Closed**
- 7 **Session to Evaluate the Performance of the Board's Executive Officer**
- 8

9

10 **FULL BOARD OPEN SESSION**

- 11
- 12 **VI. Report from Item V - Closed Session Pursuant to Section 11125.2 of the Government**
- 13 **Code**

14

15 Ms. Wong reported that the Board discussed a new evaluation method for the Board Members

16 to use when evaluating the Executive Officer's performance. Further discussion will take

17 place at the August 27th-28th Board Meeting.

- 18
- 19 **VII. Adjournment**

20 The meeting was adjourned at approximately 2:00 p.m.

21

22

23 **Due to the extreme temperature in the Mendocino Room, the meeting was moved to the*

24 *Stanislaus Room, Suite S-203. Notice of the change was posted on the door of the*

25 *Mendocino Room.*

BOARD MEETING MINUTES - *DRAFT*
August 13, 2014

Department of Consumer Affairs
San Diego Room, 2nd Floor
1625 North Market Blvd., #S-206
Sacramento, CA 95834

The Board of Behavioral Sciences met via teleconference at the following locations:

2400 Moorpark Ave., #300
San Jose, CA 95128

5506 Ranchito Ave.
Sherman Oaks, CA 91401

5750 Katauqua Lane
Lake Chautauqua, New York

1663 S. La Cienega Blvd.
Los Angeles, CA 90035

1313 Newell Road
Palo Alto, CA 94303

242 N. Villa Avenue
Willows, CA 95988

Yosemite High School
50200 Road 427, Ansel Adams Hall, Room 1522
Oakhurst, CA 93644

Members Present

Christina Wong, Chair, LCSW Member
Deborah Brown, Vice Chair, Public Member
Samara Ashley, Public Member
Dr. Peter Chiu, Public Member
Betty Connolly, LEP Member
Sarita Kohli, LMFT Member
Renee Lonner, LCSW Member
Karen Pines, LMFT Member

Staff Present

Steve Sodergren, Asst. Executive Officer
Dianne Dobbs, Legal Counsel
Christina Kitamura, Administrative Analyst

Members Absent

Dr. Leah Brew, LPCC Member
Patricia Lock-Dawson, Public Member
Dr. Christine Wietlisbach, Public Member

Guest List

None in attendance

Christina Wong, Chair of the Board of Behavioral Sciences (Board), called the meeting to order at 12:06 p.m. Christina Kitamura called roll, and a quorum was established.

- 1 **I. Introductions**
- 2 Board Members and staff introduced themselves. Board Members at remote locations
3 indicated that they did not have any public attendees at their sites.
4
- 5 **II. Discussion and Possible Action to Appoint an Acting Executive Officer from August**
6 **13, 2014 through September 5, 2014**
- 7 Ms. Wong recommended that Steve Sodergren be appointed as Acting Executive Officer
8 during Executive Officer Kim Madsen’s absence.
9
- 10 *Dr. Peter Chiu moved to appoint Steve Sodergren as Acting Executive Officer.*
11 *Karen Pines seconded. The Board voted unanimously (8-0) to pass the motion.*
12
- 13 **VI. Suggestions for Future Agenda Items**
- 14 No suggestions were made for future agenda items.
15
- 16 **VII. Public Comment for Items Not on the Agenda**
- 17 Mr. Sodergren stated that there will be a change to the reproduction and delivery of Board
18 and Committee meeting materials. In an effort to save staff time and money, he would like
19 to send the materials electronically to all Board Members. Mr. Sodergren welcomed
20 feedback from the Board Members. In the meantime, a “generic” meeting packet will be
21 provided to Board Members upon request.
22
- 23 **IX. Adjournment**
- 24 The Board adjourned at 12:12 p.m.



BOARD MEETING MINUTES - *DRAFT*
October 7, 2014

Department of Consumer Affairs
San Diego Room, 2nd Floor
1625 North Market Blvd., #S-206
Sacramento, CA 95834

The Board of Behavioral Sciences met via teleconference at the following locations:

388 9th Street, #288
Oakland, CA 94607

5506 Ranchito Ave.
Sherman Oaks, CA 91401

5060 Castille Way
Riverside, CA 92507

6767 Green Valley Road
Placerville, CA 95667

Long Beach Marriott
Vista Coffee House
4700 Airport Plaza Drive
Long Beach, CA 90815

Eisenhower Medical Center
Rinker Hand Therapy Clinical, 1st Fl.
39000 Bob Hope Drive
Rancho Mirage, CA 92270-7009

Yosemite High School
Ansel Adams Hall, Room 1522
50200 Road 427
Oakhurst, CA 93644

Members Present

Christina Wong, Chair, LCSW Member
Samara Ashley, Public Member
Dr. Peter Chiu, Public Member
Betty Connolly, LEP Member
Patricia Lock-Dawson, Public Member
Renee Lonner, LCSW Member
Dr. Christine Wietlisbach, Public Member

Staff Present

Kim Madsen, Executive Officer
Steve Sodergren, Asst. Executive Officer
Dianne Dobbs, Legal Counsel

Members Absent

Dr. Scott Bowling, Public Member
Deborah Brown, Vice Chair, Public Member
Dr. Leah Brew, LPCC Member
Sarita Kohli, LMFT Member
Karen Pines, LMFT Member

Guests

None in attendance

1 Christina Wong, Chair of the Board of Behavioral Sciences (Board), called the meeting to
2 order at 12:12 p.m. Kim Madsen called roll, and a quorum was established.

3

4 **I. Introductions**

5 Board Members and staff introduced themselves. Board Members at remote locations
6 indicated that they did not have any public attendees at their sites.

7

8 **II. Discussion and Possible Action to Appoint an Acting Executive Officer from October**
9 **8, 2014 through November 1, 2014**

10 Ms. Wong recommended that Steve Sodergren be appointed as Acting Executive Officer
11 during Executive Officer Kim Madsen's absence from October 8, 2014 through November
12 1, 2014.

13

14 ***Dr. Peter Chiu moved to appoint Steve Sodergren as Acting Executive Officer.***
15 ***Renee Lonner seconded. The Board voted unanimously (7-0) to pass the motion.***

16

17 **VI. Suggestions for Future Agenda Items**

18 No suggestions.

19

20 **VII. Public Comment for Items Not on the Agenda**

21 No public comments.

22

23 **IX. Adjournment**

24 The Board adjourned at 12:17 p.m.

2014/2015 Budget

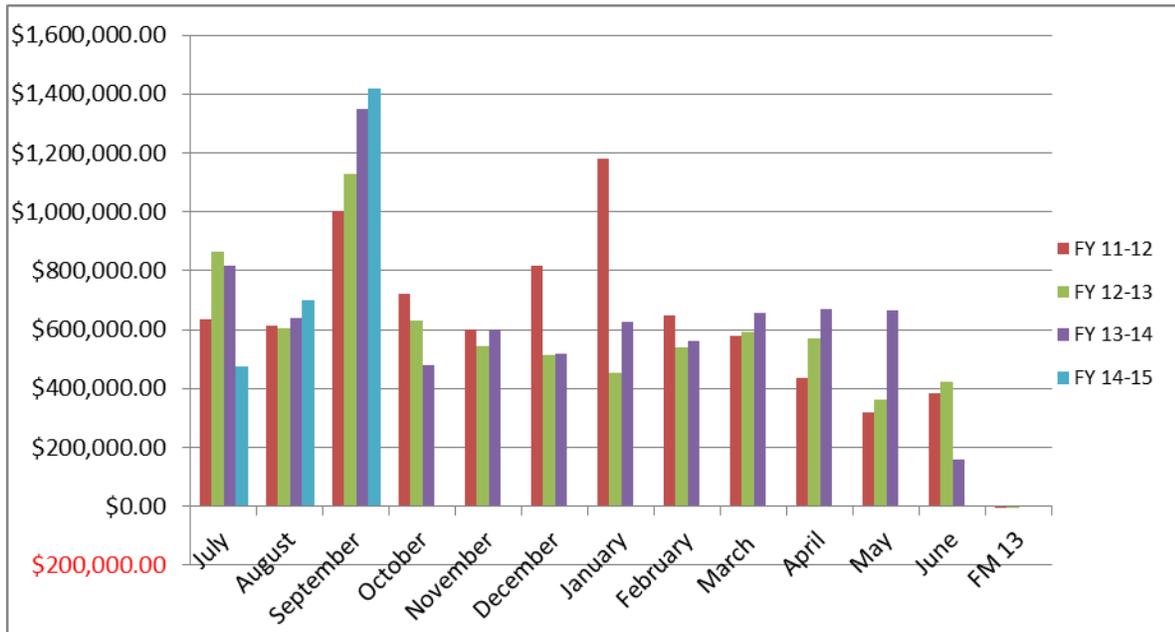
The 2014/2015 budget for the Board is \$9,139,000. As of September 30, 2014, the Board has spent \$2,108,156 reflecting 23% of the total budget. The chart below provides a breakdown of expense categories and percentages.

Expense Category	Amount	Percentage
Personnel	\$ 875,127	10%
OE&E	\$ 740,187	8 %
Enforcement	\$ 352,913	4 %
Minor Equipment <i>Includes LPCC exp</i>	\$ 139, 929	2%
Total Expenses	\$ 2,108,156	23%

As of September 30, 2014, total revenue collected is \$2,593,940.20.

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	
November	\$601,895.03	\$545,880.97	\$600,316.56	
December	\$816,772.93	\$514,784.93	\$516,264.24	
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.

General Fund Loans

The Board’s loan balance to the General Fund is \$10.9 million dollars. This figure reflects the \$1.4 million dollar repayment received in FY 2013-2014. The current fund condition also reflects a scheduled \$1 million dollar loan repayment fiscal year 2014-2015. Once this repayment is received the outstanding loan balance to the General Fund will be \$9.9 million dollars.

BBS EXPENDITURE REPORT FY 2014/15

OBJECT DESCRIPTION	FY 2013/2014	FY 2014/2015		
	ACTUAL EXPENDITURES	BUDGET ALLOTMENT	CURRENT AS OF 9/30/14	UNENCUMBERED BALANCE
PERSONAL SERVICES				
Salary & Wages (Civ Svc Perm)	1,867,358	2,487,216	542,780	1,944,436
Salary & Wages (Stat Exempt)	93,888	91,152	24,657	66,495
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	5,100	7,800
Overtime	18,025	1,500	5,247	(3,747)
Totals Staff Benefits	1,026,090	1,279,413	297,343	982,070
Salary Savings		0		0
TOTALS, PERSONAL SERVICES	3,084,325	3,872,625	875,127	2,997,498
OPERATING EXP & EQUIP				
Fingerprint Reports	9,743	14,827	3,008	11,819
General Expense	79,829	90,155	24,168	65,987
Printing	88,968	43,000	26,811	16,189
Communication	14,311	21,513	2,257	19,256
Insurance	0	325	0	325
Postage	48,855	84,767	13,767	71,000
Travel, In State	84,066	57,684	14,825	42,859
Travel, Out-of-State	17,835	72,000	1,274	70,726
Training	450	25,463	600	24,863
Facilities Operations	353,176	227,925	62,537	165,388
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	2	245,514
DEPARTMENTAL PRORATA				
DP Billing (424.03)	851,283	859,461	214,865	644,596
Indirect Distribution Costs (427)	432,543	467,389	116,847	350,542
Public Affairs (427.34)	16,010	14,277	3,569	10,708
D of I Prorata (427.30)	13,864	14,651	3,663	10,988
Consumer Relations Division (427.35)	15,797	15,606	3,902	11,704
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	5	24,091
Data Proc (Maint,Supplies,Cont) (432)	16,785	14,448	0	14,448
Statewide Pro Rata (438)	361,763	388,161	97,040	291,121
EXAM EXPENSES				
Exam Site Rental	27,949	99,630	10,078	89,552
Exam Contract (PSI) (404.00)	280,488	358,659	61,681	296,978
C/P Svs - Expert Examiners (404.01)	0	45,000	2	44,998
C/P Svs - External Subj Matter (404.03)	126,202	365,260	14,882	350,378
ENFORCEMENT				
Attorney General	739,028	801,588	264,610	536,979
Office of Admin. Hearing	131,616	154,926	29,628	125,298
Court Reporters	9,223	0	853	(853)
Evidence/Witness Fees	22,564	94,955	3,906	91,049
Division of Investigation	60,756	215,669	53,917	161,752
LPCC	482,348		99,197	(99,197)
Minor Equipment (226)	63,162	16,000	40,732	(24,732)
Equipment, Replacement (452)	0	0	0	0
Equipment, Additional (472)	0	69,600	0	69,600
Vehicle Operations	0	19,000	0	19,000
TOTAL, OE&E	4,525,207	5,266,375	1,233,029	4,033,346
TOTAL EXPENDITURES	\$7,609,532	\$9,139,000	\$2,108,156	7,030,844

Reimbursements	FY 13/14 FM 13	Budget Alotment	Current as of 9/30/14
Fingerprints	(11,040)	(24,000)	(2,499)
Other Reimbursements	(9,685)	(26,000)	(2,350)
Unscheduled Reimbursements	(140,234)		(36,443)
Total Reimbursements	(160,959)	(50,000)	(41,292)

BLUE PRINT INDICATES THE ITEMS ARE SOMEWHAT DISCRETIONARY.

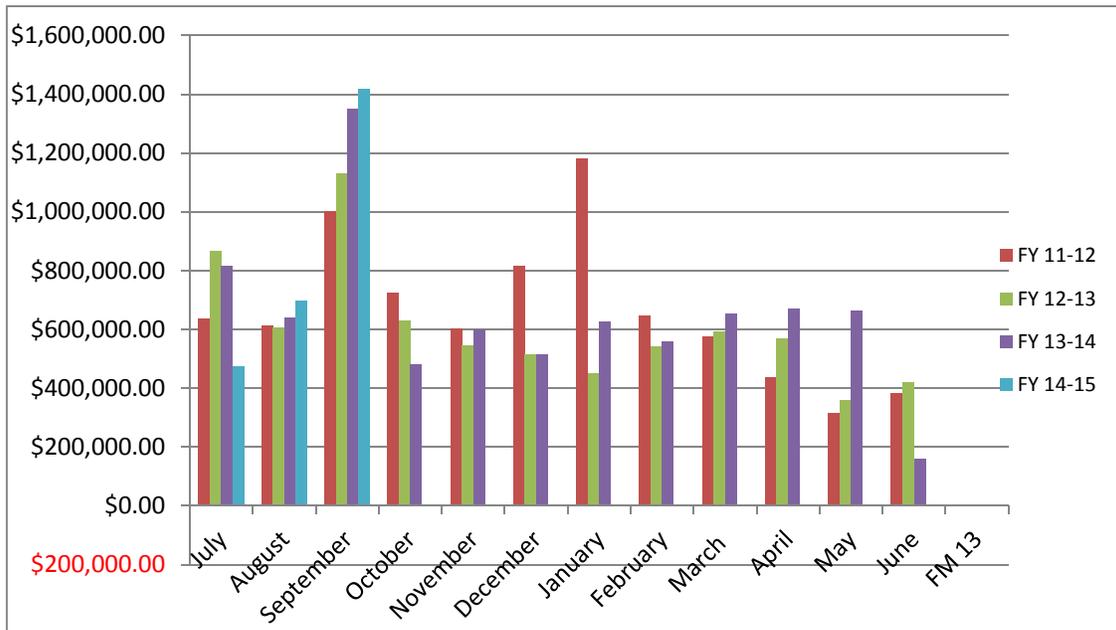
0773 - Behavioral Science

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
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
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1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members

Date: November 1, 2014

From: Laurie Williams
Human Resources Liaison

Telephone: (916) 574-7850

Subject: Personnel Update

New Employees

Hiring requests were submitted to the Department of Consumer Affairs (DCA), Office of Human Resources (OHR) to fill the remaining positions received through the Budget Change Proposal for Fiscal Year 2014-15. These positions are noted below.

- **Associate Governmental Program Analyst (AGPA) (Full-time) – Enforcement Program**
Sandra Wright, an AGPA in the Exam Unit, was appointed to this position. Ms. Wright transferred to the Enforcement Unit effective October 31, 2014 to serve as the Discipline Analyst for the Consumer Complaint and Investigations Unit and the Expert Reviewer Coordinator for the Enforcement Program. Ms. Wright has been with the Board since 1999.
- **Office Technician (OT) (Full-time) – Enforcement Program**
Craig Zimmerman has been appointed to the OT vacancy in the Consumer Complaint & Investigations Unit of Enforcement. Mr. Zimmerman is new to state service and worked as a Human Resource Assistant in the private sector before beginning his state service on October 27, 2014. Mr. Zimmerman will provide additional Enforcement Unit support pertaining to complaints, clerical support for the Enforcement Unit staff and the Expert Reviewer Program support.
- **Associate Governmental Program Analyst (AGPA) (Part-time) – Enforcement Program**
An individual has been selected to fill this position and the Board is in the final steps of the hiring process. The AGPA will work in the capacity of a part-time (0.5) Probation Case Analyst to assist the current Probation Case Analyst. This additional AGPA position will also monitor probationers to determine compliance with the terms of their probation. Additionally, the AGPA will initiate appropriate action for probationers not in compliance with their probation.
- **Management Services Technician (MST) (Limited-Term 2-year) – Licensing Program**
Interviews for this position are completed and the required paperwork has been submitted to OHR. The Board anticipates that the selected candidate will be notified within two weeks. The MST will assist the licensing unit processing applications for the Marriage and Family Therapists and Licensed Clinical Social Work examination eligibility.

Departures

Effective September 30, 2014, Guillermo Tapia Romero accepted a promotional position with the Department of Motor Vehicles. Mr. Romero served as the Board's Enforcement Technician in the Criminal Conviction & Probation Unit providing support to the Enforcement Analysts and Board Members.

Andrea Flores accepted a promotional position with the Bureau of Private Postsecondary Education under DCA effective October 21, 2014. Ms. Flores served as an LMFT Evaluator for the Board.

Vacancies

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

- *Associate Govt. Program Analyst (AGPA) (Full-time) – Administration (fill behind S. Wright)*
- *Office Technician (OT) (Full-time) – Enforcement (fill behind G. Tapia Romero)*
- *Management Services Technician (MST) (Full-time) – Licensing (fill behind A. Flores)*

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members

Date: November 6, 2014

From: Steve Sodergren
Assistant Executive Officer

Telephone: (916) 574-7847

Subject: BreEZe Update

Since Breeze went live, Lynne Stiles has been coordinating the effort in working with the Breeze team to make refinements the system as it relates to the Board's business processes. This has required her to diligently coordinate the submittal, tracking, and prioritizing of all the Board's System Investigation Reports (SIRs). Currently the Board has approximately one hundred SIRs that need to be addressed. Lynne has been reviewing the SIRs, especially those that were issued last year, to determine whether a SIR is still relevant. System changes that have occurred since then have made some of the Board SIRs obsolete.

The biggest news for the Board regarding Breeze is that release 1.2 went into production during the weekend of November 8th. This release addressed various SIRs that the Board had submitted. With the release of 1.2, the Breeze functionality for the Board has increased by:

- Allowing registrants and licenses to renew online;
- Creating a report that lists the pass and fail information broken down by license type, exam and school within a time period;
- Creating two enforcement letters that the system will now be able to generate - citation conference schedule letter and citation confirmation letter; and
- Creating an exam accommodations report that will be utilized in-house when coordinating exams for special accommodation candidates.

Also, staff has been attending the Breeze Report User Group (BRUG) meetings. The BRUG meetings are concerned with the development of global wide reports. Staff continues to work with the Breeze team in developing reports that are specific to the Board operations.

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1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members

Date: November 6, 2014

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 November 2014.

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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	Manager worked with lead evaluator to create a more comprehensive training process for new evaluators. Manager created excel spreadsheet tool to automate calculations of experience hours. Evaluation sheet simplified and improved. Made improvements to applications.
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 October 24th, 2014 the third supervision committee meeting was conducted. The next meeting will be in early 2015.
1.4 Explore development of uniform clinical supervision standards to ensure consistent supervision of registrants and trainees.	Q4 2015	On October 24 th , 2014 the second supervision committee meeting was conducted. The next meeting will be in early 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 through the acceptance of national licensing exam, which will occur in 2016 with exam restructure for LCSW's
1.7 Establish ongoing process to evaluate requirements for all license types to promote parity between licensing programs as appropriate.	Q4 2016	Staff has been reviewing and improving applications to make instruction more uniform 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
<i>Administer fair, valid, comprehensive, and relevant licensing examinations.</i>		
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 to be noticed in November 2014, and in place by January 1, 2016. Board staff members are currently meeting to plan for 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	Board management met with OPES November 2014 to discuss SME requirements.
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	A proposed recruitment process consisting of the following has been formulated: creating a list of expertise that is needed, revising recruitment links to increase visibility, create and distribute a recruitment flyer to the various associations and email subscribers, partnering with associations to disseminate recruitment processes. Recruitment of an analyst who will be responsible for these duties has begun.
3.2 Develop a training program, including uniform standards for reports and evaluations, for all enforcement Subject Matter Experts.	Q1 2015	The Expert Reviewer Training Manual is undergoing revisions and updates. On October 20, 2014, an analyst was hired to staff the Expert Reviewer Program, develop training materials and coordinate expert training.
3.3 Improve internal process to regularly consult with the Attorney General’s office to advance pending disciplinary cases.	Q4 2014	An enforcement analyst has been reassigned to perform the duties of the Board’s AG liaison. The enforcement manager has begun training the liaison on their new

duties.

<p>3.4 Establish uniform standards and templates for reports and evaluations submitted to the Board related to disciplinary matters.</p>	<p>Q2 2015</p>	
<p>3.5 Create a process for evaluating the performance of Subject Matter Experts assisting on enforcement cases.</p>	<p>Q2 2015</p>	
<p>3.6 Identify and implement improvements to the investigation process to decrease enforcement processing times.</p>	<p>Q1 2015</p>	<p>Enforcement Manager is participating in a Report Users Group to develop breeze reports. Reports will be utilized as a tool to identify processing issues and focus on process improvement. The complaint intake process has been streamlined to reduce the number of cases assigned to the analysts allowing them time to focus on the more complex cases and reduce the overall processing time. On October 27, 2014, an Enforcement Technician was hired to provide breeze support, and monitor cases assigned for investigation and expert review.</p>

Legislation and Regulation	DUE DATE	STATUS
<i>Ensure that statutes, regulations, policies, and procedures strengthen and support the Board's mandate and mission.</i>		
4.1 Adopt regulations to incorporate <u>Uniform Standards for Substance Abusing Licensees</u> to align with other healing arts boards.	Q4 2014	Submitted to DCA for final approval September 2014. Once approved by DCA, will need to be approved by Agency, Finance, and then OAL.
4.2 Modify regulations to shift oversight of continuing education providers to Approval Agencies.	Q4 2014	OAL approved September 2014. Effective dates are in phases (1/1/14 and 7/1/14).
4.3 Pursue legislation to implement the recommendations of the Out of State Education Review Committee to ensure parity with California educational requirements.	Q4 2014	Signed by the Governor in September 2014. The new out-of-state requirements have an effective date of 1/1/16.
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.	Q4 2014	Signed by the Governor in September 2014. Becomes effective 1/1/15.
4.5 Review regulatory parameters for exempt settings and modify, if necessary, to ensure adequate public protection.	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 has asked the Department's SOLID Planning Solutions to assist with Process Improvement activities. SOLID will not be available to assist until Fall of 2014. The Board continues to identify and implement processes and procedures that assist in efficient processing.
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	Topic will be discussed at the November 2014 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	In June 2014 an ASW video tutorial was completed to assist applicants in navigating through the process of becoming licensed. In October 2014, the “Frequently Asked Questions” for ASWs was updated and expanded.
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	Review has begun of the board website and phone tree system in order to ensure efficient communication and better access to licensing information. The LCSW “applicant” section of the website was given an overhaul in September 2014.
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	Completed service on OSHPD WET Committee. Final OSHPD WET report published in October. Participated in October 8 th meeting concerning Five-Year Implementation.

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To: Board Members

Date: November 6, 2014

From: Steve Sodergren
Assistant Executive Officer

Telephone: (916) 574-7847

Subject: Supervision Committee Update

The Supervision Committee held its fourth meeting on October 24th, 2014 at the Phillips Graduate Institute in Chatsworth, California. During the meeting the following topics were discussed:

- *Possible changes to the current supervised work experience requirements for LCSW, LMFT and LPCC*

Draft language pertaining to the hours and types of supervised experience, and the associated minimums and maximums (“buckets”) was presented. The language reflected the committee’s and stakeholders’ desire to remove most of the “buckets” for LMFT and LPCC, and instead requires a minimum of 1,750 hours of direct counseling, and a maximum of 1,250 hours of non-clinical experience. Overall all the committee and stakeholders were in agreement and expressed their desire that the Board expedite these amendments. Staff was directed to present draft language to the Board at the November meeting.

- *Possible recognition of triadic supervision*

The committee and stakeholders were open to the concept of triadic supervision, and it was determined that type of supervision should be further discussed at a future meeting.

- *Supervision ratios*

It was determined that this should be revisited when related supervision requirements are reviewed by the committee.

- *Supervision of LMFT applicants by a LMFT*

The Committee and stakeholders discussed this as a possibility, but would like to further discuss to ensure it is not too restrictive.

- *6-Year limit on age of experience hours and Intern/ASW registrations*

The Committee expressed a support for limits for public protection purposes, but also would like to discuss circumstances outside of a person’s control that may impact gaining hours within the six-year time frame.

Since the scope of the Supervision Committee covers a range of topics, it was determined that it would be beneficial to prioritize other areas of concern in order to better facilitate the meetings for 2015. The next meeting date is yet to be determined.

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To: Committee Members **Date:** November 13, 2014
From: Christy Berger **Telephone:** (916) 574-7817
Regulatory Analyst
Subject: **Discussion and Possible Action Regarding Changes to Current Supervised Work Experience Requirements for LCSW, LMFT and LPCC**

Introduction

The Supervision Committee held its first meeting in April 2014 and has met a total of four times. The scope of the Committee covers all topics relating to supervision, and meetings are expected to continue through 2015.

The initial reason for creating the Supervision Committee was to review the requirements pertaining to the hours of supervised experience and the associated minimums and maximums (“buckets”). These requirements were contributing to application backlogs, and also impacted registrants who are increasingly having difficulty gaining hours in all the right “buckets” due to the complexity of the requirements.

Because of the known impacts that current requirements are having on applicants, the Committee asked staff to prepare a draft proposal pertaining only to the hours of experience and associated categories to take to the Board for consideration as possible Board-sponsored legislation in 2015. The Supervision Committee will continue to meet to review other topics pertaining to supervision, such as supervisor qualifications and responsibilities.

Current LCSW, LMFT and LPCC Requirements

Attachment A provides a breakdown of the specific hours of experience currently required for each license type. The requirements that are common between the professions include:

- Two years of supervised experience consisting of at least 3,000 hours
- Some direct counseling hours
- Limits on non-clinical and other types of hours

Other States

The Committee directed staff to survey the supervised experience requirements of 10 other states for comparison, as shown in **Attachment B**.

Proposed Changes

Attachment C provides a *summary* of the proposed changes to the current requirements, which

would result in a streamlined approach that retains some of the differences in requirements between the different license types. **Attachment D** provides the *specific* proposed language.

Changes for LMFT and LPCC applicants only:

Removes all categories (“buckets”) except for the following:

- **Minimum of 1,750 hours of Direct Counseling with Individuals, Groups, Couples or Families** (58% of the total 3,000 hours)
- **Maximum of 1,250 hours of Non-Clinical Experience** (42% of the total hours). May be gained performing any combination of the following activities:
 - Direct Supervisor Contact
 - Administering and Evaluating Psychological Tests
 - Writing Clinical Reports
 - Writing Progress or Process Notes
 - Client-Centered Advocacy
 - Workshops, Seminars, Training, Conferences
- Provides a one-year transition/grace period.

Changes for LMFT applicants only:

- Keeps the limitation on Trainees obtaining a maximum of 750 hours of “Direct Counseling and Direct Supervisor Contact.”
- Removes the incentive for double-counting hours performed providing conjoint treatment of couples or families toward the total hours required in the category of “Diagnosing and Treating Couples, Families or Children.”
- No longer allows personal psychotherapy obtained by the applicant to count toward supervised experience.

Changes for LPCC applicants only:

- Removes the requirement to gain 150 hours in a community mental health setting.

Changes for LCSW applicants only:

- Permits hours of direct supervisor contact to count toward the 3,200 hours (already counts for LMFT and LPCC).
- Permits workshops, seminars, training sessions or conferences directly related to clinical social work that have been approved by the applicant’s supervisor to count toward the 3,200 hours (already counts for LMFT and LPCC).

Phase In of New Requirements

This proposal would take effect January 1, 2016 and would change how experience is evaluated immediately. Although the requirements are not changing in a way that would impact *most* applicants’ ability to qualify, a phase-in is necessary. The language includes a grace period that

would ensure that no applicant is disenfranchised by the change in requirements by needing to earn additional hours of experience.

Differences Between LCSW and LMFT/LPCC Proposed Requirements

If the proposed amendments were accepted, the LCSW program would differ from the LMFT and LPCC requirements as follows:

- Technically requires 1,000 fewer hours of “direct counseling” than LMFT and LPCC would. However, LCSW applicants must have a total of 2,000 “clinical” hours that include diagnosis, assessment and treatment.
- The allowed categories for Non-Clinical experience would be different, as follows:

LCSW	LMFT & LPCC
<ul style="list-style-type: none"> • Consultation • Evaluation • Research • Client-Centered Advocacy • Workshops, Training, Seminars, Conferences 	<ul style="list-style-type: none"> • Direct Supervisor Contact • Administering and Evaluating Psychological Tests • Writing Clinical Reports • Writing Progress or Process Notes • Client-Centered Advocacy • Workshops, Training, Seminars, Conferences

Possible Benefits of the Proposed Changes to LMFT and LPCC Requirements

- Supervisors would have more flexibility when determining the type of experience needed by a particular supervisee.
- Less complexity would facilitate a better understanding of experience and supervision requirements.
- Less complexity would facilitate applicants to more easily obtain and track hours of experience.
- Streamlining the “buckets” would remove the restriction on the number of hours gained via telehealth counseling. This may help alleviate problems with access to care by clients in areas where there are provider shortages, and for homebound clients, etc.
- The three professions would have closer parity in their requirements.

Possible Drawbacks to the Proposed Changes to LMFT and LPCC Requirements

- Some individuals may not be compelled to obtain the range of experience that they would have under current requirements. This could impact skill development and lead to difficulty passing the licensing exams. Applicants would have to be more diligent in finding opportunities to gain different types of experience.
- It may initially be a challenge for some LMFT applicants to obtain more hours of direct counseling than are needed under current requirements.
- Removing the restriction on hours gained performing telehealth counseling may be concerning to some. If the restriction were kept, applicants could still provide counseling via telehealth above the maximum hours permitted - they just can’t count the extra hours toward licensure.

Recommendation

Conduct an open discussion of the proposed language. If the proposal is satisfactory, direct staff to make any proposed changes and any nonsubstantive changes, and pursue as a legislative proposal.

Attachments

Attachment A: Currently Required Hours of Experience/Categories

Attachment B: Other States' Experience Requirements

Attachment C: Summary of Proposed Changes to Supervised Experience Requirements

Attachment D: Proposed Language

ATTACHMENT A

CURRENTLY REQUIRED HOURS OF EXPERIENCE / CATEGORIES			
	LCSW	LMFT	LPCC
Summary	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • 3,000 hours Post-degree • Minimum 104 weeks • Hours gained within 6 years before application for licensure is filed
Minimums	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Min. 1,750 hours Direct Counseling with Individuals, Groups, Couples or Families • Min. 150 hours in a Hospital or Community Mental Health Setting
Maximums	<ul style="list-style-type: none"> • Max. 1,200 hours in Client-Centered Advocacy, Consultation, Evaluation, & Research • Max. 40 hours in any week • Max. 40 hours in any 7 consecutive days 	<ul style="list-style-type: none"> • PRE-DEGREE: Max. 750 hours of Direct Counseling and Direct Supervisor Contact • Max. 1,000 hours COMBINED: <ul style="list-style-type: none"> - Direct Supervisor Contact - Workshops, Training, Conferences (max 250) - Personal Psychotherapy (max 100 triple counted) • Max. 500 hours COMBINED: <ul style="list-style-type: none"> - Administering & Evaluating Psych Tests, Writing Clinical Reports, Progress or Process Notes - Client-Centered Advocacy • Max. 500 hours Group Therapy • Max. 375 hours Telehealth Counseling • Max. 40 hours in any week • Max. 40 hours in any 7 consecutive days 	<ul style="list-style-type: none"> • Max. 1,250 hours COMBINED: <ul style="list-style-type: none"> - Direct Supervisor Contact - Workshops, Training, Conferences (max 250) - Client-Centered Advocacy - Administering & Evaluating Psych Tests, Writing Clinical Reports, Progress or Process Notes (max 250) • Max. 500 hours Group Therapy • Max. 375 hours Telehealth Counseling • Max. 40 hours in any week • Max. 40 hours in any 7 consecutive days

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Attachment B
OTHER STATES' EXPERIENCE REQUIREMENTS

The following charts provide a summary of the minimum requirements from the 10 states surveyed (Colorado, Florida, Illinois, Indiana, New York, Ohio, Oregon, South Carolina, Texas, Washington).

For each requirement, the chart lists the range of other states' requirements and also provides the "average" requirement. Additionally, the most common requirement that appears between the 10 states is provided. This information may be helpful in comparison with California's requirements.

LCSW

Minimum Requirement	10 States- Requirement Ranges From:	10 States- Average Requirement:	10 States- Most Commonly Require:	California's Requirement
Postdegree Experience Years	2 - 3 years	2.2 years	2 years	2 years
Postdegree Experience Hours	1,600 – 4,000 hours	1,468 hours	3,000 hours	3,200 hours
Direct Client Contact Hours	0 – 2,000 hours	968 hours	1,500 & 2,000 hours	2,000 hours*
Total Direct Supervision Hours	96 - 150 hours	104 hours	100 hours	104 hours

*Must include 750 hours of face-to-face individual or group psychotherapy

LMFT

Minimum Requirement	10 States- Requirement Ranges From:	10 States- Average Requirement:	10 States- Most Commonly Require:	California's Requirement
Years of Experience*	0 – 3 years	2 years	2 years	2 years
Hours of Experience*	1,000** – 3,200 hours	2,070 hours	1,500 & 3,000 hours	3,000 hours
Direct Client Contact Hours	0 – 2,000 hours	1,235 hours	1,500 hours	***
Total Direct Supervision Hours	52 – 200 hours	137 hours	200 hours	104 hours

*Three states allow some experience to be gained pre-degree, as does California.

**Of the states that require less than 3,000 hours, most require all hours to be direct client contact gained over a minimum of two years. This would result in the overall number of hours gained to be significantly higher.

*** California requires 500 hours diagnosing and treating couples, families and children with up to 150 hours double-counted (for a true minimum of 350 hours). These are the only direct client contact hours required, although more may be gained due to limits in other categories.

NOTE: 7 of the 10 States specifically require hours treating couples and families, as does California.

LPCC

Minimum Requirement	10 States- Requirement Ranges From:	10 States- Average Requirement:	10 States- Most Commonly Require:	California's Requirement
Years of Experience*	1.5 – 3 years	2 years	2 years	2 years
Hours of Experience*	960** – 3,000 hours	2,336 hours	3,000 hours	3,000 hours
Direct Client Contact Hours	0 – 2,400 hours	1,191 hours	1,500 hours	1,750 hours
Total Direct Supervision Hours	90 – 200 hours	105 hours	100 hours	104 hours

*Two states allow some experience to be gained pre-degree; California does not permit this.

**Of the states that require less than 3,000 hours, most require all hours to be direct client contact gained over a minimum of two years. This would result in the overall number of hours gained to be significantly higher.

ATTACHMENT C

SUMMARY OF PROPOSED CHANGES TO SUPERVISED EXPERIENCE REQUIREMENTS			
	LCSW	LMFT	LPCC
Summary	<ul style="list-style-type: none"> 3,200 hours Post-degree Minimum 104 weeks 	<ul style="list-style-type: none"> 3,000 hours total: <ul style="list-style-type: none"> - Max. 1,300 Pre-degree - Min. 1,700 Post-degree Minimum 104 weeks 	<ul style="list-style-type: none"> 3,000 hours Post-degree Minimum 104 weeks
Minimums	<ul style="list-style-type: none"> 2,000 hours in Clinical Psychosocial Diagnosis, Assessment, & Treatment, including: <ul style="list-style-type: none"> - Min. 750 hours of Direct Counseling with Individuals, Groups, Couples or Families 1,700 hours supervised by a LCSW (minimum 13 weeks must be <i>individual</i> supervision) 	<ul style="list-style-type: none"> 1,750 hours Direct Counseling with Individuals, Groups, Couples or Families, including: <ul style="list-style-type: none"> - Min. 500 hours Diagnosing and Treating Couples, Families or Children 	<ul style="list-style-type: none"> 1,750 hours Direct Counseling with Individuals, Groups, Couples or Families
Maximums	<ul style="list-style-type: none"> 1,200 hours that includes Direct Supervisor Contact, Client-Centered Advocacy, Consultation, Evaluation, Research, Workshops, Training, Seminars, Conferences Max. 40 hours in any week Max. 40 hours in any 7 consecutive days 	<ul style="list-style-type: none"> PRE-DEGREE: Max. 750 hours of Direct Counseling and Direct Supervisor Contact 1,250 hours of Non-Clinical Practice Includes: <ul style="list-style-type: none"> Direct Supervisor Contact, Administering and Evaluating Psychological Tests, Writing Clinical Reports, Writing Progress or Process Notes, Client-Centered Advocacy, Workshops, Training, Seminars, Conferences Max. 40 hours in any week Max. 40 hours in any 7 consecutive days 	<ul style="list-style-type: none"> 1,250 hours of Non-Clinical Practice Includes: <ul style="list-style-type: none"> Direct Supervisor Contact, Administering and Evaluating Psychological Tests, Writing Clinical Reports, Writing Progress or Process Notes, Client-Centered Advocacy, Workshops, Training, Seminars, Conferences. Max. 40 hours in any week Max. 40 hours in any 7 consecutive days

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**Attachment D
PROPOSED LANGUAGE
LMFT, LCSW, LPCC SUPERVISED EXPERIENCE HOURS**

LMFT

AMEND § 4980.03. DEFINITIONS

- (a) "Board," as used in this chapter, means the Board of Behavioral Sciences.
- (b) "Intern," as used in this chapter, means an unlicensed person who has earned his or her master's or doctor's degree qualifying him or her for licensure and is registered with the board.
- (c) "Trainee," as used in this chapter, means an unlicensed person who is currently enrolled in a master's or doctor's degree program, as specified in Sections 4980.36 and 4980.37, that is designed to qualify him or her for licensure under this chapter, and who has completed no less than 12 semester units or 18 quarter units of coursework in any qualifying degree program.
- (d) "Applicant," as used in this chapter, means an unlicensed person who has completed a master's or doctoral degree program, as specified in Sections 4980.36 and 4980.37, and whose application for registration as an intern is pending, or an unlicensed person who has completed the requirements for licensure as specified in this chapter, is no longer registered with the board as an intern, and is currently in the examination process.
- (e) "Advertise," as used in this chapter, includes, but is not limited to, any public communication, as defined in subdivision (a) of Section 651, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification. Signs within religious buildings or notices in church bulletins mailed to a congregation shall not be construed as advertising within the meaning of this chapter.
- (f) "Experience," as used in this chapter, means experience in interpersonal relationships, psychotherapy, marriage and family therapy, ~~and professional enrichment activities~~ direct counseling, and non-clinical practice that satisfies the requirements for licensure as a marriage and family therapist pursuant to Section 4980.40.
- (g) "Supervisor," as used in this chapter, means an individual who meets all of the following requirements:
- (1) Has been licensed by a state regulatory agency for at least two years as a marriage and family therapist, licensed clinical social worker, licensed professional clinical counselor, licensed psychologist, or license physician certified in psychiatry by the American Board of Psychiatry and Neurology.
 - (2) If a licensed professional clinical counselor, the individual shall meet the additional training and education requirements specified in paragraph (3) of subdivision (a) of Section 4999.20.
 - (3) Has not provided therapeutic services to the trainee or intern.
 - (4) Has a current and valid license that is not under suspension or probation.
 - (5) Complies with supervision requirements established by this chapter and by board regulations.
- (h) "Client centered advocacy," as used in this chapter, includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.

AMEND § 4980.43. PROFESSIONAL EXPERIENCE; INTERNS OR TRAINEES

(a) ~~Prior to applying~~ To qualify for licensure ~~examinations as specified in section 4980.40~~, each applicant shall complete experience related to the practice of marriage and family therapy, under a qualified supervisor that, The experience shall comply with the following:

(1) A minimum of 3,000 hours of supervised experience completed during a period of at least 104 weeks.

(2) ~~Not more than~~ A maximum of 40 hours in any seven consecutive days.

(3) ~~Not less than~~ A minimum of 1,700 hours ~~of supervised experience completed subsequent to the granting of~~ obtained after the qualifying master's or doctoral degree was awarded.

(4) ~~Not more than~~ A maximum of 1,300 hours ~~of supervised experience~~ obtained prior to ~~completing a~~ the award date of the qualifying master's or doctoral degree.

~~(5)~~ The applicant shall not be credited with more than A maximum of 750 hours of counseling and direct supervisor contact prior to ~~completing the~~ award date of the qualifying master's or doctoral degree.

~~(5)(6)~~ 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)(7)~~ 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.~~

~~(8)(10)~~ A minimum of 1,750 hours of direct counseling with individuals, groups, couples or families. Not which includes 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.

(9) A maximum of 1,250 hours of non-clinical practice. This includes direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions or conferences directly related to marriage and family therapy that have been approved by the applicant's supervisor.

~~(10)~~(42) 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) An individual who submits an application for examination eligibility between January 1, 2016 and December 31, 2016, may alternatively qualify under the experience requirements that were in place on January 1, 2015.

~~(c)~~(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.

~~(d)~~(e) 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.

(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.

~~(e)(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 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.

~~(f)(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.

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

~~(h)(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.

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

~~(j)(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. 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.

~~(k)(4)~~ 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.

~~(l)(4)~~ 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.

LCSW

AMEND § 4996.23. SUPERVISED POST-MASTER'S EXPERIENCE CRITERIA

~~The experience required by subdivision (c) of Section 4996.2 shall meet the following criteria:~~

~~(a) All persons registered with the board on and after January 1, 2002, shall have at least 3,200 hours of postmaster's degree supervised experience providing clinical social work services as permitted by Section 4996.9.~~

(a) To qualify for licensure as specified in section 4996.2, applicants shall complete 3,200 hours of postmaster's degree experience related to the practice of clinical social work under a qualified supervisor. The experience shall comply with the following:

(1) At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of a licensed mental health professional acceptable to the board as defined by a regulation adopted by the board. ~~This experience shall consist of the following:~~

(2)(4) A minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling.

(3)(2) A maximum of 1,200 hours in client-centered advocacy, consultation, evaluation, ~~and~~ research, direct supervisor contact, and workshops, seminars, training sessions or conferences directly related to clinical social work that have been approved by the applicant's supervisor.

(4)(3) Of the 2,000 clinical hours required in paragraph ~~(4)(2)~~, no less than 750 hours shall be face-to-face individual or group psychotherapy provided to clients in the context of clinical social work services.

(5)(4) A minimum of two years of supervised experience is required to be obtained over a period of not less than 104 weeks and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed.

(6)(5) Experience shall not be credited for more than 40 hours in any week.

(b) An individual who submits an application for examination eligibility between January 1, 2016 and December 31, 2016, may alternatively qualify under the experience requirements that were in place on January 1, 2015.

(b) "Supervision" means responsibility for, and control of, the quality of clinical social work services being provided. Consultation or peer discussion shall not be considered to be supervision.

(c) (1) Prior to the commencement of supervision, a supervisor shall comply with all requirements enumerated in Section 1870 of Title 16 of the California Code of Regulations and shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" form.

(2) Supervised experience shall include at least one hour of direct supervisor contact for a minimum of 104 weeks. For purposes of this subdivision, "one hour of direct supervisor contact" means one hour per week of face-to-face contact on an individual basis or two hours of face-to-face contact in a group conducted within the same week as the hours claimed.

(3) An associate shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting

in which experience is gained. No more than ~~five~~ six hours of supervision, whether individual or group, shall be credited during any single week.

(4) Supervision shall include at least one hour of direct supervisor contact during each week for which experience is gained in each work setting. Supervision is not required for experience gained attending workshops, seminars, training sessions or conferences as described in paragraph (3) of subdivision (a).

~~(5)~~(4) Group supervision shall be provided in a group of not more than eight supervisees and shall be provided in segments lasting no less than one continuous hour.

~~(6)~~(5) Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, and of the 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker.

~~(7)~~(6) Notwithstanding paragraph (2), an associate clinical social worker working for a governmental entity, school, college, or university, or an institution that is both a nonprofit and charitable institution, may obtain the required weekly direct supervisor contact via live two-way videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is preserved.

(d) The supervisor and the associate shall develop a supervisory plan that describes the goals and objectives of supervision. These goals shall include the ongoing assessment of strengths and limitations and the assurance of practice in accordance with the laws and regulations. The associate shall submit to the board the initial original supervisory plan upon application for licensure.

(e) Experience shall only be gained in a setting that meets both of the following:

(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(2) Provides oversight to ensure that the associate'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 4996.9.

(f) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.

(g) Employment in a private practice as defined in subdivision (h) shall not commence until the applicant has been registered as an associate clinical social worker.

(h) A private practice setting is a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, a licensed psychologist, a licensed professional clinical counselor, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(i) If volunteering, the associate shall provide the board with a letter from his or her employer verifying his or her voluntary status upon application for licensure.

(j) If employed, the associate shall provide the board with copies of his or her W-2 tax forms for each year of experience claimed upon application for licensure.

(k) While an associate may be either a paid employee or volunteer, employers are encouraged to provide fair remuneration to associates.

(l) An associate shall not do the following:

(1) Receive any remuneration from patients or clients and shall only be paid by his or her employer.

(2) Have any proprietary interest in the employer's business.

(3) Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of his or her employer.

(m) An associate, whether employed or volunteering, may obtain supervision from a person not employed by the associate's employer if that person has signed a written agreement with the employer to take supervisory responsibility for the associate's social work services.

(n) Notwithstanding any other provision of law, associates and applicants for examination shall receive a minimum of one hour of supervision per week for each setting in which he or she is working.

LPCC

AMEND § 4999.46. SUPERVISED EXPERIENCE REQUIREMENTS; QUALIFICATION FOR LICENSURE

(a) To qualify for the licensure examination as specified by paragraph (2) of subdivision (a) of Section 4999.53 in section 4999.50, applicants shall complete clinical mental health experience related to the practice of professional clinical counseling under the general supervision of an approved a qualified supervisor as defined in Section 4999.12. The experience shall comply with the following:

~~(1)(b) The experience shall include a~~ A minimum of 3,000 postdegree hours of supervised clinical mental health experience related to the practice of professional clinical counseling, performed over a period of not less than two years (104 weeks), ~~which shall include:~~

~~(2)(1)~~ Not more than 40 hours in any seven consecutive days.

~~(3)(2)~~ Not less than 1,750 hours of direct counseling with individuals, groups, couples, or families in a setting described in Section 4999.44 using a variety of psychotherapeutic techniques and recognized counseling interventions within the scope of practice of licensed professional clinical counselors.

~~(3) Not more than 500 hours of experience providing group therapy or group counseling.~~

~~(4) Not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth in accordance with Section 2290.5.~~

~~(5) Not less than 150 hours of clinical experience in a hospital or community mental health setting, as defined in Section 1820 of Title 16 of the California Code of Regulations.~~

~~(6) Not more than a combined total of 1,250 hours of experience in the following related activities:~~

~~(A) Direct supervisor contact.~~

~~(B) Client centered advocacy.~~

~~(C) Not more than 250 hours of experience administering tests and evaluating psychological tests of clients, writing clinical reports, writing progress notes, or writing process notes.~~

~~(D) Not more than 250 hours of verified attendance at workshops, seminars, training sessions, or conferences directly related to professional clinical counseling that are approved by the applicant's supervisor.~~

(4) A maximum of 1,250 hours of non-clinical practice. This includes direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions or conferences directly related to professional clinical counseling that have been approved by the applicant's supervisor.

(b) An individual who submits an application for examination eligibility between January 1, 2016 and December 31, 2016, may alternatively qualify under the experience requirements that were in place on January 1, 2015.

(c) No hours of clinical mental health experience may be gained more than six years prior to the date the application for examination eligibility was filed.

(d) An applicant shall register with the board as an intern in order to be credited for postdegree hours of experience toward licensure. Postdegree hours of experience shall be credited toward

licensure, provided that the applicant applies for intern registration within 90 days of the granting of the qualifying degree and is registered as an intern by the board.

(e) All applicants and interns 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 professional clinical counseling.

(f) Experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal, professional, or business relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

(g) Except for experience gained pursuant to subparagraph (D) of paragraph (6) of subdivision (b), by attending workshops, seminars, training sessions or conferences as described in paragraph (4) 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.

(1) No more than six hours of supervision, whether individual or group, shall be credited during any single week. This paragraph shall apply to supervision hours gained on or after January 1, 2009.

(2) An intern shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting in which experience is gained.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons in segments lasting no less than one continuous hour.

(4) 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.

(h) This section shall become operative on January 1, 2016.

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To: Board Members **Date:** October 20, 2014
From: Rosanne Helms **Telephone:** (916) 574-7897
Legislative Analyst
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.

Staff is suggesting amendments to the following sections of the Business and Professions Code (BPC) pertaining to the Board of Behavioral Sciences (**Attachment A**):

1. Amend BPC Sections 4984.01, 4996.28, 4999.45, and 4999.100 – Prohibited Work Settings for a Subsequent Registration Number

Background: Staff has relayed that sometimes registrants with a subsequent registration number are confused about the section in the law that prohibits them from working in a private practice.

Recommendation: Clarify these sections by stating the prohibition more directly.

2. Amend BPC Section 4996.2 – Qualifications for a License

Background: Section 4996.2 lists the requirements for an applicant, including being at least 21 years old, having earned a master's degree from an accredited school of social work, and having 2 years of supervised post-master's degree experience. However, the section does not specifically state whether these requirements are for an applicant for licensure, or if they are for an applicant for registration.

Recommendation: One of the requirements listed in this section is having 2 years of supervised post-master's degree experience. Therefore, it is clear that these requirements are intended for applicants for a license. Therefore, staff recommends that the section be amended as follows:

"Each applicant for a license shall furnish evidence satisfactory to the board that he or she complies with all of the following requirements:..."

3. Amend BPC Sections 4980.43 and 4999.46 – 90-Day Rule for Intern Applicants

Background: BPC Section 4999.46(d) allows an applicant for a PCI Intern registration to credit postdegree hours of experience toward licensure experience requirements, as long as the applicant applies for the intern registration within 90 days of the granting of the qualifying degree.

A stakeholder has pointed out that the current language is confusing. Currently, the language allows the counting of the hours as long as the applicant applies for intern registration “within 90 days of the granting of the qualifying degree and is registered as an intern by the board.”

By definition, an applicant applying within 90 days of his or her degree being granted is not yet going to be registered as an intern by the board. Staff recommends clarifying this language so that it is similar to the language for MFT Interns in Section 4980.43(g).

Section 4980.43(g) has also been amended to make it clearer that applicants who do not yet have an intern registration are not permitted to work in a private practice.

Recommendation: Make clarifying amendments to Sections 4980.43(g) and 4999.46(d). Amend Section 4999.46(d) as follows:

(d) An applicant shall register with the board as an intern in order to be credited for postdegree hours of experience toward licensure. Postdegree hours of experience shall be credited toward licensure, provided that the applicant applies for intern registration within 90 days of the granting of the qualifying degree and is ~~registered as an intern by the board; thereafter granted the intern registration by the board.~~ However, an applicant shall not be employed or volunteer in a private practice until registered as an intern by the board.

Policy and Advocacy Committee Meeting

At its September 18, 2014 meeting, the Policy and Advocacy Committee made some minor amendments to the proposed language and recommended that the Board sponsor legislation to make the proposed changes.

Recommendation

Direct staff to make any discussed changes, as well as any non-substantive changes to the proposed language and submit to the Legislature as a legislative proposal.

Attachments

Attachment A: Proposed Language

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

AMEND §4980.43.

(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.

(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 five 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.

(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 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 p~~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. However, an applicant shall not be employed or volunteer in a private practice until registered as an intern 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. 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.

AMEND §4984.01.

(a) The marriage and family therapist intern registration shall expire one year from the last day of the month in which it was issued.

(b) To renew the registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:

(1) Apply for renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Participate in the California law and ethics examination pursuant to Section 4980.399 each year until successful completion of this examination.

(4) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken against him or her by a regulatory or licensing board in this or any other state subsequent to the last renewal of the registration.

(c) The registration may be renewed a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a ~~new~~subsequent intern registration number if the applicant meets the educational requirements for registration in effect at the time of the application for a ~~new~~ subsequent intern registration number and has passed the California law and ethics examination described in Section 4980.399. An applicant who is issued a subsequent intern registration number pursuant to this subdivision ~~may be employed or volunteer in any allowable work setting except private practice.~~ shall not be employed or volunteer in a private practice.

(d) This section shall become operative on January 1, 2016.

AMEND §4996.2.

Each applicant for a license shall furnish evidence satisfactory to the board that he or she complies with all of the following requirements:

(a) Is at least 21 years of age.

(b) Has received a master's degree from an accredited school of social work.

(c) Has had two years of supervised post-master's degree experience, as specified in Section 4996.23.

(d) Has not committed any crimes or acts constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of any crime in this or another state or in a territory of the United States that involves

sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.

(e) Has completed adequate instruction and training in the subject of alcoholism and other chemical substance dependency. This requirement applies only to applicants who matriculate on or after January 1, 1986.

(f) Has completed instruction and training in spousal or partner abuse assessment, detection, and intervention. This requirement applies to an applicant who began graduate training during the period commencing on January 1, 1995, and ending on December 31, 2003. An applicant who began graduate training on or after January 1, 2004, shall complete a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

(g) Has completed a minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 1807 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

(h) Has completed a minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 1807.2 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

AMEND §4996.28.

(a) Registration as an associate clinical social worker shall expire one year from the last day of the month during which it was issued. To renew a registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:

(1) Apply for renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken by a regulatory or licensing board in this or any other state, subsequent to the last renewal of the registration.

(4) On and after January 1, 2016, obtain a passing score on the California law and ethics examination pursuant to Section 4992.09.

(b) A registration as an associate clinical social worker may be renewed a maximum of five times. When no further renewals are possible, an applicant may apply for and obtain a [new subsequent](#) associate clinical social worker registration [number](#) if the applicant meets all requirements for registration in effect at the time of his or her application for a [new subsequent](#) associate clinical social worker registration [number](#). An applicant issued a subsequent associate

registration number pursuant to this subdivision ~~may be employed or volunteer in any allowable work setting except private practice shall not be employed or volunteer in a private practice.~~

AMEND §4999.45.

(a) An intern employed under this chapter shall:

(1) Not perform any duties, except for those services provided as a clinical counselor trainee, until registered as an intern.

(2) Not be employed or volunteer in a private practice until registered as an intern.

(3) Inform each client prior to performing any professional services that he or she is unlicensed and under supervision.

(4) Renew annually for a maximum of five years after initial registration with the board.

(b) When no further renewals are possible, an applicant may apply for and obtain a newsubsequent intern registration number if the applicant meets the educational requirements for registration in effect at the time of the application for a newsubsequent intern registration number and has passed the California law and ethics examination described in Section 4999.53. An applicant issued a subsequent intern registration number pursuant to this subdivision ~~may be employed or volunteer in any allowable work setting except private practice shall not be employed or volunteer in a private practice.~~

(c) This section shall become operative on January 1, 2016.

AMEND §4999.46.

(a) To qualify for the licensure examination specified by paragraph (2) of subdivision (a) of Section 4999.53, applicants shall complete clinical mental health experience under the general supervision of an approved supervisor as defined in Section 4999.12.

(b) The experience shall include a minimum of 3,000 postdegree hours of supervised clinical mental health experience related to the practice of professional clinical counseling, performed over a period of not less than two years (104 weeks), which shall include:

(1) Not more than 40 hours in any seven consecutive days.

(2) Not less than 1,750 hours of direct counseling with individuals, groups, couples, or families in a setting described in Section 4999.44 using a variety of psychotherapeutic techniques and recognized counseling interventions within the scope of practice of licensed professional clinical counselors.

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

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

(5) Not less than 150 hours of clinical experience in a hospital or community mental health setting, as defined in Section 1820 of Title 16 of the California Code of Regulations.

(6) Not more than a combined total of 1,250 hours of experience in the following related activities:

(A) Direct supervisor contact.

(B) Client centered advocacy.

(C) Not more than 250 hours of experience administering tests and evaluating psychological tests of clients, writing clinical reports, writing progress notes, or writing process notes.

(D) Not more than 250 hours of verified attendance at workshops, seminars, training sessions, or conferences directly related to professional clinical counseling that are approved by the applicant's supervisor.

(c) No hours of clinical mental health experience may be gained more than six years prior to the date the application for examination eligibility was filed.

(d) An applicant shall register with the board as an intern in order to be credited for postdegree hours of experience toward licensure. Postdegree hours of experience shall be credited toward licensure, provided that the applicant applies for intern registration within 90 days of the granting of the qualifying degree and is ~~registered as an intern by the board.~~ thereafter granted the intern registration by the board. However, an applicant shall not be employed or volunteer in a private practice until registered as an intern by the board.

(e) All applicants and interns 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 professional clinical counseling.

(f) Experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal, professional, or business relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

(g) Except for experience gained pursuant to subparagraph (D) of paragraph (6) of subdivision (b), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting.

(1) No more than five hours of supervision, whether individual or group, shall be credited during any single week.

(2) An intern shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting in which experience is gained.

(3) For purposes of this section, “one hour of direct supervisor contact” means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons in segments lasting no less than one continuous hour.

(4) 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.

(h) This section shall become operative on January 1, 2016.

AMEND §4999.100.

(a) An intern registration shall expire one year from the last day of the month in which it was issued.

(b) To renew a registration, the registrant shall, on or before the expiration date of the registration, do the following:

(1) Apply for a renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the registrant’s last renewal.

(4) Participate in the California law and ethics examination pursuant to Section 4999.53 each year until successful completion of this examination.

(c) The intern registration may be renewed a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a newsubsequent intern registration number if the applicant meets the educational requirements for registration in effect at the time of the application for a newsubsequent intern registration number and has passed the California law and ethics examination described in Section 4999.53. An applicant who is issued a subsequent intern registration number pursuant to this subdivision ~~may be employed or volunteer in any allowable work setting except private practice.~~ shall not be employed or volunteer in a private practice.

(d) This section shall become operative on January 1, 2016.

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To: Board Members

Date: October 20, 2014

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: 2015 Omnibus Bill: Continuing Education

Background

In 2012 and 2013, the Board underwent an extensive committee process to revise its regulations related to continuing education (CE).

The resulting proposed regulations removed the Board's authority to directly approve and license CE providers. Instead, the Board proposes recognizing "approval agencies" that have already established stringent requirements for CE providers. The regulations also recognize a limited number of entities as CE providers, allowing these named entities to offer CE courses directly to Board licensees without approval from an approval agency.

The Continuing Education regulations were approved by the Office of Administrative Law (OAL) and filed with the Secretary of State on September 16, 2014. The effective dates are as follows:

- **January 1, 2015:** The new regulations officially become part of the regulations outlining the Board's authority. An entity wishing to become recognized by the Board as an approval agency may submit documentation demonstrating compliance with Section 1887.4.1; the board will cease accepting applications for board-approved continuing education providers.
- **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 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.

Need for Legislative Changes

The Board's licensing law contains several references to the Board "approving" continuing education providers. However, under the new continuing education regulations, the Board will no longer be approving CE providers. Therefore, this language is obsolete.

Staff is proposing the following amendments to update the Board's licensing law so it is consistent with the CE regulations. As these amendments are technical in nature, they can likely be made in the 2015 omnibus bill, which is reserved for minor technical and non-controversial legislative changes:

1. Amend BPC Section 28: Training for Child and Elder and Dependent Adult Abuse Assessment.

Background: This section discusses a need for the BBS and the Psychology Board (BOP) to establish training in child and elder and dependent adult abuse assessment. The section states a course is acceptable if it is from a CE provider approved by the BBS or BOP.

Recommendation: Both BBS and BOP no longer approve CE providers, and therefore staff suggests the language be amended for consistency. Staff is in the process of confirming that BOP finds these amendments acceptable.

2. Amend BPC Section 4980.399, 4980.54, 4989.34, 4992.09, 4996.22, 4999.55, and 4999.76: Miscellaneous References to Approving CE Providers.

Background: This sections make several references to the Board approving CE providers.

Recommendation: Change the references as appropriate, to state that CE providers specified by the Board in regulation are acceptable. Also change a requirement stating that the Board must establish a procedure for approving CE providers, to instead require the Board to establish a procedure to identify acceptable CE providers.

Policy and Advocacy Committee Meeting

At its September 18, 2014 meeting, the Policy and Advocacy Committee recommended that the Board sponsor legislation to make the proposed changes.

Recommendation

Conduct an open discussion about the proposed amendments. Direct staff to make any discussed changes, and any non-substantive changes, and submit to the Legislature as a legislative proposal.

Attachments

Attachment: Proposed Continuing Education Legislative Amendments

**ATTACHMENT A
2015 BOARD OMNIBUS BILL
PROPOSED CONTINUING EDUCATION LEGISLATIVE AMENDMENTS**

§28. TRAINING FOR CHILD, ELDER AND DEPENDENT ADULT ABUSE ASSESSMENT AND REPORTING; LICENSING PREREQUISITES

The Legislature finds that there is a need to ensure that professionals of the healing arts who have demonstrable contact with victims and potential victims of child, elder, and dependent adult abuse, and abusers and potential abusers of children, elders, and dependent adults are provided with adequate and appropriate training regarding the assessment and reporting of child, elder, and dependent adult abuse which will ameliorate, reduce, and eliminate the trauma of abuse and neglect and ensure the reporting of abuse in a timely manner to prevent additional occurrences.

The Board of Psychology and the Board of Behavioral Sciences shall establish required training in the area of child abuse assessment and reporting for all persons applying for initial licensure and renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist. This training shall be required one time only for all persons applying for initial licensure or for licensure renewal.

All persons applying for initial licensure or renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist shall, in addition to all other requirements for licensure or renewal, have completed coursework or training in child abuse assessment and reporting that meets the requirements of this section, including detailed knowledge of the Child Abuse and Neglect Reporting Act (Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the Penal Code). The training shall meet all of the following requirements:

(a) Be obtained from one of the following sources:

(1) An accredited or approved educational institution, as defined in Sections 2902, 4980.36, 4980.37, 4996.18, and 4999.12, including extension courses offered by those institutions.

(2) A continuing education provider ~~approved as specified~~ by the responsible board [in regulation](#).

(3) A course sponsored or offered by a professional association or a local, county, or state department of health or mental health for continuing education and approved ~~or accepted~~ by the responsible board.

(b) Have a minimum of seven contact hours.

(c) Include the study of the assessment and method of reporting of sexual assault, neglect, severe neglect, general neglect, willful cruelty or unjustifiable punishment, corporal punishment or injury, and abuse in out-of-home care. The training shall also include physical and behavioral

indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities of reporting, consequences of failure to report, caring for a child's needs after a report is made, sensitivity to previously abused children and adults, and implications and methods of treatment for children and adults.

(d) An applicant shall provide the appropriate board with documentation of completion of the required child abuse training.

The Board of Psychology and the Board of Behavioral Sciences shall exempt an applicant who applies for an exemption from the requirements of this section and who shows to the satisfaction of the board that there would be no need for the training in his or her practice because of the nature of that practice.

It is the intent of the Legislature that a person licensed as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist have minimal but appropriate training in the areas of child, elder, and dependent adult abuse assessment and reporting. It is not intended that by solely complying with the requirements of this section, a practitioner is fully trained in the subject of treatment of child, elder, and dependent adult abuse victims and abusers.

The Board of Psychology and the Board of Behavioral Sciences are encouraged to include coursework regarding the assessment and reporting of elder and dependent adult abuse in the required training on aging and long-term care issues prior to licensure or license renewal.

§4980.399. CALIFORNIA LAW AND ETHICS EXAMINATION; EFFECTIVE JANUARY 1, 2016

(a) Except as provided in subdivision (a) of Section 4980.398, each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application except as provided in subdivision (d).

(d) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a [board-approved](#) continuing education provider [as specified by the board in regulation](#), a county, state or governmental entity, or a college or university.

(e) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(f) This section shall become operative on January 1, 2016.

§4980.54. CONTINUING EDUCATION

(a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to assure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if he or she passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) Except as provided in subdivision (e), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(f) The continuing education shall be obtained from one of the following sources:

(1) An accredited school or state-approved school that meets the requirements set forth in Section 4980.36 or 4980.37. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, ~~including, but not limited to, a professional marriage and family therapist association, a licensed health facility, a governmental entity, a continuing education unit of an accredited four-year institution of higher learning, or a mental health professional association, approved by the board. as specified by the board in regulation.~~

(g) The board shall establish, by regulation, a procedure for ~~approving~~ identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (f), shall adhere to procedures established by

the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with the requirements of this section or any regulation adopted pursuant to this section.

(h) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(i) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(j) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Sciences Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section. For purposes of this subdivision, a provider of continuing education as described in paragraph (1) of subdivision (f) shall be deemed to be an approved provider.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

§4989.34. CONTINUING EDUCATION REQUIREMENTS

(a) To renew his or her license, a licensee shall certify to the board, on a form prescribed by the board, completion in the preceding two years of not less than 36 hours of approved continuing education in, or relevant to, educational psychology.

(b) (1) The continuing education shall be obtained from either an accredited university or a continuing education provider [approved by the board as specified by the board in regulation](#).

(2) The board shall establish, by regulation, a procedure for [approving identifying acceptable](#) providers of continuing education courses, and all providers of continuing education shall comply with procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with the requirements of this section or any regulation adopted pursuant to this section.

(c) Training, education, and coursework by approved providers shall incorporate one or more of the following:

- (1) Aspects of the discipline that are fundamental to the understanding or the practice of educational psychology.
- (2) Aspects of the discipline of educational psychology in which significant recent developments have occurred.
- (3) Aspects of other disciplines that enhance the understanding or the practice of educational psychology.
- (d) The board may audit the records of a licensee to verify completion of the continuing education requirement. A licensee shall maintain records of the completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon its request.
- (e) The board may establish exceptions from the continuing education requirements of this section for good cause, as determined by the board.
- (f) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Sciences Fund. The amount of the fees shall be sufficient to meet, but shall not exceed, the costs of administering this section.
- (g) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

§4992.09. CALIFORNIA LAW AND ETHICS EXAMINATION; EFFECTIVE JANUARY 1, 2016

- (a) Except as provided in subdivision (a) of Section 4992.07, an applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.
- (b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.
- (c) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application except for as provided in subdivision (d).
- (d) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a ~~board-approved~~ continuing education provider as specified by the board in regulation, a county, state or governmental entity, or a college or university.

(e) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(f) This section shall become operative on January 1, 2016.

§4996.22. CONTINUING EDUCATION EFFECTIVE JANUARY 1, 2004

(a) (1) Except as provided in subdivision (c), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of social work in the preceding two years, as determined by the board.

(2) The board shall not renew any license of an applicant who began graduate study prior to January 1, 2004, pursuant to this chapter unless the applicant certifies to the board that during the applicant's first renewal period after the operative date of this section, he or she completed a continuing education course in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. On and after January 1, 2005, the course shall consist of not less than seven hours of training. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken prior to the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement. Continuing education courses taken pursuant to this paragraph shall be applied to the 36 hours of approved continuing education required under paragraph (1).

(b) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(c) The board may establish exceptions from the continuing education requirement of this section for good cause as defined by the board.

(d) The continuing education shall be obtained from one of the following sources:

(1) An accredited school of social work, as defined in Section 4991.2, or a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, ~~including, but not limited to, a professional social work association, a licensed health facility, a governmental entity, a continuing education unit of an accredited four year institution of higher learning, and a mental health professional association, approved by the board as specified by the board in regulation.~~

(e) The board shall establish, by regulation, a procedure for approving identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (d), shall adhere to the procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with the requirements of this section or any regulation adopted pursuant to this section.

(f) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding, or the practice, of social work.

(2) Aspects of the social work discipline in which significant recent developments have occurred.

(3) Aspects of other related disciplines that enhance the understanding, or the practice, of social work.

(g) A system of continuing education for licensed clinical social workers shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(h) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

(i) The board may adopt regulations as necessary to implement this section.

(j) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Science Examiners Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section. For purposes of this subdivision, a provider of continuing education as described in paragraph (1) of subdivision (d) shall be deemed to be an approved provider.

§4999.55. CALIFORNIA LAW AND ETHICS EXAMINATION; EFFECTIVE JANUARY 1, 2016

(a) Each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application, except as provided in subdivision (d).

(d) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operative date of this section, he or she shall complete, at minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a ~~board-approved~~ continuing education provider as specified by the board in regulation, a county, state, or governmental entity, or a college or university.

(e) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(f) This section shall become operative January 1, 2016.

§4999.76. LICENSE RENEWAL; CONTINUING EDUCATION REQUIREMENT

(a) Except as provided in subdivision (c), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of professional clinical counseling in the preceding two years, as determined by the board.

(b) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completed continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(c) The board may establish exceptions from the continuing education requirement of this section for good cause, as defined by the board.

(d) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4999.12. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, ~~including, but not limited to, a professional clinical counseling association, a licensed health facility, a governmental entity, a continuing education unit of a four-year institution of higher learning that is accredited or approved, or a mental health professional association, approved by the board.~~ as specified by the board in regulation.

(e) The board shall establish, by regulation, a procedure for approving-identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (d), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with the requirements of this section or any regulation adopted pursuant to this section.

(f) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of professional clinical counseling.

(2) Significant recent developments in the discipline of professional clinical counseling.

(3) Aspects of other disciplines that enhance the understanding or the practice of professional clinical counseling.

(g) A system of continuing education for licensed professional clinical counselors shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(h) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Sciences Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section. For the purposes of this subdivision, a provider of continuing education as described in paragraph (1) of subdivision (d) shall be deemed to be an approved provider.

(i) The continuing education requirements of this section shall fully comply with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

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To: Board Members **Date:** October 21, 2014
From: Rosanne Helms **Telephone:** (916) 574-7897
Legislative Analyst
Subject: Proposed Enforcement Legislation

Staff is recommending consideration of two legislative amendments related to the Board's enforcement process, as follows:

1. Amendments to the requirements to petition for a reinstatement or modification of penalty; and
2. Amendments to clarify the Board's jurisdiction in cases of a license or registration status change.

1. REQUIREMENTS TO PETITION FOR REINSTATEMENT OR MODIFICATION OF PENALTY

Background: Business and Professions Code (BPC) Section 4990.30 sets the process by which a Board licensee or registrant may petition for reinstatement or modification of penalty if his or her license or registration has been revoked, suspended, or placed on probation.

As the Board's licensing population increases, the Board's Enforcement Unit is receiving an increasing number of requests to petition for termination of probation or modify penalty from licensees and registrants who are not in compliance with the terms of their probation. These requests utilize the valuable time and resources of staff, attorneys, and Board members, even though they will ultimately be rejected for noncompliance.

Proposed Amendments: Add BPC §4990.31, which outlines criteria under which the Board may deny a request to petition to terminate probation or modify penalty. These include the following:

- The petitioner has failed to comply with the terms/conditions of the disciplinary order;
- There is an ongoing investigation of the petitioner;
- The petitioner has a subsequent arrest or conviction while on probation; and/or
- The petitioner's probation is currently tolled.

This section is in the Board's general provision statutes, and therefore would apply to the Board's LMFT, LEP, LCSW, and LPCC licensees and registrants.

2. LICENSE OR REGISTRATION STATUS CHANGE (Add BPC §4990.33)

Background: A new section is proposed to clarify that the Board has jurisdiction to investigate and/or take disciplinary action even if the status of a license or registration changes or the license or registration expires. This is being proposed for two reasons:

- a) **Medical Board Case Ruling:** The California Medical Board lost a court of appeal case where it was attempting to take disciplinary action against a licensee who held a retired license. The court ruled that a retired license status is not considered a licensee under the Medical Board's

jurisdiction, and that the disciplinary authority is valid “only if and when the retired licensee seeks to return to the practice of medicine and files an application” with the Medical Board.

Because of this ruling, in 2012 the Medical Board sought an amendment to one of its statutes related to enforcement via the omnibus bill. The amendment added retired and inactive license statuses within that board’s authority to investigate and take disciplinary action.

- b) **Deficiencies in BPC Section 118:** BPC Section 118 is the statute that provides the Board with authority to continue a disciplinary proceeding or take disciplinary action even if a license is expired, suspended, or forfeited. However, there is a loophole in Section 118 that only allows this authority during the period of time during which the license is able to be renewed, restored, reissued, or reinstated.

The Board’s enforcement division is running into a problem with taking disciplinary action on registrants with an expired or expiring registration number. Under the law, a registration number is only valid for six years. After six years the registration expires and cannot be renewed, so the applicant must obtain a new registration number. Technically, the registrant is continuing their registration, but since they must do this by getting a new registration number, instead of renewing the old one, Section 118 does not apply.

This is creating a situation where the Board cannot proceed with any disciplinary action once a registrant needs a new registration number. The registrant can then wait for the statute of limitations to run out on his or her violation, and then apply for a new number.

Proposed Amendment: Add section 4990.33 so that the Board may take disciplinary action on its licensees and registrants regardless of the status of a license or registration. This section is in the Board’s general provision statutes, and therefore would apply to the Board’s LMFT, LEP, LCSW, and LPCC licensees and registrants.

In November 2013, the Board approved this provision for inclusion in the 2014 omnibus bill. However, there was an objection to this amendment, forcing its removal from that bill. (The omnibus bill may only contain non-substantive or non-controversial amendments).

Policy and Advocacy Committee

At its September 18, 2014 meeting, the Policy and Advocacy Committee discussed this proposal. At that time, the proposal also included an amendment to increase waiting times to file a petition to terminate or modify a condition of probation to two years.

However, after discussion, the Committee decided that the current wait times (one year to petition to terminate a probation of less than three years, and one year to petition to modify a condition of probation) are fair and sufficient.

The Committee directed staff to remove the amendment to increase petition wait times, and recommended that the Board sponsor legislation to make the remaining amendments.

Recommendation

Conduct an open discussion about the proposed language. Direct staff to make any discussed changes, as well as any non-substantive changes to the proposed language and submit to the Legislature as a legislative proposal.

Attachments

Attachment A: Proposed Language

Attachment B: BPC Section 118

**ATTACHMENT A
2015 ENFORCEMENT BILL
PROPOSED LANGUAGE**

ADD §4990.31

The board may deny a request to petition for termination of probation or modification of penalty for any of the following reasons:

- a) The petitioner has failed to comply with the terms and conditions of the disciplinary order.
- b) The board is conducting an investigation of the petitioner while he or she is on probation.
- c) The petitioner has a subsequent arrest which occurred while on probation.
- d) The petitioner has a subsequent conviction which occurred while on probation.
- e) The petitioner's probation is currently tolled.

ADD §4990.33

Notwithstanding any other law, the expiration, cancellation, forfeiture, or suspension of a license, registration, practice privilege, or other authority to practice by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license or registration by a licensee or registrant, of any license or registration within the board's authority, shall not deprive the board of jurisdiction to commence or proceed with any investigation of or action or disciplinary proceeding against the licensee or registrant, or to render a decision suspending or revoking the license or registration.

ATTACHMENT B

Business and Professions Code §118.

(a) The withdrawal of an application for a license after it has been filed with a board in the department shall not, unless the board has consented in writing to such withdrawal, deprive the board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground.

(b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

(c) As used in this section, "board" includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and "license" includes "certificate," "registration," and "permit."

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To: Board Members

Date: November 6, 2014,

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: AB 1629 Update

This bill makes costs incurred for certain services provided by violence peer counselors reimbursable to crime victims through the California Victim Compensation Board. It was signed into law by the Governor in late September, and becomes effective on January 1, 2015.

This bill was amended late in the legislative session, to require a violence peer counselor eligible for reimbursable services to be supervised by a Board licensee. The Board had several concerns about this language; including that it does not make clear that a violence peer counselor may not practice psychotherapy in a private practice unless licensed. At its August 28, 2014 meeting, the Board took an "oppose unless amended" position on this bill.

The author's office has committed to making clarifying amendments in the next legislative session. Currently, they are working with Legislative Counsel to draft language that would clarify that any services falling under the scope of practice of the Board's licensing acts must be performed by a licensee or registrant of the Board. Staff is planning to bring this draft language to the January 2015 Policy and Advocacy Committee meeting for further discussion.

Attachments

Attachment A: AB 1629 Analysis

Attachment B: AB 1629 Chaptered Language

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CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

BILL ANALYSIS

BILL NUMBER: AB 1629 **VERSION:** AMENDED AUGUST 21, 2014

AUTHOR: BONTA **SPONSOR:** YOUTH ALIVE

BOARD POSITION: OPPOSE UNLESS AMENDED

SUBJECT: CRIME VICTIMS: COMPENSATION: REIMBURSEMENT OF VIOLENCE PEER
COUNSELING EXPENSES

Overview: This bill would make costs incurred for certain services provided by violence peer counselors reimbursable to crime victims through the California Victim Compensation Board.

Existing Law:

- 1) Sets forth a procedure for the state to assist crime victims in obtaining compensation for certain losses suffered as a direct result of a criminal act. (Government Code (GC) §13950)
- 2) Defines “peer counseling” as counseling offered by a provider of mental health counseling services who does the following (GC §13951(f)):
 - a. Has completed a course in rape crisis counseling skills development;
 - b. Participates in continuing education in rape crisis counseling skills development; and
 - c. Provides rape crisis counseling in California.
- 3) Permits the California Victim Compensation and Government Claims Board (CA Victim Compensation Board) to reimburse certain medical, outpatient psychiatric, psychological, or other mental-health counseling-related expenses incurred by a crime victim. This includes peer counseling services provided by a rape crisis center. (GC §13957(a))
- 4) Allows psychiatric, psychological, or other mental health counseling services to be reimbursed only if the services were provided as follows (GC §13957(a)):
 - a. By a person who was authorized to provide the services pursuant to GC §13959 as it read on January 1, 2002;
 - b. By a person licensed by the state to provide the services; or
 - c. By a person properly supervised by a licensed person.
- 5) States that payments by the CA Victim Compensation Board for peer counseling provided by a rape crisis center may not exceed \$15 per hour of service. (GC §13957.7(d))

This Bill:

- 1) Includes peer counseling services provided by a violence peer counselor at a service organization for victims of violent crime, as one of the services for which the California Victim Compensation Board is permitted to reimburse a victim. (GC §13957.9(a)(2))

- 2) Defines a “service organization for victims of violent crime” as a nongovernmental organization with a primary mission to provide services to victims of violent crime, and which provides such services to these victims and their families. (GC §13957.9(c)(1))
- 3) Defines “violence peer counseling services” as counseling by a violence peer counselor in order to render advice to a violent crime victim and his or her family. (GC §13957.9(c)(1)(2))
- 4) Defines a “violence peer counselor” as a provider of formal or informal counseling services who is employed by a service organization for victims of violent crime, whether or not they are financially compensated. The violence peer counselor must meet the following criteria: (GC §13957.9(c)(3))
 - a. Has at least six months full-time equivalent experience providing peer support services, acquired through employment, volunteering, or an internship;
 - b. Has completed a training program to prepare an individual who was once a mental health services consumer to use his or her life experience with mental health treatment to promote the mental health recovery of others who were victims of a violent crime;
 - c. Possess 40 hours of training in the following areas:
 - i. The neurological, biological, psychological, and social effects of trauma and violence;
 - ii. Peace-building and violence prevention strategies; and
 - iii. Post-traumatic stress disorder and vicarious trauma.
 - d. Requires a violence peer counselor to be supervised by a licensee of the Board of Behavioral Sciences when providing violence peer counseling services. The licensee must be employed by the same service organization as the violence peer counselor. (GC §13957.9(c)(3)(D))

Comment:

- 1) **Existing Law.** Under the Board’s current licensing law, a license is required to practice marriage and family therapy, educational psychology, clinical social work, and professional clinical counseling in this state. The only exception is for employees working in an exempt setting, which must be one of the following:
 - i. A governmental entity;
 - ii. A school, college, or university;
 - iii. An institution that is both nonprofit and charitable.
- 2) **Definition Unclear.** This bill defines a “violence peer counselor” who is eligible for reimbursement from the CA Victim Compensation Board as a provider of formal or informal counseling services, who is employed by a service organization for victims of violent crime. The violence peer counselor must have six months experience, complete specified training programs, and be supervised by a Board licensee.

This bill also defines a “service organization for victims of violent crime” as a nongovernmental organization with a primary mission of providing services to victims of violent crime, and which provides these services to both victims and their families.

Staff has two primary concerns with these definitions:

- a. The bill permits a “violence peer counselor” to receive reimbursement for providing formal or informal counseling services. This definition is very broad. The term “formal counseling services” is not defined. It is unclear whether formal counseling services would rise to the level of psychotherapy or clinical practice for which a Board license would be required. In addition, the education and experience required for a violence peer counselor does not come close to the education and experience required for an associate or intern registration for any of the Board’s license types.

If the formal counseling services do rise to the level where a license would be required, the language seems to create an exemption from licensure, permitting only a minimal amount of training and experience, as well as supervision by a Board licensee, in order to obtain reimbursement for practice.

- b. The definition of “service organization for victims of violent crime” is overly broad and does not specify that the service organization must be nonprofit and charitable. It simply states that it may be any nongovernmental organization that meets certain criteria. Under Board licensing law, psychotherapeutic or clinical services may only be performed by unlicensed practitioners if the entity is both nonprofit and charitable.

The consequences of the unclear language are twofold. First, it is misleading because it could imply to an unlicensed violence peer counselor that he or she may practice psychotherapy in a private practice setting without a license, even though that is a violation of the Board’s practice acts. Second, it could also mislead a Board licensee, who is supervising a violence peer counselor, into believing that his or her violence peer counselor supervisee does not need to be licensed or registered, even if they are in a non-exempt setting. If the violence peer counselor then provides clinical or psychotherapeutic services in a non-exempt setting, this would be grounds for the supervising licensee to receive disciplinary action for violating the Board’s licensing law.

- 3) **Recommended Amendment.** Staff recommends that definitions of a “violence peer counselor,” “violence peer counseling services,” and “service organization for victims of violent crime” be amended to clarify that services falling under the scope of practice of the Board’s licensing acts, conducted in a non-exempt setting, require licensure or registration with the Board.
- 4) **Board Position.** At its August 28, 2014 meeting, the Board took an “Oppose Unless Amended” position on this bill. The Board’s members were supportive of the concept of the bill. They also noted that the August 19, 2014 amendment requiring violence peer counselors to be supervised by the Board’s licensees has merit and is a step in the right direction to achieve public protection.

However, the Board was concerned that the addition of its licensees as supervisors raised a number of important questions, and that the language in this bill needs further vetting to avoid possible unintended consequences.

5) Support and Opposition.

Support:

- Youth Alive (sponsor)
- AFSCME
- California Catholic Conference
- California Equity Leaders Network
- California Pan-Ethnic Health Network
- Californians for Safety and Justice

- Children's Defense Fund-California
- City of Oakland
- Crime Victims United of California
- National Network of Hospital-based Violence Intervention Programs
- PolicyLink
- San Francisco Wraparound Project
- Wellspace Health

Opposition:

- Taxpayers for Improving Public Safety

6) History.

2014

09/25/14 Chaptered by Secretary of State - Chapter 535, Statutes of 2014.

09/25/14 Approved by the Governor.

09/10/14 Enrolled and presented to the Governor at 4 p.m.

08/28/14 Senate amendments concurred in. To Engrossing and Enrolling. (Ayes 79. Noes 0. Page 6628.).

08/28/14 Assembly Rule 77 suspended. (Page 6616.)

08/27/14 In Assembly. Concurrence in Senate amendments pending. May be considered on or after August 29 pursuant to Assembly Rule 77.

08/27/14 Read third time. Passed. Ordered to the Assembly. (Ayes 36. Noes 0. Page 4897.).

08/22/14 Read second time. Ordered to third reading.

08/21/14 Read third time and amended. Ordered to second reading.

08/19/14 Read second time and amended. Ordered to third reading.

08/18/14 From committee: Do pass as amended. (Ayes 5. Noes 0.) (August 14).

08/04/14 In committee: Placed on APPR. suspense file.

06/24/14 In committee: Set, first hearing. Hearing canceled at the request of author.

06/17/14 From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0.) (June 17). Re-referred to Com. on APPR.

06/05/14 Referred to Com. on PUB. S.

05/28/14 In Senate. Read first time. To Com. on RLS. for assignment.

05/28/14 Read third time. Passed. Ordered to the Senate. (Ayes 79. Noes 0. Page 5242.)

05/27/14 Read second time. Ordered to third reading.

05/23/14 Read second time and amended. Ordered to second reading.

05/23/14 From committee: Do pass as amended. (Ayes 17. Noes 0.) (May 23).

04/09/14 In committee: Set, first hearing. Referred to APPR. suspense file.

03/26/14 From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (March 25). Re-referred to Com. on APPR.

02/20/14 Referred to Com. on PUB. S.

02/11/14 From printer. May be heard in committee March 13.

02/10/14 Read first time. To print.

Assembly Bill No. 1629

CHAPTER 535

An act to add and repeal Section 13957.9 of the Government Code, relating to crime victims, and making an appropriation therefor.

[Approved by Governor September 25, 2014. Filed with Secretary of State September 25, 2014.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1629, Bonta. Crime victims: compensation: reimbursement of violence peer counseling expenses.

Existing law provides for the compensation of victims and derivative victims of specified types of crimes by the California Victim Compensation and Government Claims Board from the Restitution Fund, a continuously appropriated fund, for specified losses suffered as a result of those crimes. Existing law sets forth eligibility requirements and specified limits on the amount of compensation the board may award. Existing law authorizes the board to reimburse a crime victim or derivative victim for the amount of outpatient mental health counseling-related expenses incurred by the victim or derivative victim, including peer counseling services provided by a rape crisis center, as specified.

This bill would additionally, until January 1, 2017, authorize the board to reimburse a crime victim or derivative victim for the amount of outpatient violence peer counseling-related expenses incurred by the victim or derivative victim, as specified. By expanding the authorization for the use of moneys in a continuously appropriated fund, this bill would make an appropriation.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 13957.9 is added to the Government Code, to read:
13957.9. (a) In addition to the authorization provided in Section 13957 and subject to the limitations set forth in Section 13957.2, the board may grant for pecuniary loss, when the board determines it will best aid the person seeking compensation, reimbursement of the amount of outpatient psychiatric, psychological, or other mental health counseling-related expenses incurred by the victim or derivative victim, including peer counseling services provided by violence peer counseling services provided by a service organization for victims of violent crime, and including family psychiatric, psychological, or mental health counseling for the successful treatment of the victim provided to family members of the victim in the

presence of the victim, whether or not the family member relationship existed at the time of the crime, that became necessary as a direct result of the crime, subject to the following conditions:

(1) The following persons may be reimbursed for the expense of their outpatient mental health counseling in an amount not to exceed ten thousand dollars (\$10,000):

(A) A victim.

(B) A derivative victim who is the surviving parent, sibling, child, spouse, fiancé, or fiancée of a victim of a crime that directly resulted in the death of the victim.

(C) A derivative victim, as described in paragraphs (1) to (4), inclusive, of subdivision (c) of Section 13955, who is the primary caretaker of a minor victim whose claim is not denied or reduced pursuant to Section 13956 in a total amount not to exceed ten thousand dollars (\$10,000) for not more than two derivative victims.

(2) The following persons may be reimbursed for the expense of their outpatient mental health counseling in an amount not to exceed five thousand dollars (\$5,000):

(A) A derivative victim not eligible for reimbursement pursuant to paragraph (1), provided that mental health counseling of a derivative victim described in paragraph (5) of subdivision (c) of Section 13955, shall be reimbursed only if that counseling is necessary for the treatment of the victim.

(B) A victim of a crime of unlawful sexual intercourse with a minor committed in violation of subdivision (d) of Section 261.5 of the Penal Code. A derivative victim of a crime committed in violation of subdivision (d) of Section 261.5 of the Penal Code shall not be eligible for reimbursement of mental health counseling expenses.

(C) A minor who suffers emotional injury as a direct result of witnessing a violent crime and who is not eligible for reimbursement of the costs of outpatient mental health counseling under any other provision of this chapter. To be eligible for reimbursement under this clause, the minor must have been in close proximity to the victim when he or she witnessed the crime.

(3) The board may reimburse a victim or derivative victim for outpatient mental health counseling in excess of that authorized by paragraph (1) or (2) or for inpatient psychiatric, psychological, or other mental health counseling if the claim is based on dire or exceptional circumstances that require more extensive treatment, as approved by the board.

(4) Expenses for psychiatric, psychological, or other mental health counseling-related services may be reimbursed only if the services were provided by either of the following individuals:

(A) A person who would have been authorized to provide those services pursuant to former Article 1 (commencing with Section 13959) as it read on January 1, 2002.

(B) A person who is licensed by the state to provide those services, or who is properly supervised by a person who is so licensed, subject to the

board's approval and subject to the limitations and restrictions the board may impose.

(b) The total award to or on behalf of each victim or derivative victim may not exceed thirty-five thousand dollars (\$35,000), except that this amount may be increased to seventy thousand dollars (\$70,000) if federal funds for that increase are available.

(c) For the purposes of this section, the following definitions shall apply:

(1) "Service organization for victims of violent crime" means a nongovernmental organization that meets both of the following criteria:

(A) Its primary mission is to provide services to victims of violent crime.

(B) It provides programs or services to victims of violent crime and their families, and other programs, whether or not a similar program exists in an agency that provides additional services.

(2) "Violence peer counseling services" means counseling by a violence peer counselor for the purpose of rendering advice or assistance for victims of violent crime and their families.

(3) "Violence peer counselor" means a provider of formal or informal counseling services who is employed by a service organization for victims of violent crime, whether financially compensated or not, and who meets all of the following requirements:

(A) Possesses at least six months of full-time equivalent experience in providing peer support services acquired through employment, volunteer work, or as part of an internship experience.

(B) Completed a training program aimed at preparing an individual who was once a mental health services consumer to use his or her life experience with mental health treatment, combined with other strengths and skills, to promote the mental health recovery of other mental health services consumers who are in need of peer-based services relating to recovery as a victim of a violent crime.

(C) Possesses 40 hours of training on all of the following:

(i) The profound neurological, biological, psychological, and social effects of trauma and violence.

(ii) Peace-building and violence prevention strategies, including, but not limited to, conflict mediation and retaliation prevention related to gangs and gang-related violence.

(iii) Post-traumatic stress disorder and vicarious trauma, especially as related to gangs and gang-related violence.

(iv) Case management practices, including, but not limited to, ethics and victim compensation advocacy.

(D) When providing violence peer counseling services, is supervised by a marriage and family therapist licensed pursuant to Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code, a licensed educational psychologist licensed pursuant to Chapter 13.5 (commencing with Section 4989.10) of Division 2 of the Business and Professions Code, a clinical social worker licensed pursuant to Chapter 14 (commencing with Section 4991) of Division 2 of the Business and Professions Code, or a licensed professional clinical counselor licensed

pursuant to Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code. For the purposes of this subparagraph, a licensed marriage and family therapist, licensed educational psychologist, licensed clinical social worker, or licensed professional clinical counselor shall be employed by the same service organization as the violence peer counselor.

(d) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

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To: Board Members **Date:** November 6, 2014
From: Rosanne Helms **Telephone:** (916) 574-7897
Legislative Analyst
Subject: Review of Board Sponsored and Monitored Legislation

BOARD-SPONSORED LEGISLATION

CHAPTERED BILLS

1. AB 1843 (Jones and Gordon): Child Custody Evaluations: Confidentiality

This bill gives the Board the statutory authority to access a child custody evaluation report for the purpose of investigating allegations that one of its licensees, while serving as a child custody evaluator, engaged in unprofessional conduct in the creation of the report. Previously, the law did not give the Board direct access to the child custody evaluation report. This left the Board unable to investigate allegations of unprofessional conduct of its licensees while serving as a custody evaluator, even though the Board is mandated to do so by law.

Chapter 283, Statutes of 2014

2. AB 2213 (Eggman): LMFT and LPCC Out-of-State Applicant Requirements

Licensing requirements for out-of-state LMFT and LPCC applicants were set to change on January 1, 2014. However, the Board had concerns that the new out-of state requirements may be too stringent, restricting portability of these license types to California.

Last year, the Board sponsored AB 451 (Chapter 551, Statutes of 2013), which extended the change to the out-of-state licensing requirements from January 1, 2014 to January 1, 2016. For the past year, the Board's newly formed Out-of-State Education Committee has been working to formulate new out-of-state requirements that better accommodate license portability, while still maintaining consumer protection.

This bill makes changes to the practicum requirements for out-of-state applicants, as well as allows them to remediate certain coursework through continuing education, instead of requiring all coursework to be from a graduate program. It also allows certain coursework to be remediated while registered as an intern.

Chapter 387, Statutes of 2014

3. **SB 1466: Omnibus Legislation (Senate Business, Professions, and Economic Development Committee)**

This bill makes minor, technical, and non-substantive amendments to add clarity and consistency to current licensing law.

Chapter 316, Statutes of 2014

BOARD-SUPPORTED LEGISLATION

CHAPTERED BILLS

AB 809 (Logue): Healing Arts: Telehealth

This bill corrects some deficiencies and makes clarifying amendments to the telehealth law.

At its May 22, 2014 meeting, the Board took a “support” position on this bill.

Chapter 404, Statutes of 2014

AB 1775 (Melendez): Child Abuse and Neglect Reporting Act: Sexual Abuse

This bill makes downloading, streaming, or accessing through electronic or digital media, material in which a child is engaged in an obscene sexual act a mandated report under the Child Abuse and Neglect Reporting Act (CANRA).

At its May 22, 2014 meeting, the Board took a “support” position on this bill.

Chapter 264, Statutes of 2014

SB 578 (Wyland): Behavioral Sciences: Records Retention

This bill requires a licensee of the Board of Behavioral Sciences to retain patient records for a minimum of seven years from the date therapy is terminated. If the patient is a minor, records must be retained for a minimum of seven years from when the patient turned 18.

This bill only applies to records of a patient whose therapy is terminated on or after January 1, 2015.

At its May 22, 2014 meeting, the Board adopted a “support if amended” position on this bill, requesting that it be amended to include the Board’s other license types. The bill was later amended to satisfy this request.

Chapter 312, Statutes of 2014

SB 1012 (Wyland): Marriage and Family Therapists: Trainees

This bill would increase the hours of supervised experience that a marriage and family therapist intern, marriage and family therapist trainee, and professional clinical counselor intern may count toward licensure, from five hours per week to six hours per week.

At its May 22, 2014 meeting, the Board adopted a “support if amended” position on this bill, requesting the following additional amendments:

1. An amendment to the law for licensed professional clinical counselor interns (LPCC interns) to allow them to count six hours per week of supervised experience as well;
2. An amendment to clarify that the amendments apply to interns, not trainees as referenced in the bill; and

3. An amendment stating that the changes made by this bill apply to supervision hours gained on or after January 1, 2009. Making the bill apply to hours gained retroactively six years back ensures that Board evaluators will not have to evaluate hours differently based on when they were gained.

Chapter 435, Statutes of 2014

BILLS THAT FAILED PASSAGE

AB 2058 (Wilk): Open Meetings

This bill proposed making an advisory body consisting of less than three members subject to the Bagley-Keene Open Meeting Act if the body is a standing committee with a continuing subject matter jurisdiction, or if the body has a meeting schedule fixed by formal action of a state body.

At its May 22, 2014 meeting, the Board took a “support” position on this bill.

The Governor vetoed this bill.

SB 909 (Pavley): Dependent Children: Health Screenings

This bill would have clarified that a social worker may authorize a noninvasive initial medical, dental, and mental health screening for a child taken into temporary custody by a county welfare agency due to an immediate danger.

At its May 22, 2014 meeting, the Board adopted a “support” position on this bill.

This bill died in the Senate Appropriations Committee.

THE BOARD MONITORED THE FOLLOWING LEGISLATION:

CHAPTERED BILLS

AB 186 (Maienschein): Military Spouses: Temporary Licenses

This bill requires certain boards within DCA to issue a temporary license to an applicant who is a spouse of a military member stationed in California and who is already eligible for an expedited license.

At its meeting on June 26, 2014, the Board took an “oppose unless amended” position on this legislation, asking that the Board be removed from the requirements of this bill.

Per the Board’s request, this bill was amended on August 20, 2014 to remove the Board from its requirements.

Chapter 640, Statutes of 2014

AB 1629 (Bonta): Reimbursement of Violence Peer Counseling

This bill makes costs incurred for certain services provided by violence peer counselors reimbursable to crime victims through the California Victim Compensation Board.

This bill was amended late in the legislative session, to require a violence peer counselor eligible for reimbursable services to be supervised by a Board licensee. The Board had concerns that this language does not make it clear that a violence peer counselor may not practice psychotherapy in a private practice unless licensed. At its August 28, 2014 meeting, the Board took an “oppose unless amended” position on this bill.

The author's office has committed to making clarifying amendments in the next legislative session.

Chapter 535, Statutes of 2014

AB 1702 (Maienschein): Professions and Vocations: Incarceration

This bill prohibits a board under DCA from denying or delaying an application solely on the grounds that some or all of the licensure requirements were completed while the individual was incarcerated.

At its May 22, 2014 meeting, the Board took a "support if amended" position on this bill, and asked that the Board be removed from the bill. However, the Board was not removed.

Chapter 410, Statutes of 2014

AB 2396 (Bonta): Expungement: Licenses

This bill prohibits boards under DCA from denying a license solely based on the applicant having certain types of convictions that have been expunged.

At its May 22, 2014 meeting, the Board took an "oppose" position on this bill.

Chapter 737, Statutes of 2014

BILLS THAT FAILED PASSAGE

AB 1505 (Garcia): Child Abuse: Mandated Reporters

This bill would have specified that consensual acts of sodomy and oral copulation are not acts of sexual assault that must be reported by a mandated reporter, unless it involves either a person over 21 or a minor under 16.

This bill died just before the Board was able to take a position at its May 22, 2014 meeting. However, the bill was discussed at the meeting as its content affects mandated reporting requirements for Board licensees. The author's office has indicated they are interested in future legislation regarding this topic. Therefore, the Board directed staff to participate in the stakeholder process if there are future legislative efforts.

This bill died in the Assembly Appropriations Committee.

AB 2198 (Levine): Mental Health Professionals: Suicide Prevention Training

This bill proposed requiring Board licensees to complete a six-hour training course in suicide assessment, treatment, and management. It would also have required new applicants who began graduate study after January 1, 2016 to take a 15-hour course in this subject area.

At its May 22, 2014 meeting, the Board took a "oppose unless amended" position on this bill. The Board requested the bill be amended to form a task force to include members of this Board, its stakeholders, the Board of Psychology, county mental health officials, and university educators.

The Governor vetoed this bill.

SB 570 (DeSaulnier): Advanced Alcohol and Drug Licensing Act

This bill would have established the Advanced Alcohol and Drug Counselor Licensing Board within DCA for the purposes of licensing and regulating Advanced Alcohol and Drug Counselor Interns and Licensed Advanced Alcohol and Drug Counselors.

The Board held a meeting on July 11, 2014, where the Board adopted a "support if amended" position on this bill. The Board identified several concerns which it requested the author's office consider in order to ensure public protection:

- Require a master's degree for a license, even in the grandparenting period.
- Establish a secondary licensing designation, possibly requiring supervision, for an individual who does not possess a master's degree; and
- Clarify that the license types established in the bill are subject to SB 1441 (Ridley-Thomas, Statutes of 2008), which establishes uniform standards for substance abusing licensees that all healing arts boards under DCA must abide by.

At the July 11, 2014 meeting, the Board also voted to take an "oppose" position on this bill if it were amended to place this licensing program under the Board of Behavioral Sciences.

Status: This bill died in Assembly Appropriations Committee.

Updated: October 20, 2014

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To: Committee Members

Date: November 6, 2014

From: Christy Berger
Regulatory Analyst

Telephone: (916) 574-7817

Subject: Rulemaking Update

APPROVED REGULATORY PROPOSALS

Continuing Education: Amend Title 16, California Code of Regulations (CCR) Sections 1887, 1887.1, 1887.3, 1887.4, 1887.11; Add Sections 1887.41, 1887.42, 1887.43; Delete Sections 1887.6, 1887.7, 1887.8, 1887.9, 1887.10, 1887.13, 1887.14

This proposal makes a number of changes to the Board's continuing education (CE) program, including:

- Removes the Board's authority to directly approve and register CE providers
- Recognizes CE "approval agencies" that have already established stringent requirements for CE providers
- Recognizes a limited number of entities as CE providers, allowing these entities to offer CE courses to Board licensees without approval from an approval agency

The Continuing Education regulations were approved by the Office of Administrative Law (OAL) and filed with the Secretary of State on September 16, 2014. The effective dates are as follows:

- **January 1, 2015:** As of this date, (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; and, (3) the board will cease accepting applications for board-approved CE providers.
- **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.

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.

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 has been submitted to OAL and will be published in its California Regulatory Notice Register on November 14, 2014. The public hearing for this proposal will be held on December 29, 2014.

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:** November 7, 2014

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

Subject: **Consideration of Additional Board-Recognized Approval Agencies**

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 will cease 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 new regulations recognize the following entities 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)

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 following organizations are seeking approval as a Board-recognized approval agency at today's meeting:

- California Marriage and Family Therapist Association (CAMFT);
- California Psychological Association (CPA); and
- National Association of Social Workers – California Chapter.

Approval Agency Selection Criteria

The Board established the Continuing Education Committee to do extensive research in order to formulate the new CE regulations. The Committee did an in-depth analysis of the provider selection process for each of the original five Board-recognized approval agencies. Some of the material that was utilized by the Committee is included here for your reference as you consider the new approval agency applicants:

- A summary of the current Board-recognized approval agency standards and selection criteria (**Attachment C**);
- A comparison of the approval processes of the Board-recognized approval agencies to BPC §166, which requires CE programs for boards under DCA to address certain criteria (**Attachment D**); and
- The text of BPC §166, which outlines the requirements for CE programs under DCA (**Attachment E**).

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: Summary of Current Board-Recognized Approval Agency Standards and Selection Criteria

Attachment D: Approval Agency Comparison to BPC §166

Attachment E: BPC §166

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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Attachment C

Summary of Current Board-Recognized Approval Agency Standards and Selection Criteria

NASW STANDARDS FOR CONTINUING PROFESSIONAL EDUCATION

(Standards for Assessing providers of continuing professional education begins at standard 4)

- Standard 4: Statement of Mission
Standard 5: Organized Educational Experience
- Program Development
 - Program Content
 - Participants
 - Program Format and Instructional Method
 - Qualified Instruction
 - Program Evaluation
- Standard 6: Responsible Administrative Practices
Standard 7: Collaborate With the Community

ASWB APPROVED CONTINUING EDUCATION PROGRAM SELECTION CRITERIA

- Criterion 1: Continuing Education Administration
Criterion 2: Co-Sponsorship
Criterion 3: Program Development
- Content
 - Distance Education
 - Instructors
 - Evaluation (Participant, Distant Learning, Course, Program)
- Criterion 4: Record Keeping
Criterion 5: Attendance
Criterion 6: Assigning Credit
Criterion 7: Promotion and Advertising
Criterion 8: Participant Grievances

NBCC CONTINUING EDUCATION POLICIES AND PROCEDURES

- Section I: Scope and limitations of NBCC continuing education provider approval
Section II: Types of continuing education activities for which ACEPs may seek approval
Section III: Approval statements for ACEP promotional materials
- General Statement
 - Selected Session/Programs
 - Cosponsored Events
- Section IV: Qualified Instructors/authors
- Category 1 instructor/author
 - Category 2 instructor/author
- Section V: NBCC-approved continuing education topic areas with instructor requirements
- Counseling theory/practice and the helping relationship
 - Human growth and development
 - Social and cultural foundations
 - Group dynamics, processing and counseling
 - Career development and counseling
 - Assessment

- Research and program evaluation
 - Counselor professional identity and practice issues
- Section VI: NBCC Continuing Education Program Content and Approval Criteria
- Section VII: Additional Criteria for Approved Home Study Programs
- Section VIII: Record Keeping
- Section IX: Participant/Attendee Evaluations
- Section X: Awarding Clock Hours
- Documenting attendance
 - Verifying hours for live events
 - Calculating clock hours
 - Partial Credit
- Section XI: Maintaining Approval: Annual Update/Fifth Year Renewal
- Section XII: Cosponsoring
- Section XIII: Use of ACEP Numbers
- Section XIV: Advertising
- Section XV: Compliance and Compliant Procedure

NASP PROCEDURES AND GUIDELINES FOR THE APPROVED PROVIDER PROGRAM

- Section A: NASP's Professional Development Program
- Section B: Types of NASP-Approved Providers
- Section C: Responsibilities of the NASP-Approved Provider
- Section D: Application Process
- Section E: Appeal Process
- Section F: Maintenance of Approved Provider Status
- Section G: Fees
- Section H: NASP Guidelines for CPD Activities
- Section I: Approved Content Area
- Practices that permeate all aspects of service delivery
 - Direct and indirect services for children, families and schools: student level services
 - Direct and indirect services for children, families and schools: system level services
 - Foundations of school psychological service delivery
- Section J: Types of Professional Development Activities
- Section K: Program Evaluation
- Section L: Documentation of Participation in CPD Activities
- Section M: Awarding Approved CPD Credits
- Section N: Advertising NASP-Approved Provider Status
- Section O: Graduate Education Programs
- Section P: Cosponsorship
- Section Q: Resolution of Issues and Problems

APA STANDARDS AND CRITERIA FOR APPROVAL OF SPONSORS OF CONTINUING EDUCATION FOR PSYCHOLOGISTS

- Standard A: Goals
- Standard B: Program Management
- Standard C: Educational Planning and Instructional Methods
- Standard D: Curriculum Content
- Standard E: Program Evaluation
- Standard F: Standards for Awarding Credit
- Standard G: Promotion and Advertising of Programs

Attachment D
Approval Agency Comparison to BPC Section 166

**COMPARISON OF ACCREDITING AGENIES CE APPROVAL PROGRAMS
AND STATUTORY REQUIREMENTS FOR BOARD CE PROGRAMS**

PROFESSIONAL ORGANIZATION	MANDATORY CONTINUING EDUCATION PROGRAMS SHALL ADDRESS*						MANDATORY CONTINUING EDUCATION PROGRAM FORMATS SHALL INCLUDE**				
	COURSE VALIDITY	OCCUPATIONAL RELEVANCY	EFFECTIVE PRESENTATION	ACTUAL ATTENDANCE	MATERIAL ASSIMILATION	POTENTIAL FOR APPLICATION	SPECIFIED AUDIENCE	IDENTIFICATION OF WHAT IS TO BE LEARNED	CLEAR GOALS AND OBJECTIVES	RELEVANT LEARNING METHOD	EVALUATION***
National Association of Social Workers (NASW)	X	X	X	X	X	X	X	X	X	X	X
Association of Social Work Boards (ASWB)	X	X	X	X	X	X	X	X	X	X	X
National Board of Certified Counselors (NBCC)	X	X	X	X	X	X	X	X	X	X	X
National Association of School Psychologists (NASP)	X	X	X	X	X	X	X	X	X	X	X
American Psychological Association (APA)	X	X	X	X	X	X	X	X	X	X	X

* From Ca. Business and Profession Code, Division 1, Chapter 2, Section 166.(a)(1) - (6)

** From Ca. Business and Profession Code, Division 1, Chapter 2, Section 166.(b)(1) - (5)

***Evaluation, focused on the learner and the assessment of the intended learning outcomes (goals and objectives)

The information used for each professional organization is as follow:

NASW Standards for Continuing Professional Education (Standards 4 - 7)

ASWB Approved Continuing Education (ACE) Provider Guidelines (Criterion 1 - 8)

NBCC Continuing Education Policies and Procedures (Section I - XV)

NASP: Professional Growth Workgroup; Procedures and Implementation Guidelines for the NASP-Approved Provider System

APA: Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists (Standards A - G)

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ATTACHMENT E

BUSINESS AND PROFESSIONS CODE (BPC) §166

BPC §166.

The director shall, by regulation, develop guidelines to prescribe components for mandatory continuing education programs administered by any board within the department.

(a) The guidelines shall be developed to ensure that mandatory continuing education is used as a means to create a more competent licensing population, thereby enhancing public protection. The guidelines shall require mandatory continuing education programs to address, at least, the following:

- (1) Course validity.
- (2) Occupational relevancy.
- (3) Effective presentation.
- (4) Actual attendance.
- (5) Material assimilation.
- (6) Potential for application.

(b) The director shall consider educational principles, and the guidelines shall prescribe mandatory continuing education program formats to include, but not be limited to, the following:

- (1) The specified audience.
- (2) Identification of what is to be learned.
- (3) Clear goals and objectives.
- (4) Relevant learning methods (participatory, hands-on, or clinical setting).
- (5) Evaluation, focused on the learner and the assessment of the intended learning outcomes (goals and objectives).

(c) Any board within the department that, after January 1, 1993, proposes a mandatory continuing education program for its licensees shall submit the proposed program to the director for review to assure that the program contains all the elements set forth in this section and complies with the guidelines developed by the director.

(d) Any board administering a mandatory continuing education program that proposes to amend its current program shall do so in a manner consistent with this section.

(e) Any board currently administering a mandatory continuing education program shall review the components and requirements of the program to determine the extent to which they are consistent with the guidelines developed under this section. The board shall submit a report of their findings to the director. The report shall identify the similarities and differences of its mandatory continuing education program. The report shall include any board-specific needs to explain the variation from the director's guidelines.

(f) Any board administering a mandatory continuing education program, when accepting hours for credit which are obtained out of state, shall ensure that the course for which credit is given is administered in accordance with the guidelines addressed in subdivision (a).

(g) Nothing in this section or in the guidelines adopted by the director shall be construed to repeal any requirements for continuing education programs set forth in any other provision of this code.

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**CONNECT
ENRICH
ACHIEVE**

To: Board of Behavioral Sciences **Date:** November 20, 2014
From: Jill Epstein, Executive Director **Telephone:** (858) 292-2638
Miriam Toscano, Program Coordinator
Subject: **California Association of Marriage and Family Therapists Continuing Education
Provider Approval Program**

Background

The California Association of Marriage and Family Therapists (CAMFT) is petitioning to become a BBS-recognized Continuing Education (CE) provider approval agency. Herein, CAMFT will demonstrate compliance with the requirements as stated in Division 18 of Title 16 of the California Code of Regulations (CCR), Section 1887.4.1.

§1887.4.1 (b) (1)

CAMFT is an organization that represents the interests of marriage and family therapists throughout California. Since 1964, CAMFT has been dedicated to advancing the profession as an art and a science, maintaining high standards of professional ethics, upholding the qualifications for the profession and expanding the recognition and awareness of the profession.

CAMFT recognizes its responsibility, as an organization representing marriage and family therapists, to create a continuing education provider approval program to assist members of CAMFT and other BBS-licensed professionals with identifying and participating in quality continuing education as a means to ensure practice competence and professional growth. As a CE Provider Approval Agency, CAMFT would work to increase the protection of the public through a thorough evaluation of continuing education providers.

§1887.4.1 (b) (2)

CAMFT has a documented Code of Ethics, revised June 11, 2011, a copy of which is enclosed (see Attachment A). Pursuant to Article IV, Section C of CAMFT's Bylaws, members of the association are expected to be familiar with, and abide by, the *CAMFT Code of Ethics*. These standards are utilized as a guide for ethical behavior and are also used as a basis for the adjudication of ethical issues and/or complaints (both within and outside of CAMFT) that may arise.

§1887.4.1 (b) (3) (A-B)

CAMFT's program for Continuing Education Provider Approval (CEPA) has documented procedures for maintaining a CE approval program, including, but not limited to: (a) maintaining and managing records and data related to CE programs; and (b) monitoring and approving CE providers and courses.

- a) CAMFT has dedicated staff, apart from CAMFT's own CE program staff, to carry out the administrative responsibilities of maintaining and managing records and data for the CEPA Program. A significant amount of time and resources have been dedicated to incorporating the CEPA Program into CAMFT's database and website. This sophisticated database supports all functions of retaining and tracking CE provider profiles (i.e., names and addresses of persons responsible for the provider's CE program), applications, renewals, payments and other necessary documentation. Further, CAMFT's system is a secure environment in full compliance with Payment Card Industry Data Security Standards for processing and storing payment information.
- b) CAMFT staff worked with a CEPA Committee (comprised of licensed mental health providers) to develop a two-part manual for approving and monitoring CE providers (see Attachment B). Part one of the manual, titled *Guidelines for Provider Approval*, specifies the criteria which providers must meet in order to obtain and maintain approval. Part two of the manual, titled *Policies and Procedures for Program Implementation*, contains the policies and procedures that guide CAMFT's CEPA Program. The policies and procedures serve as a road map for CAMFT staff, the CEPA Committee, and CE providers for every step of the process associated with approving and overseeing continuing education providers.

§1887.4.1 (b) (4)

CAMFT's CEPA program has policies to avoid a conflict of interest between a provider and approval functions as detailed in the *Policies and Procedures for Program Implementation* portion of the CEPA Program Manual.

Per established policies, Committee members are expected to act in good faith and avoid participating in decisions where a potential or actual conflict of interest exists. The decision regarding whether a member should be recused from participating in a Committee decision belongs to the Chair of the Committee. If the Chair is uncertain about the appropriate resolution, the matter shall be referred to the full Committee for resolution by a majority vote.

The conflict of interest section addresses a variety of scenarios and describes the appropriate action to take when a Committee member applies for approval or renewal as a CE provider during the term of his or her service; when a potential or actual conflict exists with the Committee chair; when there is a doubt in a Committee member's mind as to whether a conflict exists or may appear to exist; and how to document the review and determination of the situation. To review the full section on conflict of interest, please see page 11-12 of the Continuing Education Provider Approval Program Manual (Attachment B).

To further strengthen this policy, CAMFT will provide an orientation for current and incoming Committee members to educate them on how to identify a possible conflict of interest and to emphasize their duty as objective reviewers of continuing education.

§1887.4.1 (b) (5)

CAMFT's CEPA Program utilizes the capacity of a CEPA Committee to evaluate courses to ensure compliance with Division 18 of Title 16 of the California Code of Regulations, Section 1887.4.0 and Section 1887.4.3. The Committee, composed of between 12-16 CAMFT members, consists of individuals who are representatives of the field of psychotherapy, and have specialization and experience in continuing education planning, administration, and evaluation. Committee members also represent various geographic regions and possess a diversity of experiences and backgrounds.

The Committee worked collaboratively with CAMFT staff to develop and implement the CEPA Program and Manual, including the *Guidelines for Provider Approval* and *Policies and Procedures for Program Implementation* and will utilize the Manual to assess CE provider applications and renewals. Additionally, the Committee will (1) review at least one course per year offered by each provider approved by the program for compliance with the *Guidelines for Provider Approval* and, upon request, the Committee will report the findings of such reviews to the BBS; (2) work with CAMFT Staff Attorney on any appeals; and (3) take action as necessary to assure the continuing education coursework offered by its providers meet the requirements in Division 18 of Title 16 of the California Code of Regulations, Section 1887.4.0 and 1887.4.3.

§1887.4.1 (d)

CAMFT staff and the CEPA Committee will work closely to ensure the association's responsibilities as a BBS-recognized approval agency are met.

As previously mentioned, the CEPA Committee's duty is to evaluate each CE provider seeking approval with the requirements of both Section 1887.4.0 and Section 1887.4.3.

The Initial Provider Approval Application (Attachment C) requires providers to identify the CE program's target audience and demonstrate the program's relevance to the practice of marriage and family therapy, educational psychology, clinical social worker and/or professional clinical counseling as set forth in Sections 4980.54, 4989.34, 4996.22, and 4999.76 of the California Business and Professions Code. In addition, the provider must show evidence to demonstrate to the Committee that the course content is within the requirements of Section 1887.4.0 (b) (1-2).

In reviewing the applications, the Committee will look to ensure the following is present and satisfies requirements with regards to course content: (1) written educational goals; (2) specific learning objectives that are measurable; (3) a syllabus containing, at minimum, learning objectives and a summary containing main points for each topic; and (4) that an evaluation mechanism exists that allows participants to evaluate the CE course.

CAMFT's approval process will also ensure CE providers include the following components in their programs, as required by the *Guidelines for Provider Approval*:

- A written program goals statement that reflects the type and nature of the provider's CE offerings;
- A designated individual (i.e., a program administrator) responsible for overall control and quality of program development, planning and content;
- A mechanism in place for periodic evaluation and revision of the CE offerings;
- A system for selection of qualified instructors;
- A system that allows for attendee evaluation of CE programs;
- A process for identifying and documenting the functions of each party in a co-sponsorship relationship;
- A means of maintaining program and participant records for a minimum of four (4) years;
- A system for determining course credit and monitoring attendance;
- A method for issuing a record of course completion;
- A demonstration of all required information in the promotion and advertising of CE courses;
- A course of action for handling grievances; and,
- A method for ensuring compliance with both the American with Disabilities Act and the *CAMFT's Code of Ethics*.

In addition to the above requirements, providers of distance-learning courses will be required to have:

- A method for verifying the individual participated in the CE activity;
- Additional questions in the program evaluation for distance-learning courses; and,
- A post-test containing questions appropriate to content and credits for non-interactive courses. (The minimum passing requirement is 70 percent.)

If a provider or a provider's course does not meet the statutory or regulatory criteria, the Committee may defer action on an initial or renewal application. The purpose of the deferral process is to allow the Committee to require clarification regarding policies and/or procedures or to seek additional information on programs or materials submitted with an application. Providers will be notified of their program's deficiencies and given an opportunity to clarify information and rectify non-compliance issues. If the requested information is not received by the specified deadline or does not adequately address the Committee's concerns regarding non-compliance, an initial or renewal application will be denied or revoked. Providers whose applications have been denied or revoked can appeal the Committee's decision in accordance with the procedures outlined on page 14-15 of the CEPA Program Manual (see Attachment B).

In order to monitor CE programs, CAMFT-approved providers, upon submission of an application packet with sample documents to show compliance with the *Guidelines for Provider Approval*, will first be granted a one-year approval. Providers will be approved for a three-year period after successfully demonstrating in the re-submitted application that there was continuous compliance with the Program for the one-year approval term. All providers will be required to submit an annual report including a list of all activities offered for CE credit in the previous year. The annual report is designed to allow for the

regular review of all CE program activities to ensure all activities offered by the CE provider comply with CAMFT's CEPA requirements. The CEPA Committee may review any activities that appear to be in violation of standards and criteria.

Moreover, CAMFT has a method in place for the BBS, providers, or licensees to submit a complaint about CAMFT-approved providers or their courses.

Conclusion

As discussed above, CAMFT's Continuing Education Provider Approval Program goes beyond the minimum requirements to become an approval agency. CAMFT staff and CEPA Committee designed this program through careful research and evaluation of existing approval agencies. We believe that the program reflects the best practices from other highly-regarded programs. CAMFT is well-known for maintaining high ethical standards and providing quality continuing education. Thus, CAMFT is well-positioned to be an arbiter of high-quality CE providers.

Attachments

A: *CAMFT Code of Ethics*

B: Continuing Education Provider Approval Manual

C: Initial Approval Application

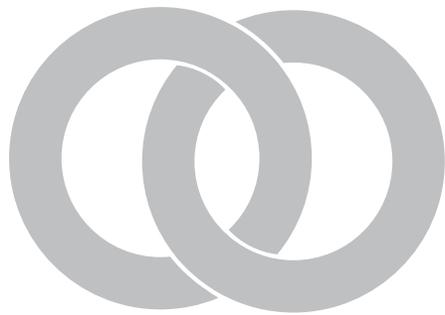
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California Association of Marriage and Family Therapists

California Association of Marriage and Family Therapists

Code of Ethics



CAMFT Code of Ethics

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Part I—The Standards

INTRODUCTION

The Board of Directors of CAMFT hereby publishes pursuant to the Association Bylaws, a Revised *CAMFT Code of Ethics*. Members of CAMFT are expected to be familiar with and abide by these standards and by applicable California laws and regulations governing the conduct of licensed marriage, and family therapists, supervisors, educators, interns, applicants, students, and trainees. The effective date of these revised standards is June 11, 2011.

The practice of marriage, and family therapy and psychotherapyⁱ is both an art and a science. It is varied in its approach, technique, modality, and method of service delivery. These ethical standards are to be read, understood, and utilized as a guide for ethical behavior. The general principles contained in this code of conduct are also used as a basis for the adjudication of ethical issues and/or complaints (both within and outside of CAMFT) that may arise. Ethical behavior must satisfy not only the judgment of the individual marriage and family therapist, but also the judgment of his/her peers, based upon a set of recognized norms.

We recognize that the development of standards is an ongoing process, and that every conceivable situation that may occur cannot be expressly covered by any set of standards. The absence of a specific prohibition against a particular kind of conduct does not mean that such conduct is either ethical or unethical. While the specific wording of these standards is important, the spirit and intent of the principles should be taken into consideration by those utilizing or interpreting this code. The titles to the various sections of these standards are not considered a part of the actual standard. Violations of these standards may be brought to the attention of the CAMFT Ethics Committee, in writing, at CAMFT's administrative office, 7901 Raytheon Road, San Diego, CA 92111-1606, or at such other address as may be necessary because of a change in location of the administrative office.

1 Responsibility to Patientsⁱⁱ

Marriage and family therapistsⁱⁱⁱ advance the welfare of families and individuals, respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

- 1.1 **NON-DISCRIMINATION:** Marriage and family therapists do not condone or engage in discrimination, or refuse professional service to anyone on the basis of race, gender, gender identity, gender expression, religion, national origin, age, sexual orientation, disability, socioeconomic, or marital status. Marriage and family therapists make reasonable efforts to accommodate patients who have physical disabilities.
- 1.1.1 **HISTORICAL AND SOCIAL PREJUDICE:** Marriage and family therapists are aware of and do not perpetuate historical and social prejudices when diagnosing and treating patients because such conduct may lead to misdiagnosing and pathologizing patients.
- 1.2 **DUAL RELATIONSHIPS-DEFINITION:** Marriage and family therapists are aware of their influential position with respect to patients, and they avoid exploiting the trust and dependency of such persons. Marriage and family therapists therefore avoid dual relationships^{iv} with patients that are reasonably likely to impair professional judgment or lead to exploitation. A dual relationship occurs when a therapist and his/her patient engage in a separate and distinct relationship either simultaneously with the therapeutic relationship, or during a reasonable period of time following the termination of the therapeutic relationship. Not all dual relationships are unethical, and some dual relationships

cannot be avoided. When a concurrent or subsequent dual relationship occurs, marriage and family therapists take appropriate professional precautions to ensure that judgment is not impaired and that no exploitation occurs.

- 1.2.1 **UNETHICAL DUAL RELATIONSHIPS:** Other acts that would result in unethical dual relationships include, but are not limited to, borrowing money from a patient, hiring a patient, engaging in a business venture with a patient, or engaging in a close personal relationship with a patient. Such acts with a patient’s spouse, partner or family member may also be considered unethical dual relationships.
- 1.2.2 **SEXUAL CONTACT:** Sexual intercourse, sexual contact or sexual intimacy with a patient, or a patient’s spouse or partner, or a patient’s immediate family member, during the therapeutic relationship, or during the two years following the termination of the therapeutic relationship, is unethical. Should a marriage and family therapist engage in sexual intimacy with a former patient or a patient’s spouse or partner, or a patient’s immediate family member, following the two years after termination or last professional contact, the therapist shall consider the potential harm to or exploitation of the former patient or to the patient’s family.
- 1.2.3 **PRIOR SEXUAL RELATIONSHIP:** A marriage and family therapist does not enter into a therapeutic relationship with a person with whom he/she has had a sexual relationship or with a partner or the immediate family member of a person with whom he/she has had a sexual relationship.
- 1.3 **TREATMENT DISRUPTION:** Marriage and family therapists are aware of their professional and clinical responsibilities to provide consistent care to patients and maintain practices and procedures that assure uninterrupted care. Such practices and procedures may include, but are not limited to, providing contact information and specified procedures in case of emergency or therapist absence, conducting appropriate terminations, and providing for a professional will.
- 1.3.1 **TERMINATION:** Marriage and family therapists use sound clinical judgment when terminating therapeutic relationships and do so in an appropriate manner. Reasons for termination may include, but are not limited to, the patient is not benefiting from treatment; continuing treatment is not clinically appropriate; the therapist is unable to provide treatment due to the therapist’s incapacity or extended absence, or in order to avoid an ethical conflict or problem.
- 1.3.2 **ABANDONMENT:** Marriage and family therapists do not abandon or neglect patients in treatment. If a therapist is unable or unwilling to continue to provide professional services, the therapist will assist the patient in making clinically appropriate arrangements for continuation of treatment.
- 1.3.3 **FINANCIAL GAIN:** Marriage and family therapists do not maintain therapeutic relationships solely for financial gain.
- 1.3.4 **NON-PAYMENT OF FEES:** Marriage and family therapists do not terminate patient relationships for non-payment of fees except when the termination is handled in a clinically appropriate manner.
- 1.4 **PATIENT AUTONOMY:** Marriage and family therapists respect the right of patients to make decisions and help them to understand the consequences of their decisions. When clinically appropriate, marriage and family therapists advise their patients that decisions on the status of their personal relationships, including dissolution, are the responsibilities of the patient(s).
- 1.4.1 **PATIENT CHOICES:** Marriage and family therapists respect patient choices and work jointly with patients to develop and review treatment plans that are consistent with patients’ goals and that offer a reasonable likelihood of patient benefit.

- 1.4.2** ELECTRONIC THERAPY: When patients are not physically present (e.g., therapy by telephone or Internet) during the provision of therapy, marriage and family therapists take extra precautions to meet their responsibilities to patients. Prior to utilizing electronic therapy, marriage and family therapists consider the appropriateness and suitability of this therapeutic modality to the patient’s needs. When therapy occurs by electronic means, marriage and family therapists inform patients of the potential risks, consequences, and benefits, including but not limited to, issues of confidentiality, clinical limitations, transmission difficulties, and ability to respond to emergencies. Marriage and family therapists ensure that such therapy complies with the informed consent requirements of the California Telemedicine Act.
- 1.5** THERAPIST DISCLOSURES: Marriage and family therapists provide adequate information to patients in clear and understandable language so that patients can make meaningful decisions about their therapy. Marriage and family therapists respect the right of patients to choose whether to enter into or remain in a therapeutic relationship.
- 1.5.1** DISCLOSURE: Where a marriage and family therapist’s personal values, attitudes, and/or beliefs are a determinative factor in diagnosing or limiting treatment provided to a client, the marriage and family therapist shall disclose such information to the patient.
- 1.5.2** RISKS AND BENEFITS: Marriage and family therapists inform patients of the potential risks and benefits of therapy when utilizing novel or experimental techniques or when there is a risk of harm that could result from the utilization of any technique.
- 1.5.3** EMERGENCIES/CONTACT BETWEEN SESSIONS: Marriage and family therapists inform patients of the extent of their availability for emergencies and for other contacts between sessions. When a marriage and family therapist is not located in the same geographic area as the patient, he/she shall provide the patient with appropriate resources in the patient’s locale for contact in case of emergency.
- 1.5.4** CONSENT FOR RECORDING/OBSERVATION: Marriage and family therapists obtain written informed consent from patients before videotaping, audio recording, or permitting third party observation.
- 1.5.5** LIMITS OF CONFIDENTIALITY: Marriage and family therapists are encouraged to inform patients as to certain exceptions to confidentiality such as child abuse reporting, elder and dependent adult abuse reporting, and patients dangerous to themselves or others.
- 1.5.6** THERAPIST BACKGROUND: Marriage and family therapists are encouraged to inform patients at an appropriate time and within the context of the psychotherapeutic relationship of their experience, education, specialties, and theoretical and professional orientation, and any other information deemed appropriate by the therapist.
- 1.6** EXPLOITATION: Marriage and family therapists do not use their professional relationships with patients to further their own interests and do not exert undue influence on patients.
- 1.7** PATIENT BENEFIT: Marriage and family therapists continually monitor their effectiveness and take steps to improve when necessary. Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that patients are benefiting from the relationship.
- 1.8** EMPLOYMENT AND CONTRACTUAL TERMINATIONS: When terminating employment or contractual relationships, marriage and family therapists primarily consider the best interests of the patient when resolving issues of continued responsibility for patient care.
- 1.9** FAMILY UNIT/CONFLICTS: When treating a family unit(s), marriage and family therapists carefully

consider the potential conflict that may arise between the family unit(s) and each individual. Marriage and family therapists clarify, at the commencement of treatment, which person or persons are clients and the nature of the relationship(s) the therapist will have with each person involved in the treatment.

- 1.10 WITHHOLDING RECORDS/NON-PAYMENT: Marriage and family therapists do not withhold patient records or information solely because the therapist has not been paid for prior professional services.
- 1.11 CONSULTATION: When appropriate, marriage and family therapists consult, collaborate with, and refer to physicians, other health care professionals, and community resources in order to improve and protect the health and welfare of the patient.
- 1.12 ADVOCATE WITH THIRD PARTY PAYERS: When appropriate, marriage and family therapists advocate for mental health care they believe will benefit their patients. In appropriate circumstances, they challenge denials of care, or denials of payment for care, by managed care organizations, insurers, or other payers.
- 1.13 TREATMENT ALTERNATIVES: Marriage and family therapists discuss appropriate treatment alternatives with patients. Marriage and family therapists do not limit their discussions of treatment alternatives to what is covered by third-party payers.
- 1.14 POTENTIAL CONFLICTS: Marriage and family therapists carefully consider potential conflicts when providing concurrent or sequential individual, couple, family, and group treatment, and will take reasonable care to avoid or minimize such conflicts.
- 1.15 DOCUMENTING TREATMENT DECISIONS: Marriage and family therapists are encouraged to carefully document in their records when significant decisions are made, e.g., determining reasonable suspicion of child, elder or dependent adult abuse, determining when a patient is a danger to self or others, when making major changes to a treatment plan, or when changing the unit being treated.
- 1.16 NON-THERAPIST ROLES: When marriage and family therapists engage in professional roles other than treatment or supervision (including, but not limited to, managed care utilization review, consultation, coaching, adoption service, or behavior analysis), they act solely within that role and clarify, when necessary to avoid confusion with consumers and employers, how that role is distinguished from the practice of marriage and family therapy.
- 1.17 THIRD PARTY PAYER DISCLOSURES: Marriage and family therapists advise patients of the information that will likely be disclosed when submitting claims to managed care companies, insurers, or other third party payers, such as dates of treatment, diagnosis, prognosis, progress, and treatment plan.

2 Confidentiality

Marriage and family therapists have unique confidentiality responsibilities because the “patient” in a therapeutic relationship may be more than one person. The overriding principle is that marriage and family therapists respect the confidences of their patient(s).

- 2.1 DISCLOSURES OF CONFIDENTIAL INFORMATION: Marriage and family therapists do not disclose patient confidences, including the names or identities of their patients, to anyone except a) as mandated by law b) as permitted by law c) when the marriage and family therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy (in which case patient confidences may only be disclosed in

the course of that action), or d) if there is an authorization previously obtained in writing, and then such information may only be revealed in accordance with the terms of the authorization.

- 2.2** SIGNED AUTHORIZATIONS—RELEASE OF INFORMATION: When there is a request for information related to any aspect of psychotherapy or treatment, each member of the unit receiving such therapeutic treatment must sign an authorization before a marriage and family therapist will disclose information received from any member of the treatment unit.
- 2.3** ELECTRONIC MEDIA: Marriage and family therapists are aware of the possible adverse effects of technological changes with respect to the dissemination of patient information, and take care when disclosing such information. Marriage and family therapists are also aware of the limitations regarding confidential transmission by Internet or electronic media and take care when transmitting or receiving such information via these mediums.
- 2.4** MAINTENANCE OF PATIENT RECORDS—CONFIDENTIALITY: Marriage and family therapists store, transfer, transmit, and/or dispose of patient records in ways that protect confidentiality.
- 2.5** EMPLOYEES—CONFIDENTIALITY: Marriage and family therapists take appropriate steps to ensure, insofar as possible, that the confidentiality of patients is maintained by their employees, supervisees, assistants, and volunteers.
- 2.6** USE OF CLINICAL MATERIALS—CONFIDENTIALITY: Marriage and family therapists use clinical materials in teaching, writing, and public presentations only if a written authorization has been previously obtained in accordance with 2.1 d), or when appropriate steps have been taken to protect patient identity.
- 2.7** GROUPS—CONFIDENTIALITY: Marriage and family therapists, when working with a group, educate the group regarding the importance of maintaining confidentiality, and are encouraged to obtain written agreement from group participants to respect the confidentiality of other members of the group.

3 Professional Competence and Integrity

Marriage and family therapists maintain high standards of professional competence and integrity.

- 3.1** CONVICTION OF CRIME: Marriage and family therapists are in violation of this Code and subject to termination of membership, or other appropriate action, if they: a) are convicted of a crime substantially related to their professional qualifications or functions; b) are expelled from or disciplined by other professional organizations; c) have licenses or certificates that are lapsed, suspended, or revoked or are otherwise disciplined by regulatory bodies; d) if they continue to practice when they are no longer competent to practice because they are impaired due to physical or mental causes or the abuse of alcohol or other substances; or e) fail to cooperate with the Association or the Ethics Committee at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.
- 3.2** FINANCIAL INCENTIVES: Marriage and family therapists avoid contractual arrangements that provide financial incentives to withhold or limit medically/psychologically necessary care.
- 3.3** PATIENT RECORDS: Marriage and family therapists create and maintain patient records, whether written, taped, computerized, or stored in any other medium, consistent with sound clinical practice.
- 3.4** PROFESSIONAL ASSISTANCE: Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that impair work performance or clinical judgment.

- 3.5 STAYING CURRENT: Marriage and family therapists remain abreast of developments in their field through educational activities or clinical experiences. Marriage and family therapists, when acting as teachers, supervisors, and researchers, stay abreast of changes in the field, maintain relevant standards of scholarship, and present accurate information.
- 3.6 CULTURAL SENSITIVITY: Marriage and family therapists actively strive to identify and understand the diverse cultural backgrounds of their clients by gaining knowledge, personal awareness, and developing sensitivity and skills pertinent to working with a diverse client population.
- 3.7 THERAPIST VALUES: Marriage and family therapists make continuous efforts to be aware of how their cultural/racial/ethnic identities, values, and beliefs affect the process of therapy. Marriage and family therapists do not exert undue influence on the choice of treatment or outcomes based on such identities, values and beliefs.
- 3.8 HARASSMENT OR EXPLOITATION: Marriage and family therapists do not engage in sexual or other harassment or exploitation of patients, students, supervisees, employees, or colleagues.
- 3.9 SCOPE OF COMPETENCE: Marriage and family therapists take care to provide proper diagnoses of mental and emotional disorders or conditions and do not assess, test, diagnose, treat, or advise on problems beyond the level of their competence as determined by their education, training, and experience. While developing new areas of practice, marriage and family therapists take steps to ensure the competence of their work through education, training, consultation, and/or supervision.
- 3.10 PATIENT SEEING TWO THERAPISTS: Marriage and family therapists do not generally provide professional services to a person receiving treatment or therapy from another psychotherapist, except by agreement with such other psychotherapist or after the termination of the patient's relationship with the other psychotherapist.
- 3.11 ELECTRONIC SERVICES: Marriage and family therapists provide services by Internet or other electronic media to patients located only in jurisdictions where the therapist may lawfully provide such services.
- 3.12 RESEARCH FINDINGS: Marriage and family therapists take reasonable steps to prevent the distortion or misuse of their clinical and research findings.
- 3.13 PUBLIC STATEMENTS: Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise care when making public their professional recommendations and opinions through testimony or other public statements.
- 3.14 LIMITS OF PROFESSIONAL OPINIONS: Marriage and family therapists do not express professional opinions about an individual's mental or emotional condition unless they have treated or conducted an examination of the individual, or unless they reveal the limits of the information upon which their professional opinions are based, with appropriate cautions as to the effects of such limited information upon their opinions.

4 Supervisor, Student, and Supervisee Responsibilities

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

- 4.1 DUAL RELATIONSHIPS: Marriage and family therapists are aware of their influential position with respect to students and supervisees, and they avoid exploiting the trust and dependency of such

persons. Marriage and family therapists therefore avoid dual relationships that are reasonably likely to impair professional judgment or lead to exploitation. Provision of therapy to students or supervisees is unethical. Provision of marriage and family therapy supervision to clients is unethical. Sexual intercourse, sexual contact or sexual intimacy and/or harassment of any kind with students or supervisees is unethical. Other acts which could result in unethical dual relationships include, but are not limited to, borrowing money from a supervisee, engaging in a business venture with a supervisee, or engaging in a close personal relationship with a supervisee. Such acts with a supervisee's spouse, partner or family member may also be considered unethical dual relationships.

- 4.2 COMPETENCE OF SUPERVISEES: Marriage and family therapists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, competence, or unlicensed status.
- 4.3 MAINTAINING SKILLS OF SUPERVISORS: Marriage and family therapists who act as supervisors are responsible for maintaining the quality of their supervision skills and obtaining consultation or supervision for their work as supervisors whenever appropriate.
- 4.4 KNOWLEDGE OF SUPERVISORS: Supervisors and educators are knowledgeable about supervision, relevant laws and regulations, and the practice of marriage and family therapy. Supervisors and educators are knowledgeable about and abide by the laws and regulations governing the conduct of supervisors and supervisees.
- 4.5 CHANGES IN LAWS AND ETHICS: Supervisors and supervisees are aware of and stay abreast of changes in professional and ethical standards and legal requirements, and supervisors ensure that their supervisees are aware of professional and ethical standards and legal responsibilities.
- 4.6 CULTURAL DIVERSITY: Supervisors and educators are aware of and address the role that culture and diversity issues play in the supervisory relationship, including, but not limited to, evaluating, terminating, disciplining, or making decisions regarding supervisees or students.
- 4.7 POLICIES AND PROCEDURES: Supervisors and educators create policies and procedures that are clear and that are disclosed to supervisees and students at the commencement of supervision or education.
- 4.8 PERFORMANCE APPRAISALS: Supervisors and educators provide supervisees with periodic performance appraisals and evaluative feedback throughout the supervisory relationship and identify and address the limitations of supervisees and students that might impede their performance.
- 4.9 BUSINESS PRACTICES: Supervisors follow lawful business practices and employer policies when employing and/or supervising interns, trainees, applicants, and associates.
- 4.10 PERFORMANCE ASSISTANCE: Supervisors and educators guide supervisees and students in securing assistance when needed for the supervisee to maintain or improve performance, such as personal psychotherapy, additional education, training, or consultation.
- 4.11 DISMISSAL: Supervisors shall document their decisions to dismiss supervisees.
- 4.12 REVIEW OF TRAINEE AGREEMENTS: Supervisors are aware of and review any trainee agreements with qualified educational institutions.
- 4.13 PATIENTS ARE PATIENTS OF EMPLOYER: Supervisees understand that the patients seen by them are the patients of their employers.

- 4.14 **KNOWLEDGE OF LAWS AND REGULATIONS:** Supervisees have a responsibility to be knowledgeable about relevant laws and regulations pertaining to the license and practice of marriage and family therapy.
- 4.15 **MAINTAIN REGISTRATIONS:** Supervisees maintain registrations when required by law and/or regulation and function within this limited role as permitted by the licensing law and/or regulations.

5 Responsibility to Colleagues

Marriage and family therapists treat and communicate with and about colleagues in a respectful manner and with, courtesy, fairness, and good faith, and cooperate with colleagues in order to promote the welfare and best interests of patients.

- 5.1 **RESPECT CONFIDENCE OF COLLEAGUES:** Marriage and family therapists respect the confidences of colleagues that are shared in the course of their professional relationships.
- 5.2 **IMPAIRED COLLEAGUES:** Marriage and family therapists are encouraged to assist colleagues who are impaired due to substance abuse, emotional problems, or mental illness.
- 5.3 **FRIVOLOUS COMPLAINTS:** Marriage and family therapists do not file or encourage the filing of ethics or other complaints that they know, or reasonably should know, are frivolous.
- 5.4 **SOLICITING OTHER THERAPISTS' PATIENTS:** Marriage and family therapists do not agree to see or solicit the clients of other therapists or encourage clients to leave other therapists, except as addressed in Section 3.10.

6 Responsibility to Research Participants

Researchers respect the dignity and protect the welfare of participants in research and are aware of federal and state laws and regulations and professional standards governing the conduct of research.

- 6.1 **SAFEGUARDS:** Researchers are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, researchers seek the ethical advice of qualified professionals not directly involved in the research and observe safeguards to protect the rights of research participants.
- 6.2 **DIMINISHED CONSENT WHEN RECEIVING SERVICES:** Researchers requesting participants' involvement in research inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Researchers are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, have impairments which limit understanding and/or communication, or when participants are children.
- 6.3 **DUAL RELATIONSHIPS WITH RESEARCH PARTICIPANTS:** Researchers respect participants' freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when researchers or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid dual relationships with research participants that could impair professional judgment or increase the risk of exploitation.
- 6.4 **CONFIDENTIALITY:** Information obtained about a research participant during the course of a research

project is confidential unless there is an authorization previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained.

7 Responsibility to the Profession

Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

- 7.1 ACCOUNTABLE TO STANDARDS OF PROFESSION: Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations.
- 7.2 PUBLICATION CREDIT: Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication.
- 7.3 AUTHORS—CITING OTHERS: Marriage and family therapists who are the authors of books or other materials that are published or distributed appropriately cite persons to whom credit for original ideas is due.
- 7.4 AUTHORS—ADVERTISING BY OTHERS: Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable steps to ensure that the organization promotes and advertises the materials accurately.
- 7.5 PRO BONO SERVICES: Marriage and family therapists are encouraged to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.
- 7.6 DEVELOPING PUBLIC POLICY: Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapists that serve the public interest, and with altering such laws and regulations that are not in the public interest.
- 7.7 FAILURE TO COOPERATE WITH COMMITTEE: Marriage and family therapists cooperate with the Ethics Committee and truthfully represent facts to the Ethics Committee. Failure to cooperate with the Ethics Committee is itself a violation of these standards.

8 Responsibility to the Legal System

Marriage and family therapists recognize their role in the legal system and their duty to remain objective and truthful.

- 8.1 TESTIMONY: Marriage and family therapists who give testimony in legal proceedings testify truthfully and avoid making misleading statements.
- 8.2 EXPERT WITNESSES: Marriage and family therapists who act as expert witnesses base their opinions and conclusions on appropriate data, and are careful to acknowledge the limits of their data or conclusions in order to avoid providing misleading testimony or reports.
- 8.3 CONFLICTING ROLES: Whenever possible, marriage and family therapists avoid performing conflicting

roles in legal proceedings and disclose any potential conflicts. At the outset of the service to be provided and as changes occur, marriage and family therapists clarify role expectations and the extent of confidentiality to prospective clients, to the courts, or to others as appropriate.

- 8.4 DUAL ROLES: Marriage and family therapists avoid providing both treatment and evaluations for the same clients or treatment units in legal proceedings such as child custody, visitation, dependency, or guardianship proceedings, unless otherwise required by law or initially appointed pursuant to court order.
- 8.5 IMPARTIALITY: Marriage and family therapists, regardless of their role in a legal proceeding, remain impartial and do not compromise their professional judgment or integrity.
- 8.6 MINORS AND PRIVILEGE: Marriage and family therapists confirm the holder of the psychotherapist patient privilege on behalf of minor clients prior to releasing information or testifying.
- 8.7 OPINIONS ABOUT PERSONS NOT EVALUATED: Marriage and family therapists shall only express professional opinions about clients they have treated or examined. Marriage and family therapists, when expressing professional opinions, specify the limits of the information upon which their professional opinions are based. Such professional opinions include, but are not limited to, mental or emotional conditions or parenting abilities.
- 8.8 CUSTODY EVALUATORS: Marriage and family therapists who are custody evaluators (private or court-based) or special masters provide such services only if they meet the requirements established by pertinent laws, regulations, and rules of court.
- 8.9 CONSEQUENCES OF CHANGES IN THERAPIST ROLES: Marriage and family therapists inform the patient or the treatment unit of any potential consequences of therapist-client role changes. Such role changes include, but are not limited to, child's therapist, family's therapist, couple's therapist, individual's therapist, mediator, evaluator, and special master.
- 8.10 FAMILIARITY WITH JUDICIAL AND ADMINISTRATIVE RULES: Marriage and family therapists, when assuming forensic roles, are or become familiar with the judicial and administrative rules governing their roles.

9 Financial Arrangements

Marriage and family therapists make financial arrangements with patients and supervisees that are understandable, and conform to accepted professional practices and legal requirements.

- 9.1 PAYMENT FOR REFERRALS: Marriage and family therapists do not offer or accept payment for referrals, whether in the form of money or otherwise.
- 9.2 FINANCIAL EXPLOITATION: Marriage and family therapists do not financially exploit their patients.
- 9.3 DISCLOSURE OF FEES: Marriage and family therapists disclose, in advance, their fees and the basis upon which they are computed, including, but not limited to, charges for canceled or missed appointments and any interest to be charged on unpaid balances, at the beginning of treatment and give reasonable notice of any changes in fees or other charges.
- 9.4 COLLECTING ON UNPAID BALANCES: Marriage and family therapists give reasonable notice to

patients with unpaid balances of their intent to sue or to refer for collection. Whenever legal action is taken, therapists will avoid disclosure of clinical information. Whenever unpaid balances are referred to collection agencies, therapists will exercise care in selecting collection agencies and will avoid disclosure of clinical information.

- 9.5 BARTER: Marriage and family therapists ordinarily refrain from accepting goods, services, or other non-monetary remuneration from patients in return for professional services. Such arrangements often create conflicts and may lead to exploitation or distortion of the professional relationship.
- 9.6 THIRD-PARTY PAYERS: Marriage and family therapists represent facts regarding services rendered and payment for services fully and truthfully to third-party payers and others.

10 Advertising

Marriage and family therapists who advertise do so appropriately. Their advertising enables consumers to choose professional services based upon accurate information.

- 10.1 ACCURACY REGARDING QUALIFICATIONS: Marriage and family therapists accurately represent their competence, education, training, and experience relevant to their professional practice to patients and others.
- 10.2 ASSURING ACCURACY: Marriage and family therapists take reasonable steps to assure that advertisements and publications, whether in directories, announcement cards, newspapers, radio, television, Internet or any other media, are formulated to accurately convey information to the public.
- 10.3 FICTITIOUS/OTHER NAMES: Marriage and family therapists do not use a name that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.
- 10.4 FALSE, MISLEADING, OR DECEPTIVE: Marriage and family therapists do not use any professional identification, including but not limited to: a business card, office sign, letterhead, telephone, or association directory listing, Internet, or any other media, if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it a) contains a material misrepresentation of fact; b) fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or c) is intended to or is likely to create an unjustified expectation.
- 10.5 CORRECTIONS: Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.
- 10.6 SOLICITATION OF TESTIMONIALS: Marriage and family therapists do not solicit testimonials from patients.
- 10.7 EMPLOYEE—ACCURACY: Marriage and family therapists make certain that the qualifications of persons in their employ are represented in a manner that is not false, misleading, or deceptive.
- 10.8 SPECIALIZATIONS: Marriage and family therapists may represent themselves as either specializing or having expertise within a limited area of marriage and family therapy, but only if they have the education, training, and experience that meets recognized professional standards to practice in that specialty area.

- 10.9 **ADVERTISING OF CAMFT MEMBERSHIP:** CAMFT clinical, associate, and prelicensed members may identify such membership in CAMFT in public information or advertising materials, but they must clearly and accurately represent whether they are clinical, associate, or prelicensed members.
- 10.10 **USE OF “CAMFT”:** Marriage and family therapists may not use the initials CAMFT following their name in the manner of an academic degree.
- 10.11 **USE OF CAMFT LOGO:** Marriage and family therapists may use the CAMFT logo only after receiving permission in writing from the Association. Permission will be granted by the Association to CAMFT members in good standing in accordance with Association policy on the use of CAMFT logo. The Association (which is the sole owner of its name, logo, and the abbreviated initials CAMFT) may grant permission to CAMFT committees and chartered chapters in good standing, operating as such, to use the CAMFT logo. Such permission will be granted in accordance with Association policy on use of the CAMFT logo.
- 10.12 **CAMFT MEMBERSHIP:** Marriage and family therapists, when publicizing their membership in CAMFT, do not do so in a manner that implies organizational endorsement of their activities.

Violations of these standards may be brought to the attention of the CAMFT Ethics Committee, in writing, mailed to CAMFT’s administrative office at 7901 Raytheon Road, San Diego, CA 92111-1606, or at such other address as may be necessary because of a change in location of the administrative office.

References

- i. The terms psychotherapy, therapy and counseling are used interchangeably throughout the *CAMFT Code of Ethics*.
- ii. The word “patient,” as used herein, is synonymous with such words as “client,” “consumer,” or “counselee.”
- iii. The term “marriage and family therapist,” as used herein, is synonymous with the term “licensed marriage, family and child counselor,” and is intended to cover registered interns and trainees performing marriage and family therapy services under supervision.
- iv. The term “dual relationships” as used herein, is synonymous with the term “multiple relationships.”
- v. The term “supervisee” includes interns, trainees, and applicants for the license.

All known dates of ethical standards revisions: 6/11, 1/11, 9/09, 7/08, 5/02, 4/97, 4/92, 10/87, 9/78, and 3/66.

CAMFT Code of Ethics PART I (THE STANDARDS) AND PART II (THE PROCEDURES) is a publication of the California Association of Marriage and Family Therapists, headquartered in San Diego, California.

Part II—The Procedures

PREAMBLE

When accepting membership in the Association, each member agrees to abide by the *CAMFT Code of Ethics*. It is the ethical responsibility of each member to safeguard the standards of ethical practice and to see that violations of the *CAMFT Code of Ethics* are addressed. Members of the Association cooperate with duly constituted bodies of the California Association of Marriage and Family Therapists, and in particular, with the Ethics Committee, by responding to inquiries promptly, truthfully, and completely.

1 Scope of Authority of the Ethics Committee

- A. The Bylaws of the Association (Article IV, Section A) provide for three categories of membership in CAMFT:
 1. clinical member
 2. prelicensed member
 3. associate member
- B. The Association has authority only over these members. This authority is derived from Article IV Section C of the Bylaws.

Except as otherwise provided in these Bylaws, membership in any category shall be upon a majority vote of the Board of Directors. The Board of Directors may refer an application for membership to the Ethics Committee when it has reasonable cause to believe that the applicant may have violated the *CAMFT Code of Ethics*. The Ethics Committee, after investigating the referral, shall make its recommendation to the Board of Directors. All members shall pay dues in accordance with the dues schedule of the Association and shall abide by the Bylaws and the *CAMFT Code of Ethics* of the Association.

The Executive Director shall make reports to licensing board(s) of membership denials, pursuant to Section 805 (c) of the Business and Professions Code.

- C. Article VII, Section B.3. of the Bylaws of the Association authorize the various functions of the Ethics Committee.

The Ethics Committee maintains and reviews the *CAMFT Code of Ethics*, interprets the *CAMFT Code of Ethics* to the membership and the public, conducts investigations of alleged ethics violations, makes recommendations to the Board of Directors regarding members alleged to have violated the *CAMFT Code of Ethics*, makes recommendations to the Board of Directors regarding acceptance or rejection of prospective members who may have violated the *CAMFT Code of Ethics*, and from time to time proposes revisions, deletions, and additions to the *CAMFT Code of Ethics* to the Board of Directors for its approval.

- D. The Bylaws of the Association, in Article IV, Section E3 provides for the expulsion or suspension of members.

Expulsion or suspension: any member who violates the *CAMFT Code of Ethics* may be expelled or suspended from membership in the Association following an investigation and report by the Ethics Committee and

a hearing before the Board of Directors. A two-thirds (2/3) majority vote of those Directors present at the hearing shall be necessary in order to expel or suspend a member. The member accused of the violation shall be given a reasonable opportunity to defend against the charge and shall be entitled to be represented at all stages of the proceedings. Any member to be expelled or suspended shall be entitled to at least fifteen (15) days prior notice of the expulsion or suspension and the reasons therefore, and shall be entitled to be heard, orally or in writing, not less than five (5) days before the effective date of expulsion or suspension by the Board of Directors. Notice may be given by any method reasonably calculated to provide actual notice. Any notice given by mail shall be given by first-class, registered, or certified mail sent to the last address of the member as shown on the Association's records. The *CAMFT Code of Ethics* shall spell out further details of the procedures for investigation and hearing of alleged violations not inconsistent with these Bylaw provisions.

2 Membership and Meetings of The Committee

- A. Article VII, Section B3 of the Bylaws defines the composition and terms of office of the Ethics Committee.

The Ethics Committee shall consist of not less than five (5) nor more than seven (7) members, all of whom shall be clinical members of the Association for at least two (2) years prior to appointment. The Committee shall not contain any directors as members. The term of office shall be two (2) years with a maximum of four terms.

- B. Article VII, Section E of the Bylaws, defines when the Ethics Committee may meet and the required notice for such meetings.

1. Meetings: Committees shall meet at such times as determined either by resolution of the Board of Directors, by resolution of the Committee with the approval of the President, or by a Committee Chair with the prior approval of the President. Meetings of Committees shall be held at the principal office of the Association or at any other place that is designated from time to time by the Board, the Committee, or the Committee Chair.
2. Notice: Meetings of the committees shall be held upon not less than ten (10) days written notice. Notice of a meeting need not be given to any committee member who signed a waiver of notice or a written consent to holding the meeting or an approval of the minutes thereof, whether before or after the meeting, or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice to such committee member.
3. Quorum: A majority of the committee members of each committee shall constitute a quorum of the committee for the transaction of business.
4. Minutes: Minutes shall be kept of each meeting of any committee and shall be filed with the corporate records. The Board of Directors may adopt rules for the governance of any committee consistent with the provisions of these Bylaws.

3 Initiation of Complaints

- A. The Ethics Committee shall recognize and accept written complaints received from members of the Association or non-members, or the Ethics Committee may proceed on its own initiative, as specified in Section III. F.
- B. All complaints must be in writing.

- C. Complaints must be signed by the complainant and accompanied by the complainant's address and other contact information.
- D. A member who knows of a violation of the *CAMFT Code of Ethics* is encouraged, if appropriate, to attempt to resolve the issue by bringing it to the attention of the particular therapist(s), bringing this fact to the attention of the Ethics Committee in the form of a complaint, and/or, to taking other appropriate action.
- E. Anonymous complaints shall not be recognized or accepted.
- F. Notwithstanding the provisions specified, the Ethics Committee may proceed on its own initiative when it has been presented with sufficient information, which, if proven, would constitute a violation of the *CAMFT Code of Ethics*. For example, the Committee could proceed on information received from another professional organization, a state licensing board, or a peer review committee.
- G. The Ethics Committee may, in its discretion, determine that a complaint should not be acted upon because the events complained about occurred too far in the past.
- H. The Ethics Committee shall proceed with an investigation if directed to do so by the CAMFT Board of Directors.

4 Initial Action by Executive Director

Upon receipt of a complaint, the Executive Director, or his/her designee (hereafter "Executive Director"), shall determine whether the person who is the subject of the complaint is a member or applicant for membership in the Association.

- A. If the person is not a member or an applicant for membership in the Association, the Executive Director shall so inform the complainant in writing and shall explain that the Association has no authority to proceed against the person.
- B. If the person is a member of the Association or an applicant for membership in the Association, the Executive Director shall forward a copy of the complaint to the Chair of the Ethics Committee. A letter shall be sent by the Executive Director to the complainant acknowledging receipt of the complaint and informing the complainant that the person complained against is a member. A copy of the *CAMFT Code of Ethics* shall be included with the letter.

5 Preliminary Determination by Chair of Ethics Committee with the Advice of Legal Counsel

- A. The Chair of the Ethics Committee, or his/her designee (hereafter Chair), with the advice of Legal Counsel for the Association, shall review the complaint and determine whether it states allegations which, if proven, would constitute one or more violations of the *CAMFT Code of Ethics*. In the event the Chair determines that the complaint shall be closed without further action, the complainant shall be notified of such decision and the reason for such decision. When the Chair determines the complaint should not be closed, the complaint shall be referred to the full Ethics Committee. To aid in making such determinations, the Chair, with the advice of Legal Counsel for the Association, may request, in writing, clarification from the complainant.

- B. When a complaint has been referred to the Ethics Committee, the Chair shall request the complainant's permission to disclose his/her name and/or to use any evidence provided by the complainant, for the purpose of the investigation. The Chair or his or her designee shall request that the complainant agree, in writing, to waive his/her rights of confidentiality and/or psychotherapist/patient privilege in order to permit the Ethics Committee to obtain information related to the investigation from the member and/or others.
- C. If the complainant refuses permission for the use of his/her name in the investigation or refuses permission for the disclosure of his/her name or any of the written or other matter or evidence provided by the complainant, or if the complainant refuses to sign a waiver of confidentiality and/or psychotherapist/patient privilege, then the Chair of the Ethics Committee, with the advice of Legal Counsel, may close the matter and notify the complainant in writing or refer the matter to the full Ethics Committee for its action.
- D. All correspondence to the complainant and to the member shall be marked "Confidential" or "Personal and Confidential."
- E. All actions of the Chair shall be reported to the full Ethics Committee at the next regularly scheduled meeting.

6 Investigation by Ethics Committee

- A. The Ethics Committee shall review complaints and supporting documentation/evidence to determine whether or not to investigate complaints. When the complaint warrants investigation, copies of the complaint and supporting documentation/evidence shall be sent to all members of the Ethics Committee. Investigations may be carried out by the Chair of the Committee in consultation with Legal Counsel, by the Chair's designee(s), or by the Committee. The Chair, in consultation with Legal Counsel, may act on behalf of the Committee between meetings of the Committee, to pursue investigations, and shall report such actions to the full Committee.
- B. The Chair of the Ethics Committee, in consultation with Legal Counsel, shall prepare and send a letter to the member, specifying those sections of the *CAMFT Code of Ethics* that may have been violated by the member. The letter shall inform the member of the ethical duty to cooperate with the Ethics Committee in its effort to investigate the circumstances that led to the allegations, and to provide on his/her behalf, a written statement in response to the allegations made in the complaint. The member shall be sent a copy of the *CAMFT Code of Ethics*.
- C. Investigations may be pursued by corresponding with the member and other persons involved in the dispute, or by interviewing such persons, personally or by telephone, or by any other lawful means.
- D. During the investigation stage of the proceedings, the member shall have the right to consult with his/her attorney and shall have the right to have his/her attorney present at any investigatory meeting with the member.

7 Action by the Ethics Committee

- A. After reviewing the complaint, the response of the member, and any other pertinent information, the Ethics Committee may close the case without a finding of a violation of the *CAMFT Code of Ethics*, hold the case in abeyance pending other action, continue the investigation, attempt to settle the case by mutual agreement, send a letter with cautions or recommendations, or recommend to the Board of Directors that the individual's membership be terminated, suspended, placed on probation, or that other action be taken. The Ethics Committee may appropriately impose more stringent requirements upon members previously found to have

violated the *CAMFT Code of Ethics*, or any other relevant professional or state code of professional conduct. If additional evidence of unethical conduct is brought to the attention of the Committee after a matter has been closed, the case may be reopened and acted upon under these procedures.

- B.** If the Ethics Committee decides to attempt to settle the case by mutual agreement:
1. The Committee may recommend to the member that he/she agree to the terms of a Settlement by Mutual Agreement. The terms and conditions of the Settlement by Mutual Agreement may include requiring the member to: cease and desist from specified actions, accept censure, be placed on probation and/or rehabilitation, be under supervision or monitored practice, complete education or therapy or both, agree to suspension or termination of membership in the Association, or any other terms and conditions that the Committee deems appropriate.
 2. The Settlement by Mutual Agreement shall be in writing and shall detail the specific sections of the *CAMFT Code of Ethics* that have been violated and the manner in which the agreement is to be implemented.
 3. The Committee shall supervise and oversee compliance with the Settlement by Mutual Agreement. The Committee has the final authority over the Settlement by Mutual Agreement and the meaning of the terms of the Settlement by Mutual Agreement. The Committee may alter such terms and conditions when requested by the member or as deemed necessary by the Committee with the written agreement of the member.
 4. The Agreement shall become effective and is binding as soon as it is signed by the member and the Chair of the Ethics Committee or at any other time designated in the Agreement. The Agreement shall be maintained in the Association's records.
 5. The Committee, in its sole discretion, may make a finding that the member has not complied with the terms or conditions of the Settlement by Mutual Agreement. In the event of the member's non-compliance with the Settlement by Mutual Agreement, the Committee may proceed in accordance with the provisions of the Settlement by Mutual Agreement that relate to non-compliance, or in accordance with Section D, or in any other manner not inconsistent with Section D.
 6. If no Settlement by Mutual Agreement occurs, because a settlement is offered but ultimately rejected by the member, the Ethics Committee may recommend that action be taken against the member by the Board of Directors as a result of one or more violations of the *CAMFT Code of Ethics*.
- C.** When the Ethics Committee recommends that action be taken by the Board of Directors, the Ethics Committee shall give the member written notice as specified below. Notice shall be given by personal delivery or certified mail sent to the last address of the member as shown on the Association's records. The written notice shall include, at a minimum, all of the following information: 1) the findings of the Ethics Committee, 2) the final proposed action of the Ethics Committee, 3) whether such action, if adopted by the Board of Directors, would require a report pursuant to Section 805 of the Business and Professions Code, 4) that the member has a right to request a hearing on the final proposed action, and 5) that the time limit within which a hearing must be requested is thirty days (30) from receipt of notification of the final proposed action.
- D.** If a hearing is not requested within forty (40) days from mailing of notification of the final proposed action, then the Committee's final proposed action shall be adopted, and the Ethics Committee Chair shall thereafter forward the final determination to the Executive Director for such further action as may be appropriate.
- E.** If a hearing is requested on a timely basis, the Ethics Committee shall give the member written notice. Notice shall be given by personal delivery or certified mail sent to the last address of the member as shown on the

Association's records. The written notice shall include, at a minimum, all of the following information: 1) the reasons for the final proposed action recommended, including the acts or omissions with which the member is charged, and 2) the place, time, and date of the hearing. The hearing shall be commenced within sixty (60) days after receipt of the request for a hearing.

8 Procedures for Hearings Before Board of Directors

- A. The hearing shall be conducted in accordance with the provisions of these Procedures. Should these Procedures be inconsistent with the Peer Review Fair Hearing Procedures commencing with Section 809 of the Business and Professions Code, the provisions of the Business and Professions Code shall prevail.
- B. The hearing shall be held before the Board of Directors.
- C. The Board of Directors may designate a hearing officer to preside at such hearing, who shall gain no direct financial benefit from the outcome, shall not act as a prosecuting officer or advocate, and shall not be entitled to vote.
- D. The member shall have the option of being represented by counsel, and if counsel is desired, notice shall be given by the member at the time the hearing is requested. The costs of such attorney shall be at the member's expense.
- E. All costs of attendance for the charged member at the hearing shall be borne by the charged member.
- F. The charged member shall have the right to a reasonable opportunity to voir dire the Board of Directors and any hearing officer, if selected, and the right to challenge the impartiality of any Board Member or hearing officer.
- G. The Ethics Committee, through its Chair or his/her designee, shall present the case against the member.
- H. Continuances shall be granted upon agreement of the parties on a showing of good cause by the hearing officer or if there is no hearing officer, the President or his/her designee (hereafter President).
- I. The charged member and the Ethics Committee shall have the right to inspect and copy documentary information relevant to the charges in each other's possession or under their control. Both parties shall provide access to this information at least thirty (30) days before the hearing.
- J. The parties shall exchange lists of witnesses expected to testify and copies of all documents expected to be introduced at the hearing at least thirty (30) days before the hearing.
- K. The charged member and the Ethics Committee have the following rights:
 - 1. To be provided with all of the information made available to the Board of Directors.
 - 2. To have a record made of the proceedings.
 - 3. To make opening and closing statements.
 - 4. To call, examine and cross-examine witnesses. Members of the Association have a duty to testify as to relevant information, if requested to do so by the Ethics Committee pursuant to Section 7.7 of the *CAMFT Code of Ethics*.

5. To present and rebut evidence determined by the President.
 6. To submit a written statement at the close of the hearing.
- L. All evidence, which is relevant and reliable, as determined by the President shall be admissible. The formal rules of evidence shall not apply.
 - M. The Ethics Committee shall have the burden of proving the charges by a preponderance of the evidence.
 - N. The decision of the Board shall be by majority vote of the Board of Directors present. Pursuant to the Bylaws, if the decision is to expel or suspend, a two-thirds majority vote of the Board of Directors present is required.
 - O. Upon completion of a hearing concerning a final proposed action, the member and the Ethics Committee shall receive a written decision of the Board of Directors within a reasonable time. Said decision shall include findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision reached. The written decision shall be delivered by personal delivery or certified mail sent to the last address of the member as shown on the Association's records.
 - P. If no violation of the *CAMFT Code of Ethics* is found, the Board of Directors shall order that the member be cleared of all charges.
 - Q. If a violation or violations of the *CAMFT Code of Ethics* is/are found, the Board shall either adopt the final proposed action recommended by the Ethics Committee or take any other action that the board deems appropriate, including, but not limited to, requiring him/her to cease and desist from specific actions; accept censure; probation and/or rehabilitation; supervision or monitored practice; education, therapy, or both; and/or suspension or termination of membership.
 - R. There shall be no appeals from decisions of the Board of Directors, but the Board, in its discretion, may reconsider its decision upon the written request of the member
 - S. Any terms or conditions ordered by the Board shall be monitored by the Ethics Committee. Any request by the member for modification of terms or conditions shall be directed to the Ethics Committee, which shall consider and act upon the requested modifications in a reasonable time.

9 Resignations and Non-Renewals

If a member resigns from membership in the Association during the investigation of the complaint or at any other time during the consideration of the complaint, the Ethics Committee, at its discretion, may continue its investigation. The Executive Director shall make reports to licensing board(s) of resignations and withdrawal or abandonment of applications, pursuant to Section 805 (c) of the Business and Professions Code.

10 Records and Disclosure of Information

- A. The permanent files of the Ethics Committee shall be maintained in the principal office of the Association.
- B. All information obtained by the Ethics Committee, including any investigating subcommittee or designee, and all proceedings of the Ethics Committee, shall be confidential except as follows:

1. Information may be disclosed by those investigating the complaint, or the investigating subcommittee or designee, as is necessary in order to pursue a thorough investigation.
2. The complainant may be informed of the status and progress of the complaint and shall be notified of the conclusion of the case.
3. The Ethics Committee may, in its discretion, authorize the Executive Director to publicize summaries of Settlements by Mutual Agreement without disclosing the name of the complainant or the charged member.
4. When an accused member resigns his/her CAMFT membership during the course of an Ethics Committee investigation, and where the Committee determines that there has been a violation of the *CAMFT Code of Ethics*, the Association may publish the fact and circumstances of the member's resignation.
5. Whenever the Board of Directors finds, after a hearing, that a member has not violated the *CAMFT Code of Ethics*, that fact shall be disclosed to the membership of the Association by publication in *The Therapist* only upon the written request of the cleared member.
6. If, after a hearing, the Board of Directors finds that a member has violated the *CAMFT Code of Ethics*, the Board of Directors may do any of the following:
 - a. Disclose the ethics violation and disciplinary action to the membership of the Association.
 - b. Inform state regulatory agencies and other professional organizations, including chapters of CAMFT.
7. The Board of Directors shall order the publication of a member's expulsion or suspension if, after a hearing by the Board of Directors, the member has been found to have violated the *CAMFT Code of Ethics*.
8. If there is to be publication of the Board of Directors' findings and actions, it will be in *The Therapist* and shall include the member's full name, any earned degree, his/her geographical location, and the section or section(s) of the *CAMFT Code of Ethics* that was/were violated.

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Continuing Education Provider Approval Manual

Effective (insert approval date)



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Part I – *Guidelines for Provider Approval*

This document includes the guidelines and criteria which applicants and CAMFT-approved continuing education providers must meet in order to be recognized by the program. The application and fee schedule can be found as a separate document at www.camft.org/CEprovider.

Introduction

The California Association of Marriage and Family Therapists (“CAMFT”), founded in 1964, is an independent professional organization of approximately 30,000 members representing the interests of marriage and family therapists. It is dedicated to advancing the profession as an art and a science, to maintaining high standards of professional ethics, to upholding the qualifications for the profession and to expanding the recognition and awareness of the profession.

About the Program

CAMFT recognizes the responsibility of marriage and family therapists, clinical social workers, professional clinical counselors, and educational psychologists to continue their educational and professional development. Each year, thousands of continuing education courses are presented by hundreds of program providers. Many provide Licensed Marriage and Family Therapists (“LMFT”), Licensed Clinical Social Workers (“LCSW”), Licensed Professional Clinical Counselors (“LPCC”), and Licensed Education Psychologists (“LEP”) with valuable information that can be successfully applied to the practice of these professions. CAMFT’s Continuing Education Provider Approval Program was created to assist members of CAMFT and these professions in identifying and participating in quality continuing education.

Program Mission

The California Association of Marriage and Family Therapists offers continuing education approval for programs that meet the requirements set forth in Division 18 of Title 16 of the California Code of Regulations, §1887 through §1887.43. Those regulated by the Board of Behavioral Sciences (LMFTs, LCSWs, LPCCs, and LEPs) are ethically bound to engage in lifelong learning as a means to ensure practice competence and professional growth. In addition, CAMFT’s Continuing Education Provider Approval Program strives to increase the protection of the public through thorough evaluation of continuing education programs. The program standards were created to maintain the highest level of quality in continuing education.

About the Continuing Education Provider Approval Committee

The Continuing Education Provider Approval Committee consists of individuals who are representatives of the field of psychotherapy, and have specialization and experience in continuing education planning, administration, and evaluation. Committee members also represent various geographic regions, and possess a diversity of experiences and backgrounds.

The Continuing Education Provider Approval Committee is responsible for working collaboratively with the program's staff to develop and implement provider guidelines and program policies and procedures. The Committee's tasks also include: (a) evaluating continuing education providers seeking approval to determine whether the prospective providers are capable of meeting their responsibilities as outlined in the Board of Behavioral Sciences' (BBS) proposed regulations; (b) communicating the results of those evaluations to CAMFT staff and applicants; (c) reviewing at least one course per year offered by each provider approved by the program for compliance with the *Guidelines for Provider Approval* and requirements of the Board of Behavioral Sciences and, on request, report the findings of such reviews to the BBS; (d) working with the CAMFT Staff Attorney on appeals; (e) taking action as necessary to assure the continuing education coursework offered by its providers meets the continuing education requirements of the Board of Behavioral Sciences.

Acceptable Continuing Education for Marriage and Family Therapists, Clinical Social Workers, Professional Clinical Counselors, and Educational Psychologists

All training, education, and coursework by CAMFT-approved continuing education providers must incorporate one or more of the following:

- Aspects of the discipline that are fundamental to the understanding or practice of marriage and family therapy, clinical social work, professional clinical counseling, and/or educational psychology;
- Aspects of the discipline of marriage and family therapy, clinical social work, professional clinical counseling, and/or educational psychology in which significant recent developments have occurred;
- Aspects of other disciplines that enhance the understanding of the practice of marriage and family therapy, clinical social work, professional clinical counseling, and/or educational psychology; and
- Courses related to the diagnosis, assessment, and treatment of the client population being served.ⁱ

Applicant Eligibility

All providers who offer continuing education programs relevant to marriage and family therapists, clinical social workers, professional clinical counselors, and educational psychologists may submit an application. These may include, but are not limited to, providers of workshops, conferences, symposiums, trainings, and distance-learning education.

Required Continuing Education Provider Program Components

The following is required to obtain and maintain CAMFT approval:

I. Continuing Education Program Goals

The provider must develop, and operate in accordance with, a written program goals statement that reflects the type and nature of the provider's continuing education offerings and target audience. There must be a clear formulation of the overall mission and goals of the provider.

The individual or authority responsible for administration of the continuing education program must have input into the development of the overall program goals statement.

A mechanism must be provided for periodic appraisal and revision of the program provider's continuing education goals.

II. Course Content

The content of a course shall be relevant to the practice of marriage and family therapy, clinical social work, professional clinical counseling, and/or educational psychology and meet the requirements set forth in Sections 4980.54, 4989.34, 4996.22, and 4999.76 of the California Business and Professions Code.ⁱⁱ

The content of the course shall be based upon a methodological, theoretical, research, or practice knowledge base, and:

- 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***
- Be related to ethical, legal, statutory or regulatory policies, guidelines, and standards that impact each respective practice.ⁱⁱⁱ

Each continuing education course shall have written educational goals and specific learning objectives that are measurable and serve as a basis for an evaluation of the effectiveness of the course.^{iv}

Courses shall have 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. ^v

Courses must have an evaluation mechanism that allows each participant to evaluate the continuing education course. ^{vi}

Courses shall have a mechanism that allows all participants to assess their achievement in accordance with the program's learning objectives. ^{vii}

III. Instructor/Author Qualifications

A continuing education course instructor must satisfy *at least two* of the following minimum qualifications:

- Hold a license, registration, or certificate in an area related to the subject matter of the course. The license registration or certificate shall be current, valid, and free from restrictions due to disciplinary action by the Board of Behavioral Sciences or any other health care regulatory agency;
- Possess a master's or higher degree from an educational institution in an area related to the subject matter of the course;
- Have training, certification, or experience in teaching subject-matter related to the subject matter of the course; or
- Possess at least two years experience in an area related to the subject matter of the course.

If at any time an instructor's license is restricted pursuant to disciplinary action in California or any other state or territory, he or she must notify all approved providers that he/she is providing instruction for, before instruction begins or immediately upon notice of the decision, whichever occurs first.

CAMFT will not be approving individual instructors, a provider application will be denied if the instructor information does not meet BBS regulations.

IV. Program Evaluation

An evaluation is an important component of continuing education. The provider is required to collect an evaluation document from each participant who expects to receive continuing education credit.

Providers must use the results of the evaluation process to improve the course and to plan for future courses.

The evaluation must include the following elements:

- Learning goals and objectives;
- Course appropriateness to participants' education, experience, and licensure level;
- Effectiveness of the presentation, including use of experiential or active learning;
- Relevance to the practice;
- Currency and accuracy of the information;
- Instructor's knowledge of the subject matter and clarity of delivery;
- Instructor's responsiveness to participants;
- Instructor's ability to utilize course-appropriate technology to support participant learning;
- Suitability and/or usefulness of instructional materials; and
- Location, facilities, technology, administration of the program.

In addition to the requirements stated above, distance-learning course evaluations must include the following elements:

- Accessibility for distance-learning support (i.e., were questions or problems addressed effectively and in a timely manner?);
- Technology's support of participant learning; and
- User-friendliness of course technology (for online courses only).

V. Program Management

a. Program Planning

Providers shall have written policies and procedures related to decision-making and program-planning.

Providers shall have a clearly designated program administrator who is responsible for ensuring the provider meets the requirements stated in the *Guidelines for Provider Approval Manual* and shall provide CAMFT with the name(s) and addresses of the person(s) responsible for the continuing education program.^{viii}

There must be a clear policy that the program is under the continuous guidance of the administrator who is responsible for quality of the continuing education program's content.

Providers shall have a procedure for the smooth and orderly transition of administrative responsibilities from one individual to another in the event of an administrative change, including the notification to CAMFT's Continuing Education Provider Approval Program Coordinator of any administrative changes. Providers must notify CAMFT within fifteen (15) days of the date a new program administrator is selected.^{ix}

Providers shall have procedures to identify and document the functions of each participating party when the provider works with another party on the development,

distribution, and/or presentation of a continuing education course(s).^x

When co-sponsoring a continuing education activity, the CAMFT-approved provider maintains full responsibility for the activity while collaborating with one or more organizations to provide approved continuing education credit.

Co-sponsorship is appropriate when it enables organizations to share financial, administrative, instructional, and other resources in a combined effort to offer high-quality professional development.

The CAMFT-approved provider must have a prior written agreement with the co-sponsor that includes:

- Clarification of the responsibilities of each organization, including financial, administrative, instructional, and others;
- Involvement of the approved provider in all aspects of program planning. A co-sponsorship relationship must be established prior to or during the planning stages of the activity at a point where contributions and changes can still be made;
- In cases where each provider is CAMFT-approved, there must be written documentation regarding which organization will accept and maintain responsibility for the program.

Co-sponsorship is not to be construed as lending or transferring approval status. Unless CAMFT-approved, co-sponsors may not use or display CAMFT recognition numbers or logos on promotional materials, websites, or used in any manner that may be misleading to the public.

b. Maintenance of Program Records

Providers shall have written policies and procedures to ensure that program records are properly maintained.

Providers shall maintain records of completion for their continuing education courses for a period of at least four (4) years.^{xi}

Records shall include the following:

- Syllabi for all courses;
- The time and location of all courses;
- Course advertisements;
- Course instructors' vitae or resumes;
- Attendance rosters with the names and license numbers of licensees who attended the courses;
- Sign-in sheets; and

- Records of course completion issued to licensees who attended the courses.

The Board of Behavioral Sciences, or CAMFT’s Continuing Education Provider Approval Program, may audit the course records of a provider to ensure compliance with the Board’s continuing education requirements.^{xii}

Providers shall submit all documents related to an audit of course material to CAMFT’s Continuing Education Provider Approval Program or the Board of Behavioral Sciences upon written request.^{xiii}

Providers who offer distance-learning courses or allow online registration for courses shall employ electronic security measures, and reliable technology.

c. Awarding Course Credit and Monitoring Attendance

Providers shall have written policies and procedures for determining course credit and monitoring attendance.

Providers shall have a methodology for determining the credit hours awarded for the completion of continuing education courses.

Providers shall award continuing education credit hours on the basis that one continuing education credit is equal to one hour of instructional time.^{xiv}

A continuing education hour is defined as a 60-minute hour with no less than 50 minutes of uninterrupted instruction. Courses must be a minimum of one continuing education hour, in one block of time.

Providers shall have a policy that only those individuals who complete the course or program will receive credit for attendance.

In addition to the above requirements, providers of distance-learning courses shall provide a method for verifying the individual participated in the continuing education activity, and that all work was done by the person awarded the credit.

Providers shall create a procedure for monitoring attendance to include:

- An attendance roster;
- Sign-in log; and
- Program evaluations completed by attendees.

Unless the continuing education course format provided opportunities to interact with the instructor and ask questions during the course, providers of distance learning must also develop a post-test containing questions appropriate to content and credits for the distance-learning courses. The minimum passing ratio should be 70%.

d. Record of Course Completion

Providers shall have written policies and procedures for issuing each licensee a record of course completion.

Upon completion of a course, a provider shall issue a record of course completion to a licensee (e.g., letters of verification of attendance, certificates, grade slips, and transcripts) containing the following information:

- Name of the licensee and license number or other identification number;
- Course title;
- Provider name and address;
- Board-recognized approval agency name;
- Date of the course;
- Number of hours of continuing education credit; and
- Signature of the course instructor, provider, or provider designee ^{xv}.

e. Promotion and Advertising

Providers shall have written policies and procedures related to the promotion and advertising of continuing education courses.

A provider shall ensure that information publicizing a continuing education course is accurate and includes the following ^{xvi}:

- The provider's name and approval number;
- The statement "Course meets the qualifications for ___ hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences;
- The refund/cancellation policy in cases of non-attendance by the registrant;
- A clear, concise description of the course content and educational objectives;
- The cost of the course, including all fees;
- The course title;
- A description of the target audience;
- The course schedule;
- The instructor's name and credentials, including relevant professional degree and discipline, current professional position, and expertise in program content;
- Instructions for requesting accommodations for disability;
- A statement of when and how course completion certificates will be awarded;
- A clear indication of any activities within the course or program that are not offered for continuing education credit; and
- Instructions for addressing grievances.

Providers shall ensure that when referring to CAMFT approval, the correct statement is used in all promotional materials such as ads, brochures, and announcements. When referring to CAMFT approval, the following statement must be used:

- “[insert organization/provider name] is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for [insert the title or titles of the target audience]. [insert organization/provider name] maintains responsibility for this program/course and its content.”

Although the information listed above must be available to potential participants prior to enrollment, the Committee understands that it is sometimes not feasible to include all items in promotional materials. In cases where one or more of the above points is not included in promotional pieces, the means of obtaining this information must be provided (e.g., web site, phone number, etc.)

f. Grievance

Providers must have written policies and procedures for grievance resolution and must respond to grievances from course attendees, the Board of Behavioral Sciences or CAMFT in a reasonable, ethical and timely manner.^{xvii}

These policies and procedures should be posted or made available upon request.

A record of each complaint and the resolution must be kept and reported to CAMFT in the initial and subsequent renewal applications.

g. Ethics

No provider shall discriminate against any individual or group with respect to any service, program or activity based on gender, race, creed, national origin, sexual orientation, religion, age, or other prohibited basis.^{xviii}

Providers shall not require attendees to adhere to any particular religion or creed in order to participate in training.

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.^{xix}

Providers must be able to demonstrate that their programs train licensees to treat any client in an ethical and clinically sound manner consistent with *CAMFT's Code of Ethics* or their professional association's Code of Ethics.^{xx}

Providers must meet all applicable local, state, and federal standards, including the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §§ 12101-12213 (2008).^{xxi}

Failure to abide by the *Guidelines for Provider Approval* may subject the approved provider to adverse action by the Continuing Education Provider Approval Committee and may jeopardize the provider's approval status.

Part II - Policies and Procedures for Program Implementation

Preface

This document contains the policies and procedures that guide CAMFT's Continuing Education Provider Approval Program. Applicants and approved providers are responsible for knowing and abiding by the policies and procedures contained in this document.

1. Continuing Education Provider Approval Committee

A. Structure of the Committee

The Committee is composed of between 12-16 members appointed by CAMFT's Board of Directors, with nominations solicited openly by means of a nomination process.

In appointing members, the Board of Directors seeks individuals who are representatives of the field of psychotherapy, and have specialization and experience in continuing education planning, administration, and evaluation. Committee members also represent various geographic regions, and possess a diversity of experiences and backgrounds.

Members of the Committee serve a two-year term. Each member shall serve no more than four consecutive terms. However, in order to stagger membership to the Committee, half of the members of the founding Committee will only serve a one-year term.

In the event a Committee member is unable to complete his/her term, the President of CAMFT's Board of Directors, in consultation with the Chair of the Committee, may appoint a member to complete the term.

The Committee reports to the Executive Director and operates as part of CAMFT's governance structure.

B. Continuing Education Provider Approval Committee and the Provider Approval Program

CAMFT's Continuing Education Provider Approval Committee is responsible for developing continuing education provider approval guidelines, evaluating continuing education provider applications, and approving continuing education providers.

The Continuing Education Provider Approval Committee will evaluate each continuing education provider seeking approval in accordance with the requirements of §1887.43 of the California Business and Professions Code which specifies the continuing education provider's responsibilities.^{xxii}

The Committee's review of applications is kept confidential and subject only to disclosure within the Association. However, the general work of the Committee will be shared with CAMFT's Board of Directors and thereby made public. Disclosure outside of CAMFT will be in accordance with the laws that govern the continuing education requirements for providers and continuing education provider approval agencies.

C. Conflict of Interest

Committee members must exercise good faith and should avoid participating in decisions where potential or actual conflict of interest exists. The decision regarding whether a member should be recused from participating in a Committee decision belongs to the Chair of the Committee. If the Chair of the Committee has a potential or actual conflict of interest, the decision belongs to CAMFT's Executive Director.

Any Committee member who will be working as a provider of continuing education during the term of his or her service on the Committee will have his or her application reviewed by the previous Committee's Chair or appointed designee.

Committee members who have been approved as providers by CAMFT prior to being nominated to the Committee may continue as a CAMFT-approved provider. If the Committee member's approval is up for renewal during his or her service on the Committee, the renewal application will be reviewed by the previous Committee's Chair or appointed designee.

Any Committee member who is aware of circumstances he or she believes could pose a conflict of interest for themselves or another Committee member should inform the Committee Chair of the underlying facts.

If the Committee member who has the potential or actual conflict advises the Chair he or she wishes to be recused from the decision-making process, the Chair will honor the member's decision and the recusal will be noted in the meeting minutes.

If the Chair becomes aware of a Committee member's potential or actual conflict and the Chair is uncertain about the appropriate resolution, the Chair shall refer the matter to the

full Committee for resolution. Any action taken will be based on a majority vote of the Committee. The interested party does not have a vote in the determination of recusal.

If it is determined there is a potential or actual conflict of interest regarding a Committee decision, the member will be recused during the discussion and decision-making process.

The full Committee will be convened to review conflicts and meeting minutes will reflect decisions. Although they will remain confidential, meeting minutes will reflect any decision regarding a potential or actual conflict of interest.

2. Application Review Process

A. How Prospective Providers Apply

In order to obtain CAMFT approval as a provider of continuing education for marriage and family therapists, clinical social workers, professional clinical counselors and/or educational psychologists, applicants must submit a completed initial application for review by the Committee.

The application, along with the necessary supporting materials, must be accompanied by a non-refundable payment covering the appropriate fees (see fee schedule). Applicants should also review the application instructions and helpful hints document available at www.camft.org/CEprovider. Applicants who would like assistance in completing the application may contact CAMFT's Continuing Education Provider Approval Program Coordinator.

B. Consideration of Applications

A continuing education provider must meet the Board of Behavioral Science's course content as specified in §1887.4.0 and §1887.4.3 of the California Code of Regulations and CAMFT's *Guidelines for Provider Approval* criteria to qualify to become a CAMFT-approved provider.

The initial application may take up to sixty (60) business days to process.

Continuing education provider applications may be submitted at any time.

CAMFT-approved provider numbers are non-transferable.

Application instructions and the initial application form are available at www.camft.org/CEprovider. As described in the instructions, applications can be submitted in digital form. In order to be considered, the application must be complete and include the non-refundable application fee (see fee schedule).

Applications are reviewed by at least two reviewers who are knowledgeable about continuing professional development and CAMFT's provider approval program.

When reviews have been completed, applications will be approved, deferred, or denied.

3. Types of Committee Action

A. Approvals

An applicant is not considered a CAMFT-approved provider until a continuing education provider number is issued by CAMFT's Continuing Education Provider Approval Program.

A provider's initial approval will be valid for one (1) year from the date the provider number is issued.

Approved providers will be listed on the CAMFT website along with links to their website(s).

Providers may choose to discontinue provider status at any time by providing written notice to CAMFT's Continuing Education Provider Approval Program Coordinator.

B. Deferrals

The Committee may defer action on an initial or renewal application if more information is needed to allow the Committee to make a decision about the applicant's compliance with the *Guidelines for Provider Approval*.

The purpose of the deferral is to allow the Committee to require clarification regarding policies and/or procedures or to seek additional information on programs or materials submitted with an initial or renewal application.

A deferred initial application will have a maximum of sixty (60) days from the date of notification of deferral to submit required information for the Committee's consideration. If a renewal application is deferred, the Committee may request necessary information from a provider with a specified deadline for response to allow the Committee to review the response in a timely manner.

Once the Committee receives the requested materials, the Committee will have thirty (30) business days to make a determination as to the applicant's or provider's status.

During the deferral process, any changes made to provider requirements will not apply to a deferred applicant's initial application or a provider's renewal application.

If the requested information is not received by the specified deadline or does not adequately address the Committee's concerns regarding compliance with the *Guidelines for Provider Approval*, an initial or renewal application will be denied or revoked. Any request for approval at a later time will require a new application.

C. Denials and Revocation of CAMFT-Approved Provider Status

The Committee may deny a provider application or revoke its approval of a provider for good cause. Good cause includes, but is not limited to, the following:

- A provider is convicted of a felony or misdemeanor offense substantially related to the activities of a continuing education provider;
- A provider fails to comply with any provisions of Chapters 13, 13.5, 14 and 16 of the California Business and Professions Code or Title 16, Division 18 of the California Code of Regulations;
- A provider makes a material misrepresentation of fact in information submitted to CAMFT;
- A provider fails to respond to an audit request; or
- A provider fails to address non-compliance issues identified during an audit or deferral.

After a thorough application review, applicants or providers who do not demonstrate compliance with the *Guidelines for Provider Approval* will not be approved.

After a thorough case review, where there is a finding that a CAMFT-approved provider committed an act to justify revocation the provider's approved status will be revoked.

The reasons for denial or revocation of approved provider status will be described in writing to the applicant.

A decision to deny an application or revoke an approved-provider status can be made at any stage of the application or renewal process.

Applicants who are denied approved-provider status may reapply or appeal a decision that they and/or their course(s) do not meet statutory or regulatory criteria.^{xxiii}

Approved-providers whose status is revoked may appeal the revocation in writing.

Applicants will not be denied approval or have their approved-provider status revoked based on information from external sources without the applicant having been given an opportunity to respond to such information.

4. Appeal of Committee Decision

A. Adverse Decisions

The following decisions made by the Committee are considered adverse decisions which the applicant or provider may appeal in accordance with the procedures outlined below:

- Denial; or

➤ Revocation of approval.

An applicant or provider is not entitled to an appeal if the denial or revocation of approval is based on a failure to pay fees or a failure to provide materials requested by the Committee in a complete and timely manner.

A decision of denial or revocation of approval shall be transmitted to the applicant or provider in a notification letter. The notification letter shall include the basis for the adverse decision and inform the applicant or provider of the right to an appeal when applicable.

B. Request for Appeal

A request for appeal must be made in writing within fifteen (15) business days of the notification of an adverse decision to the applicant or provider.

The request for appeal should include additional information and/or documentation which would address the issues raised by the Committee in its letter denying or revoking approval.

The request for appeal shall include a statement of reasons for appealing the decision of the Committee. Any issue not specified in the request for appeal will not be considered on appeal.

A written request for appeal filed on time by an applicant or provider shall stay the adverse decision until the appeal process is completed.

A \$300 non-refundable appeal fee will be charged to the appellant to cover administrative costs. Payment shall be submitted with the appellant's request for appeal letter.

The written request for appeal should be addressed to: Continuing Education Provider Approval Committee Chair, CAMFT, 7901 Raytheon Road, San Diego, CA 92111.

C. Scope and Conduct of Appeal

The issues addressed by the subcommittee for appeals and CAMFT Staff Attorney will be limited to those stated in the appellant's request for appeal letter.

The subcommittee and CAMFT Staff Attorney shall have sixty (60) business days to consider the issues raised in the request for appeal letter as well as the additional information which was provided by the applicant or provider in response to the denial or termination of approval.

The subcommittee will state the outcome of its review in a letter addressed to the appellant. The subcommittee will send a courtesy copy to the Continuing Education Provider Approval Program Coordinator.

The subcommittee shall have the power to grant approval, to deny approval, to terminate approval, or to order further proceedings of the Committee. The decision of the subcommittee is final.

5. Renewals

A. Renewal Period

CAMFT-approved providers will be renewed upon satisfactory completion of the first year for a period of three (3) years, as long as they meet all of the applicable continuing education requirements. Those providers who do not meet the requirements may have their renewal application deferred, until such time as they are able to demonstrate compliance with the continuing education regulations^{xxiv}.

B. Timeframe and Process for First-Year Renewals

To renew a provider status, providers must submit a first-year renewal application form along with supporting documents and renewal fee (see fee schedule.)

All forms and supporting documents must be submitted eight (8) weeks prior to the approval's expiration date in order to give the Committee time to verify compliance with the continuing education regulations.

Required documents will include:

- A list of all courses presented in the previous year with date, title, and number of attendees, along with a short summary of program content.
- A description of any anticipated changes in the professional development program since the date of last approval (administrative and/or content related.)
- A sample of documents associated with professional development activities (e.g., program announcements and registration forms, program brochures, evaluation forms, summary of evaluations, and record of course completion.)

C. Timeframe and Process for Three (3)-Year Renewals

To renew a provider status, providers must submit a three (3)-year renewal application form along with supporting documents and renewal fee (see fee schedule.)

All forms and supporting documents must be submitted eight (8) weeks prior to the approval's expiration date in order to give the committee time to verify compliance with the continuing education regulations.

Required documents will include:

- A list of all courses presented in the previous three (3) years with date, title, and number of attendees, along with a short summary of program content.
- A description of any anticipated changes in the professional development program since the date of last approval (administrative and/or content related.)
- A sample of documents from three (3) professional development activities from each of the three (3) years (e.g., program announcements and registration forms, program brochures, evaluation forms, summary of evaluations, and record of course completion.)

D. Late Renewals or Annual Fees

Providers are responsible for renewing approvals and paying the annual fees in a timely fashion; however, three months prior to a renewal or annual fee due date, as a courtesy, CAMFT will mail an invoice.

If applicable, CAMFT will also send a letter requesting a completed first-year or three-year renewal application form and any necessary supporting documents. Providers will be given a link to the necessary renewal forms and fee schedule.

Providers who submit renewal forms or pay the annual fee late (i.e., not post-marked by their due date) will be subject to a non-refundable late fee of \$100.

Providers who do not submit a renewal form or payment of the annual fee within sixty (60) days after the due date are no longer approved and must reapply for approval.

While the renewal or payment of annual fee is pending, providers who do not submit renewal forms or annual fees on time will not be recognized as a CAMFT-approved continuing education provider.

6. Audits and Annual Review of Courses

Members of the Continuing Education Provider Approval Committee will conduct random periodic reviews of courses offered by CAMFT-approved providers who have been granted a three (3)-year renewal to determine compliance with *Guidelines for Provider Approval* and continuing education regulations and, upon request, report the findings of such reviews to the Board of Behavioral Sciences^{xxv}.

Providers will be notified by mail when they have been selected for an audit. Providers will have thirty (30) days to provide a response. Responses may be submitted via email or regular mail.

Providers who fail to respond to an audit will have their approval status revoked. Any request for approval at a later time will require a new application.

When an audit reveals a provider is non-compliant with CAMFT's *Guidelines for Provider Approval* and/or the continuing education regulations, CAMFT will notify the provider of the non-compliance via mail and will specify a date by which the provider is expected to demonstrate compliance.

7. Consumer Complaints

If the Continuing Education Provider Approval Program Coordinator receives a complaint from the Board of Behavioral Sciences, providers, or from licensees concerning the activities of any of CAMFT's approved providers or their courses, the following process will be used to address the complaint^{xxvi}:

The Continuing Education Provider Approval Program Coordinator will notify the Chair of the Continuing Education Provider Approval Committee of the complaint. The nature of the complaint may be further clarified, as necessary, with the complainant.

Under these procedures, an approved provider is informed when an organization or individual brings a complaint against it.

The provider named in the complaint will be informed in writing of the nature of the complaint and given the opportunity to respond within a specific time period.

Once the provider has been informed of the complaint, a written withdrawal by the provider shall be deemed termination of approval.

Upon review of the response from the provider, CAMFT staff may request any additional information that is needed.

The Continuing Education Provider Approval Program Coordinator and the CAMFT Staff Attorney will review the complaint and the response from the provider. CAMFT staff will work with the provider to attempt to resolve any concerns. If the complaint cannot be resolved at this level, CAMFT staff will refer the complaint to members of the Committee who are designated to review complaints.

This subcommittee will make a determination of action to be taken regarding the complaint and will notify the CAMFT Staff Attorney.

The CAMFT Staff Attorney, on behalf of the Committee, will forward a response to the provider that may include any of the following:

- An educational letter (i.e., a no-fault letter, a letter clarifying and explaining the criteria and issuing a warning, or a sanctions letter);
- A reduction of the current approval period;
- Loss of specific privileges (e.g., ability to cosponsor program or offer distance-learning coursework);

- Loss of approval status.

The complainant will be notified by the CAMFT Staff Attorney of any final action related to the complaint within ninety (90) days from the date the letter is received.

In addition to processing received complaints, the Committee reserves the right to independently pursue any inquiry or complaint that comes to its attention.

In considering renewal applications, the Committee may take into account the significant nature of complaints.

8. Maintenance of CAMFT-Approved Provider Information

CAMFT will maintain a list of the name and addresses of persons responsible for each approved provider's continuing education program.

CAMFT requires that providers notify the Continuing Education Provider Approval Program Coordinator any time a new program administrator is designated. CAMFT must be notified of the change in writing within fifteen (15) days of the effective date of the change.

Upon request, CAMFT will provide the Board of Behavioral Sciences with the name, address, and designated program administrator of each provider.^{xxvii}

9. Right to Take Action

CAMFT reserves the right to take action as necessary to ensure that continuing education coursework offered by its providers meets the continuing education requirements of the Board of Behavioral Sciences.^{xxviii}

10. Applicant Approval and Provider Renewal Fees

A. Application Fee

The non-refundable \$300 initial application fee must accompany the application.

CAMFT members and Chapters: \$200 initial application fee.

Applications are accepted at any time.

There is no renewal application fee, but providers must submit a renewal application.

B. Establishment Fee

A one-time non-refundable establishment fee of \$300 will be charged to new applicants only.

The charge will be invoiced following approval.

Do not send this fee with the application.

C. Annual Fee

A non-refundable \$300 annual fee will be invoiced to CAMFT-approved providers.

CAMFT members and Chapters: \$200 annual fee.

D. Late Fee

Providers who submit renewal forms that are not post-marked by their approval expiration date will subject to a non-refundable late fee of \$100.

E. Acceptable forms of payment

Payments may come in the form of check, money order, or credit card (Visa, MC, AMEX, and Discover). Cash will not be accepted.

Payments should be mailed to: CAMFT Continuing Education Provider Approval, 7901 Raytheon Road, San Diego, CA 92111.

F. Fee Changes

CAMFT reserves the right to change these fees at any time, and will provide timely notice to all providers if the fee schedule is revised.

ⁱ California Business and Profession Code §4980.54, 4989.34, 4996.22, and 4999.76.

ⁱⁱ Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8, §1887.4.0.(a).

ⁱⁱⁱ Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8, §1887.4.0.(b)(1-2).

^{iv} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8, §1887.4.0.(c)(1).

^v Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8, §1887.4.0.(c)(3).

^{vi} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8, §1887.4.0.(c)(2).

^{vii} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8, §1887.4.0.(c)(4).

^{viii} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 § 1887.4.2.(2).

^{ix} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.2.(a)(2).

^x Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.3.(j).

^{xi} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 § 1887.4.3.(d) and 1887.12(b).

^{xii} California Code of Regulations, Title 6, Division 18, Article 8 §1887.12.

^{xiii} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.3.(l).

^{xiv} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.3.(d) and §1887.5(a).

^{xv} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.11.0.

^{xvi} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.9.

^{xvii} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.3.(i).

^{xviii} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.3.(f).

^{xix} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.3.(g).

^{xx} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.3.(h).

^{xxi} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.3.(k).

^{xxii} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.2. (a)(1).

^{xxiii} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.2.(a)(7).

^{xxiv} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887-§1887.4.3.

^{xxv} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.2.(a)(5).

^{xxvi} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.2.(a)(4).

^{xxvii} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.2.(a)(3).

^{xxviii} Proposed language for Continuing Education Requirements under the California Code of Regulations, Title 6, Division 18, Article 8 §1887.4.2.(a)(6).

Lexicon of Terms

Annual fee: Administrative charge for maintenance of CAMFT-approved status.

Conflict of interest: Circumstances create a conflict of interest when an individual has an opportunity to affect course content about products or services of a commercial interest with which he/she has a financial relationship.

Continuing Education (“CE”): A form of systematic learning at least one hour in length including, but not limited to, academic studies, extension studies, lectures, conferences, seminars, workshops, viewing of videotapes or film instruction, viewing or participating in other audiovisual activities including interactive video instruction and activities electronically transmitted from another location which has been verified and approved by the continuing education provider.

Continuing education hour: A 60-minute hour with no less than 50 minutes of uninterrupted instruction. Courses must be a minimum of one continuing education hour, in one block of time.

Continuing education program: An educational offering designed to help LMFTs, LCSWs, LPCCs, and/or LEPs maintain or expand their competence in their role. Such offerings may include workshops, conferences, distance-learning, or other options. (Note: If you offer only one course—that is your continuing education program.)

Commercial support: Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CE activity.

Course credit: One course credit is equal to one continuing education hour of instructional time.

Distance learning: The acquisition of knowledge and skills through mediated information and technologies. Distance education includes live or self-paced coursework which may be conducted online, or by studying a publication or audio/video recordings. Post-tests are required for all methods where the participant does not have the opportunity to interact with the instructor and ask questions during the course.

Electronic security measures: Access to consumer personal information must be protected by password or some other secure method. Credit card transactions must be processed on a secure payment site.

Goal: A statement of long-range expectations of a continuing education program.

Grievance: Any complaint made by a participant, potential participant or former participant about a provider’s course offerings, promotional or education materials, course site, facilities or technological resources is considered a grievance.

Initial approval: The one (1) year period of time in which an approved provider may offer continuing education coursework, valid from the date a provider number is issued.

LCSW: Acronym for Licensed Clinical Social Worker

LEP: Acronym for Licensed Educational Psychologist.

LMFT: Acronym for Licensed Marriage and Family Therapist.

LPCC: Acronym for Licensed Professional Clinical Counselor.

Program planning: The total process of designing and developing continuing education activities. The process includes assessing learning needs; selecting topics; defining education objectives; selecting instructors/authors, facilities, and other educational resources; and developing evaluation mechanisms.

Provider: An organization institution, association, university, or other person or entity assuming full responsibility for the course(s) offered.

Renewal period: A three (3) year period following the expiration of the initial approval period.

Attachment C

INITIAL APPROVAL APPLICATION

This application is arranged by focus area and directly corresponds to the *Guidelines for Provider Approval Manual* which lists the specific requirements for each focus area. Please review the instructions sheet and helpful hints document prior to completing application.

Provider Name:

Name of Program Administrator:

Business Phone:

Business Fax:

Email Address:

Website(s):

Mailing Address:

(street, city, state, zip)

Is the provider a member of CAMFT?

Yes, member #:

No

Is the provider a CAMFT Chapter?

Yes, chapter name:

No

Organization type:

- Professional Society/Association For profit organization Governmental agency
 Licensed health facility Non-profit organization University/College
 Individual: Type _____ /License # _____ Other:

What led you to apply with CAMFT?

- CAMFT reputation Colleague/word-of-mouth Other:
 Internet search Received marketing information

Internal Use Only

Staff reviewer Initials:

Date Received:

Complete: Yes | No—return date:

Other Actions:

Committee Review Team:

Committee Meeting Date:

Decision: Approve | Defer | Deny

Comments:

Provider #:

Effective date:

Fee paid: \$

GENERAL PROGRAM INFORMATION

1. Describe your continuing education program(s).

2. Indicate the type of program(s) you will offer: (*check all that apply*)

Face-to-face (*examples: workshops, trainings, conferences, symposiums, etc.*)

Distance learning (*examples: online, self-paced, teleconference, etc.*)

3. Indicate the primary groups you target as potential participants in the activities you intend to offer for CE credit:

LMFT

LCSW

LPCC

LEP

Other:

4. What year did the provider begin offering continuing education programs?

I'm a new provider—never offered CE's before.

5. Has the provider been approved as a continuing education provider by another entity?
If yes, please list the name of the entity and the provider number issued.

6. Has the provider been denied approval as a CE provider? *If yes, please explain.*

7. Has the provider done business under another provider name within the past three (3) calendar years? *If yes, provide previous name.*

I. CONTINUING EDUCATION PROGRAM GOALS

1. Please provide the continuing education program goals statement.

2. What involvement did the program administrator have in the development of the overall program goals statement?

3. Please describe the mechanism you've put in place for periodic evaluation and revision of the programs' continuing education goals.

II. COURSE CONTENT

1. Please include a description of course(s) content.

2. Which of the following is the course content based upon: *(check all that apply)*

Methodological knowledge base

Theoretical knowledge base

Research knowledge base

Practice knowledge base

Please provide a description to support the methodological, theoretical, research, and/or practice knowledge basis for your course content?

III. COURSE CONTENT

3. Indicate which of the following requirements your course content meets. *(check all that apply)*

- Demonstrates 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
- Is related to ethical, legal, statutory or regulatory policies, guidelines, and standards that impact each respective practice

Describe how the content meets the specific requirement.

4. Please include a sample of the following for your sample CE program:

- a. Course syllabus
- b. Course educational goals and specific learning objectives

IV. INSTRUCTOR/AUTHOR QUALIFICATIONS

1. Describe how you select instructors/authors for your continuing education programs and what qualifications you base these selections on?

2. Describe how you verify the competence of individuals who have been selected as instructors/authors of your continuing education courses?

3. Please include a sample of the following:
a. A copy of one of your course instructor/author's vitae or resume.

V. PROGRAM EVALUATION

1. Describe how you obtain program evaluations from participants.

2. Explain how the provider utilizes these evaluations to improve the course or to plan for future courses.

3. Please include a sample:

- a. Program evaluation from one course (*Note: Please provide a blank copy. Do not submit completed evaluation forms.*)
- b. Summary of program evaluation responses from one course

VI. PROGRAM MANAGEMENT

Program Planning

1. Describe your method for decision-making and program planning?
2. Who is your program administrator? Describe this individual's role (and qualifications) in ensuring that the standards and policies of CAMFT's Continuing Education Provider Approval Program are upheld.
3. What procedures does the provider have in place for the smooth and orderly transition of administrative responsibilities in the event of an administrative change?
4. Have you co-sponsored, or do you plan to co-sponsor, continuing education activities with other organizations? *If yes, please identify the name of all co-sponsors for the past year.*

VI. PROGRAM MANAGEMENT

Program Planning *(continued)*

5. Describe or attach the procedures in place to identify and document the functions of each participating party when co-sponsoring activities. Specify how your organization will maintain the responsibility for following CAMFT's requirements for providers.

Maintenance of Program Records

6. What type of records do you obtain and maintain for your program(s)?
7. Describe how you will maintain administrative and academic records for your continuing education program(s) for a period of four years following the date of the activity.

VI. PROGRAM MANAGEMENT

Maintenance of Records *(continued)*

8. Describe the steps a course participant must follow to receive copies of past continuing education records.

9. Briefly describe measures taken to secure participant's personal/financial information (i.e., how you protect information gathered electronically or via hard copy?)

10. If you allow participants to register online or offer distance learning courses, please describe the measures taken to ensure the technology utilized is reliable.

VI. PROGRAM MANAGEMENT

Awarding Course Credit and Monitoring Attendance

11. Explain how the provider determines the number of credit hours awarded for the completion of CE courses? Please include an additional explanation if you provide distance learning courses.

12. Describe your method for documenting an individual's participation in a course for continuing education credit?

13. For distance learning providers only: Describe the method(s) you use to verify the individual receiving credit participated in the activity and completed all required work.

14. For distance learning providers, provide a sample post-test, if the CE course format *did not* provide the participant opportunities to interact with the instructor and ask questions.

VI. PROGRAM MANAGEMENT

Record of Course Completion

15. Indicate the type of documentation given to participants upon completion of an activity and the information which this document contains.

16. For distance learning programs, how is the certificate of completion sent to the participant?

17. Provide a sample document used to award credit to participants.

Promotion and Marketing

18. List all web addresses in which continuing education courses are promoted.

19. List other forms in which material may be published or advertised (*e.g., mailed brochures, magazines, etc.*).

VI. PROGRAM MANAGEMENT

Promotion and Marketing *(continued)*

20. Describe your refund/cancellation policy.

21. Describe your method for notifying potential participants that arrangements can be made and accommodations are available to those with disabilities.

22. Provide one (1) sample of promotional materials/announcements.

Grievance

23. Describe your process for acknowledging and responding to participant complaints or grievances in a reasonable, ethical and timely manner.

24. Has you received any complaints or grievances?

Yes

No

25. If yes, describe any complaints or grievances occurring within the past year and the steps taken to resolve the issue.

Ethics

26. How do you ensure continuing education program materials/content and venue selections are accessible to participants with disabilities.

27. How do you integrate respect for individual differences and awareness of diversity in your instructor selection, content development and organizational operations? *If you have developed a formal policy, please attach your policy statement.*

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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

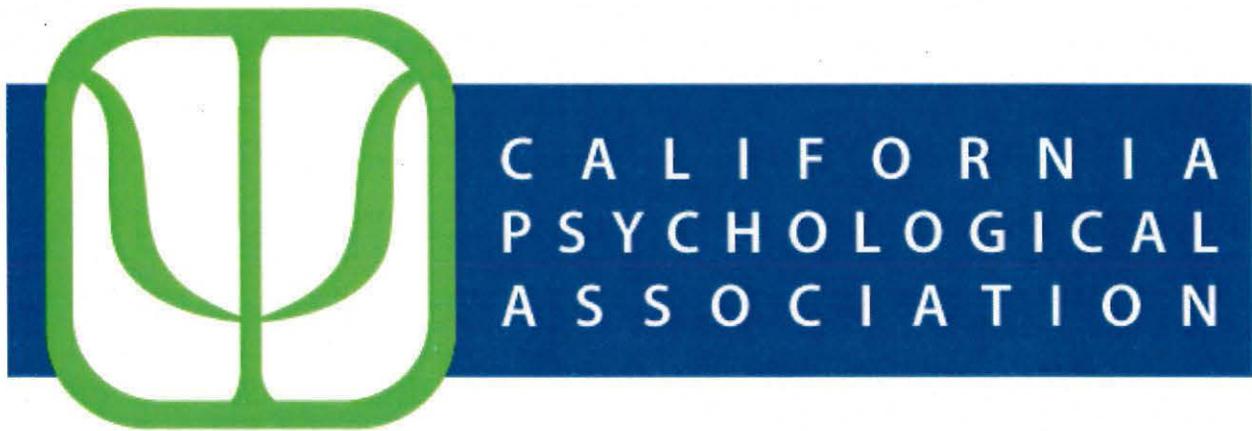
The California Psychological Association respectfully requests that it be recognized in the BBS regulations as a board recognized approval agency. (1887.4.1.(a)(6)) If you have any further questions, please let us know. A representative from CPA will unfortunately not be able to attend the next regularly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

Respectfully,

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 <u>Disagree</u>		Strongly <u>Agree</u>	
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
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
C. Course content was:					
1. Appropriate for intended audience	1	2	3	4	5
2. Consistent with stated objectives	1	2	3	4	5
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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To: Board Members

Date: November 7, 2014

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7850

Subject: Establishing Standing Board Committees

The past several years the Board has used Ad-Hoc committees to address specific topic areas. For example, the Continuing Education Review Committee, the Examination Review Committee, and the Supervision Committee. Ad-Hoc committees were utilized at a time when several Board Member vacancies existed as well as Board staff vacancies. Although these committees are very effective, during the development of the Board's Strategic Plan, a desire to establish standing committees was expressed.

Now that the Board has only one Board Member vacancy establishing standing committees for the remaining strategic goals is viable. As topics for discussion are suggested to the Board, a standing committee provides an efficient method to assign the topic and begin the discussion with our stakeholders. Board staff will provide support for all meetings.

The Board's Strategic Plan Organizational Effectiveness Goal 5.5 is to establish standing Board committees that align with the Board's strategic goals. The strategic goal areas of the Board are as follows:

- Licensing
- Examinations
- Enforcement
- Legislation and Regulation
- Organizational Effectiveness

Currently, the Board has one standing committee – the Policy and Advocacy Committee. This committee meets on a quarterly basis to discuss all proposed legislation and regulation that affects Board licensees and registrants. The committee is comprised of four board members and meets on a quarterly basis. Considering the work of this committee, it seems appropriate to align this committee to the legislation and regulation goal area.

The Board also has one Ad-Hoc committee – the Supervision Committee. This committee is currently discussing the requirements for supervision as well as the required number of supervised hours. Some recommendations have been presented to the Board; however, there are some outstanding topics to discuss. These topics will be addressed at future committee meetings. Therefore, the Board may or may not wish to align this committee with the licensing goal area.

The work of these additional standing committees may not require a quarterly meeting schedule similar to the Policy and Advocacy Committee. Therefore, the Board may wish to consider the following items as they establish the standing committees:

- Does the Board want to require all standing committees to meet a specific number of times a year?

- Does the Board want to allow standing committees to determine meeting schedules based upon the work assigned to the committee?
- Does the Board want to specify the number of members for each committee? If so, how many members should be assigned to each committee?
- Should the Policy and Advocacy Committee be aligned to the legislation and regulation goal area?
- Should the Supervision Committee be aligned to the licensing goal area?

Recommendation

Conduct an open discussion regarding establishing standing committees.