

CALIFORNIA
**BOARD OF
BEHAVIORAL
SCIENCES**

**SUMMER 2018
NEWSLETTER**

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MESSAGE FROM THE BOARD CHAIR



Elizabeth "Betty" Connolly, LEP

It has been my privilege to serve as the governor's appointed licensed educational psychologist (LEP) member of the Board of Behavioral Sciences (board) since August 2012. I recently was elected to serve as board chair and look forward to serving in that capacity.

At the May 2018 meeting we recognized three well-respected and long-serving members of the board for their terms of service and bid them farewell: Renee Lonner, licensed clinical social worker (LCSW) member appointed in 2007; Sarita Kohli, licensed marriage and family therapist (LMFT) member appointed in 2011; and Samara Ashley, public member, appointed in 2010. Their many years of experience and valuable contributions to the board will be missed. I am very pleased to announce that Jonathan Maddox, LMFT member, was unanimously confirmed by the full Senate on June 4, 2018 and Massimiliano "Max" Disposti, public member, was elected by the board to serve as the board's vice chair.

Board Executive Officer Kim Madsen was extremely well received at her recent presentation at the Association of Social Work Boards (ASWB) conference in Halifax, Nova Scotia. Ms. Madsen was invited by ASWB to present on license portability and the tremendous progress that has been made toward addressing this issue in California. Ms. Madsen shared the framework developed by the License Portability Committee and the many stakeholders who participated. Several states are exploring license portability and related issues, but California is poised to be the first state in the nation to create a framework that will facilitate true license portability. We are a national leader in this area and have Kim to thank for this accomplishment as a result of her tremendous leadership.

The License Portability Committee, which was established in August 2017 to review requirements in California as they pertain to this issue and to identify barriers to licensure for out-of-state licensees, concluded its efforts in June 2018. The recommendations of the committee will be presented at the August meeting of the Policy and Advocacy (P&A) Committee. Once the recommendations have been approved by P&A, they will move to the board for a full discussion at the September or November 2018 board meeting.

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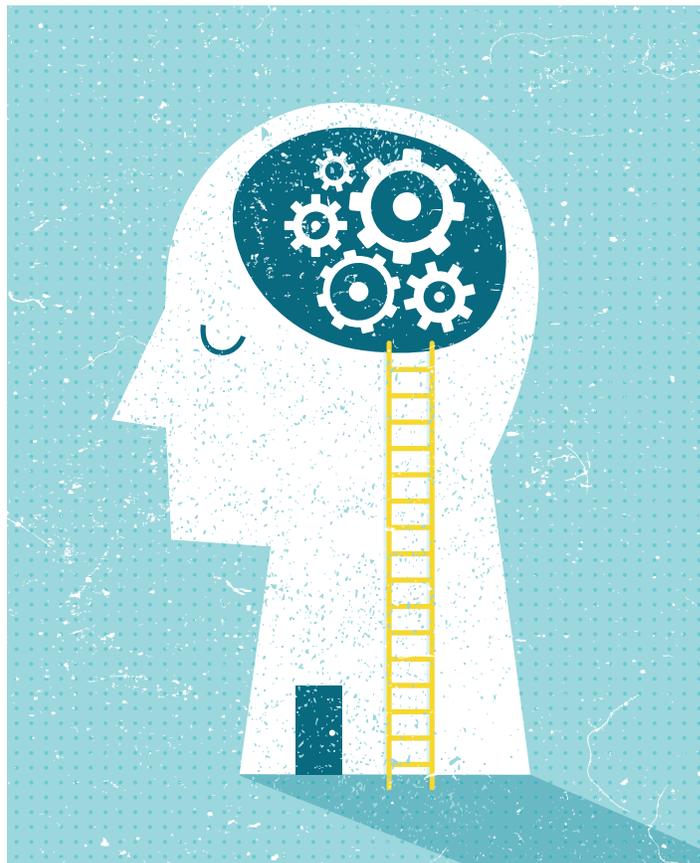
REGULATION CHANGES

ENGLISH AS A SECOND LANGUAGE: EXAMINATION ACCOMMODATION

Effective Oct. 1, 2017, candidates may apply for time and one-half (1.5) to take an examination if English is the candidate’s second language, and he or she meets the qualifications set by this new regulation. The “Request for Testing Accommodation—English as a Second Language” describes the new requirements and is available on the board’s website.

REGISTRANT ADVERTISING

Effective March 14, 2018, the board’s advertising requirements were updated to reflect the title change from “Intern” to “Associate” that took effect Jan. 1, 2018. This new regulation adds “Registered Associate Marriage and Family Therapist” and “Registered Associate Professional Clinical Counselor” to the list of acceptable titles in advertising, and allows the use of abbreviated titles “Registered Associate MFT” and “Registered Associate PCC.” This regulation allows the use of abbreviations “APCC,” “AMFT,” or “ASW” but only if the full registration title also appears in the advertisement (for example: “Registered Associate Clinical Social Worker”). For more information on advertising requirements, see the “Advertising Guidelines” available on the board’s website.



BOARD STAFF MILESTONES

The board’s mission and goals cannot be accomplished without dedicated staff. These staff members have reached the following service milestones with the board during 2018:

Trish Winkler	License Analyst	5 Years	Kim Madsen	Executive Officer	10 Years
Cynthi Burnett	Enforcement Analyst	10 Years	Racquel Pena	Enforcement Analyst	10 Years
Ann Glassmoyer	Special Investigator	10 Years	Laurie Williams	Personnel Liaison	10 Years
Dawn Herrera	Budget Analyst	10 Years	Darlene York	License Evaluator	10 Years
Gena Kereazis	Enforcement Analyst	10 Years			

MESSAGE FROM THE BOARD CHAIR CONTINUED FROM PAGE 1

After approval by the board, we will seek a legislative author. The Board would like to take this opportunity to thank the committee chair, Dr. Leah Brew, and committee members Christina Wong and Renee Lonner for their efforts on this important issue. We would also like to thank our many stakeholders who provided valuable information and recommendations to the committee, as well as the hard work of our board staff.

The Exempt Setting Committee is nearing its conclusion as well and is finalizing language and recommendations. The committee has been addressing the need to more clearly define the many settings in which our licensees practice, aligning language across license types to provide more clarity and guidance to licensees, and strengthening consumer protection.

In closing, I would like to thank all the stakeholders and licensees who attend our board and committee meetings throughout the year. Board meetings are informative and collaborative, and discussions are always thoughtful, meaningful, and occasionally passionate with the single purpose of providing a valuable service to the public and our licensees. I know I speak for my fellow board members and board staff when I say that every voice is heard and that your input helps determine the ultimate outcome and recommendations of the board. If you have not had the opportunity to attend a board meeting, please consider doing so.

Together we are better!

Elizabeth “Betty” Connolly, LEP

ONLINE IS EASIER!

DID YOU KNOW ONLINE SERVICES ARE AVAILABLE?

You can now manage your registration and license online. BreEZe provides online services for our applicants and licensees. Services available include the ability to:

- Renew a license and registration
- Submit an address change
- Request a replacement registration and license
- Verify a license and obtain proof of renewal status
- Pay with a major credit card in a secure environment

You no longer need to wait for mailing and processing of renewals and address changes. You can visit the BreEZe website by going to www.breeze.ca.gov.

HELPFUL TIPS

If you are new to our online services, there are tutorial videos to help you use the BreEZe system. Tutorials include:

- An overview of BreEZe online services
- How to search for a license
- How to register for BreEZe
- What to do if you forgot your password or user ID
- How to submit a renewal
- How to update license information
- How to make a payment

If you need additional assistance using BreEZe, technical support can be reached at (855) 227-9633.



WHEN A CLIENT THREATENS THE THERAPIST: GUIDELINES FOR MITIGATING RISK

It's not something that most of us would ever imagine having to deal with in our careers—a client makes or poses a threat of violence against you.

Therapists seem to be uniquely challenged in terms of knowing what to do to protect themselves based on either their nature or education and training, or a combination of both. Therapists sometimes joke that theirs is one of the oddest professions: many spend their entire professional lives sitting in a room with clients listening to the most intimate thoughts and feelings (and pain) and their only curative tool is the spoken word. The therapy office is a most private world, and it must be so for the kind of work done there.

Individuals who enter the mental health field tend to be, by definition, other-oriented: people who want to improve the human condition and lessen the suffering of others. They are in the “people business” and people, not things, are their interest and field of study; they are “caretakers” of a particular sort, taking care of the hearts and minds of their clients, helping them to feel heard and understood, some for the first time in their lives.

It should not be a surprise that therapists often do not take good care of their professional selves; they are too busy taking care of the client. Usually, when supervisors tell them to pay attention to their own feelings, it is in the service of the client, or countertransference, feelings that the client often unconsciously provokes in the therapist that are a most useful kind of communication for the therapeutic process. But therapists often deny or minimize feelings of risk to themselves, anxiety, or fear. The importance of observing and addressing risk to personal or professional well-being as it develops in the assessment or treatment process—in other words, the ability to identify red flags and intervene constructively—will be our main focus here.

In addition to direct risk posed by the client, threats to the therapist may develop from an indirect high-risk situation. The therapist may have met a legal obligation to warn a potential victim (Tarasoff) and inadvertently provoked the client's anger, or the therapist may be viewed by the client as taking sides in a highly contentious divorce or custody matter. In these situations, the therapist may become one of the objects of the client's anger.

Many therapists who have contacted the authors about a threatening client have observed, and then denied or ignored, weeks or months of warning signs and signals which are, notes Gavin de Becker, “pre-incident indicators”

(1998). It is important to recognize, and, more importantly, pay attention to those signs and become appropriately concerned for one's safety, a psychological position that is unfamiliar and nearly always uncomfortable for mental health professionals. Therapists need to know when to consult, when to assess and not begin treatment with a client, when to refer and when to terminate. Though we are emphasizing the need for therapists to learn they have a basic right to safety and self protection, the client's needs are served here also—no therapist who is frightened for her or his own safety can provide effective treatment and clients who present such risks usually need to be seen in environments other than a sole practitioner's private practice office.

RED FLAGS DURING ASSESSMENT

There are potentially dozens of red flags that a therapist may observe in the first couple sessions with a client and many resources are devoted to that subject (see professional resources section). Most individuals who eventually make or pose a threat have a personality disorder (sociopathic, narcissistic) that renders them devoid of empathy, thus making it easier for them to justify harming another person physically or psychologically. However, having either a personality disorder or many of the traits thereof, in and of itself, does not make someone a risk of violence—for that, one needs to add situational factors having to do with actual loss or narcissistic injury, often combined with the abuse of alcohol or drugs. Being able to observe these red flags at any point in the assessment or treatment phases requires the therapist's intuition, as well as paying attention to the client's words (and behavior), and then acting quickly and appropriately to address the risk. Following are statements reflecting incidents related to a client who presented a risk of violence:

- My practice specialty is personality disorders and I take pride in helping a lot of these clients make progress; I guess the fact that she had seen several therapists before me and did not feel helped by any of them, I took as sort of a professional challenge and I wanted to demonstrate to her that she could get help.
- He pushed the boundaries of the therapeutic relationship from the beginning and did not respond positively when I set limits; however, it never occurred to me that I could or should terminate him for that behavior and I just became increasingly anxious.

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GUIDELINES FOR MITIGATING RISK CONTINUED FROM PAGE 4

- He was extremely depressed and suicidal when I started to see him and I was so concerned that he would kill himself that I entirely missed the violent part of his suicidal thinking. I never thought he could become homicidal until he made the actual threat. Now, I recall that he told me in the first couple sessions that he collected antique guns and had a fascination with them.
- The father in a high-conflict divorce and custody situation admitted that he had struck his child on a couple of occasions, but he said that he did not hit him hard and considered that it was appropriate discipline, and “it worked.” He added that if I told anyone, he would “make sure” I was “sorry.”
- I was uncomfortable with the way he looked at me during the initial session and he asked a couple of very personal questions. I felt shaky by the end of the hour, but I'm an intern and I didn't think my supervisor would react well to my not wanting to see him.

These situations developed over time into cases of stalking and homicidal threats, and consultation involved very sensitive and strategic interventions aimed at reducing the threat and protecting the therapist. DeBecker makes the point in *The Gift of Fear*, while referring to workplace situations, the range of interventions narrows and the risk increases if the threat is allowed to develop and increase over time. Though not involving the context of the usual “workplace,” the authors see this phenomenon regularly in consultations. Many therapists who seek consultation after weeks or months, or in rare cases, even years, of a client's presenting a risk of harm learn that their options are far fewer than they would have been with early intervention. This phenomenon is created, on a most basic level, because the person who is making or posing the threat has become more and more empowered by the absence of consequences. The relatively simple setting of a limit or boundary usually does not work at advanced stages of risk. That timeline is the dynamic at play in some consultation cases where the situation is so dangerous that it is advisable to terminate the client by phone or in writing, but in no circumstances in the office, in person.

At a most basic level, the therapist's concern about risk in general (therapist or other-directed) should be activated by clients who assume no responsibility for their behavior, have a level of anger or rage that is excessive for almost any situation, have a history of violence and/or make threatening statements (even if they are implied, conditional

or indirect) and have substance abuse issues. Often in such situations, the therapist's anxiety takes over and he or she seeks the client's assurance or a verbal contract regarding safety. By expanding the conversation briefly at this point, the therapist can be in a position to take appropriate action, if that is indicated; such action might be to not see the client and refer him or her to a clinic or specialized practice setting. Such questions might be:

“You mentioned that you 'got even' on social media with your last girlfriend for breaking up with you—what did you post, how often and how do you know her response?”

“You said that you saw your last therapist for several years, but it turned out she was not helpful and you think she was not ethical on some occasions. Would you be willing to sign a release so that I could speak with her?”

Generally, the authors only hear from therapists whose case situations have become very difficult, and those are the examples provided here. With that caveat, we have observed that some therapists seem averse to either not accept a client who arouses concerns during the assessment phase, or to terminate clients who are not following the key elements of the treatment plan. Often during these consultations, the view expressed by the authors that “responsibility is a two-way street” comes as a surprise to the consulting therapist, and he or she responds with 1) Isn't that abandonment? 2) I have no colleagues to whom I can refer this client, or 3) I don't want to reject him and repeat his early history with his parents.

HELPFUL FORMS

Informed consent. Younggren, Fisher, Foote, and Hjelt (2011) make the basic point of mutual responsibility in “*A Legal and Ethical Review of Patient Responsibilities and Psychotherapist Duties*”; however, this almost common-sense, legally and ethically sound position seems to be rarely communicated in education and training. Also, not emphasized before licensure is the potential depth and breadth of the informed consent process. Here, the therapist has the opportunity to discuss, among other things, the protection and limits of confidentiality, details of the treatment plan, the clients' responsibilities to cooperate and participate in order for effective treatment to be provided, *and the conditions under which termination (and not always a mutually desired termination) may be necessary.*

Some therapists are uncomfortable with this process, rush through it, and see it as simply the need to obtain

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GUIDELINES FOR MITIGATING RISK CONTINUED FROM PAGE 5

a signature—not as a discussion of the content and an opportunity to determine if roadblocks to effective treatment posed by the client may be foreseen. An open discussion at the point of assessment may not only prevent serious issues from developing later in treatment, such a discussion also opens the door to these issues before a crisis arises. It communicates to the client that the therapist is in control of the treatment process; that is, the therapist sets and maintains the framework and boundaries for therapy. That responsibility includes ensuring that the treatment setting, for example, outpatient therapy on a regular basis, provides the correct level of care. If at any point in the treatment process outpatient treatment is not enough to ensure that treatment goals can be met, the therapist needs to initiate a discussion with the client and recommend the correct level of care. The patient’s willingness, or not, to move to that level of care should not control the therapist’s next move; that move may need to be an appropriate termination and referral.

Authorization for disclosure of confidential information.

The “release of information” form is another opportunity for the therapist to communicate boundaries and scope of the therapeutic relationship. In some cases, the client requests the therapist communicate with another health care professional or family member; in other situations, the therapist believes it is in the client’s best interests to communicate with another person in the client’s life and the client may or may not wish such communication to occur. Alternatively, the client may not object in concept to the sharing of information with a third party, but may prohibit the therapist from discussing certain issues or facts relative to his or her situation. The therapist must assess whether any limits imposed by the client could potentially cause the client harm or interfere with the treatment process, and if so, communicate that information to the client. If the client continues to refuse (for example, that the therapist discuss current drug or alcohol use with the psychiatrist prescribing medication), the therapist needs to determine if safe and effective treatment under those circumstances can be provided. Of course, these situations can become contentious and may be viewed by the client as a power struggle rather than the therapist acting in the client’s best interests. The therapist should explain the reason the communication with another professional or other third party is important for the treatment process; ultimately, the therapist must be the one to make the decision as to whether treatment can move forward under those circumstances.

WHEN THE THREAT TO OTHERS TURNS TOWARD THE THERAPIST

In the execution of legal or ethical duties, therapists may become an additional, or even the main, focus of anger for the client. Some of these case situations become quite complicated, from a risk management point of view. For example, when a client makes a credible threat of violence toward a third party and the therapist warns and takes action intended to protect the intended victim (such as calling the police), the client may become infuriated with the therapist. In such cases, the client may deny intent or means, even though he or she may have communicated this clearly to the therapist in a session and claim that the therapist misunderstood “expression of feelings.” The client may feel that the action by the police, for instance, caused embarrassment in the community or, if the threat was communicated to an employer, threatened employment standing. Clients with these feelings may threaten legal action (such as filing a complaint against the therapist) and/or harm to the therapist. Particularly risky are domestic violence situations and therapists are well advised to protect themselves with early consultation in these cases. A private practice office can be a difficult setting in which to treat either the perpetrator or the victim in a domestic violence situation; in many of these cases, a clinical setting where there are other professionals present is a safer environment.

Also, child abuse situations may present risk if the parent-client is also the suspected perpetrator of the abuse. In most of these situations, it is not appropriate for the therapist to continue to provide treatment (there are exceptions), and referrals are in order. There are similarities here to “duty to warn” situations in terms of the client feeling humiliated and embarrassed as well as not in control, and the therapist may become a target of the ensuing anger or rage. In short, anytime the therapist moves to protect a third party (a child, spouse/partner, supervisor, or teacher) and gets in between the threatening client and third party, there may be risk in terms of physical or psychological violence. Therefore, almost at the same time as taking action to protect others, the therapist needs to assess the risk to self and take appropriate security precautions. Consultation at this point can be very useful and can help the therapist feel, and actually be, more in control of a volatile situation.

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THE ROLE OF CONSULTATION

Connected with therapists' commonly positive and expansive view of what kinds of issues may be dealt with in therapy and their occasional minimizing of their sound clinical intuition on the front-end, is their reluctance to obtain appropriate legal or clinical consultation early in the treatment process. For the reasons previously mentioned, assessment or consultation is most effective when it is obtained early on. Therapists should not hesitate to contact an attorney who specializes in mental health law if they believe that their treatment, referral, or termination of a client may raise legal concerns. The fact that the therapist may feel as if he or she has already made an error with the client or records are not pristine, should not deter one from seeking a legal consult—in fact, it should hasten one. Alternatively, when seeking a clinical consult, the therapist should seek a peer consultant (expert) who has extensive experience in assessing risk and the potential for violence. A qualified consultant should be able to quickly assess the situation and make clear recommendations to protect therapist safety, as well as assisting the therapist in identifying appropriate treatment resources for the client.

Therapists are encouraged to identify red flags in the assessment and treatment process and take the initiative to gather more information to assess the level of risk and make an informed decision as to the wisdom of accepting a client into practice and/or terminating the client. Clinical and/or legal consultation is encouraged in any case situation involving risk of violence and therapists are reminded that, in these cases, they need to pay attention to their basic need for safety at the same time they are addressing the client's treatment needs.

Renee Burns Lonner, MSW, LCSW, maintains a private practice in Sherman Oaks, providing individual, marital and family psychotherapy with children, adolescents, and adults. She is a consultant for mental health clinicians and organizations in general practice areas, as well as the specific area of risk assessment. She is an AAMFT Clinical Fellow.

Michele Licht, JD, is an attorney specializing in the representation of mental health practitioners on a wide range of issues. Over the past 35 years, she has represented over 2,500 psychotherapists in legal and ethical consultations, before licensing boards, in disputes regarding hospital and medical staff privileges, and general

practice issues. She represented psychology before the California Supreme Court in *CAPP v. Rank*, setting a precedent for psychologists' scope of practice in hospital settings.

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BOARD MEMBER UPDATE



Elizabeth "Betty"
Connolly, LEP



Christina Wong



Deborah Brown



Johnathan Maddox



Renee Lonner



Samara Ashley



Sarita Skohli

DEPARTURES

Renee Lonner (LCSW) served as a board member from Jan. 17, 2007, to June 30, 2018. She acted as board chair from June 2009 to May 2011 and as chair for the Policy and Advocacy Committee and the LCSW Education Committee. She also served on the License Portability Committee and the Compliance and Enforcement Committee.

Sarita Kohli (LMFT) served as a board member from June 21, 2010, to June 1, 2018. She served as a member of the Continuing Education Appeals Committee, Supervision Committee and the Licensing and Examination Committee.

Samara Ashley (public) served as a board member from January 1, 2010, to June 1, 2018. She served as a member of the Policy and Advocacy Committee and the Compliance and Enforcement Committee.

CONFIRMATIONS/REAPPOINTMENTS

Jonathan Maddox (LMFT) was unanimously confirmed by the full Senate on June 4, 2018.

The reappointments of Christina Wong (LCSW) and Deborah Brown (public) were confirmed on April 19, 2018.

Betty Connolly (LEP) was elected as the board chair and Massimiliano Disposti (public) was elected as the board's vice chair on May 11, 2018.



FOLLOW BBS ON FACEBOOK AND TWITTER

These two social media venues will provide licensees, registrants, applicants, and consumers increased access to the BBS activities and updates. Join the nearly 3,000 followers of BBS and become one of the first to know what's new at BBS. Simply "like" us on Facebook and follow BBS on Twitter to stay current on all BBS activities.

TREATMENT OF COUPLES AND FAMILIES AND SUPERVISION BY LICENSED PROFESSIONAL CLINICAL COUNSELORS

Are you a licensed professional clinical counselor (LPCC) who wants to treat couples and families? Are you interested in providing supervision to an associate marriage family therapist (AMFT) or MFT trainee, or an LPCC or associate professional clinical counselor (APCC) who is gaining the required 500 hours of experience to treat couples and families? If so, you need to be aware that there are specific requirements that must be met.

ASSESSING AND TREATING OR SUPERVISING

Effective Jan. 1, 2017, LPCCs assessing and treating couples and families or supervising the above-named registrants, are required to have written confirmation from the board stating that they meet the requirements set forth in the California Code of Regulations, § 1820.7.

A copy of the written confirmation must be provided to:

- Clients prior to commencement of couple or family treatment
- Supervisees who are:
 - 1) AMFTs or MFT trainees
 - 2) LPCCs or APCCs who are gaining supervised experience necessary to treat couples and families

For more information about the requirements, and to find the forms for requesting this confirmation, go to the board's website, www.bbs.ca.gov, under "Applicant-LPCC":

- Request for Confirmation to Assess and Treat Couples and Families
- LPCC Couples and Families Requirement Qualifying Coursework
- FAQs

If you need to receive written confirmation that you have met these requirements, you must submit a "Request for Confirmation to Assess and Treat Couples and Families" form to the board. There is no fee required.

CONTINUING EDUCATION

Remember that there is also a six-hour minimum continuing education requirement each renewal cycle specific to marriage and family therapy for an LPCC who chooses to do any of the following:

- Assess or treat couples or families
- Supervise an AMFT or MFT trainee
- Supervise an LPCC or associate PCC gaining experience with couples or families

CE COURSE COMPLETION: MAKE IT COUNT!

After completing a continuing education course, please ensure that you receive a record of course completion that contains the following information:

- Your name and your license number or other identification number.
- Course title.
- Provider name and address.
- Board-recognized approval agency name, or a statement that the provider is an entity recognized by the board to provide continuing education.
- Date of course.

- Number of hours of continuing education credit.
- Signature of course instructor, provider, or provider designee.

If you receive a completion certificate that is missing one of these items, your hours of continuing education will not count. Also, remember that you are required to maintain completion certificates for a period of at least two years from the date of license renewal for which the courses were completed. These certificates will be requested by the board if you are audited.

2018 LEGISLATION CONSIDERED BY THE BOARD OF BEHAVIORAL SCIENCES

Detailed bill information may be found by clicking the links in the "Bill Number" column below.

Bill Number	Author(s)	Sponsor	Title	Version Considered	Board Position
AB 93	Medina	Board of Behavioral Sciences	Healing Arts: LMFTs: LCSWs: LPCCs: Required Experience and Supervision	5/29/2018	Sponsor
AB 456	Thurmond	Seneca Family of Agencies; Lincoln Families	Healing Arts: Associate Clinical Social Workers	5/7/2018	Support
AB 1436	Levine	The Steinberg Institute	Board of Behavioral Sciences: Licensees: Suicide Prevention Training	4/23/2018	Support
AB 2088	Santiago	California Association of Marriage and Family Therapists	Patient Records: Addenda	2/7/2018	Support
AB 2117	Arambula	Board of Behavioral Sciences	Marriage & Family Therapists: Clinical Social Workers: Professional Clinical Counselors	4/30/2018	Sponsor
AB 2138	Chiu and Low	Anti-Recidivism Coalition; East Bay Community Law Center; Legal Services for Prisoners with Children; Root & Rebound	Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Convictions	4/2/2018	Oppose Unless Amended
AB 2143	Caballero	California Psychiatric Association	Mental Health: Licensed Mental Health Service Provider Education Program	5/7/2018	Oppose Unless Amended
AB 2296	Waldron	California Association for Licensed Professional Clinical Counselors	Licensed Professional Clinical Counselors: Licensed Clinical Social Workers	4/26/2018	Support
AB 2302	Baker	Author	Child Abuse: Sexual Assault: Mandated Reporters	3/15/2018	Oppose Unless Amended
AB 2608	Stone	Journey House	Licensed Mental Health Service Provider Education Program: Former Foster Youth	4/3/2018	Oppose Unless Amended
AB 2943	Low	Equality California; National Center for Lesbian Rights; Trevor Project	Unlawful Business Practices: Sexual Orientation Change Efforts	3/23/2018	Support
AB 2968	Levine	Board of Psychology	Psychotherapist-Client Relationship: Victims of Sexual Behavior and Sexual Contact: Informational Brochure	3/23/2018	Support
SB 906	Beall and Anderson	The Steinberg Institute	Medi-Cal: Mental Health Services: Peer, Parent, Transition-Age, and Family Support Specialist Certification	4/19/2018	Support if Amended
SB 968	Pan	California Faculty Association; SEIU	Postsecondary Education: Mental Health Counselors	5/2/2018	Support if Amended
SB 1491	Senate Committee on Business, Professions & Economic Development	Board of Behavioral Sciences	Healing Arts	4/2/2018	Sponsor

2018 CONTINUING EDUCATION AUDIT RESULTS

A licensee who fails a continuing education (CE) audit is subject to a citation and fine. The following chart reflects the most recent results of the board's CE audits for 2018.

LICENSE	TOTAL AUDITED	PASS	FAIL	FAILS WHO NEVER RESPONDED	% PASS	% FAIL
LMFT	240	161	79	13	67%	33%
LCSW	146	104	42	6	71%	29%
LEP	12	6	6	1	50%	50%
LPCC	10	7	3	0	70%	30%
GRAND TOTAL	408	278	130	0	68%	32%

*If a licensee did not respond to two audit letters, they fail.

LICENSING TOTALS *as of July 2018*

License Type	Total Population
AMFT	17,614
ASW	15,619
APCC	3,478
LMFT	44,277
LCSW	27,723
LEP	2,038
LPCC	1,727
Total Population	112,476

EXAMS ADMINISTERED *for Fiscal Year 2017-18*

Exam Type	Exams Administered
LMFT Law & Ethics	5,913
LCSW Law & Ethics	5,339
LPCC Law & Ethics	1,024
LMFT Clinical	5,041
LCSW ASWB Clinical	3,246
LPCC NCMHCE	233
LEP Standard Written	153
Total Exams Administered	20,949

LICENSES ISSUED *for Fiscal Year 2017-18*

License Type	Number of Licenses Issued
Associate Marriage and Family Therapist (AMFT)	2,930
Associate Clinical Social Worker (ASW)	2,861
Associate Professional Clinical Counselor (APCC)	922
Licensed Marriage and Family Therapist (LMFT)	2,948
Licensed Clinical Social Worker (LCSW)	2,240
Licensed Professional Clinical Counselor (LPCC)	185
Licensed Educational Psychologist (LEP)	61
Total Licenses Issued	12,147

ENFORCEMENT ACTIONS

Citation and Fine—An administrative action used for minor violations. Citations and fines are public information but are not considered a disciplinary action.

ENFORCEMENT ACTIONS Jan. 1–May 31, 2018		
Name	License Number	Fine Amount
Unprofessional Conduct		
Jenna Askay	ASW 71363	\$500
Ryan Landstedt	AMFT 86998	\$500
Jessica Kilborn	LMFT 102674	\$500
Maria Pasillas	AMFT 78721	\$250
Pete Herron	LMFT 48564	\$1,000
Joanne Williams	LCSW 22409	\$1,500
Alissa Gundberg	LCSW 27735	\$2,500
Alison Brevier	LMFT 93426	\$1,500
Dori Covarrubias	ASW 75020	\$500
Unlicensed Practice		
Steven Barkal	Unlicensed	\$2,500
Derrick Weathersby	Unlicensed	\$5,000
Elizabeth Scott	Unlicensed	\$2,500
Failed the Board's Continuing Education Requirements		
Lori Alford	LCSW 14610	\$200
Bobbe Knoller	LCSW 13088	\$200
Joan Archer	LCSW 14615	\$200
Melissa Manning	LCSW 17527	\$1,200
Maegan Black	LMFT 90550	\$400
Samuel Markewich	LMFT 39836	\$1,200
Monica Lang	LMFT 44712	\$1,200
Christie Coffin	LMFT 47638	\$300
Nga Tran Ryan	LPCC 997	\$900
Elana Schlafman	LCSW 20546	\$300
Frances Brown	LCSW 1836	\$150
Kelly Villegas	LCSW 60689	\$1,200
Kristen Paul	LCSW 66800	\$300
Shyra Harris	LCSW 69615	\$0
David Hersh	LMFT 2773	\$900
David Vendig	LMFT 51583	\$150
Randi Steinman	LMFT 38875	\$150
Cynthia McDonald	LMFT 54035	\$400
Susan Lauwers	LMFT 78875	\$900
David Greer	LMFT 80076	\$200
Jennifer Parsons	LMFT 24076	\$300
Joan Moynihan	LMFT 24052	\$200
Linda Norton	LMFT 19062	\$200
Andrew James Mauldon	LMFT 52113	\$200
Emmett Thomanson	LMFT 51786	\$400
Joyce Kougl	LMFT 51745	\$200
Sonja M. Fisher-Carrington	LMFT 77145	\$400
Miriam Magdy Robb	LMFT 51337	\$1,200
Vanessa Marie Rodriguez	LMFT 51145	\$200

Maricsa Evans	LMFT 48838	\$600
Theresa Thoits	LMFT 48141	\$200
Lajeane Griffin	LMFT 40242	\$500
Edward Aguilar	LMFT 40258	\$400
Sachiko Cohen	LMFT 42498	\$600
Janice Gail Yee	LMFT 43542	\$150
Gina Michelle Nicola	LMFT 50875	\$400
Nora Ghodsian	LCSW 16227	\$400
Ricia Quintana	LCSW 17916	\$1,200
Claudia Robsahm	LCSW 21532	\$1,200
Melissa McManis	LCSW 26605	\$200
Allison Gehrke	LMFT 93509	\$900
Melvin Williams	LCSW 8895	\$200
Elizabeth Rodriguez	LMFT 91216	\$300
Christina Dawson	LMFT 92407	\$300
Cornelia Concannon	LCSW 6857	\$200
Camilia Barreto	LMFT 90005	\$300
Nina Jane Segal	LCSW 70996	\$400
Julieanne Collins	LCSW 14731	\$300
Nataly Seka Cohen	LCSW 20879	\$600
Larry Gilham	LEP 634	\$1,200
Karen Gilmore	LCSW 17718	\$200
Mary Wyman	LCSW 21684	\$150
Debra Williams	LCSW 61031	\$400
Patricia Ortiz	LCSW 70130	\$300
Doris Castro	LCSW 69787	\$400
Melinda Drake	LCSW 68954	\$300
Cynthia Rogers	LCSW 13190	\$200
Ada Revels	LMFT 90561	\$300
Morris Bean	LCSW 18021	\$200
Christine Lau	LCSW 62696	\$500
La Trena Robinson	LCSW 69216	\$900
Columbus Sanders	LMFT 17075	\$400
Ferdinand Diva	LMFT 77118	\$200
Carly Ketchum	LMFT 81406	\$150
Diana Sjostrom	LMFT 8864	\$200
Patricia St. Claire	LMFT 17107	\$150
Susan Jager	LMFT 51496	\$300
Barbara Zax	LMFT 19253	\$1,200
Marylou Donnelly	LMFT 22156	\$200
Isabel Ybarra	LCSW 19629	\$300
Mary Brecheen	LMFT 38446	\$1,200
Diane Kato	LMFT 42946	\$200
Karen Dunn	LMFT 31460	\$1,200
Cathy-Yung Tsang-Feign	LMFT 24173	\$1,200
Maggie McLain	LMFT 45916	\$300
James Binns	LMFT 51819	\$200
Elizabeth Deeths	LMFT 45346	\$200
Alicia Garcia	LMFT 77774	\$400

EXPLANATION OF DISCIPLINARY TERMS AND ACTIONS

Accusation—Formal statement of charges against the registrant/licensee.

Statement of Issues—Formal statement of reasons why an application for registration/license should be denied.

Default—The registrant/licensee failed to file a Notice of Defense or has otherwise failed to request a hearing, object, or otherwise contest the accusation.

Effective Date—The date the disciplinary decision goes into effect.

Revoked—The registration/license is canceled, voided, rescinded. The right to practice is terminated.

Revoked, Stayed, Probation—"Stayed" means the revocation is postponed. Professional practice may continue so long as the registrant/licensee complies with specific probationary terms and conditions. Violation of probation may result in the revocation that was postponed.

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

License Surrender—To resolve a disciplinary action, the registrant/licensee has given up his or her registration/license—subject to acceptance by the board. The right to practice is terminated.

Citation and Fine—An administrative action used for minor violations. Citations and fines are public information but are not considered to be disciplinary actions.

FORMAL DISCIPLINARY ACTIONS

Gregory Barajas

LCSW 27672

Catheys Valley, CA

CRIMINAL CHARGES/CONVICTIONS

Action: License revoked, revocation stayed, and placed on probation for a period of three (3) years with terms and conditions.

Effective: 2/1/2018

Evalyn Joann Beauchamp

ASW 81721

Hanford, CA

CRIMINAL CHARGES/CONVICTIONS

Action: Registration revoked, revocation stayed, and placed on probation for a period of three (3) years with terms and conditions.

Effective: 2/21/2018

Luis Manuel Carias

AMFT 99609

Whittier, CA

UNPROFESSIONAL CONDUCT

Action: Registration revoked, revocation stayed, and placed on probation for a period of four (4) years with terms and conditions.

Effective: 2/21/2018

Jessica Ann Coats

LMFT 51221

Corona, CA

CRIMINAL CHARGES/CONVICTIONS

Action: License revoked.

Effective: 2/21/2018

Edward Gallegos

AMFT 71751

Paramount, CA

CRIMINAL CHARGES/CONVICTIONS

Action: Registration revoked, revocation stayed, and placed on probation for a period of five (5) years with terms and conditions.

Effective: 2/21/2018

Mark Haywood Galyean

AMFT 104696

San Pedro, CA

CRIMINAL CHARGES/CONVICTIONS

Action: Registration revoked, revocation stayed, and placed on probation for a period of four (4) years with terms and conditions.

Effective: 2/21/2018

Susan Catherine Holden

LCSW 25830

Citrus Heights, CA

CRIMINAL CHARGES/CONVICTIONS

Action: License surrendered.

Effective: 3/22/2018

Krystal Jaydenne Howard

APCC 2363

Perris, CA

UNPROFESSIONAL CONDUCT/ FRAUDULENT ACT

Action: Registration surrendered.

Effective: 2/1/2018

Cindy Colleen Johnston

AMFT 83262

Santa Rosa, CA

UNPROFESSIONAL CONDUCT

Action: Registration surrendered.

Effective: 3/22/2018

Anna Marie Jones

AMFT 105311

Huntington Beach, CA

CRIMINAL CHARGES/CONVICTIONS

Action: Registration revoked, revocation stayed, and placed on probation for a period of five (5) years with terms and conditions.

Effective: 3/22/2018

Lanelle Patrice Laws

AMFT 104697

Bakersfield, CA

CRIMINAL CHARGES/CONVICTIONS

Action: Registration revoked, revocation stayed, and placed on probation for a

CONTINUED ON PAGE 14

FORMAL DISCIPLINARY ACTIONS CONTINUED FROM PAGE 13

period of five (5) years with terms and conditions.
Effective: 2/21/2018

Jose Margarito Martinez
AMFT 104695
Lakewood, CA

CRIMINAL CHARGES/CONVICTIONS
Action: Registration revoked, revocation stayed, and placed on probation for a period of three (3) years with terms and conditions.
Effective: 2/21/2018

Gabriel Mejia
LCSW 26412
Patton, CA

CRIMINAL CHARGES/CONVICTIONS
Action: Licensed revoked, revocation stayed, and placed on probation for a period of four (4) years with terms and conditions.
Effective: 2/1/2018

Angiolina Campo Mohi
AMFT 80458

Chula Vista, CA
CRIMINAL CHARGES/CONVICTIONS
Action: Registration revoked.
Effective: 2/1/2018

Julann Laurie Nickolaisen
LCSW 14377

Thousand Oaks, CA
UNPROFESSIONAL CONDUCT
Action: Licensed revoked, revocation stayed, and placed on probation for a period of three (3) years with terms and conditions.
Effective: 3/22/2018

Laura Elizabeth Robbins Rios
AMFT 105512
Modesto, CA

CRIMINAL CHARGES/CONVICTIONS
Action: Registration revoked, revocation stayed, and placed on probation for a period of three (3) years with terms and conditions.
Effective: 3/29/2018

Elsa Salguero
LMFT 32896
North Hollywood, CA

FRAUD
Action: License surrendered.
Effective: 2/1/2018

Jessica Steffan
AMFT 104313
Escondido, CA

CRIMINAL CHARGES/CONVICTIONS
Action: Registration to be issued, then revoked, revocation will be stayed, and placed on probation for a period of four (4) years with terms and conditions.
Effective: 2/1/2018

Azadeh Taefi
AMFT 68747
San Dimas, CA

CRIMINAL CHARGES/CONVICTIONS
Action: Registration revoked.
Effective: 3/22/2018

Robert Lee Teister
LCSW 13627
Walnut, CA

CRIMINAL CHARGES/CONVICTIONS
Action: License revoked.
Effective: 2/1/2018

Monica Pauline Thirant
LMFT 104312
Redlands, CA

CRIMINAL CHARGES/CONVICTIONS
Action: License to be issued, then revoked, revocation will be stayed, and placed on probation for a period of three (3) years with terms and conditions.
Effective: 2/1/2018

Titus A. Thompson
AMFT 71149
Lawndale, CA

CRIMINAL CHARGES/CONVICTIONS
Action: Registration revoked.
Effective: 2/1/2018

DISCIPLINE CASES

JAN. 1–MAY 31, 2018

PROBATION

Wyatt Darling
LMFT 54058
Case No. 2002015001785
(1 year)

Kelly Marie Leon
LMFT 53047
Case No. 2002015001232
(3 years)

Ani Anna Marjanian
ASW Applicant
Case No. 2002017001727
(5 years)

Olga Nikolaevna Palmer
LMFT 47624
Case No. 200-2015-001649
(4 years)

Laura Julie Allyn Tomlinson
LCSW 28337
Case No. 200-2015-001093
(5 years)

Jamila Joelle Banks
IMF 69839
Case No. 2002017000991*
**Probation continued until July 16, 2022, under terms and conditions ordered under Case No. IM-2012-1387. Additional cost recovery in the amount of \$3,200.*

Michael John Rubino III
LMFT 33900
Case No. 2010-27*
**Probation extended by a year, to make a total of six years on probation, and required to take and complete a two-semester course on professional boundaries.*

Gregory Barajas
LCSW 27672
Case No. 200-2016-000265
(3 years' probation)

Gabriel Mejia
LCSW 26412
Case No. 200-2016-001534
(4 years' probation)

Jessica Steffan
IMF Applicant
Case No. 2002018000232
(4 years' probation)

CONTINUED ON PAGE 15



DISCIPLINE CASES CONTINUED FROM PAGE 14

Monica Pauline Thirant
LMFT Applicant
Case No. 2002018000197
(3 years' probation)

Luis Manuel Carias
AMFT 99609
2002015001646
(4 years' probation)

Edward Gallegos
AMFT 71751
2002016002061
(5 years' probation)

Mark Haywood Galyean
AMFT Applicant
2002017000755
(4 years' probation)

Lanelle Patrice Laws
AMFT Applicant
2002016001012
(5 years' probation)

Jose M. Martinez
AMFT Applicant,
2002017000808
(3 years' probation)

Evalyn Joann Beauchamp
ASW Applicant
2002017000808
(3 years' probation)

Julann Laurie Nickolaisen,
LCSW 1437
Case No. 2002015001619
(3 years' probation)

Anna Marie Jones
AMFT Applicant
Case No. 20020170006778
(5 years' probation)

Laura Elizabeth Robbins Rios
AMFT Applicant
Case No. 2002017000789
(3 years)

Rocheall L. Pierre
ASW Applicant
Case No. 2002016002131
(5 years' probation)

Terri Jean Decker-Chandler
LMFT 47830
Case No. 200-2016-000461
(5 years' probation)

William Kempton Bumiller
LMFT 53735
Case No. 200-2016-001330
(5 years' probation)

Wendy Maria Thomas
ASW Applicant
Case No. 2002018000239
(4 years' probation)

Tina Aghai
AMFT Applicant
Case No. 2002016000875
(DAR – 4 years)

Guadalupe Victoria Emerick
LMFT 96680
Case No. 200-2017-001315
(5 years)

Jessica Katherine Gasior
LMFT 88541
Case No. 200-2017-001411
(5 years)

Caroline Rose Iscovitz
AMFT 73243
Case No. 2002016001435
(DAR – 3 years)

Richard King Sinkiewicz III
LMFT 48353
Case No. 2002016001807
(5 years)

Lonnie Omer Woodley LEP
2441
Case No. 2002015000385
(3 years)

Zulekha Pearl Williams
APCC Applicant
Case No. 2002017001833
(5 years)

DEFAULTS

Angiolina Campo Mohi
IMF 80458
Case No. 200-2017-000783

Robert Lee Teister
LMFT 13627
Case No. 2002018000679

Titus a. Thompson
IMF 71149
Case No. 200-2017-000327

REVOCATION

Sabry E. Ramirez
AMFT 89648
Case No. 2002017002585
(Default)

Scott Richard Yettman
LMFT 38255
Case No. 2002017002379
(Proposed Decision)

Jessica Ann Coats
LMFT 51221
Case No. 2002017001838
(Stipulated Revocation)

Azadeh Taefi
AMFT 68747
Case No. 200-2015-002095
(Proposed Decision)

Shelley Diane Droescher
LCSW 20527
Case No. 2002018000646
(Default)

Shabana Malone
AMFT 71059
Case No. 2002016001558
(Default)

Beth-Ann Ogulnick
LCSW 23987
Case No. 200-2017-000995
(Default)

Amber Rose Morton Bedell
LMFT 46258
Case No. 200-2017-000628
(Default)

Adam Taveras
AMFT 75002
Case No. 2002017000855
(Default)

Kelly-Jo Chastain-Carlton,
LCSW 21057, Case No.
2002017000088 (Default)

SURRENDERS

Krystal Jaydenne Howard
APCC 2363
Case No. 2002018000220

Elsa Salguero
LMFT 32896
Case No. 2002016001158

Susan Catherine Holden
LCSW 25830
Case No. 2002018001442
(In-house)

Cindy Colleen Johnston
AMFT 8362
Case No. 200-2015-002042
(Stipulation)

Gary B. Robertson
LMFT 39996
Case No. 2002017001695

Debra Ann Bush
AMFT 82165 and APCC 1434
Case No. 200-2017-001825
(Stipulation)

Edgar Josue Rivera
ASW 66278
Case No. 200-2016-000253
(Stipulation)

Peter M. Bernstein
LMFT 7549
Case No. 2002016001955

Melissa R. Hazen
LMFT 35012
Case No. 2002017001438

Melissa Catherine Merrill,
AMFT 88054
Case No. 2002017000047

Patricia Ann Reynolds
APCC 1722
Case No. 2002017000970

Mark Ronald Sabo
AMFT 83627
Case No. 2002018001895
(in-house)

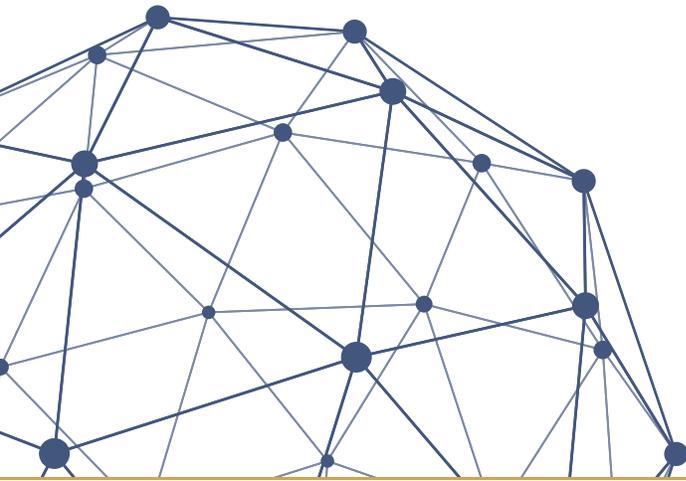
Sheila Rae Smith
LMFT 33287
Case No. 2002016001577



Board of Behavioral Sciences

CALIFORNIA
BOARD OF BEHAVIORAL SCIENCES

1625 N. Market Blvd., Suite S-200
Sacramento, CA 95834



UPCOMING MEETING DATES

Board Meetings

Sept. 12–14Sacramento
Nov. 28–30Orange County

Policy and Advocacy Committee

Oct. 19Sacramento



CALIFORNIA
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