



Examining Board of Psychology Newsletter September - December 2012 Edition

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Message from the Chair, Christine Guzzardo, Ph.D.

I hope you all had a very fulfilling holiday season. We wish you all a happy and healthy New Year. The board is looking forward to a very productive and rewarding year.

I would like to bring you up-to-date on a couple of items I think are very important to Washington State psychologists.

The board is working with the Department of Health (department) to get a licensing fee decrease. [RCW 43.70.110](#) requires fees be set to run the program without creating a deficit or a large surplus of money. The department annually analyzes the revenue and expenses for all professions considering past, current, and future biennia to determine if a profession's revenue is sufficient to administer the program.

It appears that a reduction to the renewal fee is necessary. The department is running projections to determine the proper fee reduction. Any reduction to the renewal fee will be welcomed.

I would also like to bring you up-to-date about the newsletter publishing dates. The newsletter will be published in January and July. Because the board meets every two months, we have found it a little difficult to do a quarterly newsletter.

As I stated before, I think this newsletter has a tremendous connection with our profession and the public. We will strive to do the best job we can to keep you updated with what we feel is important.

Governor
Jay Inslee

Department of Health
Mary C. Selecky, Secretary

Bob Nicoloff
Executive Director

[Betty Moe](#)
Program Manager

Board Members

Christine Guzzardo, Ph.D., Chair

Tom Wall, Ph.D., Vice-Chair

Timothy Cahn, Ph.D.

Decky Fiedler, Ph.D.

Ray Harry, Public Member

Janet Look, Ed. D.

Shari Roberts, Public Member

Jorge Torres-Saenz, Psy.D.

David Stewart, Ph.D.

Continuing Education in Suicide Assessment

Engrossed Substitute House Bill (ESHB) 2366 (chapter 181, Laws of 2012) creates a new continuing education requirement for psychologists. The Examining Board of Psychology (board) has drafted proposed rules establishing continuing education (CE) requirements in suicide assessment, treatment, and management. The rules provide clarification regarding what topics are needed in an approved course, and to help clarify the CE due date.

The proposed rules, as drafted, require licensed psychologists to complete six hours of continuing education in suicide assessment, treatment, and management every six years. The board believes that requiring psychologists to obtain six hours of continuing education every six years will reduce psychological service consumer's morbidity and mortality by standardizing the detection, assessment, and management of patients at elevated risk for suicidal behaviors.

Once the rules have been approved by the Department of Health, they will be sent out to the listserv for review and comment. The board anticipates a hearing on the proposed rules to occur during the March 15 board meeting.

Disciplined Psychologists

Below are summaries of interim suspensions and final actions taken by the board last quarter. We did not list Statements of Charges, Notices of Decision on Application, Modifications to Orders, or Termination Orders. You can find all orders using the provider credential search tool:

<https://fortress.wa.gov/doh/providercredentialsearch/>.

Formal Actions

In November 2012 the Examining Board of Psychology indefinitely suspended the credential of psychologist Kristi L. Mix, also known as Kristi L. Breen (PY00002298). The board determined that Mix is unable to practice with reasonable skill and safety, and set terms and conditions that must be met before she may request reinstatement.

In October 2012 the Examining Board of Psychology immediately suspended the license of Seattle psychologist Wendy Woodard (PY00001980). Charges by the Examining Board of Psychology say Woodard is unable to practice with reasonable skill or safety due to a physical or mental condition.

“The “Cultural Competency” Standard – a Forensic Application”

In a case of first impression, the Washington State Supreme Court (Court) recently addressed how “cultural competency” can apply when a psychologist performs a forensic evaluation. See, *State v. Sisouvanh*, __P.3d__, 2012 WL 4944801 (Wash.). This decision provides a useful overview of how this state's highest court sees “cultural competency” as a potentially indispensable component (in an appropriate case) for a qualifying forensic evaluation. The decision is also instructive for how the Court considered as sufficient the steps and rationale used by the psychologist to achieve relevant cultural competency.

Ms. Sisouvanh, the defendant, appealed her conviction of aggravated first degree murder. She challenged a court-ordered evaluation that concluded she was competent to stand trial. Sisouvanh argued that the psychologist “failed to properly account for her distinct cultural background as a Laotian immigrant.” The Court reviewed evidence of the psychologist's “cultural competence” for whether the forensic assessment was

conducted in a “qualified manner.” The Court concluded that the record supported the trial court’s conclusion that the psychologist who conducted the competency evaluation had sufficiently demonstrated cultural competency.

Because a criminal defendant’s competence to stand trial affects her constitutional rights, the trial court will order a forensic examination when a defendant’s competence is at issue. See, RCW 10.77.060. The court-appointed psychologist conducted Sisouvanh’s competency evaluation and concluded she was competent to stand trial based on her ability to attend, rationally understand, and communicate. At the competency hearing, using testimony of its own psychologist expert, the defense argued that Sisouvanh did not receive a qualifying evaluation because the court-appointed psychologist failed to obtain sufficient background information and learn enough about the defendant’s culture.

The Court recognized that the trial court should order a new evaluation if the original evaluation was conducted “in a substantially unqualified manner.” The Court noted that there is no general rule “governing the adequacy of competency evaluations in every case” and that “the mental health field is ‘a discipline fraught with subtleties and nuances’” The Court quoted from forensic treatises regarding the absence of consensus on a standard practice or protocol for such examinations. However the Court recognized that “the basic need for cultural competency on the part of an expert . . . conducting a competency evaluation is important and indisputable.” In support of this conclusion the Court cited as persuasive sources such as the American Psychological Associations “Specialty Guidelines for Forensic Psychology.”

Although the *Sisouvanh* decision establishes precedent for forensic evaluations required in criminal cases, I suggest that the Court’s discussion of the relevance of and standards for “cultural competency” can be viewed as potentially applying to clinical practice. The Examining Board of Psychology’s rules include standards applicable to cultural awareness and competency. A core practice standard is the general “limits on practice” “competence” rule, WAC 246-924-353(1). In the forensic context, the “parenting evaluation” rule, WAC 246-924-445, requires assessment of “relevant ethnic and cultural issues.”

When a client presents with obvious cultural issues, the *Sisouvanh* decision is persuasive authority for why any psychologist conducting a forensic evaluation should become culturally competent or should refer the evaluation to others who are qualified. See, WAC 246-924-353. Another “take away” from *Sisouvanh* is that the “cultural competency” standard requires the psychologist to take necessary steps to become culturally competent when accepting a referral and before providing the assessment—not that the psychologist must be culturally competent before accepting the referral. Similar considerations appear relevant for clinical practice outside of the forensic context.

Mark Calkins, Assistant Attorney General

Notes:

The opinions expressed in this article are solely those of the author and do not represent an opinion or position of the Board or an opinion of the Office of the Attorney General.

Published opinions of the state’s three appellate court divisions and the State Supreme Court can be found through the Supreme Court website (<http://www.courts.wa.gov/opinions/>) at the following link: www.legalWA.org. All of the RCWs and WACs can be found on links at the Office of the Code Reviser website <http://www.leg.wa.gov/CodeReviser/Pages/default.aspx>.

The Public Member: One Viewpoint

Shari Roberts, Public Member

Why are there two non-clinical public members on the board? What do they do? What's their purpose? Okay, fair questions. While I can't speak for the Legislature's intent when they passed the law, it's a good bet that it wanted the public's (read that "patient's" or "consumer's") interests to be represented. And these two members take that responsibility very seriously.

What do public members do? They act as reviewers on many of the complaints handled by the board that involve non-medical matters. Examples of these include instances of unprofessional behavior, boundary violations, criminal convictions, alcohol or chemical addiction, questionable license applications, sexual misbehavior, and improperly kept medical records. Public members serve capably as the primary reviewer on such cases.

Public members also sit on various panels that process the work of the board. They serve on hearings, which are similar to formal trials where cases are presented in non-technical terms by attorneys. They participate on the Case Management Team, which initially determines whether a complaint indeed describes a violation, and so would merit a formal investigation and review. And the public members have an equal vote on all decisions they participate in.

2013 Meeting Dates

March 15, 2013	Department of Health, Town Center 2, 111 Israel Road SE, Tumwater, WA
May 17, 2013	Spokane – TBD
July 19, 2013	Kent-TBD
September 20, 2013	Department of Health, Town Center 2, 111 Israel Road SE, Tumwater, WA
November 15, 2013	Kent - TBD

Do you have ideas or suggestions for future Board newsletters? Is there something specific that you think we should address or include? Please submit suggestions to:

Betty.Moe@doh.wa.gov