



D.C. Board of Psychology

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YOUR MAILING ADDRESS

Changing your mailing address? Send your name, mailing address, and license number to:

Board of Psychology
Processing Department
Address/Name Change
717 14th Street, NW
Suite 600
Washington, DC 20005



Government of the District of Columbia
Adrian M. Fenty, Mayor



Fall 2010

LETTER FROM THE CHAIR

At the beginning of this year I was appointed Chair of the Board of Psychology. Although a member of the Board for several years, becoming Chair has been a totally eye-opening and amazing experience. As psychologists, we know that to serve others is not only altruistic, but also can help provide a profound sense of what is and is not important in our lives. For me, it has been an honor and a privilege to be of service to my fellow psychologists, the community, and the citizens of the District of Columbia.

The mission of the Board, of course, is to regulate the practice of psychology in order to ensure public safety and to ensure the highest standards of professional practice are maintained. The members of the board (four psychologists and a non-psychologist consumer member) work in tandem with an outstanding professional staff to maintain a vigorously energized and engaged Board. The first half of all board meetings are open to the public, and I encourage you to come and join us—to make inquiries or just to observe.

Briefly, I would like to share two recent endeavors of the Board. One has been to revise the District of Columbia Jurisprudence Examination. It was last revised in the early 1990s and is desperately in need of revision. The Board engaged Norman Hertz, PhD, as the consultant for this project. He has worked with other state boards of psychology on similar revisions. We are so very pleased to have his support on this project. Of course, in order for him to succeed it requires the support of psychologists to review relevant documents and to serve as item writers. The response of DC psychologists eager to participate in this effort has been no less than overwhelming. I thank all of you: those who offered to serve, those who serve on this project, and those who were not available but have shared their interest and support for the project.

Also, the Board has developed regulatory standards for the practice of Psychology Associates whose work must be supervised by licensed psychologists. Before the regulations become final, by a vote of the City Council,



Barbara T. Roberts, PhD

they must be reviewed for legal sufficiency by the office of the District Attorney and made available to the public for review and comment.

As the Chair, I hope to use this column to begin a dialog on ways the Board can bring both extra added value and facilitate the demands of the work psychologists perform so ably each and every day. Please contact me if you have inquiries about any regulatory issue, or to suggest ways in which we can improve the mission of the Board.

Barbara T. Roberts, PhD
Chairperson
DC Board of Psychology

ALL PSYCHOLOGY LICENSES WILL EXPIRE ON DECEMBER 31, 2011.

Upcoming Board Meetings The DC Board of Psychology

MEETS
**THE THIRD FRIDAY
OF EACH MONTH**
AT
10:00 AM
at 717 14th St., NW
10th Floor
Washington, DC 20005

Time is allocated at each Board Meeting to allow the public an opportunity to speak to the Board. Please notify us in advance if you plan to attend a meeting by sending an email to hpla@dc.gov.

YOUR EMAIL ADDRESS NEEDED:

**HELP US
TO STAY
IN TOUCH
WITH YOU!**

Please send an email informing the Board of your email address to:

**MAVIS.AZARIAH@
DC.GOV**

The Board will be distributing the Board newsletter electronically.

2011 IS THE YEAR TO RENEW! All licensees will be able to begin to access renewal forms online beginning in October 2011.

Please remember that only CEUs obtained in the two years immediately preceding the renewal date will be accepted. You are to have completed 40 CEUs at the time of renewal. CEUs are not required for those who are first time renewal applicants who were licensed by exam or were enrolled in an approved training program during any part of the two-year period prior to approval.

All licenses expire on December 31, 2011. The renewal period will end midnight December 31, 2011. The Board of Psychology will conduct random CEU audits immediately following the renewal period.

YOU MAY RENEW YOUR LICENSE ONLINE AT WWW.HPLA.DOH.DC.GOV

TO RENEW ONLINE YOU MUST USE INTERNET EXPLORER 6.0 OR HIGHER AND PAY BY MASTERCARD OR VISA. OUR SYSTEM IS NOT COMPATIBLE WITH MOZILLA FIREFOX, GOOGLE CHROME OR SAFARI.

FOR NEW USERS: You must register to select a User ID and Password. In order to uniquely identify yourself to register to use our online application, you need to have your SSN handy and your last name (as it appears on your application/renewal notice or Weblookup) for an easy and quick registration. For existing users, you need to click on the log-in button and proceed from there with your User ID and Password.

Before you log-on to our website, please have these items available:

- Your Social Security number
- Your Visa or MasterCard, in order to pay your renewal fee of \$179 online.

WHEN YOU ARE READY TO LOG-ON TO OUR WEBSITE:

- Enter www.hpla.doh.dc.gov into the address field of your web browser
 - Click on Online License Renewal
 - Type in your Social Security number and last name and click on "Search" tab
 - At the Registration page, you must create a User ID and Password
 - Type in your newly-created User ID and Password and follow the step-by-step instructions to complete the renewal process.
- Please be sure to print out a copy of the "Confirmation Page" for your records.

AFTER YOU FINISH THE ON-LINE RENEWAL AT OUR WEBSITE, SEND US:

- If you do not currently have a photo on your license, you will need to send TWO (2) 2"x2" photos of yourself (identical passport-size photos; plain background, front-view, fade-proof), and write on the back of the photos your full name and license number or Social Security number.

• IF YOU ANSWER "YES" TO THE QUESTION IN "SECTION 6", PLEASE MAIL THE SUPPORTING DOCUMENT(S).

- Mail the items to: HPLA - ATTN: Psychology Renewal
717-14th Street NW, 6th Floor
Washington, DC 20005
- After 24 hours, you may verify your completed renewal at:
<http://hpla.doh.dc.gov/weblookup>

NOTE: You are not required to submit proof of having met your CE credit requirement with your renewal at this time. CEUs ARE NOT REQUIRED FOR FIRST RENEWAL.

TO REQUEST A PAPER RENEWAL APPLICATION OR APPLY FOR PAID INACTIVE STATUS, PLEASE VISIT OUR WEBSITE AT WWW.HPLA.DOH.DC.GOV OR CALL 1-877-672-2174 BETWEEN THE HOURS OF 8:15 AM AND 4:40 PM EST - MONDAY THROUGH FRIDAY.

BOARD OF PSYCHOLOGY THANKS OUTGOING CHAIR AND VICE CHAIR

The Board of Psychology presented plaques to outgoing Board Chairperson James E. Savage, Jr., PhD, and Vice Chairperson William H. Byrd, PhD. Dr. Savage and Dr. Byrd each served on the Board for approximately 12 years.

We thank Dr. Savage and Dr. Byrd for their expert leadership during their tenure on the Board.

Left to right:

*Dr. James Savage;
Health Regulation and
Licensing Administration
Senior Deputy Director
Dr. Feseha Woldu;
Dr. William Byrd; and
Board of Psychology Executive
Director Bonnie Rampersaud.*



The Board of Psychology presented a plaque to outgoing **CONSUMER BOARD MEMBER SELERYA O. MOORE, MA.**

Ms. Moore (at center) was recognized by Board Chair Barbara T. Roberts, PhD and Board ED Bonnie Rampersaud for her years of dedicated service and commitment to protecting the safety of the public. Ms. Moore was instrumental in working with fellow board members on the 2009 issue of the Board of Psychology newsletter.

Left to right: Board of Psychology Chair Dr. Barbara Roberts, Ms. Selerya Moore, and Executive Director Bonnie Rampersaud.

HONESTY IS THE BEST POLICY: REPORTING DWIs, DUIs, AND OWIs

by Melissa Musiker, MPP, RD, LD

According to a 2009 National Highway Transportation Safety Administration report, in 2008, an estimated 11,773 people died in drunk driving crashes involving a driver with an illegal (0.08 or greater) Blood Alcohol Content (BAC). These deaths constitute 31.6 percent of the 37,261 total traffic fatalities in 2008. There are increasing reports of people who think “driving while buzzed” is not as dangerous as driving while intoxicated. This is not the case. In Washington, DC any amount of drinking and driving can be cause for legal action. Washington, DC has three different types of “drunk driving” violations:

- 1. Driving While Intoxicated (DWI)** is the act of operating or being in physical control of a motor vehicle with a blood alcohol level of 0.08 or higher.
- 2. Driving Under the Influence (DUI)** is the act of operating or being in physical control of a motor vehicle “under the influence of alcohol” and this can mean a blood alcohol level as low as 0.05 or if you show that you are impaired by alcohol to an “appreciable degree.”
- 3. Operating While Impaired (OWI)** is the act of operating or being in physical control of a motor vehicle while you are so affected by the consumption of alcohol that it impairs your ability to operate a motor vehicle in the same way a reasonably careful and prudent driver, not so impaired, would operate a vehicle in similar circumstances.

Most people are probably familiar with DWI and DUI, however they may not be aware of the OWI law in DC. One need not have an illegal BAC or fail a field sobriety test to be convicted of an OWI. OWI is the easiest of the three types of “drunk driving” violations for a prosecutor to prove and as a result the penalties for an OWI conviction are lighter than those for a DUI or DWI.

Question 7b on the application for licensure asks if you have ever been convicted or investigated of a crime or misdemeanor (other than minor traffic violations). Despite the low threshold for proof, an OWI conviction or investigation must be reported on your application for licensure. The Board takes an OWI conviction just as seriously as we would a conviction for a DWI or DUI. Answering “yes” to question 7b is not cause for automatic exclusion from licensure. Each application for licensure that has a “yes” to question 7b is reviewed individually. As always, honesty is the best policy.

IMPAIRED OPERATION OF A VEHICLE: PLEASE NOTE THAT, IN ADDITION TO ALCOHOL, IMPAIRMENT CAN ALSO BE CAUSED BY LEGALLY-OBTAINED MEDICATIONS OR ILLEGAL SUBSTANCES.

INDIVIDUALS WHO HAVE NOT RENEWED

ACOSTA-PRICE, OLGA M.	COOK, SHELBY H	JONES, SAMMIE CORBINA	SCIALLI, PETER M
ADAIR, ALVIS V.	COOPER, SPENCER L	KAINER, ROCHELLE G	SELOVE, REBECCA J.
ALLEN, CHRISTEEN	CROWE, PATRICIA B	KAPLAN, MYRA	SHAPIRO, MARLA B.
ALTSCHUL, ELIOT B.	DALTON, SEAN A.	KASPER, SANDRA L.	SILBER, DAVID E
ARMSTRONG, POLLY M	DECKER, LOUIS R, PHD	KING, REBECCA	SULLIVAN, CYNTHIA L
BAGSTER-COLLINS, RICHARD D	DIXON, VIRGINIA D	KNEDLER, THOMAS I., JR	TAMULEVICH, MARIANNE
BARNETT, JIM	DONAHUE, MARY F R	KUELL, KAREN A.	TORRES, MATTHEW J
BASH, ISRAELLA Y	FERGUSON, ANGELA D., DR.	LANDSMAN, IRENE S	TSEMBERIS, SAM J.
BELCHER, RONALD G	FITZGERALD, STEPHEN J	MACLENNAN, BERYCE W	TURNER, STEFFIE
BOOMER, MENUCHA	GEDMIN, JEANA W.	MARTIN, STACIA C.	VINCENT, ADA E, PHD
BRANDON, MARIANNE	GIBBINS, SPENCER	MAYTORENA, SUSAN C	WEINSTEIN, HOWARD G
BROOKES, BERNARD L.	GILBERT, STEFANIE C	MCDONALD, SEAN P.	WEST, HELEN R
BROWN, CHRISTINE M	GOLDMANN, PETER L	PATTERSON, ROSEMARY W	WINE, BRUCE S.
BRUCE, JOHN B	GOMES, PAULA G, PSYD	PERLMAN, LEONARD G	WISE, JAMES H
CARIELLO, CHRISTINE M	GRAVITZ, MELVIN A	REICHARD, BIRGE D	WORD, JAMES C
CARO, JANICE E	GUTMAN, VIRGINIA	REISER, DEITRA L. G.	WYLIE, MAVIS L
CARRINGTON, CHRISTINE H.	GUTTERMAN, DEBORAH L	RIEGER, REBECCA E	YEVZEROFF, HARRIET J.
CARROLL, WILLIAM H	HO, STEPHANIE T.	RIVERA-SINCLAIR, ELSA A	ZAMSKY, ELISE S
CERTNER, BARRY C	HOFFENBERG, MURIEL S	ROSEN, BAILEY A	ZIMMERMAN, ISAIAH M.
CONNER, LATOYA C.	HORWITZ, GLENN P.	ROSENBAUM, LEONARD L	
	HUNT, THOMAS J		



Juliet Francis, PsyD

MEET BOARD OF PSYCHOLOGY MEMBER JULIET FRANCIS, PSYD

“One of the biggest challenges ahead is to ensure that all licensed psychologists are practicing within the scope of their license, and providing licensees under their supervision the guidance needed to ensure that they are practicing within the guidelines of the law and ethical principles of our profession.”

When were you appointed to the Board?

I was appointed to the Board and sworn in November 2009.

Why and how did you first get involved with the Board? What sparked your interest in serving as a Board member?

I became involved with the Board after being encouraged and nominated by a former Board member. My interest as a Board member was sparked by the Board’s mission and purpose and to serve the citizens of the District of Columbia.

Is there any aspect of your service as a Board member thus far that has surprised you (or has the experience been what you expected it to be)?

I have really been surprised by the issues and types of complaints against psychologists that has been presented to the Board. I have also been impressed with the role the Board must take in protecting the public, as well as investigating the legitimacy of the complaint.

What knowledge or skills have you developed as a Board member that you had not developed before?

I have become more knowledgeable about

psychology and the law and the kinds of disciplinary actions and orders that can be leveraged against psychologists who have acted contrary to practice regulations for psychology in the District of Columbia.

Has your employment history or personal background prepared you for being an effective Board member? If so, how?

Absolutely, I believe both my employment history and personal background has prepared me for being an effective Board member. I have been able to use my training and clinical experience as a practicing psychologist in analyzing clinical complaints presented to the Board. My employment history guided me in providing direct services in both the private and public sector. I have been an administrator, supervisor and provided direct services. In my various roles as a psychologist I have been exposed to a variety of clinical issues and was able to conduct myself with the utmost professionalism when it comes to dealing with clients and the public.

During your tenure as a member, what do you feel has been the greatest accomplishment of the Board?

The greatest accomplishment of the Board is being able to work on revising the **JURISPRUDENCE EXAM** and implementing the **PSYCHOLOGY ASSOCIATES REGULATIONS** that will help to expand the practice of psychology for those in that gray area who want to be in compliance with the regulations in practicing psychology.

What challenges lay ahead for the Board? What future goals do you have as a Board member?

One of the biggest challenges ahead is to ensure that all licensed psychologists are practicing within the scope of their license, and providing licensees under their supervision the guidance needed to ensure that they are practicing within the guidelines of the law and ethical principles of our profession.

Is there anything about the District of Columbia or the DC population that poses a unique challenge to your profession?

A unique challenge to the profession of psychology is to continue to work on dispelling the myth of the practice of psychology. It is imperative to assist consumers to become aware of mental health services, as well as

to educate them about the importance of the need to seek services when needed. This is especially true for males in general and African-American males in particular.

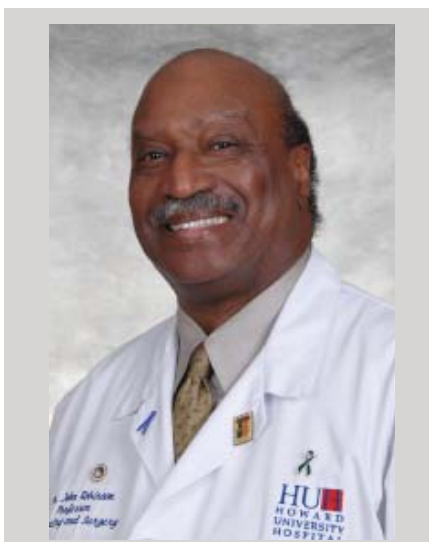
What advice would you give someone who is thinking about applying to serve on the Board?

I would tell anyone wanting to serve on the Board to be prepared to work. The Board needs dedicated and energized individuals. The work is very important, exciting, time consuming, but also very rewarding in serving your fellow psychologists, and consumers. This is also a way to give back and be in line with the ethics code.

What advice would you give to your licensees regarding their relationship with the Board or Health Professional Licensing Administration?

It is essential that licensees become familiar with the Board and its activities. Their involvement and interaction with the Board would help them to stay abreast with the regulations and current practices of psychology in order to be compliant with the law.

Licensees are invited to sit in on the Open Session of the Board meeting that is open to the general public.



John D. Robinson,
EdD, MPH, ABPP, FACHP

MEET BOARD OF PSYCHOLOGY VICE CHAIR JOHN D. ROBINSON, EDD, MPH, ABPP, FACHP

"I was appointed to the Board in November 2009 for my current term. My initial appointment to the Board was by Mayor Sharon Pratt-Kelly in 1994 and reappointed by Mayor Marion Barry. I have served as a board member, vice chair, chair, acting chair, and now as vice chair."

When were you appointed to the Board?

I was appointed to the Board in November 2009 for my current term. My initial appointment to the Board was by Mayor Sharon Pratt-Kelly in 1994 and reappointed by Mayor Marion Barry. I have served as a board member, vice chair, chair, acting chair, and now as vice chair.

Why and how did you first get involved with the Board? What sparked your interest in serving as a Board member?

I first got involved with the Board in 1994 when I was initially appointed. I have served as a consultant to the Massachusetts, Virginia, and Louisiana boards. In addition, I have served as president of the American Board of Clinical Psychology of the American Board of Professional Psychology (ABPP) and am currently president of the American Board of Clinical Health Psychology of ABPP.

Is there any aspect of your service as a Board member thus far that has surprised you (or has the experience been what you expected it to be)?

The experience has been what I expected, especially since I have served on the Board previously. I am, however, very pleased with the amount and quality of the staff support the Board now has. That was not true with earlier terms.

Has your employment history or personal background prepared you for being an effective Board member? If so, how?

Having been active with professional affairs with the American Psychological Association has been helpful. Also, as a former university dean and vice chancellor I have administrative and management experience that is helpful. In addition, I am a former director of training for a psychology academic program and a psychology internship/residency program. As a professor of psychiatry and surgery at Howard University College of Medicine, I work daily in the field of mental

and physical health as I had at previous universities such as Georgetown, Harvard, Tulane, etc.

During your tenure as a member, what do you feel has been the greatest accomplishment of the Board?

The revision of the psychology **JURISPRUDENCE EXAM** is a major accomplishment.

What challenges lay ahead for the Board? What future goals do you have as a Board member?

The major challenge for the Board is to continue to be able to monitor the practice of psychology in the District, especially with the advances of the electronic age and distance learning.

Is there anything about the District of Columbia or the DC population that poses a unique challenge to your profession?

The tri-state area has unique challenges. Keeping pace and coordinating laws, rules, and regulations in this area is important to enhance mobility of psychology professionals.

What advice would you give someone who is thinking about applying to serve on the Board?

It is not an easy job. It requires dedication with no financial reward. A knowledge of how other jurisdictions operate is essential to keep pace with current practices. The District's laws, etc., should not be so different from other jurisdictions as to inhibit professional mobility and discourage psychologists from practicing in the District. It is an honor to be able to serve the public in this manner and remember—you work for the citizens of the District of Columbia and are responsible to them.

What advice would you give to your licensees regarding their relationship with the Board or Health Professional Licensing Administration?

The Board is here to work with you and to protect you. Feel free to make inquiries of the Board if you have questions or concerns. Also, please respond to requests from the Board in a timely manner.



Joshua Friedlander, PsyD

MEET BOARD OF PSYCHOLOGY MEMBER JOSHUA FRIEDLANDER, PSYD

When were you appointed to the Board?

May 5th, 2010.

Why and how did you first get involved with the Board? What sparked your interest in serving as a Board member?

I became interested in serving on the Board as a continuation of my interest in public service after I completed my active-duty obligation with the U.S. Army.

What knowledge or skills have you developed as a Board member that you had not developed before?

I developed a greater appreciation for the standards that are in place to protect the public from malpractice.

Has your employment history or personal background prepared you for being an effective Board member? If so, how?

I think my experience in the U.S. Army as a clinical psychologist has provided me with clinical experience and leadership experience which will help me contribute to the Board.

During your tenure as a member, what do you feel has been the greatest accomplishment of the Board?

I have not been on the Board long enough to answer this question.

What challenges lay ahead for the Board? What future goals do you have as a Board member?

I would like to continue to promote the profession of clinical psychology in Washington DC as a board member.

What advice would you give someone who is thinking about applying to serve on the Board?

Continue to think about how their participation can expand the role of clinical psychology as a profession in DC.

What advice would you give to your licensees regarding their relationship with the Board or Health Professional Licensing Administration?

Continue to pursue the highest standards and pursue continuing education. This will ensure the public receives the best possible care.

"I think my experience in the U.S. Army as a clinical psychologist has provided me with clinical experience and leadership experience which will help me contribute to the board."

WHEN YOU MOVE (OR CHANGE YOUR NAME)

Licensees sometimes forget to inform the Board of Psychology when they move or change names. If we do not have your current address, you may not receive your renewal mailing because we may send it to your former address. **All name and address changes must be submitted in writing to our office within 30 days of the change.** Failure to do so may result in a \$100 fine per section 16A DCMR § 3201.1 (d). Please include your name, address, Social Security number, and license number, if you know it. If you have a name change, you must also enclose a copy of your certificate of marriage, divorce decree, or court order that authorizes the change. Fax your request to (202) 727-8471, or mail your name and address change to:

DC Board of Psychology
Attn: Processing Department
Address/Name Change
717 14th Street, NW
Suite 600
Washington, DC 20005

THE NEW SAINT ELIZABETHS HOSPITAL



ST. ELIZABETHS CEO
PATRICK J. CANAVAN, PsyD



SAINT ELIZABETHS HOSPITAL has treated people with serious mental illness for more than 150 years. Created by Congress in 1855 at the urging of mental health reformer Dorothea Dix, Saint Elizabeths was the nation's first federal psychiatric institution. In recent years, the hospital has gained a renewed sense of mission, implementing a series of reforms and initiatives to improve the quality of care and to more effectively reintegrate people into the community. One of these reforms is person-centered treatment planning, a holistic and individualized approach to mental health treatment that seeks to utilize each person's strengths and available supports to achieve positive outcomes. The struggle with the aging physical plant and outmoded designs of the old buildings ended in April 2010 with the opening of a new hospital facility—approximately 450,000 square feet—and features a state-of-the-art design.

A NEW HOSPITAL TO SUPPORT A RENEWED MISSION: The Saint Elizabeths Hospital of today remains one of the nation's leading psychiatry hospitals with training programs in Psychiatry, Psychology, Dentistry, and Clinical Pastoral Education. The Hospital cares for individuals in the forensic, or court-ordered, program and individuals who are under civil commitments.

- **Residential Areas:** Individuals receiving treatment at Saint Elizabeths live in small "pods"—units of 25 or so single bedrooms—that are designed to keep them comfortable, active, and safe. Each bedroom has an exterior window for plenty of outdoor lighting. Each pod has space for dining, activities, therapy, and medical care and provides access to an outdoor garden terrace.
- **Space for Recovery-based Treatment:** Individuals receiving treatment spend their days in the Therapeutic Learning Center, which provides therapy, life skills training, and other activities. Their daily lives reflect the rhythm of the outside world; eating breakfast and dinner at home and working, learning, and eating lunch outside the home during the day.
- **Low Environmental Impact:** A number of features reduce the carbon "footprint" of the building. Among them is a 32,000 square foot Green roof that insulates the building and provides a natural habitat in an urban setting.
- **Food and Nutrition:** The quality of food served at the Hospital has increased dramatically. Meals are prepared using the same "cook/chill" process that airlines use to prepare meals for first-class passengers.

- **Community Access:** The new Hospital has a 250-seat auditorium that provides a venue for musical and theatrical performances by individuals in care at the Hospital. The auditorium is also used for training, meetings, and event space for the community. The Hospital also has an outdoor stage used for our Summer Concert Series. The community is always welcome.

- **Art and History:** A museum near the main entrance to the Hospital narrates and animates the Hospital's ground-breaking history. Art commissioned by the DC Commission on the Arts and Humanities adorns the main entrance and corridors. Art created by individuals in the care of the Hospital is also displayed throughout the building.

The new Saint Elizabeths Hospital enables the District of Columbia to once again provide state-of-the-art inpatient care to individuals with serious mental illness. It represents a true renewal of the vision that Dorothea Dix gave the Hospital so many years ago.



BOARD MEETING AT ST. ELIZABETHS



<i>Health Professional Licensing Administration Supervisory Investigator</i> TIMOTHY HANDY	<i>Health Regulation and Licensing Administration Senior Deputy Director</i> DR. FESEHA WOLDU	<i>Health Licensing Specialist</i> MAVIS AZARIAH <i>(front); Intern</i> THELMA ABOAGYE	<i>Board of Psychology Vice Chair</i> DR. JOHN D. ROBINSON	<i>Board of Psychology Member</i> DR. JULIET FRANCIS	<i>Saint Elizabeths Director of Psychology, DR.</i> RICHARD GONTANG	<i>Saint Elizabeths Hospital CEO, DR.</i> PATRICK J. CANAVAN	<i>Saint Elizabeths Chief of Staff, DR.</i> BETH ROBERT GOUSE	<i>Director of Medical Affairs, DR.</i> ROBERT BENE-DETTI	<i>Board of Psychology Executive Director</i> BONNIE RAMPER-SAUD	<i>Board of Psychology Attorney</i> VAN BRATH-WAITE, ESQ.	<i>Board of Psychology Chairperson, DR.</i> BARBARA T. ROBERTS
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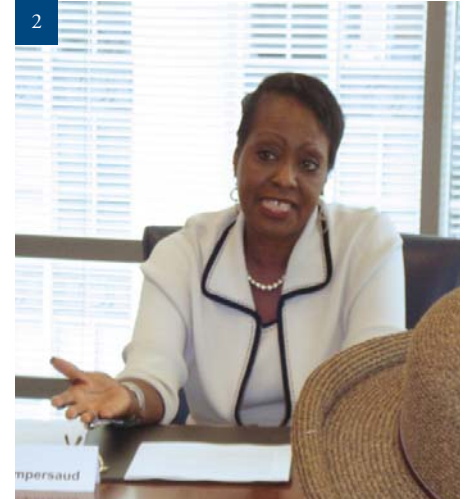
by Thelma Aboagye, Intern, Board of Psychology

The DC Board of Psychology and Health Professional Licensing Administration staff members recently visited the new St. Elizabeths Hospital facility at 1100 Alabama Avenue, SE, for their September 2010 Board meeting. Board members and staff had the opportunity to speak with hospital Chief Executive Officer Patrick J. Canavan and were briefed by the directors of the various hospital programs. Board members were not only informed about the new innovations, they got to see innovation in action. After the meeting, Dr. Richard Gontang, the Director of Psychology at the St. Elizabeths, took Board members on an exclusive tour. The tour gave Board Members the opportunity to familiarize themselves with the luxurious, ultramodern new facility.

(See p.8 for details on St. Elizabeths innovations.)



BOARD CHAIRS MEET WITH HOSPITAL ADMINISTRATORS AT DCHA



TO PROTECT OUR CITIZENS AND VISITORS

On July 14, 2010, Board Chairpersons and staff members from the Health Professional Licensing Administration (HPLA) met at the DC Hospital Association (DCHA) office to discuss the changes made in the HORA (Health Occupations Revision Act), and other items, with administrators from District of Columbia hospitals (human resource and compliance departments).

Topics included the DOs and DON'Ts of regulation, the purpose of licensure, the hiring process, in-service/ in-house training, what the boards require, and reporting.

HPLA Board attorneys were on hand to answer questions, as well as Senior Deputy Director Feseha Woldu and Bonnie Rampersaud, Executive Director of the HPLA Boards of Allied and Behavior Health.

Bills passed in 2009:

"Practice of Occupational Therapy Amendment Act of 2009"

"Practice of Polysomnography Amendment Act of 2009"

"Practice of Professional Counseling and Addiction Counseling Amendment Act of 2009"

"Practice of Psychology Amendment Act of 2009"

"Practice of Dentistry Amendment Act of 2009"

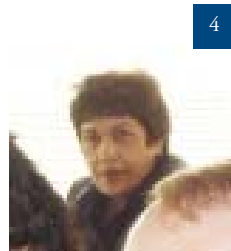
"Practice of Podiatry Amendment Act of 2009"

"Practice of Massage Therapy Amendment Act of 2009"

"Practice of Nursing Amendment Act of 2009"

"Practice of Medicine and Naturopathic Amendment Act of 2009", and the

"Health Occupations Revision Act General Amendment Act of 2009."



Photos:

- 1) HPLA/DCHA meeting begins at DC Hospital Association Board Room.
- 2) Bonnie Rampersaud, Executive Director of the HPLA Boards of Allied Health and Behavioral Health.
- 3-4) District of Columbia Hospital Representatives.
- 5) HPLA Attorney Van Brathwaite, HPLA Attorney Tonia Bair, Occupational Therapy Board Chair Frank Gainer.



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- 6) Chair of the Board of Respiratory Care, Carolyn Williams.
- 7) Chair of the Board of Occupational Therapy, Frank Gainer.
- 8) Meeting Facilitator, Acting Chair of the Board of Social Work, The Honorable Arlene Robinson (Retired), with HPLA Senior Deputy Director Fesheha Woldu.
- 9) Chair of the Board of Physical Therapy, Senora Simpson.
- 10) Chair of the Board of Professional Counseling, Victoria Sardi, with Health Licensing Specialist Gabrielle Schultz.
- 11) Chair of the Board of Psychology, Barbara T. Roberts.
- 12) DC Hospital Association Government Relations Analyst, Stephanie Jones.
- 13) District of Columbia Hospital Representatives.
- 14) Health Licensing Specialist Mavis Azariah, Health Licensing Specialist Fatima Abby, and Assistant Thelma Aboagye.



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FILING A COMPLAINT WITH THE BOARD

To file a complaint against a licensed Psychologist, simply write a letter that describes your complaint. The letter must be signed, and you should attach copies of any pertinent documents that you may have.

The letter must also include your address, so we may contact you as necessary and notify you of any findings.

PLEASE NOTE: You can print a complaint form from our website at www.hpla.doh.dc.gov

You should mail the complaint to:

DC Board of Psychology
717 14th Street, NW
Suite 600
Washington, DC 20005

You can also fax the complaint to the Board at (202) 727-8471.

If your complaint alleges unlicensed activity, you should address your complaint to:

Supervisory Investigator
717 14th Street, NW
Suite 1000
Washington, DC 20005

You can also fax your complaint about unlicensed activity to (202) 724-8677.

Please be advised that the health professional licensing boards do not have jurisdiction over fee disputes, except for billing for services that were not provided. If you have a fee dispute with a health professional, you can seek redress through the civil courts.

BOARD ORDERS

OCTOBER 2009 - OCTOBER 2010

A TOTAL OF 7

NON-PUBLIC ORDERS

WERE ISSUED BY THE

BOARD OF PSYCHOLOGY.

PUBLIC VS. NON-PUBLIC BOARD DISCIPLINE

Public Discipline: Disciplinary actions that are reported to the National Practitioners Data Bank and viewed at <http://app.hpla.doh.dc.gov/weblookup/>.

Non-Public Discipline: Disciplinary actions that constitute an agreement between the Board and the licensee and, if complied, are not made public.

PAID INACTIVE

If you intend to retire your license, or if you would like to place your license on Inactive Status, you must explicitly inform the Board of your intention before the renewal date expires. If you fail to pay renewal fees on time, your license is not inactive; it is delinquent (expired). It is unlawful to practice while your license is delinquent/expired.

ATTENTION LICENSEES:

HELP US TO STAY IN TOUCH WITH YOU!

Please send an email informing the Board of your email address at:

MAVIS.AZARIAH@DC.GOV

The Board will be distributing the Board newsletter electronically.

OPINION COLUMN

ETHICS: DUTY TO WARN, PROTECT DIFFERS IN HIV CASES

By Jeffrey E. Barnett, PsyD

This article was originally published in the The National Psychologist.

Q: A client who is HIV positive has disclosed to me that he is having unprotected sex with his partner. I believe he may be engaging in this behavior with others as well. I know this can be very dangerous behavior and I am wondering if I should report this and if so, to whom? Do all the same rules apply as with a threat made by a client to kill another person?

A: This is an excellent question that concerns a number of very important areas of ethics and practice. Relevant issues include informed consent, confidentiality and exceptions to confidentiality, laws concerning the duty to warn and protect when threats of dangerous behavior are made, and case law that may impact our actions in these areas as well. Most psychologists are familiar with the need to address threats to self or others as possible exceptions to confidentiality in the informed consent to treatment. By including these issues (among others) in the informed consent discussion clients then know that there are limits to confidentiality within the psychotherapy relationship. The Tarasoff ruling (1976) set a legal precedent to take certain actions when a client discloses a threat to do harm to a specific identified

victim or group of victims. Under this circumstance, the clinician generally must take actions to both warn and protect the intended victim(s). Warning involves making a good faith effort to contact the intended victim and protecting involves contacting the police and letting them know of this threat as well. But, beyond legal precedent, each state has its own laws regarding this issue. Some states have only a duty to warn law, some a duty to protect law, some both, and some states also include the option to address these issues in treatment prior to breaching confidentiality. Knowing your own state's laws is essential. But, these laws pertain to threats to harm to in the future. This potential exception to confidentiality is designed to seek a balance between the need for confidentiality in the psychotherapy relationship and the need to prevent harm to identified others. These laws do not pertain to past behavior. Additionally, they are typically thought to pertain only to threats to do lethal harm. The situation where a client who is HIV-positive or who has AIDS reports having unprotected sex with another person or having done so in the past raises a number of ethical challenges. First, past

behavior by itself does not trigger the need to breach confidentiality. Tarasoff-like laws pertain to threats to do harm in the future. The report of current unprotected sex with others also might be seen in the same way. Additionally, in the current day, the argument can be made that all individuals who engage in unprotected sex assume some responsibility for their behavior and for the potential consequences that may result. In this day of education about sexually transmitted diseases and the need for practicing safe sex anyone engaging in this high risk behavior may be considered to do so consensually, accepting the risks involved. Additionally, as treatments for HIV and AIDS have progressed, these diagnoses are no longer the guaranteed death sentences that they once were. As a result, the argument can be made the being infected with HIV will not necessarily be deadly, and not all individuals who have HIV transmitted to them will become infected by it. Thus, as Chenneville (2000) points out, questions about intent to do harm, likelihood of actual harm occurring, the inability to know the identity of future sexual partners, and the likely presence of consent to engage in these behaviors by others separates this situation from those typically

considered under Tarasoff. Irrespective of this line of thinking, psychologists must also consider their roles as psychotherapists when working with clients who report engaging in these high risk behaviors. Rather than solely focus on decisions about breaching confidentiality clinicians should consider how to address these issues as treatment issues with their clients. Careful attention to these situations in treatment, addressing underlying issues, helping the client to consider the consequences of these actions, and working to resolve these issues in treatment are all important. Perhaps the most important issues for psychologists are informed consent with our clients and the open discussion of these issues with them. We should fully inform clients of potential limits to confidentiality from the outset of the psychotherapy relationship. If disclosures to others are to be considered, this should be agreed to by clients prior to them sharing their personal information. All discussions of these issues should be documented as part of the treatment plan along with all recommendations made to clients. If the high risk behaviors can not be effectively addressed in

Continued on
bottom of page 14.

KUDOS TO DC PSYCHOLOGISTS!

by Thelma Aboagye, Intern, Board of Psychology



Thelma Aboagye

The Board sought the assistance of licensed Psychologists in the District of Columbia to participate in Focus Group sessions for the DC Jurisprudence Exam for DC psychologists. The response from the psychology community was overwhelming; this necessitated the creation of a name pool of psychologists which will be used in the subsequent sessions for the Focus Group.

The first group of Item Writers met on Tuesday, October 19 and Wednesday, October 20, 2010 and was led by Dr. Norman Hertz PhD from the Comira Testing Service, to design a current, valid and reliable instrument for the exams. The group brainstormed through the Regulations governing the practice of Psychology in the District and they came up with approximately 25 questions which are currently being discussed and reviewed.

Subsequent focus group meetings will be held on the Thursday, November 18 and Friday, November 19, 2010; Tuesday, December 6 and Wednesday, December 7, 2010; and Monday, January 10, and Tuesday January 11, 2010, respectively. The questions generated from the focus group will be kept in a databank and used for the DC's psychology Jurisprudence Exam.

The final questions generated will be utilized in evaluating the knowledge base of potential psychologists on the laws governing the practice of psychology in the District of Columbia.



Interested in serving as an Exam Item Writer? To have your name added to the pool of potential writers: call (202) 442-4782 or email mavis.azariah@dc.gov.

Photos from DC Jurisprudence Exam Focus Group sessions on page 14 & 15.

Continued from page 13

treatment and if a disclosure is to be made by the psychologist, it is important to first encourage the client to make the disclosure, and if that is not possible, the client should be informed again of the informed consent agreement and of the psychologist's specific intention to make the disclosure. But, before taking such actions psychologists should consider the potential impact of such actions on the psychotherapy relationship and process (Chenneville, 2000). Thus, the short answer to your question is that Tarasoff-

like laws do not typically apply to this situation, but because the possibility of harm to others may exist, if one wants to be able to make such disclosures, they must first be addressed in a comprehensive informed consent process (if allowed legally in your state). In some states, specific laws may prohibit the reporting of HIV status (e.g., Wisconsin) and others may require it (e.g., Washington). Thus, knowledge of your state's laws is essential before proceeding. But, when legally allowed, because of our obligations to our

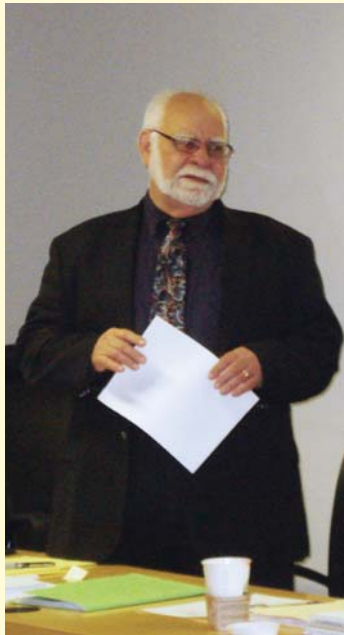
clients it is best to address these situations as treatment issues and to only consider disclosure if that fails and if the risk of harm to others is considered great and if the identity of the other individuals is known. But,

as Chenneville (2000) suggests, when making such disclosures, it would be best to notify the other individual that they have been exposed and need to be tested without identifying the name of your client.

REFERENCES

- ANCAHRD/CTARC Bulletin. (February, 2001). Guidelines for the management and post exposure prophylaxis of individuals who sustain nonoccupational exposure to HIV. Online: <http://aids.about.com/od/hivaidsstats/f/infectionrisk.htm>.
- Chenneville, T. (2000). HIV, confidentiality, and duty to protect: A decision-making model. *Professional Psychology: Research and Practice*, 31(6), 661-670.
- Tarasoff v. Regents of the University of California*, 551 P.2d 334 (Ca. Sup. 1976).

PSYCHOLOGY EXAM ITEM WRITERS MEET FOR INITIAL FOCUS GROUP SESSIONS AT HPLA





Health Professional
Licensing Administration

Address
DC Board of Psychology
717 14th Street, NW
Suite 600
Washington, DC 20005

Phone
(202) 724-8865

Webpage
www.hpla.doh.dc.gov

DC Government website
www.dc.gov

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To use HPLA's website to check and verify a license, go to: www.hpla.doh.dc.gov

UPCOMING CRIMINAL BACKGROUND CHECK FOR NEW APPLICANTS

Beginning in November 2010, new applicants for a health care license, registration or certification will need a criminal background check as part of the licensure process. The new rules are set forth in the Title 17 of the District of Columbia Municipal Regulation Chapter 85. The cost will be fifty dollars (\$50) payable at the time the application is submitted. Applicants will need to start the process by going to the DC Metropolitan Police Department to have their fingerprints taken or if applying from out of state, by obtaining a fingerprint card from the DC Health Regulation and Licensing Administration and having their fingerprints taken at the local state police agency. The FBI will require 48 hours to conduct the criminal background check. Adverse information will be reviewed by the Board of Psychology.

EXPEDITE YOUR LICENSE

Please be sure to have your entire application filled out and signed. You must provide "official" supporting documentation to any and all application questions and/or statements that require a detailed explanation: Official court documents of final case dispositions for any felonies or misdemeanors that you incurred (i.e., a defendant, in any state or country); malpractice case dispositions should include a case number, jurisdiction, year, all the defendant names, all plaintiff names, a brief summary of the case, and final disposition, such as judgment dollar amount, dismissed with or without prejudice, or settlement dollar amount. This information must be sent with your application.

To check and verify a license, go to:
www.hpla.doh.dc.gov

VERIFICATION OF LICENSURE

Licensing authorities and some health facilities often require a letter of verification of the licenses you currently hold or have held in the past. These letters of verification are sometimes called "letters of good standing," even though your DC license may have expired.

If the jurisdiction or institution to which you wish the letter sent gave you a form, simply forward the form, with a check or money order payable to "DC Treasurer" in the amount of thirty-four dollars (\$34.00) to:
DC Board of Psychology
717 14th Street, NW, Suite 600
Washington, DC 20005

On the form, be sure to include your name as it appears on your license and the address where the form is to be sent. If the jurisdiction or institution to which you wish the letter sent did not give you a form, send the payment referenced above and a short note requesting a letter of verification. The note should include your name and the name and address of where you want the letter of verification sent.