

Date of Hearing: March 28, 2017

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Rudy Salas, Chair
AB 89 (Levine) – As Introduced January 9, 2017

SUBJECT: Psychologists: suicide prevention training.

SUMMARY: Requires, on January 1, 2020, an applicant for licensure as a psychologist to complete a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as specified; and also requires an applicant for renewal to complete a one-time requirement of a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention.

EXISTING LAW:

- 1) Requires an applicant for licensure as a psychologist to: (Business and Professions Code (BPC) Section 2914 Section (C)(1), (d)(1), (e), (f), (g)(1-2)
 - a) Possess an earned doctorate degree in in psychology, educational psychology, or in education with the field of specialization in counseling psychology or educational psychology, as specified;
 - b) Have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist, as specified;
 - c) Take and pass an examination; and,
 - d) Show by evidence satisfactory to the Board that the applicant has completed training in the detection and treatment of alcohol and other chemical substance dependency and has completed coursework in spousal or partner abuse assessment; as specified.
- 2) Requires the Board to encourage every licensed psychologist to take continuing professional development in geriatric pharmacology. (BPC Section 2914.1)
- 3) Requires the Board to encourage licensed psychologists to take continuing professional development in psychopharmacology and biological basis behavior. (BPC Section 2914.2)
- 4) Requires any applicant for licensure as a psychologist who began graduate study after January 1, 2004, to complete a minimum of 10 contact hours or coursework in aging and long-term care and after January 1, 2012, the coursework must include instruction on the assessment and reporting as well as treatment related to elder and dependent adult abuse and neglect, as specified. (BPC Section 2915)
- 5) Requires a renewal applicant to complete 36 hours of approved continuing professional development in the preceding two years, prior to renewal. (BPC Section 2915(a))

THIS BILL:

- 1) Requires an applicant for licensure as a psychologist, beginning January 1, 2020, to complete a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention and specifies that the requirement can be met in one of the following ways:
 - a) Obtained as part of an applicant's qualifying degree program in which the applicant must submit to the Board of Psychology (Board) a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the required coursework is included within the institution's curriculum required for graduation at the time the applicant graduated or within the coursework that was completed by the applicant;
 - b) Obtained as part of an applicant's applied experience which can be met in practicum, internship, or formal postdoctoral placement, as specified, or other qualifying supervised professional experience, and the applicant must submit to the Board a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred stating that the required training is include within the applied experience; or
 - c) Acquired through a continuing education a course, as specified.
- 2) Requires a licensee, as a one-time requirement, prior to the time of the licensee's first renewal, after January 1, 2020, or for an applicant for reactivation or reinstatement to an active license to complete the coursework specified in number 1 above.
- 3) States that no reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, as specified.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is sponsored by the Board of Psychology. According to the author, "studies estimate that 32% of people who die by suicide have had contact with mental health services within a year of their death. There is no requirement on the books that mental health professionals have training in suicide assessment, treatment and management. Most people would assume that if [patients need] help with suicide prevention that they should [seek] a mental health professional who has experience with suicide assessment, treatment and management. This bill is necessary to ensure that mental health professionals receive the appropriate training in suicide assessment, treatment and management, thereby protecting public health."

Background. *Suicide Statistics.* According to the 2017 suicide facts and figures produced by the American Foundation for Suicide Prevention, suicide is the 11th leading cause of death in California and ranks the second leading cause of death for individuals between the ages of 25-34. Nationally, suicide is the 10th leading cause of death. According to information provided by the

National Institute of Mental Health, "suicide does not discriminate. People of all genders, ages, and ethnicities can be at risk. Suicidal behavior is complex and there is no single cause." In *State Laws: Training for Health Professionals in Suicide Assessment, Treatment and Management* produced by the American Foundation for Suicide Prevention it was stated that "Mental health professionals regularly come into contact with individuals who are at risk of suicide. Despite the comorbidity of mental health disorders and suicide, the vast majority of mental health professionals—a group that includes psychiatrists, psychologists, social workers, licensed counselors, and psychiatric nurses—do not typically receive routine training in suicide assessment, treatment, or risk management."

Suicide Prevention Strategies. The World Health Organization's 2012 Health Evidence Network report entitled, *For Which Strategies of Suicide Prevention is There Evidence of Effectiveness*, examined suicide prevention strategies utilized in Europe, the country with the highest suicide rates, and found that limiting access to means was the most effective strategy. Similarly, the American Foundation for Suicide Prevention promotes teaching general practitioners to recognize and treat depression and limiting access to means as the most successful preventative efforts. The U.S. Surgeon General's *Call to Action to Prevent Suicide* suggests to, "...improve the ability of primary care providers to recognize and treat depression, substance abuse and other major mental illnesses associated with suicide risk and increase the referral to specialty care."

Academic Standards Addressing Suicide. Mental health professionals receive academic and clinical training that includes the identification and assessment of psychopathology including the assessment of suicidality and intervention strategies for dealing with patients in crisis. The American Psychological Association and the Council on Social Work Education accredit programs of psychology and social work respectively, and set standards for the coursework and clinical training that students receive. These bodies require that coursework address areas such as, dysfunctional behavior or psychopathology, theories and methods of assessment and diagnosis and effective intervention. For MFTs and LPCCs their required courses are outlined in statute. Both the MFT and LPCC statutes require that students receive training in, "the patient dangerous to self or others." The LPCC statute further requires training in multidisciplinary responses to crises and emergencies, crisis and trauma counseling, assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crises.

CE Requirements for Licensed Clinical Psychologists. Psychologists are regulated by the Board. Applicants for licensure as a psychologist are required to possess an earned doctorate degree in psychology from an approved or accredited educational institution. In addition, applicants must complete specified coursework in spousal or partner abuse assessment, detection and intervention, and training in the detection and treatment of alcohol and other chemical substances dependency. All psychologists seeking licensure renewal must obtain training in the subject of laws and ethics before they apply to the practice of psychology in California. Additionally, psychologists are required to take a specified one-time, CE course in spousal or partner abuse assessment, detection and intervention strategies, and a one-time three hour CE course in aging and long-term care, or show proof to the Board of its equivalent in teaching or practicing experience. A psychologist may request an exemption from CE requirements if they meet specified criteria. This bill would add a requirement that all psychologists, through a qualified degree program, as part of supervised experience, or by CE coursework complete a minimum of six hours of coursework or applied experience in suicide risk and assessment. This bill requires all new licensure and renewal applicants to satisfy this requirement beginning January 1, 2020.

The author notes that currently six other states mandate some form of training in suicide assessment, treatment and manager for health professionals.

Prior Attempts at Mandating Suicide Prevention Training. In 2014, AB 2198 (Levine) was introduced which would have required all licensed mental health professionals, to complete a training program in suicide assessment, treatment and management through continuing education. That bill was ultimately vetoed by the Governor. In the Governor's veto message, he stated... "California has an extensive regulatory scheme that aims to ensure that California physicians, psychologists and counselors are skilled in the healing arts to which they have committed their lives. Rather than further legislating in this field, I would ask our licensing boards to evaluate the issues which this bill raises and take whatever actions are needed."

In response to the directive in the Governor's veto message of AB 2198 (Levine), the Board conducted a survey in 2015 which was sent to graduate internships and clinical programs to better identify the coverage of suicide assessment, treatment, and management in psychology graduate and internship programs. Over ninety percent of survey respondents indicated that suicide risk, intervention and assessment are included in coursework and/or field experience. Despite these statistics, the licensing committee of the Board recommended, and the full Board approved the proposed requirement for all current and future licensees to take or provide proof to the Board that he or she has completed a minimum of 6 hours of coursework or applied experience in suicide risk and assessment. As the survey results identified, there may be programs that offer more or less than six hours of direct training and certain internship/experience and certain programs may more extensively cover this topic.

Current Related Legislation. AB 326 (Salas) of the current legislative session requires an applicant for licensure under the Board of Barbering and Cosmetology to take a one-hour training on domestic violence and sexual assault awareness as part of their educational requirements, as specified. *Status: This bill is currently pending in the Assembly Committee on Business and Professions.*

Prior Related Legislation. AB 2198 (Levine) of 2014, would have required a psychologist, marriage and family therapist, educational psychologist, professional clinical counselor and clinical social worker, who began graduate study on or after January 1, 2016, to complete a minimum of 15 hours of coursework on suicide prevention, before being issued a license. In addition, it would have commencing January 1, 2016, require a person licensed in these professions who began graduate study prior to January 1, 2016, to take a six-hour continuing education course on suicide prevention in order to renew a license. *Status: This bill was vetoed by the Governor.*

AB 2435 (Lowenthal), Chapter 552, Statutes of 2010, requires psychologists, LMFTs, LCSWs, and LPCCs to have instruction and training in the recognition and reporting of suspected elder and dependent adult abuse as requirements for licensure.

ARGUMENTS IN SUPPORT:

The Board of Psychology writes in support, "After much consideration and deliberation, our Board feels it is time to take a leading role in this area and require suicide prevention training of our licensees. In response to the Governor's veto message of AB 2198 [(Levine) of 2014], relating to mandated one-time continuing education coursework in suicide prevention, the Board

conducted surveys of doctoral programs and pre-and post-doctoral internships and practicum programs and reviews of licensure requirements for licensed psychologists in 2015 and 2016...the Board carefully weighed the data collected and the public input received during the review process, and determined that this issue required Board leadership and action...the Board decided to pursue a statutory requirement to establish a minimum number of hours of education or training in suicide risk assessment and intervention. [This bill will not only help promote public health through improving the state's suicide prevention efforts, but also put California in a leadership role with other states that protect consumers of psychological services through mandatory training in this critical area.

The California State Sheriffs' Association writes in support, "[This bill] makes a minimum of six hours of coursework or experience in suicide risk assessment and intervention as a requirement for a psychologist's licensure, or renewal or reinstatement of their license. By better equipping psychologists with additional training and education, these professionals can better identify individuals who may be at risk of suicide and better address their needs."

Children Now writes in support, "...Currently, six other states require psychologists and health care professionals to obtain a minimum number of hours of education or training in suicide risk assessment and intervention, and it is time for California to take a leading role in helping prevent suicide."

The County Behavioral Health Directors Association of California writes in support, "...Assuring that all healthcare professionals are well-versed in suicide assessment, treatment, and management may save lives. Continuing professional education is already an important part of professional development. Making it explicit that suicide assessment, treatment, and management are a part of the psychologist training will help prevent avoidable deaths."

Didi Hirsch Mental Health Services writes in support, "[this bill] is a step in the right direction to meeting the strategic plan's goals by ensuring that all psychologists have a minimum level of training in this critical area."

The National Alliance on Mental Illness writes in support, "Suicides in California are on the rise, exceeding four thousand (4,000) deaths in the last several years. Few realize that suicides exceed homicide in California as a cause of death. Something needs to be done. This bill addresses one key action that you can take to help prevent suicides."

ARGUMENTS IN OPPOSITION:

The California Psychological Association writes in opposition, "CPA is opposed to [this bill] as [it] targets only psychologists, the practitioners within our health care system who have the most extensive training of any behavioral health professionals. A previous similar bill that mandated most mental health professionals received additional training was vetoed by the Governor in 2014. As the time of the veto, he asked the licensing Board to conduct a survey to determine the level or training in the area of suicide risk assessment and prevention. The survey results overwhelmingly showed that students were being taught the principles of suicide prevention not only in their coursework, but also in experiential learning settings including supervised practicum, and pre-doctoral and post-doctoral internships.

POLICY CONSIDERATIONS:

In the spirit of supporting suicide prevention efforts, this bill requires both applicants for licensure and licensed psychologists to provide proof to the Board that he or she has completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. Currently, the only required coursework specified in statute for licensed psychologists is a requirement for a minimum of 10 hours of coursework in aging and long term care and treatment related to elder and dependent adult abuse and neglect. In addition, BPC Section 2914.1 and 2914.2 requires the Board to encourage all licensees to take continuing professional development in geriatric pharmacology and in psychopharmacology and biological basis of behavior. The author may wish to explain to the Committee why licensed psychologists, the mental health professions with the highest amount of training and education, were determined to be deficient in suicide risk assessment and intervention coursework and training. In addition, the author may wish to explain to the Committee why other health professionals who have greater access to individuals, e.g. physicians and law enforcement professionals, were not included in this measure.

REGISTERED SUPPORT:

Board of Psychology (sponsor)
California Professional Firefighters
California State Sheriffs' Association
Children Now
County Behavioral Health Directors Association of California
Didi Hirsch Mental Health Services
National Alliance on Mental Illness
Three individuals

REGISTERED OPPOSITION:

California Psychological Association

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