

**TENNESSEE BOARD OF EXAMINERS IN PSYCHOLOGY
MEETING MINUTES**

DATE: March 14, 2019

TIME: 9:00 a.m., CDT

LOCATION: Health Related Boards
Poplar Room
665 Mainstream Drive
Nashville, TN 37243

BOARD MEMBERS PRESENT: Hugh D. Moore, Ph.D., Chair
Mark Fleming, Ph.D.
Mr. H.R. Anderson, SPE
Connie Mazza, SPE
Rebecca Joslin Staab, Ed.D., Ph.D.
J. Dale Alden, Ph.D.
Mickey Tonos, LBA
Susan Douglas, Ph.D.

**BOARD MEMBER PRESENT
BY PHONE AT THE EMERGENCY
TELEPHONIC MEETING DURING
THE MOTION TO RECONSIDER:** Todd Moore, Ph.D.

BOARD MEMBERS ABSENT: Jennifer Winfree, Consumer Member

STAFF PRESENT: Teddy Wilkins, Unit Director
Lisa Williams, Board Administrator
Paetria Morgan, Office of General Counsel
Andrew Coffman, Office of General Counsel
Francine Baca-Chavez, Deputy General Counsel

Dr. H. Moore, Chair, called the meeting to order at 9:03 a.m. A roll call was conducted and a quorum was present. Board staff introduced themselves.

Minutes

Upon review of the December 6, 2018 minutes, Dr. Staab made a motion, seconded by Dr. Fleming to approve the minutes as presented. The motion carried.

Motion to Reconsider in the Matter of James S. Walker

Dr. Alden, Dr. Staab and Mr. Anderson recused themselves since they were not at the December 6, 2018 hearing or the conclusion of the hearing.

The Board was here to discuss and vote on petitioner's motion to stay the effectiveness of the final order entered on January 2, 2018 in the matter of James S. Walker, PhD. Mr. Gideon, Dr. Walker's attorney, requested the board to defer the decision to impose the cost of this proceeding and the requirement that Dr. Walker effectively pay the costs by April 2. Mr. Gideon stated that Dr. Walker does not have the financial resources to pay the costs. Mr. Gideon proposed to the board to defer the payment of the costs to begin on an installment basis starting twenty-four months after a potential prospective reinstatement of the ability to practice. Mr. Gideon's second point was a request to alter the order so as to permit Kentucky Professionals Recovery Network (KYPRN) to act as the sole monitoring entity. Dr. Walker contacted the Tennessee Lawyers Assistance Program (TLAF) and the Tennessee Medical Foundation which declined to provide monitoring services. Dr. Walker was successful in obtaining an agreement from the Tennessee Professional Assistance Program (TnPAP) which is the Tennessee nursing agency to provide oversight. Dr. Walker is licensed in the state of Kentucky and KYPRN is the monitoring entity approved by the board in the state of Kentucky. Mr. Gideon requested that the board revise the order to permit Dr. Walker to utilize KYPRN reducing the cost to a single agency. The third point was to look again at the finding by this board that Dr. Walker's admitted use of drugs on three occasions was a violation of the prior order of probation that Dr. Walker engaged in unethical conduct. Mr. Gideon cited rule 1180-01-.09(4) stating that Dr. Walker used drugs on his personal time and not while he was working and his actions were not subject to the ethical standards. Mr. Gideon asked the board to revise that finding. The fourth point is a report from psychiatrist Greg Kyser, MD. Dr. Kyser submitted to the board a fitness for duty evaluation of Dr. Walker. Dr. Kyser conducted an evaluation that found Dr. Walker was fit for duty and fit for practice. Mr. Gideon requested to limit the suspension to the time that has already been served. Dr. H. Moore addressed the ethical issue and stated that substance abuse issues are certainly diagnosable. It is a different argument to say whether or not substance abuse has a direct effect. Dr. H. Moore stated that the way we view substance abuse affects our entire lives. Drug abuse affects our financial decisions, our personal decisions and certainly our professional decisions and affects addicts to go and get that next high. Dr. H. Moore thoughts were that this statement is applicable in this case. Dr. Fleming restated the fact that Dr. Walker violated the order when he abused drugs again. Mr. Coffman, the state's attorney, stated that the conditions for reconsideration being brought before the board was that Dr. Walker's conduct was not unethical and the unethical finding should be removed and as a result of that he should not be suspended and he should be put back on probation. The next condition raised was that it is impossible for Dr. Walker to get monitoring. It is legally impossible to get monitoring and therefore the board cannot order him to get monitoring. Mr. Coffman pointed out that it's known that that is not the case since he has entered a contract for monitoring. The third condition was that it is legally impossible for him to pay. He addressed the consideration to alter the order to allow KY PRN as opposed to TnPAP to conduct the monitoring in this case. Dr. Walker's ties are to TN and the board's duties are to the citizens of TN. It was the state's position that the most appropriate decision for Dr. Walker is to have Dr. Walker monitored by a group that is at least a TN entity providing the board some control over problems as they arise in TN. The next consideration he addressed was Mr. Gideon's third point stating it was not unethical conduct

for Dr. Walker to go out and use cocaine and heroin because he used drugs on his own time. In the original consent order dated June 13, 2013, Mr. Coffman pointed out that the board found Dr. Walker's conduct was unprofessional, dishonorable or unethical. Mr. Coffman pointed out that Dr. Walker's conduct was unethical as the board discussed in their deliberations because he had a board order to stay sober, to maintain advocacy and he did not report himself when he became in violation of that order. Dr. Walker's actions displayed unethical conduct and that conduct was related to his work, to the practice of psychology and to his psychological condition. Mr. Coffman pointed out that whether or not it was unethical conduct, it certainly was unprofessional and dishonorable conduct which is part of that statute. Mr. Coffman addressed the suspension and stated that Dr. Walker continued to use drugs and therefore suspension was the appropriate next step. Mr. Coffman addressed Dr. Kyser's report and stated that the report does not change anything. Mr. Coffman stated the report has not been tested because it was not brought forward until the end of the hearing and therefore should not be considered. Mr. Coffman pointed out that the board had no way of knowing how much of the report was true because the state did not have the opportunity to get a deposition from Dr. Kyser. Mr. Coffman stated that Dr. Kyser's report really did not matter because it did not affect the real issue which was that time and time again Dr. Walker used cocaine and heroin. People have tried to help Dr. Walker. Part of that help was suspension and during the term of the suspension there are things Dr. Walker needs to do to right himself. Then Dr. Walker can come back before the board and try to get back to the practice of psychology. The last consideration Mr. Coffman addressed was the cost which was a little less than \$14,000. The board ordered that Dr. Walker pay the costs. Mr. Coffman agreed that having Dr. Walker pay the costs by April 2, 2019 was not helpful. Mr. Coffman suggested that the board take that into consideration when the fees should be paid. Mr. Coffman suggested that Dr. Walker be required to pay some if not all of the fees before the suspension is lifted. Mr. Coffman stated that if Dr. Walker begins to practice without paying the fees, that his action will be a violation of a board order. Mr. Gideon asked the board to consider and exercise their discretion. Dr. H. Moore called for a motion to keep paragraph ten in the final order as previously stated. Dr. Fleming made the motion, seconded by Ms. Mazza. A roll call vote was taken and the motion passed. Dr. H. Moore called for a motion to amend the previous order such that Dr. Walker is expected to pay ten percent (10%) of the assessed amount by January 31, 2020 and will enter into a payment plan with the disciplinary coordinator in January of 2020 along with the payment plan ending December 31, 2021. Dr. Fleming made the motion, seconded by Dr. Douglas. A roll call vote was taken and the motion passed. Dr. H. Moore called for a motion to keep the language in the original order that requires Dr. Walker to seek advocacy with an organization such as TN PAP in Tennessee instead of the state of Kentucky. Dr. Douglas made the motion, seconded by Mr. Tonos. A roll call vote was taken and the motion passed. Dr. H. Moore called for a motion to not change the order related to the terms of suspension. Mr. Tonos made a motion, seconded by Dr. Fleming. A roll call vote was taken and the motion passed.

Tennessee Psychological Association

Denise Davis, TPA Director of Professional Affairs, shared PsyPact information. A bill was introduced for PsyPact and a placeholder bill with legislature this term. The placeholder bill is a bill to put something in before the deadline in the event they may want to move ahead with the TPA initiative. A report was sent to the president by three departments on the Federal level. This report addressed wanting to improve workforce mobility. They wanted to put a fast track on

granting practitioners licensed in one state the privilege to practice elsewhere or expedite the process. The second recommendation was to facilitate telehealth to improve patient access. The president is in favor of this. There were some concerns with a high cost fee estimate. Ms. Wilkins stated that there would be a fee paid by the licensee if they wanted this and it would be paid directly to PsyPact. Initially it was thought that the fee would be paid by the board and this was the cause for the high cost concern. A psychologist must have five years of experience and have no discipline on their record to qualify. In the case of discipline, the state where the psychologist is licensed will be the one to discipline the psychologist even if the occurrence happened in another state. She also stated a point of interest that across the United States there were only 233 disciplinary adjudications last year. Psychology is a well-regulated profession. A participant must have a doctoral level independent psychology practice or a master's level. They must still meet the requirements of the state to practice in that state. Ms. Morgan stated that this legislation is dead and is not going to pass this year. Ms. Wilkins stated that the board has not made a decision or held a vote on this. Ms. Davis stated that Dr. Alex Segal with the ASPPB would be more than willing to come to a board meeting to discuss this further.

Tennessee Colleague Assistance Foundation (TCAF)

Dr. Brian Wind updated the board on the recent activities by TCAF. The year 2019 has had a good beginning and TCAF continues to get frequent enquiries and remains busy. There have been five people that have successfully completed contracts over the past six to eight months. There are currently four active contracts and five cases in which they are actively involved in turns of discussing a contract and available for consultation and responding to enquiries. They had an audit on January 24th from the Tennessee Department of Health and Compliance and Ethics office Sub-Recipient Monitoring Team. There were only two minor findings and both were related to being down a staff member for a period of time and a couple of administrative things were not filed on time and this has been corrected. The visit from the audit team was very affirming and considered a nice visit overall. They continue to operate well within their budget. Dr. Murphy Thomas, Chairman of the Board of TCAF, addressed questions and also addressed the enabling legislation relative to the confidentiality matter has all but blocked any information that TCAF can provide this board in the discharge of its duties. The presiding judge in a recent case would not allow even an affidavit from TCAF and Dr. Thomas proposed a way of remedying that issue and presented a document supporting his suggestion. Dr. H. Moore requested that the document Dr. Thomas presented be put on the agenda for next time allowing time to be reviewed by the board members and Ms. Morgan. Dr. H. Moore stated he had questions for Dr. Thomas in relation to the James Walker case. Dr. Thomas stated that the document addresses some of what Dr. Moore is asking and clarifies some of the questions. Dr. Moore asked in general what would make TCAF withdraw advocacy from a client or referral. TCAF enters into a contract with every one of our formal clients and particularly referrals from the board. TCAF obtains an independent comprehensive assessment by a third party by programs that specialize in evaluating professionals which is a very expensive evaluation. The evaluation usually ends with a series of recommendations. TCAF requests these recommendations should the persons have any limitations on their license in terms of what they do, their behavior, their impairment and how should this most effectively be treated. These recommendations include a plan of rehabilitation. Three people from TCAF sit down with the client and go over the report including what is being recommended. There are times that these recommendations sound good but are not practical. TCAF tries to work

out what will practically work with this person. This is then formulated into a rehabilitation contract. The contract will include what will be done and the conditions that a person has to satisfy. This contract at this time is not available to the board. If the person does not conform to the contract, TCAF has a number of meetings with them to try and identify what that is. If there is an emergency situation, the first thing TCAF does is stabilize the emergency situation. They try to take care of the person involved and any public issues or danger to the public. They may try to get that person into a treatment program if that is what is called for and then they try to determine how to proceed from here. The decision is a rehabilitation decision. Is this person a good continued candidate for TCAF to provide rehabilitation? If the person violates the conditions of the contract, TCAF informs the person of the problem and why they are not going to continue this (providing advocacy). Once this is done, TCAF no longer has any role with this person. They can no longer tell the person what to do and TCAF informs the state and the problem with the person now lies with the state. TCAF no longer has responsibility or authority to do anything with this person. Everything TCAF does is of a voluntary nature. Ms. Morgan made the board aware that the board is authorized to designate grants to organization to help with impaired professionals. As a board, psychologists pay a grant of almost \$36,000 a year to the Tennessee Colleague Assistance Foundation. The contract is set to expire June 30, 2019. She also reminded the board the TCAF had requested an increase in a previous board meeting. Ms. Morgan suggested any questions the board may have be sent to Ms. Williams and she will share them with Dr. Thomas. He will provide Ms. Williams with a document answering the questions approximately two weeks prior to the June board meeting to be shared with the board members.

Tennessee Professional Assistance Program (TnPAP)

Francine Baca-Chavez, Office of General Counsel, acted as facilitator in a discussion allowing Dr. Walker to work with the Tennessee Professional Assistance Program TnPAP and the issue with Dr. Walker possibly living in New Zealand and how the monitoring would work. Mr. Mike Harkreader, TnPAP Executive Director, attended the meeting telephonically and made himself available to the discussion. Ms. Baca-Chavez asked Mr. Harkreader to start the discussion by describing the TnPAP organization and going over some of the services provided by TnPAP. TnPAP primarily works with the Nursing Board, but also has grants with six other health related boards. It is a monitoring program that primarily monitors people with substance abuse disorders and professional boundary issues. The contracts vary from three years to five years depending on the profession TnPAP is working with. The cornerstone of any monitoring system is the drug testing. TnPAP tests urine, blood, hair and nails. They have random drug testing and the participants check in every morning on the computer to see if they have to give a specimen that day. They must submit the specimen that day or is considered a violation if they don't show up. They realize that addiction is a disease that relapses and a relapse is actually going to occur early in recovery and we do not dismiss people from our program for a relapse or two relapses as long as they do what TnPAP asks them to do. That could be going back for another evaluation, going back for treatment, having a one-day out-patient evaluation or a week long in-patient evaluation. TnPAP is strictly a monitoring program. They do not provide any counseling services or any psychotherapy. A vendor provides their weekly support groups. They also have an online option for people who live in rural areas. Other components of the program include that they have to have a same sex sponsor and you have to go to a minimum of two or more twelve step meetings. Most of the people are classified as dual-diagnostic. They have certain recognized facilities that

they work with particularly in the residential area. The program currently monitors around 400 individuals. They are affiliated with the Affinity System that does their drug testing. They are very pleased with their service. They have quick response times and a great medical review officer who works with any of our participants and whom they can contact. Ms. Baca-Chavez requested that Mr. Harkreader discuss monitoring Dr. Walker. On February 17, 2019, Dr. Walker met with Rachel Talley, case manager, and signed a monitoring agreement with TnPAP. He has already passed two drug tests. He asked for a monitoring interruption which TnPAP granted so that Dr. Walker could go on an emergency situation to New Zealand. Mr. Harkreader stated Dr. Walker was supposed to return today but was stuck in an airport in Texas. It is planned to have Dr. Walker do a drug test today since he had the interruption. He has been compliant so at this point in time Mr. Harkreader would advocate for Dr. Walker. The situation that has come up is that Dr. Walker has a close friend in New Zealand who is a psychiatrist. He asked could TnPAP could monitor him in New Zealand. Mr. Harkreader has never monitored anyone outside the continental United States. They are willing to look at anything to see if it's possible. They have been in conversations with their drug testing company and they think they can make this work. There would be two options. One option is to explore the labs in New Zealand and make sure they follow the same chain of custody procedures as we do here in the United States. They would make sure the test is closely observed and accept their results. The other option which they would prefer to do is make sure the slab meets our standards and TnPAP would have their people at Unity make that determination. Have the specimens drawn and then shipped back to the United States to be tested in a United States lab. That way they would be using the same cutoffs and the same creatinine levels and dilutes. Dr. Walker was told by TnPAP that he would have to duplicate in New Zealand what he is doing for TnPAP. He would have to find the equivalent of a caduceus group. Caduceus is a weekly meeting support group of health care professionals. He currently goes to one run by Murray Smith. He would also have to find the equivalent of twelve-step groups in New Zealand. He also has to have psychiatric management medicine. They would have to find a psychiatrist in New Zealand who could take over that component that is currently being done here in Nashville. This person would have to be someone other than his friend. According to the order, he must have a fitness practice evaluation sixty days before his extension is up. That would have to be done here in the United States. It would be done by an evaluator that TnPAP approves that is an addiction medicine specialist and would need to be done near the end of this year. Dr. Moore stated that would be in November since his suspension is until January 2020. Dr. Moore asked how TnPAP plans to handle failure to comply with any of those things. If he tested positive on a drug test, that's a relapse. They would call him and ask what happened. If he admits to use, he will have to get an evaluation and get treated. It would take a little research on the part of TnPAP if it happened in New Zealand. Would Dr. Walker need to come back to the United States for evaluation and treatment or could he do it in New Zealand? Dr. Moore observed that these seemed to be some pretty expensive options for a guy who claims to have some significant financial hardships. TnPAP is charging \$1000 a year with \$250 paid per quarter plus his drug testing and the cost of seeing a psychiatrist. Dr. Fleming mentioned the cost of the mailing of the drug testing and who would pay for the mailing? He said Dr. Walker would be paying. The board requested a more defined plan for interacting with Dr. Walker in New Zealand. Dr. Douglas asked if the monitoring agreement would be available for the board to see. He said that Dr. Walker signed a release of information form and either he or Dr. Walker can supply the monitoring agreement. She stated that the board will need to see the details in the agreement to consider this. She also stated that she would like to see the agreement include what the costs would be for twenty mailings of

biological materials if this transpires with New Zealand and the possibility of significant costs. Dr. Moore confirmed that Dr. Walker is being monitored by TnPAP now. Dr. Moore asked Mr. Harkreader when TnPAP anticipates having the plan in place if Dr. Walker proceeds with residing in New Zealand and he responded probably a week. TnPAP will move forward with gathering the information for monitoring in New Zealand. The board will review the information from TnPAP after the information is submitted to Ms. Wilkins. Dr. Moore called for a motion stating the board is open to review the plan for international monitoring of Dr. Walker by TnPAP pending requested information, signed release, monitoring plan, any other information and it will be considered at the next board meeting on June 6, 2019. A motion was made by Mr. Anderson and seconded by Dr. Douglas. The motion carried. Dr. H. Moore called for a motion to approve TnPAP for monitoring Dr. Walker in Tennessee. A motion was made by Dr. Douglas and seconded by Mr. Tonos. The motion carried.

Applicant File Review

Dr. Heather Alesch appeared before the board for consideration of licensure as a psychologist with pre-doctoral and post-doc experience hours and the APA/APPIC approval in question. She stated she obtained 2002 pre-doctoral internship hours and 1503 post-doctoral experience hours that was not APA or APPIC approved in California where she is currently licensed. She is asking the board to waive the missing 397 post-doc hours and the requirement of APA/APPIC approval. She stated her experience was CAPIC approved. She described her post-doc experience and her clinical practice experience since her California licensure. Ms. Morgan referenced statute 63-11-208(c)(7) addressing the ability of the board to use their discretion to make a decision. Dr. H. Moore called for a motion to grant a waiver to accept Dr. Alesch's credentials. A motion was made by Dr. Alden and seconded by Mr. Anderson. The motion carried.

Investigative Reports

Lori Leonard, Disciplinary Coordinator for all non-nursing boards, presented the summary of currently monitored practitioners with two on probation, one is revoked, four are suspended, three are under agreed orders and two have been reprimanded. The investigative reports for psychologists include twenty-five new complaints for the year 2018. She stated of those twenty-five complaints the allegations have been one for falsification, one for sexual misconduct, one for unlicensed practice, eighteen for unprofessional conduct, one for violation of order, one for medical record requests and two for lapsed licenses. Investigations closed to date this year a total of thirty-six complaints. One complaint was a combination with another complaint, two were closed for insufficient evidence to discipline, three were sent to the Office of General Counsel for formal discipline, eighteen complaints were closed with no action at all, seven were closed with a letter of concern and five were closed with a letter of warning. At the end of 2018 there were twenty-two open complaints that are being investigated and/or reviewed. There are three new complaints this year to date for psychological examiners. One complaint was for fraud or false billing and two were unprofessional conduct. Two complaints were closed. One was closed with a letter of concern and one with a letter of warning. There were three open complaints at the end of 2018 being investigated and/or reviewed. There are no new complaints for the year, no closed complaints and no pending complaints for the certified psychological assistants. The investigative reports for psychologists for the year 2019 to date opened with nine new complaints. She stated

of those nine complaints one for sexual misconduct, one for criminal charges, two for unlicensed practice, four for unprofessional conduct and one for practice beyond the scope of practice. Investigations closed to date this year in 2019 a total of five complaints. One was closed for insufficient evidence to discipline, two were closed with no action and two were closed with a letter of concern. Currently there are seventeen open complaints that are being investigated and/or reviewed. There are zero new complaints for 2019 for psychological examiners. One complaint has been closed with no action. There are currently two open complaints being reviewed and/or investigated. For the psychological assistants for the year 2019 there are zero.

Office of General Counsel

Ms. Morgan reported that there are no agreed orders, no consent orders, no open cases in OGC and no open cases in chancery court. She briefly covered the conflict of interest policy. The Art Therapy Bill and the PsyPact bill are both effectively dead and will not be passed this session. The continuing education and ethical code rules are still in the internal review process. The Applied Behavior Analysts Committee voted to amend their rules. The Continuing Education section number two concerning cultural diversity does not appear in the renewal section or the reinstatement section. With licensees renewing their licenses, they are not seeing that they have to turn in the cultural diversity CE's even though it is under the continuing education section. She stated it would be very helpful if it were under the renewal section as well. They have voted to amend their rules to include information that is already there but to put it in a more pertinent area as well. Dr. H. Moore called for a motion to approve these two amendments to their rules. A motion was made by Dr. Fleming and seconded by Dr. Douglas. The motion carried.

Administrative Report

Ms. Lisa Williams stated as of March 11, 2019 there are currently 1,422 licensed Psychologists, 363 licensed Psychological Examiners/Senior Psychological Examiners and 63 licensed Certified Psychological Assistants. There are currently 16 Psychologists applications in process, 21 newly licensed, 112 renewals. There were 18 retired, 10 expired and 1 reinstated retired and 5 reinstated expired licenses. There are currently no applications in process or newly licensed Psychological Examiners/Senior Psychological Examiners and there are 24 renewals. There are 0 retired, 5 expired and 1 reinstated retired licenses. There are currently 4 Certified Psychological Assistant applications in process, 5 newly licensed, 6 renewed and 4 expired licenses. Ms. Williams asked the Board members to sign their travel and per diem claims and their conflict of interest forms. She also stated the next scheduled Board Meeting is June 6, 2019 and the following dates have been scheduled for 2019:

September 12, 2019
December 5, 2019

Discuss and Ratify/Deny Newly Licensed and Reinstated Psychologists

Newly Licensed

Dr. Staab made a motion, seconded by Dr. Alden to ratify the following newly licensed Psychologists:

Psychologists

Anderson Brian C.	Mcgrady Amanda H
Beatty Dawn Marie	Norfolk Philip A.
Cook Courtney Lilly	Partanen Marita H.
Ginley Meredith Kathleen	Salgado Garcia Francisco Isaac Dr.
Hanson Amanda	Shultis Kristen Elizabeth
Holland Jason Michael Dr.	Smith Karisa Johns
Iturmendi Judy M.	Stone Amanda L.
Kalies Meredith Kari	Ward Jennifer
Kennedy Nancy Ann Dr.	Weinstein Michelle Motyka
Maples Michael Ralph	Yaw Jared Scott
McCulloch Claudia Rodgers	

The motion carried.

Dr. Staab made a motion, seconded by Dr. Douglas to ratify the following newly licensed Certified Psychological Assistants:

Certified Psychological Assistant

Brown Megan	Soward Michael D.
Ellis Kirk	Yates Taylor D.
Lochbihler Gray A.	

The motion carried.

Reinstated

Dr. Fleming made a motion, seconded by Dr. Staab to ratify the following reinstated Psychologists and Psychological Examiner:

Bassin Christopher Howard	Rea Bayard Dodge
Coffield James L.	Yalman Nilufer Emine
Johnson Dennis L.	Glasgow David R
Mccoys-Smith Meghan Elizabeth	

The motion carried.

Discuss and Ratify/Deny Newly Licensed Behavior Analysts

Newly Licensed

Mr. Tonos made a motion, seconded by Mr. Anderson to ratify the following newly licensed Behavior Analysts:

Behavior Analysts

Bautista Adrian Arturo
Cable Alicia
Davis Catherine O.
Defreece Kaleigh Ann
Dressel Amelia
Driver Jennifer P.
Fullwiley Jojuan
Galovits Laura R.
Guthrie Melissa A.
Hettinger Heather
Heuer Steffi Kara
Hood Richard
Jordan Hannah L.
Kelly Bridget Nicole

King Sarah H.
Martin Jessica Lisbeth
Mathewson Mary C
Minard Nicole M.
Murray Rebecca E.
Nichols Richard C
Patterson Ernestine
Riener Fawn P.
Sobieralski Nicholas J.
Thomas Keshia N.
Todd Erin E.
Vaughn Brittany M.
West Elizabeth Marie

The motion carried.

Mr. Tonos made a motion, seconded by Mr. Anderson to ratify the following newly licensed Assistant Behavior Analysts:

Assistant Behavior Analysts

Linville Brittany N.

Riedlinger Anne M.

The motion carried.

Discuss and ratify/deny Agreed Citations

The agreed citation for **David R. Glasgow** is for his expired license which expired on June 30, 2018. He ceased working on September 21, 2018. With the grace period of sixty days, he owed civil penalties of \$100 for one month of working on a lapsed license. The fines have been paid. Dr. H. Moore called for a motion to approve the agreed citation for David Glasgow. A motion was made by Dr. Fleming and seconded by Ms. Mazza. The motion carried.

The agreed citation for **Chelsea Anne Taylor** is for her expired license which expired on October 31 2018. She ceased working on February 20, 2019. With the grace period of sixty days, she owed civil penalties of \$200 for two months of working on a lapsed license. The fines have been

paid. Dr. H. Moore called for a motion to approve the agreed citation for Chelsea Taylor. A motion was made by Dr. Douglas and seconded by Dr. Fleming. The motion carried.

Financial Report

Noranda French, Division of Health Licensure and Regulations, gave the mid-year fiscal report for 2019. She stated that the mid-year expenditure totals for Salaries and Wages is \$20,065, Employee Benefits is \$6,681, Travel is \$1,887, Communications is \$1,104, Professional Services and Dues is \$6,447, Supplies and Materials is \$171, Grants and Subsidies is \$10,798, Training of State Employees is \$290, Computer Related Items is \$46 and State Professional Services is \$2,410. The board generated revenue totals of \$133,410. The projections for 2019 is that Salaries and Wages could close at \$43,141, Employee Benefits could close at \$14,364, Travel could close at \$9,736, Communications to close at \$1,960, Professional Services and Dues could close at \$10,287, Supplies and Materials could close \$576, Grants and Subsidies could close at \$34,169, Training of State Employees could close at \$1,241, Computer Related Items could close at \$99 and State Professional Services could close at \$4,436. The allocated expenditures for Administration could close at \$13,858, Investigations could close at \$48,299 Legal could close at \$34,842 and Cash Office could close at \$1,368. That would give the board a potential expenditure amount of \$218, 383. The board has the potential to generate \$266,820. This would give the board a potential net of \$48,436.

Correspondence

The board discussed the letter submitted by **Nicole Bichelman** to the Applied Behavior Analysts Licensing Committee. In the letter, Ms. Bichelman asks if Behavior Analysts are allowed to administer the Vineland-3 and SRS-2. Ms. Morgan referred the board to psychologist statute 63-11-203(a)(2)(i) which includes psychological testing and to behavior analyst statute 63-11-302(9)(c) which excludes psychological testing. The overall question is whether the SRS-2, the Vineland-3 or similar tests are psychological testing. She stated that the board cannot change the statute and cannot give the behavior analyst the authority to do something that the statute does not allow them to do. Mr. Tonos stated that the decision of the committee of behavior analysts was to defer the decision to the board of psychology. Mr. Tonos referred to the letter from ABA committee member, Dr. Beddow, who was familiar with the Vineland-3 test and could better explain the use of the test by behavior analysts. Dr. Fleming stated that ethically speaking you still need to have the requirements to even interpret computer based interpretations. He stated after reading the statute, that the Vineland-3 and the SRS-2 are considered behavioral and psychological assessments. He reiterated the statutes that behavior analysts cannot do assessments. Mr. Tonos pointed out that Ms. Bichelman would not be scoring the tests but entering the data for the insurance company, Tricare, who then interprets that data in terms of their medical necessity rules. She is just administering this test. She is not interpreting the test. The funder requires her to submit the data from the test so it can justify the funding service. It was concluded that the data is still interpreted. Dr. Fleming stated that psychological testing includes administering as well as interpretation. If she is the person giving the test and inputting it, then that's the administration of it even if someone else is interpreting it. She is engaging in psychological testing by doing the administration part. Dr. Hugh Moore stated that if Tricare requires this, a referral can always be made. Mr. Tonos pointed out that Ms. Bichelman's letter states in many areas there are few

psychological examiners or psychologists. Families that need these tests cannot get the tests administered to meet the medical necessity requirements of Tricare or others that require these tests. Dr. Fleming pointed out that the board does not have the authority to override the statute. The board closed the discussion with the conclusion that behavior analysts cannot do these tests or any like them based on the ruling of the statutes.

Upgrade to Sr. Psychological Examiner Checklist

Ms. Williams presented a possible checklist for the Upgrade to Sr. Psychological Examiner and explained the items listed on the checklist based on the psychological examiner rules and the application of the current Continuing Education rules. She asked for consideration for this checklist or an alternative checklist or guide toward an upgrade to licensure. A notarized document was discussed being required from the supervisor acknowledging the applicant's five years of supervised experience. Dr. H. Moore called for a motion to approve the checklist of upgrade requirements. A motion was made by Mr. Tonos and seconded by Mr. Anderson. The motion carried.

Discuss Certified Psychological Assistant Continuing Education

Ms. William stated that a Certified Psychological Assistant asked about continuing education and what was required of a CPA. The rule 1180-01-.08(1)(a) reads: Certified Psychological Assistants are required to pursue continuing education activities as directed by the supervising psychologist, as provided in Rule 1180-4-.01(4)(f). The Rule 1180-4-.01(4)(f) reads: The supervising Psychologist or Senior Psychological Examiner has responsibility to require that the Certified Psychological Assistant complete continuing education to maintain continued competence. Ms. Williams pointed out that in neither rule does it state how many CE's are required or if the CPA must provide proof of continuing education. Ms. Wilkins stated that previous versions of the rules have also said the same thing. Dr. Auble stated that the intention of the original ruling was that the CPA would be fully supervised by the psychologist or psychological examiner and it would be up to the supervisor to make the decision of how much continuing education the CPA needed. Dr. H. Moore stated with the agreement of the board that the rule should be left as it currently is.

With no other Board business to discuss Dr. Fleming made a motion, seconded by Dr. Douglas to adjourn at 2:43 p.m. The motion carried.

Ratified by the Board of Examiners in Psychology on this the 6th day of June, 2019.