

Examining Board of Psychology

Message from Chair, Timothy Cahn, Ph.D.

Inside this issue:

Message from the Chair	1
Potentially Impaired Practitioners	2-3
New Member Spotlight	3 & 6
Should There be a Professional Death	4-5
Legislative Effects	6
Rules In Progress	7
Welcome New AAG	7

Board Members

- ◆ Timothy Cahn, Ph.D.,
Chair
- ◆ David Stewart, Ph.D.
- ◆ Vice-Chair
- ◆ Brendon Scholtz, Ph.D.
- ◆ Elizabeth Kunchandy,
Ph.D.
- ◆ Dick Gidner,
Public Member
- ◆ Janet Look, Ed. D.,
Public Member
- ◆ Shari Roberts,
Public Member
- ◆ Rachaud Smith, Psy.D.
- ◆ Leslie Cohn, Ph.D.

It has been a time of change and transition for the Examining Board of Psychology (EBOP) since our most recent newsletter. It's a good news-bad news situation. We got to welcome new staff members and new board members, but had to say goodbye to dedicated staff members and colleagues. In the past few months while reflecting on the staff and members who have served the EBOP during my tenure, I found myself feeling a bit emotional and full of gratitude. I have felt blessed to have the privilege to serve on the EBOP, and to have met and worked with such a group of remarkable professionals. Fortunately for me, I'm not leaving; I get to serve a few more years before my second term is finished.

We got to welcome a new executive director, Mona Johnson, who later returned to the Office of the Superintendent of Public Instruction. A search for a replacement is under way. We said goodbye to Robert Nicoloff, who is "adjusting" to the new position as executive director of the Chiropractic Quality Assurance Commission. Bob served us for the past 10 years with great vision and professionalism. We'll miss him.

We welcomed the new assistant attorney general assigned to our board, Jack Bucknell, JD. He has big shoes to fill. We said goodbye to Mark Calkins, JD, PhD, an attorney and a psychologist. Mark leaves a legacy of written formal opinions that

serve to guide and inform the board. We'll miss him as well.

I want to commend and thank Betty Moe, our program manager, for her outstanding service performing two jobs, one as interim executive director and the other as program manager. We share Betty with the Chemical Dependency Professional Advisory Committee. Betty has been our program manager the past eight years, and is the face, voice, sweat and email of the board. I am very grateful that she will continue as our program manager, and I am very thankful that it will be some time before we'll miss her.

We welcome three new Washington State psychologists to the board, Drs. Elizabeth Kunchandy, Leslie Cohn and Brendon Scholtz. They, too, have big jobs in replacing their predecessors. We say goodbye to Drs. Tom Wall, Decky Fielder and Christine Guzzardo. Tom and Christine both served two terms each as chair of EBOP, and Decky could be counted on to keep us (me) on task during meetings. We'll miss them, too.

I want to thank three other Washington State psychologist EBOP members who helped mentor me: Drs. Jorge Torres-Saenz, Carol Pahlke and Benjamin Johnson. You will also be hard to replace and we miss you. I want to thank the three "older" current EBOP psychologist members, Drs. Janet Look, Rachaud Smith and, our vice chair, David Stewart. The board is working

on a number of issues that will keep us all busy, including credential endorsement, mobility, tele-psychology, and supervision.

I want to thank our past public members: Darlene Madenwald and Raleigh Harmon. Extra special thanks to Ray Harry who served two terms as board chair and helped administer the JP exam for years! We are blessed to have two great current public members, Shari Roberts and Richard Gidner. You are a pleasure to work with.

Betty wanted me to mention to Washington State psychologists (WSP) that we (EBOP) are conducting random continuing education (CE) audits, and please make sure you (WSP) save your CE documentation in case you are selected for audit.

Finally, I want to thank the psychologists and citizens of Washington State for indulging my sentimental commentary. I was inspired to write this "message from the chair" following the shooting that occurred at Seattle Pacific University. Our immediate past chair, Dr. Tom Wall and our vice chair, Dr. David Stewart are both faculty members at SPU in clinical psychology. My thoughts are with them, their colleagues and their students.

The opinions expressed by these articles are solely those of the authors and unless otherwise stated do not represent opinions or interpretations of the board.



Potentially Impaired Health Professionals

John Furman, PhD, MSN, Executive Director

Washington Health Professional Services

Overview -In the late 1970s, Washington State health profession boards and commissions began seeing an increase in the number of health professionals whose practice was potentially impaired by alcohol and/or substance use. At that time, the only avenue was to take disciplinary action. As a result, many highly skilled, productive practitioners lost their licenses.

In 1988, the Legislature took action to amend the Uniform Disciplinary Act to direct the department to provide an alternative to discipline option. In addition to playing an important role in protecting public health and safety, alternative to discipline monitoring programs promote early identification, entry into treatment, and safe return to practice. The Department of Health houses three approved impaired practitioner programs:

- The Washington Recovery Assistance Program for Pharmacy (WRAPP), which the Washington Pharmacists Association and the Washington State Society of Hospital Pharmacists founded in 1983.
- The Washington Physicians Health Program (WPHP), which the Washington State Medical Association founded in 1986. It provides services to medical doctors, dentists, veterinarians, podiatrists, and physician assistants.
- The Washington Health Professional Services Program (WHPS) began in 1991 to serve psychologists, nurses, counselors and other health professionals.

The programs accomplish safe and effective monitoring, requiring health professionals to:

- Undergo indicated treatment;
- Participate in random drug screening, and ongoing recovery activities (e.g. sober support group participation and relapse prevention education):
- Inform their employers of their chemical dependency and or behavioral health concerns:
- And agree to strict monitoring of their professional practice. In most cases the health professional is required to successfully participate in the monitoring program for a minimum of five years.

To facilitate early entry and participation in monitoring, the programs protect the confidentiality of referral sources and monitored health professionals to the maximum extent provided by state and federal law. While confidentiality from public scrutiny is an incentive for the health professional to enter into treatment and monitoring, the professional's disciplinary authority receives information about concerns that arise regarding the individual's ability to practice with reasonable safety. All actions taken against the health professional's license are available to the public via the department's provider credential search tool.

Alternative to discipline programs protect the public by supporting the various health professions' boards, commissions, and committees in fulfilling their mission to protect the public. They also serve the people of Washington State by providing the means to retain highly educated and skilled health professionals.

The traditional disciplinary process is often long and costly, and allows the potentially impaired health professional to continue to practice unmonitored. Without the alternative to discipline option, in many cases, it would not be possible to immediately act to safeguard the public. Voluntary entry monitoring engages the professional in treatment, and permits return to practice only when the program deems the professional safe to return.

Continued on page 3

New Member Spotlight

Dr. Leslie Cohn

Dr. Leslie Cohn received her master's degree from Boston University and her doctoral degree from the University of Nebraska. She has more than 15 years of experience treating adults and older adolescents.

Dr. Cohn specializes in treating anxiety, addictions, co-occurring mental health and substance problems, trauma, and chronic pain or illness. She also treats people struggling with depression, bipolar disorder, and relationship concerns. In addition to her work as a therapist.

Dr. Cohn has been a principle investigator on projects for the National Institutes of Health and is a supervisor for students in the University of Washington clinical training psychology program.

Dr. Cohn is also a professional chocolatier.

Potentially Impaired Health Professionals—continued

Who is Served, Who Benefits -In some cases the evaluation or monitoring process reveals that the health professional is not and may never be able to practice professionally with reasonable safety for the public. In those rare instances, the health professional may voluntarily agree to give up his or her license, or the department will take action to suspend or revoke the license. However, more than 70 percent of health professionals who participate in an alternative to discipline monitoring program successfully graduate and go on to have long, productive careers.

How to Access - Healthcare professionals enter monitoring through self-referral, under agreement with their disciplinary authority, or by legal order.

When health professionals contact the monitoring program (either by self or by disciplinary authority referral) they undergo a comprehensive substance use and/or mental health evaluation. If appropriate, the program makes arrangements for them to enter into treatment. After professionals complete any indicated treatment, the programs monitor them according to individualized monitoring contracts. Standard contract components include participation in self-help and professional peer support groups, random drug screening, and structured practice oversight.

If you've ever received a letter from the EBOP you know how traumatizing it can be. The flow of a complaint follows a standard process:

1. A complaint is received at the Department of Health.
2. If there is sufficient information a panel of boarders reviews the complaint and decides to close the complaint or to open it for investigation.
3. If opened an investigator is assigned to gather evidence.
4. A boarder reviews the evidence and presents it to a larger board panel to determine if a violation has occurred and if so what level of action should be taken.
5. Staff attorneys work with the professional to seek an agreeable resolution.

In order to serve you better, we must have your current mailing address in our system. This is especially important because we mail your courtesy renewal notice and updated credential to the address on file. The U.S. Postal Service does not forward Department of Health mail so it is your responsibility to inform the Customer Service Office of an address change.

We cannot accept contact information updates over the phone.

If your contact information is not current in our system, please complete and submit the [contact information change form](#). If you have questions, feel free to [contact our staff](#).

After completing the form submit it to the Department of Health by:

Email – select the **Email** button on the form, it will be sent automatically

Should there be a professional death penalty for psychologists?

Jorge Torres-Saenz, Psy.D.

I would like to try to explain some of the experiences that I have had on the Examining Board of Psychology for the past 10 years, in order to demystify what it is and, I hope, to motivate more psychologists to apply to be on the board. When it was first suggested for me to apply, I had heard in graduate school (and actually experienced in one case) about boards that were seen as dictatorial and oppressive. If you called the board on the phone and the person who answered knew you were a psychologist, that person was automatically rude. The image that started to form in my mind was that psychologists who wanted to be on the board wanted power, and if they were appointed, they would abuse it by using it to their advantage.

For some of those board members, this was unfortunately true. The program manager would be proud to have this image as if fear and intimidation could lower the incidence of complaints. I thought that the members of our board would not be too far from the stereotype board I held in my mind. I thought I could make a difference as an example of how someone can have power and not abuse it, and be interested in the public without trampling on psychologists' rights. As I heard someone say once, psychologists are people too!

It was a pleasant surprise to find this board's members were the opposite of my expectations. Every one showed wisdom, experience and attention to detail when studying each case and its merits. [OK, sometimes we could overly process some of the cases.] I will always be grateful for the learning I received. There is a need to

immerse ourselves in the law and the ethics that it contains. I am satisfied that each case was given the time and attention needed to reach a fair and correct decision. Because of these cases, I don't "buy in" to rationalizations such as "no one will notice or find out" or "this is in the best interest of the client, even though I also have a conflicting interest." Many cases have psychologists who get into trouble as they believe that they know better and end up placing themselves above the laws.

A concept that was initially difficult for me to grasp was, "what is the board? The board exists as a board only when there is a quorum (or in some cases a panel of three or more). "How does that work?" I would ask myself. "If we are not meeting, is there no board?" The answer is no, there isn't. Our minds help make that gap of continuity that there is the existence of a board even when there isn't a meeting, but it really is not there unless we meet and there is a quorum. I'll let you ponder that.

The other concept that is easier to digest, I think, is how no one member of the board can speak for the board. As stated before: the board is a group of people that exists temporarily when they meet and there is a quorum. So the key concept is "group." The board can, nevertheless, appoint someone to speak for it on specific occasions or topics. This is like hearing a recording of a conference; the recorder can't really change anything or answer questions as the conference is over. I have to say there have been very interesting conversations on the board that are philosophical in nature but that have an enormous effect on how the board

might make a decision.

If you decide to apply and you are accepted, come prepared to have those interesting discussions. The necessary skills to become a board member, in my mind, include the following:

- To have the ability to place another person's interests before one's own.
- To discuss in an orderly and reasonable manner subjects that are close to one's heart and beliefs without losing one's composure.
- To accept that not all psychologists are doing what they need to be doing for their clients.
- To have an interest in protecting the public.

Some psychologists have proposed that psychologists are also members of the public. We have to recognize that the board was not created to protect psychologists as members of the public (exception can be complaints of one psychologist against another). This can also be a confusing point. Psychologists on the board are asked for their expertise about the person and the field to be able to give the best outcome to the public (this, of course, does not preclude being fair to the psychologist). A point of comfort for psychologists is that many complaints are not seen as legitimate and therefore are not sent for investigation, so it doesn't affect the psychologist.

Continued on Page 5

Should there be a professional death penalty for psychologists? — continued

A related point of interest for me has been that because we deal with psychologists, I've always considered it to be a conflict of interest for me to belong to a group that caters to psychologists, such as our state association.

The board doesn't exist to make psychologists' lives more difficult or to micromanage what they do through regulation. The board contributes to help those psychologists who are doing their best to also protect the public. If we look at the numbers, these psychologists are the majority.

So, if you're asking yourself, would I support the death penalty, I could

freely say that I would not. I guess I was hoping more that the title would help motivate you to read to the end of the article. I do have to say that I seen cases in which licenses have been revoked for egregious behaviors. We may ask ourselves, is the board there to help people rehabilitate or to punish those who have over stepped their professional boundaries? Currently, on the board I would say that the former is more the belief. We know in every professional career there is a mix of people and one can find some who don't seem to exercise their conscience.

I have been glad to be able to travel to several conferences held by the Association of State and Provincial Psychology Boards. Those have informed the board of what is going

on with boards all over the country. This is an important task that needs to continue as mobility and telehealth are becoming more and more relevant to the practice. This association has been very interested in helping psychology come together as each state is so proud of its autonomy. Thank you to the staff members of the department who are exemplary in their profession and who make the board members' job easier with their support. I am also grateful to all the members of the board for their contributions. I could not have done my job without them.



Legislative Effects – Second Substitute Senate Bill (2SSB) 6312

Did you know that a psychologist who is also credentialed as a chemical dependency professional (CDP) under chapter 18.205 RCW can now use the CDP title outside of an agency that has been approved by the Division of Behavioral Health and Rehabilitation (DBHR)?

Changes made to RCW 18.205 during the 2014 legislative session allow practitioners credentialed in the state as a CDP or chemical dependency professional trainee to provide chemical dependency services outside of a DBHR-approved agency if the practitioner also holds a Washington credential as an:

- Advanced registered nurse practitioner;
- Marriage and family therapist;
- Mental health counselor;
- Advanced or independent clinical social worker;
- Psychologist;
- Osteopathic physician or physician's assistant;
- Or Allopathic physician or physician's assistant.



Providers must have a chemical dependency credential in order to use the title. The chemical dependency professional program is working on rules to allow these professional to have an alternative path to

New Member Spotlight– Dr. Elizabeth Kunchandy

Dr. Kunchandy has been a licensed psychologist in Washington since January 2009. Her training and education focused on developing knowledge and skills in the areas of rehabilitation psychology, health psychology, and neuropsychology. She has worked primarily within a medical setting, providing individual and group psychotherapy to patients and their families. She also provided training and consultation services to medical staff members and personnel. Her research interests involve the intersection of the biopsychosocial model and factors of resilience in the treatment and recovery of medically compromised people.

Dr. Kunchandy completed her undergraduate degree in psychology at Northwestern University. She went on to complete her master's degree in community counseling at Loyola University Chicago. She completed her doctoral degree in counseling psychology at Loyola University Chicago with a minor in multicultural counseling and consultation. During her doctoral studies, Dr. Kunchandy helped establish the Graduate Asian Student Association at Loyola University to expand the knowledge and understanding of

multicultural issues within the field of psychology.

Dr. Kunchandy's clinical training and employment focused on working in various medical settings, including inpatient and outpatient oncology, inpatient and outpatient rehabilitation services, and inpatient and outpatient neuropsychology services. For nearly eight years, Dr. Kunchandy has been working with active duty military personnel and veterans both in Washington State and the Chicago area. She also served as the director of training for an APA-accredited pre-doctoral internship at Western State Hospital.

Dr. Kunchandy serves as an adjunct faculty member at Antioch University Seattle, where she teaches courses in health psychology and in cognition and affect. She serves on two dissertation committees, and views the role of an educator with great respect and responsibility. Helping to train and develop competent, ethical, and knowledgeable future psychologists is an important professional goal to her.

Dr. Kunchandy immigrated to the United

States from India as a child and grew up in the suburbs of Chicago. She and her family moved in 2008 to the Seattle area, where she resides with her husband and two children. Her hobbies include cooking, hiking, sailing, traveling, and golfing. Dr. Kunchandy speaks four different languages and relishes learning about other cultures. She also enjoys a good cup of tea and watching a fun football game.

As a board member, Dr. Kunchandy hopes to help protect vulnerable people, and to ensure that each member of our communities receives equitable and competent psychological care. It is with great honor and humility that Dr. Kunchandy accepted her position as a member of the Examining Board of Psychology. She appreciates and looks forward to serving Washington state residents.

New Member Spotlight– Dr. Brendon Scholtz

Dr. Brendon Scholtz has been a licensed psychologist in Washington since 2009 and in New York since 2007. Dr. Scholtz obtained his undergraduate degree from the University of Arizona, his master's degree from Lewis and Clark College and his doctorate in clinical psychology from the University of North Texas. The predominant focus of his doctoral work was the evaluation of psychopathy and malingering.

Dr. Scholtz has worked in the mental health field for more than 25 years. He has worked doing crisis intervention, chemical dependency treatment and treatment of difficult populations. The majority of his career as a psychologist has been spent working in the area of forensics. Dr. Scholtz has worked for state agencies in prisons, civil and forensic hospitals around the country. Dr. Scholtz conducts comprehensive assessments, consults with a range of individuals in the legal field and frequently functions as a court-appointed expert witness. Currently Dr. Scholtz maintains a fulltime private practice devoted almost exclusively to forensic evaluation. Dr. Scholtz has also taught at the undergraduate and graduate level at several universities. He has been and remains an active trainer and clinical supervisor.

When he is not working, Dr. Scholtz enjoys flying, hiking with his dog, renovating his house and traveling, both locally and internationally.

Rules in Progress

The Examining Board of Psychology (board) is considering creating new sections to allow for accepting courses taken outside the doctoral degree-granting program, and to develop standards for applicants applying by endorsement.

Under the board's current rules ([WAC 246-924-046](#)) only courses that were taken as part of the degree-granting program count toward meeting the educational components for licensure. In some circumstances, specific courses may have been unavailable during an applicant's doctoral program. This results in an applicant receiving a qualifying doctoral degree, but the applicant may not have met specific course requirements under [WAC 246-924-046 \(3\)](#). Applicants may have taken pre- or post-doctoral courses to fulfill the course requirements.

The board is in the process of developing rules to establish the circumstances in which additional coursework could be applied to the educational requirements. The interpretive policy statement filed with the Office of the Code Reviser as [WSR 12-08-020](#) initially identified some of these circumstances.

Under [RCW 18.83.170](#) (1) and (2) (a), the board determines whether another state or country has adopted licensing requirements for doctoral-level psychologists that, in the board's judgment, are essentially equivalent to those required under chapter 18.83 RCW and chapter 246-924 WAC.

When the board determines that another state or country is not equivalent, it adopts a finding that identifies which licensing requirement(s) is not equivalent (e.g., omitted or insufficient) in that state's or country's licensing laws and regulations.

Except for licensing requirement(s) the board finds non-equivalent, the board considers that state's or country's licensing requirements equivalent.

When reviewing another state's or country's qualifications the board determined that some states weren't essentially equivalent. The board didn't want to deny these applications when only some of the licensure requirement(s) were omitted or insufficient.

Instead the board began to determine what elements are not equivalent in other states or countries, and allowed applicants to demonstrate completion

of the non-equivalent issues to qualify for licensure, by documenting that they have met Washington requirements.

This option will provide an alternative for licensure for a subset of applicants from a state (or country) determined to be non-equivalent when an applicant has, in his or her doctoral program and experience, met the requirements under the board's rules.

The board is considering adopting in rule a licensure process for applicants licensed (at least two years) in a state or country determined non-equivalent under RCW 18.83.170. This option would decrease barriers to licensure, while maintaining public protection.

The board has held two stakeholder workshops related to this issue.



Welcome our new Assistant Attorney General Advisory -Jack Bucknell

Jack Bucknell recently succeeded Mark Calkins as the assistant attorney general advisor to the Examining Board of Psychology.

Jack has been licensed to practice law since 2000. From 2000 to 2006, Jack practiced at the law firm of Connolly, Tacon and Meserve in Olympia. His private practice focused on injury litigation, bankruptcy, bankruptcy litigation, and commercial litigation.

In November 2006 Jack joined the Washington State Department of Health, where his work focused on professional licensing and discipline, facilities licensing and discipline, and Public Records Act compliance.

In 2013 Jack was appointed to serve as an assistant attorney general in the Agriculture and Health Division of the Attorney General's Office. As an AAG, Jack advises the Department of Health about Public Records Act compliance and represents the department in Public Records Act litigation. He advises and represents the department's clinical and residential health care facilities licensing and regulatory programs, as well as the department's transient accommodations program (motels). In addition to advising the department, Jack advises the Hearing and Speech Board and the EBOP.



Board Staff Contact Information

Department of Health
PO BOX 47852
Olympia, WA 98504-7852

[Betty J. Moe](#), Program Manager
[Tammy Kelley](#), Disciplinary Case
Manager

Customer Service 360-236-4700
www.doh.wa.gov

[Board Website](#)

Examining Board of Psychology Disciplinary Statistics July 2011 through June 2013

Psychologists

Active Licensed Psychologists - 2,579
Complaints Received - 161
Investigated - 79
Closed after investigation - 56
Legal Action Taken - 16
Summary Action - 1

The board received an increased number of complaints compared to the 2009-2011 biennium; this caused the number of authorized investigations to increase as well.

The number of cases resulting in action taken by the board varies slightly depending on the nature of the complaints received. There has not been a significant change from last biennium.

When there is an immediate danger to public safety, the board may summarily suspend respondent's license. The board summarily suspended one psychologist.

When a licensee is prohibited from practicing in another state because of unprofessional conduct, there is a mandatory summary suspension of the credential in Washington. The board has not had any of these cases.

How to avoid a complaint: Communicate and document all communication and treatment provided or recommended. These actions alone may not prevent a complaint being filed but will assist the board when evaluating whether a violation of law has occurred. Know your law. Laws can be located on our [website](#).

2014 Board Meeting Dates

November 14

**Public Health - Always
Working for a Safer and
Healthier Washington.**

EXAMINING BOARD OF PSYCHOLOGY

[The board](#) is made up of seven psychologists and two public members. Members attend regular meetings, scheduled for one day on a Friday every six to eight weeks. Members are appointed by the governor for five-year terms. If you are interested in applying to be a part of the board, please complete an application on the governor's website at <http://www.governor.wa.gov/boards/application/application.asp> or contact Betty Moe at Betty.Moe@doh.wa.gov with questions.



It is the purpose of the board established in [RCW 18.83.050](#) to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensure, continuing education, consistent standards of practice, continuing competency mechanisms, and discipline.