



D.C. Board of Psychology



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



April 2009

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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

Letter from the Chair

It is my pleasure to greet you as the Chair of the District of Columbia Board of Psychology. As a regulatory Board, it is our responsibility to protect the public by ensuring that all psychologists practicing in the District of Columbia meet licensure requirements; and that all client complaints are responded to in a timely manner. Although all of the Board members (four psychologists and one consumer member) work full time, we are serious about our service to the field and to the citizens of the District of Columbia.

During my tenure as a member of the Board, and now as the Chair, it has been my privilege to witness several significant improvements in the Board's procedures. Namely, this year we developed new procedures

and definitions regarding Continuing Education credits; and improved the application process by computerizing licensing applications. This newsletter and our December conference with a focus on Violence are testaments to the current Board's commitment to improve and increase:

- communication between the Board, professionals, and the community; and
- continuing education offered to psychologists practicing in the District of Columbia.

It is the Board's desire that you, readers, send written responses to the Opinion Column in order to have productive discussions regarding improving the delivery of comprehensive services to the citizens of Washington, DC.



James E. Savage, Jr., PhD

Future Letters from the Chair will include information regarding the Board's procedures for scrutinizing applications, responding to complaints, and other issues demonstrating the board's commitment to:

- the protection of the public; and
- the field of psychology.

James E. Savage, Jr., PhD
Chairperson
DC Board of Psychology

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.

KUDOS!

The Association of State and Provincial Psychology Boards (ASPPB) has honored DC Psychology Board Chair James E. Savage, Jr., PhD, with its State and Provincial Service Award: "presented in recognition of his many valuable contributions to the regulation of psychologists and the practice of the profession." Congratulations, Dr. Savage!

LICENSEES MUST PRACTICE UNDER NAME ON LICENSE

A notice of final rulemaking has been made regarding the name under which a health care professional may practice. Section 4016 of 17 DCMR Chapter 40, HEALTH OCCUPATIONS: GENERAL RULES states that "an individual holding a license, registration, or certification to practice a health occupation in the District of Columbia shall perform all professional practice in the District under the full name in which his or her license was issued." Section 4016 also specifies that all signage, stationary, and advertisements, as well as oral and written communication with the public must be in the same name as on one's license.

FREQUENTLY ASKED QUESTIONS

How many hours of psychological practice are required for licensure in the District of Columbia?

Pursuant to § 6902.9 of the District of Columbia Psychology Regulations, an initial applicant for licensure (first-time licensee) must furnish proof satisfactory to the Board that the applicant has obtained a minimum of four thousand (4,000) hours of psychological practice.

Do all (4,000) hours have to be obtained after the conferral of the doctoral degree?

No, pursuant to § 6902.9, the four thousand hours may have been acquired after conferral of the doctoral degree or, two thousand hours (2,000) may have been acquired during a pre-doctoral internship with the remaining (2,000) acquired after conferral of the degree.

Do applicants for licensure in the District of Columbia have to take and pass more than one exam?

Yes, applicants for licensure in the District of Columbia must take and pass the Psychological Licensing

Examination sponsored by the American Association of State Psychology Boards (Association of State and Provincial Psychology Board's Examination for Professional Practice in Psychology [ASPPB EPPP]) or a passing score on the examination sponsored by the American Board of Examiners of Professional Psychology (ABEPP Examination).

Also, applicants must take and pass the District's Jurisprudence Exam administered by the District's Licensing Board.

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.



SEMINAR ON VIOLENCE



The seminar on violence began with intense accounts given by persons who have experienced extreme violence. Above, a young man named William Kellibrew, tells participants about the sexual and physical abuse he endured as a child. He was a victim, as well as his mother and brother, who were murdered before his eyes.

The Board of Psychology’s continuing education program on the topic of violence began with intense testimonies from survivors. A young lady came on stage and spoke of her relationship with an abusive spouse who beat her while she was pregnant. She urged practitioners to take action so that “the cycle does not repeat itself.”

A young man, William Kellibrew, told attendees that he had been raped as a young child, and was later present when a man brutally shot and murdered his mother and brother. The man held the gun to his head also, he told participants. Yet, unbelievably, his remaining family members

“told me to just forget about it.” Fortunately, he got the psychological counseling as

a teen and “I am strong today,” he says. He is now taking part in an international movement called “Sleep Out for Peace” to end violence and he is advocating the establishment of a federal registry of domestic abusers.

These tragic stories provided the backdrop for the sober task at hand for psychologists, social workers, and other health care professionals practicing in the District.

James Savage, PhD, Chairperson of the Board of Psychology, opened the seminar by reviewing the definitions of violence, and then introduced the moderator **Rhonique Harris, MD, MHS, FAAP**, Medical Director of the Mobile Health Programs of the Children’s National Medical Center (CNMC); and who also is an Assistant Professor at George Washington University.

District of Columbia Department of Health Director **Pierre N.D. Vigilance, MD, MPH** said that most people think of “violence” as something addressed by emergency-preparedness planning, but he urged participants to think about it as a daily threat. “Violence is the second leading cause of death for young people,” he said. “Violence prevention begins with each one of us.” Law enforcement has a role in combating the problem, he said, but there is also a very crucial role for public health professionals:

- We must deal with the problem before an event occurs.
- We must find and create support systems.
- Remember to be respectful of all approaches—there is no magic pill.

“Change can happen,” he told attendees.

At right, the opening speaker told of the horror of being physically attacked by her husband while pregnant. He was subsequently killed during an altercation with another individual.



John Gillis, Director of the Office for Victims of Crime, U.S. Department of Justice.



DOH Director Pierre N.D. Vigilance, MD, MPH, with seminar moderator Rhonique Harris, MD, a physician at Children’s National Medical Center (CNMC).



James E. Savage, PhD, Chairperson of the DC Board of Psychology.



Senora Simpson, PT, DrPH, chats with District Councilmember Tommy Wells (Ward 6).





DC Board of Psychology's



MPD's Diane Grooms (l.) and Officer Robinson (r.), with attendee Min. Delores M. Roberts.



Board members and Executive Director chat with speaker Robert Hull, EdS, MHS (center).

METROPOLITAN POLICE DEPARTMENT

Turf wars. Girl gangs. Truancy. Childhood boyfriend-girlfriend "domestic violence." These were some of the trends touched upon by Metropolitan Police Department (MPD) spokeswoman **Diane Grooms**, who is Assistant Chief of the Patrol Bureau.

She informed attendees about recent shootings, and the kidnapping of a 14 year old by drug dealers.

"Ten percent of the 174 homicides [as of 12/8/08] were committed by youth, and 7 of those were charged as adults," she said. Among youth, there were 188 sexual assaults; 38 first-degree rape.

"We do summer camps, tons of outreach, but we need the community's help."

Officer Grooms spoke about the MPD's efforts to prevent young people from becoming victims or offenders. The "Good Touch Bad Touch" Respect Program makes children aware that they have a right to protect themselves from predators.

Officer Grooms said that "domestic violence" situations can occur among children as young as 10 years old who

engage in their first "girlfriend/boyfriend" relationships.

She voiced concern about girl gangs in the District, whose members inflict beatings or sexual assaults upon new members.

Some young girls, Officer Grooms said, are not even clear as to what constitutes abuse: "They have to go to the hospital to believe it is a crime." But a smack or punch is abuse.

The Girls Time Out Program is the MPD's effort to give young ladies an alternative to gang activity.

Broken curfews and truancy also pose a problem for the MPD. She spoke of recent cases where a 7 year old was spotted on street at 4:00 am.

"Truancy and curfew are huge indicators," Office Grooms said. Idle time in the street eventually leads many youth toward crime such as robbery and auto theft.

Many youth are more attached to (and committed to defending) their neighborhood turf than they are attached to their family unit. And they are willing to open fire with weapons to protect their neighborhood.

YOUTH FACE A TSUNAMI OF VIOLENCE

There were 317 youths arrested for robbery in 2008 [as of 12/8/08]. The MPD diverted 800 juveniles and put them in social services.

"The most frustrating thing," she said, "We try to ask youth what is the cause of their behavior and they don't know." This highlights the importance of mental health professionals in DC; youth need to be guided toward discovering the reasons for their behavior and toward treatments to address their mental health needs.

She encouraged attendees to reach out: "One person can change a person's life. One person can change the life of a child. A lot of youth feel no one cares."

Robert Hull, EdS, MHS, called for transformational change and described the "tsunami of violence" young people must deal with, which is thrust upon them from all levels of our culture. He used a photo of a kitten walking past a gang of dogs to illustrate his point. He urged practitioners not to stereotype teens which act inappropriately: "Our worst kids may be the highest functioning kid in their family." These teens may take on heavy responsibilities within their home, caring for younger children or others.

Mr. Hull noted that, as a sports coach, he could say anything to his players—because they knew his aim was to make them winners.



SEMINAR ON VIOLENCE



Physician and Minority Health Expert Beverly Coleman-Miller, MD.

PERSONALIZE THE ISSUE; RECOGNIZE YOUR ANGER

Physician and Minority Health Expert **Beverly Coleman-Miller, MD** reminded participants that no one is safe from becoming a victim: "Twenty percent of nursing homes are dealing with elder abuse. You are going to get old. The cycle is not going to stop." Dr. Coleman-Miller urged practitioners to venture beyond "safe" office settings, and to communicate with young people. She also challenged attendees to grapple with the legitimate questions young people ask, such as: "if violence is the wrong way to resolve

disputes, why are we as a nation at war?"

Dr. Coleman-Miller asked practitioners to provide the space clients need to open up about domestic violence.

She demonstrated how she speaks to a person hesitant to speak: "I fight in my house, Ms. Jones," she said, "How do you fight in your house?" Then shut up."

Anger is an emotion we all experience, Dr. Coleman-Miller said. She encouraged professionals to acknowledge and recall their own instances of anger before approaching young people to talk to them regarding their anger.



The Honorable Karen A. Howze speaks of her experience as the mother of adopted girls.

ONE WORD TO REMEMBER: TRAUMA

During her presentation, **The Honorable Karen A. Howze**, who serves as a Magistrate Judge in the District described her experiences as the adoptive mother of girls who had been severely abused early in their young lives. Their foster father physically abused them, but perhaps more tragically, the girls were sexually abused by both their biological mother and their foster mother.

Judge Howze urged practitioners to recognize this abuse as what it is: trauma.

One barrier to getting the appropriate help for her children, Judge Howze said, was that she was not informed about the trauma her children had been subjected to: "If you don't know what happened, you can't do anything about it."

When she so much as merely touched one of her children, that act triggered a response of trauma: "If you don't know [the history of sexual abuse], you are further contributing to the trauma."

A child may be incapable of receiving or accepting love from an adoptive parent, she said. A practitioner with

integrity must communicate this harsh reality to the adoptive parent.

The difficult task is finding out what has happened to the abused child. Often, the child is not able to verbalize their abuse. "Assume all children have been victims of trauma," the Judge said. "Then maybe you can figure out what the trauma is. The child may not be able to pinpoint [the trauma]."

Judge Howze asked practitioners to communicate with one another, to determine which practitioners are especially adept at getting a child to recall and reveal the traumas they have survived. But keep in mind that "getting to the truth will not be revealed in one conversation," she said. "It is like peeling off the skin of an onion, it comes out in dribbles and drabs."

Practitioners must be realistic: "I don't think you can fix it. You can only help them live with it. You can minimize 'it', so they don't harm others," she said. Judge Howze also urged attendees to gain specialization in grief and loss.

DC DEPARTMENT OF MENTAL HEALTH

TRAINING PROGRAM

(for those interested in becoming a part of their pool of mental health professionals)

If you would like to go to a training session to be part of DMH's pool of practitioners, contact Dr. Erika Van Buren, Director of Organizational Development at 202-671-2910.

24 HOUR, 7-DAY ACCESS HELP LINE

1-888-7WE HELP (1-888-793-4357)

Caller is referred to immediate emergency assistance, if necessary, or to the most accessible community based mental health provider for ongoing care.



DC Board of Psychology's



Seminar participants ask questions, and voice their opinions and concerns regarding the prevalence of violence, prevention methods, and treatment options for victims of violence.

FUNDING GRASSROOTS AND ACADEMIA

John W. Gillis, Director of the Office for Victims of Crime (OVC) at the U.S. Department of Justice, told participants: "When you talk about violence, you must remember the victim of that violence." Mr. Gillis was a member of the Los Angeles Police Department, and his daughter was murdered over two decades ago by an individual seeking to gain points (in the Mexican Mafia) by killing a cop's relative.

Today, Mr. Gillis promotes peace through his efforts as director of the OVC, which administers a crime victims'

fund, provides assistance during terrorist attack, disseminates information on violence issues, and provides funding to grassroots organizations.

Since 2002, his program has given funds to over 400 grassroots organizations, from Mothers Against Drunk Driving to pro-bono law clinics for victims of crime.

In 2009, his office will provide funds for developing a college curriculum which integrates crime victim issues into college curriculum. (For more info, go to www.ovc.gov)

Seminar "Evocator" **Senora Simpson, PT, DrPH** urged listeners to slow down and take the time to listen: "You cannot look at a person and know they have experienced victimization. Talk to people in words they can understand. Not the big words, not [about] websites."

Dr. Simpson, Chairperson of the DC Board of Physical Therapy, is also an Assistant Professor at the Howard University College of Pharmacy, Nursing and Allied Health Sciences.

COMBATING RANDOM VIOLENCE IN WARD 6

The Honorable Council-member Tommy Wells (Ward 6), who is Chair of the Human Services Committee of the Council of the District of Columbia, began his career as a social worker, he said.

He spoke about series of what appear to be hate-crimes in his Ward—incidents where victims have been viciously beaten, but not robbed. The young teens who have committed these assaults are relatively easy to catch, he said, because they tell others what they have done.

"As a policy maker, I am trying to figure out what is going on," he said, regarding the randomness and viciousness of the crimes. Mr. Wells noted the prevalence of crack during the years in which these young teens were born. He said women who are addicted to crack cocaine do not bond with their infants the way other addicted mothers are able to, and this lack of

mother-child bonding may have created a group of youth who have no ability to empathize with others.

Like Officer Groomes, he spoke about District shootings which did not target an individual, but were an act of retaliation against a rival neighborhood.

"The normal response is to come down [hard] on youth: 'You will do adult time,'" he said. But—although we *can* give youth adult jail time—the punishment will not enable these teens to develop empathy for others. He noted that the confidentiality laws make it unlikely that the community can be informed of what the youth have done. We must open the lines of communication with violent youth, but without excusing the violent behavior.

To alert or offer recommendations to the Juvenile Crime Task Force, logon to:

www.tommywells.org

SEMINAR ON VIOLENCE



Allison M. Jackson, MD, MPH, Medical Director of the Freddie Mac Foundation Child & Adolescent Protection Center (of CNMC).



Barbara J. Bazron, PhD, Deputy Director of the Department of Mental Health (DMH).



Robert Hull, EdS, MHS.

FAMILY, COMMUNITY, SOCIETAL RISK FACTORS

Speaker **Allison M. Jackson, MD, MPH**, examined both the risk-factors and interventions for children who are victims of violence and/or self-abuse.

She discussed individual, family, community and the societal determinants for at-risk youth—such as mental

illness, low commitment to school, parental criminality, exposure to delinquent peers, transience and poverty.

Dr. Jackson noted the “normalization of violence and sexual harm” in the media and entertainment, through violent television shows, movies, music

videos, video games, Internet images. She described a case in which children were asked how they learned the sexual actions they were acting out and they told the practitioner they had seen sex acts on the cable station Cartoon Network’s afterhours “Adult Swim” programming.

Dr. Jackson shared images she found on the Internet, including one of a baby wearing a “LIL’ WIFE BEATER” tee shirt.

Dr. Jackson urged practitioners to be honest with their patients about the limitations of confidentiality, and the need to report sexual and physical abuse.

Dr. Jackson is Medical Director of the Freddie Mac Foundation Child & Adolescent Protection Center of the CNMC, and also serves as an Assistant Professor of Pediatrics at George Washington University School of Medicine.

DEPARTMENT OF MENTAL HEALTH

“No child touched by violence goes unscathed,” said **Barbara J. Bazron, PhD**, Deputy Director of the DC Department of Mental Health (DMH). Dr. Bazron told attendees about the array of services offered by the DMH. They currently operate mental health clinics in 58 DC public and charter schools, which offer prevention, early intervention and clinical services for youth and their families. DMH also has crisis intervention teams, offers respite care for parents, and funds community-based services through local organizations.

For adults, DMH offers a psychiatric emergency care, homeless outreach and housing support, and jail diversion, to link those in the criminal justice system to community-based services.

Dr. Bazron urged attendees to contact DMH regarding their training program (see page 5).

SCREENING TIPS PROVIDED BY SPEAKER ALLISON JACKSON, MD

HEEADSSS (HE²ADS³)

- psychosocial screen
- Home
 - Education/ Employment
 - Eating
 - Activities
 - Drugs
 - Sexuality
 - Suicide & depression
 - Safety

Goldenring, JM, Rosen, DS. Getting into adolescent heads: An essential update. *Modern Medicine*. Contemporary Pediatrics. 2004.

FISTS+

- Fighting – Peer/intra-familial
- Injuries
- Sex – Dating violence
 - Ever been given clothes, food, a place to stay or money in exchange for sex (trafficking)
- Threats
- Self-Defense
- Internet (+) – Chat room
 - Solicitation
 - Stalking

<http://www.aap.org/connectedkids/ClinicalGuide.pdf>
Alpert EJ, Sege, RD, Bradshaw, YS. Interpersonal violence and the education of physicians. *Academic Medicine*. 1997; 72:S41-S50.

OPINION COLUMN

WHERE HAVE ALL THE PSYCHOLOGISTS GONE?

In recent years, several high-profile cases involving violence and trauma have been highlighted by the media—horrific cases of the abuse and murder of children in the District of Columbia (or of children placed by District social service agencies).

These unimaginable acts have riveted the citizens of the District. When all is said and done, a lot of trees will be cut down to create the paper upon which any number of reports will be written, in an attempt to clarify, justify, rationalize, blame and counter blame, condemn, not condemn, shore up, create oversight boards, scapegoat, terminate, rehire and/or compartmentalize our understanding of these horrific incidents. District leadership will come and go. In time, we will all move on.

In the moment, however, let us create a collective community memory among District psychologists, the mental health community, at large, and for all the residents of this great city—to insure we all learn from this and take corrective action so no

“While all mental health professionals receive education and training to address the multifaceted mental health needs of clients, there is a unique and necessary contribution psychologists provide in the assessment and treatment of severe mental illness and psychopathology.”

citizen ever reaches this level of desperation again without fail-safe systems in place for a person to turn for help. Just as you, I have read all the published accounts of these tragic cases. Multiple social service agencies, the school system, law enforcement, the courts and the Mayor’s office weighed in—some before the discovery of the deceased children and, for sure, all after the fact.

I have re-read many of the articles and one curious issue stands out. Where were the psychologists? School teachers, school administrators, school counselors, social workers, the police, Superior Court judges all encountered these children. Were psychologists consulted

or engaged in any of the agencies before or after the fact? While all mental health professionals receive education and training to address the multifaceted mental health needs of clients, there is a unique and necessary contribution psychologists provide in the assessment and treatment of severe mental illness and psychopathology.

Ever since managed care took a firm grip on the delivery of healthcare in this country, decisions have been made, especially with regards to mental health, to cut corners. Third party payers decided to restructure mental health costs, through reduced, and inequitable, reimbursement for psychological services. The roles traditionally

held by psychologists were either eroded through circumscribing responsibilities, divvied up between other mental health professionals, or eliminated altogether. In a move that closely resembled the world of managed care, the DC Department of Mental Health, several years ago, terminated a number of psychologists, as a cost-cutting maneuver.

This is not to say had psychologists been directly involved in any of the agencies these parents encountered there would have been a different outcome. For certain, however, as plans are developed to shore up deficits in the mental health and social services systems, and insure no other District citizen is ever placed in such peril, measures must be taken for the inclusion of the psychologist as a fully engaged part of the mental health team process.

Barbara T. Roberts, PhD
Psychology Licensing
Board Member

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



William H. Byrd, PhD

MEET BOARD OF PSYCHOLOGY VICE CHAIR WILLIAM H. BYRD, PHD

How long have you been serving on the Board?

About 12 years.

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

I first became a member of the Board during the Barry Administration, when he appointed me. My interest was sparked by former members of the Board who encouraged me to become involved in an effort to continue the work that the Board had been doing with regard to constituent services and looking out for 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)?

The enthusiasm of the Board and the staff has been rewarding. Tackling current practices as they relate to the practice of psychology have been most enlightening.

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

To limit the accomplishments to one is difficult. In my opinion, there have been a

number of significant accomplishments, but I'll focus on a few highlights for constituents, psychologists and the consumers of our services. One accomplishment is the improvement of the timeframe for the application process for

those who apply for licensure to practice psychology in the District of Columbia. Another accomplishment is the amendment to the HORA [Health Occupations Revision Act of 1985 Amendment Act of 1994], which is with the Council. Third, the timeframe for resolving complaints from consumers as related to the practice of psychology in the District.

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

I have gained a greater understanding of the laws relating to the practice of psychology and ethical principles that are applicable in the real world, especially in how the practice of psychology within those guidelines impacts the consumers. Furthermore, I have gained a greater appreciation of the Board's responsibility to ensure, to the maximum extent possible, that psychologists engage in the practice of psychology within the guidelines of the law and ethical principles of our profession.

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

Definitely—my employment

history as well as my professional and personal values and principles. My employment history has been helpful in that I have been in management as well as direct services in private practice and the government. In the past, I served as supervisor of psychology for the District of Columbia Public Schools, and as an administrator for programs that provided services, inclusive of psychological services, to children with special needs. My work in private practice has served to be extremely helpful as I hear complaints regarding psychologists out in the field. I have used my experiences to assist me in developing my responses to complaints, and my decision-making process.

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

One of the largest challenges for the board is to ensure that the Board is running effectively and efficiently in carrying out its mandate as directed by the citizens of the District of Columbia as well as the Department of Health. We want to have an efficient and effective Board. Another challenge is to ensure that licensed psychologists are practicing with the best interest of the citizens at heart and are practicing in an ethical manner.

What would you tell someone who is thinking about applying to serve on your Board?

Enthusiastic and dedicated individuals are always needed. It is our professional and civic duty to give back to our profession and the citizens we serve in the

"One [Board] accomplishment is the improvement of the timeframe for the application process for those who apply for licensure to practice psychology in the District of Columbia."

District of Columbia. I would encourage citizens to serve on the Board because it is truly a rewarding experience and their perspectives are invaluable. Serving on the Board of Psychology not only allows you to impact and influence the practice of psychology in the District, but there are opportunities to be involved at the national level.

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

I would encourage them to read the regulations, and read the HORA, to understand what the requirements are so that they are practicing within the scope of the law as it relates to psychology in the District. Knowledge of the rules and regulations is tantamount. Ignorance of the law is no excuse. They should be in-tune with the regulations—and follow them. Finally, psychologists licensed in the District of Columbia should get acquainted with the Board, and feel free to seek guidance, if needed, in ensuring that they are providing quality services to the citizens of the District of Columbia.

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.

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) 724-8677.

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

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 IN-HOUSE RETREAT FOCUSED ON CONTINUING EDUCATION ISSUES

In 2008, the Board of Psychology gathered for an "in-house" retreat to discuss the topic of the continuing education requirements for licensees.

The Board discussed any proposed changes to the continuing education regulations regarding:

- in-service training
- independent study
- and
- the standard amount of continuing credits required for undergraduate/graduate courses.

These changes will be finalized in upcoming regulations.



INDIVIDUALS WHO HAVE NOT RENEWED

(as of 1/27/09)

ADAMSKI, ROBERT J	LOPEZ, RICHARD E
ALBAN, ADAM D.	MARTIN, CATHERINE E.
ALTER, FRED H	MCKAIN, THOMAS L
BELLINO, THOMAS T	MERRILL, WAYNE P
CARR, BARBARA A.	MESSERSMITH, CRAIG E.
CHARBONEAU, DOLORES E	MITCHELL, AGNETA
CURRAN, GAIL A	RAZZINO, BRIAN E.
CYPERS, SCOTT J.	REDER, ARIELA
DALTREY, MARILYN H.	RINDLER, DAVID B
DROHAN, EDWARD M, PHD	RITTENHOUSE, JOAN
FUTROVSKY, LEE E	ROSE, STAV S
GOLD, JEFFREY	RUBENFELD, SEYMOUR
GOLDBERG, TERRY E	SADE, JENNIFER E
HEINZEN, ARCHER D	SALKIND, FLORENCE J.
HELDING, MARGARET B.	SCHEUER, CYNTHIA
HOWLEY, THOMAS J.	SHEA, THOMAS A
HUBBARD, KIRK M	STOCK, JEREMY S
IBRAHIM, FARAH A.	STULTZ, SYLVIA L
JANUSZ, JENNIFER A.	SWIFT, ERIKA E.
JARRAR, LAMIS K	TICKTIN, ESTHER K
JENKINS, SUSAN C	TIPPETT, JEAN
JOHNSON, DECOLIUS H	TIPTON, LINDA C.
KELLY, MAURINE K.	VANDERPOOL, ANDREA T
KRAUSE, ELIZABETH D.	WEAVER, DEBRA A.
LEONARD, MARY M.	WILLIAMS, TARA L
LONG, NICHOLAS J	WOHLFORT, ROBERT W

BOARD ORDERS

October 2008 - September 2009

To date, the Board of Psychology has issued one Administrative Fine of \$2000.00 for unlicensed practice.

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.

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

UNLICENSED PRACTITIONERS BEWARE!

"PSYCHOLOGIST" SENTENCED FOR PRACTICING WITHOUT A LICENSE

On December 6, 2007, then District of Columbia Attorney General Linda Singer announced that a jury had found D.C. resident Geoffrey Wuzor guilty of practicing psychology without a license.

The defendant, who was sentenced on November 30, worked at a "core service agency" certified by the D.C. Department of Mental Health. The core service agency reported and terminated Wuzor as soon as it learned that he had

no such license. While Wuzor did some 30 hours of graduate work at Howard University, he obtained no degree that would qualify him for a license to practice psychology. He did obtain a "doctorate degree" in Theocentric Psychology from an online program offered by LaSalle University in Louisiana; LaSalle is not an accredited entity recognized by the U.S. Department of Education.

"A license is not just a piece of paper, but an assurance that those who hold themselves out to

the public have the training and skill to provide the care they promise," (now former) Attorney General Singer said. "Our licensing requirements are serious and are put into place to safeguard the public. I am particularly concerned that Wuzor worked with children."

The sentence included jail time of 30 days on the nine counts of practicing without a license, with execution of the sentence suspended except for 12 days to be served on weekends starting December 7, 2007, and 30 days on the seven counts of

misrepresenting himself as a psychologist, with execution of sentence suspended. Wuzor additionally was placed on probation for 18 months thereafter and ordered to perform 100 hours of community service within the first year. He also was ordered to pay a fine of \$800 for each of the 16 counts. The judge stated that the jail time was in part for its deterrent value. The case was handled by Senior Assistant Attorney General Maureen Zaniel.



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



Health Professional
Licensing Administration

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(202) 724-8865

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www.dc.gov

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