



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Dear Psychology Candidate:

Attached are the Connecticut General Statutes and Regulations for Connecticut State Agencies applicable to the practice of Psychology for you to study in preparation for the State Law Examination.

The State Law Examination consists of twenty-five (25) multiple-choice items, of which a minimum score of eighteen (18) correct is deemed passing. The examination is administered by this office six (6) times per year. For examination dates and deadlines, please contact this department at (860) 509-7603 or visit the department's website: <http://www.state.ct.us/dph/Publications/BRS/HSR/exams.htm>.

Only approved candidates will be admitted to the examination. Approved candidates are those deemed by the Department as having satisfied all of the requirements set forth by the Department. All applicants for psychology licensure must successfully complete the State Law Examination, including those applying for the reinstatement of their license.

If your Connecticut license has lapsed for more than two (2) years, your file must be presented to the Connecticut Board of Examiners of Psychologists for review. The Board meets four (4) times per calendar year. The Board may recommend additional requirements such as repeating the EPPP examination or completion of continuing professional education.

Please contact Judith Bailey at (860) 509-7603 if you have additional questions.



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CONNECTICUT GENERAL STATUTES - CHAPTER 368a
DEPARTMENT OF PUBLIC HEALTH
Selected Excerpts

Sec. 19a-14. Powers of department concerning regulated professions.

(a) The Department of Public Health shall have the following powers and duties with regard to the boards and commissions listed in subsection (b) which are within the Department of Public Health. The department shall:

(6) Determine the eligibility of all applicants for permits, licensure, certification or registration, based upon compliance with the general statutes and administrative regulations. The department may deny the eligibility of an applicant for a permit or for licensure by examination, endorsement, reciprocity or for reinstatement of a license voided pursuant to subsection (f) of section 19a-88, or may issue a license pursuant to a consent order containing conditions that must be met by the applicant if the department determines that the applicant:

(A) Has failed to comply with the general statutes and administrative regulations governing his profession;

(B) Has been found guilty or convicted as a result of an act which constitutes a felony under (i) the laws of this state, (ii) federal law or (iii) the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state;

(C) Is subject to a pending disciplinary action or unresolved complaint before the duly authorized professional disciplinary agency of any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction;

(D) Has been subject to disciplinary action similar to an action specified in subsection (a) of section 19a-17 by a duly authorized professional disciplinary agency of any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction;

(E) Has committed an act which, if the applicant were licensed, would not conform to the accepted standards of practice of the profession, including but not limited to, incompetence, negligence, fraud or deceit; illegal conduct; procuring or attempting to procure a license, certificate or registration by fraud or deceit; or engaging in, aiding or abetting unlicensed practice of a regulated profession, provided the commissioner, or his designee, gives notice and holds a hearing, in accordance with the provisions of chapter 54, prior to denying an application for a permit or a license based on this subparagraph; or

(F) Has a condition which would interfere with the practice of his profession, including, but not limited to, physical illness or loss of skill or deterioration due to the aging process, emotional disorder or mental illness, abuse or excessive use of drugs or alcohol, provided the commissioner, or his designee, gives notice and holds a hearing in accordance with the provisions of chapter 54, prior to denying an application for a permit or a license based on this subparagraph;

(7) Administer licensing examinations under the supervision of the appropriate board or commission;

(8) Develop and perform all administrative functions necessary to process complaints against persons licensed by the department;

(9) Consent to the approval or disapproval by the appropriate boards or commissions of schools at which educational requirements shall be met;

(10) Conduct any necessary review, inspection or investigation regarding qualifications of applicants for licenses or certificates, possible violations of statutes or regulations, and disciplinary matters. In connection with any investigation, the Commissioner of Public Health or said commissioner's authorized agent may administer oaths, issue subpoenas, compel testimony and order the production of books, records and documents. If any person refuses to appear, to testify or to produce any book, record or document when so ordered, a judge of the Superior Court may make such order as may be appropriate to aid in the enforcement of this section;

(11) Conduct any necessary investigation and follow-up in connection with complaints regarding persons subject to regulation or licensing by the department;

(12) Perform any other function necessary to the effective operation of a board or commission and not specifically vested by statute in the board or commission;

(13) Contract with a third party, if the commissioner deems necessary, to administer licensing examinations and perform all attendant administrative functions in connection with such examination.

(b) The department shall have the powers and duties indicated in subsection (a) of this section with regard to the following professional boards and commissions: ... (5) The Board of Examiners of Psychologists, established under section 20- 186....

(d) Except as provided in section 20-13e, all records obtained by the department in connection with any investigation of a person or facility over which the department has jurisdiction under this chapter, other than a physician as defined in subdivision (5) of section 20-13a, shall not be subject to the provisions of section 1-210 for a period of one year from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A complaint, as defined in subdivision (6) of section 19a-13, shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this chapter.

Sec. 19a-14c. Provision of outpatient mental health treatment to minors without parental consent.

(a) For the purposes of this section, "outpatient mental health treatment" means the treatment of mental disorders, emotional problems or maladjustments with the object of (1) removing, modifying or retarding existing symptoms; (2) improving disturbed patterns of behavior; and (3) promoting positive personality growth and development. Treatment shall not include prescribing or otherwise dispensing any medication which is a legend drug as defined in section 20-571.

(b) A psychiatrist licensed pursuant to chapter 370, a psychologist licensed pursuant to chapter 383, an independent social worker certified pursuant to chapter 383b or a marital and family therapist licensed pursuant to chapter 383a may provide outpatient mental health treatment to a minor without the consent or notification of a parent or guardian at the request of the minor if (1) requiring the consent or notification of a parent or guardian would cause the minor to reject such treatment; (2) the provision of such treatment is clinically indicated; (3) the failure to provide such treatment would be seriously detrimental to the minor's well-being; (4) the minor has knowingly and voluntarily sought such treatment and (5) in the opinion of the provider of treatment, the minor is mature enough to participate in treatment productively. The provider of such treatment shall document the reasons for any determination made to treat a minor without the consent or notification of a parent or guardian and shall include such documentation in the minor's clinical record, along with a written statement signed by the minor stating that (A) he is voluntarily seeking such treatment; (B) he has discussed with the provider the possibility of involving his parent or guardian in the decision to pursue such treatment; (C) he has determined it is not in his best interest to involve his parent or guardian in such decision; and (D) he has been given adequate opportunity to ask the provider questions about the course of his treatment.

(c) After the sixth session of outpatient mental health treatment provided to a minor pursuant to this section, the provider of such treatment shall notify the minor that the consent, notification or involvement of a parent or guardian is required to continue treatment, unless such a requirement would be seriously detrimental to the minor's well-being. If the provider determines such a requirement would be seriously detrimental to the minor's well-being, he shall document such determination in the minor's clinical record, review such determination every sixth session thereafter and document each such review. If the provider determines such a requirement would no longer be seriously detrimental to the minor's well-being, he shall require the consent, notification or involvement of a parent or guardian as a condition of continuing treatment. No provider shall notify a parent or guardian of treatment provided pursuant to this section or disclose any information concerning such treatment to a parent or guardian without the consent of the minor.

(d) A parent or guardian who is not informed of the provision of outpatient mental health treatment for his minor child pursuant to this section shall not be liable for the costs of the treatment provided.

Sec. 19a-17. Disciplinary action by department, boards and commissions.

(a) Each board or commission established under chapters 369 to 376, inclusive, 378 to 381, inclusive, and 383 to 388, inclusive, and the Department of Public Health with respect to professions under its jurisdiction which have no board or commission may take any of the following actions, singly or in combination, based on conduct which occurred prior or subsequent to the issuance of a permit or a license upon finding the existence of good cause:

- (1) Revoke a practitioner's license or permit;
- (2) Suspend a practitioner's license or permit;
- (3) Censure a practitioner or permittee;
- (4) Issue a letter of reprimand to a practitioner or permittee;
- (5) Place a practitioner or permittee on probationary status and require the practitioner or permittee to:

(A) Report regularly to such board, commission or department upon the matters which are the basis of probation;

(B) Limit practice to those areas prescribed by such board, commission or department;

(C) Continue or renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis for the probation;

(6) Assess a civil penalty of up to ten thousand dollars; or

(7) Summarily take any action specified in this subsection against a practitioner's license or permit upon receipt of proof that such practitioner has been:

(A) Found guilty or convicted as a result of an act which constitutes a felony under (i) the laws of this state, (ii) federal law or (iii) the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state; or

(B) Subject to disciplinary action similar to that specified in this subsection by a duly authorized professional agency of any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction. The applicable board or commission, or the department shall promptly notify the practitioner or permittee that his license or permit has been summarily acted upon pursuant to this subsection and shall institute formal proceedings for revocation within ninety days after such notification.

(b) Such board or commission or the department may withdraw the probation if it finds that the circumstances which required action have been remedied.

(c) Such board or commission or the department where appropriate may summarily suspend a practitioner's license or permit in advance of a final adjudication or during the appeals process if such board or commission or the department finds that a practitioner or permittee represents a clear and immediate danger to the public health and safety if he is allowed to continue to practice.

(d) Such board or commission or the department may reinstate a license which has been suspended or revoked if, after a hearing, such board or commission or the department is satisfied that the practitioner or permittee is able to practice with reasonable skill and safety to patients, customers or the public in general. As a condition of reinstatement, the board or commission or the department may impose disciplinary or corrective measures authorized under this section.

(e) As used in this section, the term "license" shall be deemed to include the following authorizations relative to the practice of any profession listed in subsection (a) of this section: (1) Licensure by the Department of Public Health; (2) certification by the Department of Public Health; and (3) certification by a national certification body.

(f) As used in this chapter, the term "permit" includes any authorization issued by the department to allow the practice, limited or otherwise, of a profession which would otherwise require a license; and the term "permittee" means any person who practices pursuant to a permit.

Sec. 19a-25a. Regulations re electronic signatures for medical records.

The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, if he deems such regulations are necessary to implement the use of electronic signatures for medical records maintained in hospitals as defined in section 19a-490. Until such regulations are promulgated, hospitals shall submit to the Department of Public Health for review and approval, any current or proposed protocol for the use of electronic signatures for medical records including, but not limited to, protections for patient confidentiality and medical record security.

Sec. 19a-88. Annual renewal of licenses by certain health practitioners.

(e) Each person holding a [psychologist] license or certificate issued under...383...shall, annually, during the month of the applicant's birth, apply for renewal of such license or certificate to the department of public health, giving the applicant's name in full, the applicant's residence and business address and such other information as the department requests. (f) Any person or entity which fails to comply with the provisions of this section shall be notified by the department that his license or certificate shall become void ninety days after the time for its renewal under this section unless it is so renewed. Any such license shall become void upon the expiration of such ninety-day period.

**CONNECTICUT GENERAL STATUTES - CHAPTER 369
HEALING ARTS**

Sec. 20-7b. Definitions. For purposes of sections 20-7b to 20-7e, inclusive:

(a) "Patient" means a natural person who has received health care services from a provider for treatment of a medical condition, or a person he designates in writing as his representative; and

(b) "Provider" means any person or organization that furnishes health care services and is licensed or certified to furnish such services pursuant to chapters 370 to 373, inclusive, 375 to 384a, inclusive, 388, 398 and 399 or is licensed or certified pursuant to chapter 368d.

Sec. 20-7c. Access to medical records and information.

(a) (1) A provider, except as provided in section 4-194, shall supply to a patient upon request complete and current information possessed by that provider concerning any diagnosis, treatment and prognosis of the patient; and (2) a provider shall notify a patient of any test results in the provider's possession that indicate a need for further treatment or diagnosis.

(b) Upon a written request of a patient, his attorney or authorized representative, or pursuant to a written authorization, a provider, except as provided in section 4-194, shall furnish to the person making such request a copy of the patient's health record, including but not limited to, bills, x-rays and copies of laboratory reports, contact lens specifications based on examinations and final contact lens fittings given within the preceding three months or such longer period of time as determined by the provider but no longer than six months, records of prescriptions and other technical information used in assessing the patient's health condition. No provider shall charge more than forty-five cents per page, including any research fees, handling fees or related costs, and the cost of first class postage, if applicable, for furnishing a health record pursuant to this subsection, except such provider may charge a patient the amount necessary to cover the cost of materials for furnishing a copy of an x-ray, provided no such charge shall be made for furnishing a health record or part thereof to a patient, his attorney or authorized representative if the record or part thereof is necessary for the purpose of supporting a claim or appeal under any provision of the Social Security Act and the request is accompanied by documentation of the claim or appeal. A provider shall furnish a health record requested pursuant to this section within thirty days of the request.

(c) If a provider, as defined in section 20-7b, reasonably determines that the information is detrimental to the physical or mental health of the patient, or is likely to cause the patient to harm himself or another, he may withhold the information from the patient. The information may be supplied to an appropriate third party or to another provider who may release the information to the patient. If disclosure of information is refused by a provider under this subsection, any person aggrieved thereby may, within thirty days of such refusal, petition the superior court for the judicial district in which he resides for an order requiring the provider to disclose the information. Such a proceeding shall be privileged with respect to assignment for trial. The court, after hearing and an in camera review of the information in question, shall issue the order requested unless it determines that such disclosure would be detrimental to the physical or mental health of the person or is likely to cause the person to harm himself or another.

(d) The provisions of this section shall not apply to any information relative to any psychiatric or psychological problems or conditions.

Sec. 20-7d. Release of patient's medical records to another provider.

A copy of the patient's health record, including but not limited to, x-rays and copies of laboratory reports, prescriptions and other technical information used in assessing the patient's condition shall be furnished to another provider upon the written request of the patient. The written request shall specify the name of the provider to whom the health record is to be furnished. The patient shall be responsible for the reasonable costs of furnishing the information.

Sec. 20-7e. Medical records maintained by agencies.

The provisions of sections 20-7b to 20-7d, inclusive, shall not apply to medical records maintained by any agency as defined in section 4-190.

REGULATIONS — MEDICAL RECORDS

19a-14-40. Medical records, definition, purpose

The purpose of a medical record is to provide a vehicle for: documenting actions taken in patient management; documenting patient progress; providing meaningful medical information to other practitioners should the patient transfer to a new provider or should the provider be unavailable for some reason. A medical record shall include, but not be limited to, information sufficient to justify any diagnosis and treatment rendered, dates of treatment, actions taken by non-licensed persons when ordered or authorized by the provider; doctors' orders, nurses notes and charts, birth certificate work-sheets, and any other diagnostic data or documents specified in the rules and regulations. All entries must be signed by the person responsible for them.

19a-14-41. Professions involved

Each person licensed or certified pursuant to the following chapters and Acts shall maintain appropriate medical records of the assessment, diagnosis, and course of treatment provided each patient, and such medical records shall be kept for the period prescribed: chapters 334b, 370 thru 373, 375, 376, 378 thru 381, 383 thru 384, 388, 398, 399, and Public Acts 83-352 and 83-441.

19a-14-42. Retention schedule

Unless specified otherwise herein, all parts of a medical record shall be retained for a period of seven (7) years from the last date of treatment, or, upon the death of the patient, for three (3) years.

(a) Pathology Slides, EEG and ECG Tracings must each be kept for seven (7) years. If an ECG is taken and the results are unchanged from a previous ECG, then only the most recent results need be retained. Reports on each of these must be kept for the duration of the medical record.

(b) Lab Reports and PKU Reports must be kept for at least five (5) years. Only positive (abnormal) lab results need be retained.

(c) X-Ray Films must be kept for three (3) years.

19a-14-43. Exceptions

Nothing in these regulations shall prevent a practitioner from retaining records longer than the prescribed minimum. When medical records for a patient are retained by a health care facility or organization, the individual practitioner shall not be required to maintain duplicate records and the retention schedules of the facility or organization shall apply to the records. If a claim of malpractice, unprofessional conduct, or negligence with respect to a particular patient has been made, or if litigation has been commenced, then all records for that patient must be retained until the matter is resolved. A consulting health care provider need not retain records if they are sent to the referring provider, who must retain them. If a patient requests his records to be transferred to another provider who then becomes the primary provider to the patient, then the first provider is no longer required to retain that patient's records.

19a-14-44. Discontinuance of practice

Upon the death or retirement of a practitioner, it shall be the responsibility of the practitioner or surviving responsible relative or executor to inform patients. This must be done by placing a notice in a daily local newspaper published in the community which is the prime locus of the practice. This notice shall be no less than two columns wide and no less than two inches in height. The notice shall appear twice, seven days apart. In addition, an individual letter is to be sent to each patient seen within the three years preceding the date of discontinuance of the practice. Medical records of all patients must be retained for at least sixty days following both the public and private notice to patients.

CONNECTICUT GENERAL STATUTES - CHAPTER 383 PSYCHOLOGISTS

Sec. 20-186. Board of examiners.

(a) The Board of Examiners of Psychologists shall consist of five members appointed by the Governor, three of whom shall be practicing psychologists in good professional standing and licensed according to the provisions of this chapter and two of whom shall be public members. Each such member shall be a resident of this state. No member of said board shall be an elected or appointed officer of any professional

association of psychologists or have been such an officer during the year immediately preceding his appointment. The Governor shall designate one member as chairman of said board and shall fill any vacancy therein by appointment for the unexpired portion of the term. No member shall serve for more than two full consecutive terms commencing after July 1, 1980. Members shall not be compensated for their services.

(b) Said board shall meet at least once during each calendar quarter and at such other times as the chairman deems necessary. Special meetings shall be held on the request of a majority of the board after notice in accordance with the provisions of section 1-225. A majority of the members of the board shall constitute a quorum. Any member who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from office. Minutes of all meetings shall be recorded by the board. No member shall participate in the affairs of the board during the pendency of any disciplinary proceedings by the board against such member.

Sec. 20-186a. Duties of board of examiners.

The Board of Examiners of Psychologists shall (1) hear and decide matters concerning suspension or revocation of licensure, (2) adjudicate complaints filed against practitioners licensed under this chapter and (3) impose sanctions where appropriate.

Sec. 20-187a. License required.

Practice defined. No person shall practice psychology unless he has obtained a license as provided in section 20-188. The practice of psychology means the rendering of professional services under any title or description of services incorporating the words psychologist, psychological or psychology, to the public or to any public or private organization for a fee or other remuneration. Professional psychological services means the application, by persons trained in psychology, of established principles of learning, motivation, perception, thinking and emotional relationships to the assessment, diagnosis, prevention, treatment and amelioration of psychological problems or emotional or mental disorders of individuals or groups, including but not limited to counseling, guidance, psychotherapy, behavior modification and personnel evaluation, with persons or groups in the areas of work, family, school, marriage and personal relationships; measuring and testing of personality, intelligence, aptitudes, emotions, public opinion, attitudes and skills; and research relating to human behavior.

Sec. 20-188. Examination; qualifications.

Before granting a license to a psychologist, the department shall, except as provided in section 20-190, require any applicant therefor to pass an examination in psychology to be given at such time and place as the department prescribes. Examinations shall be prescribed by the department, with the advice and consent of the board, and shall be administered to applicants by the Department of Public Health under the supervision of the board. Each applicant shall pay a fee of five hundred sixty five dollars, and shall satisfy the department that he (1) has received the doctoral degree based on a program of studies whose content was primarily psychological from an educational institution registered as provided in section 20-189; and (2) has had at least one year's postdoctoral experience of a type satisfactory to the board. Such applicant shall further verify that he intends in good faith to practice psychology in this state. The department shall establish a passing score with the consent of the board. The Department of Public Health shall grade the examinations returned by the candidates. Any unsuccessful candidate may, upon written request to the department, see his graded paper. Any certificate granted by the board of examiners prior to June 24, 1969, shall be deemed a valid license permitting continuance of profession subject to the provisions of this chapter.

Sec. 20-189. Graduation from approved education program required.

Applicants shall graduate from an education program approved by the board with the consent of the Commissioner of Public Health.

Sec. 20-190. License without examination of out-of-state licensees and practitioners, holders of diploma from national board.

The Department of Public Health may grant a license without examination to any applicant who is a currently practicing, competent practitioner and who at the time of application is licensed or certified by a similar board of another state whose standards, in the opinion of the department, are substantially similar to, or higher than, those of this state, provided the department is satisfied that the applicant understands Connecticut laws and regulations relating to the practice of psychology. The department may waive the

examination for any person holding a diploma from a nationally recognized board or agency approved by the department, with the consent of the board of examiners, provided the department is satisfied that the person understands Connecticut laws and regulations relating to the practice of psychology. The fee for such license shall be five hundred sixty five dollars. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint. The department shall inform the board annually of the number of applications it receives for licensure under this section.

Sec. 20-191a. Renewal of license.

Each license issued under this chapter shall be renewed annually in accordance with the provisions of section 19a-88. Thirty days prior to the expiration date of each license under said section 19a-88, the department shall mail to the last-known address of each licensed psychologist an application for renewal in such form as said department determines. Each such application, on or before such expiration date, shall be returned to said department, together with a fee of the professional services fee for class I, as defined in section 33-182l, and the department shall thereupon issue a renewal license. In the event of failure of a psychologist to apply for such renewal license by such expiration date, he may so apply subject to the provisions of subsection (b) of said section 19a-88.

Sec. 20-192. Disciplinary action; grounds; appeals.

The board may take any action set forth in section 19a-17, if the license holder: Has been convicted of a felony; has been found by the board to have employed fraud or deceit in obtaining his license or in the course of any professional activity, to have violated any provision of this chapter or any regulation adopted hereunder or to have acted negligently, incompetently or wrongfully in the conduct of his profession; practiced in an area of psychology for which he is not qualified; is suffering from physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process or is suffering from the abuse or excessive use of drugs, including alcohol, narcotics or chemicals. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford-New Britain to enforce such order or any action taken pursuant to section 19a-17. Notice of any contemplated action under said section, of the cause therefor and the date of hearing thereon shall be given and an opportunity for hearing afforded as provided in the regulations adopted by the Commissioner of Public Health. The Attorney General shall, upon request, furnish legal assistance to the board. Any person aggrieved by any action of the board may appeal therefrom as provided in section 4-183, except such appeal shall be made returnable to the judicial district where he resides. Such appeal shall have precedence over nonprivileged cases in respect to order of trial.

Sec. 20-193. False representation. Penalties.

Any person not licensed as provided in this chapter who, except as provided in section 20-195, represents himself as a psychologist or, having had his license suspended or revoked continues to represent himself as a psychologist, or carries on the practice of psychology as defined in sections 20-187a and 20-188, shall be fined not more than five hundred dollars or imprisoned not more than five years or both, and each instance of patient contact or consultation which is in violation of this section shall be deemed a separate offense. Failure to renew a license in a timely manner shall not constitute a violation for the purposes of this section. Any such person shall be enjoined from such practice by the Superior Court upon application by the board. The Department of Public Health may, on its own initiative or at the request of the board, investigate any alleged violation of the provisions of this chapter or any regulations adopted hereunder.

Sec. 20-194. Right to practice medicine not granted.

Nothing in this chapter shall be construed to grant to licensed psychologists the right to practice medicine as defined in section 20-9.

Sec. 20-194a. Hospital or health care facility staff privileges allowed.

Any hospital or health care facility may allow a psychologist, licensed pursuant to this chapter, full staff privileges in accordance with the standards of the Joint Commission on Accreditation of Health Care Organizations if the criteria that has been set forth by the hospital or health care facility is met.

Sec. 20-195. Exempted activities and employment.

(a) Nothing in this chapter shall be construed to limit the activities and services of a graduate student, intern or resident in psychology, pursuing a course of study in an educational institution registered under the provisions of section 20-189, if such activities constitute a part of a supervised course of study. The provisions of this chapter shall not apply to any person in the salaried employ of any person, firm, corporation, educational institution or governmental agency when acting within the person's own organization. Nothing in this chapter shall be construed to prevent the giving of accurate information concerning education and experience by any person in any application for employment. Nothing in this chapter shall be construed to prevent physicians, optometrists, chiropractors, members of the clergy, attorneys-at-law or social workers from doing work of a psychological nature consistent with accepted standards in their respective professions.

(b) Nothing in this chapter shall prevent any person holding a certificate as school psychologist or school psychological examiner, granted by the State Board of Education, from using such title to describe his activities within an elementary or secondary school. Nothing in this chapter shall prevent any person who holds a standard certificate, granted by said board, as school psychologist or school psychological examiner from using such title to describe his activities within the private sector. Such activities within the private sector shall be limited to: (1) Evaluation, diagnosis, or test interpretation limited to assessment of intellectual ability, learning patterns, achievement, motivation, or personality factors directly related to learning problems in an educational setting; (2) short-term professional advisement and interpretive services with children or adults for amelioration or prevention of educationally-related problems; (3) educational or vocational consultation or direct educational services to schools, agencies, organizations or individuals, said consultation being directly related to learning problems; and, (4) development of educational programs such as designing more efficient and psychologically sound classroom situations and acting as a catalyst for teacher involvement in adaptations and innovations. Section 10-145b and regulations adopted by the State Board of Education concerning revocation of a standard certificate shall apply to a school psychologist or school psychological examiner who uses such title to describe activities within the private sector.

(c) Nothing in this chapter shall prevent any person employed by the state prior to July 1, 1985, with a title in the psychology series of the classified service from using a title in such series to describe his or her duties in the course of his or her employment with the state. The provisions of section 20-187a shall not apply to any person employed in such psychology series prior to July 1, 1985.

REGULATIONS—LICENSURE OF PSYCHOLOGISTS

Regulations of Connecticut State Agencies Psychologist Educational and Work Experience Requirements Sec. 20-188-1. Definitions

(a) "Accreditation by the American Psychological Association" shall mean that: (1) the program held provisional accreditation status or full accreditation status throughout the period of the applicant's enrollment, provided said provisional status subsequently progressed without interruption to full accreditation; or (2) the program held probationary accreditation status during the applicant's enrollment and, upon termination of said probationary status, subsequently achieved full accreditation.

(b) "Recognized regional accrediting body" shall mean one of the following accrediting bodies: New England Association of Schools and Colleges; Middle States Commission on Higher Education; North Central Association of Colleges and Schools; Northwest Association of Colleges and Universities; Southern Association of Colleges and Schools; and Western Association of Schools and Colleges.

(c) "Accreditation by a recognized regional accrediting body" shall mean that: (1) the institution held accreditation status or candidacy for accreditation throughout the period of the applicant's enrollment, provided said candidacy status subsequently progressed without interruption to full accreditation; or (2) the institution held accreditation status under probation or show-cause order during the applicant's enrollment and, upon termination of said probation or show-cause order, accreditation status was maintained without interruption.

(d) "Acceptable documentation" shall mean published institutional documents contemporaneous with the applicant's enrollment. In the absence of such published documents, "acceptable documentation" may be

satisfied by appropriate certifications, based on institutional records, by the institution's Chief Academic officer.

(e) "Acceptable evidence of professional identification" shall mean: member or fellow status in the American Psychological Association; or Diplomate status with the American Board of Professional Psychology; or state psychology licensure or certification; or receipt of the doctoral degree based in part upon a psychological dissertation, or the doctoral degree based on other evidence of proficiency in psychological scholarship from a program primarily psychological in content and conferred by a graduate or professional school that is regionally accredited, or that has achieved such accreditation within five years of the year the doctoral degree was granted, or one of equivalent standing outside the United States.

(f) "Acceptable evidence of applicant coursework" shall mean official transcript records of coursework completed with a passing grade, such records to be supplemented, where necessary to validate course content, with course catalogue descriptions, course outlines or syllabi, and/or student plans of study from official institutional files contemporaneous with the applicant's enrollment.

(g) "Closely related" shall mean related as a spouse, child, grand-child, child's or grandchild's spouse, parent, grandparent, brother, or sister.

(h) "Department" shall mean the Department of Public Health.

(i) "Board" shall mean the Board of Examiners for Psychologists, as established by Connecticut General Statutes, Section 20-186.

(j) "Employ on a full-time basis" shall mean to employ an individual for a minimum of thirty (30) hours per week.

Sec. 20-188-2. Doctoral Educational Standards for Connecticut Psychology Licensure

(a) A program holding accreditation by the American Psychological Association shall constitute an approved doctoral educational program in psychology for Connecticut psychology licensure, pursuant to Connecticut General Statutes, Sections 20-188 and 20-189.

(b) A program, in which the applicant completed the doctoral degree prior to July 1, 1989, and which does not hold accreditation by the American Psychological Association shall be an approved doctoral educational program in psychology for Connecticut psychology licensure, pursuant to Connecticut General Statutes, Section 20-188 and 20-189, when the Department has determined, with the advice and assistance of the Board, that the program was in compliance with recognized written national standards for the preparation of psychologists which were in effect at the time of the applicant's matriculation in such program. These standards shall include, but not necessarily be limited to, those contained within the following publications: The American Psychological Association's "accreditation procedures and criteria" in effect at the time of the applicant's matriculation in the program; and for an applicant matriculating in such program in and after 1977, the national register of health service providers in psychology's "guidelines for defining doctoral degrees in psychology."

(c) A program located within the United States or its territories, in which the applicant completed the doctoral degree on or after July 1, 1989, which does not hold accreditation by the American Psychological Association shall be an approved doctoral educational program in psychology for Connecticut psychology licensure, pursuant to Connecticut General Statutes Sections 20-188 and 20-189, when all of the criteria specified below are satisfied:

(1) The program shall be offered in an institution of higher education holding accreditation by a recognized regional accrediting body. The institution which granted the applicant's doctoral degree shall hold accreditation by a recognized regional accrediting body to grant degrees at the doctoral level. Any other institution at which the applicant completed graduate-level coursework in psychology shall have held accreditation by a recognized regional accrediting body to grant degrees at the graduate level.

(2) The program, wherever it may be administratively housed, shall be clearly identified and labeled as a psychology program. Acceptable documentation shall clearly identify the program as a psychology

program with the intent to educate and train professional psychologists.

(3) The program shall stand as a recognizable, coherent organizational entity within the institution. Acceptable documentation shall clearly demonstrate that the institution has recognized and established an organizational structure, curriculum, administration, and faculty for the psychology program.

(4) Psychologists shall have clear authority and primary responsibility for the core and specialty areas within the program. Acceptable documentation shall clearly identify a psychologist or psychologists responsible for core and specialty areas within the program. When the professional identification of the responsible individual(s) is in question, acceptable evidence of professional identification shall be required.

(5) The program shall be an organized, integrated sequence of required study designed and predominately taught by the psychology faculty responsible for the doctoral program. Acceptable documentation shall clearly identify specific educational objectives and an organized, sequenced plan for meeting these objectives through required coursework, elective study, and related training experiences. Said objectives and plan must be designed and predominately taught by faculty of the program. The requirements of this subsection shall not be satisfied when a program permits educational objectives to be met solely by the completion of a specified number of course credits, examinations, independent study experiences, and/or hours of work experience.

(6) The program shall have an identifiable core of full-time psychology faculty. Acceptable documentation shall clearly identify a core of psychologists serving as full-time faculty for the program. When the professional identification of the responsible individual(s) is in question, acceptable evidence of professional identification shall be required.

(7) The program shall have an identifiable body of students who are matriculated in that program for a doctoral degree. Acceptable documentation shall clearly demonstrate that the program has an identifiable body of doctoral students matriculated in that program.

(8) The applicant shall complete a course of studies which encompasses a minimum of three academic years, or its equivalent, of full-time graduate study, of which a minimum of one academic year, or its equivalent, of full-time academic graduate study in psychology must be completed in residence at the institution granting the doctoral degree. Acceptable evidence of applicant coursework shall document completion of the specified minimum lengths of full-time graduate study and study in residence. The requirement for study in residence shall be satisfied by full-time registration, attendance at, and participation in didactic coursework at the physical site of the institution granting the doctoral degree. Such requirement shall not be satisfied solely by the accumulation of contact hours with faculty or supervisors remote from the physical site of the institution granting the doctoral degree, nor solely by the completion of a specified number of course credits, independent study experiences, examinations, and/or hours of work experience.

(9) The applicant shall complete a course of studies which encompasses instruction in scientific methods in psychology and which shall include instruction in research design and methodology, statistics, and psychometrics. Acceptable evidence of applicant coursework shall document satisfactory completion of a minimum of six graduate semester hours, or ten graduate trimester hours, of study in scientific methods of psychology, including the study of research design and methodology, statistics, and psychometrics. Not less than three graduate semester hours, or five graduate trimester hours, of the applicant's study in scientific methods of psychology shall be in research design, methodology, and statistics.

(10) The applicant shall demonstrate that the content of his doctoral program was primarily psychological by completion of classroom instruction in the following four substantive basic science areas:

(A) Biological bases of behavior, for example, physiological psychology, comparative psychology, neuro-psychology, sensation-and perception, psychopharmacology.

(B) Cognitive –affective bases of behavior, for example, learning, thinking, motivation, emotion.

(C) Social bases of behavior, for example, social psychology, group processes, organizational and systems theory.

(D) Individual differences, for example, personality theory, human development, abnormal psychology. Acceptable evidence of applicant coursework shall document satisfactory completion of a total of at least twenty-one graduate semester hours, or thirty-five graduate trimester hours, of classroom instruction encompassing the four substantive content areas specified in this subsection. The requirements of this subsection shall not be satisfied by any course which had a predominately applied or clinical focus.

(11) The applicant shall complete a course of studies which includes a formal practicum, internship, or field training which is supervised by program faculty, which is appropriate to the practice of psychology, and which is a minimum of one academic year in duration. Acceptable evidence of applicant coursework shall document satisfactory completion of a formal supervised practicum, internship, or field in psychology. The requirements of this section shall not be satisfied by dissertation work alone.

(12) An applicant who has received a doctoral degree in psychology that does not meet the requirements of subdivisions (a) or (b) of this section may remediate the required course work post-doctorally. Such supplemental course work shall consist of formal doctoral level course work meeting the requirements of subdivisions (9), (10) and (11) of this section and must be completed in a program that meets the requirements of subsection (a) of this section.

(13) An applicant who has received a doctoral degree in a non applied or non clinical area of psychology shall meet the requirements of this subsection provided the applicant has completed a respecialization program in an applied psychology program accredited by the American Psychological Association.

(d) A program located outside the United States or its territories which does not hold accreditation by the American Psychological Association shall be an approved doctoral educational program in psychology for Connecticut licensure, pursuant to Connecticut General Statutes, Sections 20-188 and 20-189, when all of the criteria specified below are satisfied:

(1) The program shall be offered by an institution of higher education approved to grant degrees at the doctoral level by the appropriate governmental or government-recognized body of the jurisdiction in which it is located. The applicant shall be required to demonstrate that the degree granted is equivalent in level and content to a doctoral degree in psychology as granted by an approved United States program, as defined by these regulations. The applicant shall be responsible for providing official documentation of educational program, translations of any non-English language documentation, and professional evaluations of educational credentials by a credentials evaluation service designated by the Department.

(2) The program and applicant shall be required to meet the criteria of subsections (c)(2) through (c)(11) of this Section.

Sec. 20-188-3. Work Experience Standards for Connecticut Psychology Licensure

Work experience initiated on or after April 1, 1988, shall be satisfactory for Connecticut Psychology Licensure, pursuant to Connecticut General Statutes, Section 20-188, when all of the criteria specified below are satisfied.

(a) The work experience shall consist of at least one year at the pre or post-doctoral level and does not include an internship completed as part of the requirements of completing a doctoral degree.

(1) The work experience shall consist of either:

(A) no less than thirty-five hours per week for no less than forty-six weeks within twelve consecutive months, or

(B) no less than 1800 hours within twenty-four consecutive months. No more than forty hours per week shall be credited toward the required experience.

(2) The completion date of such experience shall be no later than eight weeks prior to the scheduled date of administration of the licensure examination to which the applicant is seeking admission.

(b) The work experience shall be supervised in accordance with this subsection and subsection (d) of this section by one or more doctoral-level psychologist(s) licensed in the state where the experience was completed and supervised. A doctoral-level licensed psychologist shall have either directly supervised the applicant, or consulted with the applicant under contract to the employment setting. For each 40 hours of work experience, such supervision or consultation shall consist of at least three hours of which no less than one hour shall be individual, direct, face-to-face supervision or consultation. The supervisor shall not be closely related to the supervisee nor have such other relationship to the supervisee that may reasonably be seen to compromise the objectivity of the supervisor. The supervisor shall not concurrently supervise more than a total of three individuals completing the work experience.

(c) The work experience shall be within an area for which the applicant is qualified by the applicant's doctoral education and shall be appropriate to the applicant's intended area of practice. The duties the applicant shall be performing, as documented by the supervisor, shall be within an area for which the applicant has completed a directly related sequence of graduate coursework and a supervised pre-doctoral internship, practicum, field training or laboratory training. Acceptable evidence of applicant coursework shall be required.

(d) The work experience shall be within an acceptable employment setting as defined in this subsection.

(1) Documentation from the employment setting shall establish that the setting provides supervision for the applicant and that the employment setting shall: (A) employ on a full-time basis or contract or otherwise provide for the services of a doctoral-level licensed psychologist engaged in work in an area for which the applicant is qualified by the applicant's doctoral education in accordance with subsection (c) of this section; (B) provide the applicant an opportunity for regularly occurring professional interaction and collaboration with other disciplines, an opportunity to utilize a variety of techniques and interventions, and an opportunity to work with a broad range of populations and conditions and (C) The licensed doctoral-level psychologist shall have direct and continuing administrative control of, as well as full professional responsibility and accountability for the activities performed and services provided by the applicant; the doctoral level licensed psychologist shall certify to the applicant's satisfactory completion of the work experience in accordance with subsection (e) of this section.

(2) The requirements of this subsection shall not be satisfied when the experience is completed within an applicant's independent practice setting, or when the applicant receives direct client fees or variable compensation based upon client fees generated.

(e) The experience shall be certified as satisfactorily completed by the licensed doctoral level psychologist who directly supervised the applicant.

(f) When such experience is to be completed in Connecticut, the applicant may file a supervised work experience plan with the Department on forms prescribed by the Department. Written approval of the plan of supervised experience may be obtained from the Department prior to the applicant's beginning such experience, based upon compliance of the plan with the requirements of this section.

(1) In order to obtain such approval, the applicant shall:

(A) satisfy the Department that the applicant has completed or is enrolled in a doctoral education program in psychology approved for Connecticut psychology licensure; and

(B) submit an acceptable plan for supervised work experience to the Department.

(2) Prior to licensure and during the period of time devoted to completing the work experience in Connecticut under the terms of an approved plan, the applicant shall be permitted to use the description "psychology resident" solely in the conduct of such applicant's approved work experience plan. Outside of an applicant's employment under the terms of a plan approved pursuant to subsection (f)(1) of this section, in accordance with Connecticut General Statutes, Section 20-187(a), applicants shall refrain from using any title employing the terms "psychologist", "psychology", or "psychological" to describe their services offered to the public, or to any public or private organization for a fee or other remuneration. Activities exempt from this provision are set forth in Connecticut General Statutes.

**CONNECTICUT GENERAL STATUTES - 319a
CHILD WELFARE**

Sec. 17a-99. Delegation of guardianship authority.

The Commissioner of Children and Families may delegate to his deputy commissioner his authority as guardian of children committed to him by the Superior Court, or whose guardianship is transferred to him by a court of probate, and the signature of either official on any document pertaining to any such guardianship shall be valid.

Sec. 17a-100. Ill treatment of children.

Whenever it is found that any child is not properly treated in any foster family or that any such foster family is not a suitable one and is of such character as to jeopardize the welfare of any child so placed therein, the Commissioner of Children and Families, upon being satisfied of the ill treatment of the child or the unsuitableness of the foster family, shall remove the child from such foster family and take such further action as is necessary to secure the welfare of the child.

Sec. 17a-101. (Formerly Sec. 17-38a). Protection of children from abuse. Mandated reporters.

Educational and training programs. (a) The public policy of this state is: To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes to require the reporting of suspected child abuse, investigation of such reports by a social agency, and provision of services, where needed, to such child and family. (b) The following persons shall be mandated reporters: Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, licensed practical nurse, medical examiner, dentist, dental hygienist, psychologist, coach of intramural or interscholastic athletics, school teacher, school principal, school guidance counselor, school paraprofessional, school coach, social worker, police officer, juvenile or adult probation officer, juvenile or adult parole officer, member of the clergy, pharmacist, physical therapist, optometrist, chiropractor, podiatrist, mental health professional or physician assistant, any person who is a licensed or certified emergency medical services provider, any person who is a licensed or certified alcohol and drug counselor, any person who is a licensed marital and family therapist, any person who is a sexual assault counselor or a battered women's counselor as defined in section 52-146k, any person who is a licensed professional counselor, any person paid to care for a child in any public or private facility, child day care center, group day care home or family day care home licensed by the state, any employee of the Department of Children and Families, any employee of the Department of Public Health who is responsible for the licensing of child day care centers, group day care homes, family day care homes or youth camps, the Child Advocate and any employee of the Office of Child Advocate. (c) The Commissioner of Children and Families shall develop an educational training program for the accurate and prompt identification and reporting of child abuse and neglect. Such training program shall be made available to all persons mandated to report child abuse and neglect at various times and locations throughout the state as determined by the Commissioner of Children and Families. (d) Any mandated reporter, as defined in subsection (b) of this section, who fails to report to the Commissioner of Children and Families pursuant to section 17a-101a shall be required to participate in an educational and training program established by the commissioner. The program may be provided by one or more private organizations approved by the commissioner, provided the entire costs of the program shall be paid from fees charged to the participants, the amount of which shall be subject to the approval of the commissioner.

Sec. 17a-101a. Report of abuse, neglect or injury of child or imminent risk of serious harm to child. Penalty for failure to report. Any mandated reporter, as defined in section 17a-101, who in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any child under the age of eighteen years (1) has been abused or neglected, as defined in section 46b-120, (2) has had nonaccidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child, or (3) is placed at imminent risk of serious harm, shall report or cause a report to be made in accordance with the provisions of sections 17a-101b to 17a-101d, inclusive. Any person required to report under the provisions of this section who fails to make such report shall be fined not less than five hundred dollars nor more than two thousand five hundred dollars and shall be

required to participate in an educational and training program pursuant to subsection (d) of section 17a-101.

Sec. 17a-101b. Oral report by mandated reporter. Notification of law enforcement agency when allegation of sexual abuse or serious physical abuse. Notification of person in charge of institution, facility or school when staff member suspected of abuse or neglect. (a) An oral report shall be made by a mandated reporter as soon as practicable but not later than twelve hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm, by telephone or in person to the Commissioner of Children and Families or a law enforcement agency. If a law enforcement agency receives an oral report, it shall immediately notify the Commissioner of Children and Families.

(b) If the commissioner or the commissioner's designee suspects or knows that such person has knowingly made a false report, the identity of such person shall be disclosed to the appropriate law enforcement agency and to the perpetrator of the alleged abuse.

(c) If the Commissioner of Children and Families, or the commissioner's designee, receives a report alleging sexual abuse or serious physical abuse, including, but not limited to, a report that: (1) A child has died; (2) a child has been sexually assaulted; (3) a child has suffered brain damage or loss or serious impairment of a bodily function or organ; (4) a child has been sexually exploited; or (5) a child has suffered serious nonaccidental physical injury, the commissioner shall, within twelve hours of receipt of such report, notify the appropriate law enforcement agency.

(d) Whenever a mandated reporter, as defined in section 17a-101, has reasonable cause to suspect or believe that any child has been abused or neglected by a member of the staff of a public or private institution or facility that provides care for such child or a public or private school, the mandated reporter shall report as required in subsection (a) of this section. The Commissioner of Children and Families or the commissioner's designee shall notify the person in charge of such institution, facility or school or the person's designee, unless such person is the alleged perpetrator of the abuse or neglect of such child. Such person in charge, or such person's designee, shall then immediately notify the child's parent or other person responsible for the child's care that a report has been made.

17a-101c. Written report by mandated reporter. Within forty-eight hours of making an oral report, a mandated reporter shall submit a written report to the Commissioner of Children and Families or his representative. When a mandated reporter is a member of the staff of a public or private institution or facility that provides care for such child or public or private school he shall also submit a copy of the written report to the person in charge of such institution, school or facility or the person's designee. In the case of a report concerning a certified school employee, a copy of the written report shall also be sent by the person in charge of such institution, school or facility to the Commissioner of Education or his representative. In the case of an employee of a facility or institution that provides care for a child which is licensed by the state, a copy of the written report shall also be sent by the mandated reporter to the executive head of the state licensing agency.

Sec. 17a-101d. Contents of oral and written reports. All oral and written reports required in sections 17a-101a to 17a-101c, inclusive, and section 17a-103, shall contain, if known: (1) The names and addresses of the child and his parents or other person responsible for his care; (2) the age of the child; (3) the gender of the child; (4) the nature and extent of the child's injury or injuries, maltreatment or neglect; (5) the approximate date and time the injury or injuries, maltreatment or neglect occurred; (6) information concerning any previous injury or injuries to, or maltreatment or neglect of, the child or his siblings; (7) the circumstances in which the injury or injuries, maltreatment or neglect came to be known to the reporter; (8) the name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment or neglect; and (9) whatever action, if any, was taken to treat, provide shelter or otherwise assist the child.

Sec. 17a-101e. Employers prohibited from discrimination against witness in child abuse proceeding. Penalty. Immunity for making report of child abuse in good faith. False report of child abuse. Penalty.

(a) No employer shall discharge, or in any manner discriminate or retaliate against, any employee who in good faith makes a report pursuant to sections 17a-101a to 17a-101d, inclusive, and section 17a-103, testifies or is about to testify in any proceeding involving child abuse or neglect. The Attorney General may bring an action in Superior Court against an employer who violates this subsection. The court may

assess a civil penalty of not more than two thousand five hundred dollars and may order such other equitable relief as the court deems appropriate.

(b) Any person, institution or agency which, in good faith, makes the report pursuant to sections 17a-101a to 17a-101d, inclusive, and section 17a-103 shall be immune from any liability, civil or criminal, which might otherwise be incurred or imposed and shall have the same immunity with respect to any judicial proceeding which results from such report provided such person did not perpetrate or cause such abuse or neglect.

(c) Any person who knowingly makes a false report of child abuse or neglect pursuant to sections 17a-101a to 17a-101d, inclusive, and section 17a-103, shall be fined not more than two thousand dollars or imprisoned not more than one year or both.

Sec. 17a-101f. Examination by physician. Diagnostic tests and procedures to detect child abuse. Expenses.

Any physician examining a child with respect to whom abuse or neglect is suspected shall have the right to keep such child in the custody of a hospital for no longer than ninety-six hours in order to perform diagnostic tests and procedures necessary to the detection of child abuse or neglect and to provide necessary medical care with or without the consent of such child's parents or guardian or other person responsible for the child's care, provided the physician has made reasonable attempts to (1) advise such child's parents or guardian or other person responsible for the child's care that he suspects the child has been abused or neglected and (2) obtain consent of such child's parents or guardian or other person responsible for the child's care. In addition, such physician may take or cause to be taken photographs of the area of trauma visible on a child who is the subject of such report without the consent of such child's parents or guardian or other person responsible for the child's care. All such photographs or copies thereof shall be sent to the local police department and the Department of Children and Families. The expenses for such care and such diagnostic tests and procedures, if not covered by insurance, shall be paid by the Commissioner of Children and Families, provided the state may recover such costs from the parent if the parent has been found by a court to have abused or neglected such child.

Sec. 17a-101g. Classification and evaluation of reports. Investigation. Home visit. Removal of child in imminent risk of harm.

(a) Upon receiving a report of child abuse as provided in section 17a-101b, the Commissioner of Children and Families, or his designee, shall cause the report to be classified and evaluated immediately. If the report contains sufficient information to warrant an investigation, the commissioner shall make his best efforts to commence an investigation of a report concerning an imminent risk of physical harm to a child or other emergency within two hours of receipt of the report and commence all other reports within seventy-two hours of receipt of the report. The department shall complete any such investigation within thirty calendar days of receipt of the report.

(b) The investigation shall include a home visit at which the child and any siblings are observed, if appropriate, a determination of the nature, extent and cause or causes of the reported abuse or neglect, a determination of the person or persons suspected to be responsible for such abuse or neglect, the name, age and condition of other children residing in the same household and an evaluation of the parents and the home. The report of such investigation shall be in writing. The investigation shall also include, but not be limited to, a review of criminal conviction information concerning the person or persons alleged to be responsible for such abuse or neglect and previous allegations of abuse or neglect relating to the child or other children residing in the household or relating to family violence.

(c) If the Commissioner of Children and Families, or his designee, has probable cause to believe that the child or any other child in the household is in imminent risk of physical harm from his surroundings and that immediate removal from such surroundings is necessary to ensure the child's safety, the commissioner, or his designee, shall authorize any employee of the department or any law enforcement officer to remove the child and any other child similarly situated from such surroundings without the consent of the child's parent or guardian. The commissioner shall record in writing the reasons for such removal and include such record with the report of the investigation conducted under subsection (b) of this section.

(d) The removal of a child pursuant to subsection (c) of this section shall not exceed ninety-six hours. During the period of such removal, the commissioner, or his designee, shall provide the child with all

necessary care, including medical care, which may include an examination by a physician or mental health professional with or without the consent of the child's parents, guardian or other person responsible for the child's care, provided reasonable attempts have been made to obtain consent of the child's parents or guardian or other person responsible for the care of such child. During the course of a medical examination, a physician may perform diagnostic tests and procedures necessary for the detection of child abuse or neglect. If the child is not returned home within such ninety-six-hour period, with or without protective services, the department shall proceed in accordance with section 46b-129.

Sec. 17a-101h. Coordination of investigatory activities. Interview with child. Consent.

Notwithstanding any provision of the general statutes to the contrary, any person authorized to conduct an investigation of abuse or neglect shall coordinate investigatory activities in order to minimize the number of interviews of any child and share information with other persons authorized to conduct an investigation of child abuse or neglect, as appropriate. The commissioner shall obtain the consent of parents or guardians or other persons responsible for the care of the child to any interview with a child, except that such consent shall not be required when the department has reason to believe such parent or guardian or other person responsible for the care of the child or member of the child's household is the perpetrator of the alleged abuse. If consent is not required to conduct the interview, such interview shall be conducted in the presence of a disinterested adult unless immediate access to the child is necessary to protect the child from imminent risk of physical harm and a disinterested adult is not available after reasonable search.

Sec. 17a-101i. Abuse of child by school employee. Suspension. Notification by state's attorney re conviction. Boards of education to adopt written policy re reporting of child abuse by school employees.

(a) Notwithstanding any provision of the general statutes to the contrary, after an investigation has been completed and the Commissioner of Children and Families, based upon the results of the investigation has reasonable cause to believe that a child has been abused by a certified public school employee in a position requiring a certificate, the commissioner shall notify the superintendent of such finding and shall provide records, whether or not created by the department concerning such investigation to the superintendent who shall suspend such school employee. Such suspension shall be with pay and shall not result in the diminution or termination of benefits to such employee. Within seventy- two hours after such suspension the superintendent shall notify the local or regional board of education and the Commissioner of Education, or his representative, of the reasons for and conditions of the suspension. The superintendent shall disclose such records to the Commissioner of Education and local or regional boards of education or their attorney for purposes of review of employment status or certification. Such suspension shall remain in effect until the board of education acts pursuant to the provisions of section 10-151. If the contract of employment of a certified school employee is terminated as a result of an investigation pursuant to this section, the superintendent shall notify the Commissioner of Education, or his representative, within seventy-two hours after such termination. Upon receipt of such notice from the superintendent, the Commissioner of Education may commence certification revocation proceedings pursuant to the provisions of subsection (m) of section 10-145b. Notwithstanding the provisions of sections 1-210 and 1-211, information received by the Commissioner of Education, or his representative, pursuant to this section shall be confidential subject to regulations adopted by the State Board of Education under section 10-145g.

(b) After an investigation has been completed and the Commissioner of Children and Families, based upon the results of the investigation, has reasonable cause to believe that a child has been abused by a staff member of a public or private institution or facility providing care for children or private school, the commissioner shall notify the executive director of such institution, school or facility and shall provide records, whether or not created by the department concerning such investigation to such executive director. Such institution, school or facility may suspend such staff person. Such suspension shall be with pay and shall not result in diminution or termination of benefits to such employee. Such suspension shall remain in effect until the incident of abuse has been satisfactorily resolved by the investigative agencies involved.

(c) If a school employee or any person holding a certificate issued by the State Board of Education under the provisions of sections 10-144o to 10-149, inclusive, is convicted of a crime involving an act of child abuse or neglect as described in section 46b-120 or a violation of section 53a-71 or 53a-73a, the state's attorney for the judicial district in which the conviction occurred shall in writing notify the superintendent

of the school district or the supervisory agent of the nonpublic school in which the person is employed and the Commissioner of Education of such conviction.

(d) For the purposes of receiving and making reports, notifying and receiving notification, or investigating, pursuant to the provisions of sections 17a-101a to 17a-101h, inclusive, and 17a-103 a superintendent of a school district or a supervisory agent of a nonpublic school may assign a designee to act on his behalf.

(e) On or before February 1, 1997, each local and regional board of education shall adopt a written policy regarding the reporting by school employees of suspected child abuse in accordance with sections 17a-101a to 17a-101d, inclusive, and 17a-103.

Sec. 17a-101j. Notification of Chief State's Attorney. Notification of agency responsible for licensure of institution or facility, when. Referral to substance abuse treatment services, when.

(a) After the investigation has been completed and the Commissioner of Children and Families has reasonable cause to believe that sexual abuse or serious physical abuse of a child has occurred, the commissioner shall notify the Chief State's Attorney or his designee or a state's attorney for the judicial district in which the child resides or in which the abuse or neglect occurred and to the appropriate local law enforcement authority of such belief and shall provide a copy of the report required in sections 17a-101a to 17-101d, inclusive and 17a-103.

(b) Whenever a report has been made pursuant to section 17a-101a to 17a-101c, inclusive, and section 17a-103 alleging that abuse or neglect has occurred at an institution or facility that provides care for children which is subject to licensure by the state and the Commissioner of Children and Families, after investigation, has reasonable cause to believe abuse or neglect has occurred, the commissioner shall forthwith notify the state agency responsible for licensure of such institution or facility and provide records, whether or not created by the department, concerning such investigation.

(c) If, after the investigation is completed, the commissioner determines that the person inflicting abuse or neglecting a child is in need of treatment for substance abuse, the commissioner shall refer such person to appropriate treatment services.

Sec. 17a-101k. Registry of reports maintained by Commissioner of Children and Families. Confidentiality. Penalty.

(a) The Commissioner of Children and Families shall maintain a registry of the reports received pursuant to sections 17a-101a to 17a-101d, inclusive, and section 17a-103 and shall adopt regulations to permit the use of the registry on a twenty-four-hour daily basis to prevent or discover abuse of children. The information contained in the reports and any other information relative to child abuse, wherever located, shall be confidential subject to such regulations governing their use and access as shall conform to the requirements of federal law or regulations. Any violation of this section or the regulations adopted by the commissioner under this section shall be punishable by a fine of not more than one thousand dollars or imprisonment for not more than one year.

(b) Notwithstanding the provisions of subsection (a) of this section, the Commissioner of Children and Families shall disclose to the Commissioner of Social Services or his designee, registry information necessary for the evaluation of the temporary family assistance program operated by the Department of Social Services.

Sec. 17a-101l. Visitation centers.

The Commissioner of Children and Families shall, within available resources, establish visitation centers for the purpose of facilitating visits between children in the custody of the commissioner and those family members who are subject to supervised visitation. Such center shall provide a secure facility for supervised visitation or the transfer of custody of such children for visitation.

Sec. 17a-103. Reports by others.

(a) Any mandated reporter acting outside his professional capacity and any other person having reasonable cause to suspect or believe that any child under the age of eighteen is in danger of being abused, or has been abused or neglected, as defined in section 46b-120, may cause a written or oral report to be made to the Commissioner of Children and Families or his representative or a law enforcement agency. The Commissioner of Children and Families or his representative shall use his best efforts to obtain the name and address of a person who causes a report to be made pursuant to this

section. In the case of an oral report, such report shall be recorded on tape and the commissioner or his representative shall announce to the person making such report that such report is being recorded and shall state the penalty for knowingly making a false report of child abuse or neglect under subsection (c) of section 17a-101e

(b) Notwithstanding the provision of section 17a-101k, if the identity of any such person who made a report pursuant to subsection (a) of this section is known, and the commissioner or his representative suspects or knows that such person has made a false report, such identity shall be disclosed to the appropriate law enforcement agency and to the perpetrator of the alleged abuse.

(c) If the Commissioner of Children and Families, or his designee, received a report alleging sexual abuse or serious physical abuse, including, but not limited to, a report that: (1) A child has died; (2) a child has been sexually assaulted; (3) a child has suffered brain damage, loss or serious impairment of a bodily function or organ; (4) a child has been sexually exploited; or (5) a child has suffered serious nonaccidental physical injury, he shall within twenty-four hours of receipt of such report, notify the appropriate law enforcement agency.

CONNECTICUT GENERAL STATUTES - CHAPTER 319i
MENTALLY ILL PERSONS
PART II - COMMITMENT, GENERAL PROVISIONS

Sec. 17a-503. Detention by police officer prior to commitment issuance of emergency certificate by psychologist, when.

(a) Any police officer who has reasonable cause to believe that a person has psychiatric disabilities and is dangerous to himself, herself or others or gravely disabled, and in need of immediate care and treatment, may take such person into custody and take or cause such person to be taken to a general hospital for emergency examination under this section. The officer shall execute a written request for emergency examination detailing the circumstances under which the person was taken into custody, and such request shall be left with the facility. The person shall be examined within twenty-four hours and shall not be held for more than seventy-two hours unless committed under section 17a-502.

(b) Upon application by any person to the court of probate having jurisdiction in accordance with section 17a-497, alleging that any respondent has psychiatric disabilities and is dangerous to himself or herself or others or gravely disabled, and in need of immediate care and treatment in a hospital for psychiatric disabilities, such court may issue a warrant for the apprehension and bringing before it of such respondent and examine such respondent. If the court determines that there is probable cause to believe that such person has psychiatric disabilities and is dangerous to himself or herself or others or gravely disabled, he shall order that such respondent be taken to a general hospital for examination. The person shall be examined within twenty-four hours and shall not be held for more than seventy-two hours unless committed under section 17a-502.

(c) Any psychologist licensed under chapter 383 who has reasonable cause to believe that a person has psychiatric disabilities and is dangerous to himself or herself or others or gravely disabled, and in need of immediate care and treatment, may issue an emergency certificate in writing that authorizes and directs that such person be taken to a general hospital for purposes of a medical examination. The person shall be examined within twenty-four hours and shall not be held for more than seventy-two hours unless committed under section 17a-502.

CONNECTICUT GENERAL STATUTES - CHAPTER 319dd
PROTECTIVE SERVICES FOR THE ELDERLY

Sec. 17b-450. (Formerly Sec. 17a-430). Definitions.

For purposes of sections 17b-450 to 17b-461, inclusive:

(1) The term "elderly person" means any resident of Connecticut who is sixty years of age or older.

(2) An elderly person shall be deemed to be "in need of protective services" if such person is unable to perform or obtain services which are necessary to maintain physical and mental health.

(3) The term "services which are necessary to maintain physical and mental health" includes, but is not limited to, the provision of medical care for physical and mental health needs, the relocation of an

elderly person to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment, and transportation necessary to secure any of the above stated needs, except that this term shall not include taking such person into custody without consent except as provided in sections 17b-450 to 17b-461, inclusive.

(4) The term "protective services" means services provided by the state or other governmental or private organizations or individuals which are necessary to prevent abuse, neglect, exploitation or abandonment. Abuse includes, but is not limited to, the willful infliction of physical pain, injury or mental anguish, or the willful deprivation by a caretaker of services which are necessary to maintain physical and mental health. Neglect refers to an elderly person who is either living alone and not able to provide for oneself the services which are necessary to maintain physical and mental health or is not receiving the said necessary services from the responsible caretaker. Exploitation refers to the act or process of taking advantage of an elderly person by another person or caretaker whether for monetary, personal or other benefit, gain or profit. Abandonment refers to the desertion or willful forsaking of an elderly person by a caretaker or the foregoing of duties or the withdrawal or neglect of duties and obligations owed an elderly person by a caretaker or other person.

(5) The term "caretaker" means a person who has the responsibility for the care of an elderly person as a result of family relationship or who has assumed the responsibility for the care of the elderly voluntarily, by contract or by order of a court of competent jurisdiction.

Sec. 17b-451. (Formerly Sec. 17a-431). Report of suspected abuse, neglect, exploitation, abandonment or need for protective services. Penalty for failure to report. Immunity for report or testimony.

(a) Any physician or surgeon licensed under the provisions of chapter 370 or 371, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, any nursing home administrator, nurse's aide or orderly in a nursing home facility, any person paid for caring for a patient in a nursing home facility, any staff person employed by a nursing home facility, any patients' advocate and any licensed practical nurse, medical examiner, dentist, osteopath, optometrist, chiropractor, podiatrist, social worker, clergyman, police officer, pharmacist, psychologist or physical therapist, who has reasonable cause to suspect or believe that any elderly person has been abused, neglected, exploited or abandoned, or is in a condition which is the result of such abuse, neglect, exploitation or abandonment, or who is in need of protective services, shall within five calendar days report such information or cause a report to be made in any reasonable manner to the Commissioner of Social Services or to the person or persons designated by him to receive such reports. Any person required to report under the provisions of this section who fails to make such report shall be fined not more than five hundred dollars.

(b) Such report shall contain the name and address of the involved elderly person, information regarding the nature and extent of the abuse, neglect, exploitation or abandonment, and any other information which the reporter believes might be helpful in an investigation of the case and the protection of such elderly person.

(c) Any other person having reasonable cause to believe that an elderly person is being, or has been, abused, neglected, exploited or abandoned, or who is in need of protective services may report such information in any reasonable manner to the commissioner or his designee.

(d) Any person who makes any report pursuant to sections 17b-450 to 17b-461, inclusive, or who testifies in any administrative or judicial proceeding arising from such report shall be immune from any civil or criminal liability on account of such report or testimony, except for liability for perjury, unless such person acted in bad faith or with malicious purpose.

(e) For the purposes of sections 17b-450 to 17b-461, inclusive, the treatment of any elderly person by a Christian Science practitioner, in lieu of treatment by a licensed practitioner of the healing arts, shall not of itself constitute grounds for the implementation of protective services.

Sec. 17b-452. (Formerly Sec. 17a-432). Evaluation of report. Findings and recommendation. Registry. Confidentiality.

(a) The commissioner upon receiving a report that an elderly person allegedly is being, or has been, abused, neglected, exploited or abandoned, or is in need of protective services shall cause a prompt and

thorough evaluation to be made, to determine the situation relative to the condition of the elderly person and what action and services, if any, are required. The evaluation shall include a visit to the named elderly person and consultation with those individuals having knowledge of the facts of the particular case. Upon completion of the evaluation of each case, written findings shall be prepared which shall include recommended action and a determination of whether protective services are needed. The person filing the report shall be notified of the findings, upon request.

(b) The Department of Social Services shall maintain a state-wide registry of the reports received, the evaluation and findings and the actions taken.

(c) The client's file, the original report and the evaluation report shall not be deemed public records nor be subject to the provisions of section 1-210. The name of the person making the original report or any person mentioned in such report shall not be disclosed unless the person making the original report specifically requests such disclosure or unless a judicial proceeding results therefrom or unless disclosure of the name of the elderly person about whom the report was made is required to fully evaluate a report.

CONNECTICUT GENERAL STATUTES - CHAPTER 899 EVIDENCE

Sec. 52-146c. Privileged communications between psychologist and patient.

(a) As used in this section:

- (1) "Person" means an individual who consults a psychologist for purposes of diagnosis or treatment;
- (2) "Psychologist" means an individual licensed to practice psychology pursuant to chapter 383;
- (3) "Communications" means all oral and written communications and records thereof relating to the diagnosis and treatment of a person between such person and a psychologist or between a member of such person's family and a psychologist;
- (4) "Consent" means consent given in writing by the person or his authorized representative;
- (5) "Authorized representative" means (A) an individual empowered by a person to assert the confidentiality of communications which are privileged under this section, or (B) if a person is deceased, his personal representative or next of kin, or (C) if a person is incompetent to assert or waive his privileges hereunder, (i) a guardian or conservator who has been or is appointed to act for the person, or (ii) for the purpose of maintaining confidentiality until a guardian or conservator is appointed, the person's nearest relative.

(b) Except as provided in subsection (c) of this section, in civil and criminal actions, in juvenile, probate, commitment and arbitration proceedings, in proceedings preliminary to such actions or proceedings, and in legislative and administrative proceedings, all communications shall be privileged and a psychologist shall not disclose any such communications unless the person or his authorized representative consents to waive the privilege and allow such disclosure. The person or his authorized representative may withdraw any consent given under the provisions of this section at any time in a writing addressed to the individual with whom or the office in which the original consent was filed. The withdrawal of consent shall not affect communications disclosed prior to notice of the withdrawal.

(c) Consent of the person shall not be required for the disclosure of such person's communications:

- (1) If a judge finds that any person after having been informed that the communications would not be privileged, has made the communications to a psychologist in the course of a psychological examination ordered by the court, provided the communications shall be admissible only on issues involving the person's psychological condition;
- (2) If, in a civil proceeding, a person introduces his psychological condition as an element of his claim or defense or, after a person's death, his condition is introduced by a party claiming or defending through or as a beneficiary of the person, and the judge finds that it is more important to the interests of justice that the communications be disclosed than that the relationship between the person and psychologist be protected;
- (3) If the psychologist believes in good faith that there is risk of imminent personal injury to the person or to other individuals or risk of imminent injury to the property of other individuals;
- (4) If child abuse, abuse of an elderly individual or abuse of an individual who is disabled or incompetent is known or in good faith suspected;

(5) If a psychologist makes a claim for collection of fees for services rendered, the name and address of the person and the amount of the fees may be disclosed to individuals or agencies involved in such collection, provided notification that such disclosure will be made is sent, in writing, to the person not less than thirty days prior to such disclosure. In cases where a dispute arises over the fees or claims or where additional information is needed to substantiate the claim, the disclosure of further information shall be limited to the following: (A) That the person was in fact receiving psychological services, (B) the dates of such services, and (C) a general description of the types of services; or

(6) If the communications are disclosed to a member of the immediate family or legal representative of the victim of a homicide committed by the person where such person has, on or after July 1, 1989, been found not guilty of such offense by reason of mental disease or defect pursuant to section 53a-13, provided such family member or legal representative requests the disclosure of such communications not later than six years after such finding, and provided further, such communications shall only be available during the pendency of, and for use in, a civil action relating to such person found not guilty pursuant to section 53a-13.

CONNECTICUT GENERAL STATUTES - CHAPTER 951
PENAL CODE: STATUTORY CONSTRUCTION;
PRINCIPLES OF CRIMINAL LIABILITY

Sec. 53a-18. Use of reasonable physical force or deadly physical force generally.

The use of physical force upon another person which would otherwise constitute an offense is justifiable and not criminal under any of the following circumstances:

(1) A parent, guardian or other person entrusted with the care and supervision of a minor or an incompetent person, except a person entrusted with the care and supervision of a minor for school purposes as described in subdivision (6) of this section, may use reasonable physical force upon such minor or incompetent person when and to the extent that he reasonably believes such to be necessary to maintain discipline or to promote the welfare of such minor or incompetent person.

(2) An authorized official of a correctional institution or facility may, in order to maintain order and discipline, use such physical force as is reasonable and authorized by the rules and regulations of the Department of Correction.

(3) A person responsible for the maintenance of order in a common carrier of passengers, or a person acting under his direction, may use reasonable physical force when and to the extent that he reasonably believes such to be necessary to maintain order, but he may use deadly physical force only when he reasonably believes such to be necessary to prevent death or serious physical injury.

(4) A person acting under a reasonable belief that another person is about to commit suicide or to inflict serious physical injury upon himself may use reasonable physical force upon such person to the extent that he reasonably believes such to be necessary to thwart such result.

(5) A duly licensed physician or psychologist, or a person acting under his direction, may use reasonable physical force for the purpose of administering a recognized form of treatment which he reasonably believes to be adapted to promoting the physical or mental health of the patient, provided the treatment (A) is administered with the consent of the patient or, if the patient is a minor or an incompetent person, with the consent of his parent, guardian or other person entrusted with his care and supervision, or (B) is administered in an emergency when the physician or psychologist reasonably believes that no one competent to consent can be consulted and that a reasonable person, wishing to safeguard the welfare of the patient, would consent.

(6) A teacher or other person entrusted with the care and supervision of a minor for school purposes may use reasonable physical force upon such minor when and to the extent he reasonably believes such to be necessary to (A) protect himself or others from immediate physical injury, (B) obtain possession of a dangerous instrument or controlled substance, as defined in subdivision (9) of section 21a-240, upon or within the control of such minor, (C) protect property from physical damage or (D) restrain such minor or remove such minor to another area, to maintain order.

IN RE:

Petition for Declaratory Ruling

Department of Health Services
Board of Examiners of Psychologists
Declaratory Ruling No. 85-1

By: Kathleen M. Sterner, Ph.D.
Joel Perlmutter, Ph.D.
Joseph Nowinski, Ph.D. January 28, 1985

MEMORANDUM OF DECISION

INTRODUCTION

By letter dated February 23, 1984, Kathleen M. Sterner, Ph.D. requested clarification, by the Board of the phrase... "is not qualified" as used under the provisions of Connecticut General Statutes §20-192. In addition, the Board received separate letters from Joel Perlmutter, Ph.D., dated August 26, 1983, and Joseph Nowinski, Ph.D., dated March 21, 1983, seeking the Board's opinion on the delegation of psychological services by licensed psychologists to unlicensed individuals.

On January 25, 1984, at its regularly scheduled meeting, the Board voted to consider said requests to be requests for declaratory rulings under the provisions of the Uniform Administrative Procedures Act. Accordingly, notice of hearing was issued for a public hearing conducted June 5, 1984 in Room B-123 of the Department of Health Services at 150 Washington Street, Hartford, Connecticut. Drs. Sterner, Perlmutter and Nowinski received certified mail notice of said hearing. After the public hearing of June 5, 1984, the Board determined that an additional public hearing should be held and additional notice was provided for a public hearing at the Hall of the House at the State Capitol, Hartford, on September 25, 1984. Drs. Sterner, Perlmutter and Nowinski, all Connecticut licensed psychologists, and the following organizations were notified of the September 25, 1984 hearing:

Connecticut Association for Retarded Citizens
Mental Health Association of Connecticut
Connecticut Psychological Association
State of Connecticut Department of Mental Health
State of Connecticut Department of Mental Retardation
State of Connecticut Alcohol and Drug Abuse Council
State of Connecticut Department of Children and Families

The hearing of June 5, 1984 was attended by Board members McGrade, Higgins and Kronick, the board's counsel, and fourteen members of the public. Board members McGrade, Higgins and Budon, the Board's counsel and approximately forty members of the public were present at the hearing of-September 25, 1984. Drs. Sterner, Perlmutter, Kowinski, and Douglas S. Lloyd, M.D., Commissioner of Health Services, were designated as parties and fourteen individuals were admitted, at their request, as intervenors for the purpose of making statements during the hearing of September 25, 1984.

I. STATUTORY PROVISIONS APPLICABLE TO RULING RE:

QUALIFICATIONS OF PSYCHOLOGISTS

Section 20-192 of the General Statutes Provides:

The Board may take any action set forth in Section 19a-17, if the license holder: Has been convicted of a felony; has been found by the Board to have employed fraud or deceit in obtaining his license or in the course of any professional activity, to have violated any provision of this chapter or any regulation adopted hereunder; to have acted negligently, incompetently or wrongfully in the conduct of his profession; practiced in an area of psychology for which he is not qualified; is suffering from physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process or is suffering from the abuse or excessive use of drugs, including alcohol, narcotics or chemicals. The commissioner of health services may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford-New Britain to enforce such order or any action taken pursuant to section 19a-17. Notice of any contemplated action under said section, of the cause therefor and the date of hearing thereon shall be given and an opportunity for hearing afforded as provided in the regulations adopted by the commissioner of health services. The attorney general shall, upon request furnish legal assistance to the board. Any person aggrieved by any action of the Board may appeal therefrom as provided in section 4-183, except such appeal shall be made returnable to the judicial district where he resides. Such appeal shall have precedence over nonprivileged cases in respect to order of trial. (emphasis added).

DISCUSSION

What Constitutes Practice in an Area for Which a Psychologist is not Qualified?

Connecticut General Statutes 20-192 provides that disciplinary action any be taken "if the license holder..... practiced in an area of psychology for which he is not qualified." No Connecticut statutes or regulations further clarify when a person is considered qualified to practice in a particular area of psychology. It is evident therefore that the legislature, in enacting Connecticut General Statutes 20-192 did not intend that licensure alone will provide a sufficient basis upon which a psychologist may be considered qualified in all areas of professional practice.

It is recognized that Connecticut General Statutes 20-188 requires a doctoral degree plus one year of post doctoral experience as minimum requirements for licensure. The Board finds however that satisfaction of these minimum requirements clearly does not also evidence competency in all areas of psychology sufficient to safeguard the welfare of the public. These areas may, and very often do, require additional specialized training and experience before competency can be established.

Accordingly, to aid in determining competency and qualifications of a licensee in a particular area the Board acknowledges the usefulness of the following standards adopted by the American Psychological Association applicable to professional psychologists:

Policy on Training for Psychologists Wishing to Change their Specialty (1976); Specialty Guidelines for the Delivery of Services by Clinical Psychologists (1981); Specialty Guidelines for the Delivery of services by Counseling Psychologists (1981); Specialty Guidelines for the Delivery of Services by School Psychologists (1981); and Specialty Guidelines for the Delivery of Services by Industrial/Organizational Psychologists (1981). The Board notes that these national professional standards require both formal academic instruction and substantial supervised experience in the area of psychology to be practiced. These standards may be consulted by the Board in assessing a licensee's qualifications in specific areas.

Other factors relating to a licensee's competency also shall be carefully considered and weighed by the Board in exercising its professional judgment. The Board's primary objective is to continue to insure the health and safety of the citizens of the State of Connecticut by limiting a licensee's practice to areas where he/she is professionally competent.

CONCLUSION

Accordingly the Board rules that the qualification to practice psychology requires specific academic training and supervised experience in the specific area of psychology to be practiced. Practice in areas in which these qualifications have not been qualified are grounds for disciplinary action against licensed psychologists under the provisions of Connecticut General Statutes 20-192 and 19a-17.

II. STATUTORY PROVISIONS APPLICABLE TO RULING RE: PSYCHOLOGICAL SERVICES

Section 20-187a. of the General Statutes Provides:

No person shall practice psychology unless he has obtained a license as provided in Section 20-188. The practice of psychology means the rendering of professional services under any title or description of services incorporating the words psychologist, psychological or psychology, to the public or to any public or private organization for a fee or other remuneration. Professional psychological services means the application, by persons trained in psychology of established principles of learning, motivation, evaluation,, group relations and behavior adjustment, including but not limited to counseling, guidance, psychotherapy and behavior modifications, with persons or groups with adjustment problems in the areas of work, family, school, marriage and personal relationships, measuring and testing of personality, intelligence, aptitudes, motions, public opinion, attitudes and skills; and research on problems relating to human behavior. (emphasis added).

May a psychologist authorize an unlicensed person to Perform Psychological services?

Psychological services are those rendered "... under any title or description of services incorporating the words psychologist, psychological, or psychology to the public or to any public or private organization for a fee or other remuneration, (Connecticut General Statutes 20-187a) unless such services are specifically exempted from licensure (Connecticut General Statutes 20-195). The question is whether use of the terns psychologist, psychological , or psychology, a right conferred by licensure, can be delegated to another person by the licensee. The General Statutes of the state of Connecticut or any regulations promulgated thereunder do not address the question of delegation of psychological services by psychologists or conditions under which said delegation would be permissible.

Delegation to unlicensed individuals poses potential problems in maintaining the quality of services offered to the public. Unsupervised and unregulated delegation of services would defeat the purposes and protections achieved by requiring licensure of psychologists. Evidence presented to the Board referred to possible instances of delegation such as use of unqualified assistants and failure to provide direct supervision of assistants which could be dangerous to the public health and welfare of the citizens of the State of Connecticut.

CONCLUSION

Accordingly, the Board rules that when titles or descriptions of services include the words psychologist, psychological, or psychology and services are being offered to the public for remuneration, these services must be performed by a licensed person, except when "...directly controlled by a licensed psychologist, in the licensed psychologist's presence, and for a relatively minor administrative nature." (Opinion of the Office of the Attorney General, dated January 7, 1976). The Board further rules that a licensed person who uses his or her signature, title, and/or license number on a description or listing of services performed by someone else shall be deemed to have delegated his rights under licensure and to have acted "...wrongfully in the conduct of his profession" (Connecticut General Statutes 20-192) unless said description or listing includes an explicit statement that the services were performed by someone else.

Date: January 28, 1985