

Significant Legislative Rule Analysis (SA)

Examining Board of Psychology (board) Continuing Education on Suicide Assessment, Treatment, and Management

WAC 246-924-230 – Continuing education requirements
WAC 246-924-240 – Definitions of categories of credible CE
New Section – WAC 246-924-255 – Suicide Training Program Standards
August 14, 2013

Section 1. What is the scope of the rule?

The proposed rules implement Engrossed Substitute House Bill (ESHB) 2366 (chapter 181, Laws of 2012), which was codified as RCW 43.70.422, by creating new continuing education requirement for psychologists. The proposed rules establish continuing education (CE) requirements in suicide assessment, treatment and management, and provide clarification related to the topics that must be in an approved course. The proposed rules also incorporate provisions of Substitute House Bill (SHB) 1376 (chapter 78, Laws of 2013), which amends RCW 43.70.422.

Background

According to the centers for disease control and prevention:

- Each year, more than 36,000 Americans take their own lives and about 465,000 people receive medical care for self-inflicted injuries.¹
- Suicide (i.e., taking one's own life) is a serious public health problem that affects people of all ages. For Americans, suicide is the 10th leading cause of death. It resulted in 36,909 lives lost in 2009. The top three methods used in suicides included firearm (51%), suffocation (24%), and poisoning (17%).²
- Deaths from suicide are only part of the problem. More people survive suicide attempts than actually die. In 2010, about 465,000 people received medical care for self-inflicted injuries at emergency departments across the United States.¹

¹ [National Center for Injury Prevention and Control](http://www.cdc.gov/injury/) - <http://www.cdc.gov/injury/> [Division of Violence Prevention](http://www.cdc.gov/ViolencePrevention/) - <http://www.cdc.gov/ViolencePrevention/>

² ² [National Center for Injury Prevention and Control](http://www.cdc.gov/injury/) - <http://www.cdc.gov/injury/> [Division of Violence Prevention](http://www.cdc.gov/ViolencePrevention/) - <http://www.cdc.gov/ViolencePrevention/>

According to the Washington State Department of Health:³

- Suicide is the second leading cause of death in the state of Washington for youth 10-24 years old and the third leading cause of death nationally.
- There were nearly twice as many suicides as homicides of youth ages 10–24.
- In Washington State and nationally, whites accounted for the highest total number of suicides, while Native Americans accounted for the highest rates of suicide.
- Suicide rates are lower for African-Americans and Hispanics.
- In Washington State and nationally, females attempted suicide more frequently, yet males died by suicide more often by a ratio of at least 4:1.
- In Washington State, firearms were the leading method of suicide for both males and females.

Nearly one fifth of veterans struggle with depression or Post Traumatic Stress Disorder, and the suicide rates have doubled in the past decade among those who served in Operation Enduring Freedom and Operation Iraqi Freedom.⁴

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is simple: Reduce factors that increase risk and increase factors that promote resilience. Ideally, prevention addresses all levels of influence: individual, relationship, community, and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

It is the intent that these rules will help lower the suicide rate in Washington by requiring psychologists to complete training in suicide assessment, treatment, and management as part of their continuing education, continuing competency, or recertification requirements.

The proposed rules incorporate the statutory requirement for licensed psychologists to complete six hours of continuing education in suicide assessment, treatment, and management every six years. The Examining Board of Psychology (board) believes that requiring psychologists to obtain six hours of continuing education every six years will reduce a psychological services consumer's morbidity and mortality by standardizing the detection, assessment, and management of patients at elevated risk for suicidal behaviors. The proposed rules also incorporate SHB 1376's requirement that the training be completed during the first full continuing education period after January 1, 2014 or after initial licensure, whichever occurs later.

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<http://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/YouthSuicidePrevention/YouthSuicideFacts.aspx>

⁴ Rudd, M. D., Goulding, J., & Bryan, C. J. (2011, August 15). Student Veterans: A National Survey Exploring Psychological Symptoms and Suicide Risk. *Professional Psychology: Research and Practice*. Advance online publication. doi: 10.1037/a0025164

Section 2. What are the general goals and specific objectives of the proposed rule's authorizing statute?

The general goal of RCW 43.70.442 is to reduce suicide in Washington State. The legislature believes that required on-going training and education in suicide assessment, treatment, and management for certain health professionals, including psychologists, will help achieve this goal.

In addition to psychologists, RCW 43.70.442, as amended, requires the following professions to adopt rules related to the completion of continuing education in suicide assessment, treatment, and management:

- certified counselors and certified advisers
- chemical dependency professionals
- advanced social workers and independent clinical social workers
- marriage and family therapists
- mental health counselors
- occupational therapy practitioners
- practitioners in retired active license status in the above professions.

Rules for these professions will be addressed separately.

The following are the statute's objectives, implemented by these proposed rules:

1. Establish criteria for acceptable continuing education programs.
2. Establish criteria to specify minimum training and experience that is sufficient to exempt a professional from the training requirements.
3. Establish a model list of training programs, working collaboratively with the impacted professions.

Section 3. What is the justification for the proposed rule package?

ESHB 2366 requires the board to create rules setting requirements for continuing education in suicide assessment, treatment, and management. SHB 1376 (2013) clarifies the time frame for completing this training. The proposed rules achieve the authorizing statute's goals and objectives by setting criteria for continuing education and when the required training must be completed.

The board has assessed and determined that there are no feasible alternatives to rulemaking because standards for education, examination, and practice must be enforceable, and therefore must be in rule.

Section 4. What are the costs and benefits of each rule included in the rules package? What is the total probable cost and total probable benefit of the rule package?

1. Identification of total number of rules in package

There are a total of three rules in this package: two non-significant and one significant.

2. Non-Significant Rule Identification Table

Table: Non-Significant Rule Identification

#	WAC Section	Section Title	Section Subject	Reason
1	WAC 246-924-230	Continuing Education Requirements	Identifies continuing education requirements	The proposed rule is exempt under RCW 34.05.328(5)(b)(iii); the rule adopts or incorporates by reference without material change a Washington state law (RCW 43.70.422).
2	WAC 246-924-240	Definition of categories of credible CE	Definitions	The proposed rule does not meet the definition of “significant legislative rule” under RCW 34.05.328(5)(c)(ii); the rule is interpretive and does not subject any person to a penalty or sanction.

3. Significant Rule Analysis

WAC 246-924-255 - Suicide Training Program Standards

Rule Overview: In Section (1), the board sets out the following requirements that a training program in suicide assessment, treatment, and management must meet in order to be approved:

- Be approved by the American Foundation for Suicide Prevention, the Suicide Prevention Resource Center, American Psychological Association, American Medical Association, regional or state psychological associations, or their subchapters, psychology internship training centers, or an equivalent institution, or organization which approves training programs based on observation and experiment, or best available practices.
- Cover training in suicide assessment, including screening and referral suicide treatment, and suicide management.

- Be provided by a single provider and must be at least six-hours in length, which may be provided in one or more sessions.

These standards limit the extent that any training program could elude the intent of RCW 43.70.442. Also, the board considered the need to make qualified programs easily available to licensees.

Subsections (2) and (3) of the proposed rule list the statutory exemptions for suicide prevention training for state and local government employees and employees of community mental health agencies. Subsection (4) recognizes that licensed psychologists obtaining training under subsection (2) or (3) may obtain CE credit.

Rule Cost/Benefit Analysis – Since the requirement to complete six hours in suicide assessment, treatment and management does not add to the total number of CE hours that must be completed, there will be no added costs for the credential holder or his employer. It is also believed that requiring psychologists to complete this training will increase knowledge related to suicidal ideation, and better prepare psychologists in the assessment, treatment, and management of suicidal patients. It is the ultimate goal that this requirement will save the lives of Washington residents.

4. Rule Package Cost-Benefit Conclusion

The proposed rules implement ESHB 2366, and SHB 1376, and create a new continuing education requirement for psychologists. The proposed rules establish CE requirements in suicide assessment, treatment and management, provide clarification regarding what topics must be in an approved course, and clarify the CE due date. It is believed that educating psychologists in suicide assessment, treatment, and management may save lives in Washington State. Therefore, the benefits of these rules exceed the costs.

Section 5. What alternative versions of the rule did we consider? Is the proposed rule the least burdensome approach?

Descriptions of alternatives considered

Alternative version: The board developed these proposed rules in a collaborative process. The collaborative process included sending notice of the rule-making to the listserv, and holding three stakeholder workshops in Seattle, Tumwater, and Spokane. The rule-making workshops were noted on the board's agenda. The agenda was sent to the listserv and posted to the program's website.

The Seattle workshop was attended by a representative of the Washington State Psychological Association, as well as a representative for the King County Coalition on Suicide Prevention. The board and the groups present during each rule-making workshop considered requiring all organizations that were interested in providing training to first apply to the board for CE approval.

During the rule-making workshops the board determined that the statutory requirement of six hours of CE every six years is sufficient to protect the public and additional hours are not justifiable at this time.

The board subsequently determined that it would not adopt a rule that would require them (or a committee thereof) to conduct an individual review/approval of qualifying suicide prevention programs. An “ad hoc” review could occur during an audit of a licensee’s CE documentation—after the fact and for that particular licensee. The board does not have the resources or time available to do an individual review for each program. Instead, the board clarified the requirements for a program in proposed WAC 246-924-255.

Least burdensome determination

The proposed rules are less burdensome than the alternative because the standards and criteria established by proposed WAC 246-924-255 align with the requirements set forth in RCW 43.70.442.

Section 6. Does the rule require anyone to take an action that violates another federal or state law?

The rule does not require those to whom it applies to take an action that violates requirements of federal or state law.

Section 7. Does the rule impose more stringent performance requirements on private entities than on public entities unless the difference is required by federal or state law?

It was determined that the rule does not impose more stringent performance requirements on private entities than on public entities.

Section 8. Does the rule differ from any federal regulation or statute applicable to the same activity or subject matter and, if so, is the difference justified by an explicit state statute or by substantial evidence that the difference is necessary?

The rule does not differ from any applicable federal regulation or statute.

Section 9. Has the rule has been coordinated, to the maximum extent possible, with other federal, state, and local laws applicable to the same activity or subject matter?

There are no other applicable laws affecting the psychology profession. The Washington State Psychological Association and individual psychologists have worked collaboratively with the program executive director and program manager to ensure the rules have as much consistency as possible.