A Word from the Executive Director

Just a reminder to licensees that our office has relocated from the 2nd floor of the Morrow building to the 1st floor. Our Board needed more square footage and the Tax Board needed less square footage, so we were able to trade office space. If you have a need to visit our Morrow office, just remember that we are now located on the 1st floor.

After an exhaustive search, we have finally been able to hire a new Investigator. I am pleased to announce Mr. David Oliveros as our newest staff member. Mr. Oliveros was born and raised locally and he obtained a B.S from Western Oregon University in 1997 in Public Policy Administration, then completed his Department of Public Safety Standards and Training in 1999. From there, Mr. Oliveros served 17 years as a public safety Police Officer. Mr. Oliveros has a wealth of experience in investigations during his time in law enforcement. We now have a full complement of 3 Investigators between BLPCT and our sister board BPE.

I would like to reach out to all who read this newsletter for some assistance. The Governor’s office has challenged our Board to become more diversified in its makeup. Diversity can include; race/ethnicity, sex, gender (LGBTQ), disability, veteran status and geography. Diversity deepens a Board’s overall experience. Presently, our Board composition is made up of members grouped from the Portland/Salem metro areas and we would like to have representation from other areas of the state. At this time, we have one LPC vacancy. If you are interested, or if you know anyone that is interested in serving on the Board, please contact me, or visit the Governor’s website to make application at http://www.oregon.gov/gov/admin/Pages/How_To_Apply.aspx.

Finally, please be sure to read the section on Administrative Rule-making in this newsletter. The Board is interested in hearing your comments on the proposal to adopt the ACA Code of Ethics. Please note that the deadline to receive public comments on these amendments is May 11, 2017 by 5:00 PM.

Charles Hill  
Executive Director  
“Plans are nothing, but planning is everything” – Dwight D. Eisenhower
INACTIVE STATUS

The Board listened, and as of October, 2016 there is now an Inactive license option. If you want your license to be inactive, the best and easiest method is to follow the instructions at your next renewal period. For your convenience, The Board has created a web page with instructions on how to inactivate/reactivate your license. Here is the link to the Board’s Inactive Status webpage: http://www.oregon.gov/oblpct/Pages/Inactive.aspx.

Remember that once your license becomes inactive, you may not practice counseling or marriage and family therapy in Oregon, even if you are at an exempt site or providing services pro bono. Additionally, once you are granted inactive status, you must submit your request form and fee for reactivation and have your request for active status approved by the Board before practicing again in Oregon. For further information, please contact Board personnel.

HOW TO REGISTER AS AN INTERN

It is that time of year again, Graduation Season. Board Staff will be processing hundreds of new registered intern applications. Please be patient. For the new prospective intern, here is a list of forms and links that are needed in order to become registered with the Board:

- Registered Intern Application
- Intern Supervised Clinical Experience Plan
- Professional Disclosure Statement
- Graduate Degree Information (along with course descriptions). Please note: If your graduate program at the time of graduation was CACREP, COAMFTE or CORE accredited, then you do not need to submit this form.
- Degree Program Direct Client Contact Hours
- Transcript – Official Transcript directly from your graduate school to the Oregon Board
- Criminal Background Check
- Filing Fee of $215.00

REMINDER!

The Board office moved in January and is now located in Suite 120. Please revise your Professional Disclosure Statements to reflect the change in suite number, and send the updated version to the Board at lpct.board@state.or.us.
**ADMINISTRATIVE RULEMAKING**

On February 14, 2017, the Board filed a notice of proposed rulemaking hearing for the following proposed amendments:

**Code of ethics for counselors, therapists, interns and applicants.**

The proposed amendment repeals the Board’s current code of ethics and adopts the 2014 American Counseling Association (ACA) Code of Ethics as the code of professional conduct applicable to licensed professional counselors, licensed marriage and family therapists, registered interns, and applicants. The proposal maintains several components of the current code, relocating those provisions to other locations in rules where they best fit. This includes the client bill of right details within the professional disclosure statement (PDS), informed consent waiver, supervisor competence and supervisee oversight, disclosure of client records during Board investigation, prohibition against withholding client records solely for nonpayment, and various reporting requirements. Some provisions are moved into a new preamble to the code. The proposal deletes the partial list of statutory exceptions to confidentiality, but maintains that licensees and interns must explain the exceptions to confidentiality to clients as a part of their PDS. There are also some minor revisions to improve rule consistency and clarity.

**Examination and clinical experience requirements for reciprocity method applicants.**

Firstly, the proposed amendment updates the competency examination requirement for reciprocity applicants. The current rule allows reciprocity applicants who passed the exam ten years or more prior to applying for licensure in Oregon to complete 40 hours of continuing education in lieu of retaking the exam. This will update the rule to reference Division 80, the continuing education requirements, which must be met for the applicant to qualify under this provision. Secondly, the proposal will no longer allow reciprocity applicants who do not have minimal post-license clinical experience to substitute 1,200 of the 2,400 required post-graduate direct client contact experience hours for supervision, consulting and reporting. Reciprocity applicants with five or more years of post-license clinical experience will continue to be allowed to substitute such experience for 1,000 hours of required supervised direct client contact.

On March 10, 2017, the Board filed a notice of proposed rulemaking for the following proposed amendment:

**Approval of the California Marriage and Family Therapist Written Clinical Examination.**

The Board adopted a temporary administrative rule amendment, effective December 12, 2016 through June 9, 2017, which allows the Board to accept the State of California Board of Behavioral Sciences’ Marriage and Family Therapist Written Clinical Examination as an approved competency examination for licensure as a Licensed Marriage and Family Therapist (LMFT) in Oregon. The Board now proposes to adopt a permanent rule amendment allowing continued acceptance of the California exam.

**Public Comments:**

For the above proposed rule amendments, the Notices of Proposed Rulemaking Hearing, Statements of Need and Fiscal Impact, and proposed rule text showing new language underlined and deleted language with strike-through are available on the Board’s website. Please email your comments to laree.felton@state.or.us or mail them to the Board’s office at 3218 Pringle Road SE, Ste. 120, Salem, OR 97302. All comments must be received no later than 5:00 p.m. on May 11, 2017. A public hearing will be held at 10 a.m. on May 11, 2017 at 3218 Pringle Road SE, Salem, OR 97302.
REPORTING LAW Q & A

Mandatory Reporting of Abuse

A licensed professional counselor (LPC) or licensed marriage and family therapist (LMFT) is considered a “public or private official” and therefore a “mandatory reporter” of the abuse of a child, an elderly person, or a mentally ill or developmentally disabled adult.

Elder Abuse [ORS 124.050-124.095]

An “elderly person” means any person 65 years of age or older who is not subject to the provisions of ORS 441.640 to 441.665 (reporting of suspected abuse of residents of long term care facilities).

Child Abuse [ORS 419B.005-419B.055]

“Child” means an unmarried person who is under 18 years of age.

Mentally Ill or Developmentally Disabled Adult Abuse [ORS 430.735-430.768]

“Adult” means a person 18 years of age or older with (a) a developmental disability who is currently receiving services from a community program or facility or was previously determined eligible for services as an adult by a community program or facility; or (b) a mental illness who is receiving services from a community program or facility. “Community program” means a community mental health program or a community developmental disabilities program as established in ORS 430.610 to 430.695. “Facility” means a residential treatment home or facility, residential care facility, adult foster home, residential training home or facility, or crisis respite facility.

Q: May I report an abuse disclosed by a client during therapy?

A: Yes- you MUST. Generally speaking, a confidential communication regarding a client that is made for the purpose of diagnosis and treatment of the client’s mental or emotional condition is privileged under ORS 40.230 (psychotherapist-patient privilege). However, an LPC or LMFT is required to report abuse, even when privilege applies. See ORS 124.060, ORS 419B.010, and ORS 430.765 which provide that ORS 40.230 does not affect the duty to report abuse. The Board’s Ethics Code (Division 100) also reiterates a licensee’s duty to report the abuse of children and vulnerable adults. Under Board rule, LPCs and LMFTs must inform clients about the limits to confidentiality, including abuse reporting, as a part of informed consent. You must appropriately document that such informed consent was given. Also note that psychotherapist-patient privilege does not apply when, in your professional judgment, the client has revealed a clear and serious intent at the time the communication was made to subsequently commit a crime involving physical injury, a threat to the physical safety of any person, sexual abuse or death. If you believe that the client poses a danger of committing the crime, you may report such communication and will not be civilly liable for any damage or injury resulting from the disclosure. (See ORS 40.252)

Q: May I report an abuse that I learn of outside of my capacity as an LPC or LMFT?

A: You MUST report child and elder abuse under Oregon law. Note that mentally ill or developmentally disabled adult reporting is currently only required when you come into contact with the abused person or the abuser in your official capacity as an LPC/LMFT. However, SB 760...
proposes to change this to align with the other two reporting requirements such that public or private officials must also report abuse when the contact occurs outside of their official capacity.

Q: **What are the potential consequences for reporting?**
A: You are not liable so long as you reported in good faith. Having good faith does not mean that you need hard evidence - you must have reasonable cause to believe that a child or vulnerable adult was abused. Problems may arise if you FAIL to report an abuse. You may be subject to a Board investigation and sanction, and may be sued for damages in civil court.

Q: **What constitutes abuse?**
A: You should review the definitions section of each reporting statute, as these vary. In general, abuse includes but is not limited to assault and non-accidental physical injury, neglect, abandonment, involuntary seclusion, improper restraint, willful infliction of physical pain or injury, criminal acts, verbal abuse, mental injury to a child, threatened harm, sexual abuse, exploitation or rape, unlawful exposure to controlled substances, and financial exploitation.

Q: **How do I report suspected abuse or neglect?**
A: Reports must be immediately made to the Department of Human Services (DHS) or to a law enforcement agency within the reporter’s county. For information about DHS reporting information, visit: [http://www.oregon.gov/DHS/abuse/Pages/index.aspx](http://www.oregon.gov/DHS/abuse/Pages/index.aspx).

### Permissive Reporting of Abuse

**Animal Abuse** [ORS 609.650-609.654]

While not mandatory, LPCs and LMFTs may report animal abuse to a law enforcement agency. Note that under ORS 40.252, psychotherapist-patient privilege does not apply when, in your professional judgment, the client has revealed a clear and serious intent at the time the communication was made to subsequently commit a crime involving an act described in ORS 167.322 (first degree aggravated animal abuse). You must believe that the client poses a danger of committing the crime. Under ORS 609.654(1), psychotherapist-patient privilege does not apply when you come into contact with an animal that has suffered aggravated animal abuse.

### Mandatory Reporting of Health Professionals

**Duty to Report Prohibited or Unprofessional Conduct** [ORS 676.150 and ORS 675.145]

This law requires healthcare professionals who are licensed or certified by or registered with a board to report the prohibited or unprofessional conduct of other healthcare professionals. It also requires that health professionals self-report misdemeanor or felony convictions and felony arrests to their own licensing board.

Q: **Who must report?**
A: The law includes licensed psychologists, professional counselors, marriage and family therapists, social workers, massage therapists, physical therapists, medical doctors, nurses, dentists, optometrists, and others. It also includes pre-licensed individuals such as residents and registered interns. This is not limited to LPCs/LMFTs reporting other LPCs/LMFTs. As an example, a LPC or LMFT must report the unprofessional conduct of a licensed clinical social worker
to the Board of Clinical Social Workers.

**Q:** What type of conduct should be reported, and when?

**A:** If you have reasonable cause to believe that another licensed or registered health professional has engaged in prohibited or unprofessional conduct, you must report the conduct to the appropriate licensing board within 10 days of learning of the conduct. “Prohibited conduct” includes criminal acts against a patient or client and criminal acts which create a risk of harm to a patient or client. “Unprofessional conduct” is conduct unbecoming a licensee or detrimental to the best interests of the public. This includes conduct that is contrary to the recognized standards of ethics of the licensee’s profession or conduct that endangers the health, safety or welfare of a patient or client. A few examples are breach of confidentiality, incompetence or impairment. Also, you must report to the Board within 10 days if you have been convicted of misdemeanor or felony or arrested for a felony crime.

**Q:** What if my colleague consults with me about an issue that turns out to be reportable conduct?

**A:** The law does not allow any exception for consultation group discussions or colleague consultation. It is best practice to remind the other licensed professional of your mandatory reporting requirements and encourage him/her to self-report as well.

**Q:** What are the potential consequences for reporting?

**A:** Mandatory reports are confidential under Oregon law. You must report if you have *reasonable cause*. This does not require you to be certain that the conduct occurred. You are not liable for damages so long as you reported in good faith. A frivolous complaint—or one made with reckless disregard for or willful ignorance of facts that would disprove the allegation—is a violation of the Code of Ethics. Failure to report the prohibited or unprofessional conduct of another health care professional is a Class A violation and subjects the person to board discipline. Failure to self-report criminal conduct as required may result in board discipline.

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**CCCE Reminder** All licenses must complete four hours of cultural competency continuing education (CCCE) within each reporting period. This is a part of, and not in addition to, the total 40 credit hours required. You will first report your completion of CCCE in 2018 as part of your license renewal. As with other CE, this will be verified if you are selected for a random audit and required to send in your CE documentation. Please visit the Board’s [CCCE webpage](#) for more info on the requirements and timelines for completion.

The Oregon Health Authority’s (OHA) Office of Equity and Inclusion (OEI) has released a Registry of OHA-approved CCCE Trainings. They will be adding more programs to the list as their advisory committee reviews candidate programs. Please visit the [OEI webpage](#) to access further information, including their most current registry.