Oregon
Kate Brown, Governor

Oregon Board of Psychologist Examiners
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Strategic Planning Session Meeting Minutes

November 21, 2015

The Grand Hotel at Bridgeport
7265 SW Hazel Fern Rd.
Portland, OR 97224

Members Present:	Fran Ferder, Ph.D., Chair Peter Grover, Ph.D., Vice-Chair Patricia Bjorkquist, Ph.D. Sandra Jenkins, Ph.D. Dorothy Mellon, Public Member Anne-Marie Smith, Ph.D. Jon Weiner, Public Member
Legal Counsel:	Warren Foote, AAG
Staff:	Charles Hill, Executive Director LaReé Felton, Operations Manager Karen Berry, Investigator Victoria McCullough, Program Analyst Ashlie Rios, Office Specialist
Guests:	Ryan Dix, Psy.D., OPA Liaison Anthony Medina, DAS CFO Analyst Jim Gardner, Gardner & Gardner Tracy Marsh, Walden University Raymond Trybus, Walden University Tamara Hoogestraat, Psy.D. BJ Scott, Psy.D. Robert Plamondon Darren Santos

INTRODUCTIONS/ROLL CALL

Dr. Ferder called the Oregon Board of Psychologist Examiners (OBPE) Public Session meeting to order at 9:05 a.m. on Saturday, November 15, 2014, at The Grand Hotel at Bridgeport, Board Room, 7265 SW Hazel Fern Rd., Portland, OR.

ASPPB CONFERENCE

Ms. Mellon and Dr. Grover attended the Association of State and Provincial Psychology Boards' (ASPPB) annual conference in Tempe, Arizona. Dr. Grover found that many of the topics

addressed were similar to what the Board has already been discussing. Ms. Mellon recognized that one important topic was Telepsychology. OBPE is not yet involved in this discussion but might be in the near future. ASPPB would like to develop an interstate compact that would allow the practice of psychology across state boarders, within the states that agree to the compact, for up to 30 days in a calendar year. Arizona is especially interested in this because a lot of people travel to their state during the winter months. They need seven states to approve this compact in order to begin. Dr. Grover sees an advantage for states where there is a lot of travel such as New York, Florida, California, and sister states like Oregon and Washington.

Mr. Foote recalls an issue that arose with the Oregon Medical Board (OMB). A doctor had created an online form that the patient would complete, and the doctor would then prescribe the medicine that the patient asked for online without a face-to-face consultation. OMB now requires an initial face-to-face consultation before a doctor may prescribe. Analogously, he questioned if this compact would allow a psychologist to make a diagnosis for someone that they are not seeing face-to-face. What if the other state allows psychologists to prescribe? The Board is generally interested in the idea, but there is still much to consider. Dr. Spencer Griffith would be a good resource because he is very knowledgeable in this area and has researched the details of the compact.

There was also a good discussion on APPIC and APA Internship & Residency training sites. At this time, there are not enough accredited sites to make this a requirement for licensure in all states, and there are no states or provinces that are requiring it, but it's something to think about.

Ms. Mellon also briefed a discussion about the EPPP examination. This is a knowledge based test, but ASPPB is looking at creating an "EPPP-2" that would assess applied competencies. They have a few ideas on how to assess cognitive skills (i.e. role playing) but there is still much discussion. Dr. Smith thinks that competency should be reviewed at the university level. This is where it will be seen and should be addressed; the universities should not graduate students who have shown signs through their educational years. Dr. Jenkins also believes that it is up to the faculty of the school with how rigorous their standards should be; however, some schools are not. Dr. Ferder also agreed that monitoring for the level of competency rests with the university. Dr. Grover mentioned that ASPPB has a committee that is trying to develop this supplementary exam and finding ways to scale competency. The Board thanked Dr. Grover and Ms. Mellon for attending the conference on behalf of the OBPE.

PILOT PROJECT UPDATE & TRANSITION TO PAPERLESS OFFICE

Mr. Hill spoke to the Board regarding the pilot project with the OBPE and the Oregon Board of Licensed Professional Counselors & Therapists (OBLPCT). Working for two different boards has proven to be difficult because both of them have two different policies, procedures, standards, office locations, etc.. Ms. Felton is now the Operations Manager of both Boards. Two of the biggest projects she is currently working on are 1) streamlining the Boards' policies & procedures and making them similar, and 2) is moving towards a paperless office. A paperless office would free up a lot of square footage and staff could utilize office space better.

Another hope for the near future is to upgrade databases and use the same software but maintain separate access. OBPE uses Access and OBLPCT uses a proprietary database. This is difficult for administration to try and navigate two different systems. Also, the agencies' IT services are separate and could be combined; the current contract ends in 2016.

A big project for 2016 is to combine the budget process while keeping the boards' individual funding separate. This would eliminate the need for Mr. Hill to provide the legislature with two different budgets every session. Stakeholders may be concerned, but the Department of Administrative Services has assured Mr. Hill that each boards' revenues and expenditures will remain separate and will continue to be allocated appropriately.

Ms. Felton has also been working on ePayroll for the offices, Key Performance Measure (KPM) reporting that includes various surveys and data analysis, implementation of various legislative bills, administrative rule revisions, workgroups, website improvements, and electronic fingerprinting.

LICENSURE EXEMPTION WORKGROUP

This workgroup consists of members of the three mental health boards and administrative staff. The Workgroup's primary purpose is to look into a statute that currently creates an exemption to the Board of Licensed Professional Counselors (OBLPCT) licensure requirement. ORS 675.825(4) provides that if a person lacks a qualifying master's degree needed for licensure as a professional counselor or marriage and family therapist, then the OBLPCT statutes do not prevent them from assessing, diagnosing, and treating mental, emotional or behavioral disorders. Dr. Grover, Ms. Mellon, and Dr. Bjorkquist are the representatives from the Board. This exemption came to the Board's attention as there has recently been an increase in complaints of unlicensed practice of psychology.

OBPE has received a total of 404 complaints alleging the unlicensed practice of psychology in its history, including 4 pending investigations. Of the 400 completed investigations, 23 (5.75%) resulted in a Board enforcement action, and 377 (94.25%) cases were dismissed. Every board action is posted to the website and published via Newsletter. Currently, the Board does not seek out unlicensed practice cases; all complaints are required to have an Investigation Request Form from a complainant. During the investigation process, the Board's investigator finds that most of the individuals are open to adjusting their practice or advertising to be in compliance with the law.

The OBLPCT's former chair had originally asked the OBPE and the Oregon Board of Licensed Social Workers (OBLSW) to help work on changing the statute and possibly create a legislative proposal. There is a dilemma with some practicing counselors who don't qualify for licensure under the current education requirements: how do the Boards help these individuals to allow them to keep practicing with the proper credentials? The Board agreed this issue is self-evident and would like for the Workgroup to continue to meet and discuss the options further. The next meeting is set for after the New Year, and the goal is to create a legislative concept for the next session; this process begins in April of 2016. They have already spoken to a few legislators who are supportive of this change.

POSSIBLE LEGISLATIVE CONCEPTS FOR 2017 SESSION

Counselor Licensure Exemption - ORS 675.825(4)

This is the exemption discussed by the Licensure Exemption Workgroup. Ms. Felton will be guiding the Workgroup through writing the legislative concept, guidelines, and review process.

Ability to recover disciplinary costs

This proposal would help the Board offset some of the costs for complaint cases that go to hearing or further. Increasing contested case hearing costs and attorney general fees have continued to create strain on the budget. Stakeholder opinions will be crucial and support will be needed for this proposal to pass. This would require the respondent to pay certain costs only if the case resulted in final Board action. One issue to consider is the equity of not requiring the Board to pay costs if it does not prevail in a contested case. Dr. Jenkins thought this could be unfair to individuals who couldn't afford to go to hearing, but on the other hand, it might also hinder the individuals who just wish to bury the Board with paperwork. Legal Counsel noted that the Board would have the option to assess costs at the end of the case or not. However, "case-by-case" review could be construed as favoritism. The Department of Justice and the Office of Administrative Hearings would create the invoice to assess costs. The Board would not be involved in that process. Legal counsel anticipates a strong stance against it. Ms. Felton will survey other state boards to determine if they have the ability to assess costs.

The Board took a short break and reconvened in Public Session.

The Board reconvened and continued with their discussion on recovering disciplinary costs. Dr. Dix was asked to present this topic to the Oregon Psychological Association (OPA) Board and see how they feel. Dr. Smith wanted to know approximately what costs would be assessed. Legal counsel understood that it would depend on the case history and whether expert witness(es) are involved, consultants, appeals, etc. An estimated $600-700 would be assessed for Stipulated Order or $5,000-8000 for a one day Hearing. An out-of-state consultant with a multi-day hearing could be up to $40,000 depending on the charges; however, out-of-state consultants are not frequent. This will be a continued discussion.

Name change: Board of Psychology

The Board agreed that the OBPE name is cumbersome and no longer fits what the Board. The options for a name change are the Oregon Board of Psychology (OBOP) or the Oregon Psychology Board (OPB). This change would require a legislative concept. OPB is an already well-known acronym and would be hard to differentiate. The Board would like to propose a legislative concept for the name change and settled on the Oregon Board of Psychology (OBOP).

Child Abuse Reporting

Mr. Hill asked the Board if they would like to discuss this topic. There is an exemption that applies to psychologists regarding mandatory child abuse reporting. Dr. Jenkins believes clients appreciate the exemption and they might feel more inclined to talk about it; then she, as the psychologist, will make the decision case-by-case of immediate danger and whether or not to report. Dr. Ferder knows that statistically those who were abused become abusers, and believes that abuse should be reported when found. Dr. Bjorkquist likes and understands the exemption. She is able to use it in

her practice as a better form of therapy and allows her to do the work with the parents to prevent it. Dr. Smith's concern is that not every licensed psychologist has to report child abuse, and there are some licensees that would make bad judgement calls and put children at risk. Ms. Mellon, as a mandatory reporter, understands that not all reports are acted upon even if abuse is present and most of the time the parents know who submitted the report. Dr. Grover feels that it may be presumptive to assume that all licensees are able to make these judgement calls; however, a complaint may be made if the licensee chose not to avoid harm and protect the child under the APA ethical principles. Dr. Smith wouldn't be opposed to passing a law that requires mandatory reporting because it's in the best interest of the public, that's what the Board is there to do. The Board would like to see a survey from OPA membership on their thoughts about mandating child abuse reporting.

REVIEW DRAFT SANCTION GRID

Ms. Felton created a draft sanction grid in 2011 when the Board began discussing this concept. The law dictates the amount of civil penalty that the Board can access; up to $10,000 per violation. Legal Counsel advised the Board that the grid was created so that the review process for each case can be standardized Board members like the idea of a sanctions grid and would prefer to use it as a procedural reference as opposed to adopting standards by rule. One advantage of having it in rule is that it gives licensees, defense attorneys, and the ALJs an avenue to see how the Board came to its decision(s); however, the Board likes having flexibility should a case not fit into the set guidelines. Dr. Grover sees it more as a reference table that is not required to be used in every case. Dr. Smith thinks that an ALJ could benefit from this- they will see the clear process the Board goes through to assess their sanctions with or without a rule. The Board agreed to keep this subject on the agenda to track changes and use as a starting point.

The Board took a lunch break to reconvene at 1 p.m.

CHRISTIAN THERAPISTS

Dr. Ferder recollected a few complaints that have come up regarding religion or religious-based therapy. The conversation is based around maintaining the ethical guidelines no matter the religion. Informed consent tends to be the primary concern. Alcoholics Anonymous, for example, is now recognized as a religious-based therapy and cannot be mandated. Dr. Bjorkquist emphasized the importance of evidence-based practice. Dr. Smith thought even spiritual therapy could fall into this religion discussion. As an example, a licensee who graduated from George Fox University, a Christian-based school, is not taught to do only Christian therapy. They are, more or less, more acceptable to Christians and reference certain aspects if the patient wants more of a religious base. If they don't or you don't feel comfortable doing it then you refer them out. Dr. Jenkins is more worried about how people advertise themselves.

It is unclear whether current APA ethical standards, including informed consent, are sufficient without additional Board rule or guidance. The Board considered whether a licensee who works in a religious-based agency should always include specific consent language. Ms. Mellon pointed out that children can't consent for themselves, and it is possible that parents could favor their own beliefs and not consider the child's. The Board determined that it would like to review some examples of consent language that may already exist, and continue this discussion in future meetings.

MULTICULTURAL/MULTILINGUAL ASSESSMENTS

Dr. Grover wanted to discuss the idea of psychologists who give assessments, for example an assessment of one's ability to participate in citizenship exam given in English, to create an accommodation due to some type of learning disability or cognitive issue. The concern is that a psychologist might not have the appropriate instruments to facilitate these types of requests, nor are they trained in dealing with different cultures that would allow them to accurately assess the abilities of each client.

Dr. Jenkins is familiar with these types of dilemmas and is happy that they Board now requires Cultural Competency Continuing Education. Most of the complaints she has heard of during her career are regarding someone who is doing incompetent cross-cultural assessments without proper education or training. She believes that doing any kind of assessment with a client that is not in their first language is an incompetent assessment unless dealt with in another way such as translation, interpreter, etc. Dr. Jenkins has seen one solution before in a report that stated that the results of this assessment cannot be considered valid because English was not their first language, for example. Dr. Ferder agreed and pointed out that translated assessments are based on the American population and can present another issue. Dr. Ferder utilizes a resource list that names other licensees from different cultures and who speak other languages. The Board might consider making a resource list like this for the website. Dr. Jenkins' advice is to not do an assessment until after they have assessed their level of acculturation. Dr. Grover questioned if it would be better for a licensee to deny the patient an assessment, or to go ahead and give the assessment but with the language that these results may be invalid. It seems as though there are some situations where there are no reasonable tools available, but then other situations where you can bend some tools already available, with some limitations, but not obtain truly accurate results. This question came from a licensee who does a lot of testing but has been pressured to do these types of evaluations.

PUBLIC FORUM

This is an opportunity for the public to address the Board. The Chair will determine the length of the time given based on the meeting agenda and the number of individuals that wish to speak.

Tammy Hoogestraat, Psy.D. graduated from George Fox University and works at Sundstrom Clinic. She appreciates the sensitivity the Board has shown towards religious-based therapy. Imposing values versus client-driven therapy is a big deal, and they spend a lot of time talking about this at Sundstrom. A good portion of their clients do not know that they are a Christian friendly facility. She would expect that if a licensee's only way of work is to pray with their clients, as an example, then that would be required language in their consent form; however, if the client asks for later it on their own then she would have a hard time requiring the language from the Board to be on her consent forms. The discussion is good and valued only if it applied across the board and not to a specific group of people.

Robert Plamondon agreed with the Board's comments regarding Christian counseling and spoke to the difference between religious therapy and the work of clergy men and women. He also commented regarding the Licensure Exemption Workgroup that took place a few weeks prior. He noticed that four of the six members were not present and that the psychologist members were more vocal than the other members. He feels that this workgroup should poll the constituents of

other health licensing agencies to see how they feel about the exemption. He does not believe that they think the way the OBPE, OBLPCT, and OBLSW do. Regarding Child Abuse Reporting, he believes that psychologists can do more evidence-based practice than any other profession and that some research must exist regarding reporting versus not reporting. Also, he doesn't believe that the Board should recover disciplinary costs.

The Oregon Board of Psychologist Examiners adjourned Public Session at 2:15 p.m.

Respectfully Submitted:

// Charles Hill // March 18, 2016

Charles Hill, Executive Director **Date**