

OREGON BOARD OF PSYCHOLOGIST EXAMINERS BOARD BULLETIN

WINTER 2011

Board of Psychologist Examiners

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Upcoming Events (2010-2011)

1/14/11 ~ Jurisprudence Exam

1/17/11~ Board office closed (MLK Day)

1/14/11 ~ Board Meeting in Salem

2/18/11 ~ Jurisprudence Exam (tentative)

2/21/11~ Board office closed (Presidents Day)

3/11/11 ~ Jurisprudence Exam (tentative)

3/18/11 ~ Board office closed (Mandatory Staff Furlough)

3/25/11 ~ Board Meeting in Salem (tentative)

4/15/11 ~ Jurisprudence Exam (tentative)

Note: Check the website for updated events

www.obpe.state.or.us

**NEW! Jurisprudence Exams
will be held monthly in 2011.**

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Congratulations New Licensees!

October 2010

Kathryn E. Marshall
Ana Cragolino
Scott F. Kaper
Juliann M. Haislip
Gayle L. Fay
Susan M. Evans
Linda C. Estergard
Stephanie C. Korff
Ryan C. Dix
Brooke A. Kuhnhausen
Timothy S. Beecher
Craig W. Beaver
Aaron K. Baker

Sarah A. Baird
Janet Y. Cline
Vanessa A. Casillas
Tina Amorok
Mitchell D. Dornfeld
Yen-Ling Liu
Greta C. Lyders
Heather M. Schwartz
Lisa B. Story
Brittany L. Ward
Bridget S. Wilcox
Anne W. Kennedy
David J. Kleber
Debra J. Carriere

Elizabeth M. Latty
Elizabeth V. Loux

November 2010

Joan N. Scott
Benjamin R. Bock
Frances A. Johnston
Amanda P. Morris

December 2010

Matthew A. Coopersmith
Carrie L. Atikune
Jennifer M. Hill
Justin W. Bush
**

Psychologist Reporting Obligations FAQ

► **Mandatory Reporting: Child Abuse [ORS 419B.005-419B.050], Elderly Abuse [ORS 124.050-124.095] & Mentally Ill or Developmentally Disabled Persons Abuse [ORS 430.735-430.768]**

A psychologist is considered a “public or private official” and therefore a “mandatory reporter” of child abuse, elder abuse, and mentally ill or developmentally disabled persons abuse.

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

A: Communication with a client is privileged under ORS 40.230, so a psychologist is not *required* to report abuse. Under the Ethical Principles of Psychologists (EPs), psychologists must protect confidential information, but may disclose information with appropriate consent. Consent may be obtained from the client at the time of the communication, or you may notify the client of the limits of confidentiality of your therapeutic relationship regarding abuse reporting when you obtain informed consent as required under the EPs. You must appropriately document that such informed consent was given.

Q: May I report an abuse that I learn of outside of my capacity as a psychologist?

A: You **MUST** report abuse under Oregon law when the communication is non-privileged.

Q: What are the potential consequences for reporting?

A: If the communication is non-privileged or you have obtained consent, 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 the person was abused. Problems may arise if you **FAIL** to report an abuse. You may be fined up to \$1000 and can be sued for damages in civil court.

For more information on mandatory abuse reporting, go to

<http://www.oregon.gov/DHS/abuse/main.shtml>.

► **Permissive Reporting: Animal Abuse [ORS 609.650-609.654]**

While not mandatory, psychologists may report animal abuse to a law enforcement agency. However, the same duty to maintain patient confidentiality applies as explained above.

► **Mandatory Reporting: Duty to Report Prohibited or Unprofessional Conduct [ORS 676.150]**

Q: Who must report?

A: Health care professionals who are licensed or certified by a board are required to report prohibited or unprofessional conduct of other health care professionals, including licensed psychologists, counselors, social workers, massage therapists, physical therapists, medical doctors, nurses, and others. It also includes applicants for licensure. This is not limited to psychologists reporting other psychologists. For example, a

psychologist must report an unprofessional 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 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 would include conduct contrary to public interest, or any violation of the Ethical Principles. A few examples are breach of confidentiality, incompetence or impairment. OBPE licensees and applicants are also obligated to self-report misdemeanor or felony convictions and felony arrests.

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

A: This is a legitimate concern for psychologists who have a strong history and culture of consultation. Both this Board and the Oregon Psychological Association lobbied for an exception in the law for “consultation group discussions and colleague consultation,” to no avail.



Q: What are the potential consequences for reporting?

A: Mandatory reports are confidential under Oregon law. As outlined above, you must obtain consent to report violations learned of in the course of confidential patient communications. You must report if you have *reasonable cause*, but 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 solely to injure—is a violation of Ethical Principle 1.07. Failure to report the prohibited or unprofessional conduct of another health care professional is a Class A violation. Failure to self-report misdemeanor or felony convictions and felony arrests may result in Board discipline.

Q: If the person is a psychologist or psychologist associate, shouldn't I first attempt an informal resolution?

A: The law may seem to conflict with APA's Ethical Principle 1.04, which provides for informal resolution of ethical violations. You are required to attempt an informal resolution, but prohibited or unprofessional conduct of other psychologists or psychologist associates must still be reported to OBPE within ten days. Remember, you must obtain consent to report violations learned of in the course of confidential patient communications. Caveat: If the psychologist in question is your patient, the communication is privileged and there is no mandate to report. **

Doctor WHO? *Oregon Law Tidbit...*

Did you know that Oregon law (ORS 676.110) limits who may use the title “doctor”? Here is a brief explanation of its application to psychologists: You may not call yourself a doctor (i.e. Dr. Bob Smith) unless you have earned your doctoral degree and are licensed by the Board or are in a residency contract. That means psychologist applicants cannot use the title until they become approved residents. Unlicensed individuals may not use the title at all. The same goes for the other health professions: medical doctors, dentists, chiropractors, veterinarians, etc., who must also have their doctoral degree *and* be licensed by their respective health professional regulatory board before they can use the title “doctor.” An additional requirement of the law involves use of the title in written or printed material. When you use the title “doctor” in advertisements, billboards, signs or professional notices, you must also specify the health care profession in which your doctoral degree was earned (i.e. Ph.D. Psychology) in a font that is at least one-fourth the size of the largest letters used in the title “doctor.” The Board is required under the law to report violators to the local district attorney. Anyone can report violators to the local district attorney. **

BOARD ACTIONS (DISCIPLINES & NOTICES)

All since previous newsletter (9/14/10 – current)

DAVID T. BICE, Ph.D., Notice of Proposed Disciplinary Action.

Basis: Boundary Violation; Unprofessional Conduct; Failure to Avoid Harm; Multiple Relationship; Failure to Obtain Informed Consent.

Proposed Action: Civil Penalty (\$5,000); License Suspension (1 year); Restriction on License.

MICHAEL G. CONNER, Psy.D., Notice of Proposed Disciplinary Action.

Basis: Exceeding Boundary of Competence; Professional Opinion without Adequate Foundation; Failure to Avoid Harm.

Proposed Action: Civil Penalty (\$5,000); Supervised Practice (1 year); Additional Continuing Education (15 hours).

REX W. TURNER, Ph.D., Final Order.

Basis: Boundary Violation; Multiple Relationship; Failure to Avoid Harm.

Action: Probation (2 years); Supervised Practice (2 years); Required Evaluation; Additional Continuing Education (one course). **

Pain Management Tidbit

As a reminder, the pain management CE is a one-time requirement, so if you have already completed this in a prior reporting period, you're good to go! If you have not, or you are a new licensee who has not yet renewed, then you need to do your pain management CE within your next reporting period. For more information, go to http://www.oregon.gov/OBPE/popularity_boxes/Pain_Mgmt_FAQ_12-10.pdf **

Qualified Person Designation

Robin Shallcross, Ph.D., ABPP Board Certified In Clinical Psychology OBPE Board Member

In October 2010 Board staff conducted an audit of Qualified Person Designation compliance and sent 780 final notice letters that were mailed in November. Oregon law OAR 858-010-0060 mandates that all licensees, including retirees and psychologists who became inactive within the past 7 years, notify the Board of the person who will intercede for client welfare and make necessary referrals in the case of death or incapacity of the licensee. This "qualified person" must be an active or semi-active licensed psychologist.

The ensuing discussion in our community has been spirited as this requires addressing a topic most of us prefer to not think about. Given the squeamishness and denial this topic can engender, it may be helpful to think

relationally. Most of us would agree we would not like to burden a grieving or distracted partner or spouse with the task of handling our professional practice affairs.

Some of the discussion raised important diversity concerns, i.e., limited resources of fellow psychologists in rural areas or a smaller pool of psychologists who serve clients in a language other than English. Questions arose re how many individuals could a psychologist do this for? The Board advises no more than 3.

The resources now available on links on the OBPE website represent a "tool kit" that is an excellent example of collaboration between OBPE and OPA. Once you and a colleague have identified each other to the Board, the next steps are making arrangements to provide each other with all the necessary information. In the spirit of not "reinventing the wheel" as I sat listening to this discussion at the Board retreat,

it occurred to me everything a psychologist needed in this regard was in the Members Only section of the OPA website under the Professional Affairs Committee (PAC) link. I

had discovered this while searching for resources for a class on the business of psychology I will be teaching Spring Term 2011.

I requested and received permission from the PAC to reproduce this material as it originally came from the San Diego Psychological Association. They had given permission for OPA to use this information in the State of Oregon. Given that not all psychologists are OPA members, posting this material now widens the resource pool. Please find "Guidelines for Preparing Your Professional Will," which includes a sample professional will, and the "PRID Executor Checklist" on the Board's website: www.obpe.state.or.us. You may also call for a paper copy.

Per the usual, if you have any questions, please do not hesitate to contact Board staff for

assistance. May we all live long and prosper. However, given the finality of the human condition, hopefully this information will make it a bit easier to prepare for this eventuality. **

Psychologist Title Usage

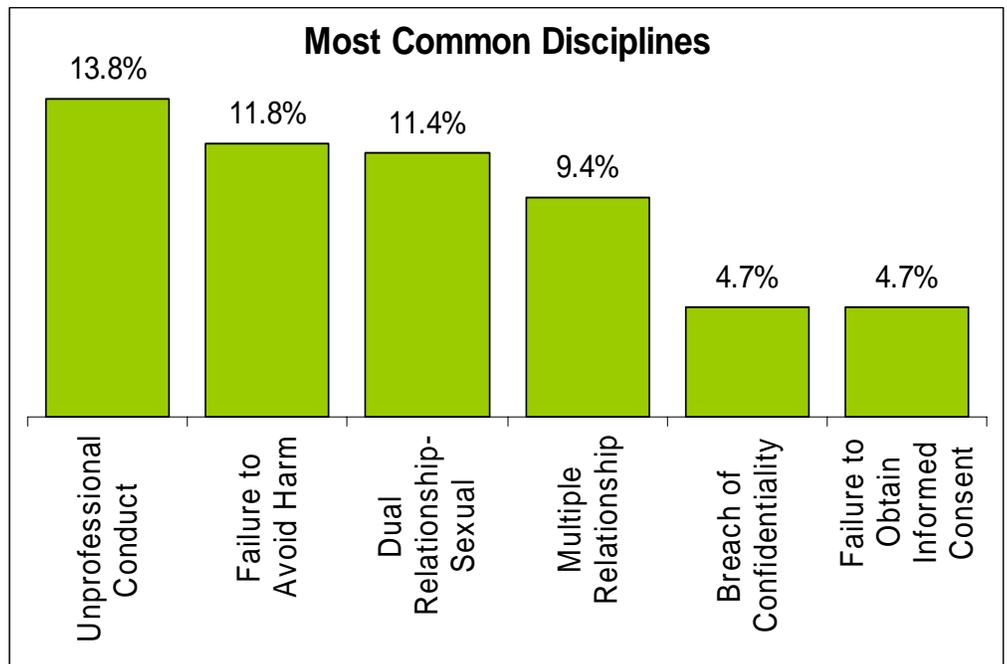
Another Oregon Law Tidbit...

Licensed psychologists may use only the title "Licensed Psychologist." Designations such as "Licensed Neuropsychologist" or "Licensed Clinical Psychologist" are not appropriate under Oregon law. Specialty designations are appropriate when the licensee does not indicate that he or she is licensed with the designation. For example, you may call yourself a "Clinical Psychologist" or a "Neuropsychologist" so long as the title you use is within your boundary of competence. The Board only licenses psychologists generally and does not provide licensure or certification for specialties. In addition, inactive psychologists must specify that their license is inactive. **

Common Disciplinary Issues

Board staff is commonly asked about the most common types of violations upon which the Board takes action, and who is most likely to be disciplined. The chart to the right shows the top seven reasons for action, compiled from historical data 1981 to present.

Disciplinary actions by the Board are assigned "reason codes" to summarize why the action was taken, and to comply with the reporting requirements of the National Practitioner

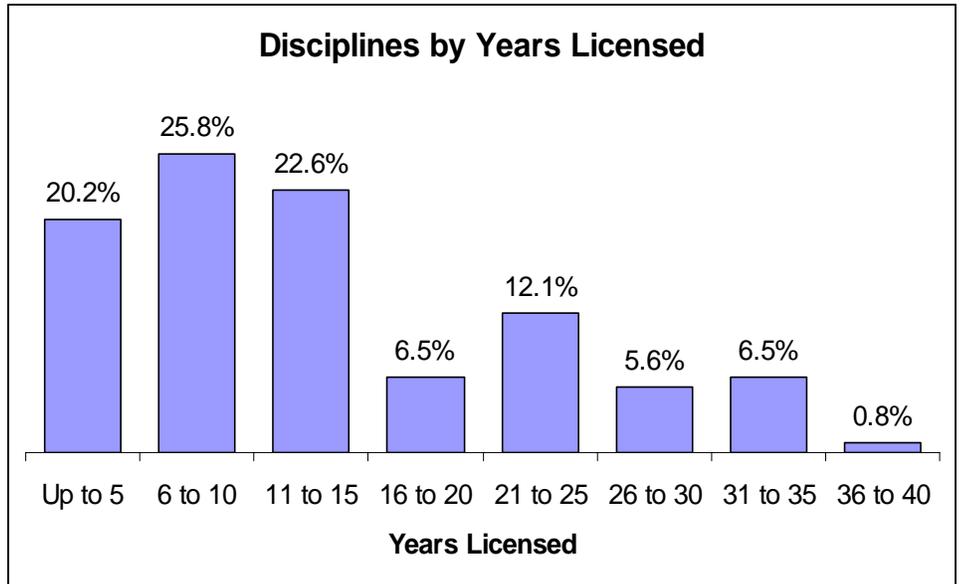


Databank (NPDB).

Most cases involve several reason codes. The most common, “unprofessional conduct,” constitutes a violation of ORS 675.070(2)(d) and is generally coupled with at least one other code because it applies to many situations. The second most common reason code is “failure to avoid harm,” which is a violation of Ethical Principle 3.04. Discipline is taken in situations where the Board has found that the licensee did not take reasonable steps to avoid harm to a client, supervisee, or other individual that the licensee worked with.

Third on the list is “dual relationship- sexual,” which could be a violation of Ethical Principles 7.07, 10.05, 10.06, 10.07, or 10.08. A majority of the cases involved a licensee engaging in sexual intimacies with a current or former client (less than 2 years after termination of therapy). Fourth on the list is “multiple relationship,” which is a violation of Ethical Principle 3.05. Common

examples of this are engaging in a social or professional relationship with a client or supervisee outside of therapy. A violation typically occurs when the multiple relationship could (or did) impair the psychologist’s objectivity, interfere with the ability to provide psychological services, or harm or exploit the other person. Last on the list are “breach of confidentiality,” which is a violation of Ethical Principle 4.01, and “failure to obtain informed consent,” which is a violation of Ethical Principle 10.01.



Degree	Disciplines	All Licensees
PH.D.	78.3%	66.5%
PSY.D.	20.2%	29.5%
ED.D.	0.8%	1.4%
M.A.	0.8%	1.3%
M.S.	0.0%	1.3%

The chart above shows how long the person was licensed when they received a discipline. The majority of disciplines (68.5%) were against individuals that had been licensed for

15 years or less. Note that our current 1563 licensees have been

Year	Complaints Resulting in Discipline
2006	0.94%
2007	0.90%
2008	0.65%
2009	1.23%
2010	0.33%

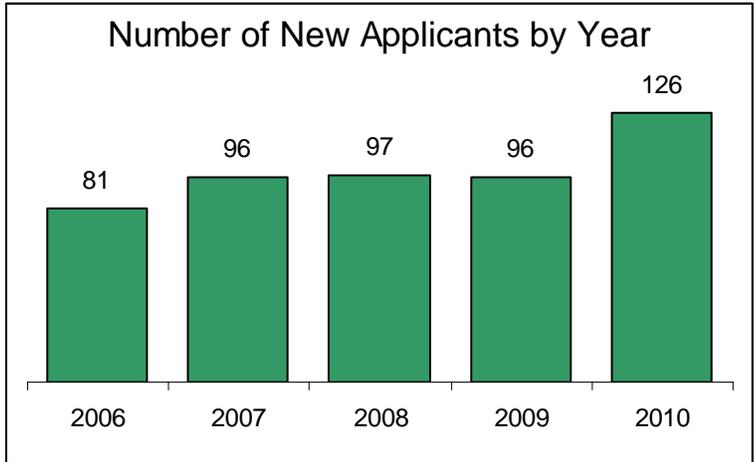
licensed for an average of 14.1 years (median 13.1).

Other interesting facts: The Board has revoked a total of 11 licenses, all between 1987 and 2006. While licensees with Ph.D.s currently represent 66.5% of all licensees, they account for 78.3% of disciplinary actions (see chart on left). While males currently represent for 44.7% of all licensees, they account for 69.8% of disciplinary actions. On average, less than 1% of complaints result in a discipline (see chart; but note that there are still pending cases: 1 from 2008, 5 from 2009, and 61 from 2010, so these figures will likely increase). **

Year End Stats- 2010

What a busy year! In 2010, the Board has seen a record number of new applicants for licensure (**126**) and a record high number of complaints (**122**).

Our licensee growth rate over the past 5 years averaged 4.5% per year. The number of new licensees actually fell this year, but should hit a new record high in 2011 once our new 126 applicants start becoming licensed. Of the

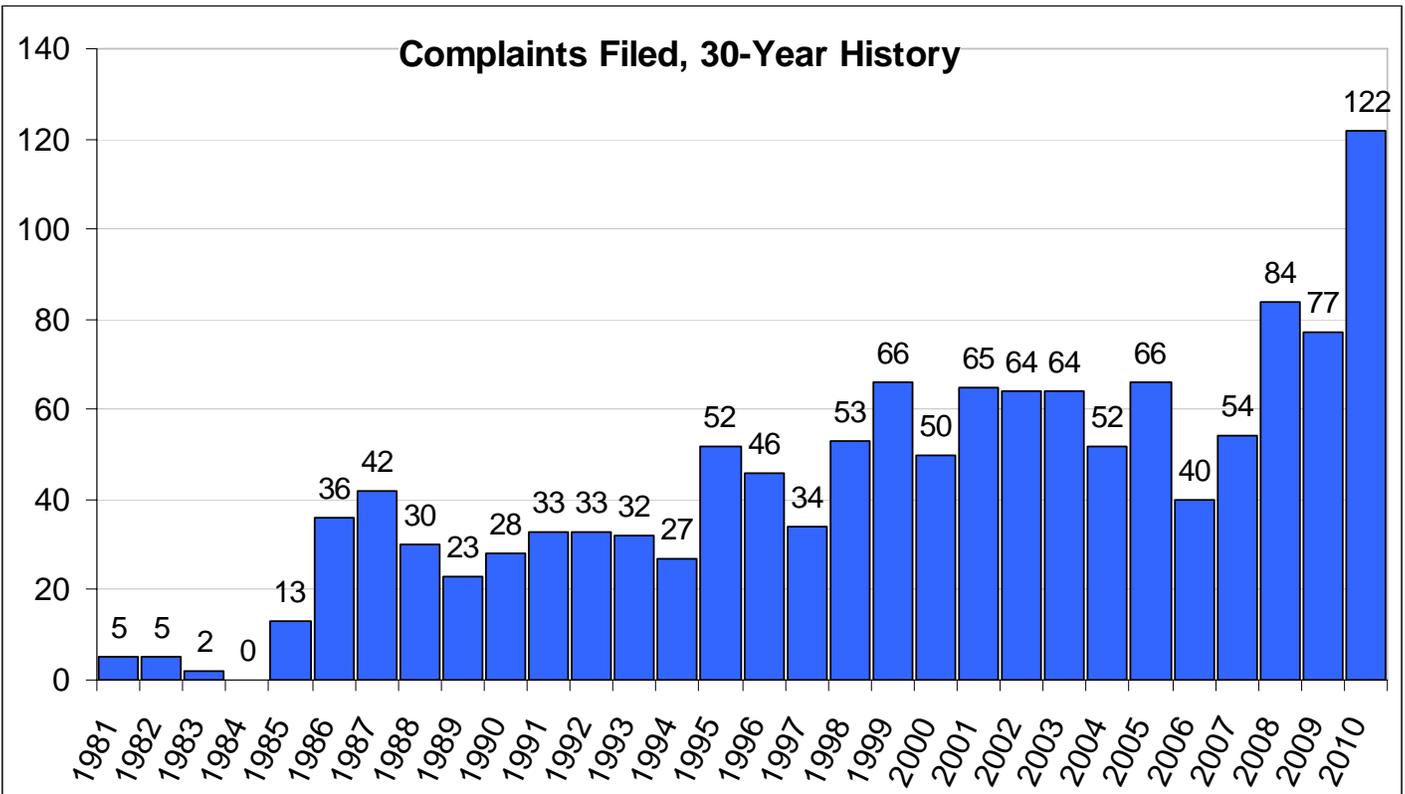


new applicants, 37 went to doctorate programs in Oregon and 36 attended programs in California. 63 of them are or were previously licensed in another state.

Year	New Licensees	Retired/Lapsed	Total Year End
2006	56	9	1299
2007	69	13	1355
2008	87	17	1425
2009	97	16	1506
2010	90	32	1564

Of our total 1563 licensees, there are 178 on inactive status, and 166 have chosen to become semi-active since the Board created this new status in 2010. The number of licensees retiring at the end of

2010 is at a 10-year high. It seems many licensees decide to retire at the end

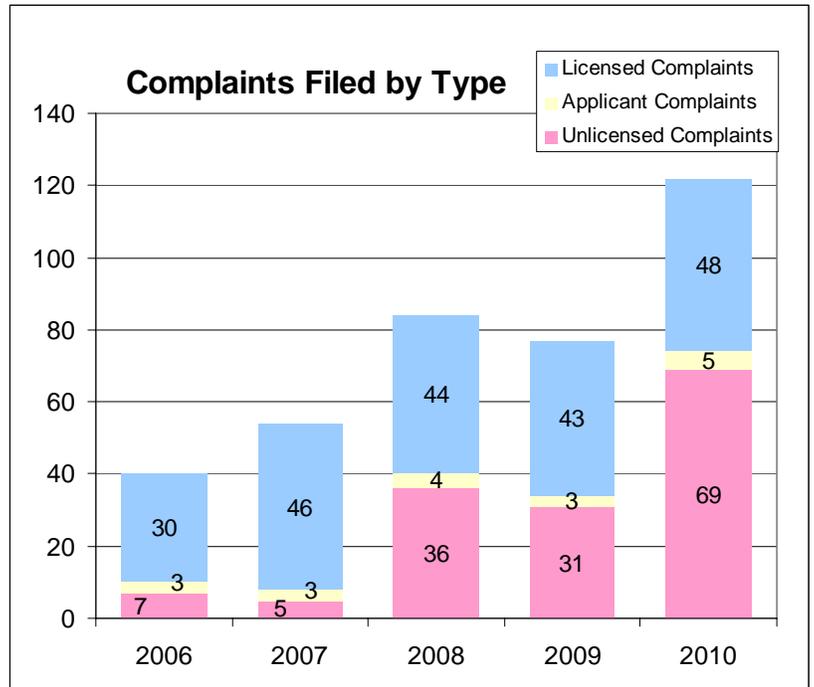


of the decade. In fact, at the end of the millennium we had an all time high of 62 retirees!

The number of complaints filed has grown an average of 20% per year over the past 5 years. This is due in part to the Board's more proactive approach to unlicensed practice complaints. **



BE GREEN! Please make sure to update your email address with us if it changes so that you continue to receive correspondence. If you have not provided one, please do so. **Also, we are now collecting public email addresses.** Your current email is, of course, kept private, but if you would like to provide a public email please send it to: oregon.bpe@state.or.us. **



The **Board Bulletin** is the official newsletter of the Oregon Board of Psychologist Examiners and is edited by LaRee Felton. Please visit our website at www.obpe.state.or.us or call 503-373-1196 with any comments.

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