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Director's Update

Greetings everyone. As I write this article for the Fall 2021 newsletter, I cannot help but acknowledge the appreciation for all of you practitioners during this COVID pandemic. We are now into approximately 21 months of the pandemic. To those health-related workers out there on the front line, just know that your work is appreciated. I know that you don't hear those words often enough, if at all. Your work is vital and I hope you are able to stay healthy during this time! Keep up the good work!

Here at the Board's office, COVID has also had an impact. It seems that almost daily, we face some kind of a COVID related challenge. We are doing our level best to keep up with applicant matters, renewals, complaints and investigations. We appreciate everyone's patience as we strive to keep up with the daily demands that COVID has placed upon all of us.

In this edition, I want to address some potential confusion around continuing education (CE). Firstly, as a reminder, in response to the pandemic the Board filed rule amendments that suspend the 20-hour limit on home study (online) CE for licensees whose renewals are due between March 31, 2020 and July 31, 2022. The Board will continue to monitor the situation to determine if further extension is needed.

During the 2021 Session, the Oregon State Legislature passed two bills that create new CE requirements for the licensees of healthcare regulatory Boards, including the Board of Psychology. Because of these new mandates, the Board has received criticism from some licensees. As an important reminder, even though the Board did not propose these changes, it is required by law to enforce the new requirements. Executive branch agencies like the Board are required to stay neutral and not take a position on proposed legislation. However, individuals and professional associates may do so if they support or oppose a bill, and may submit testimony during legislative committee hearings. Licensees can reach out to legislators and/or their professional association leadership with questions or concerns. New laws must be passed by a majority vote of your elected officials and signed by the Governor. As a result of [House Bill 2078](#) and [House Bill 2315](#), next year licensees must complete one hour of continuing education related to pain management (starting January 1, 2022) and two hours of suicide risk assessment, treatment, and management (starting July 1, 2022). Please visit the [Continuing Education](#) webpage for additional information, including a helpful reporting table that breaks down the new requirements by birth month.

On pages 2-4 of this newsletter, Board members **Bryan Hagen, DNP** and **Betsy Goy, Ph.D.** have authored a very helpful guidance piece entitled *Licensee Involvement in Pharmacological Issues*. The Board identified that psychologists can be unclear on their appropriate role in prescription medication, and Drs. Hagen and Goy graciously volunteered their time to create this document that reflects the Board's position regarding licensee

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Director's Update, Cont.

involvement and collaboration with medical providers on pharmacological treatments of mental and physical illness. We hope you find this information useful.

-Charles Hill, Executive Director, Mental Health Regulatory Agency
"Plans are nothing, but planning is everything" – Dwight D. Eisenhower Ψ

Guidance: Licensee Involvement in Pharmacological Issues

This guidance addresses many of the priorities that are likely to influence Board judgments and actions regarding Licensee involvement and collaboration with medical providers on pharmacological treatments of mental and physical illness.

The "practice of psychology" in Oregon as defined in ORS 675.010(4) includes:

*...rendering or offering to render supervision, **consultation**, evaluation or therapy services to individuals, groups or organizations for the purpose of diagnosing or **treating** behavioral, emotional or mental disorders.*

The definition of the "practice of psychology" in OAR 858-010-0001(1) is consistent with ORS 675.010 but expands slightly on those concepts including that:

*"**Consultation**" means conferring or **giving expert advice** on the diagnosis or **treatment** of mental disorders.*

Under ORS 675.070(2)(e) the Board may sanction a Licensee if, in its judgment, the Board concludes a Licensee has:

*...practiced or attempted to **practice medicine** without being licensed to do so.*

The current scope of practice for Licensees does not include prescriptive privileges, as past legislative attempts to establish those privileges for Licensees in Oregon have failed. Precedent set by past Board actions has established what the Board considers proper, appropriate participation and collaboration between Licensees and providers in other disciplines who do have prescriptive authority. This precedent is partially predicated upon the Board's interpretation of what constitutes a Licensee breaching scope of practice by engaging in the "practice of medicine."

The Board's interpretation of scope is further informed by the APA's *Ethical Principles of Psychologists and Code of Conduct*, commonly referred to as the "Code of Ethics", particularly under section 2 (Competence). The Board also gives consideration and deference to the APA's *Practice Guidelines Regarding Psychologists' Involvement in Pharmacological Issues*¹, particularly those guidelines identified in that document as relevant to collaborative activities (Guidelines 1-6, 9-11, 14, and 17). Licensees who are involved with or planning to collaborate on pharmacological issues are heavily encouraged to familiarize themselves with the guidelines in that APA document.

Education

A Licensee's decision to collaborate to any degree with medical providers regarding medical treatment, including pharmacological issues, must be supported by the Licensee's objective assessment of their own competence to do so. In particular, the Board acknowledges the additional education and expertise of Licensees who have completed graduate education specific to psychopharmacology (e.g. Master of Science in Clinical Psychopharmacology). The Board also understands that Licensees may accrue additional knowledge through educational activities and experience that is specific to both psychiatric and non-psychiatric medical treatments.

Licensee Involvement in Pharmacological Issues, Cont.

However, the Board does not designate any specific educational or experiential activities as necessarily sufficient or insufficient preparation for any particular degree of collaboration with medical providers on pharmacological issues or other medical treatments. It is incumbent upon a Licensee to make an objective determination of the adequacy of their education and training in this as with all other practice activities.

Appropriate Activities

The Board supports competent Licensees who collaborate with medical providers for the appropriate and effective medical treatment of mental and physical illness when clinically indicated. Licensees are expected to limit this participation in a manner that enhances the independent treatment decisions of a medical provider without the Licensee acting as a de facto psychiatric provider through dominant collaborative efforts. The Board may assert a Licensee is likely acting appropriately in this collaboration when, as supported by the Licensee's knowledge and expertise gained through education and practice, they:

- Share their psychological assessment of a patient with and/or provide clinical consultation to a medical provider;
- Advocate for the consideration of medication or other medical treatments as part of a treatment plan when supported by their assessment, including impressions regarding psychiatric and non-psychiatric treatment priorities and acuity that are supportive of and potential targets of medical/medication intervention;
- Recommend medical treatments including medication classes and types suitable for assessed illnesses as informed by relevant patient history (e.g. failed medication trials or side effects) or as obtained through the course of psychological assessment or clinical consultation;
- Provide specific information to, or inquire about medications and medical treatments with a medical provider in a non-directive manner that assists that provider in their independent medical decision-making;
- Report other information to a medical provider that was gained during the Licensee's interaction(s) with a patient or requested consultation that may be relevant to medical decision-making (i.e. the patient's medication history, family history, and medical history; or the Licensee's assessment of a patient's clinical improvement or decline possibly associated with a medication or medical intervention);
- Inquire about a patient's experience with medications or medical treatments (e.g. side effects, perceived benefits and concerns) and share this information with the medical provider;
- Provide psychoeducation about medications and medical treatments to a patient in a manner supportive of the medical provider's treatment plan;
- Encourage a patient to self-advocate with their medical provider regarding the patient's stated concerns about treatments, such as to inquire generally about a medication dose increase/decrease or consideration of an alternative;
- Objectively relay patient concerns about medications or medical treatments to a medical provider on behalf of the patient; or
- Decline or refuse to collaborate in a medical provider's treatment decisions, even when requested, if the Licensee believes it is inappropriate to do so.

Inappropriate Activities

A Licensee is more likely vulnerable to disciplinary action for "practice or attempted practice of medicine" if they:

- Represent their assessment of a patient as a sufficient substitute for the review of history and present illness and/or physical examination expected to be performed by a medical provider during their

Licensee Involvement in Pharmacological Issues, Cont.

- practice of medicine;
- Intentionally misrepresent their function and scope of involvement in medical decision-making in a manner that leads a patient or collaborating clinicians to mistakenly believe the Licensee is, themselves, a medical provider;
- Recommend a medical provider select a specific medication, dose, and/or frequency;
- Encourage or instruct a patient to advocate with their medical provider for a specific treatment, including a specific medication, dose, and/or frequency;
- Encourage or instruct a patient to be non-adherent to their medical provider’s treatment plan unless there are clear and acute concerns about patient safety (e.g. the patient is allergic to a prescribed medication or has a known contraindication to a medication); or
- Attempt to collaborate with a medical provider to unduly influence that provider’s medical decisions in a manner that exceeds that provider’s scope of practice and/or practice specialty.

Pragmatic Considerations

It is very possible a Licensee will at some point find themselves involved in a clinical situation that is unique and unclear and be pressed to act in the best interest of a patient in ways that may test the guidance expressed here. The Board will always consider contextual factors in its assessment of each particular situation, including the apparent motivations and intentions of a Licensee in addition to expectations of that Licensee’s competence and professional judgment. This includes flexibility in emergent circumstances as addressed in section 2.02 of the APA Code of Ethics, “Providing Services in Emergencies”.


The Board also recognizes Licensees practice psychology in a variety of settings and that specific clinical context can influence what may constitute a reasonable degree of collaboration (for example, but not limited to: inpatient care, primary care, or corrections).

Discussion

It is the Board’s highest prerogative to utilize the judgment of its members, individually and collectively, in critically assessing the actions of Licensees to ensure the safety of the public. The Board also takes seriously the need to communicate expectations regarding the regulation of Licensees in their practice, and its efforts to expand expertise in the evaluation and treatment of mental and physical illness. Licensees are expected to maintain awareness of the limitations of their education, training, and experience when collaborating on medical and pharmacological issues. Licensees are also expected to respectfully observe the boundary between the limits of Psychologist licensure in Oregon and the scope of practice afforded those providers who are granted prescriptive authority.

(Other Footnotes/Disclaimers)

- (1) This guidance is not intended to limit a Licensee who is licensed by another state board to prescribe or otherwise participate in the medical treatment of a patient (e.g. as a Physician or Physician Assistant; Advanced Practice Nurse, Registered Nurse, or Licensed Practical Nurse; Naturopathic Physician or Pharmacist).
- (2) While this guidance discusses the issue of Licensee involvement in pharmacological issues, the Board does not have a current position regarding any activities supporting a path to prescriptive privileges for Licensees.
- (3) The Board acknowledges and appreciates the collaboration with Ryan Dix, Ph.D. in the development of this guidance.

¹ American Psychological Association. (2011). Practice Guidelines Regarding Psychologists’ Involvement in Pharmacological Issues. Available online at <https://www.apa.org/pubs/journals/features/pharmacological-issues.pdf> 

Psychologists Beware of Scammers

The Board has become aware of telephone scams being perpetrated against psychologists in other states. The scammers pretend to be licensing board staff or even federal agents, saying that the person's license has been suspended or revoked, and demanding payment to reinstate the license.

A Minnesota psychologist recently was targeted by a scammer who claimed to work for the Minnesota Board. The caller claimed that the psychologist's license had been suspended, and asked for information about the psychologist's bank account. The call was from a spoofed phone number that showed up as the board's actual phone number. The psychologist asked to see the notice, and the fraudster sent a forged notice document to a UPS Store for the psychologist to retrieve after claiming that there was corruption occurring in the board office that prevented him from sending the document directly to the psychologist. The fax header noted that the document was from the US Department of Justice.

There have also been instances where scammers pretend to be clients who pay for a session by check, sometimes paying an amount higher than the agreed upon figure. Then the person will ask for a partial

refund or cancel and ask for a full refund before their bad check has time to be returned by the bank.

Helpful Tips:

License suspensions and revocations are disciplinary actions that do not occur "out of the blue" without notice of a compliance investigation. The Board sends notices of proposed disciplinary actions via certified mail in advance of imposing any sanction on licensees.

It is the state, not the federal government, that regulates professional licenses.

Board staff and federal agents will not ask for your bank information or request payment over the phone.

Don't be fooled by the person citing your license or NPI number, or even a Board compliance case number. This information can easily be found online.

If you are contacted by someone claiming to be from the Board and are suspicious that it may be a scam, contact us directly using the information from the [Board website](#). Do not provide the person with any personal information. Suspicious calls may also be reported to the [Federal Trade Commission](#). Ψ

Administrative Rulemaking

On September 22, 2021, the Board filed a Notice of Proposed Rulemaking for the following rule amendments:

Pain management and suicide risk continuing education requirements and failure to comply.

[House Bill 2078](#) (pain management) and [House Bill 2315](#) (suicide risk) passed during the 2021 Legislative Session, imposing new continuing education (CE) requirements on professional licensing board licensees, including the Board of Psychology.

Amend OAR 858-040-0015 & 858-040-0055: These amendments change Board licensees' requirements for pain management CE and adds a new requirement for licensees to complete CE dedicated to the topic of suicide risk assessment, treatment, and management.

Amend OAR 858-040-0070: This amendment clarifies that licensees' failure to comply with CE requirements is considered unprofessional conduct.

On September 22, 2021, the Board filed a Permanent Administrative Order for the following rule amendments and repeal (effective January 1, 2022):

Psychologist associate licensure sunset and doctoral education cleanup.

Amend OAR 858-010-0010: This amendment removes some old rule language that has become obsolete, and does minor reorganization for clarity.

Amend OAR 858-010-0012, 858-010-0013, & 858-010-0016: This amendment implements House Bill 2117 by removing reference to OAR 858-010-0015 which is being repealed.

Administrative Rulemaking, Cont.

Repeal OAR 858-010-0015: This rule is proposed to be removed in order to implement House Bill 2117, which repeals the Board's authority to issue new psychologist associate licenses. The psychologist associate educational requirements will no longer be needed because the Board will no longer accept applications for psychologist associate licensure as of the January 1, 2022 effective date.

Amend OAR 858-010-0034: This amendment implements House Bill 2117 by removing reference to applicants for psychologist associate licensure as of January 1, 2022.

Amend OAR 858-010-0056: This amendment implements House Bill 2117 by removing reference to applicants for Temporary Psychologist Associate Authorization as of January 1, 2022.

As a reminder current psychologist associate licenses remain valid and will continue to be renewed by the Board. However, as of 2022, the Board cannot accept new applications for this license type.

Please visit our [Administrative Rulemaking Webpage](#) for more information. Ψ

Enforcement Actions

During the period of time from July 16, 2021, to October 15, 2021, the Board took the following actions:

Ruth J. Bichsel, Ph.D. (Licensee), **STIPULATED ORDER**, effective September 10, 2021. Between July 2017 and May 2019, Licensee provided supervision to several individuals. Supervisee F was a professional counselor associate. During sessions with Supervisee F, Licensee spent a significant portion of her supervision time with Supervisee F, sometimes up to half the session, complaining about Supervisee D. Licensee spent such a significant amount of time complaining about other individuals during supervision time with Supervisee F that it impeded Supervisee F's ability to obtain the number of actual required clinical supervision hours needed to qualify for licensure. Licensee had poor interactions with Supervisee D, who was also under her supervision. This led to a failed mediation attempt. Afterwards, Licensee had Supervisee D's office moved from a normal office area to a storage unit within the building that they worked in. After Supervisee D reported the incident and resigned, Licensee phoned Supervisee D and began yelling at her, stating, "I can destroy you, I have friends in high places." Licensee violated ES 3.04 Avoiding Harm, and ES 3.09 Cooperation with other Professionals. The investigation was closed with a Stipulated Order. Licensee was reprimanded and agreed to not engage in professional supervision for a period of two years.

Jennifer Singleton, Ph.D. (Licensee), **STIPULATED ORDER**, effective September 10, 2021. Licensee began to provide individual therapy to Patient A on August 20, 1998, which continued for 28 sessions until October 4, 2000. Between October 18, 2000 and January 3, 2002, Licensee provided 26 co-joint therapy sessions with both Patient A and Patient B, an adult couple. Between August 12, 2002 and February 17, 2003, Licensee provided 19 sessions of co-joint therapy with Patient A and Patient B. Between August 12, 2002 and February 17, 2003, Licensee conducted 3 sessions of individual therapy with Patient A. Patient A and Patient B adopted a child (Subject C) in 2003. In June 2003, Licensee made an entry in Patient A's chart that she had consulted with several colleagues and had decided to "pursue a friendship" with Patient A and Patient B "...after looking at the challenges, possible area of difficulty and seeing no potential for harm to come out of this given the specifics of the individuals involved." Licensee maintained this friendship with the couple into 2004. This continued until Patient A and Patient B separated later in 2004. Licensee subsequently continued a friendship exclusively with Patient B. In July of 2005, Licensee and Patient B were married. This relationship has continued until the present day. There was shared custody in regard to Subject C between Patient A and Patient B until she reached the age of majority. Licensee violated ORS 675.070(2)(d)(A), ES. 3.04 Avoiding Harm, and ES 10.08 Sexual Intimacies with a Former Therapy Client. The investigation was closed with a Stipulated Order. Licensee was reprimanded, ordered to practice under supervision for a minimum of one year, and submit a 1,500 word self-reflective paper.

James Johnson, Ph.D. (Licensee), **STIPULATED ORDER**, effective September 10, 2021. Patient A, an adult female, sustained a traumatic brain injury (TBI) and subsequently received treatment to address post-

Enforcement Actions, Cont.

traumatic stress disorder, anxiety and depression, as well as physical therapy. It was recommended by her care providers that Patient A obtain a neuropsychological evaluation, which she sought from Licensee. Patient A had two appointments with Licensee. The first appointment consisted of an interview and included questions about Patient A's sexual intimacy with her partner. With Patient A's knowledge, Licensee contacted Patient A's partner by telephone to interview him regarding Patient A's functioning since sustaining the TBI, including asking questions about sexual intimacy between Patient A and her partner. The second appointment between Patient A and Licensee lasted a total of three hours. Approximately the first two hours consisted of an evaluation of Patient A by Licensee who administered various tests. During the course of the session, Licensee made a number of comments to Patient A that caught her off guard and caused her distress, including using profanity and saying things like "This accident has really f***** you up." During the evaluation, Licensee also offered to provide a "gratis" demonstration of techniques that could reduce her anxiety. Patient A agreed to the demonstration, which lasted about an hour and for which Licensee did not bill the patient's insurance. During the demonstration, Licensee told Patient A to close her eyes while he made groaning sounds and told her how beautiful she was. At the end of the session, Licensee offered to hug Patient A, which she declined, and made statements such as, "In a perfect world I would hold you and wrap you up in my arms and tell you everything is going to be ok." Patient A found these actions and statements distressing. Licensee did not inform Patient A of the nature of the techniques he intended to use in conducting the evaluation or in providing a demonstration session of the techniques to reduce her anxiety. In his response to the Board, Licensee admitted using sexualized and profane language during his evaluation of Patient A, explaining that such "...language is used for a very particular reason... My primary thing is to move people out of the sympathetic nervous system into the parasympathetic, they're easier to test, I'm going to get a more accurate test on them...." Licensee stated that he adapted his "gratis" demonstration from "Rapid Resolution Therapy (RRT)." Licensee violated ORS 675.070(2)(d)(A), ES. 3.04 Avoiding Harm, and ES 10.01 Informed Consent to Therapy. The investigation was closed with a Stipulated Order. Licensee was reprimanded, his license was suspended for 30 days, ordered to practice under supervision for a minimum of one year and ordered to record any professional contact with a female patient (with consent) for a six-month period.

Craig Steinberg, Ph.D. (Licensee), **STIPULATED ORDER**, effective September 10, 2021. On November 5, 2020, Licensee, a child psychologist practicing in Lane County, Oregon, pled guilty to 15 counts of Encouraging Child Sexual Abuse in the First Degree, ORS 163.684. The investigation into his conduct established that Licensee had been downloading and sharing

"a significant volume of child sexual abuse images and videos for a number of years." Licensee was sentenced on December 2, 2020 to 15 years in confinement. Licensee violated ORS 675.070(2)(c), ORS 675.070(2)(d)(A) and ORS 675.070(2)(j). Licensee's license was revoked, and he was assessed a civil penalty of \$150,000 which is stayed unless or until Licensee applies or reapplies for licensure by the Board or its successor board or agency, applies for licensure as a mental health or counseling practitioner by any regulatory board or agency, applies for licensure as a psychologist or mental health or counselling practitioner of any state, territory or political subdivision of the United States or found to have engaged in the unlicensed practice of psychology, mental health or counselling practice of any kind in the State of Oregon, any state, territory or political subdivision of the United States.

Paul Guastadisegni, Ph.D. (Licensee), **DEFAULT ORDER**, effective September 10, 2021. Licensee was appointed by the Clackamas County Circuit Court to perform a custody evaluation of two siblings, Child A and Child B, in which Licensee provided a report to the court. Subsequently, Licensee was appointed to provide an "updated" custody evaluation of Child A and Child B. Despite numerous requests from one parent's attorney as the trial date approached, Licensee did not provide the report in a timely fashion, and the trial was postponed. Ultimately, Licensee provided the report seven months after the court appointment and three months after the original trial date. Licensee met with Client C who had been referred to Licensee for a neuropsychological evaluation of his increasing memory loss. Client C reported to Licensee that he was applying for Social Security Disability Insurance payments (SSDI). Licensee's written report was ex-

Enforcement Actions, cont.

pected within approximately two months after the date of the assessment. Over the ensuing months, the referring Physician’s office made numerous calls to Licensee’s office to request the written neuropsychological evaluation, which was necessary to determine Client C’s treatment needs, as well as relevant to his application for SSDI. Seven months after the assessment was conducted and five months after the written report was expected, Licensee provide a written report of his neuropsychological evaluation to Physician. The neuropsychological evaluation report for Client C was undated. The evaluation for Client C also contained numerous typos, misspellings, and grammatical errors. On April 20, 2020, Licensee met with Client D, an adult who was unable to live independently and financially supported by his father (Father). The results of the evaluation would allow Client D, along with his treatment professionals and family, to meet his on-going needs and would support his application for Social Security Disability Insurance payments (SSDI). Licensee informed Father that the written report of neuropsychological evaluation would be completed within a month. Over the ensuing months, Father made multiple inquiries (written and telephonic) to Licensee about the status of the written report, but Licensee never provided the report to Father or Client D. Licensee reported that he believed he had sent it to Father five and a half months following the assessment, but he could find no documentation of sending it and he acknowledged that it may not have been sent. The neuropsychological evaluation report for Client D was undated and contained numerous typos, misspellings and grammatical errors. The Board notified Licensee of the investigations and instructed him that he had until June 14, 2021, to file a written response to the allegation with the Board. On June 15, 2021, Licensee contacted the Board to request an extension of the then-passed deadline. Licensee was informed that he could have until July 2, 2021, to file his response to the allegations. However, Licensee did not file his written response until July 5, 2021. Licensee violated ORS 675.070(2)(d)(A), ES 3.04(a), Avoiding Harm, and ES 6.01 Documentation of Professional and Scientific Work and Maintenance of Records. Licensee was reprimanded, ordered to practice under supervision for a minimum of one year and pay a civil penalty totaling \$17,000. Ψ

Upcoming Events

November 2021

- 11/11: Office Closed for Veterans Day
- 11/12: Board Meeting
- 11/13: Board’s Strategic Planning Session
- 11/19: Education Committee Meeting
- 11/25-11/26: Office Closed for Thanksgiving

December 2021

- 12/16: Consumer Protection Committee Meeting
- 12/17: Education Committee Meeting
- 12/24: Office Closed for Christmas Day

January 2022

- 1/3: Office Closed for New Year’s Day

- 1/14: Board Meeting
- 1/17: Office Closed for Martin Luther King Jr. Day
- 1/21: Education Committee Meeting

February 2022

- 2/17: Consumer Protection Committee Meeting
- 2/18: Education Committee Meeting
- 2/21: Office Closed for Presidents’ Day

March 2022

- 3/11: Board Meeting
- 3/18: Education Committee Meeting

**Committee meetings are tentatively scheduled each month.*

Reminder! Contact information changes are now made in the [Licensee Portal](#). Please make sure to update your email address if it changes so that you continue to receive correspondence. You can view and download your license card and receipts, update your qualified person designation, and complete your biennial renewal via the Portal.

OBOP News is the official newsletter of the Oregon Board of Psychology and is edited by board staff. Please visit our website at Oregon.gov/psychology, email, or contact us with any comments or suggestions.

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