

BOARD OF PSYCHOLOGY NEWS

WINTER 2025 EDITION



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A Word from the Executive Director

Greetings,

Happy 2025! We at the Mental Health Regulatory Agency are wishing you the best during the upcoming year. We appreciate our partnership with all of you and continue to work to improve our service to all of our customers.

As I write this, Oregon's Legislature is entering the 2025 Legislative Session. Staff at MHRA are reviewing the close to 3,000 submitted bill drafts to identify those we will track and those we will likely be asked to provide information and/or testimony for.

In addition to our budget bill, MHRA has one bill that will be introduced on behalf of the agency. SB 789 authorizes the Oregon Board of Psychology to recover costs associated with disciplinary action to the person against whom the disciplinary action is taken.

We also anticipate seeing legislation authorizing both the Board of Psychology and the Board of Licensed Professional Counselors and Therapists into their respective licensing compacts. In fact, compacts in general are a popular topic, and authorizing legislation is likely to be introduced for several of Oregon's health profession licensing boards.

Relative to the initiatives described above and similar legislative or other efforts, I am often asked what the board's position may be on a specific bill, or if the board will assist in advocacy for/against an initiative. To provide clarity around these inquiries, it may be helpful to review the narrow scope of authority provided the agency/boards by the governing body, the Oregon Legislature.

Authorities assigned to MHRA, the Oregon Board of Psychology, and the Oregon Board of Licensed Professional Counselors and Therapists are laid out in Oregon Revised Statutes (ORS) 675.010 - .150 and ORS 675.705 - .835. Given the necessarily restrictive nature of regulating practice in a titled profession, the Legislature has rightfully provided specific authorities and limitations to the Agency and our attached boards. Overall, the Agency and Boards' charter is protection of the public. Generally speaking, the Boards' primary authorities are:

- 1) Establishing and implementing minimum requirements for initial entry into the profession and ongoing competency standards necessary to reasonably protect the public from non-qualified individuals; and
- 2) Adjudicating alleged instances of licensee professional and/or ethical misconduct or unlicensed practice by non-licensees.

It follows that authority not provided in statute cannot be assumed, and a board will not engage in matters that do not directly and specifi-

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Executive Director, Continued

cally relate to the authorities noted above. Therefore, while a board may be aware of various and sometimes contentious items of professional interest proposed and occurring in Oregon, you will find the Boards adhering to their regulatory authorities and abstaining from taking a position. Of the examples discussed in this article, only SB 789 warrants the board taking a position. Since this is board-requested legislation, the Governor’s Office allows the agency/board to testify in support. For other agency rule-making or non-board legislative initiatives, the Boards will usually take no position and instead will remain positioned to adopt/adjust to approved initiatives. In some cases, MHRA staff may reach out to agencies/entities/legislators to provide contact information and areas in which we may be able to provide helpful factual information.

Although I have likely oversimplified the above concepts, I am hopeful this has been a helpful discussion and provided some clarity around the Boards’ ability to advocate for non-board initiatives. Until next quarter, stay safe and thank you!



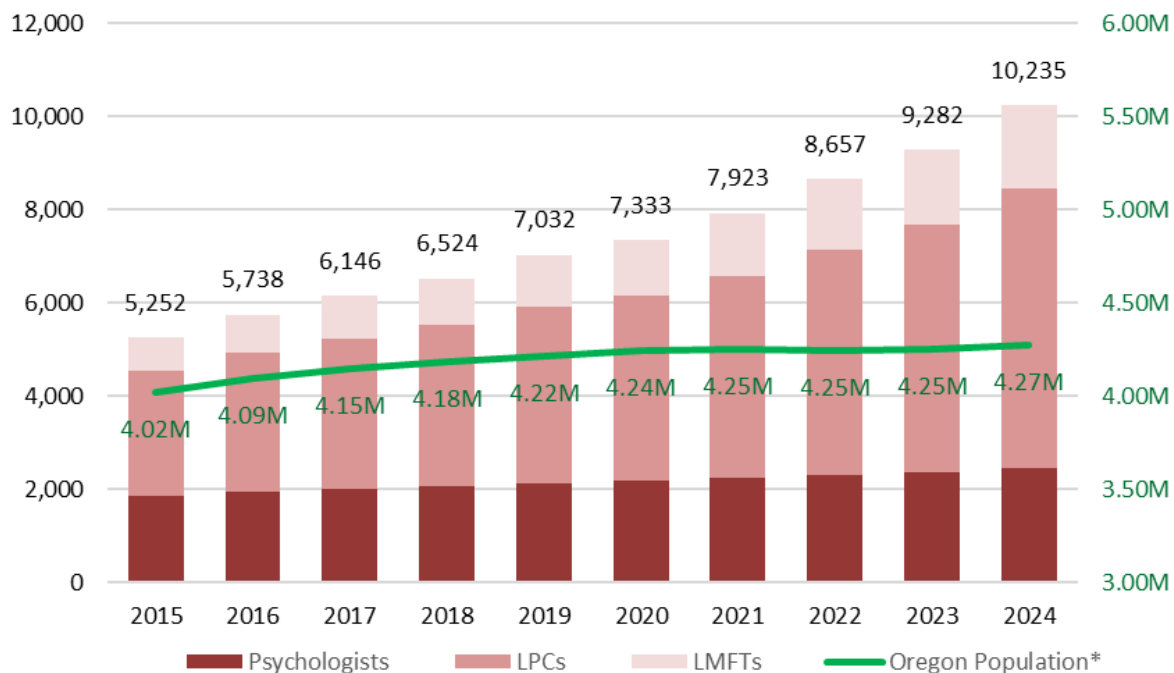
Photo by James Rathmell on Unsplash

2024 Year-End Statistics

Licensing

The following graphic displays volume of MHRA licensees (total count at year end) as compared to the Oregon population overall.

Growth: Oregon Population & MHRA Licensees



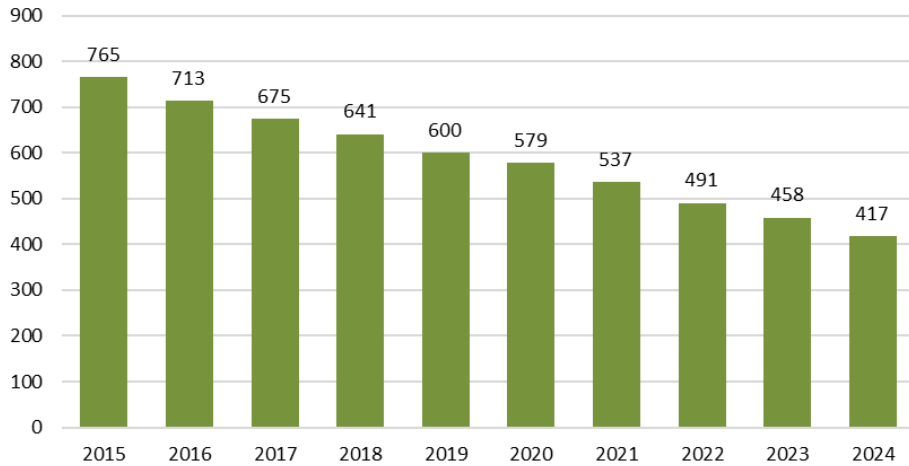
*Source: U.S. Census Bureau Population Estimates Program data by State

* Source: U.S. Census Bureau, Population Estimate Datasets, 2010-2020 & 2020-2024, <<https://www2.census.gov/programs-surveys/popest/datasets/>>, accessed on January 2, 2025.

2024 Stats Continued

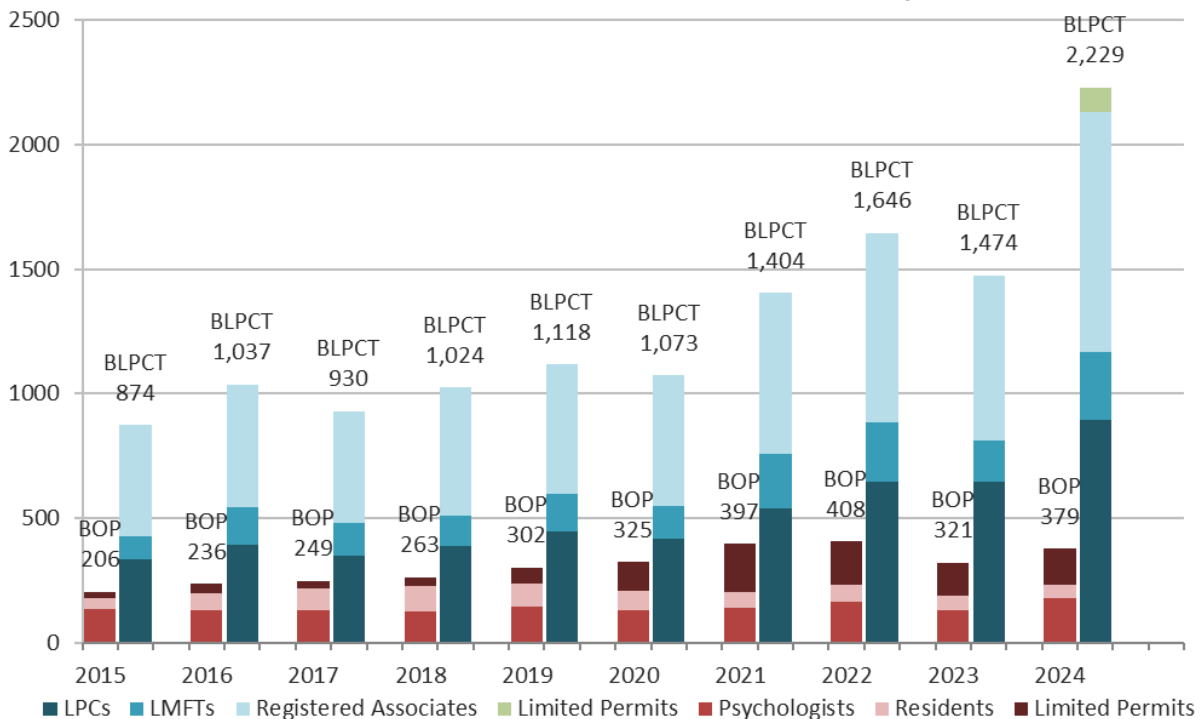
In 2015, there were 765 Oregonians per MHRA licensee, and ten years later in 2024, there are 417 Oregonians per licensee. Over the past decade, the availability of licensed mental health providers in the state was increased by 45.4%, growing by an average 7.7% per year.

Ratio: Oregonians per MHRA Licensee



The following graphic displays the volume of new licenses, associate registrations, residents, and limited permits issued over the last 10 years, by Board.

Volume of New Practice Authorizations by Year



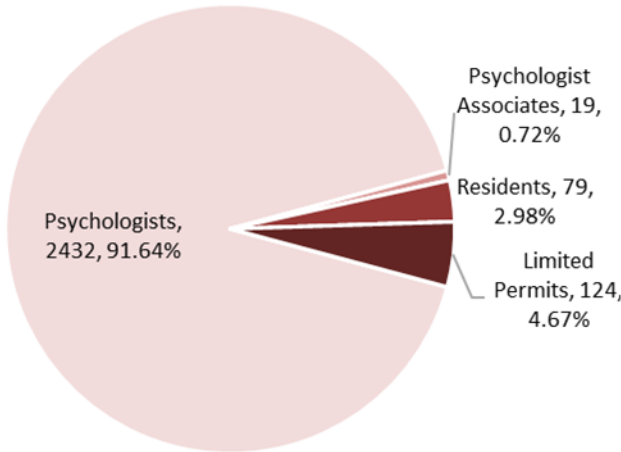
BLPCT has grown an average of 11.8% per year in the volume of new authorizations issued. 2024 saw a 44.6% record high increase from the prior year, with 895 new LPCs, 261 new LMFTs, and 1,166 new registered associates, including 820 professional counselor associates and 145 marriage and family therapist associates.

2024 Stats Continued

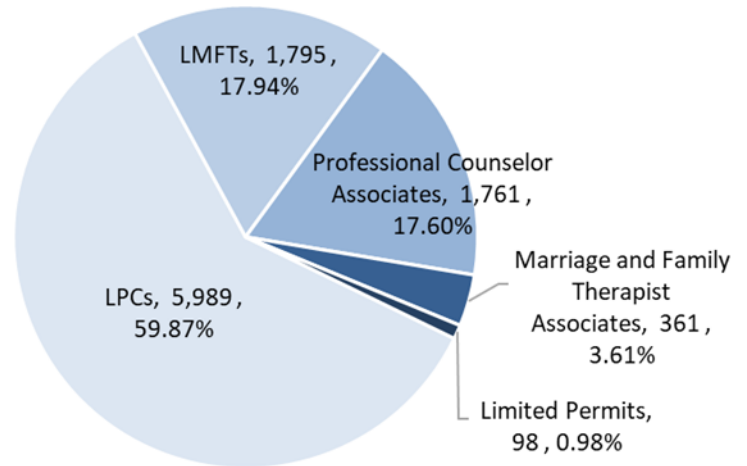
BOP has grown an average of 7.8% per year in the volume of new authorizations issued. 2024 saw a 18.1% increase from the prior year, with 178 new psychologist licensees, 144 limited permits, and 57 new psychologist residents.

The following graphic displays the distribution of practitioners by type for each Board at the end of 2024.

BOP Practitioners - 2024

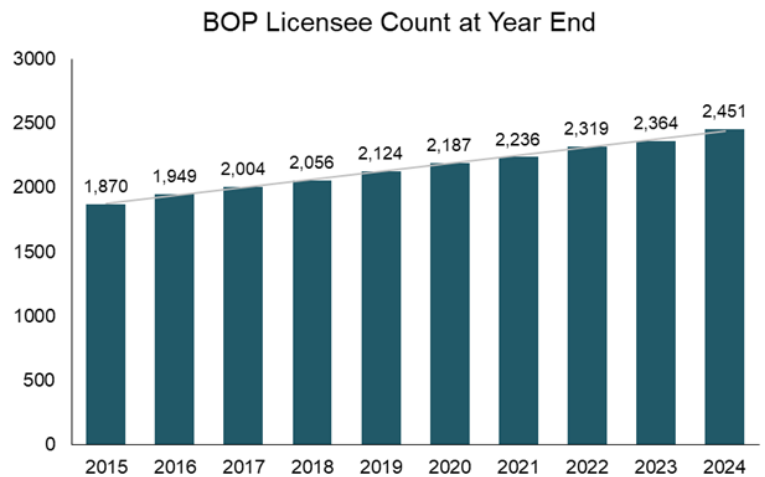


BLPCT Practitioners- 2024



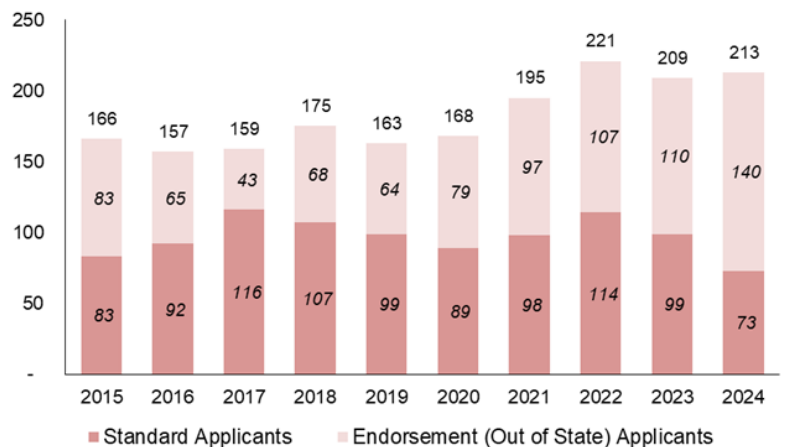
Board of Psychology

At year-end 2024, there were 2,451 licensees, including 2,432 psychologists and 19 psychologist associates. Of the psychologists, 2,110 were on active status (86.8%), 153 were on semi-active status (6.3%), and 169 were on inactive status (6.9%). Of the psychologist associates, 12 were on active status (63.2%), 5 were on semi-active status (26.3%), and 2 were on inactive status (10.5%). This represents an average overall growth of 3.1% per year over the past 10 years.



BOP received 213 licensure applications in 2024, a 1.9% increase from the prior year. This is 8 short of the all-time high of 221 applications in 2022. The volume of applications has been growing by an average 3.1% per year over the past ten years. Out of the 1,826 total applications received in the past ten years, 970 (53%) were standard applications and 866 (47%) were endorsement applications (psychologists previously licensed in other states).

BOP Applications Received- by Type by Year



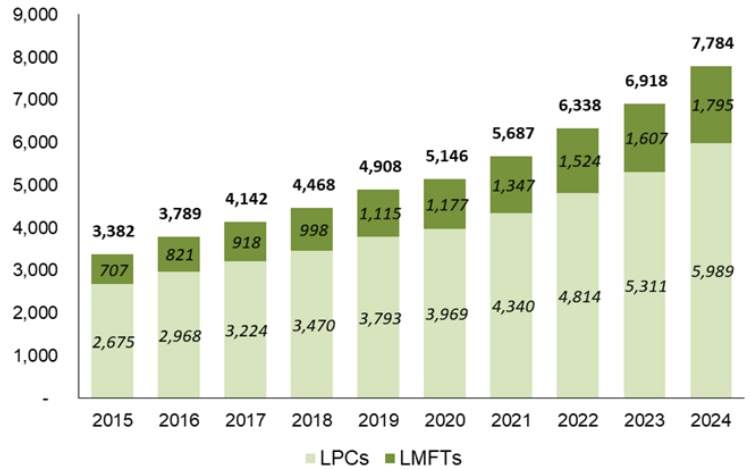
2024 Stats Continued

Board of Licensed Professional Counselors and Therapists

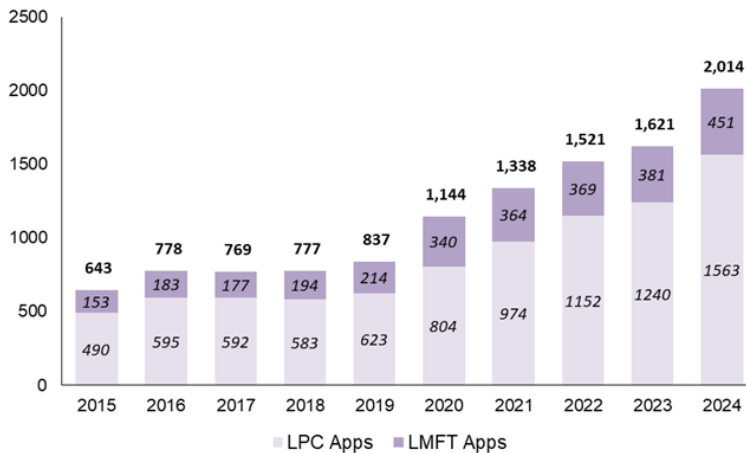
For BLPCT, the total volume of licenses at year end has grown by an average of 9.7% per year over the past decade. LPCs have grown at an average rate of 9.4% per year, and LMFTs at 11.0% per year.

The total number of licensed counselors and therapists in Oregon has more than doubled over the past ten years. At year-end 2024, there were 7,784 licensees, including 5,989 LPCs and 1,795 LMFTs. Of the LPCs, 5,806 were on active status

BLPCT Licensee Count at Year



Applications Received- by License Type by Year



(96.9%) and 183 were on inactive status (3.1%). Of the LMFTs, 1,723 were on active status (96.0%) and 72 were on inactive status (4.0%).

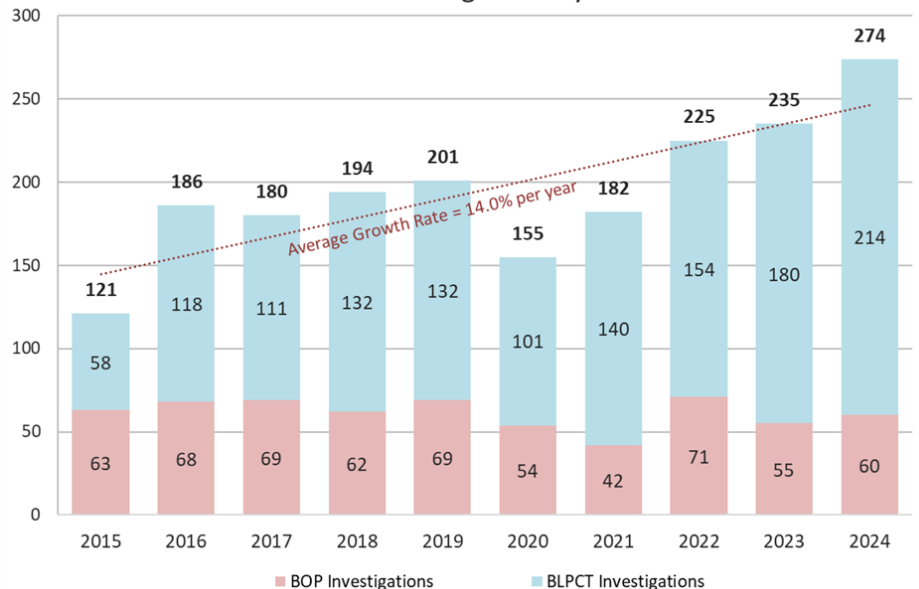
BLPCT received 2,014 licensure applications in 2024, another all-time high. The volume of applications received has more than tripled over the past decade, growing by an average 14.1% per year. The professions are increasing similarly, with LPC applications growing at 14.3% and LMFT applications growing at 13.9% on average per year.

Compliance

The following graphic displays the volume of investigations received each year by the Boards.

In 2024, MHRA saw a record high volume of cases at 274. BOP cases have grown by an average 2.5% per year over the past ten years, and BLPCT cases have grown an average 19.7%.

MHRA Investigations by Year



Administrative Rulemaking

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

Enforcement Actions

During the period of time from October 9, 2024, to January 15, 2025, the Board took the following actions:

Raphael Cushnir (Respondent) is not licensed by the Board or by any other behavioral health regulatory board in Oregon. Respondent provides services to the public from his office in Portland, Oregon. Among other services, Respondent provides personal sessions for individuals or couples. Respondent engaged in practice of psychology when, without being licensed, he provided marital counseling services to Client A and Client B which were related to and dependent on their mental health history and prior treatment. Respondent, through his website, offered to render services included in the practice of psychology; specifically, the treatment of (assisting clients to “break free from”) the behavioral, emotional or mental disorders of anxiety, trauma, addiction and depression. Respondent’s conduct violated ORS 675.020(1)(a) and (b). Respondent was ordered to pay a civil penalty.

Joy Mauldin, Psy.D (Licensee) is licensed by the Board to practice psychology in the State of Oregon. Licensee was licensed by the Board (License # 2386) to practice psychology in Oregon from June 19, 2013, to September 30, 2023. Licensee did not take steps to renew her license by September 30, 2023. From October 1 to October 30, 2023, Licensee had a 30-day “grace period” in which to renew her license late. Licensee did not renew her license during the grace period. On November 30, 2023, Licensee was notified by an insurance company that her license was expired, which caused Licensee to contact the Board’s office about her licensure status. Licensee ceased practice on that date and, on December 4, 2023, applied to the Board for a new license. Licensee disclosed that she had treated a total of 90 patients while unlicensed in November 2023: 7 private practice patients and 83 patients at her other office. Once she became aware she was unlicensed, Licensee disclosed her status as necessary to provide continuity of care to the patients while her application for a new Board license was processed. The acts and conduct of Licensee described above constitute violations of ORS 675.020(1)(a) and (2)(h). Licensee was ordered to pay a civil penalty.

Leslie Carter, Ph.D (Licensee) is licensed by the Board to practice psychology in the State of Oregon. Licensee has been licensed by the Board to practice as a psychologist in Oregon since January 2000. Licensee regularly provides forensic evaluations as part of her practice. In 2023, Licensee undertook a forensic evaluation of Individual who had been arrested in Multnomah County, Oregon and was charged with multiple felonies to determine if Individual met criteria for a qualifying mental health disorder and, if so, if he was fit to proceed to trial in a criminal matter. Individual had emigrated to the United States as an adult and had limited English proficiency. Individual’s first language, which he still spoke at home, was an indigenous language; Individual also spoke Spanish as a second language. Individual had no education beyond the third grade. Because she could not locate a translator who spoke Individual’s indigenous first language, Licensee administered the assessments to Individual by using a Spanish language interpreter. The assessments were inappropriate because the measures were not normed on a population with Individual’s primary language, and the modified instructions and administration practices were not consistent with those supported by the authors in the manuals nor by research in the application of assessment measures with individuals outside of the normative population for the measure. Although there are circumstances in which assessment tools may be appropriately utilized with an individual outside of the norming population, in such situations, an evaluator must explain the limitations of the measures and any related conclusions, as well as describing the reasons for choosing to use the selected measures instead of other available measures, such as nonverbal intelligence tests or measures in the individual’s primary language. Licensee’s report did not include those points of discussion nor any caveats regarding her conclusions as a result of the application of such measures. As part of her assessment of Individual, Licensee compared Individual’s scores to the normal curve for each evaluation tool and reported how Individual compared against the normed population. However, none of the versions of the evaluation tools had been normed against a population of Individual’s cultural or linguistic background. Furthermore, the conclusions drawn based on the results of these

Enforcement Actions Cont.

measures did not include a discussion of those norm group limitations nor of the potential impact of Individual's academic experiences and level of educational attainment on the results of the measures. In her written report regarding Individual, Licensee diagnosed Individual with Attention Deficit/Hyperactivity Disorder (ADHD) and Specific Learning Disabilities for Writing and Math. However, the evaluation report did not identify specific bases for the diagnosis of

ADHD and did not explain how she determined Individual had learning disabilities when his testing results (as she described them) put him at the third-grade level, which was the extent of his formal education. The acts and conduct of Licensee described above constitute violations of ES 9.02(a) and (b) and 9.06. Licensee was ordered to complete 4 hours of continuing education and to pay a civil penalty.

QP Designation– Plan for the Unexpected

Failing to plan for the unexpected may result in psychologists leaving behind a messy situation for their patients, staff, and families. Please, do not let this happen to you!

All licensees have a legal obligation to inform the Board of their designated Qualified Person (“QP”) who will take care of patient referrals and maintain patient records in the event of death or incapacitation ([OAR 858-010-0060\(3\)](#)). This is the first step- the minimal legal notification requirement. It is also important to take additional steps to arrange a plan with your QP, who will need to know how to access various information sources including email addresses and passwords and the location of items such as keys and records. Creating and maintaining an updated professional will (or similar document) is helpful to ensure that specified arrangements are in place for your QP to effectively carry out their function. You may consider arranging to reimburse your QP for the time and expenses related to taking possession of your clinical records.

Licensees must keep the Board apprised of their current designated Qualified Person. All new licensees

are asked to make their designation within 60 days of initial licensure. Current licensees must maintain a QP who is an Oregon active or semi-active licensed psychologist. If your QP's status changes, e.g. they retire, relocate, or make a change to inactive status, or if your QP is no longer able to serve in this role, then you will need to designate a new QP. This is done via the [Licensee Portal](#)- once logged in, click the “Qualified Person” left-side menu option. Click the “+ Add New” button to add a new QP, and select the name of the person from the list of all qualified licensees. Once the person is added, click “Save and Continue.” This triggers an email to be sent to your requested QP, who will be instructed to log into the Portal and approve your request. This online process replaces the old method of requiring both signatures on a paper form that is submitted to the Board office.

Please remember that it is each licensee's individual responsibility to locate and maintain a QP. Resources are available on the Board's [Qualified Person & Professional Wills Webpage](#).



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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Middle & North Sister/ Photo by Derek Sears on Unsplash

Tips from the Licensing Team

- **Renewal tips:** Check your portal early to start your renewal process. The portal opens for renewal 45 days before your license expires. A friendly reminder that renewals for your license are due at the end of your birth month every two years.
- For new licensees, your first renewal occurs in your next birth month following licensure. Your license expiration date is synonymous with your renewal due date. If you're unsure when this is, check the online [License Search](#).
- Call or email us with questions at 503-378-4154 or psychology.board@mhra.oregon.gov.

Upcoming Events

January 2025

1/01: Office Closed, New Year's
1/10: **Board Meeting**
1/20: Office Closed, MLK Day

February 2025

2/17: Office Closed, President's Day
2/20: Consumer Protection Committee Meeting
2/21: Education/DEI Committee Meeting

March 2025

3/14: **Board Meeting**
3/21: Education/DEI Committee Meeting

April 2025

4/17: Consumer Protection Committee Meeting
4/18: Education/DEI Committee Meeting

May 2025

5/9: **Board Meeting**
5/16: Education/DEI Committee Meeting

* *Committee meetings are tentatively scheduled.* Please also visit our [Board Meetings Webpage](#).

If you would like to submit an 'In Memoriam' tribute for a member the psychologist community please email psychology.board@mhra.oregon.gov.

Though you are no longer with us, you will never be forgotten.

Emergency Preparedness

Thinking about developing an emergency plan for your business or home? The Oregon Department of Emergency Management can help. Visit: [Oregon Department of Emergency Management : State of Oregon](#) to sign up for Emergency Alerts and learn how to develop an emergency plan for your family, your business or your community. You can also visit the Oregon Health Authority for local and national resources, videos and checklists on how to get started making a preparedness plan: [Oregon Health Authority : Preparedness Tools for Oregonians : Get Prepared : State of Oregon](#) . Other resources to consider are: [Plan Ahead for Disasters | Ready.gov](#) (FEMA), [How to Prepare For Emergencies | Be Red Cross Ready | Red Cross](#) or [Emergency Preparedness and Response | Emergency Preparedness and Response | CDC](#) .



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