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## A Word from the Executive Director

Greetings! As I write this summer newsletter I am reminded how vulnerable we all are, especially nowadays with COVID. I am reminded daily whenever I observe the safety precautions that are in place; bottles of sanitizer, people wearing face coverings, workplace temperature kiosk stations. Reminders are everywhere that we need to be extra cautious to protect ourselves and those around us. I am thankful that my staff has remained healthy. I am thankful that my family has remained healthy. I sincerely hope that all of you are staying healthy. Please remember to practice safety precautions daily in your professional and personal settings. Now, more than ever, the citizens of Oregon need for you to be healthy.

I want to take a moment to address our workload and wait times for license renewals and new licensure. Since the end of March we have been doing our very best to keep up with the workload. We had to adapt very quickly to the pandemic, and telework brought challenges as the state workforce began working from home and efficiencies were compromised. Our normal time of processing renewals stretched from the normal 1-2 weeks to upwards of 3-4 weeks. Both the BLPCT and the BOP adopted temporary reciprocal licensing rules and since March 26<sup>th</sup>, the MHRA has issued 490 BLPCT temporary reciprocal licenses and 191 BOP emergency visitor's permits. This is an astounding 8-percent growth in our base in only 4 months. Our licensing staff have been working overtime to keep up, and we very much appreciate everyone's patience with MHRA over the past few months as we have had to adjust to the COVID situation. The good news is that we are beginning to see light at the end of the tunnel as we catch up on renewals and new licenses. Not only have staff been working extra hard, our Board members have also stepped up to the plate to schedule emergency meetings to consider temporary rules. I am very proud to be associated with the professionals that I have the pleasure of working with on a daily basis.

Speaking of Board members, I would like to take the opportunity to thank **Dr. Peter Grover**, Psychologist, as he termed off of the BOP. Dr. Grover served on the BOP for nearly six years, giving freely of his time as he served on various committees and as Vice Chair for four years. Dr. Grover has left his mark on the BOP and we will miss him. Thank you Peter, job well done! As Dr. Grover has termed off of the Board, I'd like to welcome **Dr. Elizabeth Goy** as she steps in as a new board member. Dr. Goy has gotten up to speed very quickly and attended her first Board meeting just days after being confirmed by the Senate. Dr. Goy's biography is included in this newsletter.

I would also like to welcome the BLPCT's newest board member, **Matthew Hatch, MS**. Matthew steps in as a public member and has a wealth of experience in the community behavioral health profession. Matthew will bring a unique perspective to the BLPCT and we thank Matthew for joining our team. Matthew's biography is also included in this newsletter.

### In this Issue

A Word from the Executive Director.....	1-2
Consult or Complaint?.....	3
Telepsychology.....	3-10
Proper Use of the Term Licensed Psychologist ....	10
Administrative Rule Making.....	10-11
Enforcement Actions & Calendar.....	11

## A Word from the Executive Director, Cont.

Serving as a Board member is an awesome responsibility, and I've been told by every member that terms off that the experience of serving on the Board is a very rewarding experience. We are in the process of building our pool of applicants for Board member positions. If you are an Oregon resident and licensed as a **LPC**, **LMFT**, or **Psychologist**, and you have a desire to serve, please consider applying to the Governor's office. Here is a link that will walk you through the process: <https://www.oregon.gov/gov/admin/Pages/Boards-and-Commissions.aspx>.

-Charles Hill, Executive Director, Mental Health Regulatory Agency

*"Plans are nothing, but planning is everything" – Dwight D. Eisenhower*

### Biography- Elizabeth Goy, Ph.D.

Dr. Goy attended graduate school at Northern Illinois University, completing her Ph.D. in psychology in 1999. She pursued Internship (Geropsychology track) and Postdoctoral training (Geropsychology emphasis) at the VA Portland Health Care System (VAPORHCS), and was hired at VAPORHCS in a research position (Linda Ganzini, MD., Principal Investigator) at the completion of her training. Dr. Goy was awarded a VA Health Services Research & Development Career Development Award in 2006, completed in 2011 and resulting in four publications on the end of life needs of people with Parkinson Disease. She directed the VAPORHCS Internship and Psychology Fellowship (Residency) Programs and was the lead supervisor of the VA Postdoctoral Fellowship in Palliative Care Psychology. Her clinical practice is focused on mental health interventions for older adults and patients with chronic or life-limiting illness. Her research interests include psychiatric and psychological aspects of end-of-life care, with an emphasis on neurological disorders. Her research includes: documenting the prevalence of mental disorders in hospice patients at the end of life; treatment strategies for depression in hospice and palliative care patients; identification of early predictors of dementia in Parkinson's Disease; family and patient experiences with and views on dying in Oregon; documenting the end-of-life trajectory for patients with Parkinson's Disease, and examining mental health and neuropsychological correlates of psychogenic seizure disorders in Veterans. In 2016, Dr. Goy was competitively selected to and appointed Chair of an American Psychological Association (APA) Working Group on Palliative Care and End of Life Issues. This group produced two APA Resolutions on End of Life Care and Physician Aid in Dying that were unanimously adopted by the general APA council in August, 2017. Since retiring in 2018 from VAPORHCS and an appointment as OHSU Associate Professor of Psychiatry, Dr. Goy has maintained a small private practice in Geropsychology and Palliative Care. She also performs cello professionally in Pacific Northwest regional orchestras and ensembles.

### Biography- Matthew Hatch, MS

I have been an Oregonian for 9 years and I enjoy all the natural wonders the state has to offer. My education consists of a BA in Political Science from Western Washington University and a MS in Healthcare Management from OHSU. For the past 9 years I have worked at Cascadia Behavioral Healthcare, currently within the Quality Management and Improvement department. I enjoy cooking, hiking and exploring Oregon breweries.

## Consult or Complaint?

In 2010, Oregon Revised Statute (ORS) 676.150 was enacted into law requiring that, among other professionals, psychologists now have a duty to report “prohibited or unprofessional conduct, arrests and convictions”. Unfortunately, this has had a chilling effect on the longstanding ethical mandate for psychologists to employ “informal resolution of ethical violations” (Ethical Standard 1.04). In their diligence to follow the law, many Oregon psychologists are now rushing to file formal complaints against colleagues whenever they encounter behavior that falls under these legal parameters.

Despite the law, we psychologists are also still ethically bound first to attempt to resolve an issue through contact with the colleague, providing no confidentiality rights are violated and the contact appears appropriate. In other words, most of the time this is where to start. An apparent violation may turn out to be a misunderstanding that can be clarified without any need for other intervention. The goal is to make the other professional aware that his/her behavior violates legal and/or ethical standards and needs to change in your opinion. At times, that would include encouraging self-reporting, which can be accomplished by submitting a confidential report form to the Board Office and reporting on

oneself. In addition, if the contacting psychologist plans to file his/her own report, this would also be the better venue in which to transmit that information than for the offending psychologist to learn through receipt of a formal notice from OBOP.

One outcome of this process vs. having everything accomplished through formal complaints is that it invites discussion and correction of the behavior if that is needed, as well as promoting clarity and bringing more extensive consideration of the issue. Formal sanctions are more typically employed where psychologists do not recognize problematic behavior or resist change. If a violation has occurred and can be identified first by a colleague’s expression of concern rather than receipt of a notice of formal complaint, the resolution has already begun with a focus on rectification vs. retribution. It also encourages a different stance in resolving any subsequent Board complaint. The Board, too, is focused on helping licensees both understand legal and ethical restraints, and obey them. That is best initiated at the individual level, both through personal responsibility and also collegial consultation.

- Patricia Bjorkquist, Ph.D. & David L. Ziegler, Ph.D.

## Telepsychology

*Note: this article appeared in the Summer 2015 Edition of the Board Newsletter. It has been updated by the Oregon Board of Psychology Social Media Work Group, which consists of Board members, licensees, educators, and technological experts.*

The American Psychological Association (APA) defines telepsychology as “the provision of psychological services using telecommunication technologies”, and the Centers for Medicare and Medicaid Services (CMS) defines that telehealth as remote clinical services such as diagnosis, assessment, consultation, and treatment which are usually provided real-time, by a licensed physician or qualified health professional acting under physician supervision, which must include both audio and video (synchronous services: 2-way audio-visual). Currently in Oregon, telepsychology is not prohibited and during the COVID-19 pandemic the Office of Civil Rights within the Department of Health and Human Services is relaxing its enforcement of HIPAA regulations regarding telehealth. This article provides some general guidance around telepsychology from the regulatory perspective. As with any area of practice, the Board will thoroughly investigate allegations of misconduct on a case-by-case basis.

### Jurisdictional Legal Requirements

The regulatory landscape across the states is constantly changing. Many states have issued statements or guidelines, while some have regulations that specifically address telepsychology practice.

## Telepsychology, Cont.

Some states simply define telepsychology, or they specify that it is included within the practice of psychology, while others set specific practice parameters. For example, California and Kentucky require that the practitioner obtain specific informed consent before providing telepsychology. Delaware's detailed regulations also require that licensees establish and maintain current competence in the professional practice of telepsychology, decide to use telepsychology on a case-by-case basis and conduct a risk-benefit analysis, and develop a written emergency contingency plan.

To practice across state lines – including telepsychology – some states offer a permit temporary license, or similar authorization which allows the psychologist to practice in that jurisdiction for a limited amount of time. In Oregon we offer a “visitor’s permit” to provide psychological services for a limited, specific purpose for no more than 30 days within a 12-month period. Commonly a permit is requested when a client relocates to Oregon and therapy continues via electronic means until the out-of-state psychologist is able to transition the client to another provider. Hawaii, Illinois, Indiana, Texas, Vermont, and Washington also offer guest provisions which allow out-of-state psychologists to practice within the state for a limited time without a license.

ASPPB developed the Psychology Interjurisdictional Compact or PSYPACT which issues Interjurisdictional Practice Certificates (IPC’s) or “passports” permitting licensed psychologists to see patients in other compact states legally via telepsychology, or in person on a temporary basis (30 days a year) without maintaining licensure in the other states. Arizona, Colorado, Georgia, Missouri, Nebraska, Nevada, Utah, and Illinois have joined the PSYPACT. Other states such as Alabama, California, Delaware, Florida, Georgia have created guest provisions which allow out-of-state psychologist to practice within the state for a limited time without a license.

There are other factors to consider in other states, including variations in abuse and mandatory reporting obligations, duty to warn, legal title usage, psychotherapist-patient privilege, and laws surrounding guardianship and services provided to minors. Clearly, the laws and rules vary significantly between jurisdictions, so it is crucial that psychologists are aware of and comply with the regulatory requirements in the other state. Violating another jurisdiction’s regulations, including the improper or unlicensed practice of telepsychology, may be found by the State’s Board to constitute immoral or unprofessional conduct and subject to Board Sanction. You will need to contact the out-of-state licensing authority before providing services to any client located in another state.

### Ethical Considerations

Psychologists should always refer to the ethical principles and code of conduct when considering a course of action. The same standards of care apply to services rendered in person or through telepsychology. Listed below are some of the more important considerations for telepsychology.

#### *Boundaries of Competence (2.01):*

- Does your education, training, supervised experience, consultation, study, and/or professional experience qualify you to engage in telepsychology services?
- Have you taken reasonable steps to ensure competence in this emerging area?
- Psychologists also need to ensure that they maintain competence (2.03) in a constantly evolving technological environment.
- It is recommended that you keep current with professional literature, research, and guidance materials available.

## Telepsychology, Cont.

- Are you familiar with potential threats to the integrity of electronic data, including computer viruses, hackers, theft of technology devices, damage to hard drives or portable drives, malfunctioning or outdated technology?
- Are you capable of conducting a risk analysis of your practice settings, telecommunication technologies, encryption capacities?

### *Bases for Scientific and Professional Judgments (2.04):*

- What is the most appropriate medium?
- Have you thoroughly assessed the potential benefits and limitations of the technology?
- Do you know how to use the technology, or would you benefit from training/research?
- Are you familiar with the laws and rules of the jurisdiction in which the client resides, and of the differences of those laws from your own jurisdiction?
- Are you prepared for technological glitches?

### *Informed consent (3.10, 9.03, 10.01):*

- Has the patient initiated the telehealth service, and do they give consent to be treated virtually? This consent must be documented in the clinical record before initiation of the service.
- Does the client fully understand the risks? (i.e., security risks, confidentiality breaches, technology risks).
- Have you explained the limits to confidentiality?
- Does the particular client understand the language and technology (given their age, education, computer skills, access to internet)?
- Can you ensure that the person receiving services is actually the client?
- Have you considered how the limits to confidentiality might be different in the recipient state?
- Have you included the form of third party information sharing and release?
- Do you have a current, up-to-date privacy statement?

### *Privacy and Confidentiality (ES 4; 6.02)*

- Can you ensure that the client is receiving telehealth services in a setting that ensures privacy and confidentiality? Do you confirm the patient (e.g., name, date of birth), as well as documentation that the patient provided consent for the service?
- Is the technology secured (both storage and disposal)? Do you possess, or have access to the technical expertise to ensure this?
- Are your portable electronic devices secure (encrypted, password protected, firewalled)?
- Do you have sufficient virus and malware protection?
- Are your staff/trainees appropriately trained?

### *Record Keeping (ES 6)*

- Have you thoroughly documented your case-by-case client risk-benefit analysis?
- Have you documented your research of and consideration of technological choices?
- How are you documenting evidence of effectiveness?
- Do you maintain records of education, research, training, experience, and consultation related to the technology?
- Are you documenting your planning efforts regarding the provision of telehealth services?
- Do you have a policy for destruction of data and information from your electronic devices?

## Telepsychology, Cont.

### *Avoiding Harm (3.04)*

- Will telehealth services be appropriate and effective for the client? This should be reassessed routinely. Should an in-person initial session take place?
- Are in-person services comparable or preferable? Is there a mechanism for providing services other than telehealth if the need arises?
- Are telehealth services safe with regard to the client's clinical presentation? For example, is the client prone to crisis?
- Do you have a back-up plan if internet is too slow, or technology fails during a telehealth session?
- Have you identified emergency, referral, and support resources in the client's locale?

### *Telehealth and psychological testing (9.02, 9.05, 9.06, & 9.08-9.11)*

- What is your rationale for deciding whether or not to proceed with tele-psychological testing? Consider and document your reasons.
- Have you ensured test security while online?
- Are you adhering to administration procedures to the extent possible?
- Have you considered whether the data collected through online administrations is reliable?
- Have you considered substitutions if subtests cannot be administered remotely?
- Are you widening confidence intervals given the broader margin of error?
- Document any modifications to testing practices, and discuss the potential impact upon test results of online test administration.
- Weigh the patient's comfort with virtual test administration: Note: Pearson and Psychological Assessment Resources have granted permission to administer tests remotely as long as these ethical considerations are addressed.

### Potential issues in transitioning out of a state of emergency: HIPAA considerations and client abandonment

There have been temporary changes to HIPAA enforcement for technology choices. After the Federal state of emergency regarding COVID-19 was declared in March, HHS Office of Civil Rights (OCR) released a special "Notification of Enforcement Discretion." This notification loosened restrictions on HIPAA-appropriate technology choices for the delivery of telehealth. The notification is only active during the "COVID-19 nationwide public health emergency", however, which means some psychologists may have a looming need to make new technology choices before or when the emergency is declared to be over. The notification explicitly names some products which will be allowed during the emergency, such as Apple's Facetime, Skype, and free versions of Zoom or GoToMeeting. Many psychologists may have taken advantage of the loosened enforcement in order to use services for telehealth delivery that are easy to adopt, inexpensive, or both, but that might not meet HIPAA's security and privacy standards.

It can be interruptive to patient care or to a psychologist's business when psychologists find themselves suddenly needing to change their care delivery platform(s). For that reason, psychologists are advised to do the following:

- Evaluate if the telehealth care delivery services you currently use meet HIPAA's standards for such technology. At the least, such services should execute a HIPAA-compliant Business Associate Agreement with your practice or agency. If you still need to execute such an agreement with any of your service vendors, do so as soon as feasible.

## Telepsychology, Cont.

- For any services that do not meet those requirements, start looking for an alternative service that meets your needs and does meet the requirements. This may be as simple as upgrading to a higher service tier of the service you already use -- although such upgrades may be quite expensive, as is the case with Zoom for Healthcare, for example.
- Either start the transition to the HIPAA-appropriate service now, or make a plan for doing so when the Federal state of emergency regarding COVID-19 ends. Be aware that there is not currently any stated plan from the OCR to allow for a special transition period when the emergency ends. So, the time allotted for the transition could potentially be quite short when the time comes.
- Use services that are able to meet the HIPAA requirements for you: before using them for service provision, ensure that you have executed a HIPAA-compliant Business Associate Agreement with the company that operates the service you choose. Some examples of HIPAA-compliant products are listed at the end of this article. Please note that this is not an exhaustive list and that the Board does not specifically endorse the use of any of these services.

### Temporary cross-state practice permission and potential abandonment:

Every US state and territory took emergency action in response to the COVID-19 emergency. Many states and territories, but not all of them, declared that health care providers who are not licensed in the given state, but that are licensed in a foreign US state, may work with patients/clients in the given state via telehealth for the duration of the emergency. Different states imposed different processes and caveats on these emergency allowances, but the common thread was an opening of borders to out-of-state clinicians. As a result, some psychologists may have initiated care with patients/clients whose usual location is in a jurisdiction where the psychologist is only able to legally practice because of the declared state of emergency. Some psychologists may do this in the future, since the emergency is still ongoing.

Stated otherwise, some psychologists may take on patients/clients with whom they will not be able to legally practice once the state where the patient/client is located is no longer allowing emergency practice from out of state. This raises the possibility of the psychologist suddenly finding themselves in a situation where they have to either terminate services with a patient/client or break the laws of the state where that patient/client is located. This termination of services, depending on circumstances, can potentially result in harmful abandonment.

Psychologists are advised to carefully consider the possibility of harmful abandonment when taking on patients/clients under these circumstances. Avoiding harmful abandonment is a broad topic. However, one possible solution is to find well-qualified referrals to clinicians whose ability to practice with the patient/client is not time-limited before the need to refer becomes emergent.

### Practical considerations in the provision of telehealth services

- Remove highly personal items such as photos of children, wedding photos, religious items, etc., that might be present in your home and in the background while you are providing telehealth services.
- Avoid having food or drink in view of the camera.
- Raise your camera to eye level so that you are looking into the camera when you speak. Place your computer on a box or on a stack of books to elevate it to eye level, if necessary.
- Inquire about who is in the room (or within earshot), and whether your client is at liberty to speak confidentially with you, at the beginning of the session.
- Eliminate distractions such as a partner or children or pets walking into the background of your telehealth session.

## Telepsychology, Cont.

- Be aware that when you lean over your computer, or squint into the screen to read instructions, that your camera may reveal unintended perspectives of your anatomy.
- Be prepared for the client to see more than your face, if you reach for something, if you stand or move across the room, during the session. In other words, dress professionally, and wear pants.
- Avoid being flustered when there are technical glitches: clients may find it off-putting if you apologize profusely and repeatedly each time the transmission freezes or fails.
- Anticipate technical glitches: be prepared to walk your client through the log on procedure and how to turn on video and sound.
- Be aware of when your microphone is still on, particularly immediately before and just after you have concluded a telehealth session, so that you are not transmitting unintended comments or information.

### Resource list of HIPAA-compliant telehealth programs

- Amazon Chime
- Clocktree
- Doxy.me
- Google G Suite Meet
- GoToMeeting
- OhMD
- Skype for Business / Microsoft Teams
- Spruce Health Care Messenger
- Updox
- VidHealth
- VSee
- Webex
- Your practice management system's video conferencing feature
- Zoom for Healthcare

### Telepsychology Sample Informed Consent

I consent to engage in telepsychology. I understand that telepsychology includes the practice of health care delivery, including mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. Examples of this include, but are not limited to: internet, email, text, or telephone-based therapy.

#### **I understand that I have the following rights with respect to telepsychology:**

I have the right to withdraw consent for telepsychology at any time.

The laws that protect the confidentiality of my medical information also apply to telepsychology. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality *[Insert or reference your confidentiality disclosure here]*.

I understand that there are risks and consequences associated with the use of telepsychology. These may include but are not limited to the possibility, despite reasonable efforts on the part of my psychotherapist, that:

- The transmission of my medical information could be disrupted or distorted by technological interruptions or failures. (For example, internet signal may be lost, calls may be dropped, text messages or

## Telepsychology, Cont.

- The transmission of my medical information could be interrupted by unauthorized persons despite reasonable efforts on the part of my therapist to ensure that information is protected.
- The electronic storage of my medical information could be accessed by unauthorized persons despite reasonable efforts on the part of my therapist to ensure that information is protected.
- Misunderstandings can more easily occur, especially with electronic delays, or difficulty understanding tone or intent in written or spoken communication. This includes the risk of cultural misunderstandings or misinterpretations of information due to delays or lack of being able to incorporate the full spectrum of body language.

I accept these risks as a part of my informed decision to engage in telepsychology. I have the right to ask for clarification from my provider at any time.

I understand that telepsychology-based services and care may not yield the same results nor be as complete as face-to-face services.

I understand that I may benefit from telepsychology, but results cannot be guaranteed or assured.

I understand that I have the right to access my medical information and copies of medical records resulting from telepsychology in accordance with Oregon law.

### Location and Jurisdiction

I understand that the laws that govern my provider's license to practice extend to telepsychology, and therefore he/she/they may only provide telepsychology in jurisdictions where he/she/they are licensed. I need to inform my provider if I am requesting telepsychology services from outside the State of Oregon to ensure that my provider is able to care for me if I am in a different state.

### Billing and/or Cost of Telepsychology

I understand these services may not be covered by insurance.

I understand that my insurance may only cover specific services (for example, telepsychology offered through their own online platform, requiring a WiFi connection and computer).

*[Insert costs, your verification policies with insurance, and/or any additional expectations of patients in terms of payment and billing].*

I have read and understand the information provided above, which has also been explained to me verbally. I understand I am able to ask questions and seek ongoing clarification from my provider.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

### Resources

American Psychological Association (2013) Guidelines for the Practice of Telepsychology. Retrieved from <https://www.apa.org/practice/guidelines/telepsychology>.

The American Telemedicine Association's practice guidelines and toolkit, retrieved from [https://americantelemed.org/resource\\_categories/practice-guidelines/](https://americantelemed.org/resource_categories/practice-guidelines/)

ASPPB's Psychology Interjurisdictional Compact. Retrieved from <https://www.asppb.net/general/custom.asp?page=psypact>

## Telepsychology, Cont.

Luxton, D.D., Pruitt, L.D. & Osenback, J.E. (2014). Best Practices for Remote Psychological Assessment via Telehealth Technologies. *Professional Psychology: Research and Practice*, 45, pp.27-35.

Wright, J.A., Mihura, J.L., Hasas, P. & McCord, D.M. (2020). Guidance on psychological tele-assessment during the COVID-19 crisis. Retrieved from <https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assesment-covid-10>.

[www.asppb.net/page/EPassport](http://www.asppb.net/page/EPassport)

<https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/telepractice/Letter-of-no-objection.pdf>

<https://www.parinc.com/Usig-PAR-digital-assessments-during-the-COVID-19-crisis>

<https://personcenteredtech.com/50-state-emergency-teletherapy-practice-rules-counselors-mfts-psychologists-social-workers/>

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

## Proper Use of the Term Licensed Psychologist

APA has 54 Divisions incorporating areas of specialization with at least 19 requiring specific study and experience, with the rest being areas of special interest. A psychologist in Oregon is allowed to claim a specialization in one or more areas of psychology if the psychologist has completed the generally accepted standard of education, training and experience in the field of specialization (neuro, clinical, forensic, etc.). However, a licensed psychologist in Oregon **may not claim** to be licensed in any area of specialization because Oregon only provides a license in psychology and not specialty areas of psychology. To claim you are an Oregon licensed clinical psychologist or an Oregon licensed neuropsychologist is misinforming the public. Please review your website, business card and paperwork to ensure you do not claim to be licensed by Oregon in any field of specialization in psychology.

- Patricia Bjorkquist, Ph.D. & David L. Ziegler, Ph.D.

## Administrative Rulemaking

*On July 13, 2020, the Board filed a Notice of Proposed Rulemaking for the following proposed rule amendment:*

### **Temporary suspension of in-person continuing education requirement.**

OAR 858-040-0055: This amendment temporarily suspends the limitation of 20 hours of continuing education credit awarded for home study and study group during a reporting period. It applies only to renewals that are due between March 31, 2020 and July 31, 2021.

The agency requests public comment on whether the options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business. Please email your comments to [laree.felton@oregon.gov](mailto:laree.felton@oregon.gov) or mail them to the Board's office at 3218 Pringle Road SE, Ste. 130, Salem, OR 97302. All comments must be received no later than 5:00 p.m. on August 24, 2020.

## Administrative Rulemaking, Cont.

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

Note: On March 18, 2020, the Board filed a Temporary Administrative Order that temporarily suspended the limitation of 20 hours of continuing education credit awarded for home study and study group during a reporting period for renewals due between March 31, 2020 and August 31, 2020. This current proposed amendment, if approved, will effectively extend the in-person CE suspension so that it applies to renewals that are due up to July 31, 2021.

- LaRee Felton, Policy Advisor to the Board, Mental Health Regulatory Agency

## Enforcement Actions

During the period of time from May 19, 2020 to July 9, 2020, the Board took the following actions:

**Craig Steinberg, Ph.D.** (Licensee), **INTERIM STIPULATED ORDER**, effective June 16, 2020. The Board opened an investigation after receiving reports that raised serious concerns that Licensee engaged in conduct that casts serious doubts about his judgment and commitment to respect the rights of others, to respect the laws of this state and the nation, and to practice psychology safely and competently. Pending completion of the investigation, Licensee agreed to immediately withdraw from the practice of psychology.

## Upcoming Events 2020

### July

7/2: Oregon Jurisprudence Examination\*  
7/3: Office Closed for Independence Day  
7/10: **Board Meeting**  
7/17: Education Committee Meeting

### August

8/7: Oregon Jurisprudence Examination\*  
8/20: Consumer Protection Committee Meeting  
8/21: Education Committee Meeting

### September

9/4: Oregon Jurisprudence Examination\*  
9/7: Office Closed for Labor Day  
9/11: **Board Meeting**  
9/18: Education Committee Meeting

### October

10/2: Oregon Jurisprudence Examination\*  
10/15: Consumer Protection Committee Meeting  
10/16: Education Committee Meeting

### November

11/6: Oregon Jurisprudence Examination\*  
11/11: Office Closed for Veterans Day  
11/13: **Board Meeting**  
11/14: **Board's Strategic Planning Session**  
11/20: Education Committee Meeting  
11/26-11/27: Office Closed for Thanksgiving

### December

12/04: Oregon Jurisprudence Examination\*  
12/17: Consumer Protection Committee Meeting  
12/18: Education Committee Meeting  
12/25: Office Closed for Christmas Day

\*Committee meetings are tentatively scheduled each month.

**Reminder!** Please make sure to update your email address if it changes so that you continue to receive correspondence. Notify us right away- but not more than 30 days- of any change in your contact information.

Please use our [Contact Information Change Form](#)



**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](http://Oregon.gov/psychology), email, or contact us with any comments or suggestions.

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