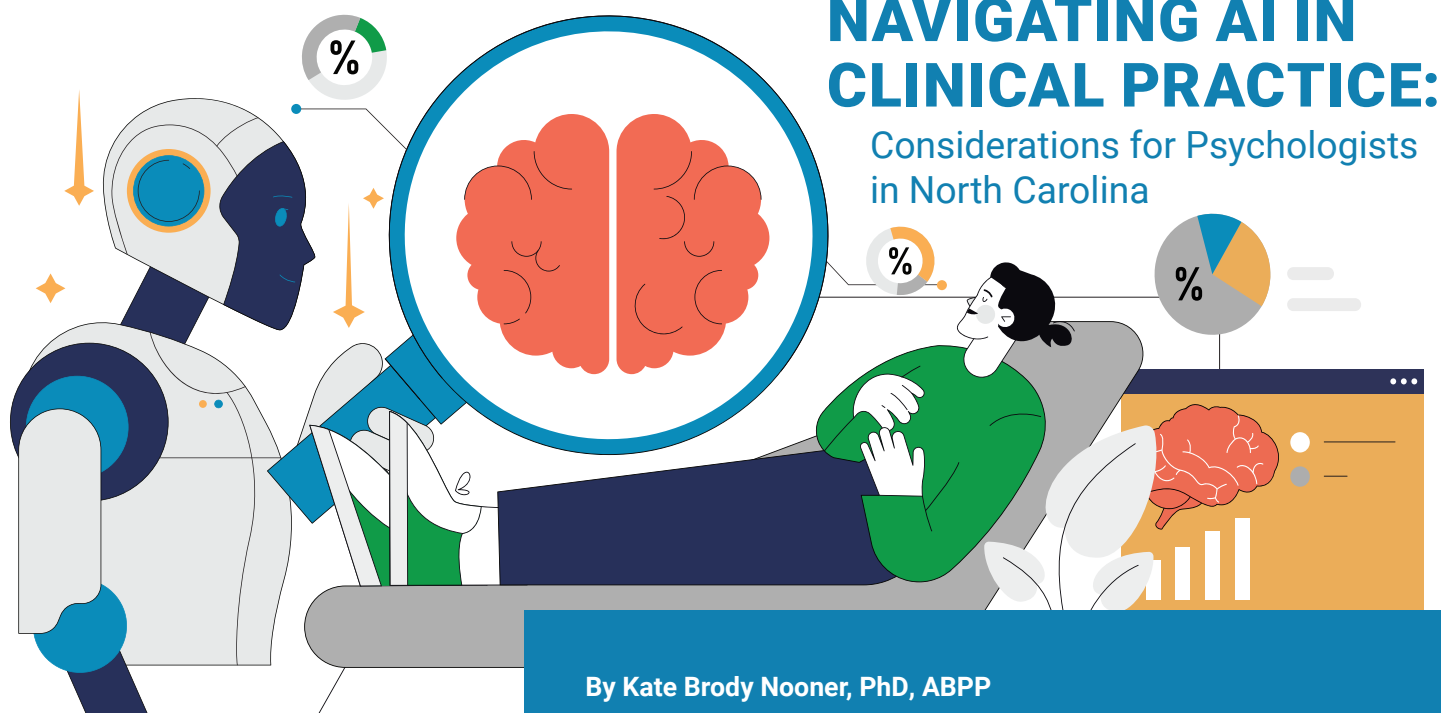


THE BULLETIN BOARD

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NAVIGATING AI IN CLINICAL PRACTICE:

Considerations for Psychologists in North Carolina

By Kate Brody Nooner, PhD, ABPP

The integration of artificial intelligence (AI) in psychological practice has sparked both opportunities and concerns for psychologists licensed in North Carolina. AI tools, including chatbots and digital mental health applications, are becoming increasingly prevalent. However, their role in clinical practice raises ethical, legal, and practical considerations. While AI can enhance accessibility, efficiency, and data analysis, it also introduces potential risks regarding patient care, confidentiality, and professional identity.

THE PROMISE AND POTENTIAL OF AI IN CLINICAL PSYCHOLOGY

For some psychologists, AI offers tools that may streamline administrative tasks, such as automated documentation, scheduling, and preliminary symptom tracking. These innovations may improve workflow efficiency, reduce burnout, and allow more time for patient care. Additionally, AI-driven interventions, such as guided self-help applications, could extend access to mental health support, particularly in underserved areas of North Carolina.

AI also may be beneficial for psychologists with disabilities or accessibility needs, offering voice-to-text transcription, adaptive communication supports, and assistive technologies that improve accessibility in practice. Similarly, newer psychologists entering the field may find AI-driven tools useful in clinical decision support, research synthesis, and patient engagement strategies.

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ETHICAL AND PRACTICAL CONCERNS

Despite these potential benefits, significant ethical and clinical challenges must be addressed. The accuracy, bias, and reliability of AI-generated content remain concerns, as these systems are trained on existing datasets that may not align with evidence-based psychological practices. Moreover, AI lacks the human judgment, empathy, and nuanced understanding required in clinical care, making it unsuitable as a stand-alone therapeutic tool.

Psychologists who have been in practice for longer may find the integration of AI disruptive or misaligned with traditional therapeutic principles. There are also concerns about how AI might affect the therapeutic relationship, particularly if clients begin relying on AI-generated content for mental health support outside of established clinical frameworks.

Confidentiality and data security risks must also be carefully considered. AI applications that store or process client information could be vulnerable to data breaches, requiring psychologists to diligently assess AI vendors for compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other privacy requirements, including the American Psychological Association Ethical Principles of Psychologists and Code of Conduct, before integrating AI into practice.

AI CHATBOTS AND THE PSYCHOLOGIST TITLE: A GROWING CONCERN

The increasing presence of AI chatbots that self-identify as “psychologists” or similar titles has raised concerns about their potential impact on mental health support, public perception of professional psychology, and ethical implications for the profession. These developments raise serious concerns about title protection, misinformation, and potential harm.

The use of “psychologist” by AI systems can mislead consumers, suggesting that these chatbots are licensed professionals when, in fact, they lack formal training, oversight, or ethical accountability. Psychologists in North Carolina should be aware of these issues and inform clients about the distinctions between AI-generated responses and professional clinical care.

CLOSING CONSIDERATIONS AND MOVING FORWARD

Licensed psychologists should approach AI cautiously and thoughtfully, ensuring that any AI tool used aligns with ethical guidelines, professional best practices, and

The increasing presence of AI chatbots that self-identify as “psychologists” or similar titles has raised concerns about their potential impact on mental health support, public perception of professional psychology, and ethical implications for the profession.

legal requirements. While AI holds promise in improving certain aspects of practice, it should not replace the essential role of trained psychologists in delivering ethical, human-centered care.

As AI continues to evolve, it is important for psychologists—whether early-career professionals or seasoned practitioners—to stay informed, to evaluate critically emerging technologies, and to uphold the highest standards of clinical practice. Engaging in ongoing discussions about this evolving topic is likely the best path forward to ensure ethical and effective care for North Carolinians as AI continues to advance rapidly.

FURTHER READING

- Zhang Z, Wang J. Can AI replace psychotherapists? Exploring the future of mental health care. *Front Psychiatry*. 2024 Oct 31;15:1444382. doi: 10.3389/fpsy.2024.1444382.
- [Artificial Intelligence and the Field of Psychology](#). August 2024. American Psychological Association website. ■

Note on Reading: AI is rapidly changing. Please make sure sources are current. These suggestions are not endorsements but avenues for optional additional reading in this area.

Disclaimer: Psychologists should always adhere to applicable legal, ethical, and licensing regulations when considering AI in clinical practice. This article is for discussion purposes only and does not constitute legal or ethical guidance by the NC Psychology Board.

Author's Note: This document was written by the author with the support of AI tools for editing, organization, and clarity. While all ideas and substantive content were independently conceived and written by the author, AI assistance suggested an organizational structure and helped group related ideas into sections, refine phrasing to articulate complex thoughts more effectively, and edit for grammar, clarity, and redundancy. This collaborative approach helped ensure the final document was clear, well-structured, and professionally polished while maintaining the integrity of the author's original work.

MEET NCPB MEMBER ROBERT COCHRANE, PSY.D., ABPP

Originally from Northeast Ohio, Dr. Cochrane completed his doctoral degree at Wright State University in Dayton, Ohio, and a postdoctoral fellowship in forensic psychology at the University of Massachusetts Medical School in Worcester. He retired from the Federal Bureau of Prisons after 21 years, during which time he was the internship training director and forensic evaluator at the Federal Correctional Complex in Butner, North Carolina.

He then served as the training director for the North Carolina Department of Public Safety, leading the internship programs and developing the Continuing Education curriculum. Dr. Cochrane has been in practice in North Carolina for 25 years, and he currently oversees the planning and implementation of forensic services in North Carolina at DHHS. He is board-certified in forensic psychology and a member of the American Board of Professional Psychology. He is also a member of the American Psychology Law Society (Div. 41 of APA) and NCPA, past president of the American Academy of Forensic Psychology, and board member and examination faculty for several years for the American Board of Forensic Psychology.

Dr. Cochrane says the NCPB is important because “serving on the state Psychology Board is an opportunity to contribute to the integrity and advancement of the profession while protecting the public. The Board plays a critical role in maintaining high ethical and professional standards by overseeing licensure, ensuring compliance with state regulations, and addressing disciplinary matters.”

As a new Board member, he sees serving as a way to help ensure that psychological services remain accessible, ethical, and evidence-based. “This work directly impacts public trust in the profession and safeguards individuals seeking mental health support,” Dr. Cochrane said. “Additionally, serving on the Board allows for collaboration with other professionals, offering a platform to address emerging issues in the field and contribute to policies that shape the future of psychology in our state. It is a chance to give back to the community while promoting the growth and integrity of the profession I am passionate about.”



Dr. Robert Cochrane is the statewide director of forensic services for the NC Department of Health and Human Services (DHHS).

Dr. Cochrane says the biggest challenge so far in his career was perhaps when he transitioned from a clinical to a purely administrative role as a psychologist. “It required me to adapt to a new set of responsibilities and perspectives. The emphasis shifted to broader organizational goals, such as policy development, staff management, resource allocation, and strategic planning,” he said. “This shift demanded a departure from the one-on-one focus of clinical work to a systems-level view of how to support the organization and the larger community it serves. This challenge required me to redefine my professional identity, but it offered the opportunity to influence systems and policies that can improve care on a larger scale, creating a broader and more lasting impact.”

Dr. Cochrane says it’s been important to him to be actively involved in administrating, teaching, and supervising students and young professionals throughout his career. “Helping the next generation of psychologists develop their skills and professional identities has been one of the most rewarding aspects of my career and the thing of which I am most proud,” he said.

You may be surprised to learn that outside of work, Dr. Cochrane is an amateur mechanic, and he is restored several classic cars. “When not working or spending time with my family, you can often find me in the garage, drinking coffee and tinkering with one of my vehicles.” ■

NEW SEASON, NEW ASSESSMENTS

Plan Ahead to Keep Your Testing Library Current

By Dana Truman-Schram, MA, LPA, Carol Williams, PhD, LPA, BCBA-D, and Amber Margaretten, MA, LPA

The start of a new season provides an opportunity to review practice issues, including the use of psychological testing tools. Digital platforms for the administration and scoring of psychological tests make using the current versions of tests and measures easier than ever. Here is a brief overview of some of the commonly used tests and resources.

Many of the test publishers have field research opportunities and/or free online webinars to help keep you current with the highlights of the new measures and training on their use. Please see a sample of some of the resources below. The list is not intended to be an inclusive list of all psychological tests. It is recommended that psychologists consult with peers and, if applicable, supervisors if one has questions about psychological testing resources and use.

Psychologists should also consider signing up for email updates on the measures they use to stay informed. Several of the test companies also offer free continuing education programs. Past webinars are also available.



Key reasons to update your testing library:

- **Validity and Reliability:** Newer versions of tests often incorporate updated research findings, leading to improved validity (accuracy in measuring what it intends to measure) and reliability (consistency in results).
- **Cultural Sensitivity:** Outdated tests might not adequately consider cultural diversity, potentially leading to biased interpretations.
- **Clinical Relevance:** New diagnostic criteria and treatment approaches may necessitate using tests better aligned with current clinical practice.

Continued on page 4.

TEST	RELEASE DATE	LINK TO RESOURCES
WAIS-5	Released September 2024	Pearson Assessments
WMS-5	Coming in August 2025	Pearson Assessments
BRIEF-2A (adult version)	Released November 2024	PAR Training
WJ-V (digital-only platform)	Released February-March 2025	Riverside Insights Upcoming Webinars and Resources
BASC-4 plus WISC-6 and CELF-6 Pilot stages		
RCMAS-3, ABAS-4, and SRS-3 - updates underway		
WPS		WPS Rating Scales Data Collector Interest Survey
SB-6, CTOPP-3, Gray Reading Tests, etc.		Pro Ed Current Projects
Conners-4	Released July 2022	Conners 4 FAQ
MACI-II and MMPI-3	Released in 2020	

- **Legal Compliance:** Keeping your testing library current can help ensure you are adhering to ethical and legal standards and best practices in your jurisdiction. (See APA Standard 9.08 Obsolete Tests and Outdated Test Results)
- **Professional Development:** Staying up to date with new tests demonstrates your commitment to ongoing professional development and knowledge of the field.

Factors to consider when updating your testing library:

- **Publication Date:** Check the publication date of your current tests to see if significant updates have been released.
- **Normative Data:** Ensure the normative data used in the test is representative of the current population.

Test Content:

- Review to ensure that the test content is still relevant and aligns with current theoretical frameworks.

ADOPTION OF NEW TESTS OR NORMS

The revised tests or new norms should be used within a period considered “current,” which is within one or two years of the release of the revised test. The NCPB recommends updating your psychological testing library to ensure you are using the most current and valid assessment tools to be better equipped to accurately diagnose and treat clients by reflecting recent research, cultural shifts, and changes in the field while also maintaining ethical practice by avoiding outdated or potentially biased tests. The Board’s Advisory Statement on Using Current Test and Norms can be found [here](#). See also APA Standard 9.08 Obsolete Tests and Outdated Test Results.

Psychologists may direct questions regarding the use of current tests and norms to the Board office at info@ncpsychologyboard.org. ■

INTERESTED IN ASSISTING THE BOARD?

The North Carolina Psychology Board is commonly in need of qualified psychologists to provide tutorials, supervision, fitness to practice or substance use assessments, and practice monitoring to licensees as a result of complaint investigations. The time commitment varies depending upon the role the psychologist is serving.

Tutorials, the most common Board action, also typically require the least amount of time. The tutorials are educational regarding topics set by the Board. The tutorials typically are between four to 10 hours in length, encompassing two or more sessions. Tutors are also required to submit a summary report to the Board. Supervision, assessments, or practice monitoring are more substantial and require greater time commitments. The psychologists providing the service on behalf of the Board are compensated for their time and efforts by the licensee receiving the service. The hourly rate or flat fee is typically set by the parties before the commencement of the services.

If you would like to be added to the roster for consideration to possibly assist the Board in these areas, please email your name, contact information, license number, and practice area(s) (i.e., therapy, child custody, testing) to info@ncpsychologyboard.org. Thank you for your consideration of this highly important form of service to the Board. ■

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BOARD ACTIONS

The following actions have been taken so far this fiscal year by the Board pursuant to G.S. §90-270.148 and G.S. §90-270-149:

Bloom, Allen Ph.D. — CONSENT ORDER was approved and signed on July 26, 2024. Respondent was treating Client X for generalized anxiety disorder and unspecified depressive disorder. Client X had a history of suicidal ideation before beginning psychotherapy with Respondent. In August 2023, while Client X was Respondent's patient, Client X committed suicide. The Board concluded the following occurred based on its investigative findings: Respondent did not have a detailed and documented established safety plan with Client X following his observable decompensation over the course of the psychological services. Respondent did not adjust remote services to in-person services to better assess for safety. Respondent did not have a documented safety plan in place with Client X if he did not keep his subsequent appointment with the psychiatrist. Respondent did not have an updated address on file for Client X. Following Client X's death, Respondent had a phone call with Client X's mother and brother at their request, in which Respondent discussed confidential information obtained from Client X during his sessions. Respondent did not obtain a written consent for the release of information from Client X to provide this information to Client X's family. This call was harmful to Client X's mother and brother. The conduct described above, if proven, constitutes violations of N.C. Gen. Stat. §§ 90-270.148(a)(10), (a)(11) & (a)(15) of the North Carolina Psychology Practice Act, and constitutes violations of Standards 3.04(a), & 4.01 of the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2017).

This Consent Order shall constitute a condition on Respondent's license to practice psychology. Respondent shall successfully complete a minimum of eight to ten hours of tutorials. The tutorials shall be conducted with a psychologist designated by the Board regarding the following: establishing a safety plan; safety risk assessment; the involuntary commitment process; informed consent to release information; and maintaining confidentiality; how Respondent's conduct resulted in this action taken by the Board; Respondent's plan of action to prevent the recurrence of the behavior which resulted in Board action; and general ethical conduct. The tutorials shall not count for continuing education credit, as required under 21 NCAC 54 .2104. For two years consisting of at least 3000 hours of practice in psychology by Respondent, whichever takes longer to occur, Respondent shall receive face to face supervision, as set forth in Rule .2005, with



a psychologist licensed in North Carolina at a minimum of one one-hour session per week during any week in which Respondent practices psychology, regardless of the number of hours of practice. Following completion of the tutorials and supervision as set forth above, Respondent shall submit an essay to the Board explaining the impact of his conduct and what Respondent has learned from the tutorials and supervision. The essay shall be approved by the Board, within its discretion, in order for Respondent to be released from this provision of the Consent Order.

Ciminera, Osiris, Ph.D. — FINAL DECISION to deny licensure at the Licensed Psychologist level was approved and signed on November 7, 2024.

Cochran, Robert, Psy.D. — CONSENT ORDER was signed and approved on August 23, 2024, and affirmed by the Board on November 7, 2024. On April 18, 2024, Petitioner applied for licensure at the Licensed Psychologist level. On December 10, 2022, Petitioner's license was revoked after a determination that he was not fit to practice based upon the result of an evaluation conducted pursuant to a Consent Order that Petitioner entered into with the Board, dated May 11, 2022. Since that time, Petitioner has complied with the recommendations set forth in the fitness for practice evaluation. Based upon Petitioner's compliance with the recommendation in the fitness for practice evaluation, the Board has determined to license him under the conditions set forth in this Consent Order.

Petitioner shall continue in individual mental health therapy with a Licensed Psychologist and in relapse prevention therapy with a licensed mental health professional, as set forth in the fitness for practice evaluation recommendations. For one year from the date the Board Chairperson signs this Consent Order, his individual mental health therapist and relapse prevention therapist shall submit quarterly reports to the Board with a summary of Petitioner's therapy sessions, how he is progressing in his treatment, and whether there has been any relapse of any substance use.

For an additional year, Petitioner's individual mental health therapist and relapse prevention therapist shall submit a

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report every six months to the Board with a summary of Petitioner's therapy sessions, how he is progressing in his treatment, and whether there has been any relapse of any substance use.

If at the end of these two years there has been no relapse of any substance use, Petitioner has attended therapy, and all of the reports required under this Consent Order from his therapists have been submitted to the Board and are satisfactory, and Petitioner's mental health and relapse prevention therapists both provide written support for Petitioner's release from the conditions of the Consent Order, Petitioner may request Board approval to have his license released from PROBATION and to be released from the conditions on his license. The Board Chairperson may, at their discretion, grant written approval prior to a Board meeting, or they may decide that the full Board should review the matter at its next scheduled Board meeting.

deBeus, Roger, Ph.D. — CONSENT ORDER was approved and signed on July 26, 2024. Respondent provided psychological testing to Client X in May 2022 as part of a psychological evaluation in order to update the information necessary for approval of tailored care management services. Respondent did not complete the psychological evaluation report for Client X within a reasonable amount of time, which Respondent explained was due to health issues and a computer malfunction, which resulted in delayed information to Client X's case manager and the managed care organization. Respondent did not fully inform Client X's mother of the nature of the delay, provide a clear estimate of how long it would take to complete the report, or attempt to have another psychologist take over the case when Respondent should have realized he might have difficulty completing the report within a reasonable timeframe. The conduct described above constitutes violations of N.C. Gen. Stat. §§ 90-270.148(a)(10), (a)(11), (a)(12), (a)(15), & (a)(19) of the North Carolina Psychology Practice Act, and constitutes violations of Standards 2.06(b), 3.04(a), 3.09, 3.12, & 9.06 of the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2017).

This Consent Order shall constitute a condition on Respondent's license to practice psychology. Respondent shall successfully complete a minimum of eight to ten hours of tutorials. The tutorials shall be conducted with a psychologist designated by the Board regarding the following: managing psychological evaluation cases and completion of evaluation reports in a reasonable time, general caseload management, communication of expected timeframes of completion of evaluation reports with client and other parties, management of personal

problems, and referral to other professionals, when necessary; how Respondent's conduct resulted in this action taken by the Board; Respondent's plan of action to prevent the recurrence of the behavior which resulted in Board action; and general ethical conduct. The tutorials shall not count for continuing education credit, as required under 21 NCAC 54 .2104. For nine months (39 weeks) consisting of at least 950 hours of practice in psychology by Respondent, whichever takes longer to occur, Respondent shall receive face-to-face supervision or live synchronous video conference supervision with a psychologist licensed in North Carolina or qualified to practice remotely in North Carolina through PSYPACT. There shall be one one-hour session for every two weeks in which Respondent practices psychology, regardless of the number of hours of practice in a given week. Following completion of the tutorials and supervision as set forth above, Respondent shall submit an essay to the Board explaining the impact of his conduct and what Respondent has learned from the tutorials and supervision. The essay shall be approved by the Board, within its discretion, for Respondent to be released from this provision of the Consent Order.

Gartrell, Donna, M.A. — FINAL DECISION was approved and signed on July 26, 2024. A hearing was held in open session on May 10, 2024, and, following discussion, the Board determined to discipline Dr. Gartrell's license. On September 27, 2022, Respondent submitted her online renewal form and attested to having submitted all of her continuing education documentation and certificates to CE Broker, as required to renew her license for the 2022-2024 biennial renewal period, even though she had not done so. Respondent received 22 hours of continuing education credit, even though Respondent attested to having completed the required continuing education coursework on Respondent's 2022-2024 license renewal application. At no point in time did Respondent comply with the continuing education requirements in Board rule despite repeated attempts by Board staff to obtain her compliance. Respondent's conduct is in violation of N.C. GEN. STAT. § 90-270.148(a)(5) & (7) and 21 NCAC 54 .2104(a),(c),(e) & (j). Respondent's license is hereby SUSPENDED within 15 days of the mailing of this Final Decision. In order for Respondent to be released from the suspension of her license, Respondent shall comply with the requirements for reinstatement of her license, as set forth in Rule 21 NCAC 54. 2103. If Respondent is released from the suspension of her license, for the subsequent two renewal cycles following reinstatement of her license, no later than September 27th, Respondent shall submit an affidavit to

Continued on page 8.

the Board attesting that she has completed all the required continuing education, as set forth in Board Rule 21 NCAC 54 .2104, including having submitted all documentation and certificates to CE Broker, before Respondent will be allowed to renew her license.

Geisler, Erika, Psy.D. — CONSENT ORDER was approved and signed on November 7, 2024. The Board's evidence would show that throughout Respondent's provision of psychological services with Client X, Respondent documented and billed for individual psychotherapy, with many of the bills documenting sessions that took place over many hours. There was no documentation of the rationale for this amount of psychological services being provided, or the clinical benefit or potential for harm this could have caused Client X. Respondent's hourly billable rate for psychological services increased several times throughout Respondent's relationship with Client X and Respondent did not obtain written informed consent from Client X for these increased billable rates. The Board's evidence would show that Respondent completed an affidavit for Client X in which Respondent provided a recommendation of custody of Client X's children to be awarded to Client X, despite having never evaluated Client X's children or having performed a child custody evaluation. The Board's evidence would show that beginning on or around October 2021, and throughout the remainder of the time period that Respondent provided psychological services to Client X, Respondent met with Client X outside of a conventional therapy setting, including social visits, meetings for meals, going to each other's homes, and attending family gatherings and celebrations. Respondent billed Client X for psychological services for events that were not psychological services but were social in nature, including social events where Respondent drank alcohol. Respondent was present around Client X's family, and Client X was present around Respondent's family, and there were no signed informed consents for Client X addressing the release of confidential information at these events. Respondent contends that Client X did provide written informed consent on 6/8/22. Respondent also received gifts from Client X.

Respondent texted with Client X frequently, often exchanging dozens of texts per day, including at night and on the weekends. These text messages were of a personal nature, including referring to each other by endearing names. In addition, Client X saw Respondent as a maternal figure and often asked Respondent to cease psychological therapy with her and to continue in this personal relationship. The Board's evidence would show that Respondent did not terminate psychological services

with Client X when it became clear that Client X was only interested in a personal relationship with Respondent and Respondent continued to see her professionally, which was harmful for Client X. Respondent contends that she did offer to terminate counseling and refer out, but Client X did not accept this. The conduct described above, if proven true, may constitute violations of N.C. Gen. Stat. §§ 90-270.148, (a)(10), (a)(11), (a)(14), (a)(15) & (a)(20) of the North Carolina Psychology Practice Act, and may constitute violations of Standards 2.04, 3.04, 3.05, 3.06, 3.08, 3.10, 4.01, 4.02, 4.03, 4.05, 6.04, 9.01, 10.01, 10.02, & 10.10 of the Ethical Principles of Psychologists and Code of Conduct.

Respondent's license is **SUSPENDED** for a period of six months beginning on January 8, 2025. During the suspension, Respondent shall complete a fitness for practice evaluation. After the six-month suspension of Respondent's license and following completion of the fitness for practice evaluation, if the Board determines that Respondent is fit to practice based upon the fitness for practice evaluation, she may resume providing psychological services under **PROBATION**.

For a period of at least three years, or as long as it takes to complete the **CONDITIONS** set forth in the **CONSENT ORDER**, Respondent's license shall be on **PROBATION**. Respondent shall successfully complete thirty hours of tutorials. For a period of three years consisting of 3000 hours in the practice of psychology, whichever takes longer to occur, Respondent shall receive face to face supervision/monitoring or via live synchronous video conferencing with a psychologist licensed in North Carolina for one one-hour session per week for any week in which Respondent practices psychology, regardless of the number of hours of practice.

After the six-month suspension of Respondent's license, and following completion of the fitness for practice evaluation, if the Board determines based on the fitness for practice evaluation that Respondent is not fit to practice psychology, then her license shall remain suspended and she may complete a second fitness for practice evaluation, at her expense and by an evaluator designated by the Board. If, at that time, the Board determines that Respondent is fit to resume practice, once Respondent receives written Board approval, she may resume providing psychological services under **PROBATION**.

Poag, John, Ph.D. — CONSENT ORDER was approved and signed on February 6, 2025. Respondent provided psychological services to Client X, and during one of

Continued on page 9.

their sessions, Respondent disclosed to Client X that he wanted to be in a romantic relationship with her, exceeding the boundaries of a psychologist-client relationship. Respondent and Client X began texting regularly, and many of Respondent's texts and phone conversations were of a sexual nature. Respondent and Client X engaged in sexual intimacy during psychotherapy sessions. After the termination of psychological services with Client X in July 2022 and through March 2024, Respondent and Client X continued to communicate through text and on the phone, with Respondent continuing to have sexually intimate conversations with her. Respondent's inappropriate sexual relationship with Client X caused her harm. Respondent did not produce any psychological records for Client X, as required by a Board Order. The conduct described above constitutes violations of N.C. Gen. Stat. §§ 90-270.148(a)(10), (a)(11), (a)(15), (a)(17), (a)(18), (a)(20) & (a)(22) of the North Carolina Psychology Practice Act and constitutes violations of Standards 3.04, 3.05, 3.06, 3.08, 6.01, 6.02, 10.05 & 10.08(a) of the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2017).

On February 10, 2025, Respondent shall voluntarily relinquish his license to practice psychology in North Carolina, and the Board shall accept his relinquishment. Respondent shall not practice psychology, as defined in N.C. Gen. Stat. § 90-270.136(8), after he relinquishes his license, including providing supervision to any mental health professionals. Respondent agrees not to apply for re-licensure by this Board at any time in the future. This Consent Order constitutes action by the Board against Respondent's license, pursuant to N.C. Gen. Stat. § 90-270.148.

Sigmon, Christy Fiber, Psy.D. — CONSENT ORDER was approved and signed on February 6, 2025. On or about January 19, 2024, Petitioner applied for licensure at the Licensed Psychologist level to the Board. On July 30, 2024, the Board proposed to deny Petitioner's application for licensure based upon its Final Decision issued on May 11, 2022, which denied Petitioner's previous application for licensure with this Board. The Final Decision was based on disciplinary action taken against Petitioner's license to practice psychology in California. The California Psychology Board revoked Petitioner's license and then stayed the revocation and placed her license on probation for five years. The California Psychology Board found that Petitioner engaged in dishonest, corrupt, and fraudulent actions. Further, that Petitioner's conduct demonstrated an unfitness to practice psychology, and that Petitioner

knowingly engaged in conduct which resulted in inferior professional services or harm to a patient. Petitioner admits that this conduct violates N.C. Gen. Stat. §§ 90-270.148(a), (a)(6), (a)(10), & (a)(11), of the North Carolina Psychology Practice Act and Standards 3.04(a) and 3.05(a) of the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association 2017).

Prior to the approval of Petitioner's application for licensure, Petitioner shall complete a fitness for practice evaluation by a Board-designated evaluator. If the Board determines that Petitioner is fit to practice psychology, based upon the fitness for practice evaluation, her application for licensure shall be approved. If the evaluator imposes any additional conditions on Petitioner's practice, they will be included in the probation. If the fitness for practice evaluator determines that Petitioner is not fit to practice psychology, her application shall be denied. Once Petitioner's application for licensure is approved and she meets the licensing processing requirements, her license shall be on PROBATION for five years under the following conditions: (1) In addition to the required continuing education coursework, Petitioner shall complete an extra 20 hours of Category A continuing education coursework per year in the subject area of ethics/or other areas related to the disciplinary action in this matter. Petitioner shall complete these additional continuing education hours for two consecutive renewal cycles, consisting of 80 additional continuing education hours over four years. (2) For five years, Petitioner shall receive face-to-face practice monitoring with a psychologist licensed in North Carolina at a minimum of one one-hour session per week during any week in which Petitioner practices psychology, regardless of the number of hours of practice. The focus of the monitoring shall be related to the conduct that led to this Consent Order. (3) Petitioner shall remain in weekly psychotherapy with a North Carolina-licensed psychologist for two years. (4) For the five-year probationary period, Petitioner submits quarterly reports and an affidavit to the Board to confirm compliance with the conditions of the consent order. (5) Petitioner shall provide a copy of the consent order to all current and any future employers. ■

BOARD ANNUAL REPORT SUMMARY

During the 2023-2024 fiscal year (July 1, 2023—June 30, 2024), Kate Brody Nooner, Ph.D., and Whitney Van Sant, M.A., were appointed to serve on the Board until June 30, 2026. Officers for the fiscal year ending June 30, 2024, were Helen T. Brantley, Ph.D., chairperson, and Susan Hurt, Ph. D., vice-chairperson.

DURING THE 2023-2024 FISCAL YEAR, THE BOARD:

- Reviewed applications and licensed qualified individuals
- Reviewed and resolved complaints regarding ethical and legal issues
- Conducted audit of continuing education submissions
- Conducted annual corporation renewal
- Reviewed and revised Ethics Refresher test items
- Designed and implemented enhanced license renewal compliance protocols
- Conducted annual corporation renewal process
- Initiated redesign of Board website
- Published editions of the NCPB newsletter
- Conducted meetings with professional and legislative stakeholders

IN ADDITION TO CONTINUING TO PERFORM ITS ROUTINE TASKS IN CONNECTION WITH PROTECTING THE PUBLIC, THE MAJOR OBJECTIVES FOR THE 2024-2025 FISCAL YEAR ARE AS FOLLOWS:

- Review applications and license qualified individuals
- Review and resolve complaints regarding ethical and legal issues
- Conduct biennial license renewal process with enhanced compliance protocols
- Conduct annual corporation renewal process
- Continue redesign of NCPB website
- Develop online license application system
- Develop online corporation application system
- Continue upgrade of IT systems and equipment
- Publish editions of the NCPB newsletter
- Adopt, amend, and repeal the Board's rules, as necessary

BY THE NUMBERS (2023-2024 FISCAL YEAR):

- Number of psychologists licensed in North Carolina as of June 30, 2024: 4,444
 - Licensed Psychologists: 3,332
 - Licensed Psychologists (provisional): 61
 - Psychological Associates: 1,051
- Number of persons who applied to the Board for licensure and admittance to examination: 285 (includes applications for reinstatement)
- Number of persons who were refused examination: 8
- Number who took the examination:
 - State Exam 221 (0 failed)
 - National Exam 152 (64 failed)
- Number of licenses issued: 246
 - Psychological Associates: 35
 - Licensed Psychologists: 174
 - Licensed Psychologists (provisional): 37
- Number of official complaints received involving licensed and unlicensed activities: 51
- Number of disciplinary/remedial actions taken against licensees or other actions taken against non-licensees, including injunctive relief: 11 (8 disciplinary; 3 remedial; 0 injunction)
- Number of licenses terminated for any reason other than failure to pay the renewal fee: 10 (0 revoked; 6 voluntarily relinquished with Board's consent; 4 voluntarily relinquished under a Consent Order; 0 deceased)
- Number of complaints resolved: 48
- Number of investigations, including complaints, pending as of June 30, 2024: 47
- Percentage of closed investigation cases that resulted in Board action: 19% (includes disciplinary and remedial actions and injunctive relief) ■



UPCOMING NCPB MEETINGS

- May 8, 2025
- August 14-15, 2025
- November 13-14, 2025