

P E N N S Y L V A N I A

STATE BOARD OF

Psychology

NEWSLETTER

Winter 2005/2006

Inside:



Commonwealth of Pennsylvania

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Chairman's Message

by Alex M. Siegel, J.D., Ph.D.

Welcome to this edition of the State Board of Psychology's Newsletter. I am often asked who can file complaints. The majority of these complaints have been filed by clients/patients and other members of the public, however, a percentage of the complaints are also filed by licensees.

Because licensees are uniquely aware of psychologists' responsibilities, Principle 7(i) of the Board's Code of Ethics requires that:

When psychologists know of an ethical violation by another psychologist which does not affect the welfare of that psychologist's clients and which appears to be owing to lack of sensitivity, knowledge or experience, they attempt to resolve the issue informally by bringing the behavior to the attention of the psychologist. Informal corrective efforts are made with regard for rights of confidentiality involved. If the violation is one which threatens client welfare or is not amenable to an informal solution, psychologists bring it to the attention of the Board. Obligations imposed by this subsection are in addition to the reporting requirements under section 18(f) of the act.

Concomitantly, licensees are also in a unique position to identify unlicensed practice.

In order to protect the public, the Board would like to remind licensees of their duty to file complaints. Please be aware that the Bureau keeps complainants' names and actual complaints confidential. (While complaints may be filed anonymously, be aware that there are factual situations which require additional information, which, if not contained in the complaint, may jeopardize the investigation or prosecution of the complaint.) Also be aware that the Bureau also investigates each complaint and makes its own decision whether to go forward with formal charges.

The State Board at a Glance: Recent Developments from Harrisburg

by Karen W. Edelstein, Psy.D.

The Board continues to work hard to serve the citizens of the Commonwealth. Since the last newsletter, we welcomed Deputy Commissioner, Peter V. Marks, Sr. to the Bureau of Professional and Occupational Affairs. Professional Member Stephen A. Ragusea, Psy.D. has resigned and Professional Member Henry Weeks, Ph.D. completed his appointed term. Their replacements, Salvatore S. Cullari, Ph.D. and Eve Orlow, Ed.D., are now on "board."

The Board continues to review cases and issue Adjudications and Orders, with "dual relationships" most often a core concern. Monthly meetings also involve the review of applications for licensure and for approval of corporate and fictitious names. While the Board does not provide "advisory" opinions, there is also a timely response to correspondence and an attempt to clarify the questions that come our way. Beyond the confines of Harrisburg, our public and professional members participated in two out-of-state conferences of the Association of State and Provincial Psychology Boards (ASPPB), a federation of psychology regulators.

Significant developments this year are as follows:

*In response to budgetary constraints and the increasing costs associated with the complaint process, we have implemented a fee increase. There is now a cost of \$300 for biennial licensure renewal.

*As of December, 2004, the Board requires a disciplined psychologist to notify all current and former clients of the suspension or revocation of a psychology license.

*The Board is in the process of revising aspects of the professional and vocational standards, including the definition of a doctoral degree in psychology and improved standards for supervision. We are also working to implement the electronic transfer of continuing education credits. These initiatives are lengthy processes, which involve the solicitation and consideration of comments from additional public and professional sources, as well as legislative approval.

As always, Board meetings are open to the public, and we welcome your attendance.

Licensee Character & Fitness

by Catherine Maxaner, Public Member

The State Board of Psychology is a member of the Association of State and Provincial Psychology Boards (ASPPB) whose mission is to assist boards in protecting the public. While attending the 20th Mid Annual Meeting, Portland, Oregon, April 2005, ASPPB focused on **“Identifying and Managing Pre-Licensure Character and Fitness Issues”**. Agenda included presentations on Licensing Boards: Identifying and Managing Issues of Character and Fitness of Licensure Applicants, Addressing Competency Problems During Training, Legal Aspects of US and Canadian Law Regarding Character and Fitness Issues in Applicants to the Professions, and Panel Discussion: How Some Jurisdictions Deal with Issues of Character and Fitness.

The public has a right to know licensees are properly trained and possess professional ethical standards. Consumers of psychological services rely upon licensing board standards to ensure character, competence and skill. The Psychology Board serves and protects the public interest by protecting the public from harm. Moreover, academia (professors and students) practitioners, and professional associations share in protecting the public and promoting public welfare.

The Board is a gatekeeper to the profession. PA Code Title 49 “Professional Psychologists Practice Act” gives the Board authority and obligation to regulate psychology in the public interest: to license, regulate and discipline psychologists in the Commonwealth.” Specifically, the American Psychological Association Code of Ethics – Section 41.61 of the PA Code says “Psychology students, interns, residents and trainees are put on notice that their violation of an ethical obligation imposed on psychologists by this section may be regarded by the Board as evidence of unacceptable moral character or of unacceptable supervised experience disqualifying them from licensure...”

The Psychology Board has a stake in knowing that pre-licensees are competent. At monthly meetings, licensure applications with comprehensive support documentation from each candidate are evaluated. Board members act in good faith and provide for procedural fairness, guided by statutory powers.

Specifically, the Psychology Board’s obligation is to evaluate each candidate’s qualifications for licensing including good character and fitness. Principle 3 – APA Code of Ethics – incorporated in the board’s regulations, explains: “Psychologists moral, ethical and legal standards of behavior are a personal matter to the same degree as they are for other citizens, except as these may compromise the fulfillment of their professional responsibilities or reduce the trust in psychology or psychologists held by the general public.”

Meet Our Newest Board Members

Salvatore S. Cullari, Ph.D.

Dr. Salvatore Cullari received his Masters (1976) and Ph.D. (1981) degrees in psychology from Western Michigan University. Early in his career he was Coordinator of Psychological Services in several large psychiatric inpatient facilities. In 1985, he became a professor of psychology at Lebanon Valley College, and was Department Chair from 1994 until his retirement in 2003. He has been licensed in Pennsylvania since 1983. Currently, he is a consultant and maintains a small private practice. He is the author of *Treatment Resistance, a Guide for Practitioners* (1996), and editor of *Foundations of Clinical Psychology* (1998), and *Counseling and Psychotherapy: A Practical Guidebook for Students, Trainees, and New Professionals* (2001), all of which are published by Allyn & Bacon.

Karen W. Edelstein, Psy.D.

Dr. Karen Edelstein is serving in her third year as a professional member of the Board. Dr. Edelstein’s clinical offices are in Philadelphia and Bryn Mawr, making her one of the “Eastern” members of the Board. As a solo practitioner, albeit with some trusted colleagues, Dr. Edelstein enjoys the chance to engage with a geographically diverse group of professional psychologists, to have a voice in psychology beyond the confines of private practice, and to deliberate on the ethical, administrative, and clinical complexities of the profession.

Eve Orlow, Ed.D.

Dr. Eve Orlow is in private practice in Ardmore, PA. Her practice focuses on adults, including troubled relationships and child custody disputes following failed marriages. She established and has chaired the Custody Determination Project of the Pennsylvania Psychological Association and established and co-chaired an association of psychologists and an association of psychologists and lawyers in southeastern Pennsylvania considering problems and practices involved in custody evaluations in contested cases.

Governor’s Newsletter

Did you know that Governor Rendell sends out an e-newsletter to the Commonwealth each week? Sign up now at www.governor.state.pa.us to receive the weekly personal message from the Governor on important issues facing the Commonwealth, its citizens, businesses and communities.

Pennsylvania Modifies Consent to Treatment for Adolescents

by Alex M. Siegel, J.D., Ph.D., Chairman

On January 21, 2005, Act 147 of 2004 (Act 147) went into effect which allows minors age 14 to 18 to consent to mental health treatment for themselves. Act 147 modified the Minors Consent to Medical, Dental and Health Services Act (Minors Consent to Treatment Act) (35 P.S. § 10101). Unfortunately in Pennsylvania, there are various rules, regulations and laws which pertain to who can consent to treatment and who can control the release of records. This article will highlight the significant changes in the law which deals with consent and release of records that psychologists should be aware of when working with adolescents and their families in outpatient settings¹.

To put this in context, the Minors Consent to Treatment Act allowed “any minor who is eighteen years of age or older, or has graduated from high school, or has married or has been pregnant, may give effective consent to medical, dental or health services for himself or herself, and the consent of no other person shall be necessary” (§ 10101). Under the statute only those individuals 18 or older or meets one of those criteria could consent for treatment and parental consent is not necessary.

What Act 147 did, was to state any minor age 14 years or older may consent to outpatient mental health treatment. It also stated any patient or legal guardian of a minor under 18 may also consent for treatment or examinations for the minor. The Act states

- (1) Any minor who is fourteen years of age or older may consent on his or her own behalf to outpatient mental health examination and treatment, and the minor’s parent or legal guardian’s consent shall not be necessary.
- (2) A parent or legal guardian of a minor less than eighteen years of age may consent to voluntary outpatient mental health examination or treatment on behalf of the minor, and the minor’s consent shall not be necessary.
- (3) A minor may not abrogate consent provided by a parent or legal guardian on the minor’s behalf, nor may a parent or legal guardian abrogate consent given by the minor on his or her own behalf.

This Act favors the minor who is 14 years or older who wants outpatient treatment to consent to treatment and the parent consent is not required. Conversely, it allows parents or legal guardians to consent for outpatient treatment for the minors less than 18 years old and the minor’s consent is not needed. The party who may oppose treatment can not stop it. Psychologists must be aware that the minor must “substantially understand the nature of voluntary treatment” (MHPA 50 PA CSA § 7201) before they have the capacity to consent for treatment.

Section 1.2 of Act 147 addresses release of medical records, but as noted below, to determine who controls the release of records depends on whether a minor 14 to 18 gave consent to treatment or whether the minor 14 to 18 did not give consent and the parents or legal guardian gave consent.²

When a minor 14 or older consents to treatment, generally speaking, the minor controls the release of records. Parents do not have access to records unless the minor agrees and then is subject to provisions in MHPA. When a minor 14 years or older does not consent and the parents or legal guardian consent, then parents may release the minor’s records including prior treatment to the minor’s current mental health provider.

If deemed pertinent by the minor’s current mental health provider, the release may include prior mental health records for which minor consented to treatment. Parents may release the minor’s mental health records to the primary care provider, if in the judgment of the current treatment provider it would not be detrimental to the minor. The information release shall be limited to the release from one mental health provider to another or from mental health provider to primary care provider. The parent shall have the right to information necessary for providing treatment including symptoms and conditions to be treated, medication and other treatments to be provided, including risks and benefits and expected results.

In summary, Act 147 attempts to clarify who has the authority to consent for outpatient mental health treatment for minors over the age of 14 years old and who then controls the release of the psychological records. It should not be read as the definitive authority, but rather read along with other statutes, regulations and case law. Psychologists who

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work with adolescents who are unsure of the requirements of this Act should discuss these requirements with their attorney and also pursue continuing education (CE) in this area to become more knowledgeable with the changes in the law which affects their practice of psychology.

Footnotes:

¹ This article is not a legal opinion, however. It should not be read by itself but should be read along with other statutes, such as HIPAA, various consent and record release statutes and the Mental Health Procedures Act (MHPA) (50 PA CSA S7101), case law, such as Grossman v. Board of Psychology (825 A. 2d 748) and regulations, such as substance abuse and domestic relations regulations. Questions or clarifications must be discussed with an attorney.

² Section 1.2. Release of Medical Records.-

(a) When a parent or legal guardian has consented to treatment of a minor fourteen years of age or older under section 1.1(a)(2) or (b)(1), the following shall apply to release of the minor's medical records and information:

- (1) The parent or legal guardian may consent to release of the minor's medical records and information, including records of prior mental health treatment for which the parent or legal guardian had provided consent, to the minor's current mental health treatment provider.
- (2) If deemed pertinent by the minor's current mental health treatment provider, the release of information under this subsection may include a minor's mental health records and information from prior mental health treatment for which the minor had provided consent to treatment.
- (3) The parent or legal guardian may consent to the release of the minor's mental health records and information to the primary care provider if, in the judgment of the minor's current mental health treatment provider, such release would not be detrimental to the minor.

(b) Release of mental health records and information under subsection (a) shall be limited to release directly from one provider of mental health treatment to another or from the provider of mental health treatment to the primary care provider.

(c) The parent or legal guardian who is providing consent to mental health treatment of a minor fourteen years of age or older under section 1.1(a)(2) or (b)(1) shall have the right to information necessary for providing consent to the minor's mental health treatment, including symptoms and conditions to be treated, medications and other treatments to be provided, risks and benefits and expected results.

(d) Except to the extent set forth in subsection (a), (b) or (c), the minor shall control the release of the minor's mental health treatment records and information to the extent allowed by law. When a minor has provided consent to outpatient mental health treatment under section 1.1(a)(1), subject to subsection (a)(2), the minor shall control the records of treatment to the same extent as the minor would control the records of inpatient care or involuntary outpatient care under the act of July 9, 1976 (P.L.817, No.143), known as the "Mental Health Procedures Act," and its regulations.

Dual/Multiple Relationships

by Eve Orlow, Ed.D. & Judith Pachter Schulder, J.D., Board Counsel

During the past few years the Board has seen an increase in disciplinary cases involving dual and multiple relationships between a psychologist and his/her patient/client. While some of these instances have involved blatant violations of the Board's Code of Ethics, such as financial or sexual exploitation¹ of the patient/client, other situations which may involve exploitation have raised more subtle violations of Ethical Principles which can result in complaints and ultimately disciplinary action.

Numerous provisions in the Professional Psychologists Practice Act and the Board's regulations address multiple relationship issues. They reflect a series of values, for the benefit of the patient/client population, for the benefit of the community at large, and for the benefit of the licensees and the profession of psychology in general. For example, Sections 8(a)(4) and 8(a)(11)² set out specific provisions under which a licensee may be disciplined. Similarly, Principles 1(e), 2(i), 3(a), 6(b) and 7(e) of the Board's Code of Ethics³ also include specific proscriptions. Moreover, specific Guidelines and Standards of the American Psychological Association's Code of Ethics, included in the Board's regulations through Ethical Principle 3(e), also address these issues.

The combined effect of these proscriptions is to enhance the possibility of successful outcome for the patient/client by eliminating or reducing confusion of the psychologist's role in the interaction, whether the psychologist be acting as therapist, evaluator, mediator, consultant or expert witness. Confusion could arise when the psychologist participates in multiple roles involving the same patient/client. It could also arise when the psychologist has a social relationship with the patient/client during the time that he/she has a professional role with the same patient/client.

Duality of relationship is most often inconsistent with the psychologist's professional obligations, but in certain circumstances it may be unavoidable, as when a true emergency takes place and an evaluator needs to turn therapist to interdict a potential suicide or when the psychologist and the patient/client belong to the same religious community and there is no other psychologist available in the community for the work to be done.

Because of this increase in disciplinary cases and the complications inherent in dual/multiple relationships, the Board believes that it is appropriate to review with licensees the analytic framework it considers when reviewing matters involving certain types of dual/multiple relationships.

1. Does the relationship include sexual intimacies?

Section 41.81(a) of the Board's Regulations and Principle 10 of

the APA Ethical Code imposes a strict prohibition on sexual intimacies between a psychologist and a current client/patient and an immediate family member of a current client/patient. Similarly, Section 41.83(a) of the Board's regulations and Principal 4.07(a) of the APA Ethical Code also established an absolute prohibition against sexual intimacies with a former client/patient for at least two years after cessation or termination of therapy. After two years have elapsed a multi-level test is applied to determine whether the prohibition should continue. It should be noted that under Section 41.84 (a) of the Board's regulations, the defense that the client/patient consented to these intimacies cannot be used in any disciplinary action before the Board.

2. Does the relationship involve/result in exploitation?

Unlike sexual dual/multiple relationships which are *per se* exploitative and therefore in and of themselves prohibited for a set period of time, nonsexual dual/multiple relationships are prohibited only where the relationship is exploitative. While the Board does not believe that every non-sexual dual/multiple relationship is exploitative, the Board concurs with experts who believe that each dual/multiple relationship has the *potential* to exploit. One reason is the vulnerable and dependent nature of the relationship. Dr. Karen Kitchener explains:

[C]lients enter into therapy in a vulnerable emotional position. Because of intra- or interpersonal discomfort, they seek the help of a professional person who offers them hope of relief from their pain. To get this relief, they must reveal information that they might find embarrassing, dangerous, or emotionally traumatic. Such revelations make them even more vulnerable, thus, the therapeutic alliance is central to their recovery and exacerbates the power differential in the relationship, making clients particularly susceptible to exploitation.

Kitchener, Karen, *Foundations of Ethical Practice, Research, and Teaching in Psychology*, Lawrence Erlbaum Associates (London 2000), 118. Another reason involves the "slippery slope" of an escalating relationship. Dr. Kitchener further explains:

Multiple-role relationships are problematic and capable of being harmful in therapy even when they do not involve sexual encounters. Furthermore, several authors have discussed the "slippery slope" that occurs when psychologists enter nonsexual multiple-roles with clients and then gradually, through a succession of small changes, allow therapeutic boundaries to erode. Ultimately,

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the erosion of boundaries can lead to more serious violations.

Kitchener, *Foundations of Ethical Practice*, *supra* at 120.

When evaluating whether a relationship is exploitative, the Board as well as the psychological community look to a variety of factors including: (1) the power differential between the psychologist and the patient, (2) the duration of the therapeutic relationship, and (3) the clarity of termination of that relationship. Gottlieb, *supra*, at 41-48 (1993). See also, Kitchener, Karen, Dual Relationships: What makes them so problematic?, *Journal of Counseling and Development*, 67, 217-221 (1988); The American Psychological Association's (APA) Code of Ethics, Principle E (1992).

Where the psychologist-patient relationship involves little power over a brief duration with a specific termination, there is little chance of exploitation and the post therapy relationship between the psychologist and the patient may perhaps be commenced or maintained. Gottlieb, *supra* at 41-48; Fischer, *supra* at 65; Kitchener, *Foundations of Ethical Practice*, *supra* at 117. It is for this reason, as Dr. Celia Fisher explains that the Ethical Principles:

....[do] not prohibit attendance at a client's/patient's, student's, employee's, or employer's family funeral, wedding, or graduation; the participation of a psychologist's child in an athletic team coached by a client/patient; gift giving or receiving with those with whom one has a professional role; or from entering into a social relationship with a colleague as long as these relationships would not reasonably be expected to lead to role impairment, exploitation or harm.... Incidental encounters with clients/patients at religious services, school events, restaurants, health clubs, or similar places are not unethical. Nonetheless, psychologists should always consider whether the particular nature of a professional relationship might lead to misperceptions regarding the encounter.

Fischer, C., *Decoding the Ethics Code: A Practical Guide for Psychologists*, Sage Publications, at 65 (2003).

A more subtle variation would occur where a psychologist acting as a custody evaluator needs to become a therapist in a crisis intervention situation and, as a therapist, acquires information which would not have been available otherwise. The problem becomes how to regain integrity as a custody evaluator not withstanding a limited, but dual, relationship.

Conversely, where the psychologist-patient relationship involves significant power, over a long duration without a specific termination, there is a great chance of exploitation and a post therapy relationship between the psychologist and the patient should not be commenced or maintained. *Id.*

3. Do the relationships have a negative affect on the patient?

In addition to considering whether a dual/multiple relationship fits within the exploitative category of the three-prong test, the Board also considers whether the relationships have/had a negative affect on the patient. Like in a parent-child relationship where the parent must consider the vulnerabilities of the child and act accordingly, in the psychologist-patient relationship, the psychologist has a fiduciary relationship with the patient and, while also considering the vulnerabilities of the patient, must make decisions that will be in the patient's best interest. Kitchener, *Foundations of Ethical Practice*, *supra* at 119; Bisbing, Steven B., Jorgenson, Linda M., Sutherland, Pamela, K., *Sexual Abuse by Professionals: A Legal Guide*, Michie, Law Publishers (Charlottesville, VA: 1995), 44-45.

4. Do the relationships have an affect on the psychologist's objectivity, competence, or effectiveness, that is, the psychologist's ability to provide competent psychological services?

In their commentary to Section 1.17(a) of the APA's 1992 Ethical Principles, Drs. Mathilda Canter, Bruce Bennett and Stanley Jones and Mr. Thomas Nagy explain that:

The risks of concern [in having multiple relationships] are stipulated as impaired objectivity on the part of the psychologist, other interference with the psychologist's effective performance, harm to the other party, and exploitation of the recipient of the psychological services. It highlights the need for psychologists to be sensitive not only to the dangers of loss of objectivity on their part, but also to the possibility of other potential sources of their decreased effectiveness, as, for example, changes in how the other party may hear and function in the context of the original professional relationship that predated the professional relationship, resulting in less successful outcomes.

Canter, *et. al.*, *supra* at 48-49. In order to ensure that the psychologist's performance is not impaired, APA Ethical Principles require psychologists to seek consultation from fellow psychologists.

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5. Is the dual/multiple relationship unavoidable, benign or unrelated to the complaint or the complainant?

There are types of professional assignments which have a higher likelihood of disciplinary complaint than might be the case for other types of cases. An example is custody evaluation in contested child custody litigation. These cases are a very small proportion of custody orders for the children of fractured parent relationship, but they can produce vitriolic litigation in which the psychologist is sometimes the post-litigation target. Similarly, certain characteristics of clients/patients are more likely to generate complaints than other characteristics. For instance, Borderline Personality Disorder client/patients may be complaint prone.

Since dual/multiple relationships are *per se* prohibited, a careful psychologist will be more sensitive to the risks of perceived dual/multiple relationship in these cases and not only avoid them but conduct the cases with the appropriate advice to the client/patient and the appropriate contemporaneous notes to record. Specific questions about appropriate conduct should be directed to the licensee's private attorney.

Footnotes:

¹ Sexual intimacies between a psychologist and present and former clients, under limited circumstances, are specifically prohibited by regulation, in addition to being a prohibited dual relationship. 49 Pa. Code § 41.81 – 41.85.

² Sections 8(a)(4) and (a)(11) enable the Board to take disciplinary action against a licensee for:

Section 8(a)(4) - Displaying gross incompetence, negligence or misconduct in carrying on the practice of psychology.

Section 8(a)(11) - committing immoral or unprofessional conduct. Unprofessional conduct shall include any departure from, or failure to conform to, the standards of acceptable and prevailing psychological practice. Actual injury to a client need not be proven.

³ Principles 1(e), 2(i), 3(a), 6(b) and 7(e) of the Board's Code of Ethics provide:

Principle 1(e) - Psychologists . . . avoid relationships that may limit their objectivity or create a conflict of interest.

Principle 2(i) - Psychologists recognize that personal problems and conflicts may interfere with professional effec-

tiveness.

Principle 3(a) - Regarding their own behavior, psychologists should be aware of the prevailing community standards and of the possible impact upon the quality of professional services provided by their conformity to or deviation from these standards. . . [and] of the possible impact of their public behavior upon the ability of colleagues to perform their professional duties.

Principle 6(b) - Psychologists make every effort to avoid dual relationships with clients or relationships that might impair their professional judgment or increase the risk of exploitation.

Principle 7(e) - Psychologists do not exploit their professional relationships with clients.

Change of Name and/or Address Reminder

To ensure receipt of a renewal notice or important information from the Board, licensees must contact the Board office with any changes in name or address. Name changes require a copy of court order, marriage certificate, divorce decree or other official document.

Disciplinary Action/Criminal Conviction
Disciplinary action taken by another state board and criminal convictions must be reported to the Board by submitting certified copies of the legal documents to the address below. Criminal convictions must be reported within 30 days of conviction. Disciplinary actions must be reported within 90 days of the disciplinary action.

Send information to:
State Board of Psychology
P.O. Box 2649
Harrisburg, PA 17105-2649

Congratulations New Licensees (September 28, 2004- September 30, 2005)

ARMSTRONG, DEBORAH JEAN
 BACKAL, PEGGY CAREN
 BALL, LORRAINE VIVIEN
 BARBER, SHEILA ANN
 BARTOLI, ELEONORA
 BAXT, CHIARA
 BERNARDINI, KATHY SUE
 BIZUB, ANNE LAURA
 BLUE, JOHN JAMES
 BOARD, SUZILIENE AYANNA
 BOLGER, JOHN FRANCIS
 BUGBEE, KATHRYN MILLER
 BURKE, MARGOT M
 CACHARA, BERNADETTE ELIZABETH
 CANNON, JEAN S
 CARSWELL, SUSAN
 CHARLES, DEVON RHIANNON
 CHITTICK, PEGGY E
 CRERAND, CANICE ELLEN
 CUNNINGHAM, JANICE EILEEN
 DADARIO, BETHANNE MICHELLE
 DAMARAJU, SHARADA
 DAVIS, ROBERT NEIL
 DEIBLER, MARLA WAX
 DEUTSCH, WENDY ROBIN
 DIPAOLO, THOMAS GERARD
 ECKLUND-JOHNSON, ERIC PHILLIP
 ERBACHER, THERESA A
 ESHUN, SUSSIE
 FALKENSTEIN, CHERYL ANN
 FARACE, ELANA
 FAUSETT, YVONNE MARIE
 FORBES, ERIKA ELAINE
 FORISH, STEPHEN THOMAS
 FREEMAN, LYNNE JOYCE
 GALAN, CYNTHIA ANN
 GAVETTI, MICHAEL FRANK
 GEHRMAN, CHRISTINE AMEIKA
 GEHRMAN, PHILIP RICHARD
 GOICOECHEA, JESSIE ANN
 GOLDSTEIN, TINA RENEE
 GRAY, MICHAEL PATRICK
 GREENSPAN, BRADLEY MITCHELL
 HEINRICH, GLENN ALLEN
 HENDERSON, ERIN NICOLE
 HERTRICH, MELISSA LYNN
 HITELMAN, JENNIFER SHANE
 HOLCOMB, DAVID CARTER
 HOLLAND, DENISE D

HURSEY, KARL G
 HYMAN, KELLY BAKER
 INGERSOLL, JOEL BENJAMIN
 ISENBERG, ANN MARIE
 JACOBSON, ERIC BRYAN
 JANSEN, KATHLEEN MARIE
 JONAS, AGNES ROSA
 KAPLAN, JOAN ANN
 KASE, LARINA ISABEL
 KATZ, HELENE SELMA
 KEEFER-WARD, AUTUMN LEE
 KEIL, MICHAEL MACCALMONT
 KLOSS, JACQUELINE DEMICHELE
 KNIERY, BERNARD JAMES
 KOGAN, EVAN SCOTT
 KOLAR, REENA RAJ
 KOTCH, MICHAEL RAYMOND
 KUTERBACH, LAURA DIANE
 LARSEN, LENE HOLM
 LEAVY, BARBARA G
 LEHMAN, CASEY MICHELLE
 LEITZEL, JEFFREY DALE
 LESNIAK-KARPIAK, KATARZYNA
 LEUSNER, JULIE MICHELLE
 LEVIN, JUDITH BRACHA
 LEVIN, PHYLLIS W
 LEWIS, KATHLEEN SUSAN
 LINEBACK, LAUREN SUSAN
 LIONETTI, TIMOTHY M
 LOCKE, BENJAMIN DEFOREST
 MADDEN, CHERYL HELMAN
 MANSFIELD-GRISWOLD, ELIZABETH DICKSON
 MATZ, MIRIAM RICHTER
 MCDONOUGH, MICHAEL C
 MOLAISSON, VALARIE ANN
 MOON, SUN WOO
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 SEHER, MARIZITA THERESA
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 YODER, STEPHANIE ELIZABETH
 YOST, BRENDA ANN
 YOUNG, CHERIE LYNN
 YOUNGELMAN, DAVID ROY
 ZOLONDEK, STACEY CARA
 ZUBERNIS, LYNN SMITH

Disciplinary Actions

Following is a chronological listing of disciplinary actions taken by the Board from July 2004 through July 2005. Each entry includes the name, certificate or registration number (if any), and last known address of the respondent; the disciplinary sanction imposed; a brief description of the basis of the disciplinary sanction and the effective date of the disciplinary sanction.

Every effort has been made to ensure that the following information is correct. However, this information should not be relied on without verification from the Prothonotary's Office of the Bureau of Professional and Occupational Affairs. One may obtain verification of individual disciplinary action by writing or telephoning the Prothonotary's Office at P.O. Box 2649, Harrisburg, PA 17105-2649; (717) 772-2686. Please note that the names of persons listed below may be similar to the names of persons who have not been disciplined by the Board.

Nicolee Hiltz, license no. **PS006781L**, of Hummelstown, Dauphin County, was ordered to pay a \$1000 civil penalty, complete 12 contact hours of continuing education from APA-approved sponsors with at least 3 of the hours to be in the area of child custody evaluations and will have a reprimand placed on her permanent Board record for deviating from the American Psychological Association standards and guidelines for Child Custody Evaluations in Divorce Proceedings and committing unprofessional conduct. (07-19-04)

Don G. Seraydarian, license no. **PS003336L**, of Philadelphia, Philadelphia County, was placed on probation for one year, including having his practice supervised, for having violated 63 P.S. §1208(a)(9) and §1208(a)(11), for exploiting a dual relationship with a client and committing immoral or unprofessional conduct. (09-28-04)

M. Andrew Petyk, license no. **PS002204L**, of Wayne, Deleware County, was ordered to pay a \$1000 civil penalty and a reprimand shall be placed on Respondent's permanent Board record, for failing to complete the required continuing education during the pre-

ceding biennium and submitting a false or deceptive biennial renewal registration to the Board. (10-19-04)

Patricia A. McGarrey, license no. **PS002202L**, of Erie, Erie County, was assessed a \$1,000 civil penalty for failure to satisfy the Board's continuing education requirement for biennial renewal. (11-4-04)

Lenora Hermann-Finn, license no. **PS003282L**, of Mountain Top, Luzerne County, was ordered to pay a \$3000 civil penalty and complete 12 hours of remedial education for failing to inform the reader that she used her own method for both the administration and scoring of tests, acting as an advocating attorney or as a judge, failing to seek additional consultation, supervision, or specialized knowledge and training, failing to consult with other professionals to serve the best interest of her client, failing to provide services only within the boundaries of her competence, based upon education, training, and professional experience, failing to base her forensic work on appropriate knowledge of and competence in the areas underlying her work and failing to acknowledge the limits of her data or conclusions. (11-30-04)

Donald Schildhaus, license no. **PS005883L**, of Conshohocken, Montgomery County, was revoked for being convicted of a felony and committing unprofessional or immoral conduct by involving his patient in an illegal act breaching his duty to his patient. (12-2-04)

Alan Dezen, license nos. **CW012697** and **SW000243E**, of Greensburg, Westmoreland County, was assessed a civil penalty of \$2,000 for holding himself out as a psychologist in the Commonwealth of Pennsylvania without being licensed as such. (12-2-04)

Melissa D. Bell, license no. **PS004995L**, of Philadelphia, Philadelphia County, was assessed a \$500 civil penalty for failing to comply with continuing education requirements. (02-25-05)

Martha Schlesinger, license no. **PS005560L**, of Flourtown, Montgomery County, was assessed a \$500 civil penalty because Ms. Schlesinger practiced psychology while her license was inactive or had lapsed. (05-17-05)

Robert R. DeYoung, license no. **PS005763L**, of Matamoras, Pike County, agreed to voluntarily and permanently surrender his license to practice psychology in the Commonwealth of Pennsylvania, for displaying gross incompetence, negligence or misconduct in carrying on the practice of psychology, and deviating from the 1992 American Psychological Association Ethical Principles of Psychologists and Code of Conduct by engaging in sexual intimacies with a former therapy patient and engaging in a dual relationship with a client. (06-16-05)

John J. Gallagher, license no. **PS003770L**, of Philadelphia, Philadelphia County, was denied reinstatement for failing to complete the requisite continuing education necessary to reinstate his license and having not proved that he is capable of practicing psychology in Pennsylvania. (07-22-05)

Selected APA Papers Guiding Psychological Practice

by Joseph L. French, Ed. D.

Principle 3(e) of the Board's Code of Ethics requires psychologists to act in accord with American Psychological Association standards and guidelines. Although the APA's introduction to these documents mentions that they are aspirational and not mandatory that is true *only* for psychologists who do not hold a license in Pennsylvania. By requiring compliance with the APA guidelines and standards as part of its regulations, the Board converted an aspirational guideline for APA members into an affirmative requirement for Pennsylvania licensees.

The following is a partial list of APA standards/guidelines along with their citations that psychologists are required under Principle 3(e) to adhere:

APA Ethical Principles and Code of Conduct

Slimmer by almost 20 percent since it was last revised in 1992, the Ethics Code has been updated to reflect changes to the discipline and evolving societal needs. "The incorporation of comments received by over 1,300 APA members and the unanimous council vote reflect that this code represents the values and concerns of psychology," says Celia B. Fisher, PhD, chair of the Ethics Code Task Force, which drafted the revision.

An article discussing major changes between the new Code and the 1992 Code appeared in the January 2003 issue of *APA Monitor on Psychology*.

The new Ethics Code was published in the December 2002 issue of the *American Psychologist*. Hard copies of the new Code are available from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242.

<http://www.apa.org/ethics/code2002.pdf>

Code of Fair Testing Practices in Education

Developed by the Joint Committee on Testing Practices, the Code provides guidance to professionals who develop or use educational tests, and it has been revised to remain consistent with the 1999 Standards for Educational and Psychological Testing. This edition replaces the first edition of the Code, which was published in 1988.

The Joint Committee on Testing Practices copyrighted the Code in 2004. This material may be reproduced in whole or in part without fees or permission, provided that

acknowledgment is made to the Joint Committee on Testing Practices. Reproduction and dissemination are encouraged. It should be cited as follows: Code of Fair Testing Practices in Education. (2004). Washington, DC: Joint Committee on Testing Practices. (Mailing Address: Joint Committee on Testing Practices, Science Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242;

<http://www.apa.org/science/jctpweb.html>.)

Contact APA for additional copies.

<http://www.apa.org/science/fairtestcode.html>

Criteria for Evaluating Treatment Guidelines

This document presents a set of criteria to be used in evaluating treatment guidelines that have been promulgated by health care organizations, government agencies, professional associations, or other entities. Although originally developed for mental health interventions, the criteria presented are equally applicable in other health service areas.

American Psychological Association. (2002) Criteria for evaluating treatment guidelines. *American Psychologist*, 57, 1052-1059

http://www.apa.org/practice/guidelines/Treatment_Guidelines_Criteria.pdf

Guidelines for Child Custody Evaluations in Divorce Proceedings

These guidelines were developed for psychologists conducting child custody evaluations, specifically within the context of parental divorce. Includes references and other resources.

American Psychologist, 1994, 49, 677-680

<http://www.apa.org/practice/childcustody.html>

Guidelines for the Evaluation of Dementia and Age-Related Cognitive Decline

Presents guidelines developed for psychologists who perform evaluations of dementia and age-related cognitive decline. Provided by the APA Presidential Task Force on the Assessment of Age-Consistent Memory Decline and Dementia.

Selected APA Papers Guiding Psychological Practice...con't

American Psychological Association, Presidential Task Force on the Assessment of Age-Consistent Memory Decline and Dementia (1998). *Guidelines for the evaluation of dementia and age-related cognitive decline*. Washington, DC: American Psychological Association.

<http://www.apa.org/practice/dementia.htm>

Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologist

Presents guidelines that provide psychologists with the rationale and needs for addressing multiculturalism and diversity in education, training, research, practice, and organizational change.

This report is available in two formats, HTML and PDF.

<http://www.apa.org/pi/multiculturalguidelines/formats.html>

Guidelines for Psychological Evaluations in Child Protection Matters

The American Psychological Association Committee on Professional Practice and Standards developed these guidelines in 1998 for psychologists conducting psychological evaluations in child protection matters.

American Psychological Association Committee on Professional Practice and Standards (1998). *Guidelines for psychological evaluations in child protection matters*. Washington, DC: American Psychological Association.

<http://www.apa.org/practice/childprotection.html>

Guidelines for Psychotherapy with Lesbian, Gay, & Bisexual Clients

This document is intended to assist psychologists in seeking and utilizing appropriate education and training in their treatment of lesbian, gay, and bisexual clients.

File Format: PDF/Adobe Acrobat

<http://www.apa.org/pi/lgbc/guidelines.html>

Report from: APA Working Group on Assisted Suicide and End-of-Life Decisions

This report examines the role of psychology and psychologists in end-of-life decisions and quality of care issues.

Available in HTML and PDF formats

<http://www.apa.org/pi/aseol/section3.html>

Rights and Responsibilities of Test Takers: Guidelines and Expectations

This document is a statement explaining the rights and responsibilities of test takers during the testing process as well as the general expectations of test takers held by those who develop, administer, and use tests.

Monitor, 31, No. 8 September 2000

<http://www.apa.org/science/trr.html>

The Standards for Educational and Psychological Testing

Provides purchasing information for the 1999 Standards for Educational and Psychological Testing. The new Standards reflect changes in federal law and measurement trends affecting individuals with disabilities or different linguistic backgrounds.

American Educational Research Association, American Psychological Association, and the National Council on Measurement in Education. (1999). *Standards for Educational and Psychological Testing*. Washington, DC: American Educational Research Association

Also available in available in HTML and PDF formats.

<http://www.apa.org/science/standards.html>

You will need Adobe Acrobat Reader in order to view and download the PDF version. If you do not already have Adobe Acrobat Reader installed on your computer, you may download it for free from Adobe's web site.

Future volumes of this newsletter will contain additional references to APA guidelines, standards, and relevant papers.

The Effects of a DUI Charge in Regard to Licensure

by Kevin Knipe, Director of the Professional Health Monitoring Program

The Professional Health Monitoring Programs' (PHMP), Voluntary Recovery Program (VRP) of the Bureau of Professional and Occupational Affairs (BPOA) offers confidential, voluntary treatment and monitoring of Commonwealth-licensed health care professionals suffering from mental or physical impairments, including chemical dependency. The primary responsibility of the PHMP is to protect the citizens of the Commonwealth from unsafe practice by impaired licensees. This responsibility is fulfilled through the identification and referral to appropriate treatment of such licensed professionals, and the casemanagement and monitoring of their progress in recovery.

The majority of psychologists that are referred to the VRP are done so through hospitals or health care facilities, peers or colleagues reporting licensees that are suspected of suffering from an impairment and/or involved in the diversion of controlled substances. In the Psychology Board's continued effort to identify psychologists that may be suffering from an impairment that may affect their ability to safely practice, a procedure was developed for Board staff to automatically forward all renewal applications to the VRP whereby licensees have reported having had a DUI/DWI or underage drinking arrest and/or conviction. The rationale for referring licensees to the VRP who have had a substance-related legal problem is based on the fact that frequently incidents of this nature indicate that a person may be suffering from a substance-related disorder.

When psychologists are referred to the VRP after reporting a DUI to the Board on their renewal application, our office sends a letter to the licensee providing them with information regarding the VRP and what the psychologist must do to be considered for enrollment. To be eligible for VRP enrollment, psychologists that have had a DUI must submit to a comprehensive evaluation by a VRP-approved evaluator. Only those licensees that meet criteria for a substance abuse or dependence diagnosis under the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) would be offered the opportunity to enroll in the VRP.

In order for an eligible psychologist to be successfully enrolled in the VRP, he/she must also comply with all enrollment procedures and agree to sign a Consent Agreement with the Psychology Board to be monitored by the VRP.

Consent Agreements are presented to the Board for their approval in redacted form, with no identification of the licensee, thereby protecting the licensee's confidentiality. Consent Agreements are usually entered into for at least three years.

While in the VRP, licensees must submit to random body fluid screenings; abstain from the use of prohibited substances; comply with the recommendations made by their evaluator and/or treatment provider; submit to monitoring of their practice by a workplace monitor; and actively attend 12-step mutual help fellowships, such as Alcoholics Anonymous, Narcotics Anonymous, or other community-based support groups approved by the PHMP.

If a licensee declines to cooperate with the VRP's offer to be assessed by a VRP-approved evaluator, the licensee's VRP file is closed and the information in our possession is forwarded to the Prosecution Division of BPOA for further review and appropriate action. In cases where a VRP-approved evaluator concludes that a licensee does not meet criteria for a DSM-IV diagnosis, the licensee's VRP file is closed as ineligible with a recommendation that there be no further action taken.

The VRP recognizes that in order for our program to fulfill our primary responsibility of protecting public safety, it is imperative that licensees be referred to our office when an event occurs that indicates a person may be suffering from an impairment. Therefore, if you know of a psychologist that has had a substance related arrest or conviction, such as a DUI, please recommend to that individual to consider calling our office to seek an evaluation.

For further information about the VRP, please contact our office at (800) 554-3428 (PA residents only) or (717) 783-4857.

What is BEI?

by Thomas Bat, PCI and Edmund Booth, PCI both of the Scranton Regional Office

Perhaps as a licensee you already know that the Commonwealth of PA Department of State, Bureau of Professional and Occupational Affairs (BPOA), provides administrative and legal support to 27 professional and occupational licensing boards and commissions. BPOA protects the health, safety, and welfare of the public from fraudulent and unethical practitioners. Professionals range from physicians and cosmetologists to accountants and funeral directors. However, many licensees are not aware of another Bureau in the Department of State that is equally important, the BUREAU OF ENFORCEMENT AND INVESTIGATION (BEI).

BEI is mandated by legislation to conduct investigations and enforce selected regulations of all 27 boards and commissions in Pennsylvania. BEI is able to accomplish this task through the use of Professional Conduct Investigators (PCI's), Regulatory Enforcement Inspectors (REI's), funeral home inspectors, and pharmacy inspectors.

What does a PCI do?

All of the cases PCI's investigate are complaint driven. All complaints against any licensee are filed through the BPOA's Complaints Office first, where legal staff determines whether the allegation, if true, would potentially constitute a violation of the respective licensing Act or regulations. If so, the Complaints Office will open a case and request BEI to conduct an investigation.

The PCI then conducts field interviews with the complainant, licensee, witnesses, and anyone else who has personal knowledge of the subject matter being examined. The PCI will collect and categorize all the documents that are pertinent to the case. If the need arises, the PCI will take photographs, verify records, serve subpoenas, and visit sites in order to accurately record any relevant facts. This information is submitted to the prosecuting attorney of that licensing board, who will make a decision as to whether to close the case or file appropriate charges. Those charges are filed via a document called an "Order to Show Cause (OSC)." The PCI may be called to testify as a witness at a formal hearing to present any information he or she personally gathered during the investigation.

If you are ever visited by a PCI, the most important thing to remember is that they are there not to determine whether you have committed a violation. Their job is to simply obtain your side of the story, so that a prosecutor has as much

information as possible in order to make the appropriate charging decision.

An important thing for all licensees to remember is that during the course of an investigation, the PCI is gathering facts to be considered by the licensing board. Although BEI is not the ultimate decision maker in most instances, failure to cooperate with the PCI is paramount to not cooperating with the mandates of the licensing board itself.

We hope this brief introduction gives you a better understanding of what to expect when a PCI visits you. BEI maintains four regional offices, located in Harrisburg, Pittsburgh, Philadelphia, and Scranton. BEI employs approximately 75 PCIs and 28 inspectors to cover the 67 counties in Pennsylvania in an expeditious, professional, and customer oriented manner.

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Christina Stuckey
Administrator

2006 Board Meeting Dates

January 9-10

February 13-14

March 20-21

April 24-25

May 15-16

June 15-16

July 10-11

August 14-15

September 18-19

October 16

November 20-21

December 18-19

State Board of
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Meet Deputy Commissioner Marks

Peter V. Marks, Sr. was appointed Deputy Commissioner of the Bureau of Professional and Occupational Affairs by Governor Edward G. Rendell on January 31, 2005.

As Deputy Commissioner, he is primarily responsible for the day-to-day administrative oversight of the Bureau. The administrative responsibilities include Bureau staffing, budget and training. Other responsibilities include supervising Commissioner office staff, the Professional Health Monitoring Program (PHMP) as well as the Revenue Office. Deputy Marks assists the Commissioner in all relevant licensing board issues and acts as the Commissioner's designee on various boards and commissions.

Peter has served as Trustee on various Health, Welfare, Pension and Pre-Paid Legal Funds. He also functioned as lobbyist at the Pennsylvania State Legislature. Two notable successes in lobbying were the Pennsylvania Public Employee Collective Bargaining Act and the Pennsylvania Anti-Polygraph Law.

Deputy Marks has also served as Director of Organizing, Director of Education and as Director of Collective

Bargaining (dealing with approximately 250 Collective Bargaining Agreements and supervising a staff of Representatives).

Peter designed and implemented a pre-paid dental program for approximately 14,000 people. He served as Arbitrator for the Philadelphia Court system and was President of the Philadelphia Municipal Court Association of Arbitrators. He has been a New Jersey Superior Court Arbitrator and Arbitrator for the United States District Court of New Jersey.

Deputy Marks is a member of the American Bar Association, Labor and Employment Law Section and the Alternative Dispute Resolution Committee.

A native of Philadelphia, Peter earned a bachelor's degree in personnel and labor relations from LaSalle University and a law degree from Delaware Law School.

Peter has eight children, 10 grandchildren and currently resides in Dauphin County.