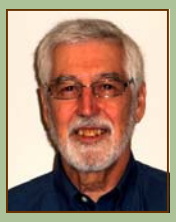
MARYLAND BOARD OF EXAMINERS OF PSYCHOLOGISTS

Winter 2010 Volume 3 Issue 3

ON THE INSIDE

From The Chair...

Some Things I've Learned in Reviewing Complaints to the Board



Robert A. Brown, Ph.D., ABPP

I have been privileged to sit on the Maryland Board for about 4 ½ years and have learned a lot about things that lead to complaints against practitioners. We all know some big no-nos, such as becoming entangled in romantic relationships with patients or offering opinions in a custody evaluation about a spouse you have never seen. But there are many other, sometimes more subtle actions that may trigger a complaint. And as you all know, once the trigger is pulled, other things may come to light which can have negative consequences for licensees. Following is a list of actions to consider taking or avoiding that may be helpful in improving services to patients and, consequently, reducing the probability of complaints to the board. Many stem from specific legal requirements. This list may seem simplistic, but it comes from my review of complaints over the last 2 ½ years.

This is not a Letterman top 10 list; it is a Bob Brown handy-dandy list for making you and your patients' lives easier. They are in no particular order.

1. Be polite. Sure, we are human, and so are our clients. Folks who are anxious, depressed, angry or confused may not be at the top of their game in gentility. Don't blame them for the very things that they came in to work on. Deal with your own emotions with self-restraint and, if necessary, consult with colleagues. Teachable moments may be overrated – you can always confront later.

2. Return calls promptly. Frustration with lack of communication with a psychologist can bring other, less frustrating actions above threshold.

3. Provide assessment and treatment reports promptly (the law requires within a reasonable time.) Just imagine how you feel taking off work and waiting for the cable guy to come – and he doesn't.

4. Make financial arrangements crystal clear, verbally and in writing. (This is a legal requirement.) Being clear is the only way that patients can make a truly informed decision as to whether to engage our services. Surprises can be fun, but not when they come as an invoice.

2009-2010 Meeting Dates

2010 Board Meetings
Apr. 9, May 14, Jun. 11, Jul. 9, Sept. 10, Oct. 8, Nov. 5, Dec. 10

Open meetings begin at 9:00am
If interested in attending, please contact the office at 410–764–4787.

Custody Evaluation Work Group
April 23, 2010
(Tentative Date)
Contact the office for meeting information.

Jurisprudence Exam Dates

The Maryland Jurisprudence Licensure exam is administered monthly

Apr. 16, May 21, Jun. 18, Jul. 16, Aug. 20, Sept. 17, Oct. 15, Nov. 19, Dec. 17

For more information contact Ms. Kutcherman, Licensing Coordinator at 410–764–4703.

ANNOUNCEMENTS

"Psychology" & Experience Requirements Redefined in Law
See page 5

New Cultural Diversity CE Requirements

As of December 31, 2010, new regulations go into effect requiring a minimum of three (3) hours of continuing education in activities designed to enhance competence in the provision of psychological services to culturally diverse populations.

Even-numbered licensees who renew their licenses March 31, 2012 will be the first licensees for whom this additional requirement will apply (See chart pg. 3).

In order to provide competent psychological services during this time of rapidly changing demographics, psychologists must be aware of the values, attitudes and behaviors that may differ among clients from various ethnic, cultural and racial groups.

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Disciplinary Actions

April 2009– December 2009

This summary delineates the number and disposition of complaints the Board received. Informal actions do not reveal identifying data and typically involve meeting with the Board prior to the determination of final agreements. Formal disciplinary actions are a matter of public record.

Total Number of Complaints Received = 27
Public Orders/Formal Actions = 2
Average Number of Active Investigations = 14

Number of Informal Actions
Referred to another jurisdiction = 1
Cease and Desist = 1
No investigation warranted = 5
No actions warranted = 4
Letter of Education = 3
Letter of Admonishment = 0

Formal Actions—Public Orders
The following violations of the Maryland Psychologists Act (Title 18), the Maryland Code of Regulations (Title 10), and the associated board actions are a matter of public record:

Steven C. Zimmerman, Ph.D.—License #1971 was sanctioned with a reprimand for violations of Health Occ., Sec. 18-313(12), (20), COMAR 10.36.07.05A(2), B(4), (10), and10.36.07.06C and H, related to supervision practices of psychology associates. His violations reflected practice inconsistent with generally accepted professional standards in the practice of psychology.

Patricia Edmister, **Ph.D.—License #1678** was sanctioned with a reprimand **for violations of** Health Occ., Sec. 18-313(7) and (12) and COMAR 10.36.05.05B, C.and 10.36.05.08. Her violations related to informed consent, financial arrangements and release of records.

The *Maryland Public Information Act* was developed to ensure access to information about governmental affairs while protecting legitimate privacy interests. The wording of all informal actions avoids identification of confidential data. (Adapted from Ch. 13 of the *Maryland Public Information Act*, pub., Office of Attorney General). ◊

From The Chair...

Continued from pg. 1

5. Expanding on #4, have a written consent form that spells out expectations and responsibilities of all parties. Make it clear verbally and in writing, have it signed, and give them a copy to take home. If you practice in a variety of areas, you probably will need to have several forms, including ones that deal with assessment, legal testimony, children as well as adults, psychotherapy, etc
6. Be specific about who you can tell what, and under what circumstances. Violations of confidentiality come in many guises – wrongly addressed emails, casual remarks to a relative, saying something to a patient's spouse that was understood to be confidential, talking with educators about a child you are seeing, gossiping about a patient. We don't like our secrets being revealed, and neither do the folks we work with. What we may consider quite benign information may be understood as intensely personal by someone we are working with. Who we talk to should be consistent with your treatment agreement, the legal status of your patient, the Code of Ethics and Professional Conduct, the statutes in Maryland pertaining to the release of medical records, and your patients understanding. The simple way to operate is to get a signed release for all communications with outside parties.

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Congratulations Newly Licensed Psychologists!

May 2009
Lucie Aupperlee, PsyD
Theresa A. Carpenter, PsyD
I-Wen Chan, PhD
Stephanie R. Johnson, PhD
Jill R. McCulloch, PhD
Julie A. Friend, PhD
Carla Galusha, PhD
Nancy Raitano Lee, PhD
Kimberly A. Meyers, PsyD
Rebecca Bishop Resnik, PhD
Ann Elizabeth Smith, PhD
Kathryn E. Weaver, PhD
Ruth Tamar Zajdel, PhD
Marni Leigh Zwick, PhD

June 2009
Melissa Blanock, PsyD
Rebecca Louise Crane, PsyD
Angela Meade Eggleston, PhD
Arnold C. Farley, PhD
Lisa Alexandra Mirabelli, PsyD
Heather L. Norden, PsyD
Julie Ann VanDette, PsyD

July 2009
Dionne Smith Coker-Appiah, PhD
Catherine I. Kaminaris, PhD
Rinita Laud, PhD
Ralph E. Piper, PhD
Jason Eric Schiffman, PhD
Galia D. Siegel, PhD
Michael Christopher Varhol, PsyD
Emerson M. Wickwire, Jr., PhD

August 2009
Theresa A. Curtas,, PsyD
Debra L. Davis, PsyD
Lisa Renee Falconero, PsyD
Gwendolyn Justis Gerner, PsyD
Beth M. Karassik,, PhD
Tanya J. Quille, PhD
Andrew Nathan Rhein, PhD
Lorna L. Sanchez, PsyD
Brian K. Schmitt, PhD
Adam P. Spira, PhD
Allison Rinker St. John, PsyD
Gillian M. Stavro, PhD
Diana Sermanian, PsyD

September 2009
Christopher G. Vaughan, PsyD

October 2009
Crystal Lynn Barksdale, PhD
Jennifer J. Baumgartner, PsyD
Bradley Scott Beam, PhD
Laura Elizabeth Bodnar, PhD
Andrew C. Carroll, PsyD
Holly McCartney Chalk, PhD
Rachel L. Colbert, PsyD
Noah M. Collins, PhD
Amy L. Drapalski, PhD
Mark L. Ettenhofer, PhD
Dara G. Friedman-Wheeler, PhD
Lynnáe A. Hamilton, PhD

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Disability Definition Changes: EEOC Proposes New ADA Regulations Proposed

In mid-September, 2009 The U.S. Equal Employment Opportunity Commission (EEOC) announced approval of a Notice of Proposed Rulemaking (NPRM) revising its regulations to provide that a person who seeks protection under the Americans with Disabilities Act (ADA) has a disability consistent with the original, expansive intent of Congress when it enacted the ADA in 1990. These new regulations also would conform to changes made by the 2008 ADA Amendments Act.

Acting EEOC Vice Chair Christine M. Griffin said, "Congress recognized that the intent of the ADA was being misread, that its goals were being compromised, and that action had to be taken. These regulations will shift the focus of the courts away from further narrowing the definition of disability, and put it back where Congress intended when the ADA was enacted in 1990."

Enactment of the ADA Amendments Act of 2008 (ADAAA) necessitated significant changes to the definition of the term "disability". The ADAAA and now the NPRM define disability as an impairment that poses a substantial limitation in a major life activity; it must be construed in favor of broad coverage of individuals to the maximum extent permitted by the terms of the ADA, and should not require extensive analysis; that major life activities include "major bodily functions"; that mitigating measures, such as medications and devices that people use to reduce or eliminate the effects of an impairment are not to be considered when determining whether someone has a disability; and that episodic impairments or those in remission, such as epilepsy, cancer, and many kinds of psychiatric conditions are disabilities if they "substantially limit" major life activities when active. The regulation provides a more straightforward way of demonstrating a substantial limitation in the major life activity of working.

Congress believed that holdings in several Supreme Court decisions and aspects of EEOC's ADA regulations construed the definition of "disability" too narrowly, preventing individuals with impairments such as cancer, diabetes, epilepsy, multiple sclerosis, muscular dystrophy, post-traumatic stress disorder, and bipolar disorder from bringing discrimination claims. The ADA Amendments Act (ADAAA) and the proposed rule make it easier for one alleging disability-based employment discrimination to establish that he or she meets the ADA's definition of "disability."

The NPRM and a question-and-answer guide are available from the EEOC website at www.eeoc.gov. Permission provided by Dr. Kenneth Pope to except his Sept. 17, 2009 email review of the EEOC proposals). ◊

ANNOUNCEMENTS:

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Cultural Diversity CE Criteria

The Board recognizes that 3 hours of training do not constitute the development of proficiency or "cultural competency". However, exposure to educational opportunities over time will lead to increased recognition of and sensitivity to cultural differences.

Diversity is a quantitative construct most obviously recognized by differences in race, gender, and culture. More subtly, however it includes such differences as class, sexual orientation, religion and disabilities. **Multiculturalism** is a qualitative construct referring to the evolving cultural process whereby definitions of narrowly or specifically defined cultural norms move in the direction of the broader acceptance multiple norms. Critical to this process is the breaking down of systemic barriers to equity and justice. Chief examples are the various "isms", such as racism and sexism. Multiculturalism exists when a culture embraces an informed commitment to change.

The content goal for the conferences, workshops, and courses will emphasize training in some of the following areas that encompass the above constructs:

(1) The contextual aspects of cultural competence which encompasses enhancing clinician understanding, self-assessment of assumptions, stereotypes and biases, theoretical frames of reference for culturally diverse health beliefs and practices, family dynamics and customs, and the review of relevant federal and state laws.

(2) Cross-cultural health disparities and factors that influence health, including epidemiological data and the impact of cultural issues on social determinants of access to care, utilization of services and outcome factors, and

(3) The development of culturally diverse clinical skills aimed at diminishing language barriers, increasing the recognition and implementation of culturally sensitive and effective treatment strategies, improving the understanding of how significant group membership affects individual identity, self-definition, world view, experience, behavior, and social interaction.

A non-exhaustive list of examples of cultural diversity workshop topics that include the following: ethnicity, gender, sexual orientation, disability, religion, and cultural linguistic diversities. ◊

Contact Information Changes

Please notify the Board of any changes to your contact information. On-line at www.dhmh.state.md.us/psych or **by contacting Sally Mitchell at 410-764-4787 or mitchellsj@dhmh.state.md.us**

ALERT!!

Changes in Continuing Education Requirements & New CE Regulations Effective December 31, 2010

Steve Sobelman, Ph.D.
Chair, Licensing Committee

Linda Bethman, JD
Assistant Attorney General, Board Counsel

The Board has recently revised its continuing education regulations (COMAR 10.36.02) to streamline the Board's administrative processes as well as to address various issues concerning the quality of continuing education.

The Board engaged in vigorous and lengthy debate regarding continuing education over the past 4 years. Continuing education was the central topic at 2 open Board retreats as well as an agenda topic at numerous open board meetings. Additionally, Board newsletters included articles discussing the proposed changes in continuing education.

The proposed regulations were published in the Maryland Register on August 28, 2009. The Board received 12 comments, primarily from continuing education sponsors. After thorough review and discussion, the Board voted to substantively adopt the regulations as proposed. The Notice of Final Action was published in the December 18, 2009 Maryland Register.

Below are some of the most salient changes in the continuing education requirements:

1. The continuing education reporting period will run concurrently with the licensing renewal period. That is, it will run from April 1 through March 31 two years later (see chart on page 6).

2. In addition to the requirement of a minimum of 3 CE hours in activities whose content area is Laws, Ethics, or Managing risks, licensees must take a minimum of 3 CE hours in activities designed to enhance competence in the provision of psychological services to culturally diverse populations. Cultural diversity is broadly considered to encompass diversity in ethnicity, gender, sexual orientation, etc.

3. A maximum of 15 CE hours may be earned for developing and instructing a new graduate level psychology course.

4. Due to limited resources, the Board will no longer approve CE sponsors via an application and review process. Instead, the CE regulations list authorized sponsors that have been deemed by the Board to be approved sponsors for purposes of providing CE. In addition, an entity or organization may affiliate with any of the listed authorized sponsors to offer CE.

5. Requests for modifications of the CE requirements are limited to modifications of the minimum or maximum number of CE hours that may be obtained in certain categories of CE. However, renewing licensees must always complete 40 CE hours within the renewal period.

6. CE requirements for license reinstatement have been changed to be contingent upon the number of years a psychologist's license has lapsed.

In order to allow CE sponsors and licensees ample time to comply with the new regulations, the Board has postponed the effective date of the regulations by approximately one year. *The effective date will be December 31, 2010.* The Board will accept CE hours that have been obtained in the interim period that comply with the current CE regulations.

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Renew Your License On-Line at www.dhmh.state.md.us/psych

The convenient online license renewal process piloted in the Spring of 2008 has been received positively. User friendly instructions are posted on the Board's website at **www.dhmh.state.md.us/psych.**

Credit cards can be accepted online. For those who prefer to pay by check, you can still complete the renewal application online and mail your check to the Board.

Even license number expire March 31, 2010.

FMRI Studies Effects of Music

Functional MRI studies of regional neural activation and music suggest that improvisational versus overlearned musical sequences stimulate regions responsible for heightened multisensorimotor processing and self-expression. Areas responsible for self-evaluation are deactivated. Such findings may provide a context for how and why creativity occurs.

Limb CJ, Braun AR (2008) Neural Substrates of Spontaneous Musical Performance: An fMRI Study of Jazz Improvisation. PLoS ONE 3(2): e1679. doi:10.1371/journal.pone.0001679 ◊

Newly Licensed Psychologists

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October 2009

Scarlett Jett, PsyD
Aaron N. Juni, PhD
Kira B. Levy, PhD
Ebony Dennis Mundy, PsyD
Karima S. Ware, PsyD
LaShaun A. Williams, PsyD

November 2009

Debra L. Anderson, PhD
Virginia E. Ayres, PhD
Kimberly Dyan Becker, PhD
Juli A. Buchanan, PsyD
Margo A. Candelaria, PhD
Marcia K. Gilroy, PhD
J. LaVelle Ingram, PhD
Gianna Locascio, PsyD
Sara D. Nett, PsyD
Robert M. Ott, PhD
Stephanie N. Palmer, PhD
Claudia I. Rodriguez, PsyD
Angela M. Snyder, PsyD
Jarrod Tron Spencer, PsyD
Catherine M. Sullivan, PhD

December 2009

Debra B. Burger, PsyD
Christine A. Calmes, PhD
Randy K. Chang, PsyD
Steven Gary Feifer, EdD
Laurie Katz, PhD
Grace Young Kim, PhD
Nikeea Copeland Linder, PhD
Shawn Mason, PhD
Kris Morris, PhD
Carisa Perry-Parrish, PhD
Veronica Lee Raggi, PhD
Jennifer Barsky Reese, PhD
Nazish M. Salahuddin, PhD

January 2010

Mark F. Cochran, Jr., PsyD
Dana L. DeMaso, PhD
Janet A. Gershengorn, PhD
Aimee E. McCullough, PsyD
Shivangi C. Moghe, PsyD
Cynthia Maynard Ward, PsyD

Post-Doctoral Training Enhances Mobility

Recent trends across the country indicate that post-doctoral training maximizes licensure and employment mobility and portability. Paradoxically, but not contradictorily, many states and APA have endorsed licensure eligibility at completion of the doctorate. The variability in training requirements state to state as well as rapidly increasing mobility propelling advances in tele-health services reinforce the importance of advanced training such as on-going supervision and/or post-doctoral training.

Changes to "Psychology": Defined—Training Criteria

Effective March 1, 2010 the new definition of the doctoral degree and training requirements for licensure as a psychologist in the state of Maryland become law. Health Occupations Article § 18-101 defines "doctoral degree in psychology" and repeals/re-enacts, with amendments, sections § 18-101(c) and § 18-302 of the Annotated Code of Maryland(2005 Replacement Volume and 2008 Supplement).

The "doctoral degree in psychology" means a degree received from a program that at the time the degree was awarded: 1. Is accredited by the American Psychological Association or the Canadian Psychological Association; or 2. Is listed in the designated doctoral programs in psychology published by the Council for the National Register of Health Service Providers in Psychology; or a doctoral degree in psychology that the Council for the National Register of Health Service Providers in psychology determines meets its criteria for a doctoral degree in psychology, if the degree was received from a doctoral program in psychology that: 1. Is located outside the United States and Canada; 2. Is currently accredited or designated in accordance with paragraph (1)(i) of this subsection, but was not accredited or designated at the time the degree was awarded; 3. Was completed prior to 1981 for United States programs; 4. Was completed prior to 1988 for Canadian programs; or 5. Was completed prior to 1988 for Canadian programs; or 6. Is no longer in existence.

A determination by the Council under paragraph (1)(ii) of this subsection that a doctoral degree in psychology meets its criteria shall be considered by the Board as prima facie evidence that the degree meets those criteria. In determining whether the degree in psychology meets the criteria described in paragraph (l)(ii) of this subsection and subparagraph (i) of this paragraph, the Board may consider the completion of postdoctoral course work in psychology, not to exceed 9 semester hours.

§ 18-302. To qualify for a license, an applicant shall be an individual who meets the requirements of this section. The applicant shall be of good moral character. The applicant shall be at least 18 years old. The applicant shall have a doctoral degree in psychology as defined in § 18-101 (c) of this title.

Except as otherwise provided in this subtitle, the applicant shall pass an examination given by the Board under this subtitle. The applicant shall have at least 2 years of professional supervised experience in psychology that is approved by the Board. Except as provided in this subsection, an applicant shall reside or practice, or intend to reside or practice, in this State. The Board may issue a license to an applicant who is neither a resident of this State nor practicing in this State if the applicant shows that issuing the license would be in the interest of the citizens or government of this State.

Aging of America and Income Changes

According to the September issue of *Maryland Investors*, more than 51 million Americans have/will receive social security benefits in 2009, totaling $672 billion. That demographic includes 69%retirees and their dependents (33 million retirees and 2.9 million dependents); 18% of disabled workers and their dependents (9.4 million); and 3% or 6.4 million survivors of deceased workers receive social security recipients.

Nine of 10 Americans 65 or older receive social security, and for 52% of married couples and72% of unmarried individuals social security benefits comprises at least 1/2 of their income.

Today there are 40 million Americans aged 65 or older. By 2034 there will be approximately 75 million. The life expectancy for a 65 year old American today is about 84. In 1935, a 65 year old could expect to live about 77. ◊

From The Chair...

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7. Recognize that automated test reports are conglomerations of (we hope) empirically derived descriptions of scores that may or may not describe a particular individual. Reading such descriptions carefully, we may even see that many are not even internally consistent. For example, in the same report, one statement may suggest impulsivity, another tendencies to OCD, and another tendencies to shut down in the presence of strong emotion. In other words, automated test reports, the relevant parts, should be integrated with other sources of data. Be wary of large scale cut and paste.

8. Recognize that you can't work with everybody on all conceivable problems. Sure, most of us could use more referrals, and we get anxious about turning folks away. In the long run, we get more referrals when we stick with our areas of expertise – and generate good will by referring those who could be treated more effectively by someone with specialized skills.

9. Accurately represent your skills and qualifications to clients, in person and on your website. (This is also a legal requirement.) Suggesting you are experienced in a particular area after that energizing day-long workshop can lead you and your clients into unwarranted confidence.

10. Make sure that your billings are accurate – as to activities and time spent - and in line with your treatment or evaluation agreement. (Of course, also a legal requirement.)

As you scan this list, you can see that they are neither time nor effort intensive. I hope you will find them practical and useful. ◊

New CE Regulations Effective December 31, 2010

(continued from page 4)

The following chart will provide clarification for psychologists. For example, if your license number ends in an even number and expires on Mar. 31, **2010,** then you will use the 2004 regulations for the 2-year CE reporting period, Jan. 1, 2008 – Dec. 31, 2009. For even number renewals, after the next 2-year reporting period which ends Mar. 31, **2012,** the Board will accept both 2004 and 2010 regulations for the CE reporting period of Jan. 1, 2010 – Mar. 31, 2010. And, you'll note that for next year (2011), those psychologists with a license that ends with an odd number will use the 2004 CE regulations for the 2-year reporting period from January 1, 2009 – December 31, 2010.

Note the change in the new regulations from a January to December reporting period to an April to March reporting period.

Even Renewals	CE Reporting Period	CE Requirements
Apr 1, 2008- Mar 31, 2010	Jan 1, 2008 - Dec 31, 2009	2004 CE regs apply
Apr 1, 2010- Mar 31, 2012	Jan 1, 2010 - Mar 31, 2012	2004 & 2010 accepted
Apr 1, 2012- Mar 31, 2014	Apr 1, 2012 - Mar 31, 2014	2010 regs apply
Apr 1, 2014- Mar 31, 2016	Apr 1, 2014 - Mar 31, 2016	2010 regs apply

Odd Renewal	CE Reporting Period	CE Requirements
Apr 1, 2009–Mar 31, 2011	Jan1, 2009- Dec 31, 2010	2004 CE regs apply
Apr 1, 2011 - Mar 31, 2013	Jan 1, 2011– Mar 31, 2013	2010 regs apply
Apr1, 2013 - Mar 31, 2015	Apr 1, 2013– Mar 31, 2015	2010 regs apply
Apr1, 2015 - Mar 31, 2017	Apr 1, 2015– Mar 31, 2017	2010 regs apply

Please visit the Board's website http://www.dhmh.state.md to view the regulations in entirety.

Excerpts from a recent *HealthLeaders* article by Dom Nicastro. The article can be found in its entirety online at: http://bit.ly/6lrTA9

"Snapshot for HIPAA Compliance"

- Construct a breach notification policy
- Update business associate contracts
- Find all BAs in the system
- Educate staff members about HITECH Act
- Determine if encryption is necessary to safeguard data

In February business associates must comply with the security rule & OCR will enforce breach notification due to new federal laws & regulations enacted in 2009. Covered entities must have an internal sanctions policy for HIPAA violations. HIPAA officers should check about the need to comply with HIPAA's internal sanction regulation. In light of new federal sanctions for HIPAA violations, including monetary fines, some internal sanction policies may need to be updated. *HealthLeaders Media* suggests vigilance for new developments from HHS and flexibility when revising policies and procedures so that the obligations of the current language revisions are met, and any needed changes to comply with these ever-changing regulations is built-in to the process.◊

Composition of The Board

The board consists of 9 members, 7 psychologists and 2 consumer members appointed by the Governor to a term of 4 years.

Robert A. Brown, PhD, ABPP—Chair

Myra A. Waters, PhD—Vice Chair

Marla M. Sanzone, PhD, MP

Steven A. Sobelman, PhD

Laurie Friedman Donze, PhD

Joann Altiero, PhD

Alan Marcus, PhD

Consumer Members:

Prenterald Price, BSC

Warren L. Hobbs, JD

Staff:

Lorraine Smith, MPH, Executive Director

Sally Mitchell, Admin. Asst.

Dorothy Kutcherman, Licensing Coord.

Patricia Morris English, MS, Board Investigator