

**IN THE MATTER OF  
LISA COZIER, LCPC**

**Respondent**

**License Number:  
LC1776**

**\* BEFORE THE  
\* STATE BOARD OF  
\* PROFESSIONAL COUNSELORS  
\* AND THERAPISTS  
\*  
\* Case Number: 2014-04**

**\* \* \* \* \***

**ORDER FOR SUMMARY SUSPENSION  
OF LICENSE TO PRACTICE CLINICAL PROFESSIONAL COUNSELING**

The Maryland State Board of Professional Counselors and Therapists (the "Board"), hereby **SUMMARILY SUSPENDS** the license of Lisa Cozier, LCPC (the Respondent") License Number LC1776, to practice clinical professional counseling in the State of Maryland. The Board takes such action pursuant to its authority under Md. Code Ann., State Gov't § 10-226(c)(2)(i) (2009 Repl. Vol. & 2013 Supp.), concluding that the public health, safety or welfare imperatively requires emergency action.

**INVESTIGATIVE FINDINGS**

Based on information received by, and made known to the Board, and the investigatory information obtained by, received by and made known to and available to the Board and the Office of the Attorney General, including the instances described below, the Board has reason to believe that the following facts are true:<sup>1</sup>

1. At all times relevant hereto, the Respondent was and is licensed to practice licensed professional counseling in the State of Maryland. The Respondent was

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<sup>1</sup> The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the suspension. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in this matter.

originally licensed to practice licensed professional counseling in Maryland on September 17, 2004. Presently, her license is scheduled to expire on January 31, 2016.

2. At the time of the incidents described herein, the Respondent practiced licensed professional counseling in a private practice in Westminster, Maryland.
3. The Respondent saw Client A<sup>2</sup> for therapy, from approximately April 2013 through September 3, 2013, weekly or more frequently.
4. On or about January 6, 2014, the Board received a complaint from Client A's mother (the "complainant") alleging that the Respondent had engaged in a sexual relationship with her daughter (Client A) for several months during and after the time she saw her professionally as a counselor.<sup>3</sup>
5. Shortly thereafter, the Board opened an investigation, which is set forth in pertinent part below.
6. On March 6, 2014, the Board's staff conducted an interview of the Respondent. During the interview the Respondent acknowledged that she had engaged in a sexual relationship with Client A commencing on or about September 4 or 5, 2013 and continuing through a date in January 2014. The Respondent stated that she had documented an "intent to discharge" Client A from her practice on September 3, 2013.
7. The Board's regulations pursuant to Code Regs. Md. 10.58.03.09 *et seq.* prohibit licensees from engaging in sexual misconduct with a client or a former

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<sup>2</sup> In order to maintain confidentiality, neither patient nor facility names will be used in this document.

<sup>3</sup> Prior to this date, on December 20, 2013, the complainant's therapist sent the Board's staff an electronic mail communication stating that the complainant had reported the sexual relationship between Client A and the Respondent.

client. Sexual misconduct pursuant to Code Regs. Md. 10.58.03.09A includes but is not limited to:

(1) Inappropriate sexual language;

(2) Sexual exploitation;

...

(4) Sexual behavior [.]

8. As a result of the Board's investigation relating to the Respondent's actions as set forth in pertinent part below, the Board voted to summarily suspend her license to practice licensed professional counseling pursuant to Md. Code Ann., State Gov't § 10-226(c)(2)(i) (2009 Repl. Vol. & 2013 Supp.), concluding that the public health, safety or welfare imperatively requires emergency action.

## **INVESTIGATIVE FINDINGS RELATING TO CLIENT A**

### **Documentation by Respondent**

9. On or about April 15, 2013, Client A began seeing the Respondent for psychotherapy. Client A had a long history of mental illness including multiple hospitalizations. Her diagnoses included bipolar disorder and post-traumatic stress disorder ("PTSD"). She was on several medications including Ambien,<sup>4</sup> Seroquel,<sup>5</sup> Klonopin<sup>6</sup> and Tegretol.<sup>7</sup>
10. On April 15, 2013, the Respondent documented that Client A had been experiencing anxiety, feelings of "disconnectedness," a labile mood, frequent nightmares, anger and had a history of self-harm.

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<sup>4</sup> Schedule IV sedative.

<sup>5</sup> Used in the treatment of bipolar disorder.

<sup>6</sup> Schedule IV benzodiazepine.

<sup>7</sup> Mood stabilizing medication used in the treatment of bipolar disorder.

11. The Respondent listed the following as goals for Client A's treatment:
  - 1) Process break up of romantic relationship;
  - 2) Develop insight as to how/why all of her relationships become unstable;
  - 3) Anger management skills;
  - 4) Develop improved coping skills for ongoing symptoms of her illness.
12. Client A subsequently saw the Respondent for documented therapy visits on the following dates in 2013: April 22, May 13, June 3, June 10, June 17, June 24, July 1, July 8, July 26, August 1, August 2, August 9, August 13, August 16, August 20, August 23, August 26, August 30, September 2 and September 3.
13. During the July 8, 2013 visit, the Respondent documented that Patient A's perception was "delusional", her thought processes were "disorganized" and her insight/judgment was "poor."
14. On July 26, 2013, the Respondent noted that Client A had visited the Emergency Room the day before as she had no medications. The Respondent documented that Patient A had problems finding a psychiatrist.
15. On August 1 and 9, 2013, the Respondent documented that Client A's insight/judgment was "limited."
16. On August 13, 2013, the Respondent documented that Client A's insight/judgment was "limited/poor" and her perception was "limited." She further documented that she suggested Client A work with a psychiatrist to adjust her medications to treat her increased symptoms.
17. On August 16, 2013, the Respondent received a telephone call from Client A asking her to contact Facility A (a psychiatric hospital) to inquire if Facility A would admit her into their trauma unit. The Respondent contacted Facility A and documented she was told that Client A had previously been an in-patient and

could not be readmitted as she had been “violent” towards Facility A’s staff during a prior admission.

18. On August 26, 2013, the Respondent documented that she continued to work to address “trauma [history]” and to get Client A to “accept transfer of services to complex therapist (declining).”
19. On September 2, 2013, the Respondent documented that her treatment plan was to refer Client A to the appropriate level of care.
20. On September 3, 2013, the Respondent documented that Client A had contacted her for an “emergency session” for “numbness and anxiety” and she intended to “move to terminate services due to need for higher level of care.” The Respondent documented that she provided Client A with names and phone numbers of trauma providers.
21. By letter dated September 11, 2013, the Respondent documented that she had “officially terminated” Client A from therapy services. She provided Client A with a list of three providers who provided specialized treatment in PTSD and trauma.

#### **Sexual misconduct and boundary issues**

22. Client A told the complainant that the Respondent had given her gifts including a Christmas tree. The complainant provided the Board’s staff with a photograph of the Christmas tree allegedly given to Client A by the Respondent.
23. On March 10, 2014, Client A sent the Board’s staff a message by electronic mail stating that the Respondent had given her \$400 in cash in an envelope “toward my current security deposit.”<sup>8</sup>

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<sup>8</sup> Client A did not specify the date that she received the money from the Respondent.

24. Between September 2013 and February 2014, the Respondent and Client A exchanged several messages by electronic mail, as well as photographs and at least one cartoon of a sexual nature.
25. On November 13, 2013, Client A sent the Respondent a message by electronic mail that stated, "I miss having a therapist and a support network. I am experiencing one of the worst times of my entire life and I can say that with complete honesty."
26. On January 21, 2014, the Respondent sent Client A information through electronic mail on "dissociation and intrusive thoughts."
27. On February 14, 2014, the Respondent sent Client A a message by electronic mail stating in part:

I miss you and really really needed to see you today. I am not able to talk tonight because she is here. When I get to work tomorrow I will write more to explain about her schedule and why it will effect what and when I can write. It is hard being hot and aroused and not being able to be with you...

28. On February 27, 2014, the Respondent sent Client A a message by electronic mail stating in part:

[Client A], do you believe I can be therapeutic to you? I will always be here/there for you and will certainly meet if you need/want to. Friday at 5 is still your time slot.

However, having said that, if you want to seek therapy services somewhere else, I will understand and assist you in any way to help locate another therapist. This is certainly not a situation where I don't want to be your therapist...I will support you in any way I can...

29. The Respondent and Client A also communicated by text message, and Client A provided the Board with multiple undated text messages of a personal nature.

30. Client A sent the Respondent a text message stating, "Thanks for dumping me. Could you refer me to a clinic who will take care of this wound?"<sup>9</sup>

31. In additional undated text messages, the Respondent stated to Client A:

Not dissing your mom...she is right.

...had problems with living with my conscience...  
My heart and head are f\*\*\*\*d up right now. If I  
am messed up then I bring that to you.

31. Client A sent the Respondent a text message stating:

I don't want a relationship with you. I don't want you in my life.  
Do not text me, call me or e-mail me.  
From me, [Client A], to [the Respondent].

#### **CONCLUSION OF LAW**

Based on the foregoing facts, the Board concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. Code Ann., State Gov't § 10-226 (c) (2) (i) (2009 Repl. vol. & 2013 Supp.).

#### **ORDER**

Based on the foregoing, it is this 6th day of March, 2014, by a majority of the Board considering this case:

**ORDERED** that pursuant to the authority vested by Md. Code Ann., State Gov't § 10-226(c)(2), the Respondent's license to practice clinical professional counseling in the State of Maryland be and is hereby **SUMMARILY SUSPENDED**; and be it further

**ORDERED** that the Respondent has the opportunity to appear before the Board for a post-deprivation show cause hearing. A request for a post-deprivation show cause

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<sup>9</sup> Client A provided the Board with several undated text communications between the Respondent and her.

hearing must be in writing and be made WITHIN THIRTY (30) DAYS of service of this Order. The written request should be made to:

Tracey DeShields, Executive Director  
Maryland State Board of Professional Counselors and Therapists  
4201 Patterson Avenue  
Baltimore, Maryland 21215

Please copy:

Dawn L. Rubin, Assistant Attorney General, Administrative Prosecutor  
Health Occupations Prosecution & Litigation Division  
Office of the Attorney General  
300 West Preston Street, Suite 201  
Baltimore, Maryland 21201

and

Ari Elbaum, Assistant Attorney General, Board Counsel  
Office of the Attorney General  
300 West Preston Street, Suite 302  
Baltimore, Maryland 21201; and it is further

**ORDERED** that if the Respondent fails to request a post-deprivation show cause hearing in writing, or if the Respondent requests a post-deprivation show cause hearing but fails to appear when scheduled, the Respondent's license will remain **SUSPENDED**; and it is further

**ORDERED** that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board her original clinical professional counselor's license **LC1776**, wallet card and wall certificate; and it is further

**ORDERED** that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., State Gov't § 10-611 *et seq.* (2009 Repl. Vol. & 2013 Supp.).



3/18/2014

Date

Carol A. Deel, LCPC, LCMFT

Carol A. Deel, LCPC, LCMFT  
Board Chair

Maryland State Board of Professional  
Counselors and Therapists

