

IN THE MATTER OF * BEFORE THE MARYLAND
LESLIE DONNELLY, Ed.D. * BOARD OF EXAMINERS
RESPONDENT * OF PSYCHOLOGISTS
LICENSE NO.: 03248 * CASE NO.: 2013-009

* * * * *

CONSENT ORDER

On or about January 10, 2014, the Maryland Board of Examiners of Psychologists (the "Board") charged **LESLIE DONNELLY, Ed.D. (the "Respondent")** License Number 03248 under the Maryland Psychologists Act (the "Act"), Md. Health Occ. Code Ann. (H.O.) §18-101 *et seq.* (2009 Repl. Vol.)

Specifically, the Board charged the Respondent with violations of the following provisions of the Act:

§ 18-313 Denials, reprimands, suspensions and revocations—Grounds
Subject to the hearing provisions of §18-315 of this subtitle, the Board, on the affirmative vote of its majority of its members then serving, may deny a license to any applicant, reprimand any licensee, place any licensee on probation, or suspend or revoke a license of any licensee if the applicant or licensee:

(7) Violates the code of ethics adopted by the Board under §18-311 of this subtitle;

(12) Violates any provision of this title or any regulation adopted by the Board;

(17) Commits an act of unprofessional conduct in the practice of psychology; [and]

(20) Does an act that is inconsistent with generally accepted professional standards in the practice of psychology.

§18-311. Code of Ethics

(a) In general—The Board shall adopt a code of ethics for psychologists in this State. The code of ethics shall be designated to protect the public interest.

Pursuant to § 18-311 of the Act, the Board further charged the Respondent with the following violations of the Board's Code of Ethics and Professional Conduct, COMAR 10.36.05

.03 Responsibilities and Requirements.

A. In general.

(1) A psychologist shall:

(a) Be fully responsible for the psychologist's professional decisions and professional actions;

(d) Make known the psychologist's commitment to the Code of Ethics and Professional Conduct and resolve potential conflicts with the Code of Ethics and Professional Conduct in a responsible manner.

.04 Competence.

B. Impaired Competence.

(1) A psychologist shall:

(b) Seek competent professional assistance to determine whether to suspend, terminate, or limit the scope of professional or scientific activities when the psychologist becomes or is made aware that that the psychologist's competence may be impaired.

(2) A psychologist may not:

(a) Undertake or continue a professional relationship with a client when the competence or objectivity of the psychologist is or could reasonably be expected to be impaired due to:

(i) Mental, emotional, physiological, pharmacological, substance abuse or personal problems; or

(ii) The psychologist's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the

client or a person associated with or related to the client; or

(b) Engage in other relationships that could limit the psychologist's objectivity or create a conflict of interest or the appearance of a conflict of interest.

07. Client Welfare.

B. Exploitation. A psychologist may not:

(1) Exploit or harm clients, colleagues, students, research participants, or others;

(3) Exploit the trust and dependency of clients, students, or subordinates;

(4) Allow personal, social, religious, organizational, financial, or political situations and pressures to lead to a misuse of their influence;

(5) Enter into a new nonpsychological, nonprofessional relationship with a former client that is considered exploitative dependent on, but not limited to:

(a) The nature, duration, and intensity of professional services rendered to the client;

(b) The length of the professional relationship;

(c) The length of time between the termination of the professional relationship and the initiation of the nonprofessional relationship;

(d) The mental stability of the psychologist and the former client;

(e) The circumstances of termination, including, but not limited to, statements or actions of the psychologist suggesting or inviting the possibility of a post-termination relationship; or

(f) The likelihood of the adverse impact on the client.

(C) Sexual Misconduct. A psychologist may not:

(1) Engage in sexual intimacies with a current client;

(2) Engage in sexual intimacies with a former client:

(a) For at least 2 years after the cessation or termination of professional services[.]

F. Termination of Services. A psychologist shall:

(1) Make or recommend referral to other professional, technical or administrative resources if the referral is clearly in the best interest of the client; and

(2) Unless precluded by the actions of the client, terminate the professional relationship in an appropriate manner, notify the client in writing of this termination, and assist the client in obtaining services from another professional, if:

(a) It is reasonably clear that the client is not benefitting from the relationship;

(b) A multiple relationship develops or is discovered after the professional relationship has been initiated;

(c) Impaired competency or objectivity develops or is discovered after a professional relationship has been initiated[.]

08. Confidentiality and Client Records.

C. Record Keeping. A psychologist shall:

(1) Keep records of a patient's condition and assessment results;

(2) Maintain clinical records of informed consent, presenting problems, diagnosis, fee arrangements, dates and substance of each billed service, original test date with results and other evaluative material, and the results of any formal consultations with other professionals.

FINDINGS OF FACT

The Board concludes the following:

I. Background

1. At all times relevant to these charges, the Respondent was and is licensed to practice psychology in the State of Maryland.

2. The Respondent was issued her license to practice psychology by the Board on March 31, 1996. The Respondent's license will expire on March 31, 2016.

3. At all times relevant to these charges, the Respondent maintained a private psychology practice in Salisbury, Maryland.

II. The Complaint

4. On or about October 24, 2012, the Board received a complaint filed by a former patient of the Respondent ("Patient A").

5. In her initial complaint, Patient A alleged that on or about April 18, 2011, she sought psychological treatment from the Respondent relating to unresolved grief issues following the death of her mother. Patient A further alleged that on or around April 20, 2012, the Respondent and Patient A mutually agreed to terminate therapy. They then agreed to enter into a social relationship.

6. On or about December 10, 2012, Patient A provided to the Board a detailed written narrative supplementing her initial complaint. Among other things, Patient A explained that in September 2011 (during the course of the therapeutic relationship), the Respondent solicited Patient A's assistance in serving as an intermediary between the Respondent and Patient A's husband. Specifically, the Respondent contacted Patient A, via text, to inquire whether Patient A's husband's employer would be interested in purchasing the Respondent's residence as an investment property. Patient A and her husband considered the potential business

opportunity and to that end, inspected the Respondent's residence. Patient A's husband determined that the property was a not suitable investment for his employer's business.

7. Patient A also alleged that during the Fall of 2011, the Respondent disclosed personal information to Patient A. Specifically, Patient A felt that "[t]he intimate nature and frequency of these discussions intensified as therapy continued" and led her to "...believe that [her] therapy was seriously compromised by knowing so much about [the Respondent's] personal life."

8. During the course of therapy, Patient A told the Respondent that she was the owner and proprietor of a local business. On or about February 6, 2012, the Respondent scheduled an appointment with Patient A. On or about February 8, 2012, Patient A provided the Respondent with complimentary services.

9. On or about February 9, 2012, the Respondent sent to Patient A's place of business, a thank you card with flowers. Patient A alleged that following receipt of the thank you gift, her communications with the Respondent via text, email and phone became more frequent and personal.

10. In March 2012, the Respondent and Patient A met at a local coffee shop. "At that time, [Patient A] felt that socializing with [the Respondent] was a positive thing and did not realize the harm that could come from it."

11. On or about April 18, 2012, the Respondent asked Patient A, via text, "[i]nstead of being a client, would you prefer we be friends"? On the same day, the Respondent sent Patient A a second text, "I could refer you to another psychologist and we could be friends?"

12. On April 20, 2012, Patient A attended her last scheduled appointment with the Respondent during which they discussed the viability of a friendship. Patient A alleged that she rejected the idea of a social relationship but two days later, on or about April 22, 2012, Patient A sent a text to the Respondent agreeing to be friends.

13. On or about May 17, 2012 Patient A began psychotherapy with another mental health care provider ("Psychologist A").

14. In June 2012, Patient A hired the Respondent's daughter as a part-time employee for her business. The Respondent did not discourage Patient A from interviewing or hiring her daughter.

15. Patient A alleged that from April 2012-October 2012, she and the Respondent frequently met for shopping, lunch, and dinner; exchanged personal information; and frequently communicated by phone and via text.

16. Patient A alleged that from August-October 2012, the Respondent and she kissed on several occasions.

17. On or about October 14, 2012, the Respondent told Patient A, via text, that they should discontinue their relationship because the Respondent believed that Patient A wanted more than a friendship.

III. Board Investigation

18. On or about November 19, 2012, the Board initiated an investigation based on Patient A's complaint. The Board requested that Patient A provide a detailed description to supplement her initial complaint.

19. As part of its investigation, the Board sent a subpoena to the Respondent requesting Patient A's mental health records. The records revealed that the Respondent

treated Patient A on twenty (20) occasions from April 18, 2011-April 20, 2012, billing Patient A \$90.00 per session for a total of \$1800.00.

20. On or about January 16, 2013, the Board issued a subpoena to Psychologist A requesting Patient A's treatment records. Psychologist A's records, received on or about February 11, 2013, revealed that she treated Patient A on at least fourteen (14) occasions between May 17, 2012 - January 17, 2013.

21. On or about October 25, 2013, Patient A disclosed to Psychologist A that she had a "close personal relationship" with her previous psychologist. Psychologist A advised her that the relationship as described was a breach of professional boundaries and ethical standards.

22. Psychologist A's records document that among other things, Patient A felt exploited, threatened, embarrassed, victimized and anxious as a result of her personal relationship with the Respondent. Regarding her decision to file a complaint against the Respondent, "[Patient A] described feeling 'nervous that something will happen' -that there will be some sort of repercussions from her report on her former psychologist (e.g. contacting [Patient A's] husband). The nervousness has led to some hyper-vigilance-feeling 'on edge' checking locks, etc...She felt that these fears are not rationale and has been able to 'talk herself out of it'."

Interview of Patient A

23. On or about April 4, 2013, the Board interviewed Patient A. In addition to elaborating on the allegations set forth in her initial complaint and her supplemental narrative, Patient A claimed that she and the Respondent hugged on many occasions and kissed on three (3) occasions.

24. Patient A stated that she sent text communications to the Respondent on or about October 13, 2012 requesting that they meet to discuss the status of their relationship. Shortly thereafter, the Respondent advised Patient A that their friendship could not continue and that all future contact should be terminated.

25. Patient A reported that on or about October 24, 2012, the Respondent's daughter, a part-time employee of Patient A's business, engaged in a conflict with Patient A in the presence of staff and clients.

26. Patient A stated that she subsequently received a "Cease and Desist" Order from the Respondent's attorney.

27. Patient A reported that following the termination of her personal relationship with the Respondent, she felt betrayed, abandoned confused, verbally attacked, frightened and manipulated. Patient A stated, "[t]he Respondent is a licensed psychologist; she has been trained in all the ethics and the unique aspects of a therapist client relationship[.] She has the duty to practice up to the standard of care under Maryland Law. She knowingly fostered [Patient A's] attachment to [her] and used [Patient A's] attachment to benefit her own needs."

Interview of the Respondent

29. On May 7, 2013 Board staff interviewed the Respondent, under oath. She was represented by legal counsel prior to and during the interview. The Respondent stated the following:

- a. She began treating Patient A in April 2011 due to anxiety and grief following the loss of her mother;
- b. In September 2011, Patient A inquired about a home across the street from the Respondent's residence explaining that her husband's employer might be interested in purchasing it as investment opportunity;

- c. In response, the Respondent suggested that her home might be a suitable investment. On behalf of his employer, Patient A's husband agreed to inspect the Respondent's home, did a *walk-thru* but declined to purchase the home;
- d. During the course of therapy, Patient A was not receptive to treatment or amenable to the methodologies typically used by the Respondent. For this reason, the Respondent attempted to terminate treatment in February 2012. Patient A initially resisted termination and/or a referral to another health care provider;
- e. Patient A owned a local services business and suggested that the Respondent make an appointment for complimentary services. The Respondent accepted Patient A's offer. She left a large tip for Patient A and sent flowers and a thank you card the following day;
- f. On April 20, 2012, the Respondent terminated treatment with Patient A because she "[d]idn't want to talk about the past, didn't want to do EMDR, didn't want to do hypnosis, just wanted to talk about religion. And so, at that point, I did terminate."
- g. After termination of the therapeutic relationship, the Respondent and Patient A began a social friendship that included frequent communication via phone, email and text; at least three (3) shopping excursions; approximately ten (10) lunches/dinners; decorating and hiring advice; and one (1) kiss;
- h. Patient A offered the Respondent's daughter a job. The Respondent agreed to allow her daughter to interview for the position and encouraged her daughter to accept the job. "In retrospect, that was very bad. I should never have allowed my daughter to become involved with [Patient A]... she became a bad influence on my daughter...this was an opportunity in a small town where there are not a lot of jobs available."
- i. The Respondent sent Patient A a text message on September 20, 2012 stating that "you kiss great-LOL";
- j. On the last occasion that they met for dinner, the Respondent's daughter joined them. Patient A was rude and threatening to the Respondent's daughter, repeatedly telling her to "shut up". Her daughter left dinner upset. The Respondent said in a sarcastic tone, that because Patient A had been rude and obnoxious towards her daughter, the Respondent would withhold her affection;
- k. The Respondent told Patient A that it was unethical for her to engage in a romantic relationship with Patient A and that she could lose her license.

She stated, "I am not a lesbian. I never have been. I don't think that I'm going to turn into one at 52."

- l. The Respondent was fearful of Patient A and believed that she had a personality disorder, which led to Patient A harassing and stalking the Respondent; and
- m. The Respondent should not have entered into a social friendship with Patient A. It was an error of judgment, she regrets it and "should never ever [have] allowed any other relationship other than a therapeutic one."

Expert Report

30. As part of its investigation, the Board retained an independent expert in psychology ("Board expert") to review the allegations set forth in the complaint. The Board expert reviewed the relevant investigative documents including the complaint and interview transcripts.

31. On August 28, 2019, the Board expert issued a report in which he opined that the Respondent:

- a. Failed to document an adequate intake evaluation;
- b. Failed to appropriately terminate treatment with Patient A;
- c. Suggested being friends as part of her termination/referral plan;
- d. Maintained and fostered an inappropriate social and personal relationship with Patient A following termination of the therapeutic relationship;
- e. Engaged in unprofessional conduct through kissing within two (2) years of termination of the therapeutic relationship;
- f. Violated professional and ethical boundaries by:
 - i. soliciting Patient A's husband's employer to purchase her home;
 - ii. seeking professional services from Patient A;
 - iii. allowing her daughter to be employed by Patient A; and
 - iv. allowed Patient A to interview prospective employees and decorate her office.

Respondent's response to expert report

32. On October 9, 2013, the Respondent submitted a response to the Board expert's report. In it, she stated the following:

- a. She was unaware of Patient A's transference and her own counter-transference;
- b. It was a serious mistake and a potential conflict of interest to inquire whether Patient A's husband's employer was interested in purchasing her home;
- c. She did not set appropriate limits or boundaries in either the therapeutic dynamic with Patient A, opting to take a more passive approach to Patient A's requests and demands;
- d. Agreeing to be friends in order to neutralize Patient A's discomfort with termination of treatment was a poor compromise, leading to the boundary issues that later developed;
- e. She made naïve and non-therapeutic errors when she permitted a friendship with a former patient and allowed her daughter to seek employment at Patient A's place of business;
- f. She sought services from Patient A's business on two (2) occasions in February and March 2012 (prior to termination). Patient A refused payment for services performed. The Respondent recognized that accepting those complimentary services was a mistake;
- g. She was not aware that Patient A had romantic feelings for her;
- h. She was distracted, under pressure and had impaired judgment due to her unexpected marital separation and its attendant pressures. She was not aware that she was impaired but later recognized that she made significant professional mistakes, failed to exercise proper judgment and crossed ethical boundaries;
- i. The Respondent attempted to rebuff Patient A's romantic overtures towards her;
- j. In August 2012, Patient A hugged the Respondent goodbye and kissed her on the lips. The Respondent expressed her discomfort to Patient A; and

- k. She discussed her relationship with Patient A with three (3) friends/colleagues, all of whom suggested that Patient A was taking advantage of the Respondent's vulnerable and distraught state of mind due to her recent marital separation.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent violated the following provisions of the Act: H.O. §18-313(7) Violates the code of ethics adopted by the Board under §18-311 of this subtitle; (12) Violates any provision of this title or any regulation adopted by the Board, (17) Commits an act of unprofessional conduct in the practice of psychology; and (20) Does an act that is inconsistent with the generally accepted professional standards in the practice of psychology and COMAR tit. 10 §36.05.03A(1)(a) and (d); §36.05.04B(2)(a)(i),(ii) and (b); §36.05.07B(4),(5)(a-f), F(2)(b) and (c); §36.05.08C(1). The Board dismisses the Charges under COMAR tit. 10 § 36.05.07B(1) and (3); C(1) and (2)(a); F(1) and (2)(a) and § 36.05.08C(2).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is the **7th day of August 2014**, by the majority of the Board considering this case:

ORDERED that Respondent's license to practice psychology shall be subject to a **REPRIMAND**; and it is further

ORDERED that within **ninety (90) days** of the effective date of the Order, Respondent shall pay a **fine** to the Board in the amount of two thousand five hundred dollars (**\$2,500**); and it is further

ORDERED that Respondent's license to practice psychology be placed on **PROBATION** for a period of **three (3) years** effective the date that this Order is executed by both parties; and it is further

ORDERED that within **thirty (30) days** of the effective date of this Order, the Respondent shall formally retain the services of a **Board-approved clinical supervisor**. The clinical supervisor shall be approved by the Board or its agents based on Respondent's submission of a proposal, which shall include written confirmation of the potential supervisor's willingness to serve in a supervisory capacity, and a copy of the potential supervisor's curriculum vitae. Subject to the Board's discretion, the supervisor may conduct sessions through video-conference, *skype*, *facetime* or its equivalent. The supervisor approved by the Board shall receive a copy of the Board's investigative file, the Board's disciplinary Charges, and a copy of this Consent Order and shall:

- a. Conduct an initial review of all of Respondent's patient records to determine which patients are suitable for continued, supervised treatment by the Respondent;
- b. Supervise the transfer and referral of clients to other mental health care providers when in the supervisor's clinical judgment, the Respondent is not the appropriate practitioner to provide ongoing, adequate, psychological treatment;
- c. Ensure that appropriate written notice be provided to all patients referred to other health care providers and/or discharged from the care of the Respondent;
- d. Provide ongoing, in-person clinical supervision for a minimum of (60) minutes per week for a minimum of **two (2) years**;
- e. Provide the Board with quarterly written reports assessing the competence and quality of the Respondent's treatment, the integration of clinical supervision into her existing practice, a report of attendance, participation in supervision and progress throughout the period of supervision.

ORDERED that within **six (6) months** of the effective date of this Order, the Respondent shall enroll in¹ and satisfactorily complete a Board-approved, one on one, **twenty (20) hour tutorial in professional ethics**. Such tutorial shall address all aspects of professional ethics including but not limited to dual relationships, misuse of influence, conflicts of interest, boundary violations, patient confidentiality, informed consent, termination requirements and maintenance of appropriate therapeutic boundaries; and it is further

ORDERED that the Respondent shall authorize the Board to provide the tutor with the entire investigative file, including all investigative interviews and investigative reports, the Board's Disciplinary Charges and the Consent Order. Respondent shall authorize the tutor to send reports to and communicate with the Board and/or its agents; and it is further

ORDERED that the Respondent shall ensure that the tutor submits to the Board written documentation of the contractual tutorial arrangement between the Respondent and the tutor. At the conclusion of the twenty (20) hour tutorial, Respondent shall be responsible for ensuring that the tutor submits to the Board a final report of attendance, participation, progress and completion of assignments, and shall further provide the Board with a final report detailing the topics and issues addressed, the Respondent's level of participation and cooperation, the tutor's opinion as to the Respondent's success in gaining insight from the material presented, and any concerns regarding the Respondent's ability to effectively apply the presented objectives; and it is further

¹ For purposes of this provision, "enroll in" means to contact and retain a Board approved tutor for the professional ethics tutorial.

ORDERED that the Board reserves the right to conduct a peer review at any time during the period of probation, by an appropriate peer review entity, or a chart review by a Board designee, to be determined at the discretion of the Board; and it is further

ORDERED that after the conclusion of the **three (3) year** period of probation, the Respondent may file a written petition for termination of probationary status. After consideration of the petition, probation may be terminated through an order of the Board or designated Board committee. The Respondent may be required to appear before the Board or designated Board committee. The Board, or designated Board committee, shall grant termination only if the Respondent has submitted documentation of full and satisfactory compliance with all probationary terms and conditions of this Consent Order, including the expiration of the three (3) year period of probation, and if there are no outstanding complaints similar to or related to the current charges before the Board; and it is further

ORDERED that any ethics tutorial or continuing education requirements mandated by this Consent Order or by the clinical supervisor shall not count toward fulfilling other continuing education requirements that the Respondent must fulfill in order to renew her license to practice psychology; and it is further

ORDERED that the Respondent shall practice at all times, in accordance with the Maryland Psychologists Act and with all applicable laws, statutes, and regulations pertaining to the practice of psychology. Any violation of the Act may constitute grounds for violation of probation; and it is further

counsel, confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections as provided by law. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce the Consent Order. I also affirm that I am waiving my right to appeal any adverse ruling of the Board that might have followed any such hearing.

I sign this Consent Order after having had an opportunity to consult with counsel, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order. I voluntarily sign this Order, and understand its meaning and effect.

7/11/14
Date

Leslie Donnelly, Ph.D.
Respondent

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF Wicomico :

I HEREBY CERTIFY that on this 11 day of July, 2014, before me, a Notary Public of the foregoing State personally appeared Leslie Donnelly, Ph.D., License Number 03248 and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed, and the statements made herein are true and correct.

AS WITNESSETH my hand and notarial seal.

Christine A. Thomson
Notary Public

My Commission Expires: 6/1/2015

ORDERED that if Respondent violates any of the terms and conditions of this probation and/or this Consent Order, the Board, in its discretion, after notice and an opportunity for an evidentiary hearing before the Board or an Administrative Law Judge or after an opportunity for a show cause hearing before the Board, may impose any sanction which the Board may have imposed in this case under the Maryland Psychologists Act, including a reprimand, probation, suspension, revocation and/or a monetary fine, said violation being proved by a preponderance of the evidence; and it is further

ORDERED that Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that this Consent Order is a public document pursuant to Md. State Gov't Code Ann. § 10-611 et seq. (2009 Repl. Vol. and 2013 Supp.).

August 7, 2014
Date

Steven Sobleman
Steven Sobleman, Ph.D, Chair
Board of Examiners of Psychologists

CONSENT OF LESLIE DONNELLY, Ph.D.

I, **LESLIE DONNELLY Ph.D.**, License No. 03248, acknowledge that I have had the opportunity to consult with legal counsel before signing this document. I have chosen to waive my right to counsel. By this Consent, I agree and accept to be bound by the foregoing Consent Order and its conditions and restrictions. I waive any rights I may have had to contest the Findings of Fact and Conclusions of Law.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to