

Lynette Long, Ph.D.
6307 Kenhowe Dune
Bethesda, Maryland 20817

Daniel Malone, Ph.D.
Chair
Maryland Board of Psychologists
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: Surrender of License to Practice Psychology
License Number: 1744

Dear Dr. Malone:

I agree to voluntarily surrender my license to practice Psychology in the State of Maryland, license number 1744. I understand that I may not engage in the practice of psychology, with or without compensation, as it is defined in the Maryland Psychologist Act, Md. Health Occ. Code Ann. §18-101 et seq. (hereinafter, "The Act"). I also agree not to practice any mental health counseling, whether it be as a psychologist, psychology associate, social worker, or "counselor" until I have been reinstated by the Board. This Letter of Surrender shall become a public document immediately upon its acceptance by the Board as evidenced by the signature of the Board Chair. In accordance with the terms of this Letter of Surrender, for twenty-one days following the Board Chair's acceptance of this Letter of Surrender I shall practice psychology only for the limited purposes of appropriately terminating therapy and referring patients in accordance with Code of Maryland Regulations ("COMAR") 10.36.05.05.C.

Consistent with the Board's practices, I understand and agree that the Board provides information on final disciplinary actions to the Association for State and Provincial Psychology Boards, Maryland Psychological Association, the licensing boards of adjoining states and the District of Columbia, and to the Maryland State Board of Professional Counselors. I understand and agree that this Letter of Surrender may be released by the Board in the same manner as a final order resulting from a disciplinary action, under the Public Information Act, State Government Article, §§10-611 through 10-630, Annotated Code of Maryland ("S.G."). I further understand and agree that, in the event that I would apply for licensure in any form in this state or any other state or jurisdiction, that this Letter of Surrender, and all underlying documents, may be released or published by the Board in the same manner as a final order resulting from a disciplinary action, under S.G. §§10-611 through 10-630, and that this Letter of Surrender may be considered to constitute a disciplinary action by the Board.

My decision to surrender my license to practice psychology in Maryland has been prompted by an investigation into my clinical psychology practice by the Maryland Board of Psychologists (hereinafter, "Board"). The investigation resulted in the Board voting the following charges under §18-313 of the Act relating to my clinical psychology practice:

- (7) Violates the code of ethics adopted by the Board under §18-311 of this subtitle;
- (12) Violates any rule or regulation adopted by the Board;
- (14) Is professionally, physically, or mentally incompetent;
- (16) Behaves immorally in the practice of psychology;
- (17) Commits an act of unprofessional conduct in the practice of psychology.

The Board also charged me with violating COMAR 10.36.01 of the Code of Ethics and Professional Conduct which states in pertinent part that:

.05 Client Welfare

A. Exploitation or Undue influence. A psychologist shall:

- (1) Refrain from exploiting or harming clients, colleagues, students, research participant, or others;
- (3) Refrain from allowing personal, social, religious, organizational, financial, or political situations and pressures to lead a misuse of the psychologist's influence;
- (5) Refrain from exploiting the trust and dependency of clients, students, and subordinates.

B. Impaired Objectivity and Dual Relationships.

- (1) A psychologist may not undertake or continue a Professional relationship with a client when objectivity is or could reasonably be expected to be impaired because of a present or previous familial, social, sexual, emotional, financial, supervisory, political,

administrative, or legal relationship with the client or a relevant person associated with or related to the client.

(2) A psychologist may not:

(a) Engage in an exploitative relationship with a past or a present client, including, but not limited to, any;

(I) Sexual intercourse or other sexual contact,

(ii) Verbal or physical behavior which is sexually seductive, demeaning, or harassing or,

(b) Enter into a dual relationship with a past or present client.

C. Termination of Services. A psychologist shall:

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

(2) 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:

(b) If a dual relationship develops or is discovered after the professional relationship has been initiated; and

(3) Offer to help located alternative sources of professional services, if indicated, whenever professional services are terminated.

.06 Representation of Services and Fees

B. Informed Consent. A psychologist shall inform and make full disclosures to clients, students, and research participant, including:

- (1) The purpose and nature of any evaluation, treatment, education, or training procedures;
- (2) What is reasonable to expect in a therapeutic relationship, including the nature and purpose of testing, report, consultations, limits of confidentiality, fees, billings, and psychotherapeutic schedules, including termination of therapy.

.07 Confidentiality and Client Records:

- A. A psychologist shall maintain confidentiality regarding information obtained from a client in the course of the psychologist's work and shall:
 - (3) Reveal confidential information to others only with the informed consent of the client or the client's legal representative.
- C. A psychologist shall keep records of a patient's condition and assessment results and shall:
 - (2) Ensure that professional records are maintained for a period of not less than 5 years after the date of service.

The Board further charged me with violating the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (1981 and 1989 revision) ("Ethical Principals") adopted and published by the American Psychological Association ("APA") which provides in pertinent part that:

Principle 1 - Responsibility - In providing services, psychologists maintain the highest standards of their profession. They accept responsibility for the consequences of their acts and make every effort to ensure that their services are used appropriately.

- f. As practitioners, psychologists know that they bear a heavy social responsibility because their recommendations and professional actions may alter the lives of others. They are alert to personal, social, organizational, financial, or political situations and pressures that might lead to misuse of their influence.

Principle 2 - Competence - The maintenance of high standards of competence is a responsibility shared by all psychologists in the interest of the public and profession as a whole. Psychologists recognize the boundaries of their competence and the limitations of their techniques. They only provide services and only use techniques for which they are qualified by training and experience. In those areas in which recognized standards do not exist, psychologists take whatever precautions are necessary to protect the welfare of their clients. They maintain knowledge of current scientific and professional information related to the services they render.

- a. Psychologists accurately represent their competence, education, training, and experience. They claim as evidence of educational qualifications only those degrees obtained from institutions acceptable under the Bylaws and Rules of Council of the American Psychological Association.
- b. As teachers, psychologists perform their duties on the basis of careful preparation so that their instruction is accurate, current, and scholarly.
- c. Psychologists recognize the need for continuing education and are open to new procedures and changes in expectations and values over time.
- d. Psychologists recognize differences among people, such as those that may be associated with age, sex, socioeconomic, and ethnic backgrounds. When necessary, they obtain training, experience, or counsel to assure competent service or research relating to such persons.
- e. Psychologists responsible for decisions involving individuals or policies based on test results have an understanding of psychological or educational measurement, validation problems, and test research.
- f. Psychologists recognize that personal problems and conflicts may interfere with professional effectiveness. Accordingly, they refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance or harm to a client, colleague, student, or research participant. If engaged in such activity when they become aware of their personal problems, they seek competent professional

assistance to determine whether they should suspend, terminate, or limit the scope of their professional and/or scientific activities.

Principle 3 - Moral and Legal Standards - Psychologists' moral and ethical standards of behavior are a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychology and psychologists. Regarding their own behavior, psychologists are sensitive to prevailing community standards and to the possible impact that conformity to or deviation from these standards may have upon the quality of their performance as psychologists. Psychologists are also aware of the possible impact of their public behavior upon the ability of colleagues to perform their professional duties.

- a. As teachers, psychologists are aware of the fact that their personal values may affect the selection and presentation of instructional materials. When dealing with topics that may give offense, they recognize and respect the diverse attitudes that students may have toward such materials.
- b. As employees or employers, psychologists do not engage in or condone practices that are inhumane or that result in illegal or unjustifiable actions. Such practices include, but are not limited to, those based on considerations of race, handicap, age, gender, sexual preference, or national origin in hiring, promotion, or training.
- c. In their professional roles, psychologists avoid any action that will violate or diminish the legal and civil rights of clients or of others who may be affected by their actions.
- d. As practitioners and researchers, psychologists act in accord with Association standards and guidelines related to practice and to the conduct of research with human beings and animals. In the ordinary course of events, psychologists adhere to relevant governmental laws and institutional regulations. When federal, state, provincial, organizational, or institutional laws, regulations, or practices are in conflict with Association standards and guidelines, psychologists make known their commitment to Association standards and guidelines and, wherever possible, work toward a resolution of the conflict. Both practitioners and researchers are concerned with the development of such legal

and quasi-legal regulations as best serve the public interest, and they work toward changing existing regulations that are not beneficial to the public interest.

Principle 5 - Confidentiality - Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists. They reveal such information to others only with the consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, psychologists inform their clients of the legal limits of confidentiality.

- a. Information obtained in clinical or consulting relationships, or evaluative data concerning children, students, employees, and others, is discussed only for professional purposes and only with persons clearly concerned with the case. Written and oral reports present only data germane to the purposes of the evaluation, and every effort is made to avoid undue invasion of privacy.
- b. Psychologists who present personal information obtained during the course of professional work in writings, lectures, or other public forums either obtain adequate prior consent to do so or adequately disguise all identifying information.
- c. Psychologists make provisions for maintaining confidentiality in the storage and disposal of records.
- d. When working with minors or other persons who are unable to give voluntary, informed consent, psychologists take special care to protect these persons' best interests.

Principle 6 - Welfare of the Consumer - Psychologists respect the integrity and protect the welfare of the people and groups with whom they work. When conflicts of interest arise between clients and psychologists' employing institutions, psychologists clarify the nature and direction of their loyalties and responsibilities and keep all parties informed of their commitments. Psychologists fully inform consumers as to the purpose and nature of an evaluative, treatment, educational, or training procedure, and they freely acknowledge that

clients, students, or participants in research have freedom of choice with regard to participation.

- a. Psychologists are continually cognizant of their own needs and of their potentially influential position vis-a-vis persons such as clients, students, and subordinates. They avoid exploiting the trust and dependency of such persons. Psychologists make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, research with and treatment of employees, students, supervises, close friends or relatives. Sexual intimacies with clients are unethical.
- b. When a psychologist agrees to provide services to a client at the request of a third party, the psychologist assumes the responsibility of clarifying the nature of the relationships to all parties concerned.
- c. Where the demands of an organization require psychologists to violate these Ethical Principles, psychologists clarify the nature of the conflict between the demands and these principles. They inform all parties of psychologists' ethical responsibilities and take appropriate action.
- d. Psychologists make advance financial arrangements that safeguard the best interests of and are clearly understood by their clients. They neither give nor receive any remuneration for referring clients for professional services. They contribute a portion of their services to work for which they receive little or no financial return.
- e. Psychologists terminate a clinical or consulting relationship when it is reasonably clear that the consumer is not benefiting from it. They offer to help the consumer locate alternative sources of assistance.

Principle 7 - Professional Relationships - Psychologists act with due regard for the needs, special competencies, and obligations of their colleagues in psychology and other professions. They respect the prerogatives and obligations of the institutions or organizations with which these other colleagues are associated.

- a. Psychologists understand the areas of competence of related professions. They make full use of the professional, technical, and administrative resources that serve the best interests of consumers. The absence of formal relationships with other professional workers does not relieve psychologists of the responsibility of securing for their clients the best possible professional service, nor does it relieve them of the obligation to exercise foresight, diligence, and tact in obtaining the complementary or alternative assistance needed by clients.
- b. Psychologists know and take into account the traditions and practices of other professional groups with whom they work and cooperate fully with such groups. If a person is receiving similar services from another professional, psychologists do not offer their own services directly to such a person. If a psychologist is contacted by a person who is already receiving similar services from another professional, the psychologist carefully considers that professional relationship and proceeds with caution and sensitivity to the therapeutic issues as well as the client's welfare. The psychologist discusses these issues with the client so as to minimize the risk of confusion and conflict.
- c. Psychologists who employ or supervise other professionals or professionals in training accept the obligation to facilitate the further professional development of these individuals. They provide appropriate working conditions, timely evaluations, constructive consultation, and experience opportunities.
- d. Psychologists do not exploit their professional relationships with clients, supervises, students, employees, or research participants sexually or otherwise. Psychologists to not condone or engage in sexual harassment. Sexual harassment is defined as deliberate or repeated comments, gestures, or physical contacts of a sexual nature that are unwanted by the recipient.
- e. In conducting research in institutions or organizations, psychologists secure appropriate authorization to conduct such research. They are aware of their obligations to future research workers and ensure that

virtue of this surrender, I waive the right to contest these findings. I voluntarily waive my right to contest these charges at a contested case hearing held in accordance with the Administrative Procedure Act, Md. Code Ann., State Government Article, §§10-201 et seq. and agree that for the limited purpose of considering my petition for reinstatement the Board may deem the allegations of fact contained therein to be the Board's findings of fact just as if the Board had held a full contested case hearing.

I voluntarily relinquish my right to petition the Board for reinstatement of my license for a period of three years from the date that I return my licensure documents to the Board's office. In executing this agreement to surrender my license to practice psychology to the Board, I recognize and agree that my status as a resignee is the same as that of a person whose license has been revoked following a hearing before the Board. In other words, I agree that if, after a period of three years following the Board's acceptance of my letter of surrender, I determine that I would like to once again to practice as a psychologist in Maryland, at that time, I will approach the Board in the same posture as one whose license has been revoked based on the above charges.

Twenty-one days from the date that the Board Chair signs and accepts this Letter of Surrender on behalf of the Board, I agree to enclose all licenses, certificates, and permits issued by the Board, evidencing my licensure. I understand that in order for this letter to become effective, I must sign and have this Letter of Surrender notarized and returned to the Board offices no later than the close of business on ~~July 30, 1997~~^{8/11/97}. The surrender of my license will begin effective twenty-one days after the date of this letter is accepted by the Board Chairman in order that I might have an opportunity to terminate therapy and make appropriate referrals in accordance with COMAR 10.36.05.05.C.

I understand that after the expiration of three years following my return of my licensure documents to the Board offices in accordance with this Letter of Surrender, I may petition the Board for reinstatement of my license. At that time, the Board will review my case and determine my fitness to have my license reinstated. I understand that the Board will only consider my petition for reinstatement if I have first met the following conditions:

(1) I have attended at my own expense regular ongoing psychotherapy with a licensed practitioner until discharged from therapy by that practitioner. Upon providing the Board with a summary report of the psychotherapy as prepared by the practitioner;

(2) I must at my own expense submit to a psychological or psychiatric examination by a licensed practitioner approved by the Board, which practitioner will be provided with a copy of the

charge letter issued in this case along with this Letter of Surrender: and

(3) Upon approval of the evaluation report in terms of its quality and sufficiency, the Board may reinstate my license under conditions of probation to last for at least three years if the Board is satisfied that I would no longer pose a danger to patients.

I further understand and agree that should the Board decide to reinstate my license under conditions of probation, those probationary conditions would include at minimum the following:

(1) At my expense, I shall work under supervision by a licensed psychologist approved by the Board. For the first year, this supervision would be on a weekly basis and for the remainder of my probationary period it would be on a monthly basis. This supervisor shall provide quarterly reports to the Board; and

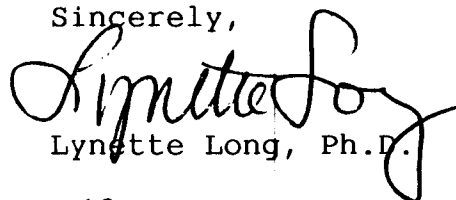
(2) At my expense, I shall complete an intensive ethics course related to boundary issues offered by Dr. Paul Ephross following the Board's approval of the course or by a comparable Board-approved course offered by another practitioner.

I understand and agree that the Board may choose to require the completion of additional continuing education credits as another condition of probation. In addition, the Board may include probationary conditions that the Board believes are necessary to protect the public and ensure adequate patient care in light of the results of my evaluation report, my progress in therapy and any other information relevant to my reinstatement petition.

I also understand and agree that the Board may issue an order of reinstatement that would include standard language regarding the consequences of any violations of probation, including revocation. Any such Order of Reinstatement would also constitute a public document. Finally, at the end of three years of probation, the Board shall entertain my petition to be released from probation provided that I have complied with all conditions of probation.

Finally, I wish to make clear that I have been advised to and have consulted with my attorney, Natasha S. Wesker, before signing this letter surrendering my license to practice psychology. I understand both the nature of the matter against me and also this Letter of Surrender. I make the decision to surrender my license voluntarily and knowingly.

Sincerely,


Lynette Long, Ph.D.

VERIFICATION

STATE OF Maryland
CITY/COUNTY OF Montgomery

I hereby certify that on this 4th day of August, 1997, before me, a Notary Public of the State of and City/County aforesaid, personally appeared Lynette Long, and declared under the penalties of perjury that signing this Letter of Surrender was her voluntary act and deed.

RAZIAH CASWELL
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires February 28, 2001

Roziah Caswell
Notary Public

My Commission Expires: Feb 28/2001

ON BEHALF OF THE BOARD OF EXAMINERS OF PSYCHOLOGISTS, on this 11th day of August, 1997, I accept Lynette Long's public surrender of her license to practice psychology in the State of Maryland.

[Signature]
Daniel R. Malone, Ph.D, Chair
Board of Examiners of Psychologists

IN THE MATTER OF * BEFORE THE STATE BOARD
LYNETTE LONG, Ph.D. * OF EXAMINERS OF
License No. 1744 * PSYCHOLOGISTS
Respondent *

* * * * *

CHARGES UNDER THE MARYLAND PSYCHOLOGISTS ACT

The Maryland State Board of Examiners of Psychologists (the "Board") hereby charges Lynette Long, Ph.D. (the "Respondent") with violation of certain provisions of the Maryland Psychologists Act, Md. Code Ann., Health Occ. Art. §18-101 et seq. (Repl. Vol.) (1994) (the "Act"). Specifically, the Board charges the Respondent with violation of the following provisions of §18-313 of the Act:

Subject to the hearing provisions of §18-315 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may deny a license to any applicant, reprimand any licensee, place any license 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 rule or regulation adopted by the Board;
- (14) Is professionally, physically, or mentally incompetent;
- (16) Behaves immorally in the practice of psychology;
- (17) Commits an act of unprofessional conduct in the practice of psychology.

The Board also charges the Respondent with violating COMAR 10.36.01 of the Code of Ethics and Professional Conduct which states in

B. Impaired Objectivity and Dual Relationships.

- (1) A psychologist may not undertake or continue a Professional relationship with a client when objectivity is or could reasonably be expected to be impaired because of a present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the client or a relevant person associated with or related to the client.
- (2) A psychologist may not:
 - (a) Engage in an exploitative relationship with a past or a present client, including, but not limited to, any;
 - (i) Sexual intercourse or other sexual contact,
 - (ii) Verbal or physical behavior which is sexually seductive, demeaning, or harassing or,
 - (b) Enter into a dual relationship with a past or present client.

C. Termination of Services. A psychologist shall:

- (1) Make or recommend a referral to other professional, technical, or administrative resources when the

- 2 -

information obtained from a client in the course of the psychologist's work and shall:

- (3) Reveal confidential information to others only with the informed consent of the client or the client's legal representative.

C. A psychologist shall keep records of a patient's condition and assessment results and shall:

- 3 -

- (2) Ensure that professional records are maintained for a period of not less than 5 years after the date of service.

The Board further charges the Respondent with violating the American Psychological Association 's Ethical Principles of Psychologist and Code of Conduct (1981 and 1989 revision) ("Ethical Principals") adopted and published by the American Psychological Association ("APA") which provides in pertinent part that:

Principle 1 - Responsibility - In providing services, psychologists maintain the highest standards of their profession. They accept responsibility for the consequences of their acts and make every effort to ensure that their services are used appropriately.

- f. As practitioners, psychologists know that they bear a heavy social responsibility because their recommendations and professional actions may alter the lives of others. They are alert to personal, social, organizational, financial, or political situations and pressures that might lead to misuse of their influence.

Principle 2 - Competence - The maintenance of high standards of competence is a responsibility shared by all psychologists in the interest of the public and profession as a whole. Psychologists recognize the boundaries of their competence and the limitations of their techniques. They only provide services and only use techniques for which they qualified by training and experience. In those areas in which recognized standards do not exist, psychologists take whatever precautions are necessary to protect the welfare of their clients. They maintain knowledge of current scientific and professional information related to the services they render.

- a. Psychologists accurately represent their competence, education, training, and experience.

They claim as evidence of educational qualifications only those degrees obtained from institutions acceptable under the Bylaws and Rules of Council of the American Psychological Association.

- b. As teachers, psychologists perform their duties on the basis of careful preparation so that their instruction is accurate, current, and scholarly.
- c. Psychologists recognize the need for continuing education and are open to new procedures and changes in expectations and values over time.
- d. Psychologists recognize differences among people, such as those that may be associated with age, sex, socioeconomic, and ethnic backgrounds. When necessary, they obtain training, experience, or counsel to assure competent service or research relating to such persons.
- e. Psychologists responsible for decisions involving individuals or policies based on test results have an understanding of psychological or educational measurement, validation problems, and test research.
- f. Psychologists recognize that personal problems and conflicts may interfere with professional effectiveness. Accordingly, they refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance or harm to a client, colleague, student, or research participant. If engaged in such activity when they become aware of their personal problems, they seek competent professional assistance to determine whether they should suspend, terminate, or limit the scope of their professional and/or scientific activities.

Principle 3 - Moral and Legal Standards - Psychologists' moral and ethical standards of behavior are a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychology and psychologists. Regarding their own behavior, psychologists are sensitive to prevailing community standards and to the possible impact

that conformity to or deviation from these standards may have upon the quality of their performance as psychologists. Psychologists are also aware of the possible impact of their public behavior upon the ability of colleagues to perform their professional duties.

- a. As teachers, psychologists are aware of the fact that their personal values may affect the selection and presentation of instructional materials. When dealing with topics that may give offense, they recognize and respect the diverse attitudes that students may have toward such materials.
- b. As employees or employers, psychologists do not engage in or condone practices that are inhumane or that result in illegal or unjustifiable actions. Such practices include, but are not limited to, those based on considerations of race, handicap, age, gender, sexual preference, or national origin in hiring, promotion, or training.
- c. In their professional roles, psychologists avoid any action that will violate or diminish the legal and civil rights of clients or of others who may be affected by their actions.
- d. As practitioners and researchers, psychologists act in accord with Association standards and guidelines related to practice and to the conduct of research with human beings and animals. In the ordinary course of events, psychologists adhere to relevant governmental laws and institutional regulations. When federal, state, provincial, organizational, or institutional laws, regulations, or practices are in conflict with Association standards and guidelines, psychologists make known their commitment to Association standards and guidelines and, wherever possible, work toward a resolution of the conflict. Both practitioners and researchers are concerned with the development of such legal and quasi-legal regulations as best serve the public interest, and they work toward changing existing regulations that are not beneficial to the public interest.

Principle 5 - Confidentiality - Psychologists have a primary obligation to respect the confidentiality of

position vis-a-vis persons such as clients, students, and subordinates. They avoid exploiting the trust and dependency of such persons. Psychologists make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, research with and treatment of employees, students, supervisees, close friends or relatives. Sexual intimacies with clients are unethical.

- b. When a psychologist agrees to provide services to a client at the request of a third party, the psychologist assumes the responsibility of clarifying the nature of the relationships to all parties concerned.
- c. Where the demands of an organization require psychologists to violate these Ethical Principles, psychologists clarify the nature of the conflict between the demands and these principles. They inform all parties of psychologists' ethical responsibilities and take appropriate action.
- d. Psychologists make advance financial arrangements that safeguard the best interests of and are clearly understood by their clients. They neither give nor receive any remuneration for referring clients for professional services. They contribute a portion of their services to work for which they receive little or no financial return.
- e. Psychologists terminate a clinical or consulting relationship when it is reasonably clear that the consumer is not benefiting from it. They offer to help the consumer locate alternative sources of assistance.

Principle 7 - Professional Relationships - Psychologists act with due regard for the needs, special competencies, and obligations of their colleagues in psychology and other professions. They respect the prerogatives and obligations of the institutions or organizations with which these other colleagues are associated.

- a. Psychologists understand the areas of competence of related professions. They make full use of the

professional, technical, and administrative resources that serve the best interests of consumers. The absence of formal relationships with other professional workers does not relieve psychologists of the responsibility of securing for their clients the best possible professional service, nor does it relieve them of the obligation to exercise foresight, diligence, and tact in obtaining the complementary or alternative assistance needed by clients.

- b. Psychologists know and take into account the traditions and practices of other professional groups with whom they work and cooperate fully with such groups. If a person is receiving similar services from another professional, psychologists do not offer their own services directly to such a person. If a psychologist is contacted by a person who is already receiving similar services from another professional, the psychologist carefully considers that professional relationship and proceeds with caution and sensitivity to the therapeutic issues as well as the client's welfare. The psychologist discusses these issues with the client so as to minimize the risk of confusion and conflict.
- c. Psychologists who employ or supervise other professionals or professionals in training accept the obligation to facilitate the further professional development of these individuals. They provide appropriate working conditions, timely evaluations, constructive consultation, and experience opportunities.
- d. Psychologists do not exploit their professional relationships with clients, supervises, students, employees, or research participants sexually or otherwise. Psychologists to not condone or engage in sexual harassment. Sexual harassment is defined as deliberate or repeated comments, gestures, or physical contacts of a sexual nature that are unwanted by the recipient.
- e. In conducting research in institutions or organizations, psychologists secure appropriate authorization to conduct such research. They are aware of their obligations to future research workers and ensure that host institutions receive

adequate information about the research and proper acknowledgment of their contributions.

- f. Publication credit is assigned to those who have contributed to a publication in proportion to their professional contributions. Major contributions of a professional character made by several persons to a common project are recognized by joint authorship, with the individual who made the principal contribution listed first. Minor contributions of a professional character and extensive clerical or similar nonprofessional assistance may be acknowledged in footnotes or in an introductory statement. Acknowledgment through specific citations is made for unpublished as well as published material that has directly influenced the research or writing. Psychologists who compile and edit material of others for publication publish the material in the name of the originating group, if appropriate, with their own name appearing as chairperson or editor. All contributors are to be acknowledged and named.
- g. When psychologists know of an ethical violation by another psychologist, and it seems appropriate, they informally attempt to resolve the issue by bringing the behavior to the attention of the psychologist. If the misconduct is of a minor nature and/or appears to be due to lack of sensitivity, knowledge, or experience, such an informal solution is usually appropriate. Such informal corrective efforts are made with sensitivity to any rights to confidentiality involved. If the violation does not seem amenable to an informal solution, or is of a more serious nature, psychologists bring it to the attention of the appropriate local, state and/or national committee on professional ethics and conduct.

ALLEGATIONS OF FACT

The Board bases its charges on the following facts that the Board has cause to believe are true:

a 2 1/2 year sexual relationship between the Respondent and Patient A.

- g. In July of 1990, the Respondent moved into Patient A's Potomac, Maryland home. The Respondent continued to provide Patient A with therapy until she moved out of Patient A's home, approximately two years later. The Respondent told Patient A that she was in therapy 24 hours a day because she had the Respondent was living with her. The Respondent told Patient A that she did not need to get a therapist.
- h. In 1991, Patient A was prescribed Prozac after becoming very suicidal. In order to monitor Patient A's condition, the Respondent asked Patient A to move into a guest room where the Respondent maintained her practice.
- i. On one occasion, Patient A telephoned the Respondent to tell her that she had a gun and would pull the trigger. The Respondent made no attempts to assist Patient A. The Respondent simply told Patient A that she should get rid of the gun and the bullets.
- j. Throughout their relationship, the Respondent and Patient A went on numerous dates and trips. They took trips to various locations including England

and Mexico. The Respondent and Patient A frequently exchanged gifts, such as and including jewelry and clothing.

k. On several occasions, Patient A helped the Respondent in her practice by rendering clerical assistance. Patient A assisted the Respondent with her patient records, took messages from patients, and contacted the Respondent's patients regarding their appointments. Patient A knew the names and diagnosis of the Respondent's patients. There were also occasions when the Respondent introduced her patients to Patient A.

l. The Respondent and Patient A opened a joint savings account. The joint account contained money that Patient A inherited from her mother's estate. At the Respondent's request, Patient A made the Respondent's children the beneficiaries of the joint account held by the Respondent and Patient.

m. In August 1993, the Respondent and Patient A jointly published a book entitled " One Year to a College Degree", that is currently being offered for sale at bookstores in the Washington-Baltimore area.

4. The following facts pertain to the Respondent's relationship with Patient B:

- a. In January of 1991 Patient B began therapy sessions with the Respondent. At the time that Patient B began her therapy, the Respondent was also treating Patient B's daughter. Patient B was being seen for severe depression. Patient B was also suffering from severe chest pains and had difficulties breathing. Patient B saw the Respondent two or three times per week and participated in either individual or group therapy.
- b. During the course of therapy, the Respondent and Patient B also discussed the issue of sexual abuse. Through regression hypnosis, the Respondent was able to ascertain that Patient B had been both emotionally and sexually abused by a family member. Many therapy sessions were spent discussing Patient B's sexual abuse.
- c. In February of 1991, following a therapy session, the Respondent asked Patient B to bring her some antibiotics from Mexico. Patient B and her husband were planning to vacation in Mexico the following month.
- d. In December of 1991, the Respondent took her dog to Patient B's home so that Patient B could watch the dog while the Respondent went on vacation.

- e. During 1991 and 1992, and while Patient B was still under the Respondent's care, the Respondent gave Patient B several gifts, including an embroidered pillow sham from China and a silver bracelet from Mexico.
- f. In April of 1992, Patient B spent time at an in-patient psychiatric facility. Patient B was treated for depression and suicidal thoughts. Patient B was hospitalized for three weeks. After discharge from the hospital, Patient B was referred to a partial hospitalization program administered by her health insurance carrier until the end of July.
- g. During the Fall of 1992, the Respondent asked Patient B how she felt about her. Patient B told the Respondent that she believed that she was in love with her and wanted to be with the Respondent all the time. After hearing Patient B's declaration, the Respondent told Patient B that she loved her. The Respondent also told Patient B that she and her husband had been separated since July 1990 and she lived in a house in Potomac, Maryland.

The Respondent was living with Patient A.

insurance company for therapy sessions, when no therapy session took place.

k. On Patient B's "graduation day" from therapy, the Respondent and Patient B had lunch in Washington D.C. After lunch, they returned to the Respondent's office and exchanged gifts and said their good-byes. The Respondent gave Patient B a Coach leather wallet and a Coach checkbook cover, and a book that the Respondent personally wrote for Patient B. The Respondent and Patient B promised not to see one another for one year.

l. Approximately two weeks after saying goodbye, the Respondent contacted Patient B and invited her to the home of the Respondent's husband. The Respondent and Patient B's had their first sexual encounter.

m. In August of 1993, the Patient B moved into the same apartment building where the Respondent had recently moved. They met in each other's apartment where they continued to discuss her depression, her relationship with her children and issues surrounding Patient B's upcoming divorce, the damage to Patient B's as a result of her childhood sexual abuse, and suicidal idealization. These were the same topics that the Respondent and

Patient B discussed when Patient B came to the Respondent's Bethesda office. The Respondent told Patient B that she did not need a therapist because she had the Respondent 24 hours per day.

- n. In November of 1995, Patient B took a large dosage of Percocet and Synthroid in an attempt to commit suicide. When Patient B discovered that she was still alive after taking the pills, she called the Respondent and told her what she had done. The Respondent told Patient B to call 911. When Patient B refused to call 911, the Respondent told Patient B to go to sleep and she would call her the following day.

SUMMARY

By undertaking personal and sexual relationships with present clients, by undertaking exploitive relationship with former and present clients by failing to maintain patient confidentiality, and by failing to protect a patient's welfare, the Respondent is in violation of the Act and the regulations thereunder and the Ethical Principles of APA.

NOTICE OF POSSIBLE SANCTIONS

Pursuant to Health Occupations Article, §§18-313 and 18-315, and if, after a hearing, the Board finds that Respondent violated any of the above listed provisions and if the Board finds the above allegations of fact to be true, the Board may impose

disciplinary sanctions against Respondent's license, including revocation, suspension, reprimand, and may place Respondent's license on-probation.

NOTICE OF HEARING

A case resolution conference in this matter has been scheduled for June 2, 1997 at 2:30 p.m., 4201 Patterson Avenue, Baltimore, Maryland 21215. The nature and purpose of the case resolution conference is described in the attached letter to Respondent.

If this matter is not resolved at the case resolution conference, a hearing in this matter will be scheduled in accordance with the Md. Code Ann., State Gov't Art, §10-201 et seq., §18-315 of the Act, and the regulations adopted by the Board under COMAR 10.36.03.

4/22/97
Date

Daniel Malone / DM
Daniel Malone, Ph.D., Chair
Board of Examiners of Psychologists

A:\LYNTECHA.BD
April 11, 1997

- h. The Respondent also informed Patient B that her therapy sessions would have to stop for one year before they could have an intimate relationship. The Respondent explained to Patient B that she had to stop Patient B's therapy so as to avoid problems with the APA Ethical Standards. The Respondent also told Patient B that they should plan a date for Patient B's "graduation" from therapy. The Respondent had not discussed ending Patient B's therapy sessions prior to their mutual declaration of love.
- i. By January of 1993, the Respondent and Patient B were leaving love messages on the Respondent's voicemail. They were also kissing and holding hands. The Respondent and Patient B visited museums, art galleries, attended psychic and new age fairs, seminars, workshops, and restaurants.
- j. By February of 1993 the Respondent refused to accept Payment from Patient B for her therapy sessions. The Respondent told Patient B that she could not take money from someone she loved. On scheduled therapy days the Respondent took Patient B on excursions to museums, art galleries and restaurants. The Respondent billed Patient B's