

IN THE MATTER OF  
GAIL WALTER, Ph.D.  
LICENSE NO.: 1594

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BEFORE THE MARYLAND  
BOARD OF EXAMINERS  
OF PSYCHOLOGISTS

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FINAL CONSENT ORDER

Based upon information received and a subsequent investigation by the State Board of Examiners of Psychologists (the "Board"), and subject to Health Occupations Article, §18-313, Annotated Code of Maryland (the "Act"), the Board charged Gail Walter, Ph.D. (the "Respondent") with violations of §18-313 of the Act:

The pertinent provisions of the Act provide the following:

§18-313:

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 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;
- (9) Submits a false statement to collect a fee;
- (10) Willfully makes or files a false report or record in the practice of psychology;
- (12) Violates any rule or regulation adopted by the Board;
- (14) Is professionally, physically, or mentally incompetent;
- (17) Commits an act of unprofessional conduct in the practice of psychology;

The Code of Ethics adopted by the Board pursuant to §18-311 provide as follows:

**Principle I - 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 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.
- 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, supervisees, close friends or relatives. Sexual intimacies with clients are unethical.
  
- 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.

**Principle 8 - Assessment Techniques** - In the development, publication, and utilization of psychological assessment techniques, psychologists make every effort to promote the welfare and best interests of the client. They guard against the misuse of assessment results. They respect the client's right to know the results, the interpretations made, and the bases for their conclusions and recommendations. Psychologists make every effort to maintain the security of tests and other assessment techniques within limits of legal mandates. They strive to ensure the appropriate use of assessment techniques by others.

- a. In using assessment techniques, psychologists respect the right of clients to have full explanation of the nature and purpose of the techniques in language the clients can understand, unless an explicit exception to this right has been agreed upon in advance. When the explanations are to be provided by others, psychologists establish procedures for ensuring the adequacy of these explanations.
- c. In reporting assessment results, psychologists indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested. Psychologists strive to ensure that the results of assessments and their interpretations are not misused by others.
- e. Psychologists offering scoring and interpretation services are able to produce appropriate evidence for the validity of the programs and procedures used in arriving at interpretations. The public offering of an automated interpretation service is considered a professional-to-professional consultation. Psychologists make every effort to avoid misuse of assessment reports.

The Code of Maryland Regulations (COMAR) 10.36.01.09 adopted by the Board, states:

Code of Ethics.

- A. All persons who represent themselves to be psychologists in the State shall adhere strictly to the Ethical Standards of Psychologists adopted and published by the American Psychological Association and to any subsequent revisions and additions. When relevant to one's specialty area, Principles for the Care and Use of Animals, published by the American Psychological Association shall also be adhered to in research, practice, and teaching.

- B. Every psychologist in the State should be familiar with the provisions of the Health Occupations Article and its revisions, and shall adhere to these provisions in the interests of the welfare of the citizens of the State and of the highest standards of the science and profession of psychology.

The Respondent was given notice of the charges and the issues underlying those charges by letter and charging documents sent to Respondent on January 21, 1994. A prehearing conference on those charges was held on March 4, 1994, and was attended by Milton Shore, Ph.D., Member of the Board; Roslyn Blankman, Administrator of the Board; and Nancy Tennis, Assistant Attorney General, Counsel to the Board. Also in attendance were the Respondent and her attorneys, Joel Savits and Ellen Draper; Respondent's husband, Dr. John Walter; and Roberta Gill, Assistant Attorney General, Administrative Prosecutor.

Following the prehearing conference, the parties and the Board agreed to resolve the administrative charges by way of settlement.

#### FINDINGS OF FACTS

1. At all times relevant hereto, the Respondent was licensed to practice psychology. At all times relevant hereto, the Respondent was a self-employed clinician with an office in Howard County, Maryland.

#### Patient A<sup>1</sup>

2. While counselling the parents of a minor child in

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<sup>1</sup> The identity of the patients is confidential.

regard to visitation issues, the following occurred:<sup>2</sup>

- A. The Respondent billed for counselling sessions with the minor child's mother (Patient A) for September 11, 1991 and September 23, 1991 when only one counselling session was actually provided. The Respondent indicated that the September 11, 1991 session was erroneously coded and should have indicated the preparation of a status report.
- B. The Respondent billed for telephone consultations on March 5 and March 8, 1991; there is no written agreement that Patient A would be responsible for paying for telephone consultations. The Respondent claims that billing was done pursuant to an oral agreement which Patient A denies.
- C. Upon being advised by Patient A that the counselling appointment for January 23, 1992 had to be cancelled because of the illness of the minor child, Patient A alleges that the Respondent called Patient A's mother to verify that the child was, in fact, ill.

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<sup>2</sup> Patient A and her husband entered into an agreement which contained, inter alia, the following provisions:

The parties will continue to see Dr. Gail K. Walter as she requires; Dr. Walter will make monthly recommendations with regard to visitation schedules and the parties will continue to abide by the recommendations of Dr. Walter until further order of court.

In the event either party objects to the recommendations of Dr. Gail Walter then either shall have the right to apply to the Court for a different schedule.

This agreement was filed in Civil Action No. 69923 in the Circuit Court for Montgomery County, Maryland. Dr. Walter agreed to make recommendations with regard to visitation as set forth in the parties' agreement.

Subsequent to entering into the agreement with Patient A and her husband, Dr. Walter learned that Patient A and her child resided with Patient A's parents (the child's maternal grandparents). An agreement was reached between Patient A and her husband for the child's maternal grandmother to participate as a "go-between" in the visitation process. Pursuant to this agreement, the child's grandmother supervised the transfer of the child between the parties in an effort to facilitate visitation.

Respondent denies that she called Patient A's mother to verify that the child was ill. Respondent contends that she received a message from her answering service that the scheduled appointment had been cancelled. Respondent called the telephone number at the home where Patient A, the child, and the child's maternal grandmother resided. The maternal grandmother answered the telephone and informed Respondent that Patient A was in bed. Respondent indicated to the grandmother that she was calling to reschedule an appointment.

- D. On one occasion the Respondent called Patient A's mother to lecture the mother on the inappropriateness of not sending a particular pair of mittens with the minor child when she went to visit her father and how it was the grandmother's responsibility to ensure that the granddaughter was properly prepared for her paternal visitations. The Respondent also informed Patient A's mother that, in contrast to the father of the minor child, Patient A was very uncooperative in therapy, and that depriving the child of paternal visits would have adverse consequences for the child. This lecture to Patient A's mother lasted approximately 15 minutes. Patient A's mother was not a patient of the Respondent.

Respondent denies any wrongdoing with respect to this allegation. Respondent admits that she received a telephone call from the child's father indicating that the child did not have any gloves when he picked her up for visitation. Respondent telephoned Patient A, who was not available. Respondent left a message for Patient A with the child's maternal grandmother regarding the need for the child to have proper outerwear for visits with her father. The child's grandmother agreed to address the issue and pass the information on to Patient A. This information is set forth in a Progress Note for November 13, 1991. Respondent gave this information to the child's maternal grandmother because both of the child's parents had previously agreed that the grandmother would assist in facilitating the visitation process. Respondent denies that she ever lectured the child's grandmother regarding any matter, including, but not limited to, Patient A's cooperation or failure to cooperate in therapy. Respondent further denies that she ever lectured anyone that depriving the child of paternal visits would have adverse consequences for the child. Respondent admits that on one occasion, Patient A stated that she did not want the child to have any contact with her father. Respondent was asked if failure to have contact with the child's father could

have any harmful effects on the child. Respondent reviewed with everyone present the current literature regarding the potential psychological effects of depriving a child contact with her father and explained why failure to have any contact with her father could be potentially damaging to the child.

### Patients B and C

3. The Respondent provided counselling to Patients B and C who were husband and wife during individual therapy sessions which were, according to Patients A and B, occasioned by the stress brought on by the care of Patient C's seriously ill mother and the emotional and financial costs of same.

- A. Patient B alleges that he underwent individual therapy with the Respondent from August, 1987 to April, 1988. The Respondent denies that she provided treatment for Patient B but admits that she "evaluated" him from March, 1988 to June, 1988.
- B. Without conducting proper assessments, the Respondent diagnosed Patient B's condition as bipolar disorder with psychotic features, DSM 296.64. The Respondent also diagnosed Patient B as antisocial personality disorder: yet, when asked to substantiate her diagnosis, the Respondent was unable to recall specific incidences of the sociopathic and rebellious behavior referenced in her records. The Respondent indicated that her evaluation was confirmed by a psychiatrist to whom she referred Patient B. The Respondent asserts that she gave Patient B the following provisional diagnosis: Axis I: 296.64 Bipolar, Mixed -- Rapid Cycling; 300.01 Panic Disorder w/o Agoraphobia; Axis II: 301.83 Borderline Per. Disorder; Dep. Per. Disorder; 301.70 Antisocial Per. Disorder; Axis III: Chronic back pain, sinus conditions, lactose intolerance, extreme fatigue; Axis IV: Mild Psychostressors; Axis V GAF: 40 Some impaired reality testing, major impairment in work, family relationships, mood. The Respondent admits that at the time of her deposition in the civil suit filed by Patient B, she could not recall specific incidences of Patient B's sociopathic and rebellious behavior which were referenced in the patient's records.
- C. The Respondent then breached patient confidentiality by informing Patient C of her (Respondent's) diagnosis of



Patient B and advising Patient C not to have children by Patient B because this mental condition was genetic. The Respondent further informed Patient C that Patient B was uncooperative in therapy and refused to begin drug treatment for his condition. The Respondent denies that she discussed Patient B's case with his wife or made the above statement. The Respondent vigorously denies any breach of patient confidentiality. She further denies ever telling Patient C not to have children by Patient B or that Patient B was uncooperative in therapy or refused to begin drug treatment. The Respondent denies that Patient B was ever in therapy with her.

- D. The Respondent entered into improper dual relationships with Patient B by inviting him to join her for meals and other social activities, including having Patient B accompany her and her son on a trip to the Aquarium in Baltimore. The Respondent denies that she ever invited Patient B to join her for meals or "social activities." The Respondent admits that on one occasion Patients B and C came to the door of her home while her family was having dinner. Patient B wanted to show the Respondent a manuscript which he had completed. The Respondent invited Patient B to come into her kitchen to wait while her family finished dinner so that she could review Patient B's manuscript. The Respondent admits that Patient B accompanied her and her son on a trip to the National Aquarium in Baltimore City, Maryland.
- E. The Respondent discussed many events in her personal life which were not beneficial to Patient B's therapeutic progress. The Respondent denies discussing personal events.
- F. The Respondent used undue influence to persuade Patient B to undergo lithium drug treatment for his alleged bipolar condition in order to save his marriage. When Patient B underwent the lithium treatment and had to discontinue it because of the adverse side-effects, the Respondent refused to engage in further therapy with Patient B. The Respondent denies so influencing Patient B and denies refusing him further treatment.
- G. The Respondent failed to maintain adequate treatment records of Patient B. The Respondent claims her progress notes were adequate.
- H. Patient C was also a patient of Respondent from August 1987 until April 1988. The Respondent claims that Patient C was a patient from August, 1987 through October 24, 1987, and again from January 12, 1988

through April, 1988.

- I. The Respondent used information gained through therapy sessions about Patient C's experiences and fears and exploited these in order to make Patient C unduly emotionally dependent upon her and to attempt to end the marriage of Patients B and C by disclosing information gained from Patient B's counselling sessions, expressing her diagnosis of Patient B and the course that that mental illness might take, and, thereby, attempting to interfere with and dissolve the marital relationship of said patients. The Respondent denied these allegations.
- J. Although both Patient B and Patient C were patients of Respondent from August, 1987 through April, 1988, the Respondent later denied that Patient B was a patient for that time period; rather, Respondent claimed that Patient B was only a patient on June 25, 26 and 27, 1986. Billing submitted by the Respondent for the therapy provided for Patients B and C contain different diagnostic codes, e.g., those submitted on behalf of Patient B before June, 1988 contain the code "300.4"; those submitted afterward contain the code "296.00." The Respondent denied that Patients B and C were patients from August 1987 through April 1988. Respondent further denied all allegations of wrongdoing pertaining to the diagnostic codes contained on the billing statements for Patients B and C.
- K. Although the standard of practice is that a psychologist should retain a patient's medical records for 5 years after the record or report is made, in May, 1992, the Respondent claimed to have destroyed her original records on Patients B and C. Respondent denies that she ever claimed to have destroyed or in fact destroyed Patient B and Patient C's medical records. In fact, these records are still in existence. Respondent asserts that she makes handwritten notes contemporaneous with her treatment or evaluation of patients. These notes are subsequently incorporated into progress notes or other medical records. Once incorporated, the handwritten notes are destroyed.
- L. As a result of the destruction of the original patient records for Patients B and C by the Respondent, the Respondent created substitute records which recorded patient contact in an inaccurate manner. For example, the Respondent stated that she first began counselling Patient C on August 11, 1987 when Patient C left the marital home to stay in a motel. In fact, Patient C

went to the motel on September 24, 1987 -- over a month after she had already been in therapy with the Respondent. Respondent denied all assertions that she destroyed Patient B and C's records. She further denied that she created substitute records. In addition, Respondent maintains that her records accurately reflect information given to her. The records clearly indicate that Patients B and C separated in August 1987 and reconciled in September 1987.

- M. The Respondent billed Patient C for therapy services provided on March 20 and March 21, 1988. Yet, the Respondent provided no services for Patient C on those dates because Patient C was vacationing in Williamsburg, Virginia from March 19 through March 20, 1988.

Patient D

4. Patient D, who had been referred to the Respondent by her friends, Patients B and C, was a patient of Respondent from February 1988 to January 1989. Respondent admits that Patient D was referred by Patients B and C. Respondent denies that Patient D was a patient from February 1988 to January 1989. Respondent claims that her last meeting with Patient D was on September 28, 1988. In February of 1989, Patient D requested that the Respondent forward her medical records to a new doctor in Virginia. During Patient D's course of therapy with the Respondent, the following occurred:

- A. Without adequate use of psychological assessment or proper testing, the Respondent misdiagnosed Patient D's condition as bipolar disorder with psychotic features," DSM 296.64. As a result thereof, the Respondent referred Patient D to a psychiatrist who prescribed a series of medications for this condition. Respondent denies that she misdiagnosed Patient D's condition. Respondent asserts that she never diagnosed Patient D's condition as "bipolar disorder with psychotic features," DSM 296.64. Respondent sent out certain billing statements which listed DSM 296.64; however, this was a clerical mistake that was continued

inadvertently on many of the billing statements.

- B. Although Patient D complained about the adverse side effects of the medication prescribed for her alleged bipolar condition, the Respondent failed to consult with the psychiatrist about this and continued to conduct therapy sessions with Patient D. Respondent asserts that upon hearing Patient D's complaints with respect to medication, she advised Patient D to call her treating psychiatrist.
- C. Upon the filing of the civil malpractice suit by Patient D, the Respondent declared that Patient D no longer needed treatment and, the Respondent, accordingly, discontinued counselling Patient D. Respondent denies this allegation. Patient D's claim in the Health Claims Arbitration Office of Maryland was filed on April 2, 1991. Respondent's treatment of Patient D clearly ended long before the civil suit was ever filed. Respondent's last meeting with Patient D was on September 28, 1988. In February 1989, Patient D requested that Respondent forward her medical records to a new doctor in Virginia.

#### CONCLUSIONS OF LAW

Based upon the foregoing Findings of Facts, the Board concludes as a matter of law that Respondent violated §18-313(7), (9), (10), (12), (14) (is professionally incompetent) and (17) of the Health Occupations Article, Maryland Ann. Code and violated Principles 1 f, 5 a and d, 6 a and e, 7 a and b, and 8 a, c and e, of the Code of Ethics adopted by the Board and COMAR 10.36.01.09 A and B.

#### ORDER

Based on the foregoing Findings of Facts, Conclusions of Law and agreement of the parties, it is this 6<sup>th</sup> day of May, 1994 by a majority of a quorum of the Board, hereby ORDERED that the Respondent is hereby SUSPENDED for one (1) year but that that suspension shall be immediately STAYED and the Respondent shall be

placed on **PROBATION** for a period of two (2) years commencing with the effective date of this Order, subject to the following conditions:

1. The Respondent shall take, pass and document to the Board the completion of a graduate-level ethics course preapproved by the Board. Said course shall be completed during the first year of the probationary period, if the scheduling of the course allows.

2. The Respondent shall be under the supervision of a Board-approved, licensed psychologist ("Supervisor").

A. The Respondent shall submit a list of names of three licensed Maryland psychologists to the Board by April 29, 1994 for Board selection of the Supervisor: that submission should also include a curriculum vitae for each potential supervisor, a statement that the individual has read and is familiar with the charges issued by the Board and areas of concern underlying those charges, and a consent to provide the following services in the following manner:

(1) The Supervisor shall review the Respondent's patient records, examining the diagnoses, treatment plans and billings with special regard to dual relationships, confidentiality, assessment techniques and charges.

(2) The Supervisor agrees to conduct this supervision and to submit a written report of his/her findings to the Board within ten days of the review on the following schedule: for the first six months of the probationary period, every month; for the second six months of the probationary period, every other month; and, for the balance of the probationary period, on a quarterly basis.

(3) The amount of time spent conducting the supervision and the amount charged, which amount shall be a reasonable amount not exceeding the Supervisor's normal fee for evaluations and assessments, shall be determined by the Supervisor who will be paid promptly upon completion of each supervisory session by the Respondent. The Supervisor shall provide the Respondent with a copy of his/her report to the Board.

**ORDERED** that Respondent shall refrain from engaging in the alleged conduct which led to her Probation in the practice of psychology under the Maryland Psychology Act; and be it further

**ORDERED** that Respondent shall practice in accordance with the

Maryland Psychology Act; and be it further

**ORDERED** that the conditions of this Consent Order be, and the same hereby are, effective as of the date of this Order; and be it further

**ORDERED** that if the Board, acting in good faith, has reason to believe that Respondent has engaged in conduct of the type that led to the complaint or has violated any conditions contained within this Consent Order, or has not practiced in accordance with the Maryland Psychology Act, or if the Board receives an unfavorable report from the Supervisor regarding the Respondent's practice, the Board, after giving the Respondent notice and an opportunity for a hearing pursuant to Maryland law, may take immediate action, including but not limited to, revocation or suspension of the Respondent's license to practice psychology; and be it further

**ORDERED** that two years from the effective date of this Consent Order the Board shall entertain a petition from Respondent demonstrating that she has fulfilled the terms of this Order;

That if Respondent has complied with all of the terms of this Order, the Board shall reinstate the Respondent's practice without any conditions or restrictions from practice. If the Respondent has not complied with all of the conditions of this Order, or if the Board has received unfavorable reports from the Supervisor, regarding the Respondent's practice, the Board, after giving the Respondent notice and an opportunity for a hearing pursuant to Maryland law, may modify the conditions of probation and extend the

probationary time. However, if Respondent fails to make any such petition, then her probationary status shall continue indefinitely, subject to the conditions set forth in the Order; and be it further

ORDERED that for purposes of public disclosure as permitted by §10-617 (h), State Gov't Article, Ann. Code of Maryland, this document consists of the contents of the foregoing Findings of Facts, Conclusions of Law and Order.

5/6/94  
Date

W. Sherod Williams  
W. SHEROD WILLIAMS, Ph.D.  
Chairman of the Board; as authorized  
by a vote of the majority of a quorum  
of the on May 6, 1994.

CONSENT OF GAIL WALTER, Ph.D.

I, Gail Walter, Ph.D., by affixing my signature hereto, acknowledge that:

1. I am represented by attorneys Joel Savits and Ellen Draper and I have had the opportunity to consult with counsel before signing this document.

2. I am aware that without my consent, my license to practice psychology in this State cannot be limited except pursuant to the provisions of §18-313 of the Act and Section 10-205 et seq. of the Administrative Procedure Act, State Government Article, Annotated Code of Maryland. This settlement agreement shall not constitute or be construed as an admission of liability on the part of the Respondent. Respondent expressly denies any and all liability and wrongdoing as set forth above in the findings of facts.

3. I am aware that I am entitled to a formal evidentiary hearing before the Board and any right to appeal as set forth in §18-314 of the Act and §10-215 of the Administrative Procedure Act. I acknowledge that by failure to abide by the conditions set forth in this Order and following proper procedures, I may, after notice and an opportunity for a hearing pursuant to Maryland law, suffer disciplinary action, possibly including revocation, against my license to practice psychology in the State of Maryland.



4. I have voluntarily entered into this Consent Order.

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY AND UPON PERSONAL KNOWLEDGE THAT THE CONTENTS OF THE FOREGOING PAPER ARE TRUE.

5/5/94  
Date

Gail Walter, Ph.D., License #1594  
Gail Walter, Ph.D., License #1594

STATE OF MARYLAND )  
CITY/COUNTY OF Howard )

I HEREBY CERTIFY that on this 5<sup>th</sup> day of May, 1994, before me, a Notary Public of the State and County aforesaid, personally appeared Gail Walter, Ph.D., License #1594, and made oath in due form of law that the foregoing Consent Order was her voluntary act and deed, and the statements made herein are true and correct.

AS WITNESS my hand and Notarial Seal.

Deborah A. Galloway  
Notary Public

My Commission Expires: January 28 1997