

IN THE MATTER OF	*	BEFORE THE MARYLAND
NORMA FAYE POWELL, LCPC	*	BOARD OF PROFESSIONAL
RESPONDENT	*	COUNSELORS AND THERAPISTS
LICENSE NO.: LC2311	*	CASE NO.: 2021- 022

* * * * *

**ORDER OF REVOCATION OF
LICENSE**

The Maryland Board of Professional Counselors and Therapists (“the Board”) notified **Norma Faye Powell, LCPC**, License No.: LC2311 (the “Respondent”), of the Board’s intent to revoke her license to practice as a licensed professional counselor, under the Maryland Professional Counselors and Therapists Act (the “Act”), Md Code Ann., Health Occupations (“Health Occ.”) §§ 17-101 *et seq.* (2021 Repl. Vol.). The pertinent provisions of the Act and COMAR state:

§17–509. Denial, probation, suspension or revocation of certificate applicant or holder.

Subject to the hearing provisions of § 17–511 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may deny trainee status, a license, or a certificate to any applicant, place any trainee, licensee, or certificate holder on probation, reprimand any trainee, licensee, or certificate holder, or suspend, rescind, or revoke the status of any trainee, a license of any licensee, or a certificate of any certificate holder if the applicant, trainee, licensee, or certificate holder:

- (8) Violates the code of ethics adopted by the Board;
- (9) Knowingly violates any provision of this title;
.....
- (13) Violates any rule or regulation adopted by the Board;
.....
- (16) Commits an act of immoral or unprofessional conduct in the practice of clinical or nonclinical counseling or therapy[.]

COMAR 10.58.03.03 Professional Competence.

- A. A counselor shall:
- (1) Practice only within the boundaries of a counselor's competence, based on education, training, supervised experience, and professional credentials[.]

COMAR 10.58.03.04 Ethical Responsibility.

- B. A counselor may not:
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- (3) Enter into relationships that could compromise a counselor's objectivity or create a conflict of interest.

COMAR 10.58.03.05 The Counseling Relationship.

- A. Client Welfare and Rights.
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- (2) A counselor may not:
 - (a) Place or participate in placing clients in positions that may result in damaging the interests and the welfare of clients, employees, employers, or the public;
 -
 - (d) Foster dependent counseling relationships.
- B. Dual Relationships.
- (1) A counselor shall:
 - (a) Avoid dual relationships with clients; and
- C. Multiple Clients.
- (1) A counselor shall clarify the unit of treatment in a counselor's written records as:
 - (a) Individual;
 - (b) Couple;
 - (c) Family;
 - (d) Group; or
 - (e) Any combination of §C(1)(a)—(d) of this regulation.

COMAR 10.58.03.08 Records, Confidentiality, and Informed Consent.

- A. A counselor shall:
- (1) Maintain the privacy and confidentiality of a client and a client's records;

- (2) Release mental health records or information about a client only with a client's consent, or as permitted by Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland[.]

FINDINGS OF FACT

1. At all times relevant hereto, the Respondent was licensed to practice professional counseling.

2. The Respondent was originally issued a license to practice professional counseling in Maryland on or about December 2, 2008. The Respondent's license expires on or about January 31, 2023.

3. At all times relevant hereto, the Respondent owned and operated a practice (the "Practice") that provides mental health services to clients. The Practice is located in Maryland.¹ The Respondent was the sole practitioner at the Practice. The Respondent also did not have any employees.

4. On or about November 13, 2020, the Board received a complaint (Case No.: 2021-022) from a client ("Client A"), regarding the Respondent's conduct during and following the termination of therapy.

5. In response to Client A's complaint, the Respondent submitted a letter addressed to Board staff dated November 18, 2018. In the letter, the Respondent stated "I admit that I had crossed professional boundaries during [the] Therapeutic process" with Client A. The Respondent also stated in the letter that she "broke down emotionally in front of the Couple" and disclosed information about her divorce. The Respondent also

¹ The name of the Practice, the Client A, Client A's boyfriend, and Client B have been omitted to protect privacy.

indicated in the letter that had she sent personal text messages to Client A, shared personal stories about what was happening in her life, and gave Client A unrestricted access to her patient records.

6. On or about February 17, 2022, the Board received a second complaint (Case No.: 2022-102) from a former client, (“Client B”) regarding the Respondent’s conduct during the therapeutic relationship.

7. In her response to Client B’s complaint, the Respondent submitted a letter addressed to Board staff dated April 7, 2022. In the letter, the Respondent stated, “If I did something unprofessional or did not act out of concern for the Client, why did she proceed with Counseling with myself.”

8. Subsequent investigations by Board staff revealed the following:

Case No.: 2022-022

- a. On or about January 6, 2017, Client and Client A’s boyfriend began couples therapy sessions with the Respondent approximately twice per month. In 2017, the Respondent also saw Client A and Client A’s boyfriend for individual therapy. On numerous occasions, the Respondent failed to clarify in her records when she was providing therapy to Client A and Client A’s boyfriend individually or as a couple.
- b. Client A and Client A’s boyfriend ended individual and couples therapy with the Respondent on or about June 24, 2018.
- c. During couples therapy and individual therapy sessions with Client A and Client A’s boyfriend the Respondent discussed personal information regarding her relationship with her spouse. The Respondent told Client A and Client A’s boyfriend that she had recently separated from her husband. The Respondent shared medical information about herself and her husband that was not common knowledge.

- d. The Respondent also sent Client A numerous text messages regarding events that were occurring in the Respondent's personal life.
- e. During a 2017 therapy session with Client A, the Respondent began crying. She discussed with Client A, the status of her divorce and her problems with the Practice. The Respondent told Client A that she would have to close the Practice because she was emotionally unable to maintain the organization of the Practice, while she was also going through a divorce. After discussing her marital problems and the problems she was having with the Practice, the Respondent agreed to let Client A help her with organizing the Practice.
- f. Subsequently, Client A began organizing the Respondent's patient records and handling claims and billing matters for the Practice. The Respondent gave Client A access to approximately one hundred and thirty-three (133) patient mental health and billing records. The Respondent also allowed Client A to take the records home.
- g. During the time that Client A was helping the Respondent organize the Practice, Client A continued therapy sessions with her. After therapy sessions ended in June 2018, Client A continued to help the Respondent with organizing the Practice. Client A continued to have access to the Respondent's patient records. Client A handled billing for the Practice for approximately six (6) months.
- h. The patient records that Client A was allowed access and take home contained the following: (1) extensive medical and mental health histories; (2) patient insurance information (3) information about family members; (5) date of birth, social security number, and government security clearance information. There is no evidence that the Respondent's patients gave permission for Client A to have access to their records.
- i. Client A stopped assisting the Respondent with the Practice after the Respondent refused to pay Client A for the work she had done. After Client A stopped assisting the Respondent with the Practice, Client A did not return the Respondent's patient records that she had taken home.
- j. On or about April 27, 2021, Board staff contacted Client A and requested that she voluntarily turn over the Respondent's patient

records that were in her possession. Board staff received the Respondent's patient records that Client A had in her possession, on or about April 28, 2021. Once the Respondent's patient records were received by Board staff, the records were given to the Respondent's legal representative.

- k. On or about April 27, 2021, the Respondent was interviewed by Board staff. The Respondent admitted under oath that she allowed Client A to handle the billing for Practice patients. The Respondent also admitted that she gave Client A access to patient records that contained patient's personal, medical, and mental health information. The Respondent further admitted that she allowed Client A to take patient records home. The Respondent acknowledged during the interview that Client A had not immediately returned the patient records once Client A stopped assisting her with the Practice.

Case No.: 2022-102

- l. Client B began therapy sessions with the Respondent on or about December 6, 2021. Client B was experiencing depression, anxiety, and suicidal ideations when she began therapy sessions with the Respondent. Client B saw the Respondent approximately one (1) day per week. The Respondent conducted approximately six virtual therapy sessions with Client B. Client B's last therapy session was on February 8, 2022. On February 9, 2022, Client B terminated her therapeutic relationship with the Respondent.
- m. During Client B's initial therapy session with the Respondent, the Respondent conducted an initial intake assessment of Client B. Client B informed the Respondent that she previously received mental health treatment for depression and suicidal ideation and experienced physical and sexual abuse. Client B also informed the Respondent that she was taking Wellbutrin and Adderall prescribed by her medical provider. During initial therapy sessions, the Respondent spent most of the allotted time for therapy discussing Client B's responses to the initial assessment intake form.
- n. During therapy sessions, the Respondent discussed vitamins and told Client B to start taking them. The Respondent told Client B that she did not need to take Wellbutrin and Adderall and to stop

taking the medications. The Respondent also sent Client B a text message with a picture of a chewable vitamin that the Respondent was currently taking. Client B stopped taking her Wellbutrin and Adderall and began taking the vitamins pictured in the Respondent's text message.

- o. The Respondent did not discuss Client B's medication with Client B's medical provider prior to telling Client B to stop taking her medications. The Respondent also did not tell Client B to inform her medical provider that she would be taking vitamins and stopping her prescribed medication.
- p. During the therapeutic relationship, the Respondent also sent Client B numerous text messages containing religious and/or spiritual statements despite being told by Client B that she was not religious or spiritual.
- q. During Client B's February 8, 2022 therapy session, the Respondent asked Client B what was going on in her life. Client B told the Respondent that she was considering entering an intensive outpatient therapy program after speaking with her behavior health consultant. The Respondent angrily responded, "why are you telling me this." "Why would this behavior health consultant recommend[ed] this to you". Client B told the Respondent that she mentioned the outpatient therapy program because she was seeking the Respondent's input as to whether she should enter the program.
- r. After Client B informed the Respondent about the intensive outpatient program, the Respondent mentioned an earlier text message that Client B had sent to her. The Respondent told Client B that she did not like the tone of the text message. The Respondent told Client B that she would not have mentioned the text message but decided to do so after Client B told her that she was considering an intensive outpatient program. The Respondent also told Client B that she thought that Client B had mentioned the intensive outpatient program because Client B was indirectly telling her that she no longer wanted to continue the therapeutic relationship. Client B denied this was the case and the therapy session continued.
- s. During the remaining time of the February 8, 2022 therapy session, the Respondent discussed her client workload and her inability to

take no more than a 15-30-minute break per day. When Client B tried to address her issues with the Respondent, the Respondent told Client B not to interrupt her while she was talking.

- t. At the end of the February 8, 2022 therapy session, Client B began crying. Client B stated she felt overwhelmed and frustrated because of the way the therapy session the Respondent had unfolded. Client B also felt that the Respondent was not allowing her to discuss issues.
- u. After the Respondent realized that Client B was crying, the Respondent extend the therapy session. During the extended therapy session, the Respondent talked about the benefits she experienced from taking vitamins. The Respondent described herself to Client B as being “fat”. The Respondent then told Client B that taking vitamins had made her look young. The Respondent then asked the Respondent to guess her age.
- v. At the end of the February 8, 2022 session, Client B scheduled future therapy sessions with the Respondent. However, on or about February 9, 2022, Client B send the Respondent an e-mail canceling the future therapy sessions she had scheduled with the Respondent.
- w. On or about April 28, 2022, the Respondent was interviewed under oath by Board staff. During the interview, the Respondent indicated that she obtained a Ph.D. in pastoral clinical Christian counseling from a university located in Florida. The Respondent admitted that allows clients to call her “doctor”. The Respondent also admitted that she recommends vitamins to clients. She further admitted that she does not contact a client’s medical provider to determine if the client should take vitamins that she recommended or stop taking prescribed medication. The Respondent indicated during the interview that it was the responsibility of her clients to contact their medical provider to determine whether the client can take the vitamins that she recommends.

9. The Respondent’s conduct as set forth above violates Health Occ. §17-509 (8), (9), (13) and (16); COMAR 10.58.03.03(A)(1); COMAR 10.58.03.04(B)(3);

COMAR 10.58.03.05(A)(2)(a) and (d), and (B)(1)(a) and (C)(1)(a)-(e); and COMAR 10.58.03.08A(1) and (2).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 17th day of February, 2023, by a majority of the full authorized membership of the Board hereby:

ORDERED that the Respondent's license to practice professional counseling is hereby **REVOKED**; and it is further


ORDERED that the Respondent shall return to the Board all professional counseling licenses within ten (10) days of the effective date of this Order; and it is further

ORDERED that the effective date of this Order is the date that it is signed by the Board; and it is further

ORDERED that this Order is reportable to the National Practitioner Data Bank; and it further

ORDERED that this document constitutes a formal disciplinary action of the Board, and this Order is final and is a public document for purposes of public disclosure, pursuant to Md. Code Ann., General Provisions § 4-101 & § 4-333 (2021 Repl. Vol. & 2022 Supp.).

02/17/2023
Date


Mary N. Drotleff, M.S. LCMFT
Board Chair

Maryland Board of Professional Counselors and
Therapists

NOTICE OF RIGHT OF APPEAL

In accordance with § 17-512 of the Act and Md. Code Ann., State Government §§ 10-201, *et seq.* (2021 Repl. Vol.& 2022 Supp.) you have a right to a direct judicial appeal of this decision. A petition for appeal of this Order shall be filed with the Board within thirty days from your receipt of this Order and shall be made in accordance with the aforementioned authority.