

IN THE MATTER OF * **BEFORE THE MARYLAND STATE**
GABRIELA ROMO, LCPC * **BOARD OF PROFESSIONAL**
Respondent * **COUNSELORS AND THERAPISTS**
License Number: LC6800 * **Case Number: 2020-100**

* * * * *
ORDER FOR SUMMARY SUSPENSION

The Maryland State Board of Professional Counselors and Therapists (the “Board”) hereby **SUMMARILY SUSPENDS** the license of **GABRIELA ROMO, LCPC** (the “Respondent”), License Number LC6800, to practice as a Licensed Clinical Professional Counselor (“LCPC”) in the State of Maryland. The Board takes such action pursuant to its authority under Md. Code Ann., State Gov’t § 10-226(c) (2014 Repl. Vol. & 2019 Supp.), concluding that the public health, safety or welfare imperatively requires emergency action. In addition, the Board takes such action pursuant to its authority under Md. Code Regs. (“COMAR”) 10.58.04.10, concluding that there is substantial likelihood that the Respondent poses a risk of harm to the public health, safety, or welfare.

INVESTIGATIVE FINDINGS

The Board bases its action on the following findings:¹

I. BACKGROUND

1. At all times relevant, the Respondent was authorized to practice clinical professional counseling in the State of Maryland. The Respondent was originally certified

¹ The statements regarding the Board’s investigative findings are intended to provide the Respondent with notice of the basis of the summary suspension. They are not intended as, and do not necessarily represent,

to practice as an LCPC in the State of Maryland on December 11, 2015, under License Number LC6800.² The Respondent's license is scheduled to expire on July 31, 2021.

II. COMPLAINT

2. On or about May 6, 2020, the Board received a complaint filed by the Department of Homeland Security's U.S. Citizenship and Immigration Services ("USCIS") alleging that the Respondent falsely represented herself as a "Clinical Psychologist" on federal forms and on her website. The complaint further alleged that USCIS "has identified over a dozen [Form N-648, Medical Certification for Disability Exceptions ("N-648")³] that [the Respondent] is signing as a 'Clinical Psychologist.'" The complaint attached three N-648s as examples of the federal immigration forms completed by the Respondent.

3. After receiving the complaint, the Board initiated an investigation of the Respondent under Case Number 2020-100.

III. BOARD INVESTIGATION

4. As part of its investigation, the Board obtained N-648s and other types of psychological evaluation reports completed by the Respondent. The Board also interviewed the Respondent.

a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

² On December 20, 2018, the Respondent also received Board approval to practice as a supervisor for licensed graduate professional counselors.

³ Form N-648 titled "Medical Certification for Disability Exceptions" is used for an applicant applying for U.S. citizenship that needs to request an exception to the English and civics testing requirements for naturalization because of physical or developmental disability or mental impairment.

5. At all times relevant, the Respondent owned and operated her own independent practice in Montgomery County, Maryland (the “Practice”).⁴ According to the website for the Practice, the services offered include clinical supervision, immigration assessments, and psychological therapy.

6. A review of the Practice’s website revealed the Respondent refers to herself as “La Psicóloga de la Comunidad Hispana,” which translates as “The Psychologist of the Hispanic Community.”⁵ The Respondent’s website also states that she offers “Migration Assessments” consisting of a “psychological evaluation for your immigration case of U-visa, T visa, cancellation of deportation, forgiveness (hardship waiver), VAWA and asylum.”⁶

7. A review of three N-648s completed by the Respondent and subsequently submitted to USCIS revealed:

- a. The N-648 specifically instructed that “*Only* medical doctors, doctors of osteopathy, or clinical psychologists licensed to practice in the United States . . . are authorized to certify the form.” (emphasis added)

⁴ For confidentiality and privacy purposes, the names of individuals and facilities involved in this case are not disclosed in this document. The Respondent may obtain the names of all individuals and facilities referenced in this document by contacting the administrative prosecutor.

⁵ This translation was provided by Google translation. The Respondent also confirmed this translation during her interview with the Board’s investigator. *See infra* ¶ 12(h).

⁶ The version of the Respondent’s website that is not translated by Google states that the Respondent offers “Evaluaciones para Migración” and states: “Hacemos la evaluación psicológica para tu caso migratorio de visa-U, visa T, cancelación de deportación, perdón (hardship waiver), VAWA y asilo.”

- b. Each N-648 contained a “Medical Professional Information” section, as exhibited below in Figure A, where the Respondent *specifically* indicated that she was currently licensed as a “Clinical Psychologist” in the United States.

Figure A:⁷

Part 2. MEDICAL PROFESSIONAL INFORMATION				
Type or print clearly in black ink. If you need more space to complete an answer, use a separate sheet of paper. Type or print the applicant's name and Alien Registration Number (A-Number), at the top of each sheet of paper and indicate the part and number of the item to which the answer refers. You must sign and date each continuation sheet. You must answer and complete each question since USCIS will not accept an incomplete Form N-648. You may, but are not required to, attach to this completed form supportive medical diagnostic reports or records regarding the applicant.				
NOTE: Only medical doctors, doctors of osteopathy, or clinical psychologists licensed to practice in the United States (including the U.S. territories of Guam, Puerto Rico, and the Virgin Islands) are authorized to certify the form. While staff of the medical practice associated with the medical professional certifying the form may assist in its completion, the medical professional is responsible for the accuracy of the form's content.				
Last Name Romo	First Name Gabriela	Middle Name		
Business Address (Street Number and Name) REDACTED	City REDACTED	State or Province MD	Zip Code or Postal Code REDACTED	Telephone Number
License Number LC6800	Licensing State MD	E-Mail Address (if any) REDACTED		

1. Currently licensed as a (Check all that apply): Medical Doctor Doctor of Osteopathy Clinical Psychologist

- c. At the end of each N-648, the Respondent signed and certified under the penalties of perjury that the information she provided on these forms is true and correct.
8. A review of the N-648 for Client 1 also revealed:
- a. The Respondent signed and dated the N-648 on January 4, 2018.
- b. The Respondent listed Client 1’s clinical diagnosis as persistent depressive disorder (Dysthymia), mild intellectual disability

⁷ In order to maintain confidentiality the sections for the Respondent’s business address, city, zip code, and e-mail address have been redacted.

- (intellectual developmental disorder), seizures, and rule out autism spectrum disorder.
- c. The Respondent reported that she is not the medical professional regularly treating Client 1 for the clinical diagnoses. The line for an explanation as to why the Respondent was certifying the form instead of Client 1's regularly treating medical professional was left blank.
 - d. The Respondent listed the clinical methods she employed for her diagnoses as: "Beck Depression Inventory, second version (BDI-II)," "general practitioner assessment cognition (GPCOG),"⁸ and a "mental health status exam."
9. A review of the N-648 for Client 2 also revealed:
- a. The Respondent signed and dated the N-648 on June 18, 2018.
 - b. The Respondent listed Client 2's clinical diagnosis as mild neurocognitive disorder without behavioral disturbances.
 - c. She reported that she is not the medical professional regularly treating Client 2 for the clinical diagnosis. For an explanation as to why the Respondent was certifying the form instead of Client 2's regularly treating medical professional, the Respondent listed "Client's doctor was unable to fill out this form."

⁸ "The General Practitioner assessment of Cognition (GPCOG) is a screening tool for cognitive impairment. It has been designed for general practitioners, primary care physicians, and family doctors." gpcog.com.au

- d. The Respondent listed the clinical methods she employed for her diagnoses as: a clinical assessment of Client 2, “[i]nterview to knowledgeable informant (son) about [Client 2’s] functioning,” “Mini-Cog,” “general practitioner assessment cognition (GPCOG),” “Memory Impairment Screen,” and “Diagnostic and Statistical Manual of Mental Disorders, version five.”
10. A review of the N-648 for Client 3 also revealed:
- a. The Respondent signed and dated the N-648 on May 13, 2019.
 - b. The Respondent listed Client 3’s clinical diagnosis as unspecified major neurocognitive disorder.
 - c. She reported that she is not the medical professional regularly treating Client 3 for the clinical diagnosis. For an explanation as to why the Respondent was certifying the form instead of Client 3’s regularly treating medical professional, the Respondent listed “Patient goes to El Salvador every year, where she sees her primary physician. Her physician is not familiar with the format, does not speak English, and does not have the capacity to fill out this form.”
 - d. The Respondent listed the clinical methods she employed for her diagnoses as: a clinical assessment of Client 3, “[i]nterview to knowledgeable informant (daughter) about the patient’s functioning,” “Mini-Cog,” “general practitioner assessment cognition (GPCOG),”

“Memory Impairment Screen,” and “Diagnostic and Statistical Manual of Mental Disorders, version five.”

11. The Respondent also submitted reports to USCIS for seven additional patients, all of which the Respondent labeled as “Psychological Evaluation.” A review of these seven “psychological evaluations” revealed the following:

- a. The “Psychological Evaluation” for Client 4 is dated October 23, 2019, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 4, a “Generalized Anxiety Disorder 7-items (GAD-7) scale,” and a “Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders, Version V (DSM-V).” The report concludes by diagnosing Client 4 with: Generalized Anxiety Disorder, Unspecified Trauma-and Stressor-Related Disorder, a history of childhood neglect, and problems related to the spouse’s immigration situation.
- b. The “Psychological Evaluation” for Client 5 is dated April 9, 2016, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 52, a “Beck Anxiety Inventory-II (BAI-II),” and a “Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders, Version V (DSM-V).” The report concludes by diagnosing Client 5 with: General Anxiety Disorder and problems related to the spouse’s immigration situation.

- c. The “Psychological Evaluation” for Client 6 is dated May 9, 2019, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 6, a “Generalized Anxiety Disorder 7-items (GAD-7) scale,” “[m]edical records of [Client 3’s spouse],” and a “Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders, Version V (DSM-V).” The report concludes by diagnosing Client 6 with: Separation Anxiety Disorder, Adjustment Disorder with mixed anxiety and depressed mood, other history of psychological trauma, and problems related to the spouse’s immigration circumstances.
- d. The “Psychological Evaluation” for Client 7 is dated July 4, 2018, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 7, a “Mood Disorder Questionnaire (MDQ),” “Bipolar Spectrum Diagnostic Scale (BSDS),” and a “Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders, Version V (DSM-V).” The report concludes by diagnosing Client 7 with: Bipolar II Disorder, history of self-harm, other history of psychological trauma, history of childhood sexual abuse, history of childhood physical abuse, history of childhood neglect, history of spouse or partner physical violence, history of spouse or partner psychological violence, and problems related to the spouse’s immigration situation.

- e. The “Psychological Evaluation” for Client 8 is dated October 1, 2018, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 8, a “Beck Depression Inventory, second version (BDI-II),” “Beck Anxiety Inventory, second version (BAI-II),” and a “Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders, Version V (DSM-V).” The report concludes by diagnosing Client 8 with: persistent depressive disorder with intermittent major depressive episodes, panic disorder, and problems related to the spouse’s immigration situation.

- f. The “Psychological Evaluation” for Client 9 is dated November 10, 2017, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 9, a “Beck Depression Inventory, second version (BDI-II),” “PTSD Checklist for DSM-5 (PCL-5 with Criterion A),” and a “Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders, Version V (DSM-V).” The report concludes by diagnosing Client 9 with: posttraumatic stress disorder, adjustment disorder mixed anxiety and depressed mood, history of childhood neglect, history of childhood physical abuse, history of childhood psychological abuse, history of spouse physical violence, history of

spouse psychological violence, history of spouse sexual violence, and problems related to the spouse's immigration situation.

- g. The "Psychological Evaluation" for Client 10 is dated December 19, 2017, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 10, a "Beck Depression Inventory, second version (BDI-II)," "Beck Anxiety Inventory, second version (BAI-II)," and a "Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders, Version V (DSM-V)." The report concludes by diagnosing Client 10 with: moderate recurrent Major Depressive Disorder, situational phobia, panic disorder, and problems related to the spouse's immigration situation.

12. On June 15, 2020, the Board's investigator interviewed the Respondent under oath, at which time, the Respondent stated the following:

- a. She admitted that as part of her Practice she has completed "hundreds" of psychological evaluations for immigration cases over "the past four or three years" and has also completed a few N-648 forms for "a couple of years."
- b. When asked specifically about the N-648 forms she has completed, she admitted that she checked the box as a "Clinical Psychologist" and admitted that she does not meet the criteria of persons listed on the form as authorized to certify the form. She explained that she

checked the box as a “Clinical Psychologist” “because it’s the closest term that I could find.”

- c. She admitted that she is an LCPC in Maryland, but is not licensed in any other profession, is not a clinical psychologist, and is not licensed in any other state, jurisdiction, or country.
- d. Her educational background includes: a bachelor’s degree in communications, a master’s degree in developmental studies, a postgraduate certificate in psychodynamic counseling, and a master’s degree in mental health counseling.
- e. She further admitted that she believes psychological evaluations are within the scope of practice of an LCPC.
- f. She stated that typically, when a client comes to see her at the Practice for a psychological evaluation for an immigration case, she does a clinical interview with the client and administers tests, some of which include the Beck Depression Inventory Second Version, PTSD Checklist with Criteria A, Generalized Anxiety Disorder Scale 7, and Beck Anxiety Disorder Second Version. Afterwards she writes a “report” based on the “psychological evaluations” she does.
- g. She further clarified that she does not send documents directly to USCIS, but rather she sends the reports to the client’s immigration lawyer or directly to the client, and then the client and/or the lawyer decides whether they want to submit her documents to USCIS.

- h. When asked to translate the official website for the Practice she said it says “La Psicóloga de la Comunidad Hispana,” which is “like the psychologist of the -- or, like the mental -- the counselor of the Hispanic community, expert on migration and trauma. . . . It’s psychotherapy treatment, basically. . . . And then it says I do psychological evaluations for your immigration case, U visa, T visa, cancellation of removal, hardship waiver, VAWA, and asylum.”
- i. When specifically asked to translate “psicóloga” she stated that “it could be psychotherapy, psychologist, [or] mental health counselor.” She further stated that “consejero” translates to “counselor” which “is more like a person who gives advice.” She explained that her clients use an umbrella term for different mental health professions and that the use of “psicóloga” is a “cultural thing.” The profession of an LCPC “is more just like the broad term of a psychologist.”

CONCLUSIONS OF LAW

Based on the foregoing facts, the Board concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. Code Ann., State Gov’t § 10-226 (c)(2) (2014 Repl. Vol. & 2019 Supp.).

In addition, the Board concludes as a matter of law that there is a substantial likelihood that the Respondent poses a risk of harm to the public health, safety, or welfare, pursuant to COMAR 10.58.04.10.

ORDER

Based on the foregoing, it is by a majority of the Board considering this case:

ORDERED that pursuant to the authority vested by Md. Code Ann., State Gov't § 10-226(c)(2), the Respondent's license to practice as a Licensed Clinical Professional Counselor in the State of Maryland, License Number LC6800, is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED that the Respondent has the opportunity to appear before the Board for a post-deprivation show cause hearing. A request for a post-deprivation show cause hearing must be in writing and be made **WITHIN THIRTY (30) DAYS** of service of this Order.

The written request should be made to:

Danielle Vallone, Acting Executive Director
Maryland State Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, Maryland 21215-2299
Fax: 410-358-1610

With copies to:

Kelly Cooper, Assistant Attorney General
Maryland Office of the Attorney General
Health Occupations Prosecution & Litigation Division
300 West Preston Street, Suite 201
Baltimore, Maryland 21201

and it is further

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

ORDERED that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board, the following items:

- (1) the Respondent's original Maryland Licensed Clinical Professional Counselor License LC6800; and
- (2) the Respondent's wallet card and wall license; and it is further

ORDERED that this is an Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Provisions §§ 4-101 *et seq.* (2014).

August 11, 2020
Date



Jeffrey M. Galecki, MS, LCADC, LCPC
Board Chair
Maryland State Board of Professional
Counselors and Therapists