

IN THE MATTER OF	*	BEFORE THE
STACIE BURDGE, LCPC	*	STATE BOARD OF
Respondent	*	PROFESSIONAL COUNSELORS
License Number: LC3567	*	AND THERAPISTS
	*	Case Number: 2013-54

* * * * *

FINAL CONSENT ORDER

Based on information received and a subsequent investigation by the State Board of Professional Counselors and Therapists (the "Board"), and subject to Md. Health Occ. Ann. § 17-101, *et seq.*, (2009 Repl. Vol.) (the "Act"), the Board charged **STACIE BURDGE, LCPC**, (the "Respondent"), with violations of the Act. Specifically, the Board charged the Respondent with violation of the following provisions of §17–509:

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

- (8) Violates the Code of Ethics adopted by the Board;
- (13) Violates any rule or regulation adopted by the Board; and
- (16) Commits an act...unprofessional conduct in the practice of clinical or nonclinical counseling or therapy;
- (17) Knowingly fails to report suspected child abuse in violation of § 5–704 of the Family Law Article [;].

The Board further charged the Respondent with violation of the following provisions of its Code of Ethics, Code Md. Regs. ("COMAR") tit 10 § 58.03: (July 10, 1989).

.04 Ethical Responsibility.

A. A counselor shall:

- (9) Make arrangements for another appropriate professional to act in the event of an absence of the counselor;**
- (11) Be familiar with and adhere to this chapter; and**
- (14) Take reasonable precautions to protect clients from physical or psychological trauma.**

B. A counselor may not:

- (3) Enter into relationships that could compromise a counselor's objectivity or create a conflict of interest.**

.05 The Counseling Relationship.

A. Client Welfare and Rights.

(1) A counselor shall:

- (d) Assist clients in making appropriate arrangements for the continuation of treatment due to interruptions including but not limited to vacations and extended illness [;].**

(2) A counselor may not:

- (c) Abandon or neglect clients in counseling;**
- (d) Foster dependent counseling relationships**

B. Dual Relationships.

(1) A counselor shall:

- (a) Avoid dual relationships with clients; and**

D. Termination and Referral.

(1) Termination may occur if:

- (c) A counselor is unable to competently and ethically perform duties;**

.08 Records, Confidentiality and Informed Consent.

A. A counselor shall:

- (1) Maintain the privacy and confidentiality of a client and a client's records [;].**

.10 Physical Contact.

B. A counselor may not engage in a treatment modality involving physical contact if the risk of psychological harm to a client, as a result of the physical contact, has been assessed by a counselor to outweigh the possible benefits of the treatment, independent of a client's wishes.

The Respondent was given notice of the issues underlying the Board's charges by a letter dated November 15, 2013. Accordingly, a Case Resolution Conference was held on December 1, 2014.

Following the Case Resolution Conference, the parties and the Board agreed to resolve the matter by way of settlement. The parties and the Board agreed to the following:

FINDINGS OF FACT

1. At all times relevant to these charges, the Respondent was licensed to practice as a LCPC¹ in the State of Maryland. The Respondent was initially licensed by the Board on July 14, 2010. The Respondent's license expires on January 31, 2016.

¹§17-101 (v) "Practice clinical professional counseling" means to engage professionally and for compensation in counseling and appraisal activities by providing services involving the application of counseling principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems and emotional or mental conditions of individuals or groups.

2. At all times relevant hereto, the Respondent practiced at Facility A², in Hagerstown, Maryland as a mental health counselor. The Respondent's employment began in June 2010.

3. By email communication, dated August 22, 2013, the Director of Facility A advised the Board's Investigator that there was a pending complaint against the Respondent. The Director stated that a current Licensed Graduate Social Worker (LGSW)-employee, Employee A advised him that the Respondent had relationships outside of "the boundaries of the therapeutic relationship...including continued contact with a patient." The email said the patient claimed that the Respondent would brag about being "hung over". The Director stated that he would forward this information to the Investigator. The Respondent denied this allegation.

4. By letter dated May 15, 2013 (*sic*),³ the Director of Facility A informed the Board that a LGSW-employee ["Employee A"] of Facility A was filing a formal complaint against the Respondent based upon Patient A's report that the Respondent had violated professional boundaries and, although Patient A was "timid by nature and is apprehensive since the Respondent continues to contact her frequently, she signed a consent for Facility A to communicate with [the Board's Investigator] about this development." The Director also stated that "it is likely that other complaints will be made as the patient stated that [the Respondent] had shared that she invited patients

²To ensure confidentiality, the names of individuals, patients and healthcare facilities involved in this case, other than the Respondent, are not disclosed in this document.

³This letter has an erroneous date, because all of the events described herein occurred in July/August 2013. The Board received the letter August 26, 2013.

into her house. Facility A was "continuing to investigate internally that other patients may have concerns about their treatment experience." The Respondent denied making this statement;

5. Employee A's complaint stated, *inter alia*:
 - A. On August 22, 2013, Patient A reported to Employee A after the termination of the Respondent from Facility A;
 - B. Patient A reported that, since January 2013, while being "treated" by the Respondent, she had not "met her treatment goals"
 - C. The Respondent gave Patient A her personal cell phone number and would be in contact with her when the Respondent would cancel her appointments;
 - D. Patient A was concerned because Patient A knew more about the Respondent than the Respondent knew about her;
 - E. After the Respondent was fired, she called Patient A to report that fact and relayed some very personal information about her job at Facility A;
 - F. After her termination, Patient A stated that the Respondent contacted her weekly asking how she was doing and asking her if she wanted to "hang out." The Respondent denied that she made this statement;
 - G. Patient A reported that she had told the Respondent about being

sexually molested during her teens by a family member and her sister's boyfriend, but the Respondent failed to make any reports regarding same (unlike Employee A who made an immediate report, as required, to Children's Protective Services.)⁴

6. By letter dated September 23, 2013, the Director enclosed a second formal complaint against the Respondent, by Employee B, indicating that the Respondent continued to contact Patient A after her termination from Facility A.

7. A review of Patient A's treatment records disclosed that, on January 25, 2012, Patient A "admits that she has a history of sexual abuse and endorses (*sic*) related symptoms of flashbacks, nightmares, efforts to avoid thinking about the events, feelings of detachment, sense of foreshortened future, sleep disturbance, hyper vigilance and irritability...had first episode of depression when she was 15 secondary to sexual abuse. She says that she has experienced several distinct periods of depression since that time; sometimes lasting several months... Patient reports that her grandfather forced her to take Vicodin and Percocet pills when she was 16 leading to a 3 year addiction...she was raped by her sister's ex-boyfriend when she was 15 years old...was also repeatedly sexually abused/raped by her grandfather for 6 months when she was 16...history of repeated sexual abuse...meets diagnostic criteria for PTSD." The evaluation was signed by the Respondent.

8. A review of the Respondent's personnel file shows the following:

A. On August 11, 2011, a note by Employee C indicated that she

⁴On 6/2/10, the Respondent signed a form entitled "Reporting of Abuse or Neglect" detailing t he necessity

informed the Respondent that Patient B was in love with her therapist—the Respondent—and that a transfer may be indicated. “The [Respondent] allegedly stated that she was in love with the client, but her job will not allow her to have a romantic relationship with her.” A discussion with Employee B and others ensued regarding transfer issues and it was determined not to transfer the patient, but the situation would be monitored. The Respondent denied making this statement;

- B. It was discussed that Patient B, on more than one occasion, brought the Respondent chocolate bars, as well as “Blow Pops”; it was further discussed that the Respondent commented about the possible sexual connotations of the latter. In addition, the Respondent had given Patient B a photograph of herself. The Director determined that Patient B should be transferred because the patient had a “skewed understanding about therapy and the role of the therapist as part of that healing relationship;”
- C. After discussing the transfer with the Respondent, he also advised her against giving her patients her personal cell number and communication with patients outside regular office hours; In addition, the Respondent had not documented any of these contacts in the client chart; nor had she documented the client

giving her gifts or taking her picture with her cell phone. The Respondent was directed to not respond to texts or calls on her personal phone from Patient B;

- D. On March 27, 2012, a note to the file was made stating that the Respondent called to say that she was out and would be in tomorrow around 11. Based upon this information, the Director wrote the Outpatient Program Manager to determine whether the Respondent's "time off" was previously approved. He went on to inform the Manager that, in December 2011, he had counseled the Respondent about her attendance and listed the problem as follows: from January 18, 2011 through Thanksgiving 2011, the Respondent called out unexpectedly 14 times, arrived late six times, and left early 11 times. As a result, the Respondent was removed from the management team;
- E. On the following dates these incidents occurred:
- (1) The Respondent called to state that she would be late on March 5, 2012 and March 19, 2012;
 - (2) The Respondent called to say that she would be late March 26, 2012;
 - (3) The Respondent reported that she would be out on May 31, 2012;

- (4) The Respondent notified the staff that she was leaving early (at 10:45 AM) on June 21, 2012;
- (5) The Respondent called in that she would be late on June 27, 2012;
- (6) The Respondent reported that she would be out June 28 and June 29, 2012, prompting the Director to inquire whether the Respondent made arrangements for someone else to do her intakes;
- (7) On July 17, 2012, the Respondent reported that she was leaving early;
- (8) On July 18, 2012, the Respondent received a written warning for "violation of professional and ethical boundaries." This was written in response to the Respondent's July 7, 2012 admission that she looked into the electronic charts of clients who were not assigned to her. The author of the memo, the Outpatient Program Manager, stated that [the Respondent] was directed to stop that practice "immediately" because reviewing a client chart is only appropriate for clinical supervision and licensing compliance reviews, medical records review, case consultation, treatment planning, and emergency

intervention of coverage. [The Respondent] was directed to “attend bimonthly Peer Supervision to address this ethical issue or any other clinical struggles with colleagues;”

- (9) On July 26, 2012, the Respondent called out at 7:52 AM which meant that the Respondent’s duties had to be covered by the Director. This prompted a memo from him to the Outpatient Program Manager wanting to know the times the Respondent had missed from work since May (2012). The Outpatient Program Manager sent a memo indicating the following:

On May 1, 2012, came in at 9:30 (1.5 hours [late]);

On May 2, 2012 came in at 8:45 (.75 minutes);

May 16, 2012 out at 3:00 (2 hours);

June 8, 2012 out sick (8 hours);

June 21, 2012 came in at 10:00 (2 hours);

June 28 & June 29 scheduled off (16 hours);

July 3, 2012 came in at 11:45 (3.75 hours);

July 17, 2012 out at 2:00 (3 hours);

July 26, 2012 out sick (8 hours).

- (10) On September 14, 2012, the Respondent informed the staff that she was off at noon;

- (11) On October 1, 2012, the Respondent indicated that she would be in at 9:45;
- (12) On October 8, 2012, the Respondent notified staff that she was leaving early;
- (13) On October 10, 2012, the Respondent called that she would be in at 10 AM;
- (14) On November 29, 2012, the Respondent called that she would be out, necessitating a request to handle appointments scheduled for 9 AM, 11 AM and 12 noon;
- (15) On December 5, 2012, the Respondent announced that she was leaving at 11:30 AM;
- (16) On December 12, 2012, the Respondent called out, leading to the Program Manager's request regarding taking the Respondent's "evals", scheduled for 9, 10, and 11 AM and 12 noon, 2 and 4 PM;
- (17) On December 26, 2012 at 10:18 AM, it was reported that:
"[the Respondent] has left";
- (18) On January 11, 2013, the Respondent called in that she would be late;
- (19) On January 15, 2013, the Respondent called that she would be late;

- (20) On January 15, 2013, the Respondent was out, occasioning that someone take her three intakes scheduled for 10AM and 2 and 4 PM;
- (21) On January 22, 2013, the Respondent told staff that she was leaving at 12 noon;
- (22) On February 4, 2013, the Respondent called that she would be in late;
- (23) On March 11, 2013, the Respondent called that she would be in late;
- (24) On March 15, 2013, staff was advised that the Respondent was leaving early;
- (25) On April 18, 2013, the Respondent was out;
- (26) On May 3, 2013, the Respondent called that she would be in late;
- (27) On May 6, 2013, the Respondent reported that she would be late;
- (28) On May 15, 2013, the Outpatient Program Manager notified the Respondent that the Medical Records Committee reported that it had not received documentation from the Respondent and that she had not corrected the errors relayed to her in March;

- (29) On May 23, 2013, it was reported that the Respondent was out, necessitating that another counselor handle the Respondent's scheduled intake;
- (30) On May 23, 2013, the same Program Manager wrote to the Respondent that she was to call her at home, with a 24/hour notice whenever she is absent because of the additional duties placed on other clinicians trying to provide for her clients when she was absent;
- (31) On June 13, 2013 at 12:17 PM, the Admissions Coordinator notified staff that there was a 12 noon intake person there and whether anyone could take the appointment. In response, the Director asked the Program Manager whether she knew that the Respondent went to lunch and did not check her schedule;
- (32) On June 17, 2013, the Respondent was out;
- (33) On July 12, 2013, the Respondent called that she would be late.

9. On July 31, 2013, the Director informed the Outpatient Program Manager that, on that date, he witnessed the Respondent hugging a patient in the waiting room that morning and that he was concerned about her ability to "self-monitor regarding professional boundaries .It may be time to take disciplinary steps up to an (*sic*)

including termination.”

10. Thereafter, the Outpatient Program Manager, on July 31, 2013, notified the Respondent that, “effective immediately,” her employment with Facility A was terminated due to “multiple concerns that have been discussed verbally and written,... These concerns consist of excessive absences from work, excessive late arrivals to work, inadequate productivity earning, and poor professional boundaries... On July 30, 2013, at 4:00p.m. You had a patient arrive for an evaluation. Despite repeat attempts to alert you via telephone and email you did not respond by answering your telephone. When questioned regarding your whereabouts you stated that you were not in your office during that time; however, you were overheard in your office speaking to someone during that time frame. Today the Executive Director observed you hugging a patient in the lobby. This type of behavior results in poor patient care and can no longer be tolerated. Please do not...contact patients of [Facility A] after this date. Such an action will be reported to the [Board.” The Respondent signed the termination notice.

11. As part of its investigation, the Respondent was interviewed, under oath, by the Board’s Investigator , wherein the Respondent made the following statements/admissions:

- A. The Respondent did “not think” to report Client A’s two instances of childhood sexual abuse (as required by law);
- B. The Respondent did not note any objection to or discussion of the

fact that Patient B would give her candy and that Patient B took a picture of the Respondent with Patient B's grandchild on her lap, which the Respondent later gave to Patient B;

- C. The Respondent admitted that she accessed the chart of another therapist's client for no valid treatment purposes;
- D. The Respondent acknowledged that her absences were repeatedly discussed by Facility A staff;
- E. The Respondent claimed that, due to her absences, no clients had to be rescheduled;
- F. The Respondent stated that her September 2013 text to Patient A.

"what in the hell are you trying to do to me" was not meant for Patient A and that, when Patient A contacted her with the reply of "What," she never explained that to Patient A.

13. As set forth above, the Respondent violated the Act and regulations thereunder.

CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact, the Board finds that Respondent violated § 17-509 (8), (13), (16), (17); COMAR tit. 10 § 58.03.04 A. (9), (11), (14), B (3); 58.03.05. A. (1) (d), (2) (c) and (d), B. (1) (a), D (1) (c); 58.03.08 A. (1); and 58.03.10.

ORDER

Based on the foregoing Findings of Fact, Conclusions of Law and agreement of the parties, it is this 27th day of August 2015, by a majority of a quorum of the Board,

ORDERED that the Respondent's license is hereby suspended for one year, all **STAYED**. The Respondent is immediately placed on **PROBATION** for three (3) years, during which the following shall take place:

- A. The Respondent shall complete an evaluation by a therapist selected by the Board who specializes in substance abuse treatment. The Respondent shall follow any recommendations made by the therapist. The Respondent shall sign a release for the therapist to send the evaluation to the Board. In the written referral, the Board will convey when the evaluation shall be completed—a date certain.
- B. The Respondent shall continue therapy with her present therapist(s) until he/she/they discharge(s) her. The therapist shall send to the Board quarterly reports regarding her progress, one of which shall include attendance records for AA/NA meetings. The Respondent shall sign appropriate releases for any therapist involved.
- C. **Ethics Course:**
 1. During the first year of Probation, the Respondent shall enroll in and successfully complete a three (3) semester credit graduate-level

Board-approved course from a regionally accredited college or university in professional, legal and ethical responsibility. The course may be an on-line course. The Respondent shall enroll in and successfully complete this required course within eighteen (18) months of the date of this Consent Order;

2. The Respondent shall submit the course description/syllabus to the Board for approval prior to enrolling in the course. The Board reserves the right to require the Respondent to provide further information regarding the course proposed, and further reserves the right to reject the proposed course and require submission of an alternative proposal. The Board will approve a course only if it deems the curriculum and the duration of the course adequate to fulfill the Respondent's ethical needs;
3. The Respondent shall be responsible for all costs incurred in fulfilling this course requirement and for submitting to the Board written documentary proof of successful completion of the course; and
4. This course shall be in addition to any course required to satisfy the continuing education requirements for the applicable two (2) year licensure renewal period. The Respondent shall take and complete a Board-pre-approved ethics course, three to five semester credits, which course shall not count towards the Continuing Education Units

(CEUs);

D. Supervision:

For the first two years of Probation, the Respondent's counseling practice shall be supervised, at her own expense, by a Board-approved Supervisor who is a Licensed Clinical Professional Counselor (LCPC);

1. The Probation is to begin on the date of execution of this Consent Order by the Board;
2. As part of the approval process, the Respondent shall submit to the Board the name and professional credentials of the LCPC to supervise her practice, or she may select one from a list provided by the Board. As set forth above, the Respondent shall provide the Board with the supervisor's name within two weeks of the effective date of this Order, regardless of whether she is employed or not;
3. The supervising counselor shall not be associated with the Respondent through any current or past personal, collegial, professional, or academic affiliation;
4. The supervision shall commence once the Respondent is employed. The Respondent shall inform the Board at least 30 days in advance of the start date of her employment;

- (1) The Board-approved supervising LCPC shall notify the Board in writing of his/her acceptance of the supervisory

role of the Respondent;

- (2) The Respondent shall provide the Board-approved LCPC with a copy of the charging documents and this Consent Order, and whatever other written materials the Board deems relevant;
- (3) The Respondent shall meet **face to face** with the **supervisor BI-WEEKLY** (every two weeks) for the first six (6) months of the supervisory period; and then **MONTHLY** for the next six (6) months of the first year supervisory period; for the second year, the supervision shall be quarterly.
- (4) The supervision shall include particular attention to the Code of Ethics for professional counselors, supervisor responsibilities, and other administrative counseling responsibilities and standards;
- (5) The Supervisor shall submit **QUARTERLY** reports to the Board detailing the ethical issues discussed and Respondent's progress. The report shall include, but not be limited to, a report of the Respondent's participation in the supervisory process. Upon completion of the supervision period, the Respondent shall ensure that the supervising

counselor submits a final report to the Board assessing the Respondent's practice. The Respondent has sole responsibility for ensuring that the supervisor submits the required quarterly reports and the final report to the Board in a timely manner;

- (6) The Board has sole authority over any changes in supervision and must approve and ratify any changes in supervision or the frequency of supervision; In the event that the Respondent's supervisor discontinues supervising the Respondent's practice for any reason during the 24-month supervisory period, the Respondent shall be solely responsible for submitting a replacement candidate to serve as her supervisor under the terms specified above;
- (7) If the Respondent fails to complete the supervision in a timely manner as set out above, the Respondent will be deemed in violation of Probation and this Consent Order; and an unsatisfactory report from the Respondent's supervisor may constitute a violation of Probation and of this Consent Order.

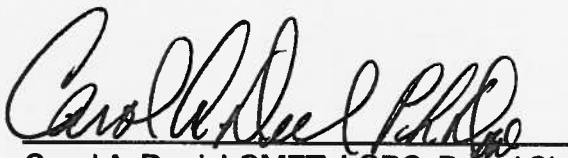
ORDERED that the Consent Order is effective as of the date of its signing by the Board; and be it

ORDERED that, should the Board receive a report that the Respondent has violated the Act or, if the Respondent violates any conditions of this Order, after providing the Respondent with notice and an opportunity for a hearing, the Board may take further disciplinary action against the Respondent, including suspension or revocation. The burden of proof for any action brought against the Respondent as a result of a breach of the conditions of the Order shall be on the Respondent to demonstrate compliance with the Order or conditions; and be it

ORDERED that the Respondent shall practice in accordance with the laws and regulations governing the practice of professional counseling in Maryland; and be it further

ORDERED that, should the Respondent fail to demonstrate compliance with the Order the Board may impose additional terms and conditions on the Order, as it deems necessary;

ORDERED, that for purposes of public disclosure, as permitted by Md. General Provisions. Code Ann. §§ 4-101, *et seq.* (Repl. Vol. 2014), this document consists of the contents of the foregoing Findings of Fact, Conclusions of Law and Order, and that the Board may also disclose same to any national reporting data bank that it is mandated to report to.


Carol A. Deel, LCMFT, LCPC, Board Chair
State Board of Counselors and Therapists

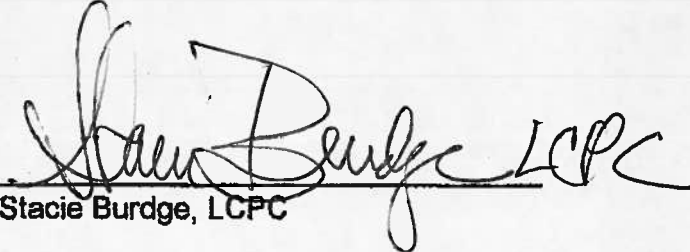
CONSENT OF STACIE BURDGE

I, Stacie Burdge, LCPC, acknowledge that I am represented by counsel, Roy L. Mason, Esquire and have consulted with counsel before entering into this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by the law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of the Board that might have followed after any such hearing.

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

7/23/15
Date


Stacie Burdge, LCPC

STATE OF Maryland :

CITY/COUNTY OF Frederick :

I HEREBY CERTIFY that on this 23 day of July 2015, before me, Alexis Huffman, a Notary Public of the foregoing State and (City/County),
(Print Name) personally appeared Stacie Burdge, License No. LC3567, and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed, and the statements made herein are true and correct.

AS WITNESSETH my hand and notarial seal.

Alexis Huffman
Notary Public

My Commission Expires: 7 | 24 | 2016

ALEXIS HUFFMAN
NOTARY PUBLIC
FREDERICK COUNTY
MARYLAND
MY COMM. EXP. 07-24-2016