

IN THE MATTER OF	*	BEFORE THE MARYLAND
GRACE IRENE NYBLADE, LCSW-C	*	STATE BOARD OF
Respondent	*	SOCIAL WORK EXAMINERS
License No. 12961	*	Case Nos. 2019-2639
		2020-2815
	*	

* * * * *

CONSENT ORDER

The Maryland Board of Social Work Examiners (the “Board”) charged **Grace Irene Nyblade**, Licensed Certified Social Worker-Clinical (**LCSW-C**), (**the “Respondent”**), **License Number 12961**, with violating various provisions of the Maryland Social Workers Act (the “Act”), codified at Md. Code Ann., Health Occ. §§ 19-101 *et seq.* (2014 Repl. Vol. and 2019 Supp.).

The pertinent provisions of the Act provide the following:

§ 19-311. Grounds for license denials, discipline

Subject to the hearing provisions of § 19-312 of this subtitle, the Board may deny a license to any applicant, fine a licensee, reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the applicant or licensee:

....

- (4) Commits any act of gross negligence, incompetence, or misconduct in the practice of social work;
- (5) Engages in a course of conduct that is inconsistent with generally accepted professional standards in the practice of social work;

On November 8, 2021, the parties appeared at a Case Resolution Conference (“CRC”) before a committee of the Board. The Respondent, her counsel, and the Administrative Prosecutor assigned to the case participated in the CRC. A resolution was not reached in the case as a result of the November 8, 2021 CRC.

On November 21, 2022 and December 9, 2022, the parties appeared (virtually) before a settlement Administrative Law Judge at the Office of Administrative Hearings (OAH) in further effort to resolve this case. As a result of the negotiations at the OAH settlement conference the parties agreed to the following Consent Order consisting of Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The Board finds that:

I. Background

1. At all relevant times, the Respondent has been licensed to practice clinical social work in the State of Maryland under License No. 12961. The Respondent was first licensed to practice clinical social work in Maryland on November 23, 2005. Her license is active.

2. The Respondent is a Board-approved supervisor for social workers seeking clinical certification. She was first approved as a supervisor on November 12, 2010.

3. The Respondent owns a practice (the “Practice”)¹ where she, along with other

¹ For confidentiality purposes, the names of all witnesses, clients, and organizations will not be used in the document but will be made available to the Respondent upon request.

practitioners, provide dialectical behavioral therapy (“DBT”)² in their clinical practice.

II. Complaint #1

4. On or about April 25, 2019, the Board received a complaint from a clinical social worker and former colleague of the Respondent (“Individual A”) alleging that the Respondent shared personal and potentially embarrassing information about practitioners during a supervision session. Individual A also alleged that the Respondent introduced a “new billing code” that would allow the Respondent to charge clients at a higher rate for “emergency appointments.” Individual A explained that she and other practitioners did not agree with the new billing code because clients already paid an “on call” fee to the Practice.

Board Investigation of Complaint #1

5. The Board opened Case No. 2019-2639 based on Individual A’s complaint.

6. As part of its investigation, the Board obtained a July 2018 Memorandum of Understanding (“MOU”) between the Respondent and a mental health clinic (the “Clinic”). Through the MOU, the Respondent agreed to provide DBT training and supervision to five Clinic therapists. The Board also obtained Clinic records that described complaints the Clinic’s Director received from Clinic therapists about the Respondent. The complaints included the Respondent’s use of her phone during supervision sessions and her use of

² The American Psychological Association defines Dialectical Behavioral Therapy as “a flexible, stage-based therapy that combines principles of behavior therapy, cognitive behavior therapy, and mindfulness. It establishes a ‘dialectic’ between helping individuals to accept the reality of their lives and their own behaviors on the one hand and helping them learn to change their lives, including dysfunctional behaviors, on the other. Its underlying emphasis is on helping individuals learn both to regulate and to tolerate their emotions. DBT is designed for especially difficult-to-treat patients, such as those with borderline personality disorder.” (Available at: dictionary.apa.org/dialectical-behavior-therapy.)

degrading language when speaking about clients. The Clinic terminated the MOU with the Respondent in May 2019.

7. On or about July 24, 2019, Board staff interviewed Individual A under oath.

During the interview, Individual A stated the following:

- a. The Respondent introduced a billing code at the Practice in March 2019 to be used for “emergency sessions.” Individual A did not believe that emergency sessions required different payment because such sessions were already built into the Practice’s DBT program through an “on call” fee.
- b. Individual A questioned the Respondent about why the new billing code was needed, to which the Respondent “smiled and said she wanted more money.”

8. On or about July 25, 2019, Board staff interviewed a clinical social worker who had previously worked with the Respondent (“Individual B”). The interview was done under oath. During the interview, Individual B stated the following:

- a. The Respondent implemented a new billing code for “crisis situations.” Individual B did not agree with a new billing code because the Practice already “specialized in crisis situations.”³
- b. The Respondent, during supervision sessions, divulged the existence of an intimate relationship between two clinicians as well as sensitive past medical history of another clinician.
- c. The Respondent failed to secure client records; the Respondent’s family members would often be in the office where the client records were left unsecured.

³ Individual B explained further, “[W]ith any type of outpatient therapy, I can have someone who is considered worried well, who has minor anxiety, and my next session is with someone who has schizophrenia. The individual with schizophrenia is likely to be a more complex case. That doesn’t mean they need to pay more.”

9. On or about July 26, 2019, Board staff interviewed a clinical social worker who had previously worked with the Respondent (“Individual C”). The interview was done under oath. During the interview, Individual C stated the following:

- a. The Respondent implemented a new billing code for “difficult patients.” When Individual C questioned the Respondent, she said, “[W]ell, I want more money.” Individual C did not believe the new billing code was ethical because clients “already paid a DBT fee” to handle emergency situations.
- b. The Respondent was “very aggressive” with clients.
- c. The Respondent, during a supervision session, told supervisees about an intimate relationship between two other clinicians as well as the health information of another clinician.
- d. The Respondent allowed her family members into the Practice’s back office where client files were kept. Individual C believed that the Respondent’s family members knew many of the clients at the Practice.

10. On or about July 30, 2019, Board staff interviewed a clinical social worker who had previously worked with the Respondent (“Individual D”). The interview was done under oath. During the interview, Individual D stated the following:

- a. The Respondent implemented a higher billing code for crisis situations even though patients already paid an “on-call” fee.
- b. The Respondent, during supervision sessions, revealed an intimate relationship between two clinicians as well as sensitive past medical history of another clinician.
- c. The Respondent’s family members were allowed in the Practice’s office area and “were handling direct client files.” Individual D had “grave concerns” about the Respondent’s family members having access to client files because those family members had reason to know some of the clients at the Practice.

11. On or about October 22, 2019, Board staff interviewed the Respondent under oath. During the interview, the Respondent stated the following:

- a. She had disclosed, during a supervision session, an intimate relationship between two clinicians, though she believed she was making other clinicians aware of possible competency issues.
- b. She planned to increase the billing rates for other clinicians because they had developed more clinical experience. She also said that clients would sometimes request a low level of care, then demand more urgent care during any given week. Her intake paperwork “has said the range is 75 dollars to 150 dollars, and has said that for five years.”⁴
- c. Her family members would sometimes be in the office and 95% of the time were supervised. They could sometimes observe clients waiting in the waiting area, but she denied that her family members had access to client files.

III. Complaint #2

12. On or about April 27, 2020, the Board received a complaint from a former client of the Respondent’s Practice (the “Client”) alleging that the Respondent often yelled at the Client, which caused the Client to focus on “being able to work with [the Respondent] rather than learning how not to self harm [*sic*].” The Client explained that their⁵ individual sessions with the Respondent became “very distressing.” The Client also described an incident when the Respondent called the Client into her office and discussed problems the Client was reportedly having at school. During this encounter, according to the Client, the Respondent raised her voice and said the Client was “being a complete [expletive].”

Board Investigation of Complaint #2

⁴ Contrary to the Respondent’s statement, records that the Board obtained in Case No. 2020-2815 show that in 2016 and 2017, the Practice’s intake forms listed client costs of \$75-\$125 per DBT session.

⁵ The Client identifies using they/them/their pronouns.

13. The Board opened Case No. 2020-2815 based on the Client's complaint.

14. As part of its investigation, the Board obtained the Client's treatment records from the Practice. The records showed that the Respondent, Individual A, and Individual B provided the Client with clinical services from May 2017 to February 2018. Included with records was a September 12, 2017 email from the Client's mother to the Respondent that reported the Client bit off her fingernails because they were stressed about therapy with the Respondent. There was also a February 19, 2018 email from the Client's mother that stated, among other things, the Respondent's behavior towards the Client "has been inappropriate, unprofessional, and borderline abusive."

15. On or about July 22, 2020, Board staff interviewed the Client under oath. During the interview, the Client stated the following:

- a. The Respondent told the Client that DBT required the Respondent to cause the Client to "breakdown" so that Individual B "could teach me how not to breakdown in [the Respondent's] sessions. And it never worked."
- b. The Respondent would "sit there yelling at [the Client]" while the Client was "crying and shaking." The Respondent routinely "insulted" the Client.
- c. The Respondent would tell the Client to "get out" of the office while the Client continued to cry. The Respondent also stopped sessions early and "gave up."
- d. The Respondent once confronted the Client and the Client's mother with a report from the Client's school made directly to the Respondent. During the meeting, the Respondent would not allow the Client to explain the situation, but "would just get angry and start yelling at [the Client]." When the Client's mother tried to explain the situation, the Respondent told her not to defend the Client. The Client's mother and the Respondent then began yelling at each other. After 30 minutes, the Respondent abruptly left the room.

- e. When the Client and Individual B had discussed reducing the number of the Client's sessions, the Respondent, who was also present, added that the Client was "a waste of a therapist's time."

16. On or about July 23, 2020, Board staff interviewed the Client's mother under oath. During the interview, the Client's mother stated the following:

- a. The Respondent "would just start yelling at [the Client] within five minutes of starting the therapy," which caused the Client stress about attending sessions with the Respondent.
- b. The Respondent was "a bully" and "inappropriate" towards the Client.
- c. In January 2018, the Respondent called the Client and the Client's mother into her office and accused the Client of improper behavior at their school. The Client's mother felt "blindsided" by this information because of a recent positive meeting at the Client's school. The Client tried to interject as the Respondent was speaking, to which the Respondent said that the Client "was being a complete [expletive]."
- d. In February 2018, the Respondent told the Client's mother that the Client could not reduce the "management fee" because they were not improving and were a "waste of my therapists' time."

17. On or about July 24, 2020, Board staff interviewed Individual B under oath.

During the interview, Individual B stated the following:

- a. DBT requires taking a direct and assertive approach with clients, but the Respondent "crossed the line" and was "bullying" the Client.
- b. The Client's body posture and temperament changed if the Respondent walked into a room; if the Client was engaged in an "open dialogue, that would often cease" when the Respondent was present.

18. On or about July 31, 2020, Board staff interviewed the Respondent under oath. During the interview, the Respondent stated the following:

- a. She denied that the Client was her specific client but was generally a client of the Practice and primarily seen by Individual B.
 - b. The Client was an “unwilling client” who could not get past “treatment interfering behaviors” in their therapy.
 - c. She intentionally had gaps in her schedule so that she could listen from her office to the conversations that clients were having with each other in the waiting room.
 - d. She used “firm redirection,” which the Client may have interpreted as the Respondent yelling.
 - e. She believed that the Client filed a complaint with the Board against the Respondent as part of the Client’s “revenge fantasy.”
19. The Respondent has consistently denied the allegations in both complaints.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent violated:

Health Occ. § 19-311. Grounds for license denials, discipline

Subject to the hearing provisions of § 19-312 of this subtitle, the Board may deny a license to any applicant, fine a licensee, reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the applicant or licensee:

. . . .

- (4) Commits any act of gross negligence, incompetence, or misconduct in the practice of social work;
- (5) Engages in a course of conduct that is inconsistent with generally accepted professional standards in the practice of social work;

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 27th day of December, 2022, by a majority of the quorum of the Board considering this case hereby:

ORDERED that the Respondent's license to practice social work shall be **REPRIMANDED**; and it is further

ORDERED that the Respondent's license to practice as a clinical social worker shall be placed on **PROBATION for a MINIMUM OF ONE (1) YEAR** and that during the period or probation, the Respondent shall:

- i. Enroll in and complete a Board approved course(s) on: an **in-person ethics course to address patient-therapist boundaries**;
- ii. Enroll and complete a **course on (1) Professionalism and ethics; and, (2) Establishing a therapeutic relationship with clients**, approved in advance by the Board;
- iii. No part of the training or education that the Respondent receives in order to comply with the Consent Order may be applied to her continuing education credits required for certification;
- ii. The Respondent shall secure a Board-approved supervisor ("supervisor") who shall supply the Board with quarterly, written reports on the Respondent's practice, including recordkeeping. The Respondent shall provide the supervisor a copy of this Consent Order prior to the initial meeting, and the Board may release to the supervisor any portion of the investigative file as is deemed necessary by the Board and/or supervisor. A negative report from the supervisor may result in violation of this Consent Order and further sanctions at the Board's discretion. The Board, in its discretion, may reduce the frequency of the written reports from the supervisor, upon a written request from the supervisor;

- iii. For at least the first year of clinical practice, the Respondent shall meet at least once a month with a Board-approved supervisor for random chart review and discussion. At these meetings, the supervisor shall choose a random sample of at least five (5) of the Respondent's active cases to review. If the Respondent's active cases includes less than five (5) cases, then the supervisor shall review all of the Respondent's active cases. The supervisor shall review the charts to determine the Respondent's compliance with quality of care, ethical standards and record keeping standards. In addition, the supervisor shall discuss the cases with the Respondent to evaluate the Respondent's understanding of the conditions he is treating and her compliance with standards of care, ethical standards and record keeping standards;
- iv. The Respondent shall authorize the Board to provide the supervisor with the entire investigative file, including all investigative interviews and reports obtained during the investigation, the Board's disciplinary charges of September 10, 2021, and the Consent Order;
- v. The supervisor shall submit quarterly written reports to the Board, which shall include but not be limited to the number and type of cases reviewed, issues discussed and his/her assessment of the Respondent's understanding of the conditions he is treating and her compliance with standards of care, ethical standards and record keeping standards;
- vi. The Respondent is responsible for ensuring that the supervisor submits the required quarterly reports to the Board in a timely manner;
- vii. The Board has sole authority to implement any changes in the supervision and retains all authority to approve any changes in the supervision;
- viii. In the event that the supervisor discontinues supervising the Respondent for any reason, the Respondent shall immediately notify the Board and submit a replacement candidate to serve as her supervisor under the terms specified above;

ORDERED that the Respondent may file a petition to waive the condition of supervision after one (1) year from the date of this Consent Order. After consideration of

the petition, the Board, or a designated committee of the Board, may grant or deny such petition at its sole discretion.

ORDERED that the Respondent shall pay a fine in the amount of **ONE THOUSAND DOLLARS (\$1,000)** by certified check or money order to the Maryland Board of Social Work Examiners; and it is further

ORDERED The Respondent shall comply with the Maryland Social Workers Act and all laws, statutes and regulations pertaining thereof; and it is further

ORDERED that no part of the training or education that the Respondent receives in order to comply with the Consent Order may be applied to her continuing education credits required for certification; and it is further

ORDERED that the Respondent's current approved supervisory status shall be rescinded, and she shall not be eligible to become a Board-approved supervisor for a **MINIMUM OF FIVE (5) YEARS**; and it is further

ORDERED that the Respondent shall not serve or continue to serve as a Board Authorized Sponsor, presenter and/or trainer of social work continuing education learning activities, an Ethics Tutor, an evaluation for the Board, or a Board Approved Supervisor for a period of **FIVE (5) YEARS** from the effective date of this Consent Order; and it is further

ORDERED that at the conclusion of the one (1) year probationary period, the Respondent may petition the Board for a termination of her probation. The Board may terminate the Respondent's probation depending on whether she has fulfilled all of the terms and conditions of the Consent Order, and whether there are any pending complaints

against her;

ORDERED that if the Respondent violates any of the terms and conditions of this Consent Order, the Board, in its discretion, after notice and an opportunity for an evidentiary hearing if there is a genuine dispute as to the underlying facts, or an opportunity for a show cause hearing before the Board otherwise, may impose any sanction that the Board may have imposed in this case, including probationary terms and conditions, a reprimand, suspension, revocation and/or a monetary penalty; and it is further

ORDERED that the Respondent shall be responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that the Consent Order will be posted on the Board's website and reported to the National Practitioner Data Bank; and

ORDERED that the for the public disclosure, this Consent Order is considered a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2019) and is reportable to any entity to who the Board is obligated to report.



12/27/2022

Date

Sondra Petty, LCSW-C Board Chair
State Board of Social Work Examiners

CONSENT

I, **Grace Irene Nyblade**, LCSW-C, License No. 12961, by affixing my signature hereto, acknowledge that:

1. I am represented by counsel, and I have consulted with counsel in this matter.
I have knowingly and voluntarily agreed to enter 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.
2. I am aware that I am entitled to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 19-312 (2021) and Md. Code Ann., State Gov't, §§ 10-201 *et seq.* (2021).
3. I acknowledge the validity and enforceability of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have 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 as provided by law. I am waiving those procedural and substantive protections.
4. I voluntarily enter into and agree to abide by the terms and conditions set forth herein as a resolution of the Charges against me. I waive any right to contest the Findings of Fact and Conclusions of Law, and I waive my right to a full evidentiary hearing, as set forth above, and any right to appeal this

Consent Order or any adverse ruling of the Board that might have followed any such hearing.

5. I acknowledge that by failing to abide by the conditions set forth in this Consent Order, I may be subject to disciplinary actions, which may include revocation of my license to practice as a social worker.

6. I sign this Consent Order voluntarily, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order.

12/16/22
Date

Grace Irene Nyblade LCSW-C
Grace Irene Nyblade, LCSW-C

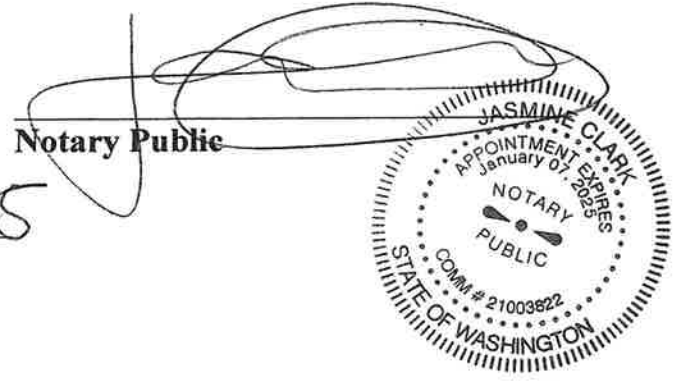
NOTARY

STATE OF Washington
COUNTY OF Whatcom

I HEREBY CERTIFY that on this 10th day of December,

2022, before me, a Notary Public of the State and County aforesaid, personally appeared **Grace Irene Nyblade, LCSW-C**, License Number: 12961, and gave oath in due form of law that the foregoing Consent Order was her voluntary act and deed.

AS WITNESS, my hand and Notary Seal.



My Commission Expires: 01/07/2025