

IN THE MATTER OF	*	BEFORE THE MARYLAND
RITA M. PRELLER, LCSW-C	*	STATE BOARD OF
RESPONDENT	*	SOCIAL WORK EXAMINERS
License Number: 10543	*	Case Number: 16-2281

\* \* \* \* \*

**CONSENT ORDER**

On November 27, 2019, the Maryland State Board of Social Work Examiners (the “Board”) charged **RITA M. PRELLER, LCSW-C** (the “Respondent”), License Number **10543**, with violating 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 – Denials, reprimands, suspensions, and revocations – Grounds.**

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:

- (5) Engages in a course of conduct that is inconsistent with generally accepted professional standards in the practice of social work;
- (6) Violates any provision of this title or regulations governing the practice of social work adopted and published by the Board;
- (20) Fails to maintain adequate patient records[.]

The pertinent provisions of COMAR, the code of ethics, provide the following:

**COMAR 10.42.03.03 – Responsibilities to Clients**

- A. The licensee shall:
- (5) Maintain documentation in the client's record which:
    - (b) Accurately reflects the services provided, including treatment plans, treatment goals, and contact notes;
    - (c) Indicates the time and date the services were provided;
    - (e) Is sufficient and timely to facilitate the delivery and continuity of future services[.]
- B. The licensee may not:
- (7) Share with another individual a confidence revealed by a client without a client's consent, except if there is danger to self or to another individual, or for a compelling professional reason[.]

**COMAR 10.42.03.06 – Standards of Practice**

- A. Professional Competence. The licensee shall:
- (4) Monitor the effectiveness of his or her interventions;
  - (7) Document and maintain appropriate and accurate records of professional service, supervision, and research work[.]

**FINDINGS OF FACT**

The Board finds the following to be true:

1. At all times relevant hereto, the Respondent was licensed to practice clinical social work in the State of Maryland. The Respondent was initially licensed to practice clinical social work in Maryland on or about December 2, 1999, under license number 10543. The Respondent's license is currently active until October 31, 2021.

2. At all times relevant, the Respondent maintained a solo practice (“Practice”)<sup>1</sup> in Maryland where she conducted individual, family and group therapy in the areas of trauma and addictions.

### **Complaint**

3. On or about November 1, 2016, the Board received a complaint (the “Complaint”) from a former client (the “Complainant”). The Complainant alleged that in 2013, when she was 17-years-old, she informed the Respondent that she had been raped by another client, who was 27-years-old at the time, from her group counseling sessions at the Practice. The Complainant alleged that the Respondent refused on multiple occasions to discuss the matter privately and instead told the Complainant to discuss the matter during the next group counseling session.
4. Based on the Complaint, the Board began an investigation of the Respondent.

### **Maryland Board Investigation**

5. On July 26, 2017, the Board issued a Subpoena Duces Tecum (“Subpoena #1”) to the Respondent. Subpoena #1 stated in part:

Pursuant to Section §19-312(c) of the Health Occupations Article, Annotated Code of Maryland, YOU ARE HEREBY SUMMONED AND COMMANDED UPON SERVICE OF PROCESS by the BOARD OF SOCIAL WORK EXAMINERS to deliver the following:

A complete “**Legible Copy**” of all patient “**Treatment Records**” to include any and all documents relating to treatment plans, session notes, evaluations, referrals, progress notes, written correspondence,

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<sup>1</sup> For purposes of ensuring confidentiality, proper names have been omitted and replaced with generic placeholders. Upon written request, the Administrative Prosecutor will provide the information to the Respondent.

counseling notes, progress recommendations, incident forms for client, client's ledger: [Complainant][.]

6. The Respondent submitted individual therapy notes, group therapy notes, and billing invoices for services rendered to the Complainant from May 1, 2014 to August 20, 2014. The Respondent also submitted a treatment plan which she created after the Complainant stopped receiving services from the Respondent "to assist the Board in understanding the treatment goals and objectives at the time the treatment was rendered."
7. On March 2, 2018, the Board issued a second Subpoena Duces Tecum ("Subpoena #2") to the Respondent in order to review records from the initial visit in June 2013 until, and around, the incident described in the Complaint.
8. On March 15, 2018, the Complainant was interviewed by the Board's investigator under oath. The Complainant provided the following information:
  - a. The Respondent diagnosed her with love addiction and treated her through individual, family, and group counseling sessions.
  - b. On June 21, 2013, the Complainant had a sexual encounter with a 27-year-old male from her group counseling sessions (the "Male Client").
  - c. The Complainant waited two days to report the sexual encounter to the Respondent out of fear.
  - d. The Complainant stated that after she informed the Respondent of the sexual encounter, the Respondent instructed her to call the other two females in her group counseling sessions and tell them what happened and "convince them to be on my side."

- e. The Complainant stated, "it sucked having to convince people that I was raped... [the Male Client] was gone and [the Respondent] brought it up in the group and wanted everybody's opinion, including all of the other guys in the group, and none of them believed me."
  - f. During subsequent individual sessions, the Complainant stated the Respondent would tell her that the incident had been reported but would refuse to give any additional details as to whom it was reported to.
  - g. The Complainant stated that the Respondent told her, "that if I wanted to go to the police I could, but she kind of made it sound like she wouldn't suggest it." The Complainant indicated that the Respondent did not "offer to give me any idea how to [report the incident to the police], and she made it sound like it was a bad idea, . . . I was scared...She didn't say that she would help me. She just said that if I wanted to go to the police I could, but it was all quote, reported and taken care of."
  - h. The Complainant stated, "Every time I brought it up, she would just sort of say, don't worry about it, or she'd mention my own love addiction and say, well, like, you need to recognize your part in it, and you need to work on your love addiction."
  - i. The Complainant did not know she could file a complaint until she was discussing the incident with her current therapist.
9. On March 20, 2018, the Respondent was interviewed by the Board's investigator under oath. The Respondent provided the following information:
- a. The Respondent explained that the Complainant was diagnosed with anxiety disorder and depression.
  - b. When asked about the Complainant's diagnosis of love addiction, the Respondent explained that she "used that word [love addiction] and co-dependency. The focus was co-dependency and using a framework of co-dependency and relationship addictive behaviors. So, it's coined in that term, love addiction, but that's generally what it is, co-dependency."

- c. The Respondent stated that the Complainant informed her that the sexual act (the "hooking up") was consensual. The Respondent added that if the Complainant had classified the incident as a rape, "we would have approached this in a very different way."
  - d. The Respondent documented in her notes that she contacted the local Department of Social Services to see if the incident needed to be reported.
  - e. The Respondent admitted that after learning about what she believed to be a consensual act, and knowing that the Complainant had already told others that she and the guy had hooked-up, she told the Complainant to "Call, you know, two of the girls [from her group therapy sessions] and talk to them about it, so that she could feel, you know, supported in the group. So that when she came in [to group therapy], she wouldn't feel so bad about, you know, herself."
  - f. The Respondent provided e-mail documentation from the Complainant to the Respondent that acknowledges that the Complainant made a "poor decision" when she had her sexual encounter ("hook-up").
  - g. The Respondent stated that she believed that the existing group in which she had the Complainant join was an appropriate one given the Complainant's clinical needs and the type of support and mentorship that those in the group would be able to provide to Complainant given the advance stage of the group members' performance.
10. On March 20, 2018, during the interview, the Respondent provided the Board's investigator with a copy of an email sent to the Respondent by the Complainant on June 26, 2013. The email stated in part, "I hate that all of this has happened, I made a poor decision and it angers me that this private matter was (and I say this without aggression) forcefully discussed in group." The Respondent replied to the email, in part, "I and the group care about you very much and understand how difficult this has been."

### **Expert Review**

11. The Board sent a copy of the Complaint, all documents obtained via Subpoena #1 and Subpoena #2, and the interview transcripts to an Expert.
12. Based on his review, the Expert found that the Respondent's care and treatment of the Complainant was inconsistent with the generally accepted professional standards in the practice of social work, for reasons including, but not limited to:
  - a. The only case records the Respondent provided were contact notes, which were "woefully inadequate" in that they failed to include: the time and/or length of sessions, a diagnosis, a "Case Formulation Assessment," a treatment plan, or a treatment contract which contains the rules of participation in group and individual therapy;
  - b. "There was no standardized and recognized therapeutic intervention theories and techniques used";
  - c. The Respondent referenced to the Complainant a diagnosis of "love addiction" which is not a recognized diagnosis;
  - d. The Respondent used "the concept of codependency" as "the focus of her therapeutic intervention" with the Complainant, however, "[i]t appears that Ms. Preller is not very knowledgeable about the concept of codependency" – the Respondent failed to document any professional summary of her basis for a diagnosis of codependency nor did the records reference codependency or contain a statement "of the manifestation in her treatment or her functioning within the community, with her parents or with her social contacts that would confirm a 'diagnosis' of codependency or love addiction;"
  - e. And the Respondent failed to provide "a vulnerable and distressed client with any assistance or referral that may be helpful to them" when the Respondent failed to facilitate a report of the sexual activity to the police

13. To address the documentation concerns identified by the Expert Reviewer, the Respondent provided the Board with evidence that on or about January 9, 2020, she completed a 6.25 Clinical Practice Continuing Education course by an Association of Social Work Boards (“ASWB”) and Maryland Board approved provider titled “Mastery in Mental Health Documentation & Medically Necessity: Comprehensive Clinical Documentation for Psychotherapists” (the “Course”).
14. The Respondent entered into a mentoring arrangement with the instructor of the Course to ensure that she is documenting in a complete and accurate manner.
15. The Respondent purchased and has implemented into her practice a cloud-based HIPAA compliant client management software system. The system has standardized documentation templates that ensure that the Respondent’s documentation is complete.
16. Lastly, the Respondent provided the Board with three (3) professional references who spoke highly of the Respondent’s expertise in the areas of marital counseling, addictions treatment, and specialized trauma-informed therapies.

### **DISCUSSION**

The Board finds that the Respondent failed to meet the Board’s standards for documentation and many of the Expert Reviewers concerns, such as the Respondent’s clinical plan and rationale for diagnoses, could have been eliminated with complete and through documentation.



While the Board is sympathetic to the Complainant and acknowledges that a sexual encounter most likely took place, it declines to find that the Complainant classified it as a 'rape' at the time she informed the Respondent. The Board points to the Respondent's consistent reporting that the Complainant informed her that the sexual encounter was consensual, a "hook-up." The Board also acknowledges that the Expert Reviewer never found mention of the term 'rape' or 'nonconsensual' in any of the Respondent's documentation or the Complainant's email communications at the time. Even after hearing that the encounter between her clients was consensual, the Board finds that the Respondent took protective action by contacting the Department of Social Services to determine if consensual sexual relations between a 17-year-old female and a 27-year-old male needed to be reported. Lastly, the Board is confident, based on the information in her interview, and the professional opinions of her colleagues, that the Respondent would have handled the matter very differently had it been reported as a rape.

#### **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 (5), (6), and (20), and COMAR 10.42.03.03(A)(5) (b), (c) and (e); and COMAR 10.42.03.06(A)(7) but did not violate COMAR 10.42.03.03B(7) or COMAR 10.42.03.06(A)(4).

**ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 25<sup>th</sup> day of February, 2020, by a majority of the quorum of the Board considering this case hereby:

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

**ORDERED** that for a period of two (2) years, the Respondent shall meet at least once a month, for a minimum of one clinical hour with a Board-approved supervisor for random chart review and discussion at the Respondent's expense. At these meetings, the supervisor shall choose a random sample of at least ten (10) of the Respondent's active cases to review. The supervisor shall review the charts to determine the Respondent's compliance with documentation and record keeping standards; and it is further

**ORDERED** that 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 compliance with documentation and record keeping standards; and it is further

**ORDERED** that the Respondent is responsible for requesting that the supervisor submits the required quarterly reports to the Board in a timely manner; and it is further

**ORDERED** that the Board has sole authority to implement any changes in the supervision and retains all authority to approve any changes in the supervision; and it is further

**ORDERED** that in the event that the supervisor discontinues supervising the Respondent for any reason, the Respondent shall immediately notify the Board and work with the Board to find a suitable replacement; and it is further

PRELLER, Rita, LCSW-C  
License # 10543  
Consent Order

**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 evaluator for the Board, or a Board Approved Supervisor for a period of 5 years from the effective date of this Consent Order; and it is further

**ORDERED** that if the Respondent violates any terms and conditions of the 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 probation, suspension, revocation, and/or a monetary penalty; and it is further

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

**ORDERED** that for purposes of public disclosure, this Consent Order is considered a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Provisions, §§ 4-101 *et seq.* (2014) and is reportable to any entity to whom the Board is obligated to report.<sup>2</sup>

2/25/2020  
Date

Sherryl A. Silberman LCSW-C  
Sherryl Silberman, LCSW-C,  
Board Chair  
Maryland Board of Social Work Examiners

<sup>2</sup> This includes the Board's public website and NPDB.

PRELLER, Rita, LCSW-C  
License # 10543  
Consent Order

CONSENT

I, Rita Preller, LCSW-C, License No. 10543, by affixing my signature hereto, acknowledge that:

1. I am represented by counsel and I have consulted with counsel on 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 (2014 Repl. Vol. and 2019 Supp.) and Md. Code Ann., State Gov't, §§ 10-201 *et seq.* (2014 Repl. Vol. and 2019 Supp.).
3. I acknowledge the validity and enforceability of this Consent Order as if entered into after the conclusions 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 precautions as provided by law. I am waiving those procedural and substantive processes.
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 any failure to abide by the conditions set forth in this Consent Order, I may be subject to further disciplinary actions, including up to 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.

7.12.20

Date



Rita Preller, LCSW-C

PRELLER, Rita, LCSW-C  
License # 10543  
Consent Order

NOTARY

STATE OF Maryland

COUNTY OF Anne Arundel

I HEREBY CERTIFY that on this 12<sup>th</sup> day of February, 2020, before me, a Notary Public of the State and County aforesaid, personally appeared **Rita Preller, LCSW-C, License Number: 10543**, 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.**

*Rita Preller*  
Notary Public

My Commission Expires: 4/16/2020