

# MARYLAND BOARD OF EXAMINERS OF PSYCHOLOGISTS

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### CHAIR'S COLUMN

#### **Greetings!**

I am Brenda Terry-Leonard, Ph.D. Since my appointment as a Maryland State Board of Psychology member in February 2021, and subsequently as Board Chair in 2023, the Board of Examiners of Psychologists (the Board) has remained steadfast in its mission to protect the public. We continue to interpret the scope of psychology practice, license psychologists, register psychology associates, renew licenses/registrations, review continuing education, propose laws and promulgate regulations, and receive complaints. Our subcommittees are diligently working on reviewing the licensure/registration process, considering options for improved efficiency, examining the telepsychology regulations in this post-COVID-19 era for potential modifications, and enhancing the complaint and investigative process. I am honored to be a part of the Board's unwavering commitment to public safety.

As we spring into a new season, I wish to thank Samantha Rukert, Psy.D., Reginald Nettles, Ph.D., and Mr. Raj Razdan for your service on the Board as you conclude your terms. The impact of your contributions to the Board's mission is beyond measure. Dr. Rukert, thank you for your leadership in your previous roles as Vice-Chairman and Chairman. I wish you all the very best.

I welcome the incoming board members, La Keita D. Carter, Psy.D., Trent Evans, Ph.D., and Ms. Li Ying Kathy Diao. The Board and I look forward to collaborative efforts to continue to advance the Board's mission to protect the public. The Board also welcomes the new Licensing Coordinator/Deputy Director, Tamika Davis. Ms. Davis joined the staff's efforts in advancing the licensure program and assisting the Director in administering the statutory mandates of the Board.

As psychologists engage in clinical practice, consultation, and assessment services along with research and supervision in the State of Maryland, regular review of the Title 18 Statutes and the Code of Maryland Regulations (COMAR) that pertain to the practice of psychology is encouraged to ensure the high-quality delivery of psychological services in Maryland that safeguards the public. In addition, psychologists' continued examination of their practice and research policies and procedures is also encouraged, and the following tips are offered as reminders.

- Ensure provision and communication of comprehensive informed consent to parties seeking care.
- Maintain adequate and appropriate case documentation.
- Seek consultation as indicated.

The Board's staff is available to answer your inquiries and will pass on your questions to the Board as needed. Thank you for the services you provide to Marylanders.

**Brenda Terry-Leonard, Ph.D.**

**HIGHLIGHTS OF 2024 LEGISLATIVE SESSION**

**SB 241 State Board of Examiners of Psychologists - Sunset Extension** - Passed with an amendment to extend Board for five years instead of three.

SYNOPSIS: Continues the State Board of Examiners of Psychologists in accordance with the provisions of the Maryland Program Evaluation Act (sunset law) by extending to July 1, 2030, the termination provisions relating to the statutory and regulatory authority of the Board.

**HB 146/SB 221 Health Occupations Boards – Reciprocal Licensure and Certification** – Passed

SYNOPSIS: Authorizing certain health occupations boards to adopt regulations (may adopt for other boards) establishing reciprocity for individuals licensed or certified in another state. (applies to Boards that do not already have statutory authority to issue licenses by other means)

**HB 93 Landlord and Tenant - Termination of Residential Lease - Limitation of Liability for Rent** – Passed

Purpose: Limiting a tenant's liability for rent to no more than 2 months' rent after the date on which the tenant vacates a leased premises if a physician, counselor, therapist, or psychologist completes a form specifying that the tenant has an intellectual or developmental disability or mental disorder, the management of which is substantially limited by the leased premises.

**HB 581/ SB 472 - State Government - Permits, Licenses, and Certificates - Processing (Transparent Government Act of 2024)** Passed.

Purpose: Requiring every principal department and independent unit to create a catalog of information relating to permits, licenses, and certificates and the submit the catalog to the Governor on or before October 1, 2024. In addition, the Bill also requires by December 1, 2024, each department post on its website a description of an interim description (to the extent practicable) of the application process.

**For Your Information (FYI)**

**Bank Your Credentials**

*Could you produce your educational and training credentials in three, five, or ten years if needed?* If you answered no or maybe not, consider registering your credentials with a creditable credential banking service. The Board does NOT provide banking services.

**2024 Open Board Meeting Dates**

September 13, 2024, October 4, 2023, November 8, 2024, December 6, 2024

Open meetings begin at 9:00 am

## SUICIDE RISK ASSESSMENT & PREVENTION: WHAT YOU SHOULD KNOW

*Compiled by Shelley M. McDermott, PhD, BCBA-D*

According to the Surgeon General's Call to Action to Implement The National Strategy for Suicide Prevention (2021), suicide is one of the 10 leading causes of death in the United States, claiming over 47,000 lives in 2019. Suicide rates are rising across the country, with a national suicide rate increase of 32% from 1999 to 2019. Additionally, for every person who dies by suicide, thousands more experience suicidal thoughts or attempt suicide.

Suicide is a complex reaction that is influenced by many different factors, and it is preventable. Psychologists are in a unique, critical position to assess for and respond to suicidal risk when providing psychological services to children, adolescents, and adults. Below are some general guidelines for conducting a suicide risk assessment, followed by a list of online resources to learn more about suicide risk assessment and prevention.

1. Establish rapport and trust: Create a safe and non-judgmental environment where the client feels comfortable sharing their thoughts and feelings. Show empathy and actively listen to their concerns.
2. Ask direct questions: In a compassionate manner, ask direct questions about suicidal thoughts or intentions.
3. Assess risk factors: Evaluate the presence of risk factors that contribute to suicidal ideation such as mental health disorders, previous suicide attempts, a family history of suicide, recent losses or traumatic events, substance abuse, social isolation, access to lethal means, or a lack of support systems.
4. Identify protective factors: Explore the client's personal strengths, coping skills, and resources that may act as protective factors against suicide. These may include supportive relationships, access to mental health services, effective problem-solving abilities, religious or cultural beliefs, or a sense of purpose.
5. Evaluate suicidal ideation: Assess the frequency, intensity, duration, and specificity of the client's thoughts about suicide. Determine if they have formulated a plan, the level of intent, and whether any preparatory actions have been taken.
6. Assess current emotional state: Evaluate the client's emotional state, including symptoms of depression, hopelessness, anxiety, irritability, or feelings of being trapped. Determine if they are experiencing any immediate distress or acute crisis.
7. Explore help-seeking behavior: Assess the client's willingness to seek help, and their engagement in any previous treatment or therapy. Determine if they have reached out to their support network or mental health professionals.
8. Collaborative safety planning: Develop a collaborative safety plan with the client, focusing on strategies to manage the immediate crisis and steps to take if suicidal thoughts intensify. Include information such as emergency contacts, support systems, coping strategies, and professional resources.

*This article is for informational purposes only and the Board is not responsible for its usefulness or accuracy of the information.*

### **FYI Requirement**

Licensees and registrants must notify the board in writing of a change to email address, home address, and cell phone number within ten (10) days of the change.

## SUICIDE RISK ASSESSMENT & PREVENTION RESOURCES

### SUICIDE PREVENTION

**Preventing Suicide: A Technical Package of Policy, Programs, and Practices** - This CDC technical package presents a select group of strategies based on the best available evidence to help communities and states sharpen their focus on prevention activities with the greatest potential to prevent suicide.

[https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf?s\\_cid=cs\\_293](https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf?s_cid=cs_293)

**Suicide Prevention Resource Center (SPRC) Effective Prevention Model** – This model was designed to help develop and implement suicide prevention efforts in any setting, SPRC’s Effective Suicide Prevention Model includes three elements—strategic planning, keys to success, and a comprehensive approach that work together to make suicide prevention efforts successful in achieving desired outcomes and using limited resources most efficiently.

<http://www.sprc.org/effective-suicide-prevention>

**National Action Alliance for Suicide Prevention** - This report outlines recommended standard care to identify and support individual who are at increased risk of suicide.

<https://theactionalliance.org/resource/recommended-standard-care>

**Substance Abuse and Mental Health Services Administration** - The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. <https://www.samhsa.gov/>

### SUICIDE RISK ASSESSMENT RESOURCES: PEDIATRIC POPULATION

**American Academy of Pediatrics: Screening for Suicide Risk in Clinical Practice** - <https://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/strategies-for-clinical-settings-for-youth-suicide-prevention/screening-for-suicide-risk-in-clinical-practice/>

#### Evidence-based, publicly available tools for suicide risk screening:

Ask Suicide-Screening Questions (ASQ) - <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>

Suicide Behavior Questionnaire-Revised (SBQ-R) - <https://rhyclearinghouse.acf.hhs.gov/suicide-behaviors-questionnaire-revised-sbq-r>

Columbia Suicide Severity Rating Scale (C-SSRS) - <https://cssrs.columbia.edu/>

### SUICIDE RISK ASSESSMENT RESOURCES: ADULT POPULATION

**Suicide Prevention Resource Center** - <https://sprc.org/>

**National Institute of Mental Health: Adults ASQ Toolkit** - <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/adults-asq-toolkit>

### CRISIS SUPPORT

**National Suicide Prevention Lifeline** - This 24-hour toll-free confidential suicide prevention hotline is available to anyone in suicidal crisis or emotional distress. Call 1-800-273-8255, or Dial 988 to connect to the National Suicide Prevention Lifeline <https://suicidepreventionlifeline.org/>

**988 Number** - This telephone number will connect callers to the National Suicide Prevention Lifeline.

**Crisis Text Line** - Text-messaging support is available for those in crisis.

Text “HOME” to 741741 from anywhere in the United States at any time to obtain support from trained crisis counselors.

**Military Crisis Line and Veterans Crisis Line** - Phone-based text-messaging and online chat support is provided at no cost to all service members, including members of the National Guard and National Reserve, and all Veterans, even if they are not registered with the VA or enrolled in VA health care.

<https://www.veteranscrisisline.net/get-help/military-crisis-line> <https://www.veteranscrisisline.net/>

*Suicide Risk Assessment & Prevention Resources cont.*

## **TREVORLIFELINE:**

Crisis services are provided by phone, chat, and text to LGBTQ persons by The Trevor Project, the leading national organization providing crisis intervention and suicide prevention services to LGBTQ young people. 1-866-488-7386 <https://www.thetrevorproject.org/get-help/>

It is important to note that this is a *summary* of an important topic. Interested readers are encouraged to visit the links provided above and below for more comprehensive information on the topic of suicide prevention and risk assessment.

*Primary sources of information for this article:*

Centers for Disease Control and Prevention: Suicide Prevention: <https://www.cdc.gov/suicide/resources/prevention.html>

Suicide Prevention Resource Center: <https://sprc.org/>

U.S. Department of Health and Human Services, Office of Surgeon General. (2021). The Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention. Retrieved from <https://www.hhs.gov/sites/default/files/sprc-call-to-action.pdf> -End-

## **PSYCHOLOGY ASSOCIATES PRACTICING IN MARYLAND**

In Maryland, psychology associates play a crucial role in the mental health field, providing essential services to clients under the supervision of licensed psychologists. To provide adequate and appropriate services, it is imperative that psychology associates adhere to Maryland laws and board regulations about the practice of psychology. The purpose of this article is to review important regulations for psychology associates in Maryland. For more information about the laws and regulations for psychology associates, readers should refer to the Code of Maryland Regulations (COMAR).

### **Psychology Associate Supervision Requirements**

Psychology associates in Maryland must work under the direct supervision of a licensed psychologist. This supervision is not merely a formality but a legal and ethical requirement to ensure that psychology associates receive the guidance and support necessary to provide high-quality care to consumers. While supervisors of psychology associates are responsible for reviewing work, providing feedback, and ensuring compliance with professional standards, it is the psychology associate's responsibility to maintain communication with the supervisor to ensure effective support and supervision. Psychology associates with a doctoral degree should receive one or more hours of supervision per week. Psychology associates who have been admitted to a doctoral program in clinical psychology, counseling psychology, school psychology, or education with a field of specialization in psychology or counseling psychology should receive two or more hours of supervision per week. All other psychology associates should receive three or more hours of supervision per week (i.e., master's level psychology associates). Additionally, psychology associates should receive a minimum of one hour of supervision for every five hours of comprehensive evaluation and testing of a client. For additional information regarding required hours of supervision, the reader is referred to COMAR 10.36.07.03.

Supervisory meetings between the psychology associate and supervisor must be documented, indicating the nature and extent of the supervision provided during each meeting. Supervision documentation should include the following: date and duration of each supervisory session; client names or other identification for all cases; the outcome of each case reviewed; signatures of both the supervisor and registered psychology associate; and if supervision was delegated, the reason for said delegation should be noted. The supervisor and psychology associate should maintain supervisory session documentation for at least five years. For additional information regarding documentation of supervision, the reader is referred to COMAR 10.36.07.05.

### **Confidentiality and Privacy**

Maintaining client confidentiality is a cornerstone of psychological practice. Psychology associates must adhere to the confidentiality guidelines outlined in the Health Insurance Portability and Accountability Act (HIPAA), which requires all client information to be kept private and only disclosed with the client's consent or under legally mandated circumstances. Psychology associates must take all necessary precautions to protect client information, including secure storage of records and ensuring that electronic communications are encrypted.

## **FYI - EPPP2**

The Association of State and Provincial Psychology Boards (ASPPB) announced that they will implement the Examination for Professional Practice in Psychology 2 (EPPP 2) exam on January 1, 2026. The EPPP 2 is a skills exam, to evaluate the skills of a candidate applying for a psychology license while the EPPP 1 evaluates the knowledge of a candidate applying for a psychology license. The Board will address the implications of the EPPP 2 and devise a plan before January 1, 2026.

*Psychology Associates Practice Cont.*

## **Professional Competence and Continued Education**

Psychology associates are expected to maintain a high level of professional competence and practice only within their scope of expertise. Psychology associates should strive to remain up-to-date with the latest developments in psychological science and practice and be aware of the laws and regulations pertaining to psychology associates. The Maryland Board of Examiners of Psychologists requires psychology associates to engage in continued education and professional development; psychology associates must complete a minimum of 20 continuing education hours per reporting period.

## **Ethical Practice and Integrity**

Adherence to ethical principles is fundamental for psychology associates. These principles include avoiding conflicts of interest, obtaining informed consent, and treating clients with respect and dignity. Ethical practice also involves recognizing and managing personal biases and ensuring they do not influence the treatment.

## **Accurate Record Keeping**

In addition to the documentation of supervision described above (see section Psychology Associate Supervision Requirements), psychology associates must document aspects of client care, including evaluations, authorizations for release, treatment plans, and reports. Psychology associates are also responsible for having their supervisor co-sign all clinical documentation. These records serve multiple purposes: they provide a basis for ongoing treatment, facilitate communication with other healthcare providers, and protect the psychology associate in the event of legal or ethical inquiries. For additional information regarding clinical record keeping, the reader is referred to COMAR 10.36.07.05.

## **Awareness of Legal Regulations**

Understanding and complying with state and federal regulations is critical for psychology associates. In Maryland, this includes being familiar with COMAR and other relevant articles (e.g., FAMILY LAW ARTICLE, §§5-701, 5-702, 5-704, 5-708, 5-711, which pertains to reporting child abuse and neglect; COURTS & JUDICIAL PROCEEDINGS ARTICLE, §5-609, which relates to the duty to commit, treat, or warn). Failure to comply with these laws and regulations could harm clients and possibly have legal consequences.

**Note:** If you supervise psychology associates (PA), make sure that the Board has the PA's name on file, and if you terminate the supervision, the Board needs to know when this occurs.

## **FYI**

### **GONE GREEN**

The Board has gone green and no longer provides paper copies of licenses/registrations. However, you can verify and print as many verifications of your license/registration from the Board's website <https://mdbnc.health.maryland.gov/psychverification/default.aspx>

### **NEW PAYMENT SYSTEM**

Checks and money orders are no longer accepted. All transactions that involve a payment must be paid by credit card using the online payment system on the Board's website [www.health.maryland.gov/psych](http://www.health.maryland.gov/psych)

is dedicated to protecting the residents of Maryland and promoting quality mental health services.

*Psychology Associates Practice Cont.*

## **Cultural Competence**

Cultural competence is vital to providing effective psychological services. Psychology associates must strive to understand and respect the cultural backgrounds, values, and traditions of their clients. This involves ongoing education and self-reflection to identify and mitigate any cultural biases. Providing culturally competent care ensures that all clients receive respectful and relevant psychological services, which can significantly impact their treatment outcomes.

In conclusion, by adhering to the laws and regulations pertaining to psychological services, psychology associates in Maryland can ensure they provide safe, effective, and ethical care to their clients. These guidelines not only protect clients but also support the professional growth and integrity of psychology associates, fostering trust and respect in the mental health community. As the field of psychology continues to evolve, staying informed and compliant with the laws and regulations governing the practice of psychology will remain essential for all practicing psychology associates in Maryland. - End -

## **TELEPSYCHOLOGY SURVEY RESULTS**

The Policy and Legislative subcommittee of the Board surveyed the practice of telepsychology among Maryland's licensees. Over 1200 licensees responded. Most respondents (83%) reside within the State of Maryland. Ninety percent of the respondents indicated they engage in telepsychology services, with the majority (96%) providing services virtually. Types of services provided through telepsychology include psychotherapy (88%), consultation (40%), and assessment (33%). Only fifteen percent of the respondents indicated they provide telepsychology services using social media. Of those who use social media, forty-six percent use Facebook, and thirty-eight percent use Instagram. An open-ended question on the survey regarding the practice of telepsychology in the State of Maryland yielded several consistent themes: the ability to practice across state lines, the ability to allow telepsychology intake sessions, and the ability to allow audio-only sessions.

The committee thanks everyone who participated in this important survey. The feedback received will be used to review the current regulations and determine future modifications or adjustments.

## **FYI**

### **UPDATE EMAIL, ADDRESSES, & NAME CHANGE**

Use the change form on the Board's website at [www.health.maryland.gov/psych](http://www.health.maryland.gov/psych) to make changes and email the form to [mdh.psychologyboard@maryland.gov](mailto:mdh.psychologyboard@maryland.gov)

## INFORMED CONSENT: WHAT YOU SHOULD KNOW

*Compiled by Shelley McDermott, PhD, BCBA-D*

Informed consent is a crucial ethical and legal requirement when providing psychological services. It is a process that ensures individuals seeking psychological services are fully informed about the nature, purpose, risks, benefits, and alternatives of the psychological services they are seeking. Informed consent promotes transparency, respect for autonomy, and ensures that individuals have the necessary information to make informed decisions about their mental health care. Below is an overview of the informed consent process when providing psychological services:

**Introduction & Explanation of Services:** Prior to providing psychological services, the psychologist should explain their credentials, qualifications, and the nature of the services they provide (e.g., individual therapy, group therapy, psychological assessment). The psychologist explains the specific service that will be offered, outlining treatment goals and an estimation of the duration of the services. The psychologist also provides information on fees for services. When providing ongoing therapeutic services, the psychologist should also provide a brief overview of their general approach to treatment, or theoretical orientation.

**Confidentiality and Limits:** The psychologist explains the principles of confidentiality, emphasizing that information shared by the client will remain confidential, within legal and ethical boundaries. The psychologist also discusses any limits to confidentiality, such as situations where there is a risk of harm to oneself or others, child abuse, or court-ordered disclosure.

**Risks and Benefits:** The psychologist discusses the potential risks and benefits associated with the services being provided. This may include emotional discomfort, temporary worsening of symptoms, the possibility of uncovering painful memories, or the potential for personal growth, improved coping skills, and symptom reduction.

**Alternative Approaches:** If applicable, the psychologist discusses alternative treatment approaches, including potential benefits and risks. This allows the client to make an informed decision about the treatment options available to them.

**Questions and Clarifications:** The psychologist should encourage the client to ask questions and to seek clarification regarding any aspect of the services, procedures, or expectations. This helps ensure a thorough understanding of the process.

**Voluntary Participation:** The psychologist ensures that the client understands that participation in services is voluntary. The psychologist emphasizes that the client has the right to withdraw consent or terminate services at any time without facing negative consequences.

**Documentation:** Informed consent is typically documented through a written consent form. The written consent form outlines the key information discussed during the informed consent process, including the nature of the services, risks, benefits, confidentiality, and the voluntary nature of participation (i.e., steps 1-6 above). Both the psychologist and the individual seeking services sign this form to acknowledge understanding and agreement.



## *Informed Consent: What You Should Know Cont.*

It is important to note that the process of informed consent is ongoing throughout the professional relationship. The psychologist should continue to provide updated information, obtain consent for any significant changes in treatment, and address any new concerns or questions that arise.

It is also important to note that this is a *summary* of an important topic. Interested readers are encouraged to visit the links provided below for more comprehensive information on the topic of informed consent.

For more information on the informed consent process, please visit:

American Psychological Association: <https://www.apa.org/ethics/code>

Section 3.10 – Informed Consent (<https://www.apa.org/ethics/code?item=6#310>)

Section 8.02 – Informed Consent in Research (<https://www.apa.org/ethics/code?item=11#802>)

Section 9.03: Informed Consent in Assessments (<https://www.apa.org/ethics/code?item=12#903>)

Section 10.01 – Informed Consent in Therapy (<https://www.apa.org/ethics/code?item=13#1001>)

*Primary sources of information for this article:* American Psychological Association: Ethical Principles of Psychologists and Code of Conduct: <https://www.apa.org/ethics/code>

Blease CR, Lilienfeld SO and Kelley JM (2016) Evidence-Based Practice and Psychological Treatments: The Imperatives of Informed Consent. *Front. Psychol.* 7:1170. doi: 10.3389/fpsyg.2016.01170 - End -

## BACK to NORMAL - Continuing Education Requirements

10.36.02.04 <https://dsd.maryland.gov/regulations/Pages/10.36.02.04.aspx>

### .04 Requirements.

A. A **psychologist** shall complete a minimum of 40 CE hours during each reporting period with a:

**(1) Maximum of 20 CE hours in independent study.**

(2) Minimum of 3 CE hours in activities whose content area is:

- (a) Laws pertaining to the practice of psychology.
- (b) Ethics and professional conduct in the practice of psychology; or
- (c) Managing risks associated with the practice of psychology...

B. A **psychology associate** shall complete a minimum of 20 CE hours during each reporting period with a:

**(1) Maximum of 10 CE hours in independent study.**

(2) Minimum of 3 CE hours in activities whose content area is:

- (a) Laws pertaining to the practice of psychology.
- (b) Ethics and professional conduct in the practice of psychology; or
- (c) Managing risks associated with the practice of psychology...

## MEET THE NEW 2024 BOARD MEMBERS

**La Keita D. Carter, Psy.D.** specializes in trauma, sexual wellness and relationships, addictions, women's issues, and cultural barriers to treatment. A native Baltimorean, Dr. Carter completed her bachelor's degree at Temple University (magna cum laude) and master's and doctoral degrees at Loyola University Maryland. Dr. Carter is the owner and CEO of the Institute for HEALing, LLC (iHEAL), an award-winning, nationally accredited mental health practice based in Owings Mills. She teaches psychology at the undergraduate and graduate levels and has authored three psychology textbooks. Honored as Baltimore County's 2024 Entrepreneur of the Year, an American Psychological Association Fellow, one of Maryland's Most Admired CEOs (2022), and Maryland's Top 100 Women (2021 and 2023), she is married with four children, ranging in age from 5-14.

**Ms. Li Ying Kathy Diao** graduated from the Heilongjiang University of Chinese Medicine in Harbin, China, in 2009 with a Master of Chinese Medicine degree and graduated from the University of Maryland Baltimore County with Biological Sciences in 2004. She worked at an infectious disease clinical laboratory for over ten years. With over a decade of experience working in an infectious disease clinical laboratory. She has honed her expertise in various crucial public health disciplines. Her comprehensive education at UMBC covered environmental health, biostatistics, health concepts, communicable and non-communicable disease research methodology, primary health care, epidemiology, health information systems, occupational health, school health, and health economy and management. In addition to her clinical laboratory work, she successfully managed her own Chinese medicine and acupuncture clinic for 12 years, emphasizing a holistic approach to health and wellness. She firmly believes that prevention is better than treatment, guiding her professional practice and personal ethos.

**Trent Evans, Ph.D.**, completed his undergraduate work at Texas Christian University and received a Ph.D. in clinical psychology from the University of Texas Southwestern Medical Center in Dallas in 1999. He was a clinical and forensic psychologist with the Federal Bureau of Prisons from 1999-2021. He began his career at the Federal Medical Center, Carswell, in Fort Worth, TX, where he conducted forensic psychological evaluations and provided testimony in federal courts around the country. He also provided psychological services to a female inmate population on medical and psychiatric units and served as a supervisor in the facility's APA-accredited internship program. He moved to Maryland in 2007 to work at the Bureau of Prisons Central Office in Washington, DC. First licensed in Texas, he has been a licensed psychologist in Maryland since 2007. He has a private practice consisting of individual psychotherapy and pre-employment psychological evaluations for law enforcement and other safety-sensitive positions. He has several publications in academic journals in clinical health psychology and correctional psychology and appeared as a speaker on professional self-care at the American Psychological Association convention in 2017. Among his hobbies is constructing crossword puzzles, which have appeared in the New York Times, Wall Street Journal, Los Angeles Times, and numerous other syndicated venues. He has five adult children and lives in Catonsville with his wife and miniature Australian shepherd.

## ETHICS TRAINERS, PEER SUPERVISORS AND EXPERTS RECRUITMENT

The Maryland Board of Examiners of Psychologists is looking for ethics trainers, peer supervisors, and competency experts. See descriptions below.

**Ethics trainer:** Provide ethics tutorial and ethics supervision to licensed psychologists. Must have a working knowledge of the Maryland Psychology Practice Act (Licensee is responsible for all costs).

**Peer Supervisor:** Provide guidance and direction to licensees with cases involving standard-of-care issues. Must have experience providing this service (Licensee is responsible for all costs).

**Competency Expert:** Usually used in judicial proceedings. Must submit an expert’s report and be willing to attest to findings at hearings when necessary (The Board will provide compensation).

If you are interested in applying to become a Board-approved supervisor, preceptor, or expert and have held an active license in good standing for a minimum of five years with no history of adverse disciplinary actions and have clinical competence in custody evaluations, ethics, forensics assessment or other psychotherapy disciplines, please consider applying.

The application can be found at <https://health.maryland.gov/psych/pdfs/ApprovedSup.pdf>

Email your application to [mdh.psychologyboard@maryland.gov](mailto:mdh.psychologyboard@maryland.gov).

### **PUBLIC ORDERS**

Lynn Owens, Psy.D., LN 04825 - April 5, 2024  
Rohde, Carlyanne LN: 04978 -September 8, 2023

### **TERMINATION OF PROBATION**

Aaron Heaton, Psy.D., License No. 4297 – April 5, 2024

### **BOARD MEMBERS**

Brenda L. Terry-Leonard, Ph.D., Chairperson  
Shelley M. McDermott, Ph.D., Vice Chair  
Stephen Bono, Ph.D.  
La Keita D. Carter, Psy.D.  
Li Ying Kathy Diao, Public Member  
Trent Evans, Ph.D.  
Kimberly A. Sanschagrin, J.D., Ph.D.  
Sybil Smith-Gray, Ph.D.  
Zeno St. Cyr, II, MPH, Public Member

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Tamika Davis, Licensing Coordinator/Deputy Director  
Erin Turner, Administrative Assistant  
Patricia Bennett, MSW, Administrator Assistant  
P. Morris English, MS, Investigator  
Brett E. Felter, JD, Assistant Attorney General  
Vacant - Database Specialist