

IN THE MATTER OF	*	BEFORE THE STATE
LINDA E. BESSETT, Ph.D.,	*	BOARD OF EXAMINERS
Respondent	*	OF PSYCHOLOGISTS
License Number: 1974	*	Case Number: 2013-010
	*	* * * * *
* * * * *	*	*

CONSENT ORDER

Procedural Background

On December 15, 2014, the State Board of Examiners of Psychologists (the "Board") charged Linda E. Bessett, Ph.D., (the "Respondent"), License Number 1974, under the Maryland Psychologists Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") §§ 18-101 *et seq.* (2014 Repl. Vol.).

The pertinent provisions under §18-313 of the Act provide the following:

- (a) Subject to the hearing provisions of § 18-315 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may deny a license to any applicant, reprimand any licensee, place any licensee on probation, or suspend or revoke a license of any licensee if the applicant or licensee:
 - (7) Violates the code of ethics adopted by the Board under §18- 311 of this subtitle; or
 - (20) Does an act that is inconsistent with generally accepted professional standards in the practice of psychology[.]

The pertinent sections of the Code of Ethics and Professional Conduct in the Code of Maryland Regulations adopted by the Board under § 18-311 of the Act and under which the Board charged Respondent are as follows:

Code Md. Regs. tit. 10, § 36.05.04 B(2)(b)

B. Impaired competence.

(2) A psychologist may not:

(b) Engage in other relationships that could limit the psychologist's objectivity or create a conflict of interest or the appearance of a conflict of interest.

Code Md. Regs. tit. 10, § 36.05.05 B(3)(c)

.05 Representation of Services and Fees.

B. Informed Consent. When ... providing assessment, psychotherapy, counseling, or consulting with an individual ..., a psychologist shall:

(3) In therapeutic relationship, explain to the client:

(c) The limits of confidentiality;

Code Md. Regs. tit. 10, § 36.05.07A(1)

.07 Client Welfare.

A. A psychologist shall:

(1) Take appropriate steps to disclose to all involved parties conflicts of interest that arise, with respect to a psychologists clients, in a manner that is consistent with applicable confidentiality requirements[.]

Code Md. Regs. tit. 10, § 36.05.08A(1) and C(2)

.08 Confidentiality and Client Records.

A. A psychologist shall:

(1) Maintain confidentiality regarding information obtained from a client in the course of the psychologist's work;

(2) Discuss the requirements and limitations of confidentiality at the beginning of the professional relationship or at the intake interview;

-
- (7) Treat any assessment result or interpretation regarding an individual as confidential information[.]

Code Md. Regs. tit. 10, § 36.05.08B(1)

.08 Confidentiality and Client Records.

B. Legal and Ethical Limits. A psychologist shall inform::

- (1) Clients of the legal and ethical limits of confidentiality[.]

On January 30, 2015, the Respondent appeared before a Case Resolution Conference committee (the "CRC") of the Board to discuss the pending charges and the potential resolution of the pending charges. Following the CRC, the parties agreed to enter into this Consent Order, consisting of Procedural Background, Findings of Fact, Conclusions of Law and Order, with the terms and conditions set forth below.

FINDINGS OF FACT

The Board makes the following findings of fact:

I. Background

1. At all times relevant to the charges, the Respondent was and is licensed to practice psychology in the State of Maryland. The Respondent was initially licensed to practice psychology in Maryland on November 22, 1985 under License Number 1974. On or about March 31, 2014, the Respondent renewed her license. The Respondent's current license will expire on March 31, 2016.

2. At all times relevant to the charges, the Respondent maintained an office for the private practice of psychology in College Park, Maryland. The

Respondent is co-director of the group practice and sees children, adolescents, and adults, regarding sexual abuse and neglect, focusing on adult women and men who were molested as children, as well as cases of domestic violence. The Respondent utilizes both individual and group therapy in her practice.

3. From September 1985 to June 2010, the Respondent held a clinical and consultant position at a county victim assistance and sexual assault program in Maryland (the "Program").¹

II. The Complaint

4. On or about November 1, 2012, the Board received a complaint from a former Client of the Respondent's, Client A,² regarding the Respondent's clinical relationship with Client A's husband and about the Respondent allegedly disclosing confidential information about Client A during divorce proceedings.

5. Client A further stated in her complaint that she had been seeing the Respondent for individual therapy and marriage counseling from June 2007 to June 2012, but after termination, Client A learned that her husband claimed that the Respondent had been contacting him regarding Client A's pregnancy and her concern that Client A was not seeing the Respondent anymore.

III. The Board's Investigation

6. In or about November 2012, the Board opened an investigation of the Complaint, interviewing Client A, Client A's husband, and the Respondent, as

¹ Names of facilities are not included in the consent order. Respondent is aware of the identity of the Program.

² Client names are confidential and are not used in the consent order. Respondent is aware of the identity of Client A.

well as issuing a subpoena to the Respondent's private office for her treatment file of Client A.

7. On November 28, 2012, Client A was interviewed under oath by the Board's investigator. Client A stated that she had seen the Respondent for individual therapy but at some point, the Respondent decided that Client A and her husband should come to sessions together. The Respondent saw them together for three of four sessions. Client A also stated that the Respondent saw her husband separately at one point.³ Later, the Respondent disclosed to Client A information about her husband's problematic family history. When Client A told the Respondent she was leaving her husband, the Respondent told Client A that her husband had called the Respondent and he had been making threats about Client A. The Respondent then reportedly acknowledged that she should not be telling Client A information about the Respondent's conversations with Client A's husband because of "client privilege."

8. On March 7, 2013, the Respondent was interviewed under oath by the Board's investigator and stated the following:

- a. In approximately 2005-06, the Respondent began seeing Client A at the Program where the Respondent was employed at the time. Client was diagnosed by another clinician as having PTSD ("post traumatic stress disorder") and was referred to the Respondent;
- b. The Respondent concurred with the diagnosis of PTSD, noting that Client A had an extensive history of physical and sexual abuse starting at an early age;

³ The Respondent documented individual sessions with Client A and with Client A's husband on January 17, 2012. During the individual session with Client A's husband, the Respondent created a genogram of the husband's family of origin.

- c. The Respondent saw Client A sporadically over approximately the next two years, for crisis intervention and follow-up therapy;
- d. In approximately 2007-08, Client A discontinued visits with the Respondent; and in June 2010, the Respondent left the Program;
- e. In June 2011, Client A called the Respondent at her private office and said she would like to see the Respondent again because she was having problems working on her dissertation and problems with her mother. Client A reported that she was getting married;
- f. The Respondent saw Client A on two visits in June 2011 and again in November 2011;⁴
- g. Client A requested the Respondent to see her husband. Client A's husband attended three sessions with the Respondent;
- h. The Respondent assisted the couple in resolving some of the conflicts they were having;
- i. The Respondent gave the couple her home phone number during a time that they were fighting a lot;
- j. In or about October or November 2011, the couple married;
- k. Prior to February 2012, Client A informed the Respondent that she was pregnant and that she was determined to be a "high risk" pregnancy, due to her age;
- l. In or about the end of February 2012, Client A ceased coming to therapy sessions without providing an explanation;⁵
- m. The Respondent called Client A several times and left messages because of her concern about the high risk pregnancy and the contentious marital relationship;⁶
- n. In June 2012, having not heard from Client A, the Respondent called Client A's husband; Client A's husband immediately called

⁴ The Respondent's treatment records demonstrate that the Respondent actually saw Client A on 20 dates between June 24, 2011 and February 23, 2012.

⁵ The Respondent did not document information about Client A's termination. The Respondent noted that when she was seeing Client A at the Program, Client A had a pattern of sporadic attendance and /or not attending for long periods at a time.

⁶ The Respondent did not document these telephone calls.

back and stated that they were in "labor and delivery" and that Client A was having a "C-section;"⁷

- o. Thereafter, Client A called and reported that they had had a boy and everything was fine;⁸
- p. A couple of days after the baby was born, Client A called the Respondent at home and reported that there had been a lot of fighting with her husband and her husband's family, the police had been called, the police escorted Client A and the baby out of the home, and the police told Client A's husband not to follow her;⁹
- q. A couple of days later, Client A called the Respondent and scheduled an appointment. Client A did not show for the appointment, and the Respondent did not hear from Client A again;¹⁰
- r. On or about the end of June or the beginning of July 2012, Client A's husband called the Respondent several times asking if the Respondent knew where Client A was;
- s. A few days later, Client A's husband called again and informed the Respondent that Client A had gone back to an Indian reservation in Montana, with their baby, and that Client A had "filed papers;" and
- t. The Respondent told Client A's husband that she thought Client A should return to Maryland with the baby and there should be shared custody.¹¹

9. On March 29, 2013, the Board's investigator interviewed Client A's husband under oath. The husband stated he and Client A went together to meet with the Respondent to see if they could solve some of their marital issues. He

⁷ The Respondent did not document these telephone calls.

⁸ The Respondent did not document this telephone call.

⁹ The Respondent did not document this telephone call.

¹⁰ The Respondent did not document that Client A failed to show for a scheduled appointment. The Respondent noted that when she saw Client A previously at the Program, Client A had a pattern of not showing for appointments and then not showing for long stretches at a time.

¹¹ The Respondent did not document this telephone contact.

would periodically call the Respondent if he observed that something was wrong with Client A to suggest that the Respondent see Client A. After the birth of their son, the husband received telephone calls from the Respondent to schedule an appointment for Client A. The husband stated that he only saw the Respondent on three occasions. After Client A left the State, the husband reported that the Respondent called him to determine if he had heard from Client A and if he knew where Client A was located.

10. On May 30, 2013, pursuant to a subpoena from the Board, the Respondent submitted her treatment file of Client A. The file contained brief handwritten narrative notes, parts of which were illegible, of the Respondent's sessions with Client A¹² on the following dates:

- a. June 24, 2011
- b. June 28, 2011
- c. November 2, 2011 – session with Client A and husband
- d. November 4, 2011
- e. November 9, 2011
- f. November 16, 2011
- g. November 30, 2011
- h. December 7, 2011
- i. December 14, 2011
- j. January 11, 2012 – session with Client A and husband
- k. January 17, 2012 – session with Client A

¹² The Respondent documented that the session also included Client A's husband on November 2, 2011, January 11, 2012, and January 17, 2012.

- l. January 17, 2012 – session with Client A's husband
- m. February 1, 2012
- n. February 8, 2012
- o. February 23, 2012

11. On March 28, 2014, the Board transmitted the investigative file to an expert in psychology for review and to provide an opinion whether the Respondent had violated any section of the Maryland Psychology Act.

12. On May 1, 2014, the expert submitted a report to the Board, describing certain deficiencies in regard to the Respondent's treatment of Client A and her documentation of the treatment.

13. On June 13, 2014, the Board sent the expert's report to the Respondent for review and comment.

14. On June 30, 2014, the Respondent submitted to the Board her comments regarding the expert's report and attached notes of additional treatment sessions with Client A on the following dates:¹³

- a. July 20, 2011
- b. September 12, 2011
- c. September 28, 2011
- d. October 5, 2011
- e. October 19, 2011 – session with Client A and husband
- f. October 26, 2011

¹³ The Respondent explained that she had not submitted these treatment notes in response to the Board's subpoena because they had been misfiled.

15. Thereafter, the expert reviewed the Respondent's response and the additional treatment records.

IV. Summary

16. The above referenced facts constitute evidence of violation of:

- a. H.O. §18-313 (7) Violates the code of ethics adopted by the Board pertaining to client confidentiality, consent to treatment, and conflicts of interest, all of which demonstrate a failure to maintain her clinical objectivity; and,
- b. H.O. §18-313 (20) Does an act that is inconsistent with generally accepted professional standards in the practice of psychology for failure to maintain adequate clinical documentation, including failure to submit a complete treatment file in response to the Board's subpoena.

17. Specifically, there is evidence that the Respondent engaged in the following violations:

- a. Failed to provide adequate informed consent in that there was no documentation that Respondent informed Client A of the limits of confidentiality regarding the inclusion of Client A's husband in the sessions, in violation of COMAR 10.36.05.05 B(3)(c) and COMAR 10.36.05.08B(1);
- b. Inappropriately included Client A's husband in Client A's therapy sessions:
 - i. without first determining the purpose of the additional relationship, that is, whether it was for couples therapy, individual therapy with Client A's husband, or as a collateral informant to aid in Client A's individual therapy, thereby creating a possible conflict of interest, in violation of COMAR 10.35.05.04B(2)(b);
 - ii. without disclosing to Client A the possible conflict of interest and the limits of confidentiality in violation of COMAR 10.35.05.05B(3)(c); and
 - iii. which Client A and her husband perceived to be a treatment relationship, in violation of COMAR 10.35.05.04B(2)(b) and COMAR 10.35.05.07A(1);

- c. Breached Client A's confidentiality when she told Client A's husband that she thought Client A should return to Maryland with the baby and there should be shared custody, in violation of COMAR 10.35.05.08A(1)(2)(3)(4);
- d. Failed to maintain adequate clinical documentation that is consistent with professional standards in that the Respondent:
 - i. Failed to document an initial intake evaluation and diagnosis when Client A resumed therapy after approximately several years interruption;
 - ii. Failed to fully describe the therapy sessions in that they were sparse and lacked useful information such as ongoing periodic assessments of symptoms and mental status evaluations;
 - iii. Failed to document multiple telephone contacts with Client A and Client A's husband subsequent to the last clinical session on February 23, 2013;
 - iv. Failed to document termination and closure of her therapeutic contacts; and
 - v. Failed to document completely legible notes of the therapy sessions.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent committed acts in violation of Md. Health Occ. Code Ann. § 18-315(7) (violates the code of ethics) and (20) (does an act that is inconsistent with generally accepted professional standards). Specifically, the Respondent violated the Code of Ethics in that she violated COMAR 10.35.05.04B(2)(b) (engaging in other relationships that could impair objectivity); COMAR 10.35.05.05B(3)(c) (shall explain limits of confidentiality); COMAR 10.35.05.07A(1) (shall disclose conflicts of interest); COMAR

10.35.05.08A(1)(2)(3)(4) (shall maintain confidentiality); and COMAR 10.36.05.08B(1) (shall inform clients of the legal and ethical limits of confidentiality).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 9 day of March 2015, by a majority of the full-authorized membership of the Board considering this case

ORDERED that the Respondent is **Reprimanded**; and it is further

ORDERED that the Respondent shall be placed on **Probation** for a **minimum of two years** under the following terms and conditions:

1. The Respondent shall obtain ongoing clinical supervision of all aspects of her practice, with a focus on documentation and ethical issues (including confidentiality and informed consent), with a Board-approved clinical supervisor on a twice-monthly basis at in-person sessions;
2. The Respondent shall ensure that her supervisor provides quarterly progress reports to the Board;
3. The Respondent shall authorize the Board to provide the supervisor with the Board's entire investigative file, including the investigative report and this Consent Order;
4. After completion of one year of probation, the Respondent may petition the Board to modify the terms of supervision, if recommended by her supervisor;
5. Respondent shall be responsible for all costs associated with fulfilling the terms and conditions of this Consent Order; and be it further

ORDERED that if 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 before a quorum of the Board if there is a genuine dispute as to the underlying material facts, or after an opportunity for a show cause hearing before the Board, may impose any sanction which the Board may have imposed in this case under §§ 18-313 & 18-313.1 of the Maryland Psychologists Act, including a reprimand, probation, suspension, revocation and/or a monetary fine; and it is further

ORDERED that after a minimum of two 2 years, the Respondent may file a written petition for termination of probation provided she has fully satisfied all the terms and conditions of probation and there are no pending complaints regarding Respondent before the Board that are related to the subject of these charges; and be it further

ORDERED that this Consent Order is a public document pursuant to Md. Gen. Prov. Code Ann. § 4-101 *et seq.* (2014).

3/9/15

Date

Steven Sobelman, Ph.D., Chair
Maryland Board of Examiners of
Psychologists

CONSENT

I, Linda E. Bessett, PhD, acknowledge that I am represented by counsel and have reviewed this Consent Order with my attorney, Richard Bloch, Esquire, before signing this document.

I am aware that I am entitled to a formal evidentiary hearing before an administrative law judge of the Office of Administrative Hearings. 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 procedural and substantive protections to which I am entitled by law. I am waiving those procedural and substantive protections.

I voluntarily enter into and agree to abide by the foregoing Findings of Fact, Conclusions of Law, and Order 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.

I acknowledge that if my license is reinstated and I am placed on probation under conditions, by failing to abide by the conditions set forth in a subsequent order, I may be subject to disciplinary actions, which may include revocation of my license to practice psychology.

I sign this Consent Order voluntarily and I fully understand and comprehend the language, meaning and terms of this Consent Order, consisting of fifteen (15) pages.

27 Feb 2015
Date

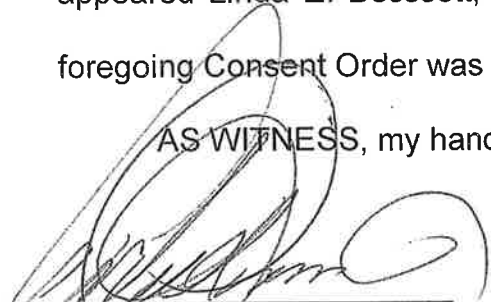
Linda E. Bessett, Ph.D.
Respondent

STATE OF MARYLAND

CITY/COUNTY OF _____

I HEREBY CERTIFY that on this 27th day of February, 2015, before me, a Notary Public of the State and County aforesaid, personally appeared Linda E. Bessett, Ph.D., 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.



Notary Public

My commission expires: 1/10/2019

