

IN THE MATTER OF	*	BEFORE THE MARYLAND STATE
SHANE PERRAULT, PH. D.	*	BOARD OF EXAMINERS
Respondent	*	OF PSYCHOLOGISTS
License Number: 4005	*	Case Numbers: 2009- 003; 2010- 025
* * * * *	*	* * * * *

CONSENT ORDER

PROCEDURAL BACKGROUND

On or about May 16, 2011, the Maryland Board of Examiners of Psychologists (the "Board") charged **Shane Perrault, Ph.D., ("the Respondent") (D.O.B. 04/05/1962), License Number 4005**, under the Maryland Psychologists Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") §§ 18-101 *et seq.* (2009 Repl. Vol. and 2011 Supp.)

Specifically, the Board **charged the Respondent** with violations of the following provisions of H.O.:

§18-313 Denials, reprimands, suspensions and revocations-- Grounds:

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 license, place any licensee on probation, or suspend or revoke a license of any licensee if the applicant or licensee:

- (1) Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or licensee or for another;
- (2) Fraudulently or deceptively used a license;
- (6) Practices psychology fraudulently or deceitfully;
- (7) Violates the code of ethics adopted by the Board under §18-311 of this subtitle;

- (13) Uses or promotes or causes the use of any misleading, deceiving or untruthful advertising matter, promotional literature, or testimonial;
- (16) Behaves immorally in the practice of psychology;
- (17) Commits an act of unprofessional conduct in the practice of psychology;
- (20) Does an act that is inconsistent with generally accepted professional standards in the practice of psychology.

§ 18-401. Practicing without license

- (a) Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice psychology in this state unless licensed by the Board.
- (b) Each violation of this section is a separate offense.

§ 18-311. Code of Ethics

- (a) The Board shall adopt a code of ethics for psychologists in this State. The code of ethics shall be designed to protect the public interest.

Pursuant to 18-311 of the Act, the Board further charged the Respondent with the following violations of the Code of Maryland Regulations ("COMAR") tit.10 § 36.05 – Code of Ethics and Professional Conduct.

03. Responsibilities and Requirements

- (A) In general;
 - (2) A psychologist may not:
 - (d) Take credit from work the psychologist has not actually performed or supervised;

04. Competence

A. Professional Competence. A psychologist shall:

- (1) Limit practice to the areas of competence by which proficiency has been gained through education, training, and experience;

- (6) Engage in ongoing consultation with other psychologists or relevant professionals and seek appropriate education, training and experience, when developing competence in a new service or technique; and
- (7) A psychologist shall: document and maintain appropriate records of professional and scientific work.

B. Impaired Competence:

(1) A psychologist shall:

- (a) Represent accurately and objectively the psychologist's professional qualifications; and

05. Representation of Services and Fees

A. Public Statements and Advertising

(1) A psychologist shall:

- (a) Represent accurately and objectively the psychologist's professional qualifications, education, experience, and areas of competence.

(2) A psychologist may not:

- (a) Misrepresent, directly or by implication, the affiliations or the purposes or characteristics of institutions and organizations with which the psychologist is affiliated;
- (c) Make public statements that contain:
 - (i) False, fraudulent, misleading or deceptive statements;
 - (ii) Partial disclosures of relevant facts that misrepresent, mislead or deceive; or
 - (iii) Statements that create false or unjustified expectations of favorable results; or

B. Informed Consent. When...providing assessment, psychotherapy [or] counseling..., a psychologist shall;

(1) In general:

- (a) Obtain informed consent using appropriate language understandable to the client;

(b) Vary appropriate informed consent forms and procedures to ensure that the client;

(c) (ii) Has been provided with information concerning participation in the activity that reasonable might affect the willingness to participate, including limits of confidentiality and monetary costs and reimbursements;

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;

C. Record Keeping. A psychologist shall:

(2) Maintain clinical records of informed consent, presenting problems, diagnosis, fee arrangements, dates and substance of each billed service, original test date with results and other evaluative material, and the results of any formal consultations with other professionals.

On or about September 12, 2011, the Respondent appeared before the Case Resolution Conference Committee ("the CRC") of the Board in order to explore a mutually agreeable resolution of the Charges. Following the CRC, the parties submitted a settlement proposal for consideration by the Board. On or about May 11, 2012, a quorum of the Board voted to accept the Respondent's proposal.

FINDINGS OF FACT

The Board finds the following:

I. BACKGROUND

1. On or about December 12, 2003, the Respondent was licensed by the Board to practice psychology in the State of Maryland, under License Number 4005. The Respondent presently holds an active license due to expire on March 31, 2013.

2. During a nine (9) month period relevant to these charges, Respondent practiced psychology with an expired license. Specifically, based upon his failure to file his renewal application, including but not limited to documentation of required continuing education, the Respondent's license expired on March 31, 2007 and was not reinstated until December 24, 2007.

3. Since the reinstatement of the Respondent's license on December 24, 2007, he has maintained an active, valid license to practice psychology in the State of Maryland.

4. At all times relevant to the charges, the Respondent maintained an office for the practice of psychology in Silver Spring, Maryland. In November 2007, the Respondent changed the formal name of his practice from "Adolescent and Family Counseling Specialists" to "ADHD Performance Clinic."

II. THE COMPLAINT

5. On or about August 14, 2008, the Board received a Complaint filed by a husband ("Patient A") and wife ("Patient B") who had been former patients of the Respondent. Patients A and B initially sought marital therapy counseling from the Respondent and subsequently sought treatment for Attention Deficit Hyperactivity Disorder ("ADHD") for their minor son, ("Patient C").

6. The Complaint alleged¹, among other things, that the Respondent misrepresented his credentials and experience and improperly held himself out as a specialist in treating children with ADHD. The Complaint further alleged that the Respondent was unprofessional, dishonest and utilized deceptive business practices. It

¹ The formal complaint filed by Patients A and B was voluminous and contained both factual background and legal allegations. The Administrative Prosecutor has summarized and paraphrased the allegations into an abridged format for purposes of clarity and succinctness.

was also alleged that the Respondent's treatment was inconsistent with accepted standards of psychology and that at times, he breached confidentiality.

7. On or about September 18, 2008, the Board initiated an investigation of the Respondent's practice, including but not limited to, the allegations set forth in the Complaint. On March 30, 2009 and again on October 30, 2009, the Respondent was interviewed by Board staff. At that time, he provided a written response to the allegations set forth in the Complaint. In furtherance of its investigation, the Board issued a subpoena for patient records as well as documentation pertaining to the Respondent's education/training. The Board also sought the opinion of a Board certified psychologist, ("the Expert") regarding the Respondent's treatment of Patients, A, B and C as well as his overall standard of practice.

III. THE BOARD'S INVESTIGATION

Case Number: 2009-003

A. Unauthorized Practice

8. The Respondent's license to practice psychology expired on March 31, 2007. Prior to the expiration of his license, the Board sent to his address of record, a renewal packet including instructions for renewal of his license. The Respondent failed to return his renewal application by March 30, 2007. By letter dated May 2, 2007, the Board notified the Respondent that he had failed to renew his license and was therefore... "prohibited from practicing psychology in Maryland." He was also notified that he had not submitted documentation of the minimum required 40 hours of continuing education requirements. The Board received no reply to its May 2, 2007 correspondence.

9. On December 12, 2007, almost nine (9) months after his license had expired, the Board received the Respondent's outstanding license renewal application ("the Application"). The Application included a signed attestation, inexplicably dated August 10, 2007, in which the Respondent certified the truth and veracity of the statements contained in the Application and denied providing any psychological services after the expiration of his license on March 31, 2007. In addition, he admitted that he had completed none (0) of the required continuing education hours needed to renew his license to practice psychology.

10. During the Respondent's interviews with Board staff, he contradicted his August 10, 2007 attestation, by admitting under oath, that he had, in fact, provided marital therapy to Patients A and B during the nine (9) month period for which he held no valid license to practice psychology.

11. The Respondent's treatment notes, provided pursuant to a Board subpoena, confirmed that he provided at least ten (10) sessions of ongoing, marital therapy for Patients A and B between the date of his license expiration, March 31, 2007, and the date of his reinstatement of licensure on December 24, 2007. The Respondent never disclosed to Patients A and B that he was prohibited from practicing psychology during that time period.

12. Beginning on November 28, 2007 and continuing through March 19, 2008, the Respondent provided ADHD therapy, twice a week, to Patient C. Again, contrary to his attestation, the Respondent provided treatment for Patient C for approximately one (1) month prior to his license being reinstated on December 24, 2007. He never disclosed to Patients A and B, as guardians for their minor son, Patient C, that he was prohibited from practicing psychology during the relevant time period.

B. Patients A & B

13. On or about June 14, 2007, Patients A and B began treatment with the Respondent. They presented with a complaint of serious marital discord and requested supportive intervention and other potential treatment options. From June 14, 2007 through September 19, 2007, the Respondent intermittently saw Patients A and B for marital counseling. Of the ten (10) treatment sessions documented by the Respondent, five (5) were attended by both Patients A and B and five (5) were attended by Patient B alone.

14. The Expert noted that prior to developing a treatment plan for marital therapy, the standard of care required that the Respondent objectively assess the nature of the discord, the relative perspectives of both parties and the history that led to the marital conflict. The standard of care also mandated that the Respondent obtain informed consent from both Patients A and B for the requested marital therapy. The Respondent, however, failed to implement an appropriate treatment plan and further failed to obtain adequate informed consent, either verbal or written. Specifically, the Respondent failed to adequately discuss and disclose in language understandable to his patients: the treatment plan and options; confidentiality of the therapeutic relationship and its limitations; his fee structure; his refund policy; and his professional training and expertise.

15. The Expert found that from the first session, the Respondent failed to maintain appropriate boundaries in order to facilitate trust and objectivity between the therapist and Patients A and B. The Respondent's failure to effectively communicate therapeutic objectivity to both Patients A and B resulted in a gradual disintegration of the necessary trust between the Respondent and Patient B. The Expert stated that the

general standard of care in couples' therapy is to remain objective and to avoid "taking sides" or "assigning blame."

16. The disintegration of the therapeutic dynamic between the Respondent and Patients A and B was exacerbated by the inconsistent focus of the therapy sessions, alternating between marital therapy requiring the attendance of both parties and individual therapy, focusing only on Patient B. The standard of care required that if the Respondent determined that concurrent marital therapy and individual counseling was needed, he was required to obtain informed consent from both Patients A and B. The Respondent failed to do so.

17. Although the Respondent had both a private office and another private room within the office suite, he held therapy sessions in the waiting room. During several treatment sessions, a United States Postal Worker ("mailman") entered the waiting room in order to deliver packages and letters. At times, the Respondent interrupted the therapy sessions in order to engage in casual conversation with the mailman. Patients A and B experienced embarrassment and a breach of privacy during these occasions due to the sensitive nature of the discussions.

18. Allegedly, the Respondent leased space to a subtenant whose offices were located at the rear of the waiting room. The only means of ingress and egress to the subtenants' offices was through the waiting room. On several occasions, the subtenants walked through the waiting room while therapy sessions were taking place. The subtenants were in a position to ascertain the identity of Patients A and B, the general nature of their treatment, as well as specific confidential information that was shared during those momentary interruptions. The Respondent breached confidentiality

with respect to information shared by Patients A and B during the course of their treatment.

19. As furtherance of its investigation, on May 14, 2009, the Board issued a subpoena to the Respondent requesting the patient records for Patients A, B, and C, within ten (10) days. Through counsel, the Respondent requested more than one (1) request for an extension of time. Approximately sixty (60) days later, the Respondent produced his purported progress notes. Conspicuously absent from the Respondent's records was any documentation pertaining to informed consent, fee disclosures and detailed billing records.

20. The Respondent's records failed to document whether progress was made during his treatment of Patients A and B, either in marital therapy or in individual therapy. Although the Respondent claims that he formally terminated treatment for Patients A and B before he transitioned from marital therapy to ADHD treatment for Patient C, there is no evidence that marital therapy had been successful. There also was no evidence that the Respondent discussed termination with Patients A and B or, offered specific discharge recommendations. The Respondent stated in his interview with Board staff, that the basis for discharge was a cancellation of an appointment by Patient B following an accident but did not note in his chart whether resuming therapy in the future was contemplated by the parties.

21. The Expert, after reviewing the Respondent's treatment records for Patients A and B opined that the Respondent failed to make any attempt to schedule a final therapy session or joint phone conversation to discuss termination of marital therapy. Without a final session, session, Patients A and B were unable to review their progress or discuss the benefits of continuation of therapy. They also were unable to

consider alternative treatment options. The Respondent failed to provide any recommendations, in the absence of therapy, to assist Patients A and B in reaching their goals. The Respondent breached the generally accepted professional standards for the practice of psychology by failing to address, evaluate or discuss termination of marital therapy with Patients A and B, prior to initiating treatment with Patient C.

C. Patient C

22. On or about October 5, 2007, Patient B contacted the Respondent to inquire about his experience in treating children with ADHD. The Respondent told Patient B, that...“yes, I do ADHD”, stating that he had been “in the trenches with many gifted children” for the last “15 years”. Based upon these and other representations made by the Respondent, Patients A and B elected to seek treatment for their son, Patient C. The Respondent treated Patient C from November 28, 2007 until March 25, 2008, when Patients A and B terminated treatment.

23. The Board’s investigation revealed that prior to starting treatment, the Respondent failed to obtain a thorough, developmental, medical, family and school history in order to formulate a diagnostic impression. He also failed to collect relevant data necessary for the development of a treatment plan. The Expert opined that although a full neuropsychological evaluation was unnecessary, the standard of care required that the Respondent fully understand Patient A’s psychological profile before initiating treatment or recommending specific interventions.

24. The standard of practice further required that the Respondent utilize behavioral and therapeutic techniques to help Patient C gain increased awareness of weaknesses in attention, impulse control and activity level(s).The Respondent should

have also have considered parental support and partnership in order to maximize improvement.

25. The Respondent stated during his interview that he...“never signed [Patient C] as a therapy client and that his only role was to administer the Play Attention Software Program” (“Play Attention”) The treatment contract produced pursuant to a Board subpoena described the Respondent’s treatment of Patient C as including eighty (80) interventions for the treatment of ADHD. These interventions were identified as: “1:1 psychotherapy”, “parent training”, “school visitations”, “initial evaluation”, and “Parent and Child related Motivational and Behavioral training”. In exchange for these 80 interventions, Patients A and B prepaid to the Respondent, a sum of four thousand (\$4,000.00).

26. The Expert stated that it was reasonable for Patients A and B to expect that their minor son, Patient C, would receive comprehensive, sound treatment for ADHD, based upon verbal and written statements made by the Respondent. Instead, the Respondent provided... “[n]o coherent, individualized treatment plan” but rather employed a series of unconventional therapies including hypnotism, yoga, playing board games, and making paper airplanes. Accordingly, the Expert found that the Respondent did not possess the requisite experience or training to provide Patient C with appropriate and comprehensive treatment for ADHD.

27. After twenty-six (26) treatment sessions, Patients A and B terminated treatment with the Respondent and requested a refund of the portion of the monies paid to the Respondent. The Respondent disputed the amount owed to the Respondent stating that he had discounted his normal hourly rate and was entitled to a sum greater than a pro rata portion of his flat fee. In response to the Board’s subpoena, the

Respondent was unable to produce any billing records other than two receipts totaling \$4,000 for the administration of the Play Attention software program.

28. The Board's Expert found that the Respondent demonstrated a lack of training, education and experience in treating Patient C and that he did not recognize at that time that his care of Patient C was substandard.

D. Expertise in ADHD treatment

29. The Expert explained that expertise in treating children with ADHD, is acquired through a combination of formal and informal educational and supervised clinical experiences with other qualified mental health care professionals.

30. The Respondent represented to Patients A and B and to the general public, that he had a specialized expertise in the treatment of ADHD, particularly with children. In support of his claim, he noted that he himself has ADHD; that during training, he treated adults and children who had co-morbid ADHD; read books on ADHD and taught courses in which ADHD was a topic. The Board's investigation revealed, however, that the Respondent did not fairly and accurately represent his professional expertise, education, experience, and training with respect to the treatment of children with ADHD.

31. The Respondent admitted that his marketing tactics portrayed him as a specialist in numerous areas. The Expert noted that marketing of psychological services was acceptable but not when it promoted the dissemination of misleading or deceptive information that compromised client welfare or professional ethics. In the Expert's opinion, the Respondent did not possess the requisite skill and knowledge in treatment of ADHD children, to hold himself out as an expert in this area. Specifically, the Respondent... "did not provide interventions that met the basic standard of care and

breached what is reasonable to expect for any psychologist with expertise in ADHD treatment with children.”

32. On or about May 30, 2007, the Respondent advertised his services on an online psychology website, claiming that he had thirteen (13) years of clinical experience. The Board’s investigation revealed that he obtained his Doctorate in Clinical Psychology in the year 2000, and was issued a license to practice psychology in the State of Maryland in 2003. In November 2007, he had been in practice for less than five (5) years. The Respondent misrepresented his clinical experience, implying that his eight (8) years of school and training, was tantamount to practicing as a psychologist. The Respondent’s partial disclosure of relevant facts created a false expectation and was designed to mislead the public into believing that his level of experience was greater than it actually was.

33. The Respondent also mischaracterized the nature of his professional relationship with a prestigious medical school, hospital and university (“Hospital A”). In various documents authored by the Respondent, he claimed that he completed his clinical “internship” and/or his “residency” at Hospital A. The Board’s investigation revealed that Hospital A had no record of the Respondent completing an internship. The Respondent later admitted in his interview with Board staff that he mischaracterized an “off-site training” completed through a private practice of a psychiatrist (“Psychiatrist A”) as the equivalent of an internship. He conceded that his internship was actually completed at different hospital (“Hospital B”). The Respondent’s misrepresentations, either directly or by implication, of his affiliation with Hospital A were intended to mislead the public, including but not limited to Patients A and B. His partial, public statements of relevant facts were intended to create false impressions about his credentials.

34. The Respondent cited his internship with Psychiatrist A to support the proposition that during his training, he gained ADHD experience with both adults and children. The Board's investigation, however, revealed that Psychiatrist A's practice specialized exclusively in adult disorders and did not track, study or research any component of ADHD. In fact, Psychiatrist A stated that if co-morbid² ADHD was diagnosed in any of his patients, he typically referred them to another health care provider with an expertise in ADHD. More importantly, Psychiatrist A's practice was restricted to an adult population ONLY, and therefore, the Respondent's claim that during this internship, he gained exposure, experience or training in ADHD diagnosis and treatment in children, was deceptive.

35. The Respondent further advertised in his resume and other materials that during his internship, he provided consultations, assessments and treatment. In contrast, Psychiatrist A stated that the Respondent served in the role of a supervised intern whose primary purpose was to observe and learn. In implying that his role was that of a trained health care provider, the Respondent misled the public and Patients A and B as to his psychology training and experience.

Case Number: 2010-025:

36. On or about September 2, 2010, the Board received information that for an unspecified period of time in 2009, the Respondent's website listed two (2) licensed psychologists ("Psychologist A") and ("Psychologist B") as staff members of his practice. The Respondent's website provided brief biographical information for Psychologists A and B and further offered them as experts in ADHD diagnostic testing. The Board

² Co-morbid refers to the **appearance of multiple illnesses**: the simultaneous appearance of two or more psychiatric or physical illnesses, e.g. alcohol dependence and depression.

initiated a complaint and investigation of the Respondent based upon the information received.

37. The Board's investigation revealed that in November 2008, Psychologist A discovered that his name and credentials were listed on the Respondent's website, as a staff member providing neuropsychological testing services for adults seeking treatment for ADHD. Psychologist A also noted that a colleague, Psychologist B was listed as a staff member, offering both personality and neuropsychological testing for children, teens and adults. There was also a link from the Respondent's website to Psychologist A's professional website, creating the illusion that Psychologist A was employed by or affiliated with the Respondent's practice.

38. The Board interviewed Psychologist A, who stated that he had never heard of the Respondent and had never authorized the Respondent to use his name, credentials or website. Likewise, Psychologist B had never heard of the Respondent nor had she given him permission to be listed on his website.

39. On November 27, 2008, Psychologist A sent the Respondent an email and a "screenshot" of the website page. Psychologist A stated that he would be reporting the Respondent's misrepresentations to local law enforcement and the Board. Within 24 hours of sending that email, Psychologist A discovered that all references to Psychologists A and B had been removed from the Respondent's website.

40. The Board's investigation revealed that the Respondent made statements he knew to be false through offering services not authorized by the service providers. The Respondent was attempting to bolster his own credibility in the small community of ADHD experts, by falsely affiliating himself with a reputable clinic and qualified neuropsychologists.

41. At no time did the Respondent contact Psychologist A or B to explain or apologize for his misrepresentation, nor did he ever notify the Board of his false public statement.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent violated H.O. §18-313 (7),(13),(17),(20), and COMAR tit.10, §§ 36.05.04A (1),(6) and (7); 36.05.04B (1)(a); 36.05.05A (1)(a); 36.05.05B (1)(a)(b)(c); 36.05.08A (1) and 36.05.08C (2)³.

The Board elects to dismiss the following charges against the Respondent: H.O. § 18-313 (1), (2), (6), and (16); COMAR tit.10 §§ 36.05.03(a)(2)(d) and 36.05.05A (2)(a) and (c).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 11th day of May 2012, by a majority of the Board considering this case:

ORDERED that the Respondent's license to practice Psychology shall be **SUSPENDED** for a period of four (4) months effective the date that this Consent Order is executed by both parties; and it is further

ORDERED that during the period of suspension, unless otherwise stated below, Respondent must fully satisfy the following conditions:

1. Respondent shall, within sixty (60) days of the effective date of the Consent Order enroll in⁴ a Board-approved individual professional ethics

³ Any and all recordkeeping violations with respect to Patients A, B, and C are encompassed within this Consent Order.

⁴ For purposes of this provision, "enroll in" means to contact and retain a Board approved tutor for the professional ethics tutorial.

tutorial. Such tutorial shall cover all aspects of professional ethics including but not limited to client confidentiality of mental health information, informed consent requirements, disclosure of fee structure, advertising and public statements prohibitions, and statutes/regulations pertaining to accurate representation of professional services. Respondent shall authorize the Board to provide the tutor with the entire investigative file, including all investigative interviews and investigative reports, the Board's disciplinary Charges and the Consent Order;

2. Respondent shall authorize the tutor to send reports to and communicate regularly with the Board and/or its agents;

3. Respondent shall ensure that the tutor submits to the Board written documentation of the contractual tutorial arrangement between the Respondent and the tutor. At the conclusion of the four (4) month suspension period and prior to the Respondent filing a petition of reinstatement, the tutor shall submit an interim report of attendance, participation and completion of assignments.

ORDERED that the Respondent shall pay a fine in the amount of ten thousand (\$10,000) dollars, payable to the Board within eighteen (18) months of the effective date of the Consent Order; and be it further,

ORDERED that the Respondent shall make an anonymous charitable contribution in the amount of six thousand (\$6,000) dollars to an organization that provides mental health services within eighteen (18) months of the effective date of the Consent Order; and be it further,

ORDERED that the Respondent shall pay four thousand (\$4,000) dollars to the Complainants within six (6) months of the effective date of the Consent Order reimbursing them for fees paid to the Respondent; and it is further

ORDERED that the Respondent shall provide the Board with documentary evidence of payment made to the Complainants in the amount of four thousand (\$4,000) dollars and the charitable contribution in the amount of six thousand (\$6,000) dollars; and it is further

ORDERED that effective the date that Respondent's license is reinstated, the Respondent shall be placed on **PROBATION** for a period of **THREE (3) YEARS** under the following terms and conditions:

- a. Within one (1) year of the effective date of the Consent Order, Respondent shall successfully complete the professional ethics tutorial. The Board approved tutor shall provide to the Board quarterly reports which includes a report of Respondent's attendance record, participation and completion of assignments. At the conclusion of the tutorial, Respondent shall provide to the Board a copy of any essay and other written assignment, which Respondent is required to write;
- b. Within one (1) year of the effective date of the Consent Order,, Respondent shall also successfully complete a Board-approved law course designed to educate the Respondent about the requirements of licensure under the Act and pertinent regulations;
- c. Within one (1) year of the effective date of the Consent Order,, Respondent shall successfully complete a Board approved tutorial or professional educational course focusing on marital/couple therapy and appropriate maintenance of boundaries in marital/couple therapy; and
- d. Within 30 days of the Respondent's licensure reinstatement, he shall begin supervision with a Board approved psychologist. The supervisor shall randomly select and conduct a peer/chart review of a minimum of five (5) charts⁵, every month, for a minimum of one (1) year;
- e. The supervisor shall also review with the Respondent all aspects of his advertising and marketing materials including but not limited to his curriculum vitae, website(s), promotional literature, and written or verbal information disseminated to the public, to ensure that the Respondent has accurately and truthfully represented his credentials, education, experience and training to comport with the Act and pertinent regulations. An unsatisfactory report may constitute a violation of probation;
- f. The Respondent shall continue participation in individual clinical supervision, as required by the supervisor, for a period of at least one (1) year, focusing on specific issues as described in this Consent Order and the Charges;
- g. The Respondent shall authorize the Board to provide the clinical supervisor with the investigative file, including all interviews and reports, the

⁵ At all times, Respondent is required to maintain adequate records for each patient for whom he is providing treatment. If at any time during the supervision period, the Respondent is treating less than 5 patients, he will be required to provide the supervisor with all of his patient charts if that amount is less than 5.

Charging Document, the Consent Order, the Respondent's essay and any assessments or written reports/ materials prepared by the ethics tutor;

h. The Respondent shall ensure that the clinical supervisor submits quarterly reports to the Board which include a report of attendance, participation in supervision and progress in dealing with the specific vulnerabilities that led to Respondent's multiple breaches of ethics, as described in this Consent Order; and

i. The Board reserves the right to conduct a peer review by an appropriate peer review entity, or a chart review by a Board designee, to be determined at the discretion of the Board.

AND IT IS FURTHER ORDERED that any Continuing Education requirements required by this Consent Order shall not count toward fulfilling other continuing education requirements that the Respondent must fulfill in order to renew his license to practice psychology; and it is further

ORDERED that the Respondent shall practice at all times, in accordance with the Maryland Psychologists Act and with all applicable laws, statutes, and regulations pertaining to the practice of psychology. Any violation of the Act may constitute grounds for violation of probation; and it is further


ORDERED that if Respondent violates any of the terms and conditions of this probation and/or this Consent Order, the Board, in its discretion, after notice and an opportunity for an evidentiary hearing before the Board or an Administrative Law Judge 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 the Maryland Psychologists Act, including a reprimand, probation, suspension, revocation and/or a monetary fine, said violation being proved by a preponderance of the evidence; and it is further

ORDERED that after the conclusion of the three (3) year period of probation, the Respondent may file a written petition for termination of his probationary status. After consideration of his petition, the probation may be terminated through an order of the Board or designated Board committee. The Respondent may be required to appear before the Board or designated Board committee. The Board, or designated Board committee, shall grant the termination only if the Respondent has fully and satisfactorily complied with all of the probationary terms and conditions of this Consent Order, including the expiration of the three (3) year period of probation, and if there are no outstanding complaints similar to or related to the current charges before the Board.

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

ORDERED that this Consent Order is a public document pursuant to Md. State Gov't Code Ann. § 10-611 et seq. (2009 Repl. Vol. and 2011 Supp.).

5/11/12
Date


Steven Sobleman, Ph.D
Chair, Board of Examiners of Psychologists

CONSENT OF SHANE PERRAULT, Ph.D

I, Shane Perrault, Ph.D. acknowledge that I have had the opportunity to consult with my counsel, Brian Bregman, Esquire, before signing this document. By this Consent, I agree and accept to be bound by the foregoing Consent Order and its conditions and restrictions. I waive any rights I may have had to contest the Findings of Fact and Conclusions of Law.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, 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 acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce the Consent Order. I also affirm that I am waiving my right to appeal any adverse ruling of the Board that might have followed any such hearing.

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

5.10.12
Date

Shane Perrault, Ph.D.
Respondent

Read and approved by:

Brian Bregman, Esq., Attorney for the Respondent

NOTARY

STATE OF MARYLAND

CITY/COUNTY OF Prince George's :

I HEREBY CERTIFY that on this 10th day of May, 2012, before me, a Notary Public of the foregoing State personally appeared Shane Perrault Ph.D. License Number 4055, and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed, and the statements made herein are true and correct.

AS WITNESSETH my hand and notarial seal.

Janice N. Carter
Notary Public

My Commission Expires: Janice N. Carter
Notary Public
State of Maryland
My Commission Expires 6/2/2012