

IN THE MATTER OF	*	BEFORE THE MARYLAND STATE
NINA DILLENBECK, CAC-AD &	*	BOARD OF PROFESSIONAL
LCPC	*	COUNSELORS AND THERAPISTS
Respondent	*	Case Number: 2018-032
License Numbers: AC1186 &	*	
LC6977	*	

* * * * *

CONSENT ORDER

On May 23, 2022, the Maryland State Board of Professional Counselors and Therapists (the “Board”) notified, **NINA DILLENBECK, CAC-AD** (Certified Associate Counselor - Alcohol and Drug), license number AC1186, **AND LCPC** (Licensed Clinical Professional Counselor), license number LC6977 (the “Respondent”), of its intent to **REVOKE** her CAC-AD and LCPC licenses based on violations of the Maryland Professional Counselors and Therapists Act, codified at Md. Code Ann., Health Occ. §§ 17-101 *et seq.* (2021 Repl. Vol.) (the “Act”) and the regulations adopted by the Board under the Code of Maryland Regulations (“COMAR”).

Specifically, the Board notified the Respondent that its intent to revoke her licenses were based on violating the following provisions:

Health Occ. § 17-509. Denial, probation, suspension or revocation of trainee status, license, or certificate

Subject to the hearing provisions of § 17-511 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may deny trainee status, a license, or a certificate to any applicant, place any trainee, licensee, or certificate holder on probation, reprimand any trainee, licensee,

or certificate holder, or suspend, rescind, or revoke the status of any trainee, a license of any licensee, or a certificate of any certificate holder if the applicant, trainee, licensee, or certificate holder:

- (8) Violates the code of ethics adopted by the Board;
- (9) Knowingly violates any provision of this title;
- (11) Is professionally, physically, or mentally incompetent;
- (13) Violates any rule or regulation adopted by the Board; or
- (16) Commits an act of immoral or unprofessional conduct in the practice of clinical or nonclinical counseling or therapy[.]

The pertinent provisions of the Code of Maryland Regulations (“COMAR”)

regulations are as follows:

COMAR 10.58.03.01

This chapter applies to an individual certified or licensed by the Board of Professional Counselors and Therapists.

COMAR 10.58.03.02

B. Terms Defined.

- (1) “Board” means the State Board of Professional Counselors and Therapists.
- (2) Client.
 - (a) “Client” means an individual, couple, family, group, business, agency, school, organization, or association to whom a counselor is rendering professional service.
 - (b) “Client” includes the term and concept of “patient”.
- (3) “Counselor” means a counselor or therapist either certified or licensed by the Board.

COMAR 10.58.03.03

A. A counselor shall:

- (1) Practice only within the boundaries of a counselor's competence, based on education, training, supervised experience, and professional credentials;
- (2) When developing competence in a new service or technique, or both, engage in ongoing consultation with other counselors or relevant professionals and acquire appropriate additional education or training, or both, in the new area; and
- (3) Maintain qualifications to practice counseling, including meeting the continuing education requirements established by the Board.

COMAR 10.58.03.04

A. A counselor shall:

- (1) Consult with other counselors or other relevant professionals regarding questions related to ethical obligations or professional practice; ...
- (7) Maintain accurate records; ...
- (14) Take reasonable precautions to protect clients from physical or psychological trauma.

COMAR 10.58.03.05

A. Client Welfare and Rights.

(1) A counselor shall:

- (a) Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed;
- (b) Explain to clients the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

(2) A counselor may not:

- (a) Place or participate in placing clients in positions that may result in damaging the interests and the welfare of clients, employees, employers, or the public.

On August 19, 2022, the Board convened a Case Resolution Conference (“CRC”) in this matter. Based on negotiations occurring as a result of the CRC, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusion of Law, Order and Consent.

FINDINGS OF FACT

The Board finds the following:

Background

1. At all times relevant, the Respondent was authorized to practice as a Certified Associate Counselor – Alcohol and Drug and as a Licensed Clinical Professional Counselor in the State of Maryland. The Respondent originally was licensed by the Board to practice as a CAC-AD in the State of Maryland on May 3, 2007, under License Number AC1186. The Respondent’s CAC-AD license is current and is scheduled to expire on January 31, 2023. The Respondent originally was licensed by the Board to practice as a LCPC in the State of Maryland on March 10, 2016, under License No. LC6977. The Respondent’s LCPC license is current and is scheduled to expire on January 31, 2024.

2. At all relevant times, the Respondent was the Owner of a counseling center (the “Center”) located in Frederick, Maryland.

The Complaint

3. On or about November 20, 2017, the Board received a complaint from a former client (the “Complainant”) of the Respondent. The Complainant stated that she and

“her husband...have been separated since August 6, 2017, after an argument turned physical.” The Complainant contacted the Respondent seeking couples therapy counseling.

4. The Complainant alleged that during the counseling sessions, the Respondent was “aggressive and rude...continually interrupting,” and that the Respondent rolled her eyes at the Complainant’s husband. The Complainant stated the Respondent said in front of her husband “that she doesn’t feel that I am safe around him.” The Complainant alleged the Respondent made inappropriate comments during the sessions

5. After reviewing the Complaint, the Board opened an investigation of the Respondent.

The Board Investigation

6. In furtherance of its investigation, Board staff interviewed the Respondent and Complainant, and received a written response from the Respondent. Board staff also obtained counseling records of the Complainant from the Center. Board staff also obtained a peer-review report from a Licensed Clinical Professional Counselor (the “Peer-Reviewer”) concerning the allegations lodged against the Respondent.

7. The investigation revealed that the Complainant requested couples counseling due to marital difficulties she and her husband were experiencing. It was disclosed during the initial consultation on September 19, 2017 that there had been an incident of domestic violence between the Complainant and her husband that resulted in their separation approximately one month before the first counseling session with the Respondent. Specifically, there was a physical altercation where the husband assaulted and

strangled the Complainant. It was reported that this incident was one of four incidents of rageful behavior in the relationship.

8. The week before the initial counseling session, the Complainant was hospitalized as a result of a suicide attempt. The Complainant has a history of depression and a prior suicide attempt thirty years ago.

9. At the initial September 19, 2017 joint counseling session, it was disclosed that the Complainant and her husband had an open marriage. The Respondent admitted this was the first couple she had worked with who were in an open relationship.

10. During the September 19, 2017 session, the Respondent admitted the Complainant and her husband argued, and she “thought about calling the police to get her to stop throwing verbal punches.”

11. After the initial counseling session, on September 27, 2017, the Respondent had an individual counseling session with the husband of the Complainant. On October 21, 2017, the Respondent had an individual counseling session with the Complainant. On November 11, 2017, the Respondent had a final joint counseling session with the Complainant and her husband. The Respondent admitted there is no counseling notes for the November 11, 2017 session.

12. As part of its investigation, Board staff contacted the Peer Reviewer to “evaluate whether or not specific standards of care for professional counselors have been adhered to or violated.” Based on his “review of the documents,” the Peer Reviewer opined “that the Respondent engaged in behaviors that were unethical, improper, inappropriate,

and problematic while treating the Complainant.” In particular, the Peer Reviewer concluded:

- The Respondent “neglected to address important issues of safety and the risk of self-harm throughout the treatment process for [the Complainant.]”
- “It also was unethical to treat this couple due to her inexperience with working with Intimate Partner Violence and couples who are involved in Open Marriages.”
- “It also was improper and unethical that she did not have a process note recorded for the couple’s last visit.”
- The “Respondent’s interview contained contradictory statements throughout and demonstrated limitations in knowledge about basic counseling practices.”
- “Overall, the Respondent engaged in practices which were highly unprofessional and not considered to be within the standards of care in the practice of a Licensed Clinical Professional Counselor. Ms. Dillenbeck did not take *reasonable precautions to protect the client from physical or psychological trauma* (COMAR 10.58.03.04 Ethical Responsibility).”

13. The Peer Reviewer also found that from the Respondent’s records, “it is difficult to ascertain [the Complainant’s] potential for self-harm or risk for being further victimized by the violence in the marriage. This is due to the inadequate documentation in the record.” The Peer Reviewer found there “are no details in the record regarding the recent psychiatric hospitalization, history of depression or history of trauma. The Record indicates that [the Complainant] was emotionally unstable during the first session, yet there is no indication that Ms. Dillenbeck was concerned for [the Complainant’s] safety.”

14. The Peer Reviewer concluded the Respondent “was clearly attempting to work outside the scope of her professional competence. Ms. Dillenbeck admitted that she

did not have experience or training in the area of Intimate Partner Violence.” The Peer Reviewer also concluded the Respondent “did not address this concern with the couple, nor did she develop a plan for how to work with a volatile couple who was at risk for repeating the violent episode that took place just one month prior. It is clear that Ms. Dillenbeck was working outside the area of her competence when the only way she knew to control the session and defuse the heightened emotional tensions was to threaten to call the police if they didn’t settle down.”

15. The Respondent admitted in her interview that she was working outside the scope of her practice, and that she did not seek consultation with professional peers or counselors who work with clients such as this couple. The Respondent also admitted that she should have referred the couple to a professional who had expertise in working with couples with these dynamics.

CONCLUSIONS OF LAW

16. Based on the Findings of Fact, the Board concludes as a matter of law the Respondent’s conduct, as described above, constitutes violations of: Health Occ. § 17-509(8) (violates the code of ethics adopted by the Board); Health Occ. § 17-509(9) (knowingly violates any provision of this title); Health Occ. § 17-509(11) (is professionally, physically, or mentally incompetent); Health Occ. § 17-509(13) (violates any rule or regulation adopted by the Board); and/or Health Occ. § 17-509(16) (commits an act of immoral or unprofessional conduct in the practice of clinical or nonclinical

counseling or therapy) in that the Respondent violated COMAR 10.58.03.03, COMAR 10.58.03.04, and/or 10.58.03.05.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, it is this 16th day of September, 2022, by the affirmative vote of a majority of the members of the Board then serving:

- a. **ORDERED** that the Respondent is **REPRIMANDED**; and it is further
- b. **ORDERED** that the Respondent is placed on **PROBATION** for a minimum of **TWO YEARS**.¹ During probation, the Respondent shall comply with the following terms and conditions of probation:
 1. During the probationary period, the Respondent is required to take and successfully complete a three credit Board-approved bachelors or Masters level course in ethics. The following terms apply:
 - (a) It is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;
 - (b) The Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;
 - (c) The course may not be used to fulfill the continuing medical education credits required for license renewal; and
 - (d) The Respondent is responsible for the cost of the course;
 2. During the probationary period, the Respondent is required to take and successfully complete a Board-approved course in medical documentation. The course must be taken after November 20, 2017 – the date the Complaint was filed with the Board. The following terms apply:

¹ If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

- (a) It is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;
 - (b) The Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;
 - (c) The course may not be used to fulfill the continuing medical education credits required for license renewal; and
 - (d) The Respondent is responsible for the cost of the course;
3. During the probationary period, the Respondent is required to have monthly supervision by a Board-approved Maryland supervisor. The Respondent shall submit the name of the proposed supervisor to the Board within 30 days of signing the Consent Order. The supervisor is required to submit quarterly reports to the Board. The supervisor shall have the option of reviewing all medical documentation of the Respondent. The supervisor is required to sit in on one counseling session per quarter. The Respondent is responsible for the cost of the supervisor. The following terms also apply:
- (a) Prior to signing a supervision agreement with any Board-approved supervisor, the Respondent shall present a complete copy of the Consent Order to the prospective supervisor;
 - (b) The Respondent shall authorize the Board to provide the Supervisor with this Consent Order and all of the relevant documents in the investigative file, including the Investigative Report and its attachments;
 - (c) The Supervisor shall submit **written reports** to the Board **quarterly** for the entire duration of the probationary period detailing the supervision provided and evaluating the Respondent's practice;
 - (d) The Respondent shall have sole responsibility for ensuring that the Supervisor submits the required reports to the Board in a timely manner;

- (e) A negative report from the Supervisor or any failure to comply with the Supervisor's recommendations shall be deemed a violation of probation or of this Consent Order;
 - (f) In the event that the Respondent's supervisor discontinues supervising the Respondent's practice for any reason during the probationary period, the Respondent shall immediately notify the Board. The Respondent shall be solely responsible for submitting a request for a Board-approved replacement;
 - (g) The Respondent shall, at all times, comply with the Act and all applicable laws, statutes and regulations; and
 - (h) The Respondent shall at all times cooperate with the Board, any of its agents or employees, in the monitoring, supervision, and investigation of the Respondent's compliance with the terms and conditions of the Consent Order;
4. After a minimum of two (2) years of probation, the Respondent may submit a written petition to the Board for termination of the probation. After consideration of the petition, the probation may be terminated through an order of the Board. The Board at its discretion may grant termination if the Respondent has fully and satisfactorily complied with all the terms and conditions of the Consent Order, there are no pending investigations or complaints against the Respondent, the Supervisor recommends termination of probation, and the Board deems termination of probation appropriate;
 5. If the Respondent fails to make any such petition, then the probationary period status may continue indefinitely, subject to the conditions set forth in this Order;
 6. If the Board determines that the terms or conditions of this Order have not been successfully completed, the Board may modify the terms and conditions of Respondent's probation, upon notice to the Respondent;
 7. If the Respondent allegedly fails to comply with any term or condition of the Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If, in its sole discretion, the Board determines that there is a genuine dispute as to a material fact, the hearing shall be an evidentiary hearing before the Board. If there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before the Board; and

8. After the appropriate hearing, if the Board determines that the Respondent has failed to comply with any term or condition of the Consent Order, the Board may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke the Respondent's license to practice as a clinical professional counselor in Maryland. The Board may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent; and it is further

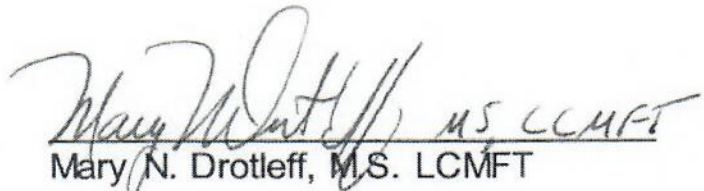
ORDERED that the Respondent shall be responsible for all costs incurred under the terms and conditions of the Consent Order; and it is further

ORDERED that the effective date of this Order is the date that it is signed by the Board; and it is further

ORDERED that this Consent Order is a Final Order and as such is a **PUBLIC RECORD** pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2021).

09/16/2022

Date


Mary N. Drotleff, M.S. LCMFT

Board Chair

Maryland State Board of Professional
Counselors and Therapists

CONSENT

By this Consent, I acknowledge that I have read this Consent Order in its entirety and I hereby admit the truth of the Findings of Fact, and I accept and submit to the foregoing Consent Order and its conditions. 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 legal counsel authorized to practice law in Maryland, to confront witnesses, to give testimony, to request subpoenas for witnesses, to call witnesses on my own behalf, to introduce testimony and evidence on my own behalf, and to all other substantive and procedural protections provided by law. I waive these rights, as well as any appeal rights under Md. Code Ann., State Gov't Article § 10-222.

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

Nina Dillenbeck
Nina Dillenbeck

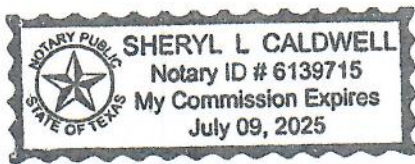
NOTARIZATION

CITY: Galveston
COUNTY: Galveston

I HEREBY CERTIFY that on this 2nd day of September, 2021^{50c}, before me, Notary Public of the State and City/County aforesaid, Nina Dillenbeck personally appeared, and made oath in due form of law that signing the foregoing Consent Order was the voluntary act and deed of Nina Dillenbeck.

AS WITNESSETH my hand and notarial seal.

SEAL



Sheryl L Caldwell
Notary Public

My Commission Expires: July 9, 2025