

JAMES M. GOLDSTEIN, Ph.D.  
14204 Masterpiece Lane  
North Potomac, Maryland 20878  
(301) 340-9220

April 27, 1994

W. Sherod Williams, Ph.D.  
Board of Psychology Examiners  
4201 Patterson Avenue  
Baltimore, MD 21215-2299

RE: License Number 1871

Dear Dr. Williams and Members of the Board

The Maryland State Board of Examiners of Psychologists (the "Board") has charged me with violations of certain provisions of the Maryland Health Occupations Article, Code Ann. 16-312 (1986 Replacement Volume) ("The Maryland Psychologists Act"). (The Maryland Psychologists act has subsequently been recodified at Maryland Health Occupations Article, Title 18 (1991 Replacement Volume).) A copy of "Charges under the Maryland Psychologists Act" applicable to me is attached to this letter and incorporated by reference.

Although I take issue with the allegations as set forth in the statement of charges, I perceive no utility in conducting a hearing to determine their truth or falsity. At the time of the events in question, I certainly did not intend to violate any code of ethics, or violate any rule or regulation adopted by the Board. I do not believe that I was conducting myself in an unprofessional or incompetent manner. Nevertheless, I do not wish to be subjected to a trial concerning any of these allegations.

Consequently, I offer, voluntarily, to surrender my Psychology license. I am aware that pursuant to Maryland Health Occupations Code, Annotated, 18-312, the Board is not obligated to accept this surrender, and may set conditions upon it. I accept in advance the condition that this letter and its attachments be considered public information which may be released or published by the Board under the Public Information Act, Maryland State Government Code, Annotated, 10-617 (h) (2) (vi).

Within fifteen days after notification of the Board's decision to accept my offer to surrender my license, I will forward to the Board, at the above address by certified mail, my license number 1871.

In executing this letter, I also agree that I will not practice psychology, mental health counseling, therapy, or psychological services of any type, including services as a psychology associate, in Maryland or any other state; I further agree that if the Board receives information that I have so practiced or that I have applied for certifications, licensure, or exemption to practice in this or any other state, the Board may and will disclose to the licensing authority in question the letter of voluntary surrender which I sign today and a copy of the charging document issued against me.

I further agree that if I practice psychology, mental health counseling, therapy, or psychological services of any type the Board may and will disclose the letter of voluntary surrender and a copy of the charging document to the State Licensing Authority and persons such as employers and patients involved in therapy.

I wish to maintain the possibility of reinstatement. I agree that I will not file an application for reinstatement for at least two years after I surrender my license to the Board. I agree to meet the following conditions before applying ~~to~~ for reinstatement:

- (1) Two years of weekly psychotherapy, with Quarterly reports to the board from the psychotherapist;
- (2) One Ethics Course approved by the Board
- (3) Board approval of a system of record keeping.

I acknowledge that I have consulted with my attorney before submitting this letter. I understand the nature and potential consequences of the charges against me by the Board, and that I am entitled to a hearing to defend myself against such charges. I understand the content and consequences of this letter. I have made the decision to offer the surrender of my license knowingly and voluntarily.

Sincerely,



James M. Goldstein, Ph.D.

VERIFICATION

STATE OF MARYLAND  
CITY/COUNTY OF: Montgomery

I hereby certify that on this 27th day of April, 1994, before me, a Notary Public of the State of Maryland and City/County aforesaid, personally appeared James M. Goldstein, Ph. D., License Number 1871, and made oath in due form of law that signing the foregoing letter of surrender was his voluntary act and deed.

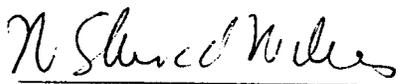
AS WITNESSETH MY HAND AND NOTARIAL SEAL:

  
Notary Public

My commission expires: 12-1-95

ACCEPTANCE OF SURRENDER

On behalf of the Board of Examiners of Psychologists on this 6<sup>th</sup> day of May, 1994, I accept Dr. Goldstein's surrender of his license under the terms and conditions set forth in the above letter as a settlement in this case.

  
Sherod Williams, Ph.D., Chair  
Board of Examiners of Psychologists

IN THE MATTER OF \* BEFORE THE STATE BOARD  
JAMES GOLDSTEIN, Ph.D. \* OF EXAMINERS FOR  
License No. 1871 \* PSYCHOLOGISTS  
Respondent \*

\* \* \* \* \*

CHARGES UNDER THE MARYLAND PSYCHOLOGISTS ACT

The Maryland State Board of Examiners for Psychologists (the "Board") hereby charges James Goldstein, Ph.D., License number 1871 (the "Respondent"), with violation of certain provisions of Md. Health Occupations Article, Code Ann. §16-312 (1986 Repl. Vol.) (the "Maryland Psychologists Act")<sup>1</sup>.

Specifically, the Board charges the Respondent with violation of the following provisions:

Subject to the hearing provisions of §16-313 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 §16-311 of this subtitle;
- (12) Violates any rule or regulation adopted by the Board;
- (14) Is professionally, physically or mentally incompetent;
- (17) Commits an act of unprofessional conduct in the practice of psychology;

The Code of Ethics adopted by the Board pursuant to §16-311 provides, in COMAR 10.36.01.09C, in pertinent part, as follows:

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<sup>1</sup>The Maryland Psychologists Act has subsequently been recodified at Md. Health Occupations Article, Title 18 (1991 Repl. Vol.).

**Principle 1 - Responsibility** - In providing services, psychologists maintain the highest standards of their profession. They accept responsibility for the consequences of their acts and make every effort to ensure that their services are used appropriately.

- f. As practitioners, psychologists know that they bear a heavy social responsibility because their recommendations and professional actions may alter the lives of others. They are alert to personal, social, organizational, financial, or political situations and pressures that might lead to misuse of their influence.

**Principle 2 - Competence** - The maintenance of high standards of competence is a responsibility shared by all psychologists in the interest of the public and profession as a whole. Psychologists recognize the boundaries of their competence and the limitations of their techniques. They only provide services and only use techniques for which they are qualified by training and experience. In those areas in which recognized standards do not exist, psychologists take whatever precautions are necessary to protect the welfare of their clients. They maintain knowledge of current scientific and professional information related to the services they render.

- f. Psychologists recognize that personal problems and conflicts may interfere with professional effectiveness. Accordingly they refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance or harm to a client, colleague, student, or research participant. If engaged in such activity when they become aware of their personal problems, they seek competent professional assistance to determine whether they should suspend, terminate, or limit the scope of their professional and/or scientific activities.

**Principle 4 - Public Statements** - Public statements, announcements of services, advertising, and promotional activities of psychologists serve the purpose of helping the public make informed judgments and choices. Psychologists represent accurately and objectively their professional qualifications, affiliations, and functions, as well as those of the institutions or organizations with which they or the statements may be associated. In public statements providing psychological information or professional opinions or

providing information about the availability of psychological products, publications, and services, psychologists base their statements on scientifically acceptable psychological findings and techniques with full recognition of the limits and uncertainties of such evidence.

- b. In announcing or advertising the availability of psychological products, publications, or services, psychologists do not present their affiliation with any organization in a manner that falsely implies sponsorship or certification by that organization. In particular and for example, psychologists do not state APA membership or fellow status in a way to suggest that such status implies specialized professional competence or qualifications. Public statements include, but are not limited to, communication by means of periodical, book, list, directory, television, radio, or motion picture. They do not contain (i) a false, fraudulent, misleading, deceptive, or unfair statement; (ii) a misinterpretation of fact or a statement likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts; (iii) a testimonial from a patient regarding the quality of a psychologists' services or products; (iv) a statement intended or likely to create false or unjustified expectations of favorable results; (v) a statement implying unusual, unique, or one-of-a-kind abilities; (vi) a statement intended or likely to appeal to a client's fears, anxieties, or emotions concerning the possible results of failure to obtain the offered services; (vii) a statement concerning the comparative desirability of offered services; (viii) a statement of direct solicitation of individual clients.

**Principle 5 - Confidentiality** - Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists. They reveal such information to others only with the consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, psychologists inform their clients of the legal limits of confidentiality.

- a. Information obtained in clinical or consulting relationships, or evaluative data concerning

children, students, employees, and others, is discussed only for professional purposes and only with persons clearly concerned with the case. Written and oral reports present only data germane to the purposes of the evaluation, and every effort is made to avoid undue invasion of privacy.

**Principle 6 - Welfare of the Consumer -** Psychologists respect the integrity and protect the welfare of the people and groups with whom they work. When conflicts of interest arise between clients and psychologists' employing institutions, psychologists clarify the nature and direction of their loyalties and responsibilities and keep all parties informed of their commitments. Psychologists fully inform consumers as to the purpose and nature of an evaluative, treatment, educational, or training procedure, and they freely acknowledge that clients, students, or participants in research have freedom of choice with regard to participation.

- a. Psychologists are continually cognizant of their own needs and of their potentially influential position vis-a-vis persons such as clients, students, and subordinates. They avoid exploiting the trust and dependency of such persons. Psychologists make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, research with and treatment of employees, students, supervisees, close friends or relatives. Sexual intimacies with clients are unethical.

**Principle 7 - Professional Relationships -** Psychologists act with due regard for the needs, special competencies, and obligations of their colleagues in psychology and other professions. They respect the prerogatives and obligations of the institutions or organizations with which these other colleagues are associated.

- d. Psychologists do not exploit their professional relationships with clients, supervisees, students, employees, or research participants sexually or otherwise. Psychologists do not condone or engage in sexual harassment. Sexual harassment is defined as deliberate or repeated comments, gestures, or physical contacts of a sexual nature that are unwanted by the recipient.

### ALLEGATIONS OF FACT

The charges are based on the following facts which the Board has cause to believe are true.

#### FACTS COMMON TO ALL PATIENTS

1. At all times relevant hereto, Respondent was and is licensed to practice psychology in the State of Maryland. He was initially licensed in Maryland on November 30, 1984.

2. Respondent engages in the private practice of psychology at 14204 Masterpiece Lane, North Potomac, Maryland 20878, which is also Respondent's residence.

#### FACTS SPECIFIC TO PATIENT A<sup>2</sup>

3. Patient A first presented to Respondent in March, 1987 and terminated therapy with Respondent in February, 1990.

4. Patient A was a 23 year old, single, female, college senior, majoring in interior design, working part-time as a decorator and living at home with her parents, when she initially consulted Respondent for problems of depression, anxiety and low self esteem.

5. Respondent began treating Patient A in March 1987 in individual therapy and diagnosed Patient A under the Diagnostic and Statistical Manual III-R ("DSM III-R") Axis I, as Dysthymia or Depressive Neurosis, 300.40.

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<sup>2</sup>Patient names are not utilized in the charging document. Respondent may obtain from the Board a confidential list of patient names which correspond to the patients used in the charging document.

6. Respondent assessed Patient A as typically "feeling wrongly accused, powerless to correct an unfair situation, and unable to express herself without fear of making matters worse...(her) self esteem was painfully low ...she had difficulty with boundaries."

7. Respondent treated Patient A in group therapy from on or about the end of February, 1988 until on or about September, 1988, when she resumed individual therapy.

8. During summer, 1988, at Patient A's request, Respondent referred Patient A to a psychiatrist for evaluation for antidepressant medication.

9. In August, 1988, Patient A was placed on antidepressant medication by the psychiatrist. Patient A began seeing the psychiatrist periodically as well as seeing Respondent on a weekly basis.

10. Patient A frequently spoke in therapy about her desire to leave her position with an interior design firm and to go into business for herself. Respondent supported Patient A in this endeavor.

11. On or about November, 1988, Respondent hired Patient A to provide interior design services for Respondent's residence. Respondent informed Patient A that he retained her because he wanted to give her the experience of having a client. Respondent informed Patient A that he expected a discount. Respondent received a discount from Patient A.

12. Between November, 1988 and April, 1989, Respondent

spent many hours in his residence with his wife and children and Patient A, after Patient A's psychotherapy sessions or on specific appointments, in consultation with Patient A concerning the interior design of Respondent's residence. Patient A accompanied Respondent's wife to the Washington Design Center.

13. Between November, 1988 and April, 1989, Respondent engaged in a disagreement with his wife, in Patient A's presence, concerning the window treatment in the bathroom of Respondent's residence. Respondent and his wife requested that Patient A determine which of them was correct.

14. Between November, 1988 and April, 1989, Respondent discussed the interior design work with Patient A during Patient A's psychotherapy sessions.

15. One of the problems for which Patient A sought treatment was needing acceptance and approval from others. Throughout the time she was designing Respondent's residence, Patient A experienced disapproval from Respondent and his wife.

16. During the period of treatment, when Patient A was no longer covered by insurance, Respondent applied her hourly fee which Patient A earned for her design time to her bill for psychotherapy.

17. On one occasion during the period of treatment, Respondent told Patient A that she looked beautiful, that she had nice breasts and favorably compared Patient A's physical appearance to Patient A's sister.

18. On several occasions during the period of treatment,

Respondent conducted breathing exercises with Patient A.

Respondent instructed Patient A to lie down on the sofa and to unfasten her brassiere. Respondent informed Patient A that if she did not unfasten her brassiere, the breathing exercises would not work. At the conclusion of the breathing exercises, while her brassiere was still unfastened, Respondent hugged Patient A, rubbed her back and kissed her forehead.

19. On one occasion during the period of treatment, Respondent informed Patient A that he did not feel attractive as a man and that he loved knowing his women patients found him attractive and often fell in love with him because it made him feel attractive and wanted.

20. During the period of treatment, Respondent informed Patient A that he liked to have sex. Respondent disclosed to Patient A details of his sexual activities with his wife and recommended to Patient A that she try similar activities.

21. During the period of treatment, Respondent told Patient A that he did not enjoy treating Patient A and that if she did not begin cooperating with him in therapy, he would ask her to leave therapy. Patient A felt rejected and unwanted.

22. During the period of treatment, Respondent informed Patient A that he was raising his fees so he would be better able to afford his wife's needs. On another occasion during the period of treatment, Respondent informed Patient A that he was raising his fees in the expectation that some patients would terminate and he would be able to spend more time with his

family.

23. Respondent informed Patient A that he raises his fees because he likes to "generate wealth." Respondent informed Patient A that if he raises his fees, his patients work harder, and they generate more money.

24. On several occasions during the period of treatment, Respondent suggested that the sessions take place while walking in the park. Respondent stated to Patient A that he was tired of being in his house all day and needed the exercise.

25. During the period of treatment, Respondent referred his wife to Patient A's husband, an optometrist, for an eye examination.

26. During the period of treatment, Respondent discussed personal issues concerning Patient B with Patient A.

27. During the period of treatment, Respondent treated Patient A's mother-in-law and discussed personal issues concerning her mother-in-law with Patient A.

28. During the period of treatment without Patient A's knowledge, Respondent went to Patient A's parents home where Patient A was residing to arrange the purchase of carpet from Patient A's father, a carpet salesman. Patient A's relationship with her parents was a prominent issue in her psychotherapy. Patient A's father's business associate was a patient of Respondent's.

29. During the period of treatment, Respondent began treating Patient A's sister without Patient A's knowledge.

30. During the period of treatment, Respondent referred Patient A to someone for automobile tires and informed Patient A that the person he was referring her to was a patient of Respondent's.

31. During the period of treatment, Respondent's wife contacted Patient A and asked Patient A to come to a neighborhood bazaar to sell some of Patient A's jewelry, a side business of Patient A's.

32. Patient A frequently informed Respondent that she wanted to terminate psychotherapy but Respondent would not permit her to do so.

33. On or about February, 1990, when Patient A stated that she wanted to terminate group therapy, Respondent insisted, over Patient A's objection, that Patient A return to the group to terminate. During Patient A's final group session, Respondent, in the presence of the other group members, requested payment from Patient A.

34. Patient A terminated therapy with Respondent in February, 1990.

35. In March, 1990, Patient A began psychotherapy with another psychotherapist for treatment of depression and anxiety which Patient A reported had been unchanged after three years of individual and group psychotherapy with Respondent.

36. Patient A reported to the subsequent therapist that she felt used and manipulated by Respondent and that she felt uncomfortable when Respondent hugged and kissed her.

37. After termination with Respondent, Patient A reported that in order to get and keep Respondent's approval, Patient A engaged in actions with which she was not comfortable. Patient A reported that she had been unable to terminate therapy with Respondent due to her fear that he would disapprove and she needed approval and attention from Respondent.

38. In September, 1991, Patient A filed a complaint with the Board against Respondent.

39. On October 29, 1991, the Board issued a subpoena to Respondent for all records of treatment of Patient A. On November 4, 1991, Respondent responded stating that he has "no progress notes or evaluations of (Patient A)...If it is your wish, I can summarize my treatment with her..." On November 19, 1991, Respondent submitted to the Board a treatment summary which he prepared in response to the subpoena.

40. Respondent failed to maintain any contemporaneous records of treatment of Patient A.

#### FACTS SPECIFIC TO PATIENT B

41. Patient B first presented to Respondent on or about October, 1989 and terminated therapy with Respondent on or about September, 1990.

42. Patient B was a single, unemployed, 28 year old male, recently graduated from law school and residing rent-free in a college friend's house, when he initially consulted Respondent for problems with "growing up and maturing into manhood." Patient B informed Respondent that he had previously been in

therapy and had been treated with psychoactive medication.

43. Respondent began treating Patient B, twice weekly, in individual therapy, for anxiety and depression and diagnosed Patient B under DSM-III-R, Axis I, as generalized anxiety disorder, 300.00.

44. Additionally, Respondent diagnosed Patient B under Axis II of DSM III-R, as Narcissistic Personality Disorder, 301.81.

45. Respondent assessed Patient B as "a 29 year old boy-child who was still overly concerned with impressing others, looking good, winning, being popular, and being famous."

46. In the fall, 1989, in the beginning of the treatment, Patient B left lengthy messages on Respondent's answering machine, asking for reassurance of his fears, especially his fear of growing up. Respondent assessed that the fear of growing up was related to Patient B's concerns about his father's premature death.

47. Respondent assessed that Patient B was experiencing positive transference to Respondent, comparing Respondent to "his best friend or brother or father."

48. On or about November, 1989, Patient B began weekly group therapy with Respondent and continued with weekly, instead of bi-weekly, individual therapy.

49. During a group therapy session, Respondent informed Patient B and the other group members that he had a great fear that one day he would lose all of his patients. Respondent also stated that he wanted all his patients to like him.

50. In April, 1990, Patient B, who had previous experience in working in a fitness center, was unemployed and discussed with Respondent starting his own personal fitness training business. Respondent encouraged Patient B in this endeavor and insisted that he be the first client of Patient B's.

51. In April, 1990, Respondent began hourly training sessions with Patient B, in Respondent's residence, two times a week, for a discounted fee.

52. Respondent subsequently began to refer individuals to Patient B, including Respondent's former and present patients. After informing Patient B of a referral, Respondent disclosed to Patient B personal information about the patient or former patient.

53. Patient B told Respondent that he was concerned about this "dual relationship" and Respondent informed Patient B that he considered this to be acceptable and that Patient B could benefit from the dual relationship.

54. Patient B specifically informed Respondent that he was concerned about "role and boundary confusions" and Respondent informed Patient B that the dual relationship did not create difficulty for him and if the dual relationship became a problem for Patient B, he should inform Respondent.

55. During the physical workout sessions, Respondent spoke with Patient B about Patient B's psychotherapy and about Respondent's other psychotherapy patients.

56. During the physical workout sessions, Respondent spoke

to Patient B about Respondent's family, including his weekend and vacations plans with his family, and about his personal fears, insecurities, dreams and desires.

57. Respondent purchased fitness training equipment based on the recommendations of Patient B, after Patient B personally shopped for these items for Respondent.

58. During the physical workout sessions, Respondent permitted Patient B to physically touch parts of Respondent's body, including the thighs, chest, stomach and arms.

59. During the physical workout sessions, Respondent frequently complimented Patient B's abilities as an instructor.

60. As a part of the physical workout sessions, Respondent went jogging with Patient B for two or three miles in Respondent's neighborhood.

61. After April, 1990, during Patient B's psychotherapy sessions, Respondent spoke to Patient B about Respondent's physical workouts and about Respondent's progress with the physical training.

62. On or about April, May or June, 1990, Respondent took Patient B upstairs to Respondent's study in his residence to use some electronic equipment to practice meditation. Respondent permitted Patient B to use his personal meditation equipment while Respondent saw another patient in his downstairs professional office.

63. On or about June, 1990, prior to a workout session, Respondent went to the bathroom, left the bathroom door open and

in view of Patient B, pulled down the front of his pants and exposed his genitals.

64. During the period of treatment, after a physical workout session, Respondent took Patient B upstairs in Respondent's bedroom in his residence to see his organ. Respondent played the organ and sang songs to Patient B.

65. During the period of treatment, during a physical workout session, and on several occasions thereafter, Respondent invited Patient B to hear Respondent play and sing at a nearby bar where he was performing with a small group of musicians.

66. During the period of treatment, Respondent asked Patient B to recruit patients for a "co-dependency" group which Respondent conducted. Patient B actively attempted to recruit individuals in an effort to please Respondent.

67. During the period of treatment, Respondent ate food during the psychotherapy sessions and offered food to Patient B.

68. During the period of treatment, during psychotherapy sessions, Respondent talked to Patient B about himself, his physical appearance, his fears, his wife, and his children. On many occasions, Patient B had to interrupt Respondent from talking about himself so he could present his own issues.

69. During the period of treatment, Respondent expressed anger at Patient B if Patient B attempted, days in advance, to cancel a session, even though Respondent previously informed Patient B that a cancellation more than 24 hours in advance was acceptable.

70. On or about August, 1990, when Patient B was unable to arrange transportation to his psychotherapy session, Respondent informed Patient B that he would pick him up at Patient B's home. Respondent then suggested going to a park instead of returning to his office. The psychotherapy session took place in Cabin John Park, while walking and observing the rides and the animals. Respondent charged Patient B his usual fee for the session.

71. Beginning on or about August, 1990, a focus of Respondent's psychotherapeutic treatment of Patient B was on Patient B's confusion about Respondent being Patient B's client; however, Respondent continued to be Patient B's client.

72. Respondent informed Patient B that Patient B could benefit from his close and caring feelings for Respondent.

73. On or about August 28, 1990, Patient B began twice weekly psychoanalytically oriented psychotherapy with another therapist. Patient B reported to this subsequent therapist that during therapy with Respondent he felt fearful of losing a career opportunity with which Respondent had connections if he terminated with Respondent and he felt confused about going against Respondent's explicit wishes. However, due to increased discomfort with the dual relationship, Patient B terminated therapy with Respondent. Patient B reported to the subsequent therapist that after he terminated with Respondent, he felt he had been used by Respondent to meet Respondent's needs.

74. After Patient B stopped seeing Respondent for individual psychotherapy and began seeing another

psychotherapist, Respondent continued training sessions with Patient B.

75. On or about the end of September, 1990, after Patient B terminated psychotherapy, while jogging during one of Respondent's training sessions, Respondent told Patient B that in his view he was still providing psychotherapy for Patient B but was not receiving payment for this.

76. On or about the end of September, 1990, Respondent informed Patient B that he was terminating the physical workout sessions.

77. After Respondent terminated his personal training relationship with Patient B, Patient B lost most of his clients.

78. After Respondent terminated his personal training relationship with Patient B, Patient B felt abandoned and became severely depressed and confused.

79. Patient B's new therapist referred Patient B to an affective mood disorder clinic and in November, 1990, Patient B began treatment with psychoactive medication.

80. On or about May 18, 1991, Patient B contacted Respondent to inform Respondent of his complaints. Respondent informed Patient B that his (Respondent's) actions may have been wrong but they were done with good intentions.

81. On July, 1991, Patient B filed a complaint with the Board against Respondent.

82. To date, Patient B continues in psychotherapy with the subsequent therapist and continues to receive medication from the

affective mood disorder clinic.

83. On September 4, 1991, the Board issued a subpoena to Respondent requesting all records of treatment of Patient B. In response to the subpoena, Respondent produced a treatment summary which Respondent prepared in May, 1991, after Respondent became aware that Patient B had alleged ethical violations.

84. Respondent failed to keep any contemporaneous records of treatment of Patient B.

#### FACTS SPECIFIC TO PATIENT C

85. Patient C first presented to Respondent on or about June, 1988 and terminated therapy with Respondent on or about January, 1991.

86. Patient C was a 27 year old, single female when she initially consulted Respondent for anxiety and depression associated with her being unemployed.

87. During the period of treatment, Respondent frequently spent time during the psychotherapy sessions discussing Respondent's personal life, including detailed descriptions of family vacations, lengthy conversations about the adoption of his two children, costly purchases made by his wife, his workshop projects and his musical equipment.

88. During the period of treatment, Respondent, whose office was his residence, took Patient C into his residence to show her his organ.

89. During the period of treatment, Respondent, whose office was in his residence, took Patient C on a tour throughout

his new residence.

90. On one occasion during the period of treatment, Respondent presented his views to Patient C on the general sexual proclivities of men and recommended to Patient C that if she was in a relationship with a man, she should always respond to his sexual initiatives in order to maintain an ongoing relationship.

91. During the period of treatment, Respondent brought Patient C into the kitchen of his home for coffee and on at least one occasion, Respondent continued the psychotherapy session in the presence of his au pair.

92. During the period of treatment, Respondent took Patient C to his bedroom to view a videotape. While viewing the videotape, Respondent sat with Patient C on his bed.

93. On two occasions during the period of treatment, the psychotherapy sessions consisted solely of Respondent playing an audiocassette tape, one on smoking cessation and the other on relaxation and meditation, while Respondent was not present with Patient C. Patient C was charged the usual hourly fee for each of these sessions.

94. On one occasion during the period of treatment, after learning that Patient C had a desire for an expensive purse by a particular designer, Respondent showed Patient C an expensive purse which he believed to be by the same designer and which he had recently purchased for his wife.

95. During the period of treatment, Respondent frequently discussed with Patient C his personal issues with his

(Respondent's) father.

96. On one occasion during the period of treatment, Patient C contacted Respondent by telephone in the evening because she needed to speak to Respondent. Respondent's wife answered the telephone. Thereafter, Respondent expressed anger at Patient C for not being nice to his wife.

97. During the period of treatment, Respondent utilized a breathing technique, requiring Patient C to recline on the couch in the office with the lights darkened. On at least one occasion, Respondent lay on top of Patient C at the conclusion of the exercise, hugged her and kissed her on the forehead.

98. Patient C terminated face-to-face therapy with Respondent in January, 1991 but maintained periodic telephone contact, for which she was billed, until on or about May 1991.

99. In April, 1991, Patient C began treatment with an alcoholism counselor, for problems associated with depression, inability to maintain intimate relationships and inability to make changes in her life. Patient C reported to the alcoholism counselor that she felt shamed and dirty by her treatment with Respondent and because she saw no benefit from the treatment she terminated.

100. In May, 1991, Patient C also began psychotherapy with a social worker. Patient C discussed her feelings of discomfort with the therapeutic techniques of Respondent which resulted in her terminating therapy with Respondent.

101. Patient C continued in psychotherapy until on or about

May 1992.

102. On or about January 1993, Patient C was referred to a physician for evaluation for treatment with psychoactive medication.

103. In March, 1992, Patient C filed a complaint with the Board against Respondent.

104. After Patient C terminated therapy and after Patient C filed a complaint with the Board, Respondent contacted a former patient of Respondent's and a personal friend of Patient C's to inquire regarding the substance of the complaint. After consultation with Patient C, the former patient informed Respondent of the substance of Patient C's complaint.

105. On May 4, 1992, the Board issued a subpoena to Respondent requesting all records of treatment of Patient C. Respondent submitted a summary of treatment which he prepared on May 25, 1992.

106. Respondent failed to maintain contemporaneous records of treatment of Patient C.

#### FACTS SPECIFIC TO PATIENT D

107. Patient D began psychotherapy with Respondent on or about 1987 and terminated on or about 1991.

108. Patient D was a single female when she initially consulted Respondent. Patient D is the sister-in-law of Patient B and a friend of Patient A.

109. During the period of treatment, Respondent conducted breathing exercises with Patient D. Respondent instructed

Patient D to unfasten her brassiere during the exercises and to lay on a couch on her back. At the completion of the exercises, Respondent hugged Patient D for approximately two minutes.

110. During the period of treatment, Respondent discussed with Patient D some part of the treatment of other patients of Respondent's who were also friends of Patient D.

111. During the period of treatment, on several occasions, Respondent conducted the psychotherapy sessions with Patient D while walking in the park. Patient D reported to the investigator that she was not comfortable with these public sessions.

112. During the period of treatment, on approximately four occasions, when Patient D arrived for her session, Respondent informed Patient D that he needed to get lunch and requested that Patient D drive him in her automobile to a fast food restaurant, place an order for Respondent and return to Respondent's office. Respondent ate his lunch during the session. The drive to and from the restaurant and the consumption of the lunch all occurred within the "therapeutic hour."

#### FACTS COMMON TO ALL PATIENTS

113. On or about December 1991, after being advised by the Board that at least two patients had filed complaints about Respondent's practice, Respondent requested patients and former patients to make public statements on behalf of Respondent in the form of testimonials regarding the quality of Respondent's services. Such public statements included but are not limited to

letters from at least four patients or former patients to the American Psychological Association and a letter from a former patient to John Carson, Investigator for the Board.

NOTICE OF POSSIBLE SANCTIONS

Pursuant to Health-Occupations Article, §§16-313 and 16-315, and if, after a hearing, the Board finds that Respondent violated any of the above listed provisions and if the Board finds the above allegations of fact to be true, the Board may impose disciplinary sanctions against Respondent's license, including revocation, suspension, reprimand, or may place Respondent on probation.

NOTICE OF HEARING

A prehearing conference in this matter has been scheduled for August 23, 1993 at 3:00 p.m. in Room 301, 4201 Patterson Avenue, Baltimore, Maryland 21215. The nature and purpose of the prehearing is described in the attached letter to Respondent.

After the prehearing conference, a hearing in this matter will be scheduled in accordance with the Administrative Procedure Act, §10-201 et seq. of the State Government Article, Annotated Code of Maryland, §18-315<sup>3</sup> of the Act and the regulations adopted by the Board under COMAR 10.36.03.

July 28, 1993

Date

*W. Sherod Williams*

W. Sherod Williams, Ph. D.  
President, Board of Examiners  
of Psychologists

<sup>3</sup>The procedural aspects of this matter are governed by the current statute, Health Occupations Article, Title 18.