

IN THE MATTER OF

JOAN ROBERTS FIELD, Ph.D.  
A/K/A JOAN STEWART, Ph.D.

LICENSE NO. 00779

Respondent

\* BEFORE THE STATE  
\* BOARD OF  
\* EXAMINERS OF  
\* PSYCHOLOGISTS  
\*

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**FINAL CONSENT ORDER**

Based on information received and a subsequent investigation by the State Board of Examiners of Psychologists (the "Board") and subject to Health Occupations Article Subsection 18-315, Annotated Code of Maryland, the Board charged Joan Roberts Field, a/k/a Joan Stewart, Ph.D. (the Respondent), with violations of Title 18 (the "Act").

Specifically the Board charged the Respondent with violation of the following provisions of § 18-313:

Subject to the hearing provisions of Section 18-315 of this Subtitle, the Board, on the affirmative vote of a majority of its members then serving, may deny a license to any applicant, reprimand any licensee, place any licensee on probation, or suspend or revoke a license of any licensee if the applicant or licensee:

- (7) Violates the code of ethics adopted by the Board under §18-311 of this subtitle;
- (12) Violates any rule or regulation adopted by the Board; and
- (14) Is professionally, physically or mentally incompetent.
- (16) Behaves immorally in the practice of psychology;
- (17) Commits an act of unprofessional conduct in the practice of psychology;

The Code of Ethics, adopted by the Board pursuant to §18-311, provides as follows:

**Preamble-** Psychologists respect the dignity and worth of the individual and strive for the preservation and protection of fundamental human rights. They are committed to increasing knowledge of human behavior and of people's understanding of themselves and others and to the utilization of such knowledge for the promotion of human welfare. While pursuing these objectives, they make every effort to protect the welfare of those who seek their services and of the research participants that may be the object of study. They use their skills only for purposes consistent with these values and do not knowingly permit their misuse by others. While demanding for themselves freedom of inquiry and communication, psychologists accept the responsibility this freedom requires: competence, objectivity in the application of skills, and concern for the best interests of clients, colleagues, students, research participants, and society. . . .

**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.

- d. Psychologists recognize differences among people, such as those that may be associated with age, sex, socioeconomic, and ethnic backgrounds. When necessary, they obtain training, experience, or counsel to assure competent service or research relating to such persons.
- 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 3 - Moral and Legal Standards** - Psychologists' moral and ethical standards of behavior are a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychology and psychologists. Regarding their own behavior, psychologists are sensitive to prevailing community standards and to the possible impact that conformity to or deviation from these standards may have upon the quality of their performance as psychologists. Psychologists are also aware of the possible impact of their public behavior upon the ability of colleagues to perform their professional duties.

- c. In their professional roles, psychologists avoid any action that will violate or diminish the legal and civil rights of clients or of others who may be affected by their actions.

**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. . . . 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.
  
- d. Psychologists make advance financial arrangements that safeguard the best interests of and are clearly understood by their clients. . . .

**Principle 7 - Professional Relationships**

- a. Psychologists understand the areas of competence of related professions. They make full use of all the professional, technical, and administrative resources that serve the best interests of consumers. The absence of formal relationships with other professional workers does not relieve psychologists of the responsibility of securing for their clients the best possible professional service, nor does it relieve them of the obligation to exercise foresight, diligence, and tact in obtaining the complementary or alternative assistance needed by clients.
  
- 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.

**Principle 8 - Assessment Techniques** - In the development, publication, and utilization of psychological assessment techniques, psychologists make every effort to promote the welfare and best interests of the client. They guard against the misuse of assessment results. They respect the client's right to know the results, the interpretations made, and the bases for their conclusions and recommendations. Psychologists make every effort to maintain the security of tests and other assessment techniques within limits of legal mandates. They strive to ensure the appropriate use of assessment techniques by others.

- e. . . . Psychologists make every effort to avoid misuse of assessment reports.

The Board adopted the following regulation, Code of Maryland Regulations (COMAR 10.36.01):

**.09 Code of Ethics.**

- B. Each psychologist in the State should be familiar with the provisions of Health Occupations Article and its revisions, and shall adhere to these provisions in the interests of the welfare of the citizens of the State and of the highest standards of the science and profession of psychology.

**BACKGROUND**

The Respondent was given notice of the charges and the issues underlying those charges by letter and charging documents dated March 18, 1997. A prehearing (Case Resolution) conference on those charges was held on April 7, 1997 and was attended by Daniel Malone, Ph.D., Board Member, Joe Compton, Board Administrator, and Paul Ballard, Board Counsel. Also in attendance were Roberta L. Gill, Assistant Attorney General, Administrative Prosecutor, the Respondent and her attorneys, Charles Martinez

and Janet MacDonald.

Due to the inability to reach a settlement, the matter was referred to the Office of Administrative Hearings: Administrative Law Judge William England was assigned as hearing officer. However, before a hearing could take place, the parties herein reached the following agreement.

### **FINDINGS OF FACT**

The Board makes the following Findings of Fact:

1. At all times relevant hereto, the Respondent was licensed to practice psychology in Maryland. The Respondent is self-employed, and, during the period in question, maintained a private practice in Columbia, Howard County, Maryland.
2. Patient A<sup>1</sup> first came to see the Respondent for counseling in August, 1986. Prior to that, the patient had been in treatment with another psychologist who had tried to dissuade the patient from undergoing sexual reassignment surgery. The patient became depressed and suicidal.
3. At some point during therapy, the Respondent entered into an agreement with the patient pursuant to which the patient agreed to provide the Respondent with hairdressing services to "work off" part of the Respondent's fee. The Respondent failed to keep an accurate accounting of the exact nature of the bartering arrangement or an exact accounting of the value of her services vis-à-vis the value of the services she received from the patient.

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<sup>1</sup> The patient's name is being withheld for confidentiality purposes.

4. Eventually, the Respondent and the patient became friends. On occasion, they socialized together, including dining out and going to church seminars. The Board contends that the friendship and the clinical relationship coincided in time. Respondent denies this.

5. The Respondent recorded that early in his therapy, Patient A described having wanted to be a girl as long as he could remember and having always played with girls' toys. Patient A further described having become involved in a sexual relationship with a man, but claimed that homosexuality was always offensive to him. According to the Respondent's notes, the patient was adamant about his transsexual status and his desire for sexual reassignment surgery. According to the Board, however, there came a time that the Respondent became aware that Patient A was attracted to a female that he wanted to marry and had decided not to undergo sexual reassignment surgery. Respondent denies this allegation.

6. According to the Respondent, the patient advised the Respondent of his desire to wear woman's clothing, and, in fact, she claims that as early as his first therapy session, he presented in female attire, including makeup. The patient, however, claims that he wore androgynous attire at his first therapy session, and only a touch of eyebrow pencil to darken his brows.

7. While living with the Respondent, Patient A, with the permission of the Respondent, took a picture of the Respondent wearing a bathing suit.

8. The Board alleges that, during the period of time that she was counseling the patient, Respondent used to overindulge in the use of alcoholic beverages. The

Respondent denies this allegation. The Respondent admits that she was undergoing psychotherapy at the time that she was treating the patient and that she was placed on anti-depressants. Towards the end of the time that she was treating the patient, the Respondent began to attend Alcoholics Anonymous on a regular basis to help her deal with what she considered to be the early signs of an alcohol problem. Respondent denies that she was ever under the influence of alcohol during a therapy session with the patient.

9. In 1986, the Respondent referred Patient A to her husband, Peter Field, for purposes of obtaining the required second opinion on the issue of whether the patient was an appropriate candidate for sexual reassignment surgery. Respondent's husband conducted some psychological testing on the patient and confirmed that Patient A had no psychopathology or psychosis which would exclude him as a candidate for sexual reassignment. Respondent's husband confirmed that the patient was extremely effeminate.

10. In June, 1987, the Respondent wrote to Dr. Stanley Biber at a Colorado sex change clinic indicating that she was enclosing the patient's money order for the required \$500.00 deposit and that she was recommending the patient for sexual reassignment surgery "without reservation." Patient A, however, did not have the surgery performed in 1987.

11. Between 1987 and 1991, the Respondent knew that the patient had undergone a rhinoplasty, which he later had redone due to dissatisfaction with the results. The Respondent also knew that, at one time, the patient was affiliated with a religious cult that was strongly opposed to sex change operations.

12. In January, 1991, the Respondent contacted Patient A's parents and asked them to assist the patient with the funds needed for the sex change operation. Respondent contends that she contacted the patient's parents at the express request of the patient.

13. The Board contends that in 1991 Respondent pressured the patient, then a house guest, to undergo sexual reassignment surgery. Respondent denies this allegation.

14. In February, 1991, while Patient A was residing in her home, the Respondent wrote a second letter to Dr. Biber recommending the patient for sexual reassignment surgery. In her recommendation, dated February 3, 1991, the Respondent stated that the patient had been in treatment with her "over a period of several years," even though her records ended in October, 1989. The Respondent further stated in her letter that it was her professional opinion that the patient had "manifested a transsexual orientation and female gender identity from the earliest years of life." The letter referred to the patient as a "she" and stated that the patient "had succeeded in completing the 2-year 'real life test' as recommended in the Benjamin standards." The letter described the patient as someone who "enjoys and active (sic) social life as well as a successful career as a female." The Respondent enclosed with her letter an evaluation prepared by Dr. Peter Field, based upon testing conducted during 1986 and 1987, as well as a letter written by the patient in December, 1986, where the patient stated that he wanted to have the surgery because he always felt that he was really a girl. Patient A claims that he wrote what the Respondent told him to write. The Respondent denies this allegation. The Respondent made this recommendation, rather than referring the patient to an independent third-party

psychologist, even though she had not formally treated the patient since October, 1989 and even though Patient A was living in her home at the time and socializing with her. The Board contends that she made this recommendation at a time when she was mentally and professionally impaired and that she committed numerous boundary violations in her interactions with Patient A. The Respondent denies these allegations.

15. Eight days following sexual reassignment surgery, the patient left the hospital, against medical advice, and returned to Baltimore still hooked up to a catheter. He was picked up from the airport by the Respondent's husband and taken to the Respondent's home where he stayed until the Spring of that year, after which, the Respondent moved out of the marital home.

16. Contrary to the standard of practice, the Respondent's clinical notes do not contain a formal or working diagnostic profile, other than persistent references to transsexuals. The Respondent's notes are illegible. The Respondent's clinical notes fail to document a formal treatment plan. Further, the Respondent's clinical notes do not contain appropriate, qualified statements regarding the limits of psychological assessment and treatment of transsexualism. The Respondent's notes fail to adequately document the level of the patient's depression and/or anxiety symptoms. The Respondent further failed to adequately document any apprehension the patient may have had. The Board contends that the Respondent failed to exercise required clinical caution in handling Patient A's case. The Board further contends that the sole focus to the Respondent's notes is her opinion that sexual reassignment was needed. The Respondent also failed to indicate a termination process and follow-up recommendations. The Respondent denies these

allegations.

### **CONCLUSIONS OF LAW**

Based upon the foregoing Findings of Fact, the Board concludes as a matter of law that Respondent violated §§18-313(7),(12), (14), (16), and (17) of the Act, and the Code of Ethics, Principles 1(f), 2(d) and (f), 3(c), 5 (a), 6(a) and (d), 7 (a) and (d), (8), and COMAR 10.36.01.09B. Specifically, the Respondent violated the Act and the regulations thereunder: by failing to promote the patient's welfare; by failing to take a conservative, cautious approach to the patient's initial desire to undergo expensive, risky and profound surgery; by failing to employ ongoing, careful, stringent documentation; and, by maintaining a dual relationship with the patient. The Respondent also violated the Act and the regulations thereunder by failing to maintain well-documented notes which contained a clear diagnosis, ongoing assessments, in-depth descriptions of the patient's symptoms, written consent forms or documentation of verbal consents, a treatment plan, and a termination plan, including follow-up recommendations. The Respondent further violated the Act and regulations thereunder by grossly inappropriate disregard for professional boundaries. The Respondent violated the Act and the regulations thereunder by providing a recommendation for drastic, life-altering surgery on a patient when her clinical relationship with the patient was stale. The Respondent violated the Act and the regulations thereunder by failing to make appropriate financial arrangements with the patient and by entering into a bartering arrangement without detailing the arrangement and without maintaining an accurate accounting thereof.

## ORDER

Based on the foregoing Findings of Fact, Conclusions of Law and agreement of the parties, it is this 13<sup>th</sup> day of March, 1998 by majority of the quorum of the Board, hereby:

ORDERED that the Respondent's license to practice psychology shall be SUSPENDED for three years, with the last year Stayed; and it is further

ORDERED that the Respondent shall submit a C.V., diagnosis and treatment summary report from her current therapist, Dr. William Polk, and shall remain in treatment with said therapist until she is discharged. While the Respondent is in therapy, the psychologist/psychiatrist shall submit quarterly reports to the Board on the Respondent's progress in treatment ; and it shall be further

ORDERED that, prior to resumption of practice, the Respondent shall be evaluated by a professional(s) chosen by the Board for an assessment of her fitness to practice, to be paid for by the Board, pursuant to the Health Occupations Article, Md. Ann. Code, § 18-314; and be it further

ORDERED that, during the suspension, the Respondent shall maintain the required amount of continuing education units (CEUs) requisite for licensure renewal; and be it further

ORDERED that during the suspension, the Respondent shall take and successfully complete a Board-pre-approved graduate-level ethics course, or an approved private ethics tutorial; and be it further

ORDERED that, during the initial two year period of suspension, the Respondent

may not engage in any activity or conduct that falls within the jurisdiction of, or is governed by, any Board established by the Maryland Health Occupations Article, Code Ann., including, but not limited to, activities which involve the provision of psychotherapy or counseling services, teaching, or any other activity which requires Respondent to have direct or indirect involvement in decisions concerning the treatment rendered to mental health patients or other recipients of psychological services, whether or not such services are compensated; and be it further

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ORDERED that if the Respondent attends any AA or NA sessions, she shall continue to do so, and that her attendance be documented in the therapist's quarterly reports; and be it further

ORDERED that at the completion of the two year suspension period, the Respondent may petition the Board to resume practice, once she has demonstrated satisfactory completion of the above conditions. If the Board grants a resumption of practice, the Respondent shall be placed on Probation for a period of two years, subject to the following conditions:

The Respondent shall practice under the auspices of a Board-pre-approved Mentor, the expenses of which shall be borne by the Respondent. The Mentor shall agree to submit written quarterly reports to the Board on the Respondent's status.

Failure to petition the Board for removal of the conditions of the suspension, will result in the continuation of the conditions.

ORDERED that the Respondent shall have thirty (30) days from the date of this Order to transition ALL patients, with the exception of the terminally ill patient, Mr. B., to

another therapist. The Respondent shall notify the Board in writing of the arrangements made to transfer said patients and of the death of patient B, when she will cease practicing until the two year time period is up.

ORDERED that Respondent shall refrain from engaging in the conduct which led to this disciplinary action under the Act; and be it further

ORDERED that Respondent shall practice in accordance with the Maryland Psychologists Act and regulations; and be it further

ORDERED that if the Board, acting in good faith, has reason to believe that the Respondent has engaged in conduct of the type that led to the complaint or has violated any conditions within this Consent Order, or has not practiced in accordance with the Act, or if the Board receives an unfavorable report from the Mentor regarding the Respondent's practice, the Board may lift any Stay of suspension or revoke the Respondent's license to practice psychology, after giving Respondent notice and an opportunity for a hearing; and be it further

ORDERED that on or after the two-year probationary period has ended and upon petition by the Respondent, the conditions of Probation shall be removed and Respondent's license to practice psychology will be restored without conditions or restrictions after the Respondent has demonstrated to the Board that she has complied with the conditions of this Order and with the conditions of Probation. Should the Respondent fail to file said petition, the conditions of Probation will remain in effect; and be it further

ORDERED that this Order is effective upon the date of signature by the Board; and  
be it further

ORDERED that for purposes of public disclosure, as permitted by §10-617(H), State Government Article, Annotated Code of Maryland, this document consists of the contents of the foregoing Background, Findings of Fact, Conclusions of Law and Order.



Daniel Malone, Ph.D., Chairman  
Board of Examiners of Psychologists

**CONSENT OF JOAN ROBERTS FIELD, A/K/A JOAN STEWART, Ph.D.**

I, Joan Roberts Field, a/k/a Joan Stewart, Ph.D., by affixing my signature hereto, acknowledge that:

1. I am represented by attorneys Janet MacDonald and Charles Martinez, and have been advised by them of the legal implication of signing this Consent Order.

2. I am aware that without my consent, my license to practice psychology in this State cannot be limited except pursuant to the provisions of §18-315 of the Act and §10-201, et seq., of the Administrative Procedure Act ("APA"), State Government Article, Annotated Code of Maryland.

3. I am aware that I am entitled to a formal evidentiary hearing before the Board.

By this Consent Order, I hereby consent and submit to the foregoing Findings of Fact, Conclusions of Law and Order provided the Board accepts the foregoing Final

Consent Order in its entirety. By so doing I waive my right to a formal hearing set forth in §18-315 of the Act and §10-201, et seq. of the APA and any right to appeal as set forth in §18-316 of the Act §10-201, et seq., of the APA. I acknowledge that by failure to abide by the conditions set forth in this Order and following proper procedures I may suffer disciplinary action, possibly including revocation, against my license to practice psychology in the State of Maryland.

3/5/98  
Date

Joan Roberts Field  
Joan Roberts Field, a/k/a  
Joan Stewart, Ph.D.

STATE OF MARYLAND )  
COUNTY OF )

I hereby certify that on this 5<sup>th</sup> day of March, 1998 before me, a notary public of the State of Maryland and the aforesaid County, personally appeared **Joan Roberts Field, a/k/a Joan Stewart, Ph.D.**, License Number 00779, and made oath in due form of law that signing the foregoing Consent was a voluntary act and deed, and the statements made herein are true and correct.

As witnesseth my hand and notarial seal.

Janet Hoff  
Notary Public

My commission expires: 11/30/2001  
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