

IN THE MATTER OF

CHRISTINE LAMSON, ED.D.

License No. 2904

Respondent

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BEFORE THE STATE
BOARD OF EXAMINERS
OF PSYCHOLOGISTS

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FINDINGS OF FACT AND CONCLUSIONS OF LAW

BACKGROUND

The Maryland State Board of Examiners for Psychologists (the "Board") hereby makes the following findings of fact and conclusions of law with regard to violations **Christine Lamson, Ed.D.**, (the "Respondent"), of certain provisions of Md. Health Occupations Article, Code Ann., Title 18 (the "Act"). The applicable statutes and regulations are set forth below.

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

- (2) Fraudulently or deceptively uses a license;
- (7) Violates the code of ethics adopted by the Board under §18-311 of this subtitle;
- (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 COMAR 10.36.05, provides, in pertinent part, as follows:

.03 Ethical Responsibility.

A. In general, a psychologist shall:

(6) Refrain from engaging in other relationships that could limit the psychologist's objectivity or create a conflict of interest;

(7) Provide appropriate supervision by:

(a) Being responsible for the actions of those the psychologist supervises, and

(b) Ensuring that the psychologist employees act responsibly, competently and ethically;

.04 Competence.

A. Professional Competence. A psychologist shall:

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

B. Impaired Competence. A psychologist shall:

(i) Refrain from undertaking or continuing a professional relationship with a client when the competence of the psychologist is or could reasonably be expected to be impaired due to mental, emotional, physiologic, pharmacologic, substance abuse, or personal problems; and

(2) Seek competent professional assistance to determine whether to suspend, terminate, or limit the scope of professional or scientific activities when the psychologist becomes or is made aware that personal problems interfere with providing or conducting psychological services.

.05 Client Welfare.

A. Exploitation or Undue Influence. A psychologist shall:

(1) Refrain from exploiting or harming clients, colleagues, students, research participants or others;

(2) Refrain from sexual harassment of the psychologist's clients, supervisees, research participants, or employees, with sexual harassment defined as deliberate or repeated comments, gestures or physical contacts of a sexual nature;

(3) Refrain from allowing personal, social, religious, organizational, financial, or political situations and pressures to lead to a misuse of their influence;

(4) Avoid action that violates or diminishes the legal and civil rights of clients or of others who may be affected by the action; and

(5) Refrain from exploiting the trust and dependency of clients, students, and subordinates.

B. Impaired Objectivity and Dual Relationships.

(1) A psychologist may not undertake or continue a professional relationship with a client when objectivity is or could reasonably be expected to be impaired because of a present or previous-familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the client or a relevant person associated with or related to the client.

(2) A psychologist may not:

(a) Engage in an exploitative relationship with a past or a present client, including, but not limited to, any:

(i) Sexual intercourse or other sexual contact,
 (ii) Verbal or physical behavior which is sexually
 seductive, demeaning, or harassing; or

(b) Enter into a dual relationship with a past or present client.

(3) Whether a relationship with a former client is exploitative is dependent on, but not limited to, the:

- (a) Type of professional services rendered to the client;
- (b) Length of the professional relationship;
- (c) Length of time between the termination of the professional relationship and the initiation of the non-professional relationship; and
- (d) Mental stability of the psychologist and former client.

C. Termination of Services. A psychologist shall:

- (1) Make or recommend referral to other professional, technical or administrative resources when the referral is clearly in the best interest of the client;
- (2) Terminate the professional relationship in an appropriate manner, notify the client in writing of this termination, and assist the client in obtaining services from another professional:
 - (a) When it is reasonably clear the client is not benefitting from the relationship,
 - (b) If a dual relationship develops or is discovered after the professional relationship has been initiated, or
 - (c) If impaired competency develops or is discovered after a professional relationship has been initiated; and

(3) Offer to help locate alternative sources of professional services or assistance, if indicated, whenever professional services are terminated.

.07 Confidentiality and Client Records.

A. In general, psychologists shall maintain confidentiality regarding information obtained from a client in the course of the psychologist's work, and shall:

(1) Safeguard information obtained in clinical or consulting relationships or evaluative data concerning children, students, employees, and others;

(4) Reveal confidential information to others only with the informed written consent of the client or the client's legal representative, including:

B. A psychologist shall inform clients of the legal and ethical limits of confidentiality and shall:

(3) Release confidential information as authorized by federal or State law or regulation.

C. A psychologist shall keep records of a patient's condition and assessment results, and shall:

(1) Make provisions for maintaining confidentiality in the storage and disposal of written and electronic records;

(2) Ensure that professional records are maintained for a period of not less than 5 years after the date of service;

(3) Limit access to client records and ensure that a person working under the psychologist's authority complies with the requirements for confidentiality of client material; and

FINDINGS OF FACT

1. At all times relevant to the charges herein, Respondent was licensed to practice psychology in the State of Maryland. The Respondent was initially licensed in Maryland on May 14, 1993. The Respondent last renewed her license on February 12, 1996. Initially, the Respondent practiced with a group of other therapists in Anne Arundel and in Prince George's Counties. Because of her blatant disregard for her patients, the others asked her to leave the practice. Thereafter, the Respondent practiced out of her home in Pasadena, Anne Arundel County, Maryland.

2. In lieu of a summary suspension, the Board accepted a Surrender of the Respondent's license. The bases for the Surrender was the Respondent's inability to practice psychology, based upon her mental condition, as determined by two independent evaluators, and the Respondent's substance abuse, acknowledged by the Respondent and confirmed by multiple complainants to the Board. The Surrender stated that the Respondent could petition the Board to be reinstated to practice psychology, after meeting certain conditions. In said Surrender, attached hereto and made a part hereof as Exhibit I, the Respondent acknowledged that the Board could bring Charges against her for violations of the Act, which investigation of same was pending at the time of the Surrender.

3. The Board's investigation disclosed that the Respondent, while providing therapy to several patients, engaged in inappropriate boundary violations with those patients, and committed other grievous ethical breaches, as more specifically set forth below:

FINDINGS OF FACT REGARDING PATIENT A¹

A. Patient A, a female, began seeing the Respondent for therapy in or about May, 1993, related to Patient A's marital problems and bulimia.

B. Initially, the Respondent required Patient A to attend 1 1/2 to 2 hour sessions, two or three times a week. Beginning in the Fall of 1993 and continuing through the Summer of 1994, the Respondent required Patient A to attend 2 to 3 hour sessions with her, three or four times a week.

C. During this time, Patient A began to admire, trust and depend on the Respondent. This dependence was exacerbated when the Respondent agreed to visit the gravesite of Patient A's grandmother in May, 1994. Rather than going to the grave, however, the Respondent requested that Patient A stop by the Respondent's house, whereupon the Respondent cooked, ate and drank for the rest of the afternoon with the patient. During that time, the Respondent divulged extremely personal information about herself to Patient A. When Patient A attempted to leave, the Respondent began to cry and Patient A felt obligated to stay with the Respondent until she calmed down. The Respondent implored Patient A not to leave, and, out of concern for her, Patient A remained for several days, not going home to her husband or to her job. The Respondent told Patient A that, if Patient A left, she (the Respondent) would hurt or kill herself. The Respondent told Patient A that she had dreamed of Patient A's dead grandmother and that her grandmother had sent Patient A to her so that they could take care of each other.

D. In July, 1994, while continuing to maintain a psychologist/patient

¹ Patients' names are confidential, but may be disclosed to the Respondent by contacting the Administrative Prosecutor.

relationship with Patient A, the Respondent moved into Patient A's home. Patient A would have sessions with the Respondent either at that home or at the Respondent's office.

E. Also in July, 1994, while continuing to maintain a psychologist/patient relationship with the Patient A, the Respondent entered into a non-therapeutic relationship with Patient A, whereby Patient A was to perform all of the Respondent's billing for her.

F. Thereafter, and until March, 1997, Patient A functioned as the Respondent's office manager and performed such tasks as locating a new office, marketing, advertising, accounting and collections. Patient A also performed personal tasks for the Respondent, such as running errands, cleaning the house, driving the Respondent places, and making sure that the Respondent took her medicine. For her services, Patient A was given a small allowance, but was never paid a salary or an hourly wage. On several occasions, Patient A and the Respondent engaged in heated arguments and fisticuffs in front of another patient. The Respondent and Patient A also allowed that patient to see them taking off each others' clothes and engaging in sexual relations while they were making up after an argument.

G. The Respondent confirmed to the Board's Investigator that she and Patient A engaged in a business, client/psychologist, and sexual relationship, "like husband and wife."

CONCLUSIONS OF LAW REGARDING PATIENT A

The foregoing acts committed by the Respondent with regard to Patient A violated Health Occ. Code §18-313(14) ("Is professionally, physically, or mentally incompetent"); §18-313(16) ("Behaves immorally in the practice of psychology"); §18-313(17) ("Commits an act of unprofessional conduct in the practice of psychology"); and §18-313(7) ("Violates

the code of ethics adopted by the Board under §18-311 of this subtitle"); to wit COMAR 10.36.05.05 B (prohibited dual relationships in which the Respondent engaged in sexual, financial, and personal relationships with a client) and COMAR 10.36.05.05A (exploiting the trust and dependency of a client).

FINDINGS OF FACT REGARDING PATIENT B

- A. Patient B is a nurse, who sought therapy from the Respondent in October, 1995, as a result of severe depression she was undergoing, which was the aftermath of breast surgery and being out of work for 15 months.
- B. Patient B decided that, due to the after-effects of her illness, she was too ill to work and stopped working. While attending therapy sessions with the Respondent, the Respondent spent more time discussing her personal problems than she did listening to Patient B's. The Respondent would tell Patient B that Patient A had taken the Respondent's medicine and she would ask Patient B if she could have some of hers. Patient B, whose physician had prescribed morphine and methadone for her, began giving some of her medication to the Respondent. Patient B would also give the Respondent some of the Duragesic patches that had been prescribed for her chronic pain.
- C. Sometime later, while therapy sessions were continuing, the Respondent asked Patient B if she would do billing for her. Patient B billed for the Respondent until in or about March, 1995, when another patient started billing for her. At times, both Patient B and the other patient would submit bills for the same services to the insurance companies. Patient B claimed that many of those bills were false.
- D. Patient B informed the Board's investigator that she accompanied the

Respondent when the Respondent filed a restraining order against Patient A. Patient B indicated that the restraining order was dismissed because the Respondent failed to appear for the hearing.

E. Patient B indicated that she ceased therapy with the Respondent in February, 1997, because they had become friends and Patient B felt that she no longer needed therapy.

F. Patient B claimed to be the Respondent's "legal representative" in the Board's initial phase of its investigation against the Respondent. For a while, the Respondent lived with Patient B. The Respondent claimed that she lived with Patient B because she fell down a lot. Patient B claimed that she decided to divulge the above information because the Respondent owed her money.

G. Although the Respondent lived with Patient B, Patient B claimed that she and the Respondent never engaged in sexual relations, but stated that the Respondent made advances to her, but she refused.

CONCLUSIONS OF LAW REGARDING PATIENT B

The foregoing acts committed by Respondent with regard to Patient B violated Health Occ. Code, §18-313(14) ("Is professionally, physically, or mentally incompetent"); 18-313(16) ("Behaves immorally in the practice of psychology"); 18-313(17) ("Commits an act of unprofessional conduct in the practice of psychology"); 18-313(9) ("Submits a false statement to collect a fee"); and 18-313(7) ("Violates the code of ethics adopted by the Board under §18-311 of this subtitle."), to wit, COMAR 10.36.05.05.B (prohibited dual relationship with a client). COMAR 10.36.05.05A (exploits the trust and dependency of a client), and COMAR 10.36.05.04B (Impairment due to substance abuse).

FINDINGS OF FACT REGARDING PATIENT C

A. Patient C began therapy from the Respondent on or about September, 1995, as a result of a referral she had received from her insurer. Patient C initially went to the Respondent for help in controlling her temper. Prior to seeking assistance, Patient C and her husband had an argument and Patient C had stormed out of the house and scratched up her husband's truck. Patient C had been abused as a child and was very angry.

B. Patient C informed the Board's investigator that, while she was undergoing therapy, she gave the Respondent many gifts, such as flowers and framed art work, lunches and cards, which the Respondent always acknowledged and thanked her for. Patient C tried to terminate therapy with the Respondent on several occasions, but would not, because the Respondent always made her feel guilty for trying to terminate. The Respondent spent a lot of time during the sessions discussing her own personal problems with Patient C.

C. The Respondent would disclose confidential information on other patients to Patient C. While counseling Patient C, the Respondent would sit close to her and put her hand on Patient C's thigh. The Respondent also caressed Patient C's hand and asked her to move in with her, after Patient A had moved out. On one occasion, the Respondent had Patient C remove her clothes, but when Patient A came home unexpectedly, the Respondent hid Patient C in a closet while Patient C was naked. A male neighbor/former patient saw Patient C in this condition.

D. Even after the investigation began (and after the Respondent, Patient

A and Patient C were interviewed by the Board's investigator), the Respondent, Patient A and Patient C met on August 23, 1997 at Applebee's restaurant, dined together and went to an Amish flea market together.

CONCLUSIONS OF LAW REGARDING C

The foregoing acts committed by Respondent with regard to Patient C violated Health Occ. Code, §18-313(14) ("Is professionally, physically, or mentally incompetent"); 18-313(16) ("Behaves immorally in the practice of psychology"); 18-313(17) ("Commits an act of unprofessional conduct in the practice of psychology"); and 18-313(7) ("Violates the code of ethics adopted by the Board under §18-311 of this subtitle."), to wit, COMAR 10.36.05.05.C (Termination of Services) COMAR 10.36.05.07A (Confidentiality); and COMAR 10.36.05.05B(2) (prohibited dual relationships of a sexual and personal nature)

FINDINGS OF FACT REGARDING PATIENT D:

A. Patient D was referred to the group practice that the Respondent was a part of in October, 1994. The Respondent agreed to see Patient D, as all of the other therapists were busy. Patient D sought treatment because she had had a "nervous breakdown" and was depressed. Patient D attended therapy with the Respondent three times a week and spoke to the Respondent on the telephone at least three times a day.

B. Soon after therapy began, Patient D made her first suicide attempt and was hospitalized. During the hospitalization, the Respondent did not tend to the patient; however, Patient D would call the Respondent whenever she could. Patient D was released approximately two weeks later and resumed her therapy with the Respondent. Patient D made several other suicide attempts that were, in some way, connected to

something that the Respondent had done, such as failing to keep appointments she had made with Patient D.

C. The Respondent began giving Patient D gifts, such as jewelry and a pocket watch which purportedly belonged to the Respondent's father. The Respondent told Patient D to look at these things so that they would remind Patient D of the Respondent. The Respondent also revealed personal information about herself to Patient D. Sometimes, the Respondent would call Patient D at home to discuss her (the Respondent's) personal problems, following which, Patient D would comfort the Respondent. The Respondent informed the family that Patient D was self-mutilating and that her private areas should be checked for this. Accordingly, Patient D's sister began to check her to determine whether mutilation had occurred, which put a strain on their relationship.

D. Sometime in 1996, the Respondent persuaded Patient D to make her (the Respondent) her guardian, so that she would receive Patient D's Social Security disability payments. Patient D complied.² The Respondent also used her position as guardian to obtain a loan, which she used to finish the construction work on her house. (Patient D claims that Patient A forged her (Patient D's) name in order to process the loan.) As a result of the loan, Patient D's checks started "bouncing".

E. The Respondent would call in prescriptions for Patient D, using the name of a psychiatrist that worked in the office she shared in Anne Arundel County. The Respondent would obtain the medication and dispense two weeks' worth to Patient D's

² After the Board's investigation began, the Respondent filled out papers at the bank to remove her name as payee of Patient D's account.

CONCLUSIONS OF LAW REGARDING PATIENT D

The foregoing acts committed by Respondent with regard to Patient D violated Health Occ. Code, §18-313(2) ("Fraudulently or deceptively uses a license."); §18-313(14) ("Is professionally, physically, or mentally incompetent"); 18-313(16) ("Behaves immorally in the practice of psychology"); 18-313(17) ("Commits an act of unprofessional conduct in the practice of psychology"); and 18-313(7) ("Violates the code of ethics adopted by the Board under §18-311 of this subtitle."), to wit, COMAR 10.36.05.05.B (prohibited dual relationships in which the Respondent engaged in sexual, financial, and personal relationships with a client), COMAR 10.36.05.05 A (Exploiting clients) and COMAR 10.36.05.07 (Breaching the confidentiality of patient information.)

Finally, the Respondent was requested on several occasions to provide the Board with legible copies of her complete patient files for the above patients and others subpoenaed by the Board. Despite those requests, including a deadline for submission of same, the Respondent has failed to provide the legible, complete copies of the requested files to the Board. Based on this finding of fact, Respondent violated §18-313(17) ("Commits an act of unprofessional conduct in the practice of psychology.")

12/11/98
Date


Daniel R. Malone, Ph.D., Chair
Board of Examiners of Psychologists

Exhibit #1

(Respondent's Letter of Surrender)

Christine Lamson, Ed.D.
616 Admiral Drive
Apartment 347
Annapolis, Maryland 21401

August 5, 1997

Daniel Malone, Ph.D., Chairman
Board of Examiners of Psychologists
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: Surrender of Psychologist License

Dear Dr. Malone and Members of the Board:

Please be advised that I have decided to surrender my license to practice psychology in the State of Maryland, License Number 2904. I understand that I may not give psychological advice or treatment to any individual, engage in human service counseling in any form or matter, with or without compensation, and cannot engage in the practice of psychology as it is defined in the Maryland Psychologists Act, Md. Code Ann., Health Occupation Article, §18-101 (1994). In other words, the surrender of my license means that I am in the same position as an unlicensed individual. This decision to surrender my license to practice psychology in the State of Maryland is REVOCABLE and PUBLIC. I agree not to apply for reinstatement of a psychologist license in the State of Maryland until and unless all of the conditions listed below are met. This Letter of Surrender shall become effective immediately upon the date of acceptance by the Board of Examiners of Psychologists (the "Board").

My decision to surrender my psychologist license in Maryland is in lieu of having my license summarily suspended for the reasons set forth in the attached unexecuted Summary Suspension Order: those reasons include the fact that an independent evaluation ordered by the Board determined that I was moderately emotionally disturbed, had cognitive impairments in orientation, memory, attention, concentration and judgment, appeared to be suffering the effects of narcotic addiction, and was unable to perform the professional duties required in the practice of psychology. In addition, there are several patient complaints filed against me which would most likely result in Charges under the Act.

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I understand that the Board will notify boards of other states regarding this Letter of Surrender. I also understand that if I apply for licensure in any form in any other state or jurisdiction, this Letter of Surrender and all underlying documents may be released or published by the Board to the same extent as a final order which would result from disciplinary action pursuant to St. Gov't Article, Md. Ann. Code, §10-611 et seq (1995 Repl. Vol.).

I affirm that I have ceased the practice of psychology in Maryland since the Temporary Letter of Surrender was accepted by the Board on July 7, 1997. In accordance with the terms and conditions of the Letter of Surrender, I permit the Board to advise any health care institution at which I have privileges or am otherwise affiliated, through this Letter of Surrender, that I have surrendered my license to practice psychology in the State of Maryland. I further affirm that, as a result of my Temporary Surrender of License, effective July 7, 1997, the Board has possession of my wall certificate and wallet-sized license.

Finally, I wish to make clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender. I was advised that I was entitled to be represented by an attorney. I wish to make clear that I understand both the nature of the Board's action and this Letter of Surrender fully. I knowingly waive my right to be represented by an attorney. I acknowledge that I understand and comprehend the language, meaning, terms and effect of this Letter of Surrender and make this decision knowingly and voluntarily. I further acknowledge, that with acceptance of this Letter by the Board, I will be an unlicensed individual and unable to practice psychology in Maryland in any way, form or matter.

In order for my license to be reinstated, I must comply with the following conditions:

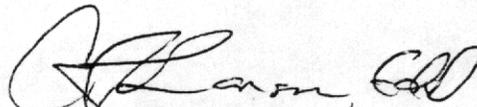
1. Successful completion of a drug rehabilitation program preapproved by the Board, including inpatient detoxification and treatment and outpatient (aftercare) which includes random, observed urinalysis.
2. Successful completion of a psychological treatment program, with a therapist either preapproved by either the Board or recommended by the above Board-approved drug rehabilitation program.
3. Successful completion of a Board preapproved certified pain management program.

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4. Reevaluation by Doctors P. Gayle O'Callaghan, Psy.D., and Jesse M. Hellman, M.D. (or any other evaluators selected by the Board) upon completion of the above programs to determine if fitness to practice psychology.

Upon documentation of completion of the above programs and satisfactory reports from Drs. O'Callaghan and Hellman, and upon proof that I have not practiced psychology or counseling in Maryland during the time that I was unlicensed to do so, the Board will require that I take an individualized tutorial, which includes the ethics and standards of practice of psychology in Maryland. Upon documented, successful completion of said tutorial, the Board shall reinstate my license, with whatever conditions and terms it deems necessary to ensure the safe practice of psychology in Maryland. I understand, however, that the Board is not precluded from bringing Charges under its Act as a result of any disciplinary violations that I may have committed while licensed prior to this Letter of Surrender.

Sincerely,



Christine Lamson, Ed.D.

VERIFICATION

STATE OF MARYLAND)
CITY/COUNTY OF)

I HEREBY CERTIFY, that on this 8-11 day of August, 1997, before me, a Notary Public of the State and County aforesaid, personally appeared Christine Lamson and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was her voluntary act and deed.

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AS WITNESS my hand and Notarial Seal.

Catherine R. Zaster
NOTARY PUBLIC

My Commission Expires: 8-1-01

ACCEPTANCE

On behalf of the Board of Examiners of Psychologists, on this 20th day of August, 1997, I hereby accept Christine Lamson's Public Revocable Surrender of her license to practice as a psychologist in the State of Maryland.


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

cc: Joe Compton, Executive Director
Paul Ballard, Assistant Attorney General
Board Counsel
Roberta L. Gill, Assistant Attorney General
Administrative Prosecutor