

# the Bulletin BOARD

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## TALES FROM THE TRENCHES OF HIGH-CONFLICT CUSTODY CASES

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### BACKGROUND

Mr. Gooddad contacts your office to request appointments for his two pre-teen children. You schedule an intake with him and the children and collect your usual new-case paperwork. Mr. Gooddad and his children attend the first appointment, during which Mr. Gooddad is frank about the ongoing disputes with his ex-wife, Ms. Notagoodmom. He reports the children seem anxious and are having trouble sleeping.

His concerns include not knowing what is happening at their mother's home. Mr. Gooddad persists in saying his goal for therapy is for his children to have support and to develop coping skills at this difficult time. He tells you that he has sole custody and their mother is not interested in being involved in the therapy. You schedule appointments for the children and meet with them individually and sometimes together, as directed by their father.

Over the next several sessions, the children voice many complaints about their mother and their new stepfather, Mr. Evilstepdad. When you debrief Mr. Gooddad at the end of one session, he informs you that the children once told him that Mr. Evilstepdad hit them with a belt and left marks on their legs.

As a mandated reporter, you call Child Protective Services (CPS) to report the concerns. You are surprised when Ms. Notagoodmom emails your office, requests to talk to you, and asks for a



copy of the children's records to be sent to a family therapist whom you did not know existed. Given your understanding that Mr. Gooddad has legal custody and your concerns about the mother's reaction to your note documentation, you do not respond.

A few weeks later, you receive a phone call from a custody evaluator. After reviewing the court order that specifies that the custody evaluator can access all records, you decline to release your records but agree to a phone consult.

During the call, you offer your assessment of both parents, the stepfather, and the children, including diagnoses. You share your concern about the children's welfare when they are with their mother and stepfather, and you offer the opinion that Mr. Gooddad should continue to have sole custody of both children, with their mother having professionally supervised visits and no contact with their stepfather. You grow a bit anxious over the follow-

ing weeks when you receive a subpoena for your records from Ms. Notagoodmom's attorney and for scheduling a deposition, and then a separate subpoena from Mr. Gooddad's attorney to testify at a custody hearing. You have never been deposed before but agree to the deposition, but you ignore the second subpoena because you are not comfortable going to court.

This scenario and various spin-off versions are common with therapists seeing children who are thrust in the middle of parents' custody conflicts. Therapists are eager to help and to trust information from our clients and/or their parents. We are trained to consider and process many factors in our clinical work. However, many are not trained to consider the different forces at play in a "court-involved" case. (A court-involved case is one in which one or more family members are involved in the legal system, such as a child custody case.) If we are not knowledgeable about court-involved factors, we may naively

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add to the chaos and conflict and, perhaps, even find ourselves as the subject of a licensing board complaint.

High-conflict custody dispute cases generate the largest percentage of complaints to the NC Psychology Licensing Board. A “high-conflict case” as defined by the NC General Statutes §50-90 (2015) includes: excessive litigation, anger and distrust, verbal abuse, physical aggression or threats, and difficulty communicating about and cooperating in the care of minor children.

In addition to broad and general complaints citing violations of tenets of our Ethical Code of Conduct (APA, 2017), common themes include allegations of: bias, improper diagnosis, inappropriate recommendations, poor treatment decisions, improper processes by the psychologist, and failure to incorporate relevant evidence.

While you may state the intention of not accepting or being involved with high-conflict cases, the only way to guarantee that scenario is to stop providing services. In practice, even the intact and/or cooperative families that you have worked with for years have the potential for experiencing separation, divorce, and ultimately, high-conflict, court-involved custody disputes. Avoiding these types of cases is unlikely to work, so the best strategy is to educate yourself and prepare.

### BEST PRACTICE TIPS

1. Request a copy of the custody order and read it so you understand physical and legal custody, and specifically the authority regarding mental health decision-making, which might be different.
2. If the parents share legal custody, contact the other parent and request their consent for treatment and their participation in treatment. Have clear written policies about your practice and have clients/both parents sign them. If a parent in a shared legal custody situation refuses or withdraws consent, stop treatment (Standard 10.01 Informed Consent to Therapy).
3. Describe how you will provide feedback to parents of minors, including what information will be shared and how you will manage record requests. Be mindful that any appearance of imbalance in contact or feedback can result in accusations of bias or impartiality. You may want to establish boundaries about sending or receiving emails or receiving phone calls. You might consider scheduling regular parent feedback sessions in parallel for each parent (Standards 4.01 Maintaining Confidentiality; 4.02 Discussing the Limits of Confidentiality).
4. Include in your policies information and fees related to release of records, phone calls, and court participation. Disgruntled parents may file board complaints citing irregularities in your billing procedures, HIPAA complaints regarding your failure to release records, and other types of grievances (Standards 4.02 Discussing the Limits of Confidentiality; 6.04 Fees and Financial Arrangements).
5. Consider details such as whether and how you will incorporate step-parents or extended family of minor children and how you will handle parents arguing over who brings the child to therapy. You may want to consider requiring a release of information for the step-parent to join in, as one parent might file a complaint citing breach of confidentiality because step-parents have no legal standing with the children (Standards 4.01 Maintaining Confidentiality; 4.02 Discussing the Limits of Confidentiality).
6. Avoid dual or multiple simultaneous or sequential roles with a family. Your treatment plan should indicate who is the identified patient and what service is being provided. If you are the child’s therapist but occasionally conduct family therapy, provide marital advice for the mother and stepfather, and offer psychoeducational testing for the step-sibling, all with the goal of supporting the family, you are engaging in multiple relationships and increasing your risk of being cited in a Board complaint (Standards 3.05(c), Multiple Relationships; 10.02 Therapy Involving Couples or Families).
7. Discuss with the parents how court involvement may affect therapy and clarify that your treatment goals and decisions will be based on clinical judgment, not a parent’s legal goals. Some parents seek out therapists, even at the recommendation of an attorney, in order to have a professional expert who can later speak up in future court matters. No matter the referral question, stand firm in your clinical goals and decision-making as you support the child’s independent needs over the agenda of either parent (Standards 3.07 Third-Party Requests for Services).



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8. Establish a collaborative and unbiased relationship with other providers who may be involved to support the family and obtain signed releases to do so from both parties to talk to a third party. These professionals may include a Parent Coordinator or a family therapist. Carefully document all of your communications (Standards 3.09 Cooperation with Other Professionals; 4.05 Disclosures).
9. Hone your power of skepticism, which does not come naturally to many therapists, and explore multiple possibilities regarding what a client or a parent tells you. Be aware that parents involved in custody disputes often adopt the most ominous interpretation of information about the other parent, even when more benign interpretations are possible. Anxious or angry parents may over-interpret vague statements or behavioral difficulties in children, presenting the therapist with a combination of the observed data and the parent's biased interpretation.

### AVOID EGREGIOUS BLUNDERS

1. Do not make any type of custody recommendations as a therapist. You have not assessed all family members and the family system, so you should not be recommending a custody plan. Doing so could be considered a violation of many ethical principles, including but not limited to operating outside of your field of competence (Standards 2.01(e) Boundaries of Competence).
2. Do not make recommendations or testify outside of your competency. As the therapist, you are a fact witness about your client and your course of treatment and that is your only area of expertise (Standard 2.01(e) Boundaries of Competence).
3. Do not call Child Protective Services (CPS) based on hearsay. North Carolina has a mandated reporting law for child abuse and neglect. North Carolina's law requires any person or institution with cause to suspect a child is abused or neglected by a parent, guardian, custodian, or caretaker to make a report to the county child welfare department where the child resides or is found. Options include directing parents to call CPS, directing the parent to take the child to the pediatrician, and/or calling CPS to discuss the case as a hypothetical to get further direction. Reports to CPS have been intentionally used to disrupt parenting time and/or impact ongoing custody disputes.
4. Do not ignore any subpoena, court order, or other legal document that names you. If you are comfortable doing so, communicate with the attorney who sent the document to obtain clarification about what is being asked of you. You may want to consider retaining an attorney who has experience supporting court-involved mental health providers.

Back to Mr. Gooddad and let's rewind the scenario. When he initially contacts your office, request a copy of the custody order and study it well. If you discover that the parents share legal custody, request Ms. Notagoodmom's contact information. Have each parent sign your forms, consenting to treatment. Conduct separate intake sessions with each parent, without the children present, so that you may understand the family dynamics from both perspectives and meet the children separately to understand their individual views as well.

You may want to consider whether separate therapists for each child would be in their best interests. Work with the parents to schedule appointments for the children, such that each parent is involved in bringing them to therapy, and be sure to provide equal feedback to each parent. Do not offer opinions about the parents' or other adults' diagnoses, custody, or supervised visitation.

In the end, arm yourself with more than good intentions. We encourage you to be open-minded about the need for additional professional support for these types of cases. Consider seeking out consultation with other providers who routinely engage in therapeutic services with high-conflict custody matters. We also recommend that you acquaint yourself with professional guidelines that educate providers about working with court-involved families, such as the AFCC Guidelines for Court-involved Therapy (2011).

As part of your ongoing learning process, we suggest attending some continuing education about court-involved cases. Such seminars will help you overcome the anxiety and reservations that allow many therapists to hide behind their slogan, "I don't go to court." You will also want to continue to develop your competence on related topics such as family systems theory, the impact of co-parental conflict, effective interventions with families experiencing divorce, adult psychology, typical and atypical child development, and trauma. And most importantly, stay in your lane by focusing on your treatment for the children, not the legal matters.

### REFERENCES:

- AFCC Task Force on Court-Involved Therapy. (2011). Guidelines for court-involved therapy. *Family Court Review*, 49(3), 564–581.  
<https://doi.org/10.1111/j.1744-1617.2011.01393.x>
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# An inside look at the Board's complaint investigation process



On average, the North Carolina Psychology Board receives approximately 50 complaints per year against licensees. While the majority of the complaints we receive relate to child custody issues, we also receive complaints related to a wide range of practice types and issues.

Marc Davis, MA, LPA, who is the Board's staff psychologist and investigator, says it is imperative that licensees have a good comprehension of the complaint investigation process. "We want licensees to fully understand the process, because complaints are going to happen. Not every psychologist receives a complaint, but many do." Understanding the Board's investigative process can help licensees navigate this difficult experience. "The Board's primary goals are to protect the public and to ensure the competent practice of psychology, and these goals underlie the investigative process," Davis says.

Typically, complaints are submitted by clients, but other professionals, family members, or anyone with relevant knowledge of a potential ethical or legal violation related to the practice of psychology may submit a complaint to the Board. "We may have serious cases moving through the investigative process," Davis says. "That's why the process is important. If people don't feel free to voice their concerns, then the Board doesn't know about problems and can't take action to fulfill its legislative mandate to protect the public."

## THE REVIEW PROCESS

Davis and the Board's Executive Director, Dan Collins, review all complaints to ensure that they are within the Board's jurisdiction. "We ask if the complaint is being made against a licensee of the Board," Davis says. "Is that person a psychologist? Are the allegations related to the practice of psychology? On its face, does it suggest the possibility of a violation of the

NC Psychology Practice Act or an APA Ethics Code violation?" These questions eliminate complaints that the Board does not have the jurisdiction to investigate. "People call us to investigate licensees of other boards all the time, so I direct them to the correct board," Davis said. "Other people have personal objections that don't fall under the practice of psychology and so are not under the Board's jurisdiction."

Most complaints pass through the initial screening step and then are investigated. At that point, Davis sends a copy of the complaint to the psychologist along with an order to produce a written response. "That's the psychologist's opportunity to address the allegations," he says. Psychologists usually have 15-30 days to submit a response to the Board.

Davis says the investigation process takes time. "Investigations generally require a minimum of three to six months to complete. More complicated investigations can take substantially longer," he says. During an investigation, Davis reviews documentation, may conduct interviews with the psychologist and the complainant, and may meet with witnesses.

Once the investigation is completed, the results are presented to the Board's Probable Cause Committee, which includes Board staff members and two former Board members. If the committee determines that there is probable cause that legal or ethical violations have occurred, then a Statement of Charges letter is issued against the psychologist. Once a Statement of Charges letter is issued, the matter is resolved either through a consent order or the psychologist may request a hearing before the Board.

If the Probable Cause Committee finds no evidence of an ethical or legal violation, the committee forwards the information to the Board with a recommendation that the case be closed. This is the outcome in a majority of the complaints received by the Board. If the committee determines that the matter should be closed, then the Board reviews the case and may accept the committee's recommendation and close the case. In some cases, the Board may find that there was an ethical or legal violation or may decide that the case should be further investigated.

## ADDRESSING ISSUES

In some cases where the Board determines that there wasn't an ethical or legal violation, the Board may identify an issue in the psychologist's practice that needs to be addressed. In these cases, the Board issues an educative letter to the

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psychologist to provide guidance for future practice and to educate the psychologist in order to reduce the likelihood of receiving future similar complaints.

If a case is resolved through a consent order between the psychologist and the Board, potential actions range from the psychologist being required to complete tutorials to disciplinary action, such as a censure, reprimand, suspension, or revocation of the psychologist's license, depending on the severity of the violation. Revocation is the most severe possible result and typically only takes place when significant harm has occurred.

"Remediation or education is a much more common outcome," Davis says. "The Board has no desire to take anyone's license away unless it is deemed necessary to protect the public. If the licensee doesn't complete the required monitoring, supervision, or tutorials within the given time, the case can be moved back

to the Board for review, but this is rare. The vast majority of licensees comply with the consent order they entered into with the Board."

Formal hearings before the Board to resolve a complaint are not common. "If the case goes to a hearing, the Board attorney and the psychologist's attorneys present their cases, present evidence, and question witnesses, then the Board comes to a decision about what, if any, action to take against the psychologist's licensure," Davis says.

Davis acknowledges that the complaint process is complex and can be anxiety-inducing for licensees. "You don't know how the investigation will go, and your livelihood is involved," he said. "The Board is aware of that. No matter how stressful an investigation may be, cooperating with the Board will typically yield a better outcome for the psychologist."

## TIPS FOR AVOIDING COMPLAINTS

Here are some practical tips that may help psychologists avoid complaints.

### PREVENTION AND PREPARATION

As the Board's Investigator, Davis has encountered hundreds of different complaints. "We see trends over time," he cautions. "Many psychologists get into the same situations with clients, whether or not they've actually violated the NC Practice Act or an APA Ethical Standard." He recommends taking steps to prevent problems and prepare for any situation that may arise.

### PROVIDE GOOD CUSTOMER SERVICE

Investigations are frequently triggered by poor customer service. "If you have somebody paying for your services, and you don't respond to their emails or phone calls, you will receive complaints," Davis says. "A simple phone call may avoid the whole investigation process. We know you must set appropriate boundaries, but please reply to clients. Answer the email with basic information or respond to the request for records one way or the other. Just having good, appropriate communication with your clients can go a long way toward preventing unnecessary complaints."

### DOCUMENT EVERYTHING

Poor record keeping can lead to a Statement of Charges, even if the allegations in the original complaint did not result in the finding of an ethical or legal violation. "We typically begin an investigation by ordering records," Davis says. "If you say something happened, but you can't provide documentation, you start the process in a very weak position. Not only do you need evidence to support your version of events, but you're not in compliance with the APA Ethical Standards on maintaining records for clients.

"Maybe you terminated with a complainant two or three years ago. You've seen many clients since then, and your memory is fallible. But if you created time-stamped notes that document how the situation unfolded, you still have that evidence. You don't have to remember every little thing that happened because you have a record."

### CONSULT YOUR PEERS

Psychologists benefit from consultations. "We can get tunnel vision, and only see a situation from one perspective," Davis says. "Consulting with professionals who have experience in different areas allows you to see more options and can lead to better outcomes in complex situations. We recommend that all licensees have a solid peer group they can call on for advice." He adds: "If you consult with other psychologists, please document that as well. It shows effort on your part to address concerns."

### CONSULT THE BOARD

Calling the Board with ethical questions may show that you're acting in good faith and trying to do things as correctly as possible. "I discuss ethical dilemmas with psychologists every day," Davis says. "Psychologists are welcome to call me and discuss their responsibilities under APA Ethical Standards or the Practice Act. Consultations with the Board may help demonstrate that you are focused on client needs."

### CONSIDER YOUR PRACTICE

Complaints are often lodged against psychologists in particular types of practice. "You're much more likely to be the subject of a complaint if you work in high-conflict custody cases," Davis says. "In custody cases, there's typically somebody who's unhappy, and not just from the losing side. It's not fair, but psychologists who engage in high-conflict practices should be ready for an investigation at any time."

## CONTINUING EDUCATION REFERENCE GUIDE

All licensees must now complete 24 total hours of Continuing Education for every two-year license renewal cycle. A minimum of 15 of those hours must now be completed in Category A Continuing Education. Up to a maximum of 9 hours may be completed in Category B Continuing Education; however, all 24 Continuing Education hours may be completed in Category A if so desired.

### CATEGORY A REQUIREMENTS

In order for an activity to count as Category A Continuing Education, it must meet all of the requirements listed below. (You must be able to check “yes” for all of items 1-4 below in order for a Continuing Education activity to qualify as Category A Continuing Education.)

**1. Is the activity sponsored or co-sponsored by one of the approved Category A program sponsors listed below?**

- The North Carolina Psychology Board;
- American Psychological Association (APA);
- American Psychological Association approved sponsors;
- National Association of School Psychologists (NASP);
- National Association of School Psychologists approved sponsors;
- North Carolina Area Health Education Centers (NCAHEC); or
- North Carolina Psychological Association (NCPA)

**2. Does the sponsor specify contact hours for psychologists?**

**3. Does the course cover one of the topic areas listed below?**

- (A) training in empirically supported assessment or treatment;
- (B) the application of research to the practice of psychology;
- (C) legal issues in psychology;
- (D) ethics in the professional practice of psychology;
- (E) training in how to properly supervise in accordance with Board rules regarding supervision requirements, as described in Board Rule .2001(c); and
- (F) training in best practice standards and guidelines.



**4. Does the sponsor award a certificate and does it include the required information below?**

- (A) name of sponsor and any cosponsor of program;
- (B) number of contact hours credited for psychologists;
- (C) title of program;
- (D) date of program; and
- (E) in the case of an APA or NASP approved sponsor, a statement that the entity is APA or NASP approved to provide the program as continuing education to psychologists.

### CATEGORY A ETHICS REQUIREMENT

Included in the 15 hours of Category A continuing education, a minimum of 3 continuing education hours in the area of ethics in the professional practice of psychology must be completed. To be credited as fulfillment of this requirement, the word “ethics” or a derivative of the word “ethics” must be in the title of the program, and the program must include such content.

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### CATEGORY B REQUIREMENTS

Up to 9 hours of Continuing Education may be in Category B Continuing Education. There are no sponsorship requirements for Category B activities; however, you must be able to show that any Category B activities cover topic areas listed above in Item 3.

### REQUIREMENTS FOR BOTH CATEGORY A AND CATEGORY B

Except as noted in (I) through (IV) below, each licensee must now submit: (i) an attestation form documenting completion of the required minimum Continuing Education hours; and (ii) copies of certificates of completion in order to renew their license. The Board will be providing an online method to submit the attestation form and the certificates of completion in spring/summer 2022.

In addition, **except as noted in (I) through (IV) below, all Continuing Education hours, whether Category A or B, must now be obtained through: (A) in-person attendance at programs; (B) presentations at programs; or (C) completion of online or correspondence courses and certificates of completion must be submitted for all Category A and Category B Continuing Education activities.**

### I. Credit for Supervision

A maximum of 3 Category B Continuing Education hours may be credited in each two-year renewal period for any licensee who has received Board-required supervision, except when the supervision is required under a Board Consent Order or Final Decision.

### II. Credit for Graduate Course Work

A maximum of 9 Category B Continuing Education hours may be credited in each two-year renewal period for graduate course work completed on a pass/fail or graded basis in a doctoral psychology program that is approved by the American Psychological Association. These hours must be documented on an official transcript sent to the Board by the institution of higher education at which the applicant completed the courses.

### III. Credit for Ethics Renewal Exam

A maximum of 1 Category A Continuing Education hour may be credited in each biennial renewal period for completion in each renewal cycle of the Board-developed ethics renewal examination.

### IV. Credit for Completing Supervisor Training

A licensee who completes the training and passes the examination shall be permitted to count 3 hours toward the Category A Continuing Education requirements for the renewal period for when the training was completed.

*If you have questions about the Continuing Education requirements, please email the Board office at [info@ncpsychologyboard.org](mailto:info@ncpsychologyboard.org).*

## BRENT ADEPT AT JUGGLING MANY RESPONSIBILITIES



New mom Katrina

Brent was already busy before recently welcoming her baby boy. Between her full-time job as a Medicare Stars Manager at Health-Team Advantage, her NCPB board membership, her role as vice president of the Winston-Salem graduate chapter of the Alpha Kappa Alpha Sorority, Incorporated® and serving as a photographer for her church's public relations team, it's a wonder she had time to sleep.

Add in the time it takes to care for a newborn and, Brent admits, she really doesn't sleep all that much. However, she still finds time for joy and laughter.

Fully committed to and passionate

about every "job" on her full plate, Brent describes herself as a person who has perseverance, and is also analytical and loving. This combination plus a healthy dose of impartiality helps the Maryland native excel in every area.

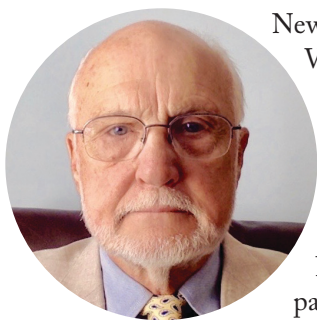
"I love what I do and everything that I put myself to and I am committed to, I'm all in," she explains, adding, "In any situation, I always try to see both sides. Whether it's the board, my job, my sorority... I want to hear both sides and I always try to do what's best because life is too short. Of course, if [something] is wrong, it's wrong and I will say it's wrong, but I really try to be positive and bring positivity to others."

Brent joined the board in 2019 because she wants to do right by the "potentially vulnerable population" of people seeking mental health care in North Carolina. A three-year stint as the

board administrator for the National Board for Certified Counselors honed her understanding of the counseling field, its rules and regulations, and the need to protect clients. It also developed her "passion and care for trying to ensure that mental health professionals, relied on by members of the public, are practicing safely and ethically."

While Brent has had many professional and personal accomplishments since earning her B.A. in Kinesiology: Sports Medicine at DePauw University, she says her life's greatest accomplishment was the birth of her son. "I was very blessed to have him — he's a gift God has given me that I'm not taking for granted, and I'm enjoying every moment of it, shifting priorities accordingly. I can no longer just think about myself and my husband. We have another whole life depending on us, literally night and day."

## NEFFINGER'S NATURE IS VOLUNTEERING



After living and working in New York's Hudson Valley for 40 years, G. Gail Neffinger, Ph.D., MBA, ABPP, relocated to North Carolina's Cape Fear region. "My partner decided she wanted to be a beach

person, as opposed to a mountain person, which I am," he says, relaying that he had just returned from a family vacation in Crested Butte, Colo., where they mountain biked and hiked, even summiting Crested Butte itself. Neffinger also enjoys road biking, kayaking and fishing.

His love of the outdoors and environmental conservation steered him toward serving on the boards of several conservation organizations, including

the Sierra Club and the Appalachian Trail Conservancy. He's hiked about two-thirds of the Appalachian Trail, which measures about 2,190 miles.

The newest board member of the NCPB, Neffinger is also the only board-certified clinical psychologist. He is also active in local politics, serving about 2,000 registered voters as his party's precinct chair. He joined the NCPB board sort of on a whim, he says. "I'm retired formally from my previous administrative positions at a mental health center, and I was looking around for additional things to do," he explains. "I've always been into volunteer work, but not in professional psychology, except for my local county psychology association. Most of my prior volunteer work was in the arts and conservation."

Neffinger is also proud to be associated

with a program that evolved into one of the first chapters of the National Alliance on Mental Illness (NAMI). His day treatment program staff and an outpatient clinician formed an organization called Familia and "worked hard on putting together the original model of support and advocacy" for severely disabled teenagers and young adults and their families.

Neffinger explains he has a more scientific background than most typical clinical psychologists: "I come from an experimental tradition of behavioral psychology based on the Skinnerian concepts of operant and respondent behaviors ... That means we deal with observable behaviors, and we work from an experimental perspective." He looks back on his full-time career as productive and efficacious. "I'm lucky to have been in a position to really affect people's lives the way I have."



## BOARD ACTIONS

*The following actions were recently taken by the Board pursuant to G.S. §90-270.148 and G.S. §90-270.149:*

### **BEDNARCHUK, JAKOB, M.S.**

CONSENT ORDER was approved and signed on November 4, 2021. Petitioner requests and the Board accepts the WITHDRAWAL of this application for licensure as a Licensed Psychological Associate, effective November 12, 2021. On November 12, 2021, petitioner shall cease the practice of psychology in North Carolina as defined in N.C. Gen. Stat. § 90-270.136(8) and shall cease to hold himself out in any medium as a psychologist in North Carolina, as defined in N.C. Gen. Stat. § 90-270.136. Petitioner may reapply for licensure in North Carolina after the passage of five years. The Board shall have access to his application file in this matter when reviewing his new application for licensure. Petitioner shall not practice psychology in North Carolina unless he is licensed by this Board.

### **BYASSEE, JAMES, PH.D.**

CONSENT ORDER was approved and signed on August 6, 2021. The Board concludes that the described conduct, if proven at a hearing, would constitute a violation of N.C. Gen. Stat. §§ 90-270.148(a)(15) of the North Carolina Psychology Practice Act. The license of the respondent is REPRIMANDED. Respondent shall complete a minimum of eight to 10 hours of tutorials. Respondent shall complete a monitoring program for a period of one year. Respondent is assessed \$300 in costs.

### **EDWARDS, CARMEN, PH.D.**

CONSENT ORDER was approved and signed on August 6, 2021. The described conduct constitutes violations

of N.C. Gen. Stat. §§ 90-270.15(a) (10), (11) & (17) of the North Carolina Psychology Practice Act, and constitutes violations of Standards 3.04, 3.05(a) & 3.06 of the Ethical Principles of Psychologists and Code of Conduct. Respondent shall complete a minimum of eight to 10 hours of tutorials. For a period of nine months consisting of at least 1,125 hours in the practice of psychology, whichever takes longer to occur, respondent shall receive face-to-face supervision at a minimum of one one-hour session per week during any week in which respondent practices psychology. Following completion of the tutorials and supervision, respondent shall submit an essay to the Board explaining the impact of her conduct on her former client and what respondent learned to prevent this from reoccurring in the future. Respondent is assessed \$300 in costs.

### **GIARMO, CHRISTINE, PSY.D.**

CONSENT ORDER was approved and signed on August 6, 2021. The described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.148(a) (10), (a)(11), (a)(14), (a)(15) & (a)(19) of the North Carolina Psychology Practice Act, Board Rules 21 NCAC 54 .2803(a), .2804(a) & .2806, and constitutes violations of Standards 2.06, 3.04, 3.05(a), 3.06, 3.09, 9.01(a), 9.02(a), 9.03(a) & 9.06 of the Ethical Principles of Psychologists and Code of Conduct. No later than three months from Board approval of the Consent Order, respondent shall complete a fitness for practice evaluation by a Board-designated evaluator. Following completion of the evaluation, if the Board determines that respondent is fit to practice based upon the evaluation,

then respondent may continue providing psychological services under PROBATION. Should the Board determine that respondent is not fit to practice based upon the fitness for practice evaluation, then respondent's license will be revoked. As of the date of the Consent Order, respondent shall cease taking on any new forensic cases or forensic evaluations until she successfully completes a graduate level course in psychological assessment. Respondent shall successfully complete a minimum of eight to 10 hours of tutorials. For a period of two years consisting of 3,000 hours in the practice of psychology, whichever takes longer to occur, respondent shall receive face-to-face supervision at a minimum of one one-hour session per week during any week in which respondent practices psychology. Respondent's husband shall not provide ancillary services under respondent's supervision. Respondent is assessed \$300 in costs.

### **IGBOEGWU, CHIOMA**

FINAL DECISION denying Igboegwu's application for licensure at the Licensed Psychologist level was approved and signed on August 6, 2021. A hearing was held at the Board's May 7, 2021 meeting and, following discussion, the Board made a determination to deny Igboegwu's application.

### **NOBLES, SHELLI, M.S.**

CONSENT ORDER was approved and signed on November 4, 2021. The Board finds that the described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.148(a)(10) & (a) (11) of the North Carolina Psychology Practice Act, and Standards 3.04 and

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## BOARD ACTIONS

10.08(a) of the Ethical Principles of Psychologists and Code of Conduct. Respondent shall relinquish her license to practice psychology in North Carolina and the Board shall accept her relinquishment. Respondent shall turn in her license to practice psychology in North Carolina, her Health Services Provider-Psychological Associate certificate, and her renewal certificate and wallet card for the 2020-2022 biennium, to the Board office. Respondent shall not engage in the practice of psychology at any time in the future in this state and shall not reapply for licensure to practice psychology in this state at any time in the future. Respondent is assessed \$300 in costs.

**WHITEHEAD, SHENAE, PH.D.** CONSENT ORDER was approved and signed on November 4, 2021. The described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.148(a) (10), (a)(13), & (a)(15) of the North Carolina Psychology Practice Act, and constitutes violations of Standards 3.05, 3.06, & 10.02 of the Ethical Principles of Psychologists and Code of Conduct. Respondent's license is CENSURED. Respondent shall complete a minimum of six to eight hours of tutorials. For a period of one year consisting of at least 1,500 hours of practice by respondent in psychology, whichever takes longer to occur, respondent's Board-designated supervisor shall submit quarterly

reports to the Board, together with written narrative descriptions of respondent's practice and response to supervision. Respondent has applied for licensure at the Licensed Psychologist level. She agrees to withdraw her application and the Board will accept the withdrawal of her application. She may reapply for licensure at the LP level once she has successfully complied with all of the terms of this Consent Order. Respondent is assessed \$300 in costs.

