## Vol. 25, Nol. 2 Fall 2012

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# Attorney General Opinion Concerning Reporting of Child Abuse if Indicated by an Adult Patient who was the Victim of the Child Abuse

The Chair of the Texas State Board of Examiners of Psychologists, Tim Branaman, Ph.D., requested an opinion from the Attorney General regarding the reporting of child abuse in a specific situation. (See attached request)

Many psychologists have questioned if child abuse should be reported if an adult patient indicates that the abuse happened to the patient when the patient was a child (less than 18 years of age).

Attorney General Opinion GA-0944 states that under subsection 261.101(b) of the Family Code, a mental health professional is not required to report abuse or neglect that the professional believes occurred during an adult patient's childhood. (See attached opinion)

The Board believes it is important to understand that this opinion refers only to the situation where the ADULT PATIENT is indicating to the mental health professional that the ADULT PATIENT IS A VICTIM OF CHILD ABUSE and that the abuse occurred WHEN THE ADULT PATIENT WAS A CHILD.

The opinion does <u>not</u> speak to other scenarios. For instance it does <u>not</u> speak to the situation in which an adult patient indicates to a professional that the patient is a perpetrator of child abuse. The professional must report such indicated child abuse.

Also, all other provisions of the child abuse reporting laws are still in effect and should be followed.

# TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS



Sherry L. Lee RECEIVED

DEC 20 2011

# **OPINION COMMITTEE**

December 11, 2011

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Via U.S. Certified Mail No.

The Honorable Greg Abbot Attorney General of Texas Attn: Opinions Committee P.O. Box 12548 Austin, Texas 78711-2548 RQ-1030-GA

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FILE #<u>ML-46906-11</u> I.D. #<u>46906</u>

Dear Mr. Abbott:

The Texas State Board of Examiners of Psychologists (hereinafter referred to as "the Board") is seeking an Attorney General Opinion regarding the following issue(s):

Whether a mental health professional who is treating an adult patient must report any abuse or neglect, as those terms are defined in Chapter 261 of the Texas Family Code, that the mental health professional has cause to believe occurred during the adult patient's childhood.

Additionally, if such a report is required:

- 1. Does a mental health professional who meets the definition of a "covered entity," violate HIPAA, 45 C.F.R. §§164.502(a) and 164.512, by reporting any such childhood abuse and neglect of an adult under state law?
- 2. Does the duty to report apply if the perpetrator is deceased, or if the perpetrator's whereabouts are unknown?
- 3. To what authority should the report of childhood abuse or neglect of an adult be directed?
- 4. Does the mental health professional have to report the abuse or neglect, if the abuse or neglect has previously been reported?

Although the Board has framed the issue in this request to encompass the entire scope of conduct to be reported by mental health professionals under Chapter 261 of the Texas Family Code, the most common question posed to the Board in this area is whether a mental health professional who is treating an adult patient must report the sexual abuse of that patient that occurred during childhood. However, because the Board has received inquiries concerning the duty to report nonsexual childhood abuse and neglect of adult

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patients, the Board respectfully requests that you not limit your opinion to the issue of reporting sexual abuse only.

#### **Background and Discussion**

In 1997; the Council on Sex Offender Treatment requested an Attorney General Opinion regarding whether Sex Offender Treatment Providers had any discretionary leeway in reporting information obtained from a client, i.e., a charged or convicted sex offender, which might be "dated or incomplete information suggesting the client has abused a child." The Office of the Attorney General, in Opinion No. DM-458, concluded that the "plain language" of Section 261.101(a) of the Texas Family Code "compels us to conclude that a treatment provider must report the information immediately if the information causes the treatment provider to believe that a child has been abused."

The Board is aware that the opinion has created some confusion for psychologists in general practice who do not treat sex offenders, but who encounter reports from their adult patients of childhood abuse and neglect. In this light, the Board received a request for an opinion regarding whether Opinion No. DM-458 applies to the disclosure of childhood sexual abuse to a mental health, or other professional, by victims who are now adults. The letter of request expressed concerns of supervisors at a public university psychology and counseling training clinic. The letter described the dilemma of mental health professionals violating the personal privacy and autonomy of adult patients who have experienced childhood abuse, sexual or otherwise, in order to comply with Section 261.101(a) of the Texas Family Code. The authors noted that mandatory reporting in this context conflicts with ethical principles set forth by the American Psychological Association that require adherence "to principles of beneficence and nonmaleficence, fidelity and responsibility, and respect for people's rights and dignity (autonomy)" with respect to treatment of patients, who in this circumstance would also have been the victim of childhood sexual abuse. Their expressed concerns noted that such a disclosure by an adult patient may occur as early as the first session of therapy. Consequently, the statutory requirement for a report to be made within 48 hours allows little opportunity for therapeutic discussion with the client about the consequences or benefits of reporting.

While the standard practice of mental health professionals is to notify patients of the limits of confidentiality as part of informed consent for treatment, and while Section 261.106 of the Texas Family Code provides immunity to the reporter of such information, notifying patients of the duty to report childhood abuse or neglect understandably discourages some patients from discussing important aspects of their developmental histories that may be relevant to their current symptoms and functioning. The clinic supervisors were concerned regarding the relative benefit of such a report for the adult patients or for public safety, due to the historical nature of the abuse, when compared to the potential harm to the adult patients who may find themselves in the untenable position of having to deny and/or lie in order to enter treatment because they do not want their past childhood abuse to be disclosed to anyone outside the therapeutic relationship.

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The Board is aware that in 1997 its general counsel submitted a brief to the Attorney General's Opinion Committee in support of the broad, general application of Section 261.101 of the Texas Family Code, e.g. reporting all disclosed incidents of sexual abuse of a child, even if the disclosure is by an adult victim and the abuse occurred years earlier, or the perpetrator is deceased. Furthermore, it has been the general policy of the Board to instruct its licensees to report all abuse and neglect of a child, irrespective of whether the victim is now an adult. However, in light of ongoing concerns, the ethical considerations that have been raised, and taking into consideration the potential negative effects for adult victims, we are seeking your review and clarification of this matter.

We will appreciate your assistance in this matter and look forward to your opinion. If additional information is required, please contact Darrel Spinks, the Board's general counsel, at (512) 305-7705.

Sincerely,

Tim F. Branaman, Ph.D.

Chair, Texas State Board of Examiners

of Psychologists

Encl.: July 15, , 1997 Brief submitted by the Board's general counsel to the Attorney General's Opinion Committee

May 30, 2012

Tim F. Branaman, Ph.D.Chair, Texas State Board of Examiners of Psychologists333 Guadalupe, Suite 2-450Austin, Texas 78701

Opinion No. GA-0944

Re: Whether a mental health professional is required by chapter 261, Family Code, to report abuse or neglect that occurred during the childhood of a now-adult patient (RQ-1030-GA)

#### Dear Dr. Branaman:

You ask "[w]hether a mental health professional who is treating an adult patient must report any abuse or neglect, as those terms are defined in Chapter 261 of the Texas Family Code, that the mental health professional has cause to believe occurred during the adult patient's childhood." You pose several additional questions about what information must be included in the report in the event we conclude that a report is required. See Request Letter at 1 (asking additional questions "if such a report is required").

Chapter 261 of the Family Code establishes the statutory requirements for reporting and investigating child abuse or neglect. See generally TEX. FAM. CODE ANN. §§ 261.001–.410 (West 2008 & Supp. 2011). Section 261.101 requires professionals with "cause to believe that a child has been abused or neglected or may be abused or neglected" or is the victim of specified offenses, to make a report within 48 hours. Id. § 261.101(b) (West 2008); see also id. § 261.101(a) (requiring a person to immediately report a belief that a "child's physical or mental health or welfare has been adversely affected by abuse or neglect"). You suggest the term "child" in the phrase "a child that has been abused or neglected" is ambiguous and raises the question of whether under subsection 261.101(b) the professional's duty to report includes only an at-present child or extends to an individual who is now an adult but was a child when abused. See Request Letter at 1–3.

Letter from Tim F. Branaman, Ph.D., Chair, Tex. State Bd. of Exam'rs of Psychologists, to Honorable Greg Abbott, Tex. Att'y Gen. at 1 (Dec. 11, 2011), http://www.texasattorneygeneral.gov/opin ("Request Letter").

<sup>&</sup>lt;sup>2</sup>See TEX. FAM. CODE ANN. § 261.001(1) (West Supp. 2011) (providing comprehensive definition of "abuse," including sexual abuse), 261.001(4) (defining "neglect"). Because the definition of abuse includes sexual abuse, we do not in this opinion separately discuss nonsexual abuse and sexual abuse.

When construing a statute, our objective is to determine and give effect to the Legislature's intent. See City of Waco v. Kelley, 309 S.W.3d 536, 542 (Tex. 2010). "We look first to the plain and common meaning of the statute's words." Harris Cnty. Hosp. Dist. v. Tomball Reg'l Hosp., 283 S.W.3d 838, 842 (Tex. 2009). And we determine legislative intent from the statute as a whole and not from isolated provisions. See Kelley, 309 S.W.3d at 542.

Based upon the plain language of the statute enacted by the Texas Legislature, the term "child" in subsection 261.101(b) is not ambiguous. The Legislature specifically defined the term "child" for purposes of chapter 261 as: "a person under 18 years of age who is not and has not been married or who has not had the disabilities of minority removed for general purposes." TEX. FAM. CODE ANN. § 101.003(a) (West 2008); see also id. § 101.001(a) (providing that definitions apply to Family Code, title 5, including chapter 261). As the Texas Supreme Court has explained, "If the Legislature provides definitions for words it uses in statutes, then we use those definitions . . . ." Kelley, 309 S.W.3d at 542. We thus conclude that the term "child" used in chapter 261 refers to a person who at-present satisfies the definition and is under eighteen.

Language in other provisions of chapter 261 supports the view that an at-present child is chapter 261's focus. Subsection 261.101(b) defines "professional" as "an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state and who, in the normal course of official duties . . . has direct contact with children." TEX. FAM. CODE ANN. § 261.101(b) (West 2008) (emphasis added). On its face, the term "children" here cannot be construed to include adults or former children, and instead can mean only those who are currently children. Further, subsequent uses of the term child in chapter 261 are preceded by the definitive article "the," which limits the term "child" to a definite or particular child. See, e.g., id. §§ 261.101(b) (providing that the reporting period commences "the hour the professional first suspects that the child has been or may be abused or neglected"), 261.104(1)-(2) (specifying that report of child abuse contain information pertaining to "the child"), 261.301(d) (stating that primary purpose of investigation of report of child abuse is the "protection of the child"), 261.302(a)-(c) (providing for conduct of investigation of "the child" and "the subject child"); see also Town of Flower Mound v. Teague, 111 S.W.3d 742, 764 (Tex. App.—Fort Worth 2003, pet. denied) ("The' is a function word used to indicate that a following noun... is definite or has been previously specified by context or circumstance, or is a unique or particular member of its class."). Thus, to be consistent in meaning and use throughout chapter 261, the term "child" when used in subsection 261.101(b) must be construed as an at-present child. See Tex. Dep't of Transp. v. Needham, 82 S.W.3d 314, 318 (Tex. 2002) ("Statutory terms should be interpreted consistently in every part of an act.").

For these reasons, we believe that the term "child" used in chapter 261 refers to only an at-present child. Accordingly, a professional is not required by subsection 261.101(b) to report the abuse or neglect the professional believes occurred during an adult patient's childhood. Because your additional questions are contingent upon an alternative conclusion, we need not address them.

# SUMMARY

Under subsection 261.101(b) of the Family Code, a professional is not required to report abuse or neglect that the professional believes occurred during an adult patient's childhood.

Very truly yours,

REG/ABBOTT

Attorne General of Texas

DANIEL T. HODGE First Assistant Attorney General

JAMES D. BLACKLOCK Deputy Attorney General for Legal Counsel

JASON BOATRIGHT Chair, Opinion Committee

Charlotte M. Harper Assistant Attorney General, Opinion Committee

## The Formulation and Purpose of Board Rules

The Texas State Board of Examiners of Psychologists is the state agency entrusted with formulating rules in order to regulate the practice of psychology in the state of Texas. Rules should be viewed as tools necessary for the implementation of the Psychologists' Licensing Act which is the state law set by the Texas Legislature. The Act creates the Board and assigns it certain responsibilities.

Once adopted by the Board in accordance with the Texas Register rule adoption process, rules are administrative law and have the same force as statutes.

Rule-making authority is an important responsibility of any Board. As a health regulatory board, the Psychology Board's primary purpose is to protect the public. As part of protecting the public the Board creates rules that establish clear standards which must be met by a licensee in the provision of services. These standards should not be viewed as "Best Practices," but rather as the requirements for providing adequate psychological services.

Additionally, it is important to remember that while aspirational standards of practice, as often generated by professional organizations, serve an important purpose in encouraging psychologists to set high goals for the provision of services, they still remain aspirational and therefore often unattainable.

The Board is charged with enforcing the Act and the rules. Aspirational rules cannot be fairly and objectively enforced. Therefore, instead, the Board seeks to create rules that are direct and as simply stated as possible. It must create rules that allow proof of either adherence to the rules or violation of the rules to be easily established, typically by documents such as statements of informed consent, psychological notes, fee bills, court orders, reports and other types of written evidence.

Furthermore, the Board intends that its rules not only protect the public but also protect the licensees in that the licensees are given clear directions as to what is and is not acceptable psychological practice.

While the Board stands by its rules and continually reviews them and amends them as needed, the Board encourages licensees to seek other options for keeping their practice safe and state of the art. Additional training is required for licensees because of the Act's mandate for annual continuing education. However, the Board hopes that such mandates for annual hours of additional training and education are only the minimum that each licensee seeks to obtain on a regular basis.

#### Texas State Board of Examiners of Psychologists

# Analysis of Impact of Federal Education Law on Board Rules Governing Informed Consent

The TSBEP has received requests from LSSPs to provide clarification on the issue of informed parental consent in public schools. TSBEP's requirements for obtaining informed consent are provided in Board rule 465.11(a-h). Since these requirements are somewhat different from the requirements contained in federal regulations regarding consent (34 CFR § 300.9) in public schools, some discussion is warranted. The Board directed the following clarification:

Board rule 465.38 (Psychological Services in the Schools) "acknowledges the unique difference in the delivery of school psychological services in the public schools from psychological services in the private sector." In fact, Board rule 465.38(6) states that "in the event of a conflict between state or federal statutes and Board rules, state or federal statutes control." Furthermore, Sec. 501.260(c) of the Psychologists' Licensing Act requires that "the rules of practice for a licensed specialist in school psychology must comply with nationally recognized standards for the practice of school psychology."

Nationally recognized standards have been developed by the National Association of School Psychologists (NASP). These standards, while not adopted by the TSBEP, are recognized as valuable resources for members of the profession. According to these standards, not all services provided by LSSPs will require informed parental consent. The following excerpt from Standard 1.1.1 of NASP's Principles for Professional ethics (PPE) provides:

"School psychologists<sup>1</sup> encourage and promote parental participation in school decisions affecting their children (see Standard II.3.10). However, where school psychologists are members of the school's educational support staff, not all of their services require informed parent consent. It is ethically permissible to provide school-based consultation services regarding a child or adolescent to a student assistance team or teacher without informed parent consent as long as the resulting interventions are under the authority of the teacher and within the scope of typical classroom interventions."

The NASP standard states that informed parental consent is not *ethically* required for the following activities related to individual students:

- 1. Reviewing an individual student's educational records
- 2. Conducting classroom observations of a student<sup>2</sup>
- 3. Assisting with in-class interventions and progress monitoring of a student
- 4. Participating in educational screenings conducted as part of a regular program of instruction

<sup>&</sup>lt;sup>1</sup> The title "school psychologist" in this standard would be applicable to LSSPs in Texas.

<sup>&</sup>lt;sup>2</sup> Classroom observations to collect data related to a suspected disability (e.g., using systematic procedures such as time sampling) would require informed consent.

However, the standard further states that informed parental consent is *ethically* required if the consultation about the individual student is likely to be extensive and ongoing or if school actions may result in a significant intrusion on student or family privacy beyond what might be expected in the course of ordinary school activities.

In addition to the national standards that address informed parental consent, there are federal regulations that provide clarification on when informed consent may be required. In 34 CFR §300.302, it states that "The screening of a student by a teacher or **specialist** to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services." (Authority: 20 USC 1414(a)(1)(E)). The terms "evaluation" and "screening" are further defined in the *Analysis of Comments and Changes* section of the Federal Register, Volume 71, Number 156 (August 14, 2006). The following definitions are provided:

An "evaluation," as used in the Act, refers to an individual assessment to determine eligibility for special education and related services, consistent with the evaluation procedures in §§300.301 through 300.311. "Screening," as used in §300.302 and section 614(a)(1)(E) of the Act, refers to a process that a teacher or specialist uses to determine appropriate instructional strategies. Screening is typically a relatively simple and quick process that can be used with groups of children. Because such screening is not considered an evaluation under §§300.301 through 300.311 to determine eligibility for special education services, parental consent is not required."

Thus, federal regulations have control over the requirements for informed parental consent in the public schools and the national standards developed by NASP provide further clarification on when consent may or may not be required. LSSPs who participate as members of student assistance teams may <u>not</u> be required to obtain informed parental consent for activities identified in paragraph three above (items #1 - #4), as long as the resulting interventions are:

- under the authority of the teacher; and
- within the scope of typical classroom interventions

LSSPs may be required to obtain informed parental consent for the described activities if:

- the LSSP's services are likely to be extensive and ongoing; or
- school actions may result in a significant intrusion on student or family privacy beyond what might be expected in the course of ordinary school activities

In short, if the LSSP's services are consistent with the federal definition of "screening" and do not involve individual assessment practices (e.g., the administration, scoring and interpretation of norm-referenced assessment instruments with individual students) or the collection of extensive student and family information (beyond the typical information collected for school purposes), then, informed parental consent may not be required.

# **Professional Names in the Practice of Psychology**

When a person becomes licensed by the Texas State Board of Examiners of Psychologists, the person is recorded in the agency's database with the name that is provided on the original application for licensure and which is indicated on the official license document. This then becomes the licensee's name of official record with the Board.

When a member of the public wants to know if a person is licensed with this Board, they provide the Board with the person's name. However, if the licensee is not using their official name which is on record with the Board, the Board may not be able to confirm to the inquirer that the person is licensed or not.

This is why it is important that licensees use their official names of record in their professional practice or at the very least notify those persons to whom they provide services of their name as it appears in the official record with the Board. Any such notification should be documented in writing as having been provided to the recipient. If a licensee uses a different name or some abbreviation of the name of record in the practice, this should be pointed out as well.

It is especially difficult for the Board to provide licensure status in response to inquiries if a licensee obtained the license using a hyphenated name but in professional practice the licensee uses only the last half of the hyphenated name. In the Board's computer system that licensee would be listed under the first half of the hyphenated name.

Also, if a licensee desires to officially change his or her name of record, Board rule 461.6, File Updates, would apply. This rule mandates that an applicant or a licensee is responsible for keeping his or her professional file updated. All name changes must be reported to the Board in writing within 90 days. Additionally, a name change request must be accompanied by a copy of a current driver's license, social security card, marriage license, divorce decree or court order stating the change of name.

## Disciplinary Actions: August 2012 Board Meeting

#### Virginia J. Enrico, Ph.D., Licensed Psychologist

(Rancho Cordova, CA)

<u>Complaint</u>: Respondent failed to provide the Board with proof of the required continuing education hours for the preceding year.

Sanction: Respondent was assessed an administrative penalty of \$750.

#### Joe Baxter Green, Ph.D., Provisionally Licensed Psychologist (Palestine)

<u>Complaint</u>: Respondent performed an evaluation without a license, did not possess the competency required to conduct the evaluation, failed to set forth the scope and limitations of the evaluation, and forged a supervisor's name on her report.

Sanction: Respondent's license was suspended for 36 months, with the last 30 months being probated. Respondent was also assessed an administrative penalty of \$4,000, required to complete an additional 6 hours of continuing education, issue a refund to the complainant, revise her office forms, undergo a psychological evaluation, and practice under the supervision of a practice monitor for 18 months.

#### Susan R. Jennings, Ph.D., Licensed Psychologist

(San Antonio)

<u>Complaint</u>: Respondent provided supervision to an unlicensed and non-exempt individual who was providing psychological services.

<u>Sanction</u>: Respondent was assessed an administrative penalty of \$2,000 and required to complete an additional 3 hours of continuing education.

#### David Dwain Landers, Ph.D., Licensed Psychologist

(Austin)

<u>Complaint</u>: Respondent made visitation recommendations in a court proceeding without having conducted a child visitation evaluation.

<u>Sanction</u>: Respondent's license was reprimanded. Respondent was also assessed an administrative penalty of \$1,500.

#### Beryl Jay Rushefsky, Ph.D., Licensed Psychologist

(Austin)

<u>Complaint</u>: Respondent provided psychological services while his license was delinquent, and contracted with a former client's company to handle his insurance billing with the former client conducting the business out of Respondent's home.

<u>Sanction</u>: Respondent's license was suspended for 1 year. Respondent was also assessed an administrative penalty of \$4,000, required to complete an additional 9 hours of continuing education, and required to retake the Board's jurisprudence examination.

# Disciplinary Actions: May 2012 Board Meeting

#### Stacy Nell Broun, Ph.D., Licensed Psychologist

(Dallas)

<u>Complaint</u>: Respondent charged client usurious interest.

<u>Sanction</u>: Respondent's license was reprimanded. Respondent was also assessed an administrative penalty of \$2,000, required to complete an additional twelve hours of continuing education, and required to refund \$352.92 to the patient.

#### Earnestine Gardner, M.A., LSSP

(Manvel)

<u>Complaint</u>: Respondent represented that she was a psychologist, although she is not licensed as a psychologist.

<u>Sanction</u>: Respondent was assessed an administrative penalty of \$300 and was required to notify her employer of the correct title for a person holding an LSSP license, and request that the employer change its records to reflect the correct title.

#### Joe Baxter Green, Ph.D., Provisionally Licensed Psychologist (Palestine)

<u>Complaint</u>: Respondent failed to notify Board of complaint filed against her LPC license within the time prescribed by law.

<u>Sanction</u>: Respondent was assessed an administrative penalty of \$500 and required to complete an additional three hours of continuing education.

#### William R. Hester, Ph.D., Licensed Psychologist

(Terrell)

<u>Complaint</u>: Respondent failed to report arrests within the time prescribed by law and failed to cooperate with a Board investigation.

<u>Sanction</u>: Respondent's license was reprimanded. Respondent was also assessed an administrative penalty of \$1,000 and required to undergo a neuropsychological evaluation.

#### Brent Nathan Lane, Ph.D., Licensed Psychologist

(Houston)

<u>Complaint</u>: Respondent failed to cease providing psychological services while in a potentially harmful dual relationship.

<u>Sanction</u>: Respondent's license was suspended for two years, with the entire period of suspension probated, and Respondent was assessed an administrative penalty of \$2,000 and required to complete an additional six hours of continuing education.

#### Joshua M. Masino, Psy.D., Provisionally Licensed Psychologist (Dallas)

<u>Complaint</u>: Respondent failed to report criminal charges within the time prescribed by law.

<u>Sanction</u>: Respondent was assessed an administrative penalty of \$750 and required to complete an additional three hours of continuing education.

#### Gerald P. Motz, Ph.D., Licensed Psychologist

(Houston)

<u>Complaint</u>: Respondent failed to provide the Board with proof of the required continuing education hours for the preceding year.

<u>Sanction</u>: Respondent's license was revoked and Respondent was assessed an administrative penalty of \$3,000.

#### Jennifer Elizabeth Rawley, M.A., Licensed Psychological Associate (Dallas)

<u>Complaint</u>: Respondent utilized an improper title and failed to notify the public of the fact that she was under supervision, along with the name of her supervisor.

<u>Sanction</u>: Respondent was assessed an administrative penalty of \$750 and required to complete an additional three hours of continuing education.

#### Robin Barker Reamer, Ph.D., Licensed Psychologist

(Houston)

<u>Complaint</u>: Respondent provided supervision to a non-exempt individual who was providing psychological services without a license.

<u>Sanction</u>: Respondent was assessed an administrative penalty of \$2,000 and required to complete an additional three hours of continuing education.

#### Richard Clark Schmitt, Ph.D., Licensed Psychologist

(Arlington)

<u>Complaint</u>: Respondent failed to substantiate his opinions or state appropriate limitations to those opinions.

<u>Sanction</u>: Respondent's license was suspended for two years, with the entire period of suspension probated, and Respondent was assessed an administrative penalty of \$2,500 and required to complete an additional six hours of continuing education.

#### Lidia D. Stecher, M.A., Licensed Psychological Associate and LSSP (Carmel, IN)

<u>Complaint</u>: Respondent failed to provide the Board with proof of the required continuing education hours for the preceding year.

Sanction: Respondent was assessed an administrative penalty of \$500.

#### Richard R. Theis, Ph.D., Licensed Psychologist

(San Antonio)

<u>Complaint</u>: Respondent failed to obtain informed consent from an individual legally authorized to provide same for a minor patient.

<u>Sanction</u>: Respondent was assessed an administrative penalty of \$1,000 and required to complete three hours of continuing education.

#### Maryanne M. Watson, Ph.D., Licensed Psychologist

(Plano)

<u>Complaint</u>: Respondent failed to maintain records in a manner sufficient to permit adequate regulatory and administrative review of the services provided.

<u>Sanction</u>: Respondent was assessed an administrative penalty of \$8,500.

#### Lisa Michelle Watts, Psy.D., Licensed Psychologist

(Kerrville)

<u>Complaint</u>: Respondent failed to respond to a written request for records within the time prescribed by law.

<u>Sanction</u>: Respondent's license was reprimanded. Respondent was also assessed an administrative penalty of \$5,000 and required to complete an additional six hours of continuing education.

#### Sherry Lynne Whatley, Ph.D., Licensed Psychologist

(Pflugerville)

<u>Complaint</u>: Respondent failed to respond to a written request for records within the time prescribed by law.

<u>Sanction</u>: Respondent was assessed an administrative penalty of \$1,000, and required to complete an additional three hours of continuing education.