

INDIANA STATE PSYCHOLOGY BOARD

March 8, 2024

Minutes

I. CALL TO ORDER AND ESTABLISHMENT OF QUORUM

Dr. Hale called the meeting to order at 9:05 a.m. in Room W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana, and declared a quorum in accordance with Indiana Code § 25-33-1-3(g).

Board Members Present:

Gregory Hale, Ph.D., Chair
Stephen G. Ross, Psy.D., Vice Chair
Jere Leib, Ph.D., Member
Raymond W. Horn, Ph.D., Member
Amber Finley, JD, Consumer Member

Board Members Not Present:

State Officials Present:

Cindy Vaught, Board Director, Professional Licensing Agency
Dana Brooks, Assistant Board Director, Professional Licensing Agency
Christopher Anderson, Deputy Attorney General, Office of the Attorney General

II. ADOPTION OF THE AGENDA

A motion was made and seconded to adopt the agenda as amended.

Leib/Ross
Motion carried 5/0/0

III. ADOPTION OF MINUTES

There were no minutes for review.

IV. REPORT FROM THE OFFICE OF THE ATTORNEY GENERAL

Amy Osborne, Deputy Attorney General, Office of the Attorney General, presented the report to the Board. She reported that they have closed twelve (12) consumer complaints this year, opened thirty-seven (37) this year, and there are currently twenty-six (26) open. The average age for the open complaints is nine (9) months. Primarily complaints have been filed in Marion County followed by Hamilton County. There are currently thirty-two (32) complaints filed against psychologists. The medical and mental health practitioner complaints were a joint complaint that has been closed. The primary complaint against psychologists have been unprofessional conduct followed by professional malpractice, and professional incompetence.

There has been one (1) litigation case open this year with two (2) litigation cases currently open. The duration of the litigation is point 1 (.1) month.

Dr. Horn requested clarification on how the average duration of complaints is determined. He stated that it feels like it could easily be a biased number, and why the number might look misleading. He requested to see if they could see a distribution of time, rather than an average, to help understand why a complaint could be lengthy. Ms. Osborne stated that they do keep numbers internally and hopes that the Board trusts that the OAG's office is not intentionally misleading. She stated that she is not aware of any 2022 complaints that would give the impression of a lengthy investigation or complaint process. She stated that she is hesitant to give metrics as that might expose confidentiality (i.e. if there was only one complaint filed per year). Dr. Horn stated he understood the concern for confidentiality, but he was requesting more of an understanding of seeing the complaint process over duration of time. Ms. Osborne stated that if he has a case that he needs clarification on, he can reach out to her as sometimes an extended duration could be due to a contact address change. Dr. Horn stated that he would follow up with her. Dr. Horn expressed concern with the complaints surrounding professional malpractice and professional incompetence. Ms. Osborne stated that if they need clarification or have a concern, the OAG will reach out for his expertise. She stated that she understands Dr. Horn's concerns and has been reviewing those cases herself. She stated that there have been ten (10) complaints that have been retaliatory cases, duplicate complaints, and two complaints alleged client abandonment; however, upon further investigation it was not outside the client abandonment notice. She stated that she is ensuring that she is only requesting his input for a legitimate issue. Dr. Horn requested a summary of how she determines what unprofessional conduct. Ms. Osborne provided examples of being rude to a patient, rescheduling appointments with no notice, and a broad scope of how someone handles their professional practice. She stated that it becomes professional malpractice if there is a standard of care issue. She reiterated that she does not disrespect the expertise of the Board, but that she does understand where there is a concern, and she has used past precedent on cases to help make decisions. Dr. Horn inquired if she had received any complaints regarding those who were angry at their assessments. She stated that there have been a few; however, the psychologist did have the proper informed consent documentation and documentation of the fees that will be charged that were provided to the client. She stated that there has been less of that type of complaint coming through, and provided an in-depth conversation with the Board regarding how the OAG's office investigates informed consent complaints. Dr. Horn stated that he used to see 10 or so informed consent complaints a year, and to suddenly have zero was a concern to him. Ms. Osborne stated that trends in complaints can fluctuate with every Board. She stated that she is not ignoring those complaints; however, sometimes the OAG cannot proceed further if there is not enough evidence to charge. She stated that the OAG cannot bring frivolous cases before the Board as it can open the Board up for litigation. She stated that if they bring a case up before the Board with no evidence, it could hurt a professional's career. Dr. Horn stated that he understands a competency case was brought to the attention of the IPA. Mr. Rhoad stated that they do receive ethical and legal questions. Ms. Osborne stated that the OAG can only investigate "failure to keep abreast" allegations, not ethical violations. She clarified that if there is evidence of failing to keep up to date in the profession, then the OAG can bring the matter before the Board. Dr. Horn stated that the consumer complaint process is the only "vehicle" to protect people from bad practice, even if the ways are subtle like not keeping up to date, poor billing practices, etc. He stated that those can be signs that a person is practicing below competency. Ms. Osborne stated that the goal is to both protect the public and practitioners to ensure balance. Dr. Horn stated that he would still like to see the complaint

report to show a median value instead of an average value. Ms. Osborne stated that she will see if she can provide that.

V. PERSONAL APPEARANCES

A. Probation

There were no probation appearances.

B. Application

1. John Graub (Psy.D.)

Dr. Graub appeared as requested to discuss why he did not disclose his background. He provided a statement and supporting documentation for the Board to review. He stated that his incident occurred thirteen (13) years ago, and he forgot about it. He stated that he worked at the VA and previous background checks never revealed the incident. Dr. Graub stated that no charges were ever brought from the event, and he was only detained and released later that night. He stated that not disclosing what occurred was an oversight. Dr. Graub is a 2022 graduate of the Chicago School of Professional Psychology.

Board Action: A motion was made and seconded to approve Dr. Graub to take the EPPP examination.

Leib/Ross
Motion carried 5/0/0

2. Jasmine Hardy (Psy.D.)

Dr. Hardy appeared as requested via conference call. She stated that she is currently residing in the state of Georgia and could not meet it in person. She informed the Board that after she completed her post-doctoral training in the state of Illinois, she has been working in the prison system. Currently she is working in the Atlanta prison system. She is not licensed or applied for a license in the state of Georgia. The Board inquired if she needs a license for the Bureau of Prisons. She stated her current position does not require a license as it is an entry/intern position. She currently provides individual and group therapy for male inmates, psychological testing, suicide risk assessments, mental health assessments, etc. She stated that she is currently supervised by a licensed psychologist and has weekly clinical meetings. She stated that she did attempt the EPPP once in the state of Illinois but did not pass. Dr. Hardy stated that she has plateaued for her current role, and in order to move up she is required to hold a license. She stated that she is pursuing an Indiana license after following the advice of classmates who have gone through the State. She also stated that the Illinois license process is six to seven months. She stated that Georgia requires their applicants to take the EPPP part two, and she does not wish to take that examination. Dr. Hardy stated that her intention is to continue working in the state of Georgia and see Indiana clients virtually. She stated that she has worked with individuals in Indiana previously. Dr. Hardy is a 2018 graduate of the Chicago School of Professional Psychology.

Board Action: A motion was made and seconded to approve Dr. Hardy to take the

EPPP examination.

Ross/Finley
Motion carried 5/0/0

3. Brady Lawrence (Psy.D)

Dr. Lawrence appeared as requested to discuss why he did not disclose his background. He provided a statement and supporting documentation for the Board to review. He stated that the incident occurred twenty (20) years ago. He provided the Board with details of the incident and stated that his understanding was that the case was dismissed and sealed. He stated that he has worked at the VA and the prison, so he was not aware that the incident was even on his background. The Board asked if there was a suspicion of alcohol use that might have led up to the incident. Dr. Lawrence stated that the report does not show if that was a concern; however, he does not remember. He stated that he was nineteen (19) when it occurred, and he followed the advice of his attorney. He stated that he was in the military at the time of occurrence. Dr. Lawrence is a 2022 graduate of Alliant International University Fresno.

Board Action: A motion was made and seconded to approve Dr. Lawrence to take the EPPP examination.

Ross/Leib
Motion carried 5/0/0

C. Reinstatement

There were no reinstatements.

VI. ADMINISTRATIVE HEARINGS

- A. Kelly C. Young, Psy.D., License No. 20042335A**
Cause No. 20042335A
Re: Petition for Withdraw of Probation

Parties Present:

Respondent was present.

Dr. Young was not represented by counsel.

Amy Osborne, Deputy Attorney General, Office of the Attorney General

Margie Addington, Court Reporter, Accurate Court Reporting

Participating Board Members:

Gregory Hale, Ph.D., (Hearing Officer)

Stephen G. Ross, Psy.D.

Jere Leib, Ph.D., Member

Raymond W. Horn, Ph.D., Member

Amber Finley, JD, Consumer Member

State Witness:

Cindy Vaught, State Board of Psychology Director, Indiana Professional Licensing Agency

Case Summary: On or about September 6, 2022 an Administrative Complaint was filed against Dr. Young with allegations that she failed to keep abreast of current professional theory and practice by having a relationship with her client. On or about October 21, 2022 a Settlement was reached with the following terms:

- The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.
- The parties execute this Agreement voluntarily.
- Both parties voluntarily waive their rights to a public hearing on the Administrative Complaint and all other proceedings in this action .to which either party may be entitled by law, including judicial review.
- Petitioner agrees that the terms of this Agreement will resolve any and all pending claims or allegations relating to disciplinary action against Respondent's Indiana psychologist license.
- Respondent's psychology license shall be placed on INDEFINITE PROBATION for a minimum of TWO (2) YEARS. Respondent shall not petition for modification or withdrawal of her probation until Respondent has fulfilled ONE (1) YEAR of full compliance with the terms and conditions of the Board's final order in this matter.
- Respondent's Indiana psychology license shall be governed by the following TERMS and CONDITIONS while on Indefinite Probation:
 - Respondent shall keep the Board apprised of the following. and notify the Board of any changes within fifteen (15) days of such a change:
 - Current residence, mailing address, email address, and residential telephone number, and
 - Respondent's place of clinical psychology employment, employment address, employment telephone number, and, if applicable, the name and contact information of Respondent's supervisor.
 - Respondent shall, within three (3) months of the Board's Final Order, obtain a psychological evaluation by an H.S.P.P. approved by the Board for evaluation and response to specific referral questions provided by the Board. The H.S.P.P. must not be Respondent's current therapist nor anyone with whom she has had previous professional contact. The report of the evaluation must address referral questions prepared by the Board. Respondent shall provide the report of evaluation to the Board, to Respondent's current therapist, and to any new therapist Respondent may engage. Respondent shall also provide proof to the Board that she has taken steps to follow any recommendations made by the H.S.P.P. in the report of evaluation.
 - Respondent shall attend psychotherapy treatments at least once every two weeks during her probation. Within one week prior to the Board approving withdrawal of Respondent's probation, Respondent's treating clinical psychologist shall submit a written report to the Board which addresses Respondent's progress toward treatment goals and issues contained in the independent psychological evaluation.

- Respondent shall submit written official certification of completion of the “PBI Professional Boundaries and Ethics: PB- 24 Extended” provided by Professional Boundaries Inc. Participation will include post-conference supportive relapse prevention seminars occurring one hour per week for twelve weeks, according to the program schedule. A similar certification of completion shall be provided to the Board following completion of the 12 post-conference relapse prevention seminars. Any continuing education credit obtain by participation in this program will not be counted towards the required CE needed to maintain Indiana licensure. All fees are the responsibility of the Respondent.
- Respondent will provide a copy of the Proposed Settlement Agreement and the Board’s final Order to the Administrative representative of her facility and shall provide copies of the order signed by those individuals to the Board within thirty (30) days of the Board’s final order.
- If Respondent begins clinical services at another facility during her probation, she shall provide a copy of the Proposed Settlement Agreement and the Board's final Order to her new employer and, submit to the Board a copy of the Board's final Order signed by the new employer within thirty (30) days of her hire date.
- If Respondent opens her own practice, she shall notify the Board withing seven (7) days of accepting patients. She shall notify any new patients of her probationary status.
- Respondent shall make probationary appearance before the Board. She shall make appearances for the first two meetings following the approval of the Settlement Agreement, and then appear quarterly throughout the remainder of her probation status.
- Respondent shall pay \$5.00 to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid within thirty (30) days of the Board’s Final Order.
- Respondent understands that further violation of the Final Order or any other non-compliance with the statue and rules of Indiana may result in further disciplinary action against her license.

Dr. Young stated that she has met all her terms and is requesting to withdraw probation. She stated that she believes all her documentation has been submitted to the Board.

Ms. Osborne stated that the burden of proof is up to Dr. Young to show she has met all the terms. Ms. Osborne submitted State Exhibit A which is an affidavit from Cindy Vaught, IPLA Board Director. Dr. Young had no objections to the exhibit. The exhibit stated that Dr. Young has provided all reports and items for her probation. The Board had no questions for Ms. Vaught.

Dr. Young concluded that she hopes the Board finds what she has accomplished is sufficient and that she has the support of those around her. She confirmed with the Board that she will be continuing with her current physician even after her probation is completed.

Ms. Osborne informed the Board that the State did not have any objections to Dr. Young’s request.

Board Action: A motion was made and seconded to grant Dr. Young's petition to withdraw from probation.

Leib/Ross
Motion carried 5/0/0

VII. DISCUSSION ITEMS

There were no discussion items.

VIII. APPLICATIONS FOR REVIEW

A. Limited Scope Temporary Psychology Permit

There were no limited scope permits.

B. Psychology by Examination/Reciprocity

There were no psychology applications for review.

C. HSPP Endorsement

1. Ashley Sheridan, Psy.D.

Dr. Sheridan's application was submitted for review of her post-internship experience. She completed her post-internship experience at the Bureau of Prisons; however, her supervisor does not hold an HSPP credential. Dr. Sheridan stated that she had a previous colleague who was approved for her HSPP with the same experience and supervisor. The Board staff did note that this was done in error; however, we cannot go back and revoke that previous individual's HSPP license. The Board stated that the purpose of requiring the HSPP is evidence of clinical training and expertise. The Board discussed if they had any latitude as the supervisor did provide their resume for review. The Board discussed if the supervisor should have known that she was a qualified supervisor as she has been in the field for some time. The Board also discussed the applicant's responsibility of being aware of their supervisor's credentials.

Board Action: A motion was made and seconded to deny Dr. Sheridan's application for an HSPP.

Ross/Leib
Motion carried 5/0/0

The Board noted that if Dr. Sheridan wished to appeal the decision, then it would be up to her to show how her supervisor was qualified.

2. Gina Sacchetti, Ph.D.

Dr. Sacchetti's application was submitted for review of her post-internship experience. She completed her post-internship experience at the Bureau of Prisons; however, her supervisor

does not hold an HSPP credential. The Board stated that the purpose of requiring the HSPP is evidence of clinical training and expertise. The Board discussed if they had any latitude as the supervisor did provide their resume for review. The Board discussed if the supervisor should have known that she was a qualified supervisor as she has been in the field for some time. The Board also discussed the applicant's responsibility of being aware of their supervisor's credentials.

Board Action: A motion was made and seconded to deny Sacchetti's application for an HSPP.

Ross/Leib
Motion carried 5/0/0

The Board noted that if Dr. Sacchetti wished to appeal the decision, then it would be up to her to show how her supervisor was qualified.

D. Continuing Education

There were no continuing education applications for review.

IX. INDIANA PSYCHOLOGICAL ASSOCIATION REPORT

Mr. Rhoad provided an update from the IPA. He stated that there is current legislation being finalized that will impact Psychology.

HB1238 Competency Evaluations is a bill that modifies how competency to stand trial evaluations are done, and who can perform those evaluations. He provided a breakdown of the bill that shows who would be able to provide evaluations based upon the severity of the charge. He stated that there is still a long discussion on this bill, and the understanding behind the bill is to address the long wait time evaluations can take for a trial. Mr. Rhoad stated that the long wait time has usually been the court system, not the time it takes to do the evaluation. He stated that if this bill passes, then Indiana would be the first State to allow physician assistants to complete evaluations for competency hearings. The Board inquired who was sponsoring the bill. Mr. Rhoad stated that he believed the bill was sponsored by the State Medical Association. The physician assistant's that would be allowed to complete evaluations must be DMHA certified. The Board asked who would implement the certification training program, Mr. Rhoad stated it would be implemented in consultation with the Medical Licensing Board, a forensic psychiatrist and HSPP psychologist. The program would be 40 hours. Mr. Rhoad stated that there would probably be an information discussion, as there is nothing in the legislation that talks about the Indiana State Board of Psychology.

HB1138 Behavior Health Licenses is a bill that will allow 100% of supervision to be virtual, and that the licensing exam could be taken during the last semester of training. All that would need to be submitted would be a letter of good standing. He stated that the goal of this bill is to try to assist applicants in getting licensed quicker. Dr. Hale stated that there have been similar discussions for the EPPP exam.

HB1026 Commission and Committee Administration is a bill that discusses Medicaid oversight and review. This bill will expand members that are a part of this commission.

HB1359 Health Provider Contracts is a bill that updates language that cancellation requires ninety (90) day notice.

Mr. Rhoad provided an overview of the IPA CE Conference. H stated that they are having an event March 21 with Dr. Delphin-Rittmon, and Dr. Chalmer Thompson. There is no charge for the lunch and learn event. He stated that he is inviting members of the Behavior Health section as well.

The IPA will be hosting other CE event opportunities on April 12th- Modifying assessment and treatment strategies for adults with ASD, May 10th- Ethics Conference, May 17th- Psychological treatment consideration in Parkinson's Disease, and June 12th- Challenges to assessing and treating racial trauma.

Mr. Rhoad stated that the Bowen Center is working with Lily to study data addressing the lack of mental health providers in Indiana. He stated that they are trying to streamline education and working on the renewal questionnaire to gather information. He stated that for psychology the biggest confusion is the psychology and HSPP differences, and the communication around that. They are currently creating a *Playbook for Enhancing Indiana's Mental & Behavioral Health Workforce*. There is an event planned at Lucas Oil on April 23rd to discuss this.

He stated that he understands the Board's concerns regarding the complaint process. Mr. Rhoad stated that his office does get questions, and he tries to stay out of the legal and practice questions. He stated that he tries to answer what he can but does direct those inquiries to the Board.

X. ADJOURNMENT

There being no further business, and having completed its duties, the meeting of the Indiana State Psychology Board adjourned at 10:47 a.m.

Gregory Hale, Ph.D., Chair

Date