



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

ADVANCING COLLEAGUE ASSISTANCE IN PROFESSIONAL PSYCHOLOGY

Board of Professional Affairs' Advisory Committee on Colleague Assistance with contributions
from the Association of State and Provincial Psychology Boards and the American Psychological
Association of Graduate Students

February 10, 2006

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Definitions

MD

VA

MARYLAND PSYCHOLOGICAL ASSOCIATION

PROCEDURES MANUAL

THE COLLEAGUE ASSISTANCE PROGRAM

The Colleague Assistance Program of the Maryland Psychological Association (CAP) is a service provided by the Maryland Psychological Association (MPA) for the purpose of facilitating the optimal functioning of psychologists in Maryland. This purpose includes both prevention as well as assisting in the rehabilitation of members and any other individuals regulated by the Board of Examiners of Psychologists who are in need of treatment and rehabilitation for alcoholism, drug abuse, chemical dependence, other physical, emotional or mental conditions that may affect the performance of their professional responsibilities. The role of CAP is (a) to facilitate well-being and to prevent impairment, (b) to encourage seeking of appropriate professional services when CAP's evaluation of observations and other data sources deemed to be credible suggest the presence of an impairing condition, and (c) to monitor the rehabilitative process. CAP is independent from the MPA Ethics Committee and the Maryland State Board of Examiners of Psychologist, but its activities are coordinated with these bodies when applicable. CAP's activities may not be construed as superseding any Federal or State laws, e.g., the state reporting requirements pertaining to suspected child abuse.

MPA ascribes to the following guiding principles regarding CAP:

Experiencing major stressors or other events or situations that have the potential to negatively influence either personal life or professional practice is a normal part of living.

The aim of CAP is the prevention or alleviation of the impairment of the psychologist and the maintenance of the highest level of practice for the benefit of the public.

Prevention or early intervention is preferred to effect the greatest benefit.

Treatment and rehabilitation is preferred to any other alternative.

Actions by CAP, its referral sources and treating psychologists are intended in good faith for the benefit of the psychologist, the public and the profession.

The privacy of a colleague who is referred for assistance will be respected by the Program at all times, unless otherwise directed by law, professional standards or the policies in this document.

Colleague participation in all aspects of CAP is voluntary.

In cases in which a colleague is cooperating with CAP, the committee may advocate on behalf of that individual, as indicated.

Colleague Assistance Program (CAP)

Guidelines for Reporting to the State Boards of Psychology/Medicine.

The purpose of VPA's Colleague Assistance Program (CAP) is to encourage the rehabilitation of member psychologists who are impaired and to assist those psychologists in the rehabilitation process. To that end, the CAP assists the impaired psychologist with securing competent professional care and in complying with the prescribed treatment program. The CAP also serves as an advocate for the impaired psychologist. The CAP becomes involved with impaired or potentially impaired psychologists either by receiving requests directly from the psychologist or as a result of concerns raised by colleagues or clients.

The CAP is not intended to function as a "watch-dog" or regulatory agency. However, the CAP members, as licensed psychologists, are governed by the APA Ethical Principles and Rules of the State Board of Psychology. Those rules may, in certain instances, require the CAP to advise the State Board regarding a psychologist who the CAP has reason to believe is impaired and who may be unable to practice psychology with reasonable skill and safety in situations where the psychologist refuses to participate in a recognized treatment program or where the psychologist discontinues treatment prior to completion.

APA Ethical Principle 7(g) provides as follows: When psychologists know of an ethical violation by another psychologist, and it seems appropriate, they informally attempt to resolve the issue by bringing the behavior to the attention of the psychologist. If the misconduct is of a minor nature and/or appears to be due to lack of sensitivity, knowledge, or experience, such an informal solution is usually appropriate. Such informal corrective efforts are made with sensitivity to any rights to confidentiality involved. If the violation does not seem amenable to an informal solution, or is of a more serious nature, psychologists bring it to the attention of this Board and the appropriate local, state, and/or national committee on professional ethics and conduct.

There are three general situations that may arise that implicate the CAP's reporting requirement under the State Board Rules: (1) where the Committee has information reported to it; (2) where the CAP has reliable information that a psychologist is impaired but the psychologist is participating in a treatment program; and (3) where the CAP has reliable information that a psychologist is impaired and the psychologist refuses treatment and continues to practice psychology. The CAP has adopted the following guidelines to address those situations:

(1) The CAP believes that it is not required to notify the State Board merely because a psychologist has sought the CAP's assistance or because a third party has reported to the CAP the name of a psychologist who may be impaired or in need of assistance. The CAP reads the Standards of Professional Conduct as not requiring reporting in such situations since the CAP would not be in a position to determine whether in fact a psychologist was impaired merely by the fact that the psychologist's name had come to the attention of the CAP. We understand that if we are told that a felony definitely has been committed, we must report this to the State Board of Psychology.

(2) The CAP believes that it is not necessarily required to notify the State Board of the name of a psychologist who is impaired and who is participating in an impaired psychologist's treatment program. The CAP does not believe that it is required to make such a report because the situation is being resolved informally and because it would deter psychologists from seeking treatment if they knew that their names would be reported. However, if a psychologist continues to practice, even though he/she is unable to do so with reasonable skill and safety, reporting would be required.

Appendix B

Contracts

VA

VIRGINIA

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding between the Virginia Board of Medicine (the "Board"), the Virginia Psychological Association (the "Association") and the Department of Health Professions ("the Department"), dated as of the 30th day of October, 1995, provides as follows:

WHEREAS, the Board has the statutory authority to discipline any licensed Clinical Psychologist in Virginia when the clinical psychologist is mentally or physically unable to engage safely in the practice of clinical psychology, and

WHEREAS, the Association has instituted a voluntary program, i.e., the Colleague Assistance Committee, whereby it will investigate or intervene with any licensed clinical psychologist in Virginia who by reason of mental or physical impairment or substance abuse allegedly is unable to engage safely in the practice of clinical psychology (hereinafter referred to as "Impaired Clinical Psychologist") in order to facilitate getting the clinical psychologist into treatment and to monitor his/her recovery, and

WHEREAS, the Board and the Association wish to coordinate their activities regarding an Impaired Clinical Psychologist to facilitate complementary performance of the regulatory role of the Board with the rehabilitative role of the Association's Colleague Assistance Committee and to avoid duplication of effort and misunderstanding to the extent possible in cases of simultaneous involvement;

NOW, THEREFORE, the parties agree as follows:

I. REPORTS TO THE BOARD OF THE ASSOCIATION

A. Reports Initiated by the Association

1. The Association will promptly report to the Board in the following situations:

a. When it has investigated a complaint and determined that there is evidence that indicates a reasonable probability that a clinical psychologist is mentally or physically unable to engage safely in the practice of his profession, regardless of whether the clinical psychologist agrees to become involved in the Association's program;

b. When it has intervened with a clinical psychologist who has been investigated by the Board and/or Association and determined to be an Impaired Clinical Psychologist, and the clinical psychologist agreed to enter the Association's program; and/or

c. When an Impaired Clinical Psychologist enters the Association's program, but later drops out of the program or is determined to have failed the program by a three-member panel of the Association's Colleague Assistance Committee.

2. Format of Initial Reports to the Board

a. Initial reports shall contain the clinical psychologist's name and address, the facts indicating that the psychologist is (i) impaired, and if applicable, (ii) a statement to the effect that the clinical psychologist has agreed to enter the Association's program or (iii) has dropped out, or has failed the recommended course of treatment.

B. Status Report

1. The Association shall provide status reports to the Board on a regular basis but in no event less than quarterly, in the form attached as Exhibit A, in the following circumstances:

a. The Board (or the Department of Health Professions, hereinafter referred to as "the Department") has initiated an investigation in response to a report from any source other than the Association, if the Board is advised that the clinical psychologist is involved in the Association's program;

b. The Association has reported to the board an Impaired Clinical Psychologist who agrees to become involved in the Association's program;

c. The Board has held an informal conference and agreed to take no formal action so long as the clinical psychologist is participating satisfactorily in the Association's program.

2. The Board may specifically request status reports on more frequent basis if needed.

II. OBLIGATIONS OF THE BOARD

A. Contact with the Association

1. Whenever the Board has reason to believe that a clinical psychologist under investigation by the Board or the Department may be an Impaired Clinical Psychologist, an appropriate staff member of either the Board or the Department, shall, as part of the investigation, promptly contact the appropriate member of the Association's staff to ascertain whether the clinical psychologist is involved in the Association's program.

B. Informal Conference

1. Whenever the Association is involved in a case under investigation by the Board or the Department (except cases involving alleged drug diversion), the Board shall request a current status report from the Association, and shall schedule an informal conference before an Informal Conference Committee. Nothing in this Memorandum of Understanding shall be interpreted to require the Board or the Department to curtail in any way their investigative activities with respect to any clinical psychologist currently under investigation.

2. If the Informal Conference Committee determines that (i) there is no violation of statute or regulation other than illness or substance abuse; (ii) that the clinical psychologist is proceeding satisfactorily in the Association's program, and (iii) that he poses no danger to his patients, the Informal Conference Committee will continue the informal conference, recommend that the Board request status reports from the Association at specified intervals and take no further action at that time. Status reports shall be in the form attached as Exhibit A.

3. If the Informal Conference Committee determines that (i) there is a violation of statute or regulation other than, or in addition to, illness or substance abuse; (ii) that the clinical psychologist is not proceeding satisfactorily in the Association's program; or (iii) that the clinical psychologist poses a danger to his patients, the Informal Conference Committee may take other action or recommend the matter to the Board for formal hearing. Whenever the Informal Conference Committee determines that other action is required, an appropriate staff member of the Board shall so notify the Association as soon as reasonably practicable following the informal conference.

III. OBLIGATIONS OF THE DEPARTMENT

The Department shall inform an appropriate staff member of the Board immediately whenever, in the course of an investigation, its investigators have reason to believe that a clinical psychologist may be an Impaired Clinical Psychologist.

IV. CONFIDENTIALITY

The parties of this Memorandum of Understanding shall treat and maintain all communications between and among the parties as confidential pursuant to the provisions of the Virginia Freedom of Information Act, Va. Code 2.1-340 et seq., and the Public Health Service Act 42 U.S.C. 290dd 3 and regulations promulgated pursuant thereto, regarding confidentiality of alcohol and drug information only to such persons or organizations as are necessary or appropriate, when permitted by law, or when compelled to make such disclosure by lawfully issued and served subpoena; provided that this understanding with respect to confidentiality shall not affect the Board's obligations or authority to disclose any administrative action affecting a clinical psychologist's license to practice his profession.

V. TERMINATION

Any party may terminate this Memorandum of Understanding at any time upon written notice to the other parties.

In Witness Whereof, the parties have cause this Agreement to be executed as of the date hereinabove set forth.

VIRGINIA STATE BOARD OF MEDICINE

Charles H. Crowder Jr. M.D.
BY: Charles H. Crowder, Jr., M.D.
President of the Board of Medicine

DATE: *25 October 1995*

THE DEPARTMENT OF HEALTH PROFESSIONS

John W. Hasty
BY: John Hasty, R.Ph.
Director

DATE: *Oct 27, 1995*

THE VIRGINIA PSYCHOLOGICAL ASSOCIATION

Sharon H. Patterson Ph.D.
BY: Sharon H. Patterson, Ph.D.
President

DATE: *Oct 30, 1995*

Appendix C

Contracts between Colleague Assistance Programs and Individuals

TX

MI

Texas Judges' Program

*****Texas Psychological Association
COMMITTEE FOR PSYCHOLOGISTS' HEALTH
CONSULTATION, EVALUATION, AND REFERRAL PROGRAM (CERP)
Practitioner's Contract**

NAME _____ DATE _____

The Practitioner's Contract is a document which specifies the terms under which the Committee for Psychologists' Health agrees to refer for consultation, assessment, and/or referral for treatment any practitioner (psychologist or psychological associate) referred to CERP.

This contract is designed to prevent any misunderstanding of the terms and the time specified. It is further designed to meet the needs of each individual and is uniquely suited to the individual. All provisions below may not apply to every individual (check optional items as needed).

1. I, _____, Ph.D./P.A., agree to the terms of this contract for a period of one (1) year from the date above. This contract is renewable at the end of the one year period.

2. I understand that all costs connected with my evaluation and treatment are to be rendered at my own expense and are my own responsibility.

3. This agreement is effective on: _____.
(month/day/year)

4. () a. I agree to enter _____ for a period of _____
or longer for detoxification and rehabilitation; and/or

() b. I agree to outpatient treatment which consists of _____ days or longer in an out-patient program; and/or

() c. I agree to attendance of _____ AA/NA and/or other 12-Step Program meetings per week; and/or

() d. I agree to identify a psychologist/psychiatrist with whom I will engage in psychotherapy
and who will be made familiar with all aspects of my case history, who will receive a copy of this contract, and who will agree to meet or consult with the Committee if necessary.

Treating psychologist's/psychiatrist's name: _____
Phone number (include area code): _____

() e. Other: _____

5. I agree to completely abstain from any mood-altering drugs except on prescription from my physician.

6. In the event that I undertake inpatient treatment for chemical dependency, I agree to identify a primary care physician before leaving the treatment center. In the event that I undertake outpatient treatment or gradually phase into work, I agree to identify a primary care physician following the evaluation and referral. The physician shall be made aware of my chemical dependency program by the Chair of the CPH.

7. I understand that no member of the Committee for Psychologists' Health can appear as a witness on my behalf in the event of legal problems incurred before or during my tenure in treatment.

8. I agree to provide the Committee with documentation confirming my attendance at AA/NA meetings on a quarterly basis. This documentation will take the form of complete attendance verification (available from CPH). I agree that it is my responsibility to obtain these cards and submit them in January, May, July, and October of each year.

9. I agree to contact the following individuals by phone as specified:

a. AA/NA Sponsor _____ weekly for the first three (3) months. (Phone#: _____)

b. Director of the CPH monthly for one (1) year. (Phone#: _____)

10. Authorizations

I hereby authorize and direct any physician, surgeon, evaluation and referral treatment center, hospital, clinic, medical records librarian, or other health care provider who has examined or treated me through the Committee for Psychologists' Health to give to the Director of the CPH of the Texas Psychological Association, [6633 East Hwy 290 Suite 305 Austin, TX 78723-1158] any and all copies of reports pertaining to such examination treatment or hospitalization. The purpose of this release is to provide records for monitoring my progress in the rehabilitation program.

In the event that I do not adhere to the terms of this Practitioner's Contract, I hereby give my permission to the Chair of the Texas Psychological Association Committee for Psychologists' Health to forward information pertaining to my participation in the CERP program to the Texas Psychological Association's Ethics Mediation Subcommittee and/or to the Texas State Board of Examiners of Psychologists. Copies of these authorizations shall have the same force and effect as the original.

Psychologist's/Psychological Associate's Signature

APPROVED:

Chair, Committee for Psychologist's Health

Not a part of the committee to provide supervision bc we are voluntary and we have no teeth.

How to grow teeth:

Through the Bd, gain agreement with Bd that if Comm intervenes the Bd agrees to back off during intervention.

Texas Psychological Association
COMMITTEE FOR PSYCHOLOGISTS' HEALTH
Psychologist's Contract

NAME _____ DATE _____

The Psychologist's Contract is a document which specifies the terms under which the Committee for Psychologists' Health agrees to counsel with and monitor any impaired psychologist within the Program.

This contract is designed to prevent any misunderstanding of the terms and the time specified. It is further designed to meet the needs of each individual and is uniquely suited to the individual. All provisions below may not apply to every individual (check optional items as needed).

1. I, _____, Ph.D./P.A., agree to the terms of this contract for a period of one (1) year from the date above. This contract is renewable at the end of the one year period.
2. I understand that all costs connected with my treatment are to be rendered at my own expense and are my own responsibility.
3. This agreement is effective on: _____
(month/day/year)
4. ☐ a. I agree to enter _____ for a period of _____
or longer for detoxification and rehabilitation; and/or
☐ b. I agree to outpatient treatment which consists of _____ days or longer in an out-patient program; and/or
☐ c. I agree to attendance of _____ AA/NA and/or other 12-Step Program meetings per week; and/or
☐ d. I agree to identify a psychologist/psychiatrist with whom I will engage in psychotherapy
and who will be made familiar with all aspects of my case history, receive a copy of this contract, and will agree to meet or consult with the Committee if necessary.
Treating psychologist's/psychiatrist's name: _____
☐ e. Other: _____
5. I agree to completely abstain from any mood-altering drugs except on prescription from my physician.

6. I agree to provide urine samples for random drug screens at the discretion of the Program.
7. I agree to identify a primary care physician before leaving the treatment center. In the event of use of an out-patient program or gradually phasing into work, I agree to identify a primary care physician following the evaluation and referral. The physician shall be made aware of my chemical dependency program.
8. I understand that no member of the Committee for Psychologists' Health can appear as a witness on my behalf in the event of legal problems incurred before or during my tenure in treatment.
9. I agree to provide the Committee with documentation confirming my attendance at AA/NA meetings on a quarterly basis. This documentation will take the form of complete attendance verification (available from CPH). I agree that it is my responsibility to obtain these cards and submit them in January, May, July, and October of each year.
10. I agree to contact the following individuals by phone as specified:
- a. Intervenor _____ weekly for the first three (3) months.
(Phone#: _____)
 - b. Director of the CPH monthly for one (1) year.
(Phone#: _____)

11. Authorizations

I hereby authorize and direct any physician, surgeon, evaluation and referral treatment center, hospital, clinic, medical records librarian, or other health care provider who has examined or treated me through the Committee for Psychologists' Health to give to the Director of the CPH of the Texas Psychological Association, [6633 East Hwy 290 Suite 305 Austin, TX 78723-1158] any and all copies of reports pertaining to such examination treatment or hospitalization. The purpose of this release is to provide records for monitoring my progress in the rehabilitation program.

In the event that I do not adhere to the terms of the Psychologist's Contract, I hereby give my permission to the Director of the Texas Psychological Association Committee for Psychologists' Health to forward information pertaining to my participation in the TPA-CPH program to the Texas State Board of Examiners of Psychologists. Copies of these authorizations shall have the same force and effect as the original.

Psychologist's/Psychological Associate's Signature

APPROVED:

_____, Director
Committee for Psychologist's Health

HPRP'S GUIDELINES FOR REQUESTING CHANGE(S) TO MONITORING AGREEMENT

1. Licensee must send request in writing (**see enclosed form**).
2. Please discuss the desired change with your providers before making the request. Providers to include:
 - ADDICTIONIST and/or PRIMARY CARE PHYSICIAN
 - THERAPIST (Psychiatrist, Psychologist, MSW, ACSW, MA - LLP, LPC, or anyone licensed or registered as a therapist)
 - WORKSITE MONITOR/SUPERVISOR
 - PROBATION OFFICER (If Applicable)
3. Have the above providers give to you in writing their comments and/or approval regarding the requested change.
4. Gather the above information and send it along with **your** written request for the change in your monitoring agreement.

After we receive all of the above information we will be happy to review your request. Please feel free to call anytime if you need more information. Following the above guidelines will expedite the review process.

Thank You.

**HEALTH PROFESSIONAL RECOVERY PROGRAM
(MI)**

<http://www.hprp.org>

☐ CONFIDENTIAL MONITORING

☐ REGULATORY MONITORING

HEALTH PROFESSIONAL RECOVERY PROGRAM

3520 Okemos Road #6-182
Okemos, MI 48864
800-453-3784

REQUEST FOR CHANGE TO MONITORING AGREEMENT

I, _____ would like to request the following change(s) to my Monitoring Agreement. I will authorize releases and provide complete information as necessary including names of those involved and their titles. This would include proposed new providers or worksite monitors, new addresses and phone numbers, new hours of work, completion and request for closure, etc. Please be specific in your request. **YOUR REQUEST WILL NOT BE REVIEWED UNTIL DOCUMENTATION OF APPROVAL IS RECEIVED IN WRITING FROM YOUR PROVIDERS AND/OR WORKSITE MONITORS.** If your information is complete your request will be processed in a timely fashion. You may present this form to your providers and worksite monitors to facilitate your request.

Request #1 _____

Request #2 _____

Licensee Date

We, the below signed provider or worksite monitor approve the above request(s):

Therapist Date Comments:

Addictionist/Psychiatrist Date Comments:

Worksite Monitor Date Comments:

PLEASE MAIL THIS FORM AND NECESSARY RELEASES TO HPRP WHEN COMPLETED.

Amicus Curiae
A Program of the State Commission on Judicial Conduct

MONITOR AGREEMENT

I, _____ [monitor's name], am acquainted with _____
_____ [participating judge's name] and have agreed
to become (specify) his/her monitor under the Agreement to Participate and Individual
Assistance Plan, which are attached hereto and incorporated herein. I have read the
Monitor Qualifications, and I hereby affirm that I meet the qualifications set forth
therein.

I hereby voluntarily accept the responsibilities of Monitor and to assist, monitor
and supervise Judge _____ [judge's last name] compliance with the
terms and conditions as stated in his/her Agreement to Participate and Individual
Assistance Plan. I further agree to file written reports on _____'s
(judge's last name) progress and to immediately report any evidence of his/her non-
compliance with the terms and conditions of his/her Individual Assistance Plan.

I understand that all costs incurred, directly or indirectly, as a result of my
responsibilities as Monitor will be at my own expense.

I further understand and agree that all information regarding the participating
judge, other judges, attorneys, or cases to which I may become privy through my
position as a Monitor for the Amicus Curiae Program is and shall remain
CONFIDENTIAL pursuant to the Texas Constitution, Article V, Section 1-a, and the
Texas Government Code, Chapter 33.

SIGNED this _____ day of _____, 200_____.

MONITOR NAME

MONITOR PRINTED NAME

MONITOR ADDRESS

Appendix D

Complaint Forms and Procedures

CO

**Department of Regulatory Agencies
Colorado Mental Health Section
1560 Broadway
Suite 880
Denver, CO 80202
(303) 894-7766**

When a complaint against a licensed or unlicensed therapist is received, three steps are followed:

1. The named therapist receives written notice, is provided with a copy of the complaint and is given 20 days to respond, in writing;
2. In appropriate cases, the complainant may review the therapist's response and is given 10 days to submit additional information in reply to the therapist's response;
3. The Board, comprised of four public members and three mental health practitioners, performs a thorough review of the available information and makes a decision about the inquiry. For complaints filed against Certified Alcohol and Drug Addiction Counselors, the case is reviewed by the Director of the Division of Registrations.

One of four things will happen to the inquiry:

1. It may be dismissed because, based on available information, the Board/Director has no jurisdiction or there appears to be no violation of the statute. For example the complaint may be outside of the powers of the Board/Director, as defined by the Legislature.
2. It may be tabled while more information is gathered by staff for later presentation to the Board/Director or to await outcome of criminal or civil litigation.
3. It may be referred to the Office of Complaints and Investigations for a formal in-depth investigation for later presentation to the Board/Director.
4. It may be referred directly to the Attorney General, who acts as the Board's/Director's lawyer, so legal action can be taken.

At any step, an inquiry may be dismissed if there is not sufficient proof that a violation has occurred. If the case goes forward, the Board/Director may seek an expert opinion from a consultant regarding the particular practice.

Where a violation has occurred, the Attorney General prepares the case for filing, after which there may be a settlement in which the therapist admits the violation and agrees to corrective action. The terms and conditions for her/his continued practice and rehabilitation are carefully set forth. The Board/Director must approve this step.

If settlement does not occur, the case goes to hearing before an administrative law judge. In this hearing, which is like a full-scale trial, the Attorney General must prove that the therapist violated the law. The decision of the administrative law judge can be reviewed, and approved or changed, by the Board/Director. The therapist may appeal any final Board/Director decision to the Colorado Court of Appeals.

This brief description is meant to give you a sense of the length of time necessary to assure both you and the named therapist due process as provided by the Constitution.

If you are filing an anonymous complaint, do not submit your name or any identifying information. Otherwise, you will be acknowledged as the complainant and the complaint will not be considered anonymous.

Once a complaint has been filed, the licensed or unlicensed therapist has the authority to release any and all records related to the complaint and person filing the complaint in their response. By filing a complaint, you are consenting to the release of these records to the State Mental Health Boards or similar agency in another state for use in an investigation, criminal investigation, or regulatory or legal proceeding by any law enforcement or regulatory agency against the mental health care provider who is the subject of your complaint.

MEDICAL RECORDS INFORMATION:

HIPAA applies only to covered entities, which are defined in the regulations to include only a health plan, health care clearing house and health care provider who transmits certain covered transactions electronically. 45 C.F.R. § 160.103. In contrast, state health professional licensure agencies such as state mental health boards were specifically included in the definition of a health oversight agency under HIPAA in the preamble to the regulations. 65 Fed. Reg. 82492 (Dec. 28, 2000). As health oversight agencies under HIPAA, these boards are not covered entities and therefore not subject to the requirements of HIPAA.

The Board staff is available to answer questions you may have. We are committed to making the complaint process as fair and understandable as possible. Under the Open Records Act, information submitted to the Board is open to public inspection when disciplinary action has been taken, with the exception of medical, psychological and sociological information, and individual test score data.

Complaints against the five categories of certified or licensed mental health providers (addiction counselors, marriage and family therapists, professional counselors, psychologists, and social workers) and unlicensed psychotherapists are to be directed to:

Department of Regulatory Agencies
Colorado Mental Health Section
1560 Broadway, Suite 880
Denver, CO 80202
(303) 894-7766

Complaints against psychiatrists:

Board of Medical Examiners
1560 Broadway, Suite 1300
Denver, CO 80202
(303) 894-7690

Complaints against licensed nurses:

Board of Nursing
1560 Broadway, Suite 670
Denver, CO 80202
(303) 894-2430

Please type or print legibly and return to:
**Department of Regulatory Agencies, Mental Health Section, 1560 Broadway
Suite 1370, Denver, CO 80202 (303) 894-7766**

Person Filing Complaint:

()
Name Telephone Number

Mailing Address City State Zip

- ☐ Check here if you have reason to keep your name confidential in open records requests. This may not apply to public disciplinary documents. Please briefly explain your reason in the narrative of your complaint.

Complaint Filed Against:

()
Name Telephone Number

Mailing Address City State Zip

Check type of license (if known):

___ Alcohol and Drug Addiction Counselor; ___ Marriage and Family Therapist; ___ Professional Counselor; ___ Psychologist; ___ Social Worker; ___ Unlicensed Therapist

1. Please provide a chronological statement of your complaint, including dates. If you need more space, please attach additional documentation, **unbound & unstapled**.

2. List names, addresses and telephone numbers of witnesses, including other professionals. Report any police investigation including case number and submit the written report (if available). Attach copies of all documents, **unbound & unstapled**, relevant to your complaint such as letters and other correspondence (e.g., police reports, witness statements, drawings, etc.).

3. How did you learn of the Board's existence (e.g., disclosure statement, referral service, etc.). Attach any documentation necessary, **unbound & unstapled**.

I attest that all statements made by me in relation to this complaint are true to the best of my knowledge and belief.

Print Name

Signature

Date

Revised 10/04

Appendix E

Consent Forms

VA

TX (Texas Judges Program)

**AUTHORIZATION FOR RELEASE OF
RECORDS AND INFORMATION**

I, _____, hereby authorize the release of all records and information concerning me including, but not limited to, all medical and psychological records, evaluations, consults, tests and laboratory results to _____, member of the Virginia Psychological Association Colleague Assistance Program. I also authorize you to discuss my case with _____.

This authorization is only for the purpose of releasing information to the Colleague Assistance Program to assist me in matters affecting my professional status and shall not be deemed a waiver of any privileged communications or confidential information to other parties outside the Virginia Psychological Association.

This authorization shall remain in effect for two years unless revoked by me in writing.

This _____ day of _____, 19____.

WITNESS

Rehabilitation/Aftercare Monitoring Program (RAMP)

The Colleague Assistance Program (CAP) of the Virginia Psychological Association (VPA), and

_____ agree that he/she will be enrolled and maintained as a participant in the Committee's Rehabilitation/Aftercare Monitoring Program (RAMP). RAMP will be conducted in accord with the Colleague Assistance Program Policies and the RAMP Guidelines, copies of which are attached hereto.

The participant acknowledges that he/she was professionally evaluated by

_____ on _____ and found to have an impairing condition.

TREATMENT AND REHABILITATION PROGRAM

(mark and initial those which do not apply)

1. Participant will be admitted (or has been admitted) to an inpatient/outpatient (designate one) treatment program at _____

_____ under the supervision of _____ for a period of _____

_____ Participant agrees to complete said treatment. Discontinue this

2. Participant will attend _____ (indicate number and kind of self-help or other therapeutic meetings) per week.

3. A participant with an addictive component to his/her impairment agrees to obtain a sponsor.

4. Participant agrees to facilitate communication and exchange of information regarding his/her recovery and progress between the CAP and persons involved in his/her rehabilitation.
5. Participant agrees to participate in medical and/or psychological treatment which has been professionally recommended.
6. Participant agrees to meet with the CAP and/or its designee(s) as requested by the CAP.
7. In the case of alcohol and other drug abuse, a participant agrees to furnish observed random urine screen and/or blood screens at the request of the Committee.
8. Participant agrees to notify CAP immediately in the event of any condition in which the use of mind/mood altering medication is medically indicated.

9. Additional provisions:

Two years from the date of this Agreement, the Participant and the CAP will conduct a full review of progress. Assessment of recovery and any further recommendations for rehabilitation will be provided to the Participant.

I, _____ certify that I have read the above Agreement, that I understand the above conditions for admission and participating in the Rehabilitation/Aftercare Monitoring Program, and that I agree to abide by the conditions set forth. Should I choose to discontinue this program without the CAP's approval, I understand that the CAP may notify the VPA Ethics Committees and/or the State Boards of Psychology/Medicine. I understand that the CAP and its members are voluntarily providing assistance to me as a peer and colleague and as a member of VPA. I understand that neither the CAP nor its members are serving as my psychologists or as part of my treatment team and that no psychologist-patient relationship exists between me and the CAP or its members. CAP members will not be held liable for the treatment I receive or its effectiveness.

This _____ day of _____, 19____.

PARTICIPANT

COLLEAGUE ASSISTANCE PROGRAM

By: _____

without the CAP's approval, I understand that the CAP may notify the VPA Ethics Committee

**AUTHORIZATION FOR RELEASE OF
RECORDS AND INFORMATION**

I, _____, hereby authorize the release of all records and information concerning me including, but not limited to, all medical and psychological records, evaluations, consults, tests and laboratory results to _____, a member of the Virginia Psychological Association Colleague Assistance Program. I also authorize you to discuss my case with _____. This authorization is only for the purpose of releasing information to the Colleague Assistance Program to assist me in matters affecting my professional status and shall not be deemed a waiver of any privileged communications or confidential information to other parties outside the Virginia Psychological Association.

This authorization shall remain in effect for two years unless revoked by me in writing.

This ____ day of _____, 19____.

WITNESS: Virginia Psychological Association

Amicus Curiae

A Program of the State Commission on Judicial Conduct

Agreement to Participate

I, _____, the undersigned, agree to voluntarily participate in the *Amicus Curiae* Program (*Amicus*), a diversion and education program of the State Commission on Judicial Conduct (the Commission) committed to assisting me in addressing an impairment that may be affecting my personal and judicial performance.

I understand that my participation in this program is to assist my recovery from a **chemical dependency/emotional or mental condition [list as appropriate]**, and to facilitate my ability to conduct myself, both professionally and personally, in a manner that promotes the integrity of the judiciary as set forth in the Code of Judicial Conduct.

[The following paragraph to be used only if the judge is referred as a result of an allegation of misconduct and the underlying case is deferred].

I understand that my participation in this program does not shield me from the disciplinary system of the Commission; rather, I understand that my referral to *Amicus* defers the Commission's disposition of the underlying complaint pending against me until my release from the *Amicus* Program by the *Amicus Curiae* Board (the Board). I also understand that the Commission's final disposition of the underlying complaint will be made upon my release from *Amicus* and that the Commission will have the full range of options available for sanction, including dismissing the complaint, dismissing the complaint with corrective action, issuing an order of additional education, issuing a private or public sanction, or initiating formal proceedings for removal.

I understand and agree that my participation in *Amicus* involves adherence to an individual assistance plan (Plan) that may include any or all of the following requirements, as prescribed by the Board:

1. Execute all required consent and release forms authorizing: (1) *Amicus* to exchange information with health care providers, treatment facilities, sponsors and/or monitors; (2) health care providers, treatment facilities, sponsors and/or monitors to deliver the results and recommendation of assessment to the Board; (3) health care providers, treatment facilities, sponsors and/or monitors to make written and/or oral reports to the Board concerning progress and compliance or noncompliance; and (4) *Amicus* to exchange information with the State Commission on Judicial Conduct concerning my progress in the program.

2. If recommended, remain under the care of a health care provider acceptable to the Board throughout the monitoring period.
3. Abstain from the use of mood-altering chemicals, including alcohol and drugs not prescribed by a physician whose treatment is included in the Plan.
4. Submit to random drug tests and screens, including urinalysis.
5. Attend recognized recovery program meetings identified in the Plan.
6. Select a home recovery program and sponsor, and provide the *Amicus* Program Manager or a designated representative of the *Amicus* Program Board with the name and location of said recovery program, as well as the name, address and telephone number of the recovery group sponsor.
7. Provide the *Amicus* Program Manager or a designated representative of the *Amicus* Program Board with certificates of attendance signed or initialed by my recovery program sponsor.
8. Attend therapy sessions as determined appropriate and specified in the individual assistance plan.
9. Provide the *Amicus* Program Manager or a designated representative of the *Amicus* Program Board with certificates of attendance signed or initialed by my treating therapist.
10. Submit to the supervision of a Monitor selected by the Board to supervise compliance with this agreement and my individual assistance plan.
11. Provide the *Amicus* Program Manager or a designated representative of the *Amicus* Program Board with a self-report, which will identify my current condition and, if applicable, those problems where additional assistance may be needed.

I understand and agree that all costs incurred, directly or indirectly, in regard to any evaluation, treatment, compliance or monitoring required as a result of my participation in *Amicus* will be at my own expense, including uninsured and deductible amounts. I further agree that I will reimburse the Board for any expenses it may be required to pay, including but not limited to photocopying by third parties, to monitor my compliance or non-compliance with any term or condition of the Plan.

I further understand that any modification in the above terms and conditions must be approved by me, the Board, and the *Amicus* Program Manager.

I understand that if I fail to abide by the requirements of this Agreement, the Board may release me from the *Amicus* Program.

[The following paragraph to be used only if the judge is referred as a result of allegation of misconduct and the underlying case is deferred].

I further understand that if I fail to meet the requirements set out in this Agreement, the Board will submit a final report of my participation to the Commission, which will include details of my failure to comply with terms and conditions set out in this Agreement.

SIGNED THIS _____ day of _____, 200____.

(PARTICIPANT JUDGE'S NAME)

(WITNESS)

APPROVED AS TO FORM

(JUDGE'S ATTORNEY)

Amicus Curiae
A Program of the State Commission on Judicial Conduct

INDIVIDUAL ASSISTANCE PLAN

**Honorable [Judge's Name]
[Title]
[City, County], Texas**

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____

Cell Phone: _____ E-Mail: _____

Emergency Contact: Name: _____

Address: _____

City / State: _____

Telephone: _____

TYPE OF PARTICIPATION: Chemical Dependency ____ Mental/Emotional Disorder ____
Dual ____ Other _____

As part of my participation in and compliance with the *Amicus Curiae* Program I, **[Judge's Name]**, agree to comply with all the terms and conditions as set out in this Individual Assistance Plan (Plan). This Plan shall continue in force and effect from its effective date through **[termination date]** [-or-] until termination by the *Amicus Curiae* Program Board.

[TO BE COMPLETED AS APPROPRIATE]

1. Sign all consent and release forms forwarded to me by the *Amicus* Program Manager and return them to *Amicus* Program Manager no later than five (5) days after the date tendered to me by the Board.
2. No later than **[specify date certain]** provide the name, address and telephone number of **[personal physician and/or treating therapist approved by the Board]**.

3. Beginning **[specify date certain]** and continuing through **[specify date certain]**, remain under the care and supervision of **[personal physician and/or treating therapist approved by the Board]** **[or]** **[a physician/treating therapist whose name appears on the list of providers tendered to me by Amicus]**. **[Provide Acceptable List of Providers]**
4. Submit to random drug screens as follows: **[provide specifics of screening contractor]**
5. No later than **[specify date certain]**, begin attending recognized recovery program meetings at least **[specify how often per week/month, etc.]** and notify *Amicus* in writing of such fact within two (2) days of the first meeting attended.
6. No later than **[specify date certain]**, notify *Amicus* in writing of your selection of a home recovery program and sponsor.
7. No later than **[specify date certain]**, provide the name and location of the home recovery program, and the name, address, and telephone number of the recovery program sponsor to the *Amicus* Program Manager or a designated representative of the *Amicus* Program Board. **[specify whom to provide info to/w/address]**
8. Beginning **[specify date certain]** and **[time period, i.e. every week, every other week, as appropriate]** thereafter, provide the *Amicus* Program Manager or a designated representative of the *Amicus* Program Board with certificates of attendance signed or initialed by the recovery program sponsor. **[specify whom to provide info to/w/address]**
9. No later than **[specify date certain]**, begin attending therapy sessions in the area of **[specify type of therapy as appropriate and indicated by psychological evaluation]** and notify *Amicus* in writing of such fact within two (2) days of the first session attended.
10. Beginning **[specify date certain]** and **[time period, i.e. every week, every other week, as appropriate]** thereafter, provide the *Amicus* Program Manager or a designated representative of the *Amicus* Program Board with certificates of attendance signed or initialed by the treating therapist **[specify whom to provide info to/w/address]**
11. Beginning **[specify date certain]** and **[time period, i.e. every week, every other week, as appropriate]** thereafter, provide the *Amicus* Program Manager with progress reports from treating therapist.
12. Beginning **[specify date certain]** and **[time period, i.e. every week, every other week, as appropriate]** thereafter, provide the *Amicus* Program Manager or a designated representative of the *Amicus* Program Board with certificates of attendance signed or initialed by the treating physician **[specify whom to provide info to/w/address]**
13. Beginning **[specify date certain]** and **[time period, i.e. every week, every other week, as appropriate]** thereafter, provide the *Amicus* Program Manager with progress reports from treating physician.

14. No later than **[specify date certain]**, contact the assigned monitor, **[selected by Board]**, and make arrangements for scheduled meeting and reporting requirements.
15. Beginning **[specify date certain]** and **[weekly, monthly, quarterly, etc.]** thereafter, provide the *Amicus* Program Manager or a designated representative of the *Amicus* Program Board with a self report, relating your current condition and problems where additional assistance may be needed. **[specify whom to provide info to/w/address]**

SIGNED this _____ day of _____,
200____.

[PARTICIPATING JUDGE]

Amicus Curiae
A Program of the State Commission on Judicial Conduct

CONSENT FOR RELEASE

AND EXCHANGE OF CONFIDENTIAL INFORMATION

(Physician/Therapist/Treatment Facility)

I, _____, hereby authorize _____
(Physician/Therapist/Treatment Facility) to disclose the results of all diagnostic examinations and tests performed and a list of all medications prescribed in the course of my evaluation and treatment to _____, *Amicus Curiae* (Amicus) Program Manager, or to designated representative of the *Amicus* Program Board.

I further authorize the communication between _____
(Physician/Therapist/Treatment Facility) and the *Amicus* Program Manager, or a designated representative of the *Amicus* Program Board, to facilitate my participation in the *Amicus* Program and my recovery from any problems I may be experiencing with chemical dependency/mental disorder/emotional disorder.

I understand that I can revoke this consent in writing at any time. I further understand that the *Amicus* Board relies on this consent in permitting me to participate in the program and that revocation of this consent prior to my release from the program may be considered by the *Amicus* Board as a failure to abide by the terms and conditions set out in my Individual Assistance Plan. If not previously revoked, this consent will terminate sixty (60) days after I complete, withdraw or am released from the *Amicus* Program.

This consent is signed on the _____ day of _____, 200__.

[Participating Judge's Name]

Amicus Curiae

A Program of the State Commission on Judicial Conduct

CONSENT FOR RELEASE

AND EXCHANGE OF CONFIDENTIAL INFORMATION

(Recovery Program Sponsor)

I, _____, hereby authorize _____, my recovery program sponsor, to disclose the dates of my attendance and the details of my participation in the recovery program to _____, *Amicus Curiae* (*Amicus*) Program Manager, or to designated representative of the *Amicus* Program Board.

I further authorize the communication between my recovery program sponsor and the *Amicus* Program Manager, or a designated representative of the *Amicus* Program Board, to facilitate my participation in the *Amicus* Program and my recovery from any problems I may be experiencing with chemical dependency.

I understand that I can revoke this consent in writing at any time. I further understand that the *Amicus Curiae* Board relies on this consent in permitting me to participate in the program and that revocation of this consent prior to my release from the program may be considered by the *Amicus* Board as a failure to abide by the terms and conditions set out in my Individual Assistance Plan. If not previously revoked, this consent will terminate sixty (60) days after I complete, withdraw or am released from the *Amicus* Program.

This consent is signed on the _____ day of _____, 200__.

[Participating Judge's Name]

Amicus Curiae

A Program of the State Commission on Judicial Conduct

CONSENT FOR RELEASE

AND EXCHANGE OF CONFIDENTIAL INFORMATION

(Program Monitor)

I, _____, hereby acknowledge the appointment of _____ as my Monitor and authorize _____ **[Monitor name]** to disclose to the *Amicus Curiae* (*Amicus*) Program Manager, or to a designated representative of the *Amicus* Program Board, any and all information developed in the course of this relationship relating to my participation in the *Amicus Curiae* Program and my compliance with my Agreement to Participate and Individual Assistance Plan.

I further authorize the communication between _____ **[Monitor name]** and the *Amicus* Program Manager, or a designated representative of the *Amicus* Program Board, to facilitate my participation in the *Amicus* Program and my recovery from any problems I may be experiencing with **[chemical dependency/mental disorder/emotional condition]** (choose as appropriate).

I understand that I can revoke this consent in writing at any time. I further understand that the *Amicus* Board relies on this consent in permitting me to participate in the program and that revocation of this consent prior to my release from the program may be considered by the *Amicus* Board as a failure to abide by the terms and conditions set out in my Individual Assistance Plan. If not previously revoked, this consent will terminate sixty (60) days after I complete, withdraw or am released from the *Amicus* Program.

This consent is signed on the _____ day of _____, 200__.

Participating Judge's Name

Appendix F

Assessment Guidelines and Forms

CO

**Department of Regulatory Agencies
Colorado Mental Health Section
1560 Broadway
Suite 880
Denver, CO 80202
(303) 894-7766**

MENTAL STATUS EVALUATION GUIDELINES

The Board requests that you conduct a mental status evaluation of the respondent therapist. The evaluation involves a thorough consideration of a wide variety of sensitive psychological and sociological areas. It is the Board's decision that this information falls under exceptions to the open records act, and will be treated by the Board as confidential information.

As an evaluator, recognize that the primary concern of the Board is public safety. The goal of the report is to help the Board understand how problems related to public safety developed, and determine if the respondent therapist can practice with reasonable skill and safety for clients. Your job as an evaluator is as a fact finder for the Board, as an assessor of the nature of problems, and as a person who provides a professional opinion. The outline below gives the Board substantive information independent of your conclusion that will aid the Board in making its independent decision.

Following is an outline of the information requested. A report may or may not follow the specific format of this outline. Some of the information listed below may not be relevant to the particular case. However, the information shown should generally be included. Please add any additional information you feel would be helpful in addition to the information outlined below.

Outline of Evaluation:

Introduction

Brief summary of the identifying factors (name, age, ethnicity, marital status, town) and nature of the referral (why referred, nature of the problem that brought about the referral).

Informed consent

Note what informed consent was reviewed, including to whom the report will go to.

Presenting Problem

Review the nature of the problems that the Board is concerned about, including when they occurred, how often, with what severity, with who, where the problems occurred, and under what circumstances.

Personal History

Childhood and adolescent background-

History in family of origin. Where born, to who, nature of family constellation, family life in pre-school years, elementary school years, high school years; school history, relationship history with family and others in childhood; evidence of physical/emotional/sexual abuse; problems with impulse control, other childhood history issues.

Late adolescent through adult history-

relationship history: friends, spouses/significant others, children, colleagues

job history

legal history

drug and alcohol history

sex history

education history

medical history: if there are diseases, accidents, or medications which could affect functioning, review the potential impact

military history

Mental status

appearance and demeanor, psychomotor activity, interaction style, attitude and level of cooperation, speech pattern, affect, thought process and content, presence or absence of delusions and hallucinations or other psychotic thoughts, presence or absence of vegetative symptoms of depression or mania, presence of suicidal/homicidal ideation/orientation, memory, concentration, attention/assessment of conceptual ability.

Psychological testing (if appropriate)

Practice information: description of practice-numbers and types of clients, general methods of treatment.

Review other practice information that may be relevant to the Board's determination that respondent therapist may not be able to practice with reasonable skill and safety for clients or relevant to your evaluation and opinion as to respondent therapist's ability to practice safely.

Identify any additional factors, which are relevant to the evaluation. Any other issues related to public safety that have not been listed in the review of systems should be listed.

Given your knowledge gained in conducting the evaluation identify any problems, themes, or dynamics you see as potentially causative of the problems that led to this evaluation.

Examples of potential causative factors are:

1. Biological factors: drug, alcohol, disease, accidents, aging.
2. Social history factors: childhood experiences, past maladaptive response to stress, nature of relationship with victim(s), nature of escalation of problems, stopping points available in escalation process, history of similar problems with other clients suggesting repetitiveness.
3. Environmental/ecological factors at time of the event: certain types of clients, life stress, isolation, etc.
4. Psychological/personal factors: personality characteristics, DSM diagnostic issues, cognitive problem solving style, thoughts of what was to be accomplished by the actions, attitudinal sets, current maladaptive reasons to stress (denial, blaming others, trying to control environment to handle bad feelings rather than control self, over involvement, etc.)
5. Educational factors: training and experience in various areas.

***Department of Regulatory Agencies
Colorado Mental Health Section
1560 Broadway, Suite 880
Denver, CO 80202
(303) 894-7766***

Practice Evaluation Guidelines

The Board has requested an evaluation of the therapist to assure the therapist is practicing appropriately within her/his area of education, training and competence. The following are some guidelines for the evaluation.

If you are a therapist who is being evaluated, please provide a copy of these guidelines to your proposed evaluator(s). The report needs to contain the information described in these guidelines.

If you are an evaluator, recognize that the preliminary concern of the Board is public protection. The goal of the report is to help the Board understand how problems developed, and to assure that the therapist has the skill, competence and training to safely practice.

Your job as an evaluator is to assess the nature of problem(s) encountered by the therapist and assure safety to practice. The report format below gives the Board the substantive information to understand the nature of the problem and fully assess safety to practice.

It is the belief of the Board that problems do not exist in a vacuum. There is some sort of causative pathway that can be understood, at least partially. Thus, the report should provide assessment of a wide variety of functional areas, with summary conclusions of how these areas related to the occurrence of the problem(s).

We ask that you assess for potential personality issues that might need to be addressed (stretched too thin, over-involvement, arrogance, recent depression, etc.) as well as a full range of assessment of practice issues that might need to be addressed (are charts well maintained; is there a problem with clinical areas of the person's practice; is billing OK, etc.).

The General outline of the assessment is:

- (1) What problem(s) occurred that are of the Board's concern?
- (2) Are there other problems the Board should be concerned with?
- (3) What seems to be the dynamics behind the problem (s) occurring?
- (4) Are there character or other issues that were behind the problem that need to be addressed?
- (5) Direct care/non-direct care practice assessment (how are the person's capabilities in both the clinical and non-clinical aspects of the practice and do they affect the problem(s)?

- (6) As a result of all of the above, describe how the problem's developed and the evaluator's assessment regarding safety to practice.

Following is a suggested report format. A report does not need to follow this specific format. However, the information shown should be included to the extent appropriate and necessary to fully evaluate the problem(s) presented.

Introduction

Brief summary of the identifying factors (name, age, ethnicity, marital status, town, etc.) and nature of the referral (why referred, nature of the problem that brought about the referral, goal of the report).

Preliminary Discussion with Respondent Therapist

Note the discussion with the respondent therapist, including purpose and nature of the report, who the report will go to, possible impact of the report, fees, etc.

Presenting Problem

Review the nature of the problem(s) that the Board is concerned about, including when they occurred, how often, with what severity, with who, where the problems occurred, and under what circumstances.

Practice Review

Training

Experience

Description of practice - numbers and types of clients, general methods of treatment.

Review Therapist's Clinical Practice

Review therapist's knowledge of and ability to make diagnoses, either DSM-IV-R or dynamic formulation diagnoses or appropriate assessment consistent with theoretical orientation.

Review therapist's knowledge of his/her own skill(s) areas, kind of cases to accept for treatment, when not to accept a client for treatment and when to refer. Assess the person's ability to identify and know when to refer for medical review the following; schizophrenia or other psychotic state; manic status; major depressive reaction; panic attacks, physical condition affecting mood and behavior.

Review therapist's ability to make an imminent risk assessment, as appropriate or necessary. For suicide, does he/she know how to assess plans and means? Can he/she list 5 to 10 of the many factors shown to increase risk for suicide or assaultiveness? Can he/she list criteria that suggest need for hospitalization, and does the person have a workable plan for immediate hospitalization as necessary?

Review therapist's knowledge of and ability to formulate treatment plans, including knowledge of psychotherapy outcome literature, knowledge of the orientation. For example, what books or articles does the therapist use to support the theoretical orientation? What journals are regularly reviewed which talk about research in the area?

Review the ability to implement a treatment plan, including carrying out the intended plan, and showing that the written plan corresponds with the actuality of treatment. Show ability to identify when it is necessary to review the plan, change the plan, gain consultation when out of area of expertise, know when dual relationship boundaries are crossed.

Review ability to do appropriate termination, including knowing criteria for termination, criteria for readmitting to treatment.

Review the non-direct care aspect of the practice.

Review a random sample of chart files for completeness (chart notes of adequate nature for all cases) adequacy of documentation, including documenting diagnoses or assessment, treatment planning, carrying out treatment, evaluating the need to continue or change treatment, and going through an appropriate termination process.

Review the management of the practice, including waiting list, completing work on time, billing practices, returning phone calls, climate or office facility, etc.

Review therapist's knowledge of the ethical guidelines of his/her professional orientation and the general literature on ethics in psychotherapy.

Review the therapist's response to the problem:

Review complainant's account of the problem (obtained from Board file).

Review the therapist's account of the problems.

If there are some discrepancies between the therapist's and client's version, discuss possible causes for the difference.

Assess the cause(s) of the problem(s)

Given your knowledge of the therapist's personal history and characteristics, combined with your knowledge of the therapist's professional history and skills, identify factors, problems, themes or dynamics you see as potentially causative of the problem(s) that occurred.

Mental Health Review (As Necessary and Appropriate)

Personal History:

Childhood and adolescent background:

History in family of origin. Family life in preschool years, elementary school years, high school years; school history, relationship history with family and others in childhood; evidence of physical/emotional/sexual abuse; problems with impulse control.

Late adolescent through adult history relationship history:

friends, spouses/significant others, children, colleagues
employment/job history
legal history
drug and alcohol history
sexual history
education history
medical history
military history

financial status

Mental status:

Psychological testing (if appropriate)

DSM-III-R (as appropriate)

Appendix G

Reporting/ Monitoring Forms

MI

CO

Texas Judges Program

☐ CONFIDENTIAL MONITORING

☐ REGULATORY MONITORING

Health Professional Recovery Program Monthly Self Report

3520 Okemos Road #6-182
Okemos, MI 48864
Ph # 800-453-3784

Instructions: Complete this form and **submit to HPRP by the 10th day of the month following the month you are reporting.** Forms will not be automatically supplied to you. Please make additional copies. Forms available @ HPRP.org. It is recommended you keep a copy of each completed form for your files.

Participant's Name: _____ Report for Month/Yr of: _____

Address: _____

Home Phone: _____ Work Phone: _____

***Have you had any change in your home address, phone number, sponsor, employer, work site address, employment status, employment shift/hours of work, work site monitor, work restrictions or responsibilities? If yes, please provide the new information.**

Have you formally requested this change on your monitoring agreement? Yes _____ No _____
If no, please contact your Case Manager immediately.

Please complete the categories that apply to you.

	Group	Individual/ Family	Psychiatrist	Addictionist	PCP	NA/AA Meetings	Sponsor Visits
# of Sessions Attended or Contacts Made this Month							
Date Quarterly Report is Due or Was Sent						N/A	N/A

List all prescription or over-the-counter drugs taken this month, any prescription changes and reason for use:

Was your addictionist/psychiatrist notified? Yes ___ No ___ Did you provide a copy to HPRP? Yes ___ No ___

Current Legal Issues:

Have you experienced a mental health or chemical relapse in the last month? Yes ___ No ___

COMMENTS:

HPRP Case Manager: _____

☐ CONFIDENTIAL MONITORING

☐ REGULATORY MONITORING

HEALTH PROFESSIONAL RECOVERY PROGRAM

Therapist

Psychologist
MSW/ACSW
MA-LLP/LPC
Any Licensed or
Registered Therapist

3520 Okemos Rd. #6-182
Okemos, MI 48864
800-453-3784

THERAPIST

QUARTERLY REPORT

Participant: _____

Report for the period from: _____ To: _____

Please check the appropriate finding for each listed criteria	S	U
1. Overall status in recovery		
2. Compliance with recovery plan		
3. Attendance in therapy/rehabilitation program		
4. Overall psychological functioning		
5. Interpersonal relations		
Please answer each of the following questions	Y	N
6. Have conditions caused you to request a drug screen?		
7. Is participant compliant with prescribed meds?		
8. Is the participant able to practice his/her profession safely and competently?		

Please explain any "unsatisfactory" finding or "yes" response: _____

Provider's Name (type or print): _____

Address: _____

Phone #: _____

Signature: _____ Date: _____

THEARPIST

HPRP Case Manager: _____

**Department of Regulatory Agencies
Colorado Mental Health Section
1560 Broadway, Suite 880
Denver, CO 80202**

(303) 894-7766

REPORTS TO THE BOARD BY PRACTICE MONITORS

Introduction

This is a guideline for people who are practice monitors for the Board or supervisors providing report to the Board.

As a practice monitor, you have a responsibility, to the Board and to the therapist. Your primary responsibility is to the Board and the public safety, so you need to be responsive to issues of reporting to the Board in addition to the more common supervision issues.

As a practice monitor you are requested to evaluate the therapist and the grievance, and develop a monitoring plan with measurable outcomes.

Initial Evaluation Report

In your initial report it is expected that you will explore and report your professional opinion in the following areas:

1. Your formulation of the issues that brought about the complaint and disciplinary action.
2. An assessment of the therapist's understanding of the events that led to the grievance and recognition of responsibility.
3. An assessment of the therapist's skills and deficits as related to the grievance, such as in the area of:
 - a. Business practices, clinical knowledge, experience and supervision.
 - b. The therapist's understanding (and deficits) of boundary, transference and counter-transference issues.
 - c. The therapist's diagnostic and treatment planning skills.
 - d. The therapist's ability to identify the strengths and limitation of his/her chosen theoretical orientation.
 - e. How well the therapist applies his/her orientation to a clients' presenting problems.
4. A monitoring plan with measurable outcomes.
5. Any other information relevant to the problems(s) and to public safety.

The Board understands that monitoring and assessment are dynamic, on-going processes and that many of these issues will need to be discussed in subsequent reports as well.

To develop this assessment, you are required to review a copy of the Board's file, including the stipulation and order or agreement. Please call or write for a copy of the file, if you have not already received it. In your initial report you need to acknowledge receiving the Board's file.

If there is also a therapy monitor, please mail copies of your monitoring reports to the therapy monitor as well as to the therapist.

Subsequent Reports: In subsequent reports, please include:

1. Number of report.
2. Number of times you met with the therapist with explanations of variances from required meeting frequency (e.g., vacations, etc.).
3. Overview of case load (i.e., number and nature of cases, etc.).
4. Additions and alterations of your previous assessments, evaluations and monitoring.
5. Issues addressed in your monitoring sessions.
6. Cognitive, behavioral or emotional evidence indicating progress in the therapist's understanding of the dynamics of the incident(s) involved in the complaint
7. Examples of modifications in the therapist's behavior with clients which illustrate your assessments of the therapist.
8. What new internal or external resources are at the therapist's disposal should he/she or she experience a situation similar to the one(s) that led to the grievance.
9. Any positive trends you see developing or action taken outside of the monitoring sessions.
10. Any other information relevant to the problems(s) and to public safety.

Requests for Change in Status of Monitoring

Reports requesting a change in the status of monitoring (increase or decrease of frequency of sessions, termination of sessions, etc.), should include a synopsis of the concerns around the original complaint, effects of monitoring and current status of the therapist. Also, please include:

1. Description of the therapist's caseload.
2. Reasons for requesting change in status.
3. Specific behavioral examples of what is different.
4. Length of time desired behaviors have been evidenced.
5. Discussion of any additional problems you have noticed.

6. Your judgment of whether the therapist is capable of providing psychotherapy under reduced supervision or in an unsupervised capacity.
7. Any other information pertinent in assisting the Board in making a decision or relevant to the therapist's problem(s) and to public safety.

In General

A good report is not necessarily lengthy but informative. A poor report is vague, nonspecific and does not refer to the problem(s) that have been identified as needing to change. The Board is especially interested in:

1. Addressing issues of standards of practice.
2. Addressing themes that are related to public safety.
3. Behavioral evidence for your conclusions.

If you have any questions or if there is any way we can assist you, please feel free to call.

EXAMPLES TAKEN FROM PRACTICE MONITORING REPORTS

Example 1: an unacceptable practice monitor report

"Dr. ____ and I have met three times for regular supervision sessions since the last report. He continues to deal with issues that are important for him. He is doing well and I have no concerns at this time."

Signed,

Reasons why it's unacceptable: Too vague, no information concerning how the problems are being addressed.

Example 2: an unacceptable practice monitor report

"Dr. ____ and I met on the following dates since the previous report sent to you dated _____. She currently has a caseload of 20, with 5 being long term characterological cases, 10 being marital therapy cases, and 5 being short term crisis cases. I have reviewed the initial review and treatment plan on all but two of these at the present time."

"As reported previously, we are dealing with several areas of knowledge deficit, and several concerns related to knowing and handling boundary issues appropriately. There were three cases in which these were relevant issues, and we dealt with these in some detail."

"She continues to be involved in learning, actively seeks out new information, and uses information gained in sessions to change her practice. In these three cases mentioned, she identified ways he/she incorporated suggested material into his/her practice."

At the present time I have observed nothing to indicate a major concern. We are progressing with reasonable speed.

Signed,

Reasons why it's "unacceptable" as opposed to "acceptable" is that it doesn't include behavioral examples. With appropriate examples it would be an acceptable report.

Example 3: Examples taken from a variety of acceptable practice monitoring reports.

A. Initial evaluation statement.

"I am submitting this initial evaluation as a practice monitor for _____. I have received and read a copy of the stipulated order, letter of admonition, and copies of the Board's file. I understand the duties and responsibilities I have undertaken as _____'s practice monitor. Enclosed please find a practice monitoring supervisory contract."

"I reviewed his new mandatory disclosure statement which informs his clients, both old and new, of the supervision and includes my name, address, and telephone number. _____ and I met on (dates) for our weekly session (or I met with _____ for an initial three-hour evaluation on {date}). We discussed our relationship under the stipulated agreement and order. I understand my duties are threefold: I have a responsibility to the Board, the public and to the therapist, _____."

B. A dynamic formulation of the nature of the problem.

Your professional formulation of the issues that brought about the complaint and disciplinary action:

"It is likely (therapist) _____ may not be aware of the negative, internal responses he is having toward a particular client and may therefore also not be aware of how his work may be influenced by them."

"In my judgment, _____'s sexual involvement with _____ was an egregious violation of the most basic issues of standard of care pertaining to dual relationships and client welfare...regardless of any diagnosis that might be applied to her."

"Dr. _____ was emotionally shaken by the extreme nature of the abuse his client was reliving, and based upon the above described conditions made an impulsive attempt to comfort her on two separate occasions."

"Early on in Dr. _____'s career as a mental health practitioner, he/she was forced to transfer a client to another treatment facility against his and the client's better judgment. The client subsequently committed suicide. This event made a deep and lasting impression on Dr. _____ and her transfer of care of reluctant patients was subsequently done in a much more conservative manner."

C. Therapist's perception of how the grievance occurred.

Clinical examples so that the Board may measure progress:

"The fact that _____ has consistently denied having engaged in any sexual misconduct makes it difficult to conduct a meaningful evaluation."

"He struggles with the implications of his behavior on his understanding of his very character. The question, 'am I a bad person or a person who made a bad mistake?' is part of our

discussion. We are attempting to understand how his moral development might have allowed his actions to 'cross the line' ethically."

"Even though the inappropriate touch was not of a sexual nature, Dr. _____ understands the inappropriateness of her action and has already taken steps to understand why she, against her better judgment, inappropriately touched her client."

D. Address deficits in clinical knowledge, experience and/or supervision.

"Dr. _____ acknowledges that her professional education has many gaps and that she now has a strong desire to learn as much as possible about diagnosis, resistance's, defenses, transferences, counter-transferences, etc."

"As far as I have been able to determine, the primary cause appears to be insufficient knowledge of generally accepted norms and standards due to insufficient education and inadequate supervision. This is further exacerbated by the fact that _____'s techniques and theoretical orientation fall into the arena of holistic spiritually-oriented practices, where at times the line between professional, clinical treatment and personal growth exercises is not always clear."

E. Address deficits in boundaries.

Clinical examples:

"Dr. _____'s feelings about himself are to a great extent dependent upon his success as a psychologist. In the past, if the client's problems were not completely solved, he tended to consider this a failure on his part, and he would go to considerable lengths to take whatever measures he though might help. His rewarding a client by taking a hundred dollars off the client's bill for earning a G.E.D. is an example."

"The problems especially in the area of maintaining boundaries, seem to relate to his wishes to be appreciated, liked and responsively helpful to the patient. These wishes come from his own unconscious identification with the patient's pain as well as confusion about his role as a therapist versus a pastor."

F. An assessment of the therapist's diagnostic skills, interventions, and treatment planning skills.

"We will review all cases sufficiently and periodically to assure that Dr. _____ is within her acquired range of knowledge and skill for treatment of cases. We will also review whether her interventions are in line with theoretical guidelines of what can be therapeutic with different psychological problems. We will discuss alternative treatment procedures for consideration where appropriate, and will review the ethical appropriateness of these procedures with clients."

G. An assessment of the therapist's understanding of transference and counter-transference.

"When he was ten years of age, Dr. _____'s father died, and Dr. _____'s role in the family shifted to being the man of the house' and to take care of his mother and two older sisters. He has a rich understanding of how this family of origin script led him to his current profession, and how what he learned and experienced in his formative years can be both a strength and a weakness."

"The particular problem which generated this complaint, occurred when he was experiencing a particular unfortunate set of circumstances in his personal life, including a divorce and the death of his father-in-law."

H. Therapist's ability to identify the strengths and limitations of his or her chosen theoretical orientation.

"I have found _____ to be a well-trained gestalt therapist. A large part of this process is the 'I, thou humanness' to facilitate individual and group growth. This widely-accepted, but also controversial use of self is one of _____'s greatest strengths and also a major focus of the grievances against her. I think this approach is potentially successful with healthier clients with more developed egos and clear boundaries. The approach can be problematic with clients who have various forms of personality disorders."

I. Are patient records being kept adequately?

"I reviewed his new mandatory disclosure statement which informs his clients, both old and new, of the supervision and includes my name, address, and telephone number. I asked Ms. _____ to bring five client charts in order to provide me with how he organizes client information, disclosure statements, notes, etc. Her charts appear to be complete."

J. Goals.

"Our goal through our interaction is to increase his sensitivity to potential problems so that his therapeutic zeal does not outrun his clinical judgment."

"Make clear the boundaries of the client/therapist relationship in that the therapist cannot be all things to his or her client, nor can the therapist solve all the client's problems."

"My plan of focus with _____ will center on the issues of transference, counter-transference, and projective identification. These are three aspects of psychological functioning of the therapist in interaction with patients. In the case leading to this current practice monitoring, all of these may be operative."

Example 4: An acceptable report requesting a change in status.

"This is practice monitoring report number 22. During the month of September, Dr. _____ and I met for monitoring of his practice on September 2, 9, 23, and 30. I was unable to meet with him on September 16, due to another commitment. I was also present at a peer consultation group meeting with him on September 9. Each of these meetings lasted approximately one hour."

"In this letter, I offer the Board a summary of my work with Dr. ____ over the past three and a half years. The following represents my assessment of the changes Dr. ____ has made and my conclusions about his safety for practice without further monitoring."

"In a letter to the chair of the Board dated ____, I listed the major deficiencies in Dr. _____'s practice which I believed were factors in his crossing of professional boundaries with a client, which was the primary problem noted in his practice and led to the sexual contact with the client. These included, (1) a general blurring of roles, (2) isolation from other psychologists, (3) lack of attention in some cases to issues of transference and countertransference, and (4) failure to keep his own emotional house in order. I will address each of these in turn."

“(1) At the time that I started meeting with Dr. ____ three years ago, he had already begun withdrawing from his positions in the church and church youth groups. In part, of course, this was precipitated by the institutions themselves once they were made aware of the charges against him. It also represented his own recognition that he needed to separate his role as therapist from his other roles within the church community in which he is an active and visible participant, both as a member and a therapist. Since three years ago he has shared an office building with other psychologists, rather than in a church related building. He and his family now worship in a congregation in which he has no professional or pastoral role. He and I have often discussed the pitfalls inherent in mixing the roles of therapist and minister. He now believes that these two approaches to people in distress represent different types of care and that allowing them to blend can be confusing or misleading to clients. His practice setting makes a clear statement as to what clients can expect from him.”

“(2) Dr. ____ has strengthened his identification with the professional community through participating in a peer consultation group, attending workshops and other professional meetings, and restoring relationships with other practitioners. This provides him with ongoing awareness of practice issues and helps to keep his view of this complex work up to date. He continues to educate himself in the matter of therapist-client boundary violations. For example, six months ago he attended a day long workshop on this topic in relation to sexual violations, and will be attending a national conference on this topic within the next two weeks.”

“(3) Dr. ____'s present belief is that he underestimated the power of the client's transference feeling toward the therapist in combination with his own blurring of boundaries. From our discussion, I believe that he is now highly sensitized to signs that a client is seeking some special relationship with him and is able to both maintain clear limits in his own behavior and to address the client's feelings, as appropriate, in a professional and therapeutic manner without blurring boundaries.”

“(4) Dr. ____ has invested a great deal in his own emotional health, through personal and family therapy and ongoing self-examination. It is now clear to him that a therapist's first job is to maintain balance in his own life and that such apparently self-sacrificing behaviors as working excessively long hours both put the therapist and client at risk. In spite of the financial drain his offense has created for him and his family, he continues to limit his practice to approximately 20 hours of client contact a week. I see him as emotionally stable and self aware at this time. His therapist and myself have been in regular contact concerning Dr. ____ and both feel that his emotional health is positive.”

“Dr. ____ has at all times kept me fully informed as to his work. He has provided me with monthly updated lists of his complete caseload. I have reviewed a random selection of his clinical records, and I have discussed all of his cases with him on a regular basis. I can say that as a result of our many meetings over the past three years I have become very familiar with his clinical thinking. He has maintained all of these changes for at least six months. Once our supervisory relationship is terminated, I will feel confident in referring cases to him.”

“I would like to propose the following to the Board: that Dr. ____ and I continue to meet on our present schedule through October; that we reduce our meeting to twice a month in November and December; and that we terminate at the end of the year. This will be four years since he first contacted me for supervision, and is consistent with the plan outlined in previous reports to the Board. I will continue to see Dr. ____ regularly in peer consultation meetings. I am also satisfied that he will continue to seek consultation with colleagues on sensitive cases. He has come to appreciate this experience for its own sake. Its value is now internalized; it is no longer necessary for it to be an external requirement.”

"I believe that Dr. ____'s personal crisis has impelled him into growth, and that he has accepted the challenge. As a result of this, he now represents a resource to the profession and I expect him to contribute the fruits of his experience to work in prevention and rehabilitation."

"If the Board has questions which I have not addressed, I will of course be glad to address them."

Signed,

Note that acceptable reports include: (1) identified themes or causes that related to the development of the problem; (2) identified treatment interventions related to the themes; (3) behavioral examples of how these areas are different currently; (4) specific changes in plan tied to specific changes in behavior; (5) a period of time during which the therapist has maintained these changes.

**Department of Regulatory Agencies
Colorado Mental Health Section
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REPORTS TO THE BOARD BY THERAPY MONITORS

I. Introduction

This is a guideline for people who are therapy monitors approved by the Board.

As a therapy monitor, you are working with a therapist who is subject to an action by the Board and may be a risk to the community.

As a therapy monitor, you have a dual responsibility, both to the board and to the respondent therapist. The therapy monitor has an obligation to the Board that supersedes the "traditional" client/therapist relationship, especially in the area of confidentiality. Your primary responsibility is to the Board and the public safety.

As a therapy monitor you are required to perform an initial evaluation and assessment of the respondent therapist, including an assessment of the dynamics of the grievance that precipitated the therapists disciplinary action. As with any other client, you are required to develop a treatment plan with measurable outcomes, as well as an appropriate monitoring plan.

II. Initial Report

As a result of your initial evaluation and assessment, your initial report is to include your professional opinion in the following areas:

1. Your preliminary clinical formulation of the issues that brought

about the Board action. You are expected to develop a list of problems, themes, dynamics or issues to deal with that directly relate to the occurrence of the behavior that was a risk to the public. Examples of areas to be addressed as they relate to the respondent therapist include, but are not limited to:

- | | |
|--|---|
| A. Personal history | D. Personality issues |
| B. Family background and dynamics | E. Psycho-social and environmental issues |
| C. Current stressors - personal, social and professional | F. Biological issues |
| | G. Any drug and alcohol issues, and |
| | H. Any DSM diagnostic issues |
2. Your preliminary evaluation of the dynamics of the grievance that were possible or potential triggers for the respondent therapist's behaviors.
 3. An assessment of the respondent therapist's awareness understanding and insight of the events that led to the grievance and understanding about responsibility.
 4. A preliminary treatment plan with measurable outcomes.

5. Any other information relevant to the respondent therapist's behaviors and the public safety.

To adequately develop this assessment, you are required to review a copy of the Board's file, including the stipulation and order. The respondent therapist should have provided you with a complete copy of the case file prior to you agreeing to become a therapy monitor. In your initial report you need to acknowledge receiving and reviewing the Board's file.

The Board understands that the process of psychotherapy, which includes assessment and treatment, is a dynamic, on-going process, and that many of these issues will change as treatment progresses. As changes and modifications occur, these need to be discussed in your reports.

III. Subsequent Reports - include the following:

1. In the heading of each report:

Re: Therapy Monitoring Report Number _____
Practitioners full name
Stipulation & Order Case Number (i.e. Case No. RG GB ABCD)
2. In the first paragraph of each report:
 - A. Number of times you met with the disciplined therapist with explanations of variances from required meeting frequency (e.g., vacations, etc.).
 - B. Number of months of monitoring.
3. Issues addressed in therapy sessions.
4. Any changes in treatment and/or monitoring plans, with a discussion as to the reasons for the modifications.
5. Discussion of progress or lack of progress towards the measurable outcomes of the treatment plan, using cognitive, behavioral, emotional evidence, etc., as support.
6. A discussion of the progress or lack of progress in the disciplined therapist's understanding and integration of the dynamics involved in the complaint. Additionally, your professional opinion as to how the disciplined therapist would act in the future, in similar circumstances, should they present.
7. Any positive trends you see developing or actions taken outside of the monitoring sessions, supported by specific behavioral examples.
8. Any other information relevant to the respondent therapist's treatment and to public safety.

IV. Requests for Change in Status of Monitoring

1. Reports requesting a change in the status of monitoring (increases or decreases of frequency or lengths of sessions, termination of sessions, modifications in reporting, etc.), should include:
 - A. Reasons for requesting change in monitoring status.
 - B. A synopsis of the original complaint, and dynamics involved.
 - C. A discussion as to the respondent therapist's progress with respect to her or his own awareness' as to:
 - (1) the causes for the original grievance,
 - (2) the respondent therapist's level of self-awareness of his or her own intra-psychic dynamics, and
 - (3) specific behavioral changes achieved during the period of monitoring, including length of time and consistency of the changes being manifested.
 - D. Progress towards current treatment goals.
 - E. The impact on the treatment plan and the measurable outcomes as a result of this requested change.
 - F. Discussion of any additional concerns you have noted.
 - G. Your professional opinion as to whether the respondent therapist is safe to practice psychotherapy under reduced or terminated therapy monitoring, with discussion of the basis of your opinions.
 - H. Any other Information pertinent in assisting the Board in making a decision.

V. In General

1. A good report is not necessarily lengthy but is informative. A poor report is vague, nonspecific and does not refer to the concerns that have been identified as needing to be addressed and changed. The Board is especially interested in your:
 - A. Addressing progress towards treatment goals.
 - B. Giving behavioral evidence to support conclusions.
 - C. Addressing themes that are related to public safety.
2. Please note that copies of all reports submitted to the Board should be forwarded to the respondent therapist's practice monitor, as well as to the therapist.
3. Should you have any questions or if there is any way that the Board can assist you, please feel free to call.

EXAMPLES TAKEN FROM UNACCEPTABLE THERAPY MONITORING REPORTS

Example 1

_____ and I have met three times for regular therapy sessions since the last report. He continues to deal with issues that are important for him. He is doing well and I have no concerns at this time."

Reasons why it's unacceptable: Too vague, no information concerning how the problems are being addressed.

Example 2

_____ expressed her good feeling about the positive direction her relationship with her husband continues to take. _____ also her husband takes his own medication so he does not lose control when he deals with his children (adults) or lose control when he talks with his wife.

_____ maintains a positive relationship with her adult children and currently is helping her daughter plan for her wedding. She continues to like working as a clinical social worker but experiences the stresses associated with the increasing influence of managed care. Also maintains her boundaries between herself and her clients and has not been depressed or anxious during these past months.

Reasons why it's unacceptable: Self-reporting only. No evidence of insight translated into examples of appropriate and relevant action.

EXAMPLES TAKEN FROM ACCEPTABLE THERAPY MONITORING REPORTS

Example 1

(Heading for all reports)

RE: Practitioners Name

Case No. _____

(1st Paragraph for all reports)

This is my tenth therapy monitor report to the Board relative to my fifteenth month of monitoring of _____. _____ and I have met twelve times for a total of twelve hours of therapy monitoring over the last three months. No meeting was held during the week of May 25, 2004, due to the monitor being on vacation. The areas we dealt with during these sessions were _____ (with detailed information to follow in subsequent paragraphs).

Example 2

_____ has begun to work through the grief resulting from the losses associated with his second failed marriage. He is viewing his future more positively and uses self-talk to refute thoughts leading to feeling of powerlessness. He is maintaining an increased level of social activity and seeking emotional support from friends.

While _____ is making affirmative changes in his life indicative of proper use of insight gained in therapy he has considerable work to do to resolve feeling of grief and fears of imminent or inevitable future loss and failure in relationships. He remains counterdependent rather than independent in his function in relationships.

Example 3

At this time she appears able to practice psychology and psychotherapy in accordance with generally accepted standards of practice. However, in my opinion, she has some difficulty in appreciating her own limitations and the impact of her well-intended interventions in specific cases. This is especially so where cases are highly complex and where emotional safety and boundary issues are most salient, such as clients with a history of sexual abuse and/or symptoms of a dissociated disorder or multiple personal disorder. I recommend that her practice monitor review her caseload with emphasis on these issues and that she receive immediate supervision on these cases.

Example 4

During the last several months, the topics of discussion in therapy have been of increasing range and depth of exploration and investigation. A particularly salient example is _____'s awareness of a feeling of helplessness which dates back to childhood and which seems to be most evident in confrontational type situations in close relationships. His usual response to those feeling of helplessness has been to withdraw and become silent, which barely masks the feeling of rage at feeling powerless. This is accompanied by an even more intense feeling of loneliness and disconnectedness which at times he experiences as totally overwhelming.

_____ is making a successful effort to deal with these intense reactions by reminding himself that he is not now helpless as he was as a child, and that he has the power and capability as an adult to express his wishes and thoughts with a reasonable expectation that he will be able to influence the turn of event which surround him.

_____ has also recognized that trying to control people and activities as a response to these problem areas is an inadequate solution. It goes without saying that he is attempting to relinquish this desire to control others.

The thrust of the therapeutic effort is designed to help _____ trust the strength of his close interpersonal relationship and to accept his capabilities as an effective individual in these relationships.

_____ continues to show a clarity in his awareness that the overriding purpose of therapy is for him to gain a strong sense of his personal and professional boundaries. I feel that he is moving steadily toward the attainment of this goal.

Example 5

The primary vehicle for the therapeutic discussions has been to focus upon his closest interpersonal relationships. The understanding and changes derived from these most important relationships can then be generalized to dealing more effectively with friends, acquaintances and clients.

Continued exploration of childhood and early adulthood experiences revealed significant experiences of emotional trauma and abandonment during his military career and first marriage. He developed maladaptive coping mechanisms at the time which limited his validity to derive emotional support in relationships and ameliorate his emotional pain. While _____ no longer abuses alcohol he continues to distance himself emotionally from people, especially females.

The movement of therapy during his past months has been in the direction of helping _____ to not only see but to enforce his personal limits and boundaries. Having a clear picture of his own limits is intended to then enable him to exercise these limits in his professional duties. He has demonstrated considerable progress in being able to assert these boundaries in his personal life.

Example 6

As this work has progressed over the past month, it is now possible to speculate on some of the possible dynamics involved in _____'s lack of the best professional judgment as it is reflected in his violation which is at issue. It appears to me that _____'s primary means of supporting his feeling of self worth is derived from attempting to please others. This is particularly relevant in his closest relationships, such as spouse, stepchildren, or parents. At the time when _____ permitted herself to respond to a client with less than professional demeanor, she was finding it impossible to please her husband at that time to any degree. My guess is that in her desperation to shore up her feeling of worth, she turned to a readily available individual, unfortunately a client at the time, who probably provided indications that she could please her. One could further postulate that her need to please is most intense in relationships with males, which is a generalization of her early interaction with her father.

This is a decidedly brief overview of a framework by which to describe the situation, but one which points the way to preventing a reoccurrence of the violating behavior. That is, if she can learn to be more aware of her own needs, desires and motivations, she then can behave in a much more assertive manner, especially with males closest to her. A reduction in the intensity of her needs to please would then result in her being able to think and behave more sensibly in both her personal and in her professional lives.

_____ admits to the seriousness of her violation of professional boundaries and she appears to be sincerely committed to the task of rectifying the problems which have resulted in this violation. Consistent with recent reports in the case file, I feel that _____ is currently able to practice psychology and psychotherapy with reasonable skill and safety to her clients and in accordance with generally accepted standards of practice.

Example 7

Lack of exposure to ethical guidelines, social isolation, and a family background that was both enmeshed and abusive made dual relationships seem natural. Now that he's seen the harm done by these dual relationships in his therapy practice, has begun to explore the boundary violations he's suffered from, and has been exposed to the relevant ethical guidelines, he is able to apply these guidelines, as he has no cognitive looseness or other cognitive deficits which would prevent this.

Example 8

During these recent sessions _____ has continued to explore her reluctance to seek satisfaction of her own needs as opposed to regularly being concerned with the needs of others. Her rather characteristic approach is to try to please and to accommodate to the wishes and desires of others. It appears that she tends to identify this manner of interaction with being strong and fulfilling the feminine role. Admission of having her own needs or fears is tantamount to being weak and inadequate.

This dynamic is further complicated by _____'s fear that revelation of her desires and concerns will be totally unacceptable and that such disclosure will result in not only a lack of understanding by others, but will bring about an abandonment by the very individuals from whom she wishes to gain support.

Example 9

During this past month, the therapy discussion have ranged from professional practice concerns to the nuances in the relationship with his wife to the relationships within his parental family, on to relationships with his in-law family members. The sessions have reflected a great breadth of exploration. The essential thread connecting all of these areas in his increased level of self-confidence in dealing with the challenges in each of these aspects

of his life. He continues to exhibit a clearer sense of his self-worth with the result that he can deal more effectively with a variety of problem areas.

Example 10

The phase of _____'s therapy has focused on his minor projections of unacceptable parts of himself. This has led to his realization that his self-image as a therapist had been "benevolent and powerful." The mild grandiosity behind this self-image was a against his fears of being bland and powerless. Being a "benevolent and powerful" therapist was risk factor for potential boundary violations and his blindness to realizing the need for consultation. He has adopted a "kind and adequate" self-image which allows him to be even more effective as a therapist and a parent . Consistent with this increase in humility, he voluntarily took on a community service project in his neighborhood. In his therapy practice, he recently asked another therapist with greater expertise in a treatment technique to assist him with a case. In our therapy sessions, he still occasionally has defensive transference reactions; however he is quick to recognize these and is non-defensive about understanding his process.

Thus, _____ continues to show many examples of sophisticated growth and expertise as a therapist who is sensitive to his own vulnerabilities and is taking steps to remedy them.

Example 11

_____ continues to participate actively in the therapy process. As part of consolidating his treatment gains on a psychodynamic level, we have revisited transference and counter-transference issues with respect to his psychological and behavioral reaction to his parents on attending their 50th wedding anniversary. He observed that, in contrast to his treatment with his former client, he was able to set clear boundaries with his parents. In addition, he reviewed his unmet need for validation from them and recognized that, in fact, he receives considerable validation from his wife. This recognition has led to his intention to absorb her validation more fully, making him less vulnerable to exceeding boundaries in order to get validation from negative transference figures such as difficult clients.

On a cognitive-behavioral level, _____ has become fully cognizant of the potential negative consequences to his clients and himself if he exceeds either his or their limits. He has also recognized that although he is independent practice, he is not in isolation. Consistent with this he has a plan to consult with other mental health professionals indefinitely to review difficult cases.

Example 12

Treatment focusing on the factors which lead to her lapse in clinical judgment has centered on two specific behaviors: (1) despite (or because of) her failure to make significant improvements; (2) her failure to seek consultation regarding her treatment of the client. Since both of these are uncharacteristic of her clinical work, an appropriate treatment question has been the reasons for their presence in this case. Through explorations during the treatment sessions, as well as her reading a book which I recommended, and her doing extra-therapy exercises, she has discovered the numerous ways in which her client matched both the positive and negative characteristics and behaviors of her parents. She has seen how many of the dynamics in the treatment of her client were more characteristic of parent-son interactions with her family than they were of her usual clinical judgment. Her increased awareness of these dynamics becomes a protection against her vulnerability to these issues in the future. Changes in her behavior and awareness have also extended to her present family situation; she has observed a decrease in her reactivity to her son's behavior at home.

Example 13

His behavior in this case demonstrates a blindness about his own dynamics and their interaction with his client's personality characteristics. _____ has an underlying need to see himself and to be seen by others as supremely competent. This need ironically, blinds him to the limits of his competence and results in the inappropriate behaviors in this case.

Example 14

At this point in our therapy, _____ clearly understands the effect of his therapeutic zeal and has learned from this experience. We have been exploring the complex of factors which converged to elicit his overzealous behavior (1) counter-transference reactions to another professional, who (2) as client, gave mixed signals to his therapeutic attempts; (3) the underlying defensive need to be competent and to be so without assistance; (4) his struggles with shame, especially around not doing (well) enough; and (5) the origins (ie., family wounds), of his defenses and counter-transference reactions.

Amicus Curiae

A Program of the State Commission on Judicial Conduct

MONITOR MONTHLY COMPLIANCE REPORT

MENTAL ILLNESS/EMOTIONAL DISORDER RECOVERY

Name of Participating Judge: _____	
Monitor filing report: _____	
Date _____	Date of Last Report: _____

- Please provide the appropriate response.
- All responses should relate to the period of time since the date of your last monthly report, or if this is your first report, since the date you were assigned as Monitor for the Participating Judge.
- Attach additional pages as needed for further explanation.

1. **Compliance.** Since the date of my last report, the Participating Judge has complied with all terms and conditions of the Individual Assistance Plan. This report is based upon:

____Written report of the attending Mental Health Care Provider, which I received on _____, 200__, a copy of which is attached.

____Telephone report of the attending Mental Health Care Provider, which I conducted on _____, 200__.

____Other:_____.

2. **Noncompliance.** Since the date of my last report, the Participating Judge has failed to comply with all the terms and conditions of the Individual Assistance Plan. Specifically, the Participating Judge is out of compliance in the following respects: **[please be specific]**

Signature of Monitor

Date

Amicus Curiae

A Program of the State Commission on Judicial Conduct

MONITOR MONTHLY COMPLIANCE REPORT

SUBSTANCE ABUSE/CHEMICAL DEPENDENCY

Name of Participating Judge:

Monitor filing report: _____

Date _____ **Date of Last Report:** _____

- Please provide the appropriate response.
- All responses should relate to the period of time since the date of your last monthly report, or if this is your first report, since the date you were assigned as Monitor for the Participating Judge.
- Attach additional pages as needed for further explanation.

- 1. Sponsor.** To the best of your knowledge, is the Participating Judge working with an approved recovery program sponsor who is willing to disclose to you that he or she is the Participating Judge's sponsor?

___Yes

___No [please explain]

___N/A

- 2. Approved Recovery Program Meetings.** To the best of your knowledge, has the Participating Judge attended the required approved recovery program meetings?

___Yes

___No [please explain]

___I approved (in advance) absence from ___meetings
REMARKS: [when, why, dates]

___N/A

- 3. Meeting Logs.** Has the Participating Judge provided you with a weekly attendance log signed by the program sponsor verifying his/her attendance at all required meetings?

___ Yes

___No [please explain]

___N/A

- 4. Abstinence.** To the best of your knowledge, has the Participating Judge remained abstinent from all alcohol and non-prescription drugs?

___Yes

___No [please explain]

- 5. Additional Report.** Please provide any other information you believe is pertinent to the Individual Assistance Plan conditions or to your duty as Monitor.

Signature of Monitor

Date

Amicus Curiae

A Program of the State Commission on Judicial Conduct

MONITOR NONCOMPLIANCE REPORT SUBSTANCE ABUSE/CHEMICAL DEPENDENCY

Name of Participating Judge: _____

Monitor filing report _____

Date _____ Date of Last Report: _____

- Please provide the appropriate response.
- All responses should relate to the period of time since the date of your last monthly report, or if this is your first report, since the date you were assigned as Monitor for the Participating Judge.
- Attach additional pages as needed for further explanation.

The Participating Judge has failed to comply with the conditions set forth in the Individual Assistance Plan in the following respects:

___ **Weekly Contacts.** The Participating Judge has not met with me weekly.
Please provide specific information:

___ **Abstinence.** The Participating Judge has failed to maintain abstinence.

___ The Participating Judge has used the following: (**Circle One**) -- Alcohol/Other Drugs
Please provide specific information:

___ The Participating Judge has taken mind-altering prescription drugs *but not* in accordance with a prescription by a treating physician or psychiatrist.
Please provide specific information:

___ **Sponsor.** The Participating Judge is not working with an approved recovery program

sponsor who is willing to disclose to me that he or she is the Participating Judge's sponsor.

Please provide specific information:

___ **Recovery Program Meetings.** The Participating Judge has not attended all required approved recovery program meetings.

Please provide specific information:

___ **Meeting Logs.** The Participating Judge has not provided me with a weekly attendance log showing his/her attendance at all required meetings.

Please provide specific information:

___ **Random Drug Screens.** A drug screen was ordered on _____(date).

___The Participating Judge failed to appear for the drug screen.

___The Drug Screen detected the presence of _____

___A copy of the Drug Screen is attached.

Please provide any other information you believe is pertinent to your duty as Monitor Judge.

Signature of Monitor

Date

Amicus Curiae
A Program of the State Commission on Judicial Conduct

MONITOR FINAL REPORT

<p style="text-align: center;">Name of Participating Judge:</p> <p>Monitor filing report: _____</p> <p>Date _____ Date of Last Report: _____</p>	
--	--

I have served as Monitor for the Participating Judge identified above from _____ (date) to _____ (date). Throughout this period, the Participating Judge has fully complied with the terms and conditions of the Individual Assistance Plan.

OR

Throughout this period, the Participating Judge has failed to comply with the terms and conditions of the Individual Assistance Plan, as described herein:

VIOLATION	DATE NONCOMPLIANCE WAS FILED

PLEASE PROVIDE ANY OTHER INFORMATION YOU BELIEVE IS PERTINENT TO YOUR DUTY AS MONITOR. (Attach additional pages as necessary).
--

Signature of Monitor

Date

Amicus Curiae
A Program of the State Commission on Judicial Conduct

MONITOR JUDGE SURVEY
Monitor for [PARTICIPATING JUDGE]

1. Please specify the date(s) you met with the participating judge, the amount of time you spent in counsel with the judge, the location (city/county) where you met and the specific topics that were covered:

DATE	TIME	PLACE	TOPIC

2. Did the participating judge you monitored respond positively to your advice and counsel?

_____ YES

_____ NO

Comments: _____

3. Was monitoring a positive experience for you?

_____ YES

_____ NO

4. Would you be willing to serve as monitor again in the future?

_____ YES

_____ NO

6. Please feel free to provide any additional comments or suggestions for improvement in the Program.

Judge **M

Date

Amicus Curiae

A Program of the State Commission on Judicial Conduct

PARTICIPATING JUDGE SURVEY

[PARTICIPATING JUDGE]

1. Please specify the date(s) you met with your monitor, the amount of time you spent in discussion, the location (city/county) where you met and the specific topics that were covered:

DATE	TIME	PLACE	TOPIC

2. What did you learn during the course of your time with your monitor?

3. List five points that have made a difference in your life since your participation in the *Amicus* Program and since spending time with your monitor.

5. What additional time have you spent or do you plan to spend addressing the issues that resulted in your participation in the *Amicus* Program.

6. Was your experience in the *Amicus* Program a positive or a negative one? Please explain.

7. How could the *Amicus* Program be improved?

Please feel free to provide any additional comments or suggestions.

Judge **R

Date

Appendix H

Release Forms

MI

Health Professional Recovery Program (HPRP)

Return-to-Work Assessment for Recovering Health Care Professionals

Please Print or Type

Name of HPRP Participant:	Name of Provider completing this form:
Due Date:	Relationship to HPRP Participant (provider role):

Directions: Please review each concept and check the box, which you think, reflects the current status of the HPRP participant. Your answers will be used to assist in making a return to work decision for the individual. Final return-to-work decisions are made by the HPRP on the basis of information gathered from several sources.

Please mail the completed form to: **HPRP, 3520 Okemos Rd. #6-182, Okemos, MI 48864** to be postmarked by the due date. You may also fax the completed form by the due date to: **(517) 324-6071** if the original is immediately mailed to MHPRC.

PERSONAL ASSESSMENT

1. *Addiction as a disease: understanding and acceptance*

- ☐ Fully accepts and understands his/her disease
- ☐ Has some denial or doubts about whether his/her disease is present
- ☐ Rejects disease concept or diagnosis of his/her disease

2. *Support group utilization*

- ☐ Fully bonded, attends sufficient meetings and has a sponsor
- ☐ Incomplete bonding, lacks sponsor and/or attends only as required
- ☐ No bonding, attends only sporadically or not at all

3. *Cravings and Confidence*

Cravings:

- ☐ Has little or no craving
- ☐ Has some craving but improving
- ☐ Continues to have significant cravings

Confidence:

- ☐ Able to access controlled substances without problems
- ☐ Fears contact with or access to controlled substances,
- ☐ Unable to access controlled substances without significant craving, no confidence in ability to maintain abstinence if access is allowed

4. *Recovery and Relapse Prevention Skills*

- ☐ Able to respond to stress by utilizing good skills, calls upon 12-step principles for assistance with life problems. No relapse
- ☐ Minimal stress management skills, relies on self-knowledge, calls on 12-step principles only sporadically or as a last resort, brief relapse may have occurred
- ☐ Unable to call upon recovery skills, repeated relapses have occurred despite adequate treatment, lacks confidence in ability to recover

Name of Participant: _____ Provider: _____

5. HPRP Monitoring Program: engagement and compliance**Engagement:**

- ☐ Accepts need for monitoring and is willing to follow program as prescribed
- ☐ Argues with aspects of the monitoring program, tries to get out of some aspects
- ☐ Unwilling to accept monitoring program or shows inability to comply

Compliance:

- ☐ Complete compliance
- ☐ Occasional non-compliance
- ☐ Frequent non-compliance

6. Concurrent problems, if present:**Medical**

- ☐ None present, or if present, is stable and under control
- ☐ Present with mild instability but improving
- ☐ Present and unstable despite appropriate treatment

Psychiatric Conditions

- ☐ None present, or if present, is stable and under control
- ☐ Present with mild instability but improving
- ☐ Present and unstable despite appropriate treatment

7. Lifestyle

- ☐ Maintains balance between recovery, family, work, leisure, and spiritual activities
- ☐ One or more areas may be out of balance, especially work or leisure activities
- ☐ Lacks balance and is unstable to perceive that more balance is needed

DRUG HISTORY**8. ☐ Alcohol****9. ☐ Drugs other than alcohol (check all that apply):**

- ☐ Self prescribed
- ☐ Prescribed by others
- ☐ Diverted/stolen from workplace (see Note 1, on page 3)
- ☐ Obtained from the street

ENVIRONMENTAL ASSESSMENT**10. Support Systems****Family:**

- ☐ Good Support system, other family members likely attend mutual-help support groups
- ☐ Others are supportive but may not accept disease or may not attend support groups or family is not available to give support
- ☐ No significant support from family/friends/coworkers
- ☐ Family is hostile and/or sabotages disease and recovery activities

Supervisors/Coworkers:

- ☐ Supervisors and coworkers understand and are supportive of recovery
- ☐ Understanding and support are limited but improving
- ☐ General lack of understanding and support

11. Workplace setting

- | | | |
|--|--|--|
| ☐ Solo practice | ☐ Pharmacy | ☐ Hospital: Enter Unit: _____ |
| ☐ Group practice | ☐ Nursing Home | ☐ Clinic |
| ☐ Visiting Services | ☐ Other: Please describe: _____ | |

RETURN TO WORK ASSESSMENT

☐ CONFIDENTIAL MONITORING

☐ REGULATORY MONITORING

Name of Participant: _____

Provider: _____

RECOMMENDATIONS:

This evaluation, along with other information or evaluations provided to the HPRP, will be used by the HPRP to determine return-to-work readiness and whether any restrictions should be included in a modification to the Recovery Monitoring Agreement. Please check the **Box (A-D)** below which indicates your recommendation.

- Notes:**
- (1) *HPRP participants who have diverted drugs from the workplace will be placed in a "no access" category until approved by the HPRP clinical team (generally six months from return to work).*
 - (2) *The HPRP clinical team may place restrictions on hours of work per week and shifts. Please offer comments you would like to have considered in Box E provided below.*

Choose one (A-D). Provide additional comments for consideration as desired.

- ☐ **A. RETURN TO WORK WITH NO CONTROLLED SUBSTANCE RESTRICTIONS**
The HPRP participant represents a little or no risk to the public; substance use/mental disorders are under control. All Personal factors are considered very good to excellent; no physical cravings of drugs which are available in the work environment; supportive environment; workplace offers no particular challenges to continued recovery.
Comments?
- ☐ **B. RETURN TO WORK WITHOUT ACCESS TO CONTROLLED SUBSTANCES**
The HPRP participant represents minimal risk to the public; HPRP participant may not possess, obtain, dispense, nor prescribe controlled substances.
Other recommended restrictions?
- ☐ **C. RETURN TO WORK WITHOUT AVAILABILITY TO CONTROLLED SUBSTANCES**
The HPRP participant represents minimal to moderate risk to the public; controlled substances are not present in the worksite with possible exception of a crash cart to which the participant does not have access.
Other recommended restrictions?
- ☐ **D. NO RETURN TO WORK AT THE CURRENT TIME**
The HPRP participant continues to represent a risk to the public due to substance use or other concurrent problems.
Which factors continue to cause concern?
- ☐ **E. WORK SCHEDULE.**
Please offer suggestions or recommendations to be considered by the HPRP clinical team to be used in establishing hours of work and shifts for all recommendations of return to work.
- ☐ **F. OTHER COMMENTS:**
Please offer any other comments, which you would like the HPRP clinical team to consider in making this decision.

Signature: _____

Date: _____

Appendix I

Implementation Check List for SPTAs

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Models of Colleague Assistance:

Collaborations between SPTAs and Licensing Boards

An Annotated Check List for Implementing a Colleague Assistance Program in Your State

Jim Oraker MDiv, PhD

Purpose: This Check List has been designed as an aid for implementing colleague assistance as described in the monograph “Advancing Colleague Assistance in Professional Psychology”. It is designed to assist licensing boards and state and provincial and territorial psychological associations (SPTAs) with the task of initiating adequate and appropriate colleague assistance to distressed and impaired psychologists (as well as other professionals qualifying for such services) by providing step-by-step guidance for implementing colleague assistance in your State.

The intention of the above ACCA/ASPPB monograph is: “... to provide an understanding of the nature and extent of problems of psychologists within a developmental context, and to provide models and exemplars of strategies (programs and processes) that can address prevention and intervention.”

An assumption throughout the monograph is: “...that addressing psychologist’s problems would be best accomplished through the appropriate collaboration and understanding between the professional associations and the licensing boards.”

This Check List will guide you in the design and implementation of a model of colleague assistance (programs and processes whether simple or complex) to address prevention and intervention within the existing forms and legislative mandates of each jurisdiction.

A. Step #1: Conduct an assessment of your State and State Association’s current programs and resources providing support for colleague assistance (CA). For example:

- **Research** the various aspects of colleague assistance available in your jurisdiction **outside** of your state association, e.g. professional schools, boards, associations, committees, established workshops, individuals with specific expertise, etc. **Record your findings.**
- **Identify** resources **within** your state association **specifically** designed for colleague assistance in your jurisdiction, e.g. a designated person or committee to handle inquiries from colleagues

needing assistance – triage/referrals for various concerns; an active state association committee serving both preventative and rehabilitative functions; other resources to assist colleagues, such as articles, workshops, etc. **Record and report your findings.**

- Collaborate with your state association's ethics committee to provide such resources for assisting colleagues as an ethics 'hot line', a regular column in the newsletter regarding ethical concerns; ethics seminars and/or possibly workshops.
- Formally or informally assess the culture/climate of your state toward equipping, regulating, disciplining and rehabilitating health care professionals.
- Generally assess your SPTA's relationship (culture) with your state licensing board.
 - Is it a positive, neutral, or negative relationship?
 - Describe the rationale behind your designation.
- Is there a **formal** relationship between your State Association and your State Licensing Board, e.g. a liaison to the psychology licensing board from your State Association with a regular spot on the board's meeting agenda to report on issues of importance to psychology in your state? Colorado has legislated 5 mental health licensing boards governed by the Department of Regulatory Agencies Mental Health Statute (DORA): Psychologists, Licensed Professional Counselors (LPC), Marriage and Family Therapists, Social Work, and an Unlicensed Psychotherapy Board. All boards operate in a similar manner and have similar needs related to their governance of mental health in Colorado: monitoring, practice evaluation, therapy, supervision, assessment etc. Consider collaborative efforts in meeting these needs.

B. Step #2: Report results to your SPTA Board of Directors.

One purpose for this reporting is to raise the **awareness** of board members to the scope and impact of colleague assistance. If appropriate, suggest an ad hoc committee of concerned psychologists to discuss the possibilities for the formation of a full Colleague Assistance Committee.

- C. Step #3: Form an ad-hoc group of 2-4 concerned psychologists** to discuss inquires for assistance, procedures for action, and policies to govern procedures. Chapter 6 of the monograph addresses operational strategies for framing and implementing various levels of colleague assistance. An example of a basic level of assistance for states wanting to begin providing services would be to begin with

steps 1-3 of this checklist – an **assessment**; a **report of the findings** to the board; and **formation** of an ad-hoc committee to identify needs, design strategies and implement plans for specific jurisdictions. **It is generally agreed that assistance beyond raising the awareness of the board and membership, (Level 1), is best served by the establishment of a full committee.**

- D. Step #4: Establish a full Colleague Assistance Committee of the State Association.** This will require such documents as a mission statement, a stated philosophy of colleague assistance, a states purpose for the committee, identification of the constituencies served, establishing phone service, a list of services provided, a clear statement of confidentiality, along with clearly defined job descriptions for committee members.

As a model for your purpose statement consider the Statement of Purpose of APA's Advisory Committee on Colleague Assistance:

...“to prevent and ameliorate professional distress and impairment and their consequences among psychologists, to foster and provide resources via linkages to state associations to this end, and thereby, to better protect the public.”

Take note that the establishment of a full CA committee will require board action and thoughtful, important discussions regarding accountability and confidentiality. There will be plenty of work to be done: a workable statement of purpose will need to be drafted, policies written, the possibility of working with the licensing board explored, systems for operation designed, as well as a Brochure produced stating the purpose, services and operations of colleague assistance (CA) in your jurisdiction. Once finalized, or even before all of the above items are finalized, the committee can opt to begin with a “prevention initiative” by publishing articles in the newsletter concerning psychologist's self-care (See the APA Practice Organization website and other SPTA's newsletters for possible ideas).

A Review of Steps 1 – 4:

Assessment: Research current resources for colleague assistance in your state both outside and within your association;

Training:

Level 1: Awareness – Educate Board and membership;

Level 2: Establish ad hoc committee;

Level 3: Establish full Colleague Assistance Committee.

E. Step #5: Establish a collaborative relationship between your state association and licensing

board in areas where problems of psychologists would best be accomplished through appropriate collaboration and understanding between the professional associations and the licensing boards. To facilitate Step #5, consult chapters 5 and 6 of the APA-ACCA monograph. The purpose of the monograph is to aid licensing boards and state and provincial and territorial psychology associations (SPTAs) to develop and provide adequate and appropriate colleague assistance to distressed and impaired psychologists. You're newly established Colleague Assistance Committee will find it has much to discuss as it works its way through Chapter 6 of the monograph.

F. Step #6: On-going work for the committee:

- A major effort would be passing legislation to establish and fund a formal program for colleague assistance if that is indicated. This would require research to determine the best and most feasible model for your state, soliciting political support, and a substantial lobbying effort in order to pass such a bill.
- Focus on continued prevention through workshops, articles and outreach initiatives to graduate programs;
- Encouraging self-referrals to the colleague assistance committee at various stages of the stress---distress---impaired continuum;
- Build a list of qualified professionals to whom you (The Colleague Assistance Committee) can readily send colleagues requesting referral;
- The training of qualified professionals approved by the licensing board and the state association for: 1. assessment to determine fitness to practice; 2. conducting a practice evaluation; 3. monitoring a therapist's practice; 4. providing therapy and/or supervision; and 5. writing reports to the board.

Appendix J

Flow Charts

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HPRP Flow

