

1 4. Respondent acknowledges and agrees that upon signing this Consent
2 Agreement and returning it to the Board's Executive Director, Respondent may not revoke her
3 acceptance of this Consent Agreement or make any modifications to it. Any modification of this
4 original document is ineffective and void unless mutually approved by the parties in writing.

5 5. The findings contained in the Findings of Fact portion of this Consent Agreement
6 are conclusive evidence of the facts stated herein and may be used for purposes of determining
7 sanctions in any future disciplinary matter.

8 6. This Consent Agreement is subject to the Board's approval, and will be effective
9 only when the Board accepts it. In the event the Board in its discretion does not approve this
10 Consent Agreement, this Consent Agreement is withdrawn and shall be of no evidentiary value,
11 nor shall it be relied upon or introduced in any disciplinary action by any party hereto, except
12 that Respondent agrees that should the Board reject this Consent Agreement and this case
13 proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its
14 review and discussion of this document or of any records relating thereto.

15 7. Respondent understands that once the Board approves and signs this Consent
16 Agreement, it is a public record that may be publicly disseminated as a formal action of the
17 Board, and that it shall be reported as required by law to the National Practitioner Data Bank
18 and the Healthcare Integrity and Protection Data Bank.

19 8. Respondent further understands that any violation of this Consent Agreement
20 constitutes unprofessional conduct pursuant to A.R.S. § 32-3251(16)(n) and may result in
21 disciplinary action pursuant to A.R.S. § 32-3281.

22 9. The Board therefore retains jurisdiction over Respondent and may initiate
23 disciplinary action against Respondent if it determines that she has failed to comply with the
24 terms of this Consent Agreement or of the practice act.
25 ...

- a. Respondent had concerns regarding her behavior towards Client.
- b. Client made comments to Respondent about her breasts and Respondent liked those comments.
- c. Client and Respondent brushed feet under the table.
- d. Respondent contacted Client after hours on his personal cell phone and invited him to meet in a public location.
- e. After Client terminated his professional relationship with Respondent, they began a personal relationship.

8. Respondent previously attended 12-step meetings and had a sponsor ("Sponsor").

9. Sponsor indicated the following:

- a. Respondent advised Sponsor of the following:
 - Respondent was talking at a table with a client and brushed feet with him.
 - Respondent and the client both noticed the contact.
 - Respondent thought the client was attractive.
- b. Respondent asked Sponsor if he thought it would be appropriate for her to pursue a relationship with this client.
- c. "The impression that I got was that she had an interest in this person outside of the therapeutic environment."
- d. "I said that she should not pursue anything like that."
- e. Sponsor suggested that Respondent speak to her supervisor and ask that she not see this client anymore.
- f. Respondent was non-committal in her response.

1 10. Respondent acknowledges that she experienced counter transference with
2 Client, but denied that she ever discussed the possibility of entering into a romantic relationship
3 with Client.

4 11. Respondent represents the following regarding her discussions with Complainant
5 and Sponsor:

6 a. Respondent began to experience counter transference issues with Client,
7 who:

- 8 ▪ Was making comments of a sexual nature under his breath.
- 9 ▪ Began to ask Respondent personal questions, including asking
10 Respondent what her plans were for the weekend.

11 b. Respondent spoke to Complainant regarding these counter transference
12 issues.

13 c. "[Complainant] believed this to be much more significant than it truly was,
14 suggesting that I quit my job immediately due to thoughts."

15 d. Soon after her discussion with Complainant, Respondent began a
16 romantic relationship with an individual ("Boyfriend") who attended
17 Respondent's church.

18 e. Respondent believes that Complainant was confused about statements
19 Respondent made regarding Boyfriend and mistakenly thought
20 Respondent was talking about Client.

21 12. Neither client nor Boyfriend responded to multiple communications from the
22 Board staff.

23 13. Respondent acknowledges the following:

24 a. On at least 2 occasions, Client made inappropriate comments to
25 Respondent of a sexual nature.

- 1 b. Client began to ask Respondent personal questions, including asking
2 Respondent what her plans were for the weekend.
3 c. Client asked Respondent to go out on a date with him.
4 d. "There had been a point when we were sitting at lunch and he had
5 brushed against my foot and for a second I hadn't moved my foot, and so
6 I had this like twinge of guilt, like oh my gosh, I didn't move right away."
7 e. Client "could have been" experiencing transference issues.

8 14. Respondent indicated that she took the following action regarding Client's
9 conduct:

- 10 a. She immediately addressed Client's behavior with Client and informed
11 him that it was not appropriate.
12 b. She spoke with Client's primary therapist ("Primary Therapist") at
13 Agency 1.

14 15. Respondent's clinical supervisor at Agency 1 ("Supervisor") reported that
15 Respondent never advised her of Client's transference issues and there are no records stating
16 that Respondent informed Supervisor 1 of Client's transference issues.

17 16. According to records maintained at Agency 1:

- 18 a. Respondent failed to document any information regarding Client's
19 transference issues or any steps she took to address these issues.
20 b. Respondent failed to document any apparent consideration of the
21 possible negative impact on Client of allowing him to remain in her
22 therapy groups despite his transference issues.

23 17. Respondent indicated the following with regard to efforts she took to address her
24 counter transference issues regarding Client:

25 ...

1 a. Respondent advised Complainant of Respondent's counter transference
2 issues with Client, "[b]ecause I was more talking about my own personal
3 issues, and I didn't really want this to be talked about at work."

4 b. "I was talking more about, why is it that men keep violating my
5 boundaries, and I was talking about other men that I have dated and it
6 was a more broad discussion."

7 c. "The thing that was plaguing me was that it is this repetition of being
8 treated badly, or this presumption that you can walk all over me or you
9 can just look at me and whistle on the street, or grope me in the grocery
10 store."

11 18. Respondent and Complainant both indicate that Complainant repeatedly told
12 Respondent to discuss her counter transference issues with Supervisor.

13 19. Supervisor 1 noted:

14 a. Respondent needed counseling to work on her own mental health issues
15 involving Client.

16 b. Supervisor would have made different decisions if he had known about
17 Client's transference issues and Respondent's counter transference
18 issues.

19 c. "You can't counsel when these things are going on."
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21 20. Since 2004, Respondent has been terminated from a number of behavioral
22 health positions for cause, including the following:

23 a. A 2004 termination from an agency ("Agency 2").

24 b. A 2010 termination from an agency ("Agency 3"). Respondent asserts
25 that the termination was in retaliation for filing a lawsuit.

1 ...
2 c. A 2011 termination from an agency ("Agency 4"). Respondent asserts
3 that she quit and was later re-offered the position.

4 d. A 2013 termination from Agency 1.

5 21. Personnel records from Agency 2 indicate the following:

6 a. Respondent confirmed that she had transported a friend in the agency
7 van because the friend had given her money to put gas in the van.

8 b. Respondent violated Agency 2's policies and procedures by transporting
9 a friend in the agency van and violating the confidentiality of the clients in
10 the van.

11 c. "This violation of NFHC Policy and Procedure not only posed a very
12 serious risk to the safety of NFHC clients, but also placed the agency in
13 an open liability situation."

14 d. "This violation was especially dangerous considering the high level of risk
15 for the clients involved."

16 e. "[Respondent's] actions were not in the best interest of NGHC's clients'
17 safety, health and welfare, and therefore are not in NFHC's best interest."

18 f. Respondent was terminated for cause on 04/01/04.

19 22. Personnel records from Agency 3 indicated the following:

20 a. "[Agency 3] believed [Respondent] did treat her supervisees unfairly and
21 unprofessionally."

22 b. "Based on the serious nature of [Respondent's] actions, her employment
23 was terminated effective 11/09/10."

24 23. Personnel records from Agency 4 indicated the following:

25 a. Respondent did not meet standards for the following categories:

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- Communicates in a tone and manner that is respectful and courteous.
- Listens carefully to the needs of others so that an appropriate response can be made.
- Looks for opportunities to help co-workers.
- Support facility wide quality improvement goals/objectives.
- Maintain confidentiality of facility employees and patient information.

- b. "Upon 90 day review, it has been determined that [Respondent] does not meet with the program design and employment will not be continued."
- c. Respondent's areas for improvement included, "Communication, accepting of change, increase adaptability."
- d. Respondent asserts that after resigning from the position, she was reoffered the position at a later date.

24. Personnel records from Agency 1 stated the following:

- a. Respondent received a verbal warning during the week of 02/18/13 for insubordination.
- b. Respondent was insubordinate again on 03/01/13.
- c. "[Respondent] understands that continued issues with insubordinate behavior will lead to a final written warning."

25. Supervisor 1 stated the following regarding Respondent's employment at Agency

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- a. Respondent was terminated for continuing insubordination.

1 b. Respondent initially refused to complete a group that she was scheduled
2 for.

3 c. Respondent continually believed that Supervisor was assigning more
4 groups to Respondent than other therapists.

5 d. "At that point, the negative feelings and the tension that was being
6 created because of these kinds of things was negatively affecting staff,
7 and anything that is negatively affecting staff is rubbing off on clients."

8
9 e. "It just couldn't be tolerated anymore."

10 f. "It was an intermittent problem that continued."

11 g. "We told her, we need you to focus on your work, and not so much on
12 how I am running the place."

13
14 h. "The longer it went on, the more it became a concern for me that it was
15 time to move towards termination because of the inability to get past
16 these issues with me in the workplace."

17 i. "It makes you think, if these things are going on, there is probably some
18 instability, and that probably isn't best for clients and staff."
19

20 26. On her 03/09 LMSW application, Respondent certified under penalty of perjury
21 that all information she provided was true and correct to the best of her knowledge.

22 27. In response to one of the background questions, Respondent misrepresented
23 that she voluntarily resigned from Agency 2 in 2004.

24 28. On 12/11/10, Respondent completed an employment application for Agency 1.
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1 29. That application required that Respondent disclose any dismissals or
2 resignations in lieu of dismissal for misconduct or unsatisfactory service.

3 30. Respondent did not disclose any prior dismissals or resignations in lieu of
4 dismissal and affirmatively represented that she left Agency 3 in 11/10 because of budget cuts.
5 Agency 3 personnel records reflect that Respondent was terminated for cause in 11/10.
6 Respondent failed to disclose her 04/04 involuntary termination from Agency 2.

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8 31. From 04/11 – 01/14, Respondent was employed part time as a therapist at a
9 behavioral health agency ("Agency 5").

10 32. From 09/13 – 01/14, Respondent provided individual counseling with a male
11 client ("Client 2").

12 33. Client 2 exhibited inappropriate behavior toward Respondent including:

- 13 a. Making comments about Respondent's body.
- 14 b. Reporting that he fantasized about having a relationship with Respondent
15 and being introduced to her family.
- 16 c. Bringing a gift of nominal value for Respondent to a session which
17 Respondent accepted.

18 34. Although Respondent documented having discussions with Client 2 about his
19 inappropriate actions and encouraged him to cease those actions, Client continued those
20 actions and Respondent failed to document discussions with her supervisors regarding her
21 concerns and seeking other solutions.

22 35. Respondent reports she tendered her termination on January 13, 2014.

23 36. A 01/28/14 notification of termination from CEO to Respondent indicated:

- 24 a. Respondent is being terminated due to her unprofessional and unethical
25 decision to verbally refuse to complete a client 2 additional paperwork.

1 and wishes to engage in the practice of behavioral health, she shall do so only while working at
2 a behavioral health agency licensed by the state of Arizona.

3 Continuing Education

4 5. In addition to the continuing education requirements of A.R.S. § 32-3273, within
5 24 months of the effective date of this Consent Agreement, Respondent shall complete 6 clock
6 hours of the NASW Staying Out of Trouble continuing education course or an equivalent course.
7 All required continuing education shall be pre-approved by the Board Chair or designee. Upon
8 completion, Respondent shall submit a certificate of completion of the required continuing
9 education.

10 6. In addition to the continuing education requirements of A.R.S. § 32-3273, within
11 24 months of the effective date of this Consent Agreement, Respondent shall take and pass a
12 three semester credit hour graduate level behavioral health ethics course from an accredited
13 college or university, pre-approved by the Board Chair or designee. Upon completion,
14 Respondent shall submit to the Board an official transcript establishing completion of the
15 required course.

16 Clinical Supervision

17 7. While on probation, Respondent shall submit to clinical supervision for 24 months
18 by a masters or higher level behavioral health professional licensed at the independent level in
19 counseling, social work, or marriage and family therapy. Within 30 days of the date of this
20 Consent Agreement, Respondent shall submit the name of a clinical supervisor for pre-approval
21 by the Board Chair or designee. Also within 30 days of the date of this Consent Agreement, the
22 clinical supervisor shall submit a letter disclosing his/her prior relationship to Respondent. In that
23 letter, the supervisor must address why he/she should be approved, acknowledge that he/she
24 has reviewed the Consent Agreement and include the results of an initial assessment and a
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1 supervision plan regarding the proposed supervision of Respondent. The letter from the
2 supervisor shall be submitted to the Board.

3 Focus and Frequency of Clinical Supervision

4 8. The focus of the supervision shall relate to understanding of job requirements
5 and performance, performance as a social worker, boundary issues, transference and
6 countertransference. Respondent shall meet individually in person with the supervisor for a
7 minimum of one hour at least weekly if working fulltime or twice monthly if working less than 20
8 hours per week.

9 Reports

10 9. Once approved, the supervisor shall submit quarterly reports for review and
11 approval by the Board Chair or designee. The quarterly reports shall include issues presented in
12 this consent agreement that need to be reported and the supervisor shall notify the Board if
13 more frequent supervision is needed. Quarterly reports shall include the following:

- 14 a. Dates of each clinical supervision session
- 15 b. A comprehensive description of issues discussed during supervision
16 sessions

17 10. All quarterly supervision reports shall include a copy of clinical supervision
18 documentation maintained for that quarter. All clinical supervision documentation maintained by
19 the supervisor shall comply with requirements set forth in A.A.C. R4-6-212(C).

20 11. After Respondent's probationary period, the supervisor shall submit a final
21 summary report for review and approval by the Board Chair or designee. The final report shall
22 also contain a recommendation as to whether the Respondent should be released from this
23 Consent Agreement.

24 Change of Clinical Supervisor During Probation

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1 receives the written request within 10 days or less of the next regularly scheduled Board
2 meeting, the request will not be heard at that meeting, but will be heard at the next regularly
3 scheduled Board meeting. The Board's decision on this matter shall not be subject to further
4 review.

5 21. The Board reserves the right to take further disciplinary action against
6 Respondent for noncompliance with this Consent Agreement after affording Respondent notice
7 and an opportunity to be heard. If a complaint is filed against Respondent for failure to comply
8 with this Consent Agreement, the Board shall have continuing jurisdiction until the matter is final
9 and the period of probation shall be extended until the matter is final.

10 22. Within 10 days of the effective date of this Order, if Respondent is working in a
11 position where Respondent provides any type of behavioral health related services or works in a
12 setting where any type of behavioral health, health care, or social services are provided,
13 Respondent shall provide the Board Chair or designee with a signed statement from
14 Respondent's employer(s) confirming Respondent provided the employer(s) with a copy of this
15 Consent Agreement. If Respondent does not provide the employer's statement to the Board
16 within 10 days of the effective date, the Board will provide Respondent's employer(s) with a
17 copy of the Consent Agreement.

18 23. If Respondent is not employed as of the effective date of this Order, within 10
19 days of accepting employment in a position where Respondent provides any type of behavioral
20 health related services or in a setting where any type of behavioral health, health care, or social
21 services are provided, Respondent shall provide the Board Chair or designee with a written
22 statement providing the contact information of her new employer and a signed statement from
23 Respondent's new employer confirming Respondent provided the employer with a copy of this
24 Consent Agreement. If Respondent does not provide the employer's statement to the Board
25 within 10 days, as required, Respondent's failure to provide the required statement to the Board

1 shall be deemed a violation of A.R.S. § 32-3251(16)(n) and the Board will provide Respondent's
2 employer(s) with a copy of the Consent Agreement.

3 24. If, during the period of Respondent's probation, Respondent changes
4 employment, resigns, is involuntarily terminated, resigns in lieu of termination, or goes on
5 extended leave of absence for whatever reason that may impact her ability to timely comply with
6 the terms of probation, Respondent shall, within 10 days of the aforementioned acts, inform the
7 Board of her change of employment status. After the change and within 10 days of accepting
8 employment in a position where Respondent provides any type of behavioral health related
9 services or in a setting where any type of behavioral health, health care, or social services are
10 provided, Respondent shall provide the Board Chair or designee a written statement providing
11 the contact information of her new employer(s) and a signed statement from Respondent's new
12 employer(s) confirming Respondent provided the employer(s) with a copy of this Consent
13 Agreement. If Respondent does not provide the employer's statement to the Board within 10
14 days, as required, Respondent's failure to provide the required statement to the Board shall be
15 deemed a violation of A.R.S. § 32-3251(16)(n) and the Board will provide Respondent's
16 employer(s) with a copy of the Consent Agreement.

17 25. Respondent shall practice behavioral health using the name under which she is
18 licensed. If Respondent changes her name, she shall advise the Board of the name change as
19 prescribed under the Board's regulations and rules.

20 26. Prior to the release of Respondent from probation, Respondent must submit a
21 written request to the Board for release from the terms of this Consent Agreement at least 30
22 days prior to the date she would like to have this matter appear before the Board. Respondent
23 may appear before the Board, either in person or telephonically. Respondent must provide
24 evidence that she has successfully satisfied all terms and conditions in this Consent Agreement.
25 The Board has the sole discretion to determine whether all terms and conditions of this Consent

1 Agreement have been met and whether Respondent has adequately demonstrated that she
2 has addressed the issues contained in this Consent Agreement. In the event that the Board
3 determines that any or all terms and conditions of this Consent Agreement have not been met,
4 the Board may conduct such further proceedings as it determines are appropriate to address
5 those matters.

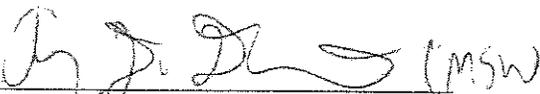
6 27. Respondent shall bear all costs relating to probation terms required in this
7 Consent Agreement.

8 28. Respondent shall be responsible for ensuring that all documentation required in
9 this Consent Agreement is provided to the Board in a timely manner.

10 29. This Consent Agreement shall be effective on the date of entry below.

11 30. This Consent Agreement is conclusive evidence of the matters described herein
12 and may be considered by the Board in determining appropriate sanctions in the event a
13 subsequent violation occurs.

14 **PROFESSIONAL ACCEPTS, SIGNS AND DATES THIS CONSENT AGREEMENT**

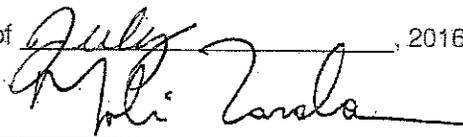
15 
16 Amy D. Davidson (MSW)

06/30/2016
Date

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19 **BOARD ACCEPTS, SIGNS AND DATES THIS CONSENT AGREEMENT**

20 Dated this 12th day of July, 2016.

21
22 By:



23 TOBI ZAVALA, Executive Director
Arizona Board of Behavioral Health Examiners

24 **ORIGINAL** of the foregoing filed

25 This 12th day of July, 2016 with:

1 Arizona Board of Behavioral Health Examiners
2 3443 N. Central Ave., Suite 1700
3 Phoenix, AZ 85012

3 **COPY** of the foregoing mailed via Interagency Mail
4 This 12th day of July, 2016, to:

4 Marc Harris
5 Assistant Attorney General
6 1275 West Washington
7 Phoenix, Arizona 85007

7 **COPY** of the foregoing mailed via
8 Certified mail no. 70142870000189577086
9 This 12th day of July, 2016, to:

9 Amy D. Davidson
10 Address of Record
11 Respondent

11 **COPY** of the foregoing mailed via Mail
12 This 12th day of July, 2016 to:

12 Larry Cohen
13 PO Box 10056
14 Phoenix, AZ 85064
15 Attorney for Respondent

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