

1 **BEFORE THE ARIZONA BOARD**
2 **OF BEHAVIORAL HEALTH EXAMINERS**

3 **In the Matter of:**

4 **Tina L. Bakalis, LPC-11078,**
5 **Licensed Professional Counselor and**
6 **LISAC-10671, Licensed Independent**
7 **Substance Abuse Counselor,**
8 **In the State of Arizona.**

9 **RESPONDENT**

CASE NO. 2006-0100
REVISED CONSENT AGREEMENT

9 In the interest of a prompt and speedy settlement of the above captioned matter,
10 consistent with the public interest, statutory requirements and responsibilities of the Arizona
11 State Board of Behavioral Health Examiners ("Board"), and pursuant to A.R.S. §§ 32-3281(F)
12 and 41-1092.07(F)(5), Tina L. Bakalis ("Respondent") and the Board enter into this Consent
13 Agreement, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final
14 disposition of this matter.

15 **RECITALS**

16 Respondent understands and agrees that:

17 1. Any record prepared in this matter, all investigative materials prepared or
18 received by the Board concerning the allegations, and all related materials and exhibits may be
19 retained in the Board's file pertaining to this matter.

20 2. Respondent has the right to a formal administrative hearing at which Respondent
21 can present evidence and cross examine the State's witnesses. Respondent hereby irrevocably
22 waives their right to such formal hearing concerning these allegations and irrevocably waives
23 their right to any rehearing or judicial review relating to the allegations contained in this Consent
24 Agreement.

1 3. Respondent has the right to consult with an attorney prior to entering into this
2 Consent Agreement.

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

7 5. The findings contained in the Findings of Fact portion of this Consent Agreement
8 are conclusive evidence of the facts stated herein between only Respondent and the Board for
9 the final disposition of this matter and may be used for purposes of determining sanctions in any
10 future disciplinary matter.

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

18 7. Respondent acknowledges and agrees that the acceptance of this Consent
19 Agreement is solely to settle this Board matter and does not preclude the Board from instituting
20 other proceedings as may be appropriate now or in the future. Furthermore, and
21 notwithstanding any language in this Consent Agreement, this Consent Agreement does not
22 preclude in any way any other state agency or officer or political subdivision of this state from
23 instituting proceedings, investigating claims, or taking legal action as may be appropriate now or
24 in the future relating to this matter or other matters concerning Respondent, including but not

25 ...

1 limited to violations of Arizona's Consumer Fraud Act. Respondent acknowledges that, other
2 than with respect to the Board, this Consent Agreement makes no representations, implied or
3 otherwise, about the views or intended actions of any other state agency or officer or political
4 subdivision of the state relating to this matter or other matters concerning Respondent.

5 8. Respondent understands that once the Board approves and signs this Consent
6 Agreement, it is a public record that may be publicly disseminated as a formal action of the
7 Board, and that it shall be reported as required by law to the National Practitioner Data Bank.

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

11 10. The Board therefore retains jurisdiction over Respondent and may initiate
12 disciplinary action against Respondent if it determines that they have failed to comply with the
13 terms of this Consent Agreement or of the practice act.

14 The Board issues the following Findings of Fact, Conclusions of Law and Order:

15 **FINDINGS OF FACT**

16 1. Respondent is the holder of License No. LPC-11078 for the practice of professional
17 counseling and License No. LISAC-10671 for the practice of independent substance abuse
18 counseling in Arizona.

19 2. Beginning in 01/04 while in private practice, Respondent provided treatment to
20 Client for two years.

21 3. Client was seriously mentally ill with dissociative identity disorder, post traumatic
22 stress disorder related to a history of sexual abuse as a minor and major depression that
23 included frequent suicide ideation.

24 4. Respondent failed to obtain an informed consent for treatment from Client.

25 5. Respondent failed to maintain an annual written treatment plan for Client.

1 6. Client requested that her records be sent to another practitioner. Respondent failed
2 to document the request, failed to provide the records, and failed to document her justification
3 for not providing the records.

4 7. Respondent stated that she and Client had 3-4 weekly telephone discussions.
5 Respondent failed to document a large majority of these telephone discussions.

6 8. Respondent stated that Client's sessions often lasted 2 hours. Respondent failed to
7 document the duration of Client's sessions on the large majority of her progress notes.

8 9. The large majority of Client's progress notes were not signed by Respondent.

9 10. Respondent's progress notes for Client's 2 years of treatment were largely a
10 verbatim recordation of Client's statements.

11 11. Respondent's progress notes for Client's 2 years of treatment did not reflect
12 Respondent's assessment of the status of Client's behavioral health issues or her treatment
13 progress.

14 12. Respondent asserted that she monitored and assessed Client's suicide risk on
15 more than 1 occasion. Respondent failed to document the sessions when these
16 monitorings/assessments occurred or their results.

17 13. Respondent asserted the following, but failed to document any of this information in
18 the Client's records:

- 19 a. She made repeated attempts to refer Client to a higher level of care.
- 20 b. Client terminated treatment with Respondent on 4 occasions.
- 21 c. Client had telephoned Respondent and was furious that Respondent had
22 abandoned Client.
- 23 d. Respondent released Client and offered to assist Client in finding another
24 therapist.

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- 1 e. Another practitioner had forced Client to file the complaint against
2 Respondent.
- 3 f. Respondent encouraged Client on numerous occasions to seek treatment
4 elsewhere because Respondent had never had DID training.
- 5 g. Respondent had 2 treatment goals for Client.
- 6 h. Respondent took Client to Respondent's church because of Client's belief
7 that Client was experiencing satanic possession in order to obtain relief for
8 Client.

9 14. Respondent stated that she usually hugged Client on beginning and terminating a
10 session. Respondent stated that she occasionally held Client's hand.

11 15. The International Society for the Study of Dissociation ("ISSD") Guidelines for the
12 Treatment of Dissociative Identity Disorder ("DID") in adults generally do not recommend
13 physical contact as a treatment technique with this type of client. They also warn that there is a
14 significant potential for "client reenactments of boundary violations."

15 16. Respondent's choice to engage in physical contact with Client posed a reasonable
16 possibility of physical or psychological harm to Client.

17 17. The ISSD Guidelines indicate that DID patients are prone to eating disorder
18 symptoms and clinicians treating DID patients are advised to vigorously address and manage
19 these types of behaviors and to recognize that these problems may require referral to
20 specialized treatment programs.

21 18. Respondent asserted that Client would eat only 4 foods and feared going to a
22 hospital because of the food provided at a hospital.

23 19. Respondent did not document or collect sufficient information to accurately assess
24 the scope and severity, monitor, refer, or otherwise therapeutically address Client's eating
25 disorder.

1 20. Respondent failed to recognize or appreciate the need to maintain strict
2 professional boundaries with Client when Respondent responded to 3-4 weekly telephone calls
3 from Client, conducted a treatment session at a coffee shop because of Client's
4 decompensation and limited ability to travel, conducted multiple treatment sessions at Client's
5 home when Client had extreme emotional issues or was too ill to drive to Respondent's office,
6 shared with Client Respondent's fleeting suicide ideation, told Client that Respondent loved her,
7 hugged Client when saying hello or goodbye, held Client's hand in a calming manner, and took
8 Client to Respondent's church.

9 21. Respondent showed Client's drawing to the office receptionist without Client's
10 written permission.

11 22. Respondent talked with Client's daughter about Client without Client's written
12 permission.

13 23. Respondent talked with staff at the Social Security Administration about Client
14 without Client's written permission.

15 24. Respondent asserted that during the 2 years of treating Client in her private
16 practice, Client became suicidal 3-4 times per year.

17 26. Respondent only recorded Client's suicidal-type statements 6 times during 1 year of
18 treatment.

19 27. Respondent completed suicide risk assessment training and had experience
20 completing written suicide assessment forms.

21 28. The ISSD Guideline for DID treatment indicate that clients with DID are prone to
22 suicide attempts and that a diagnosis of PTSD and/or Major Depressive Disorder increases the
23 risk of a suicide attempt.

24 ...

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1 29. The APA Practice Guidelines for PTSD patients indicate that a complete,
2 individualized assessment of suicide risk is important because individuals with PTSD are at an
3 increased risk for suicidal behavior and individuals with PTSD, depression and suicidal ideation
4 or behavior require particular attention both pharmacologically and psychotherapeutically.

5 30. Clinicians treating DID patients are advised to vigorously address and manage
6 these types of behaviors and to recognize that these problems may require referral to
7 specialized treatment programs.

8 31. Respondent failed to demonstrate that she collected sufficient information to
9 accurately assess the scope and severity of Client's depression, suicidal ideation or post
10 traumatic stress disorder.

11 32. Respondent failed to document the presence or absence, and duration of, any of
12 Client's depressive symptoms.

13 33. Respondent failed to document how she monitored or otherwise therapeutically
14 addressed Client's PTSD.

15 34. Respondent failed to document how she monitored or otherwise therapeutically
16 addressed Client's history of physical, sexual or emotional abuse.

17 35. Respondent failed to document how she monitored or otherwise therapeutically
18 addressed Client's major depression and/or suicidal ideation.

19 36. Respondent failed to complete and document an assessment of Client's suicide
20 risk.

21 37. Respondent was not competent to treat clients with DID because of her lack of any
22 training or education regarding DID treatment.

23 38. Despite recognition of her inability to provide an appropriate level of treatment to
24 Client, Respondent treated Client for 2 years in her private practice.

25 ...

1 39. Respondent asserted she made multiple attempts to refer Client to another
2 treatment provider more knowledgeable in treating people with DID. Respondent did not
3 document these referral attempts.

4 40. Respondent asserted she continued to provide treatment to Client because of
5 Client's insistence that Respondent provide treatment to Client and Respondent's inability to
6 find another treatment provider for Client.

7 41. Respondent's decision to continue to provide treatment to Client for 2 years
8 despite her acknowledged lack of competence presented a risk of harm to Client.

9 **CONCLUSIONS OF LAW**

10 1. The Board has jurisdiction over Respondent pursuant to A.R.S. § 32-3251 *et seq.*
11 and the rules promulgated by the Board relating to Respondent's professional practice as a
12 licensed behavioral health professional.

13 2. The conduct and circumstances described in the Findings of Fact constitute a
14 violation of A.R.S. 32-3251(12)(p), failing to conform with minimum practice standards as
15 developed by the Board, as it relates to A.A.C. R4-6-1101, consent for treatment.

16 3. The conduct and circumstances described in the Findings of Fact constitute a
17 violation of A.R.S. 32-3251(12)(p), failing to conform with minimum practice standards as
18 developed by the Board, as it relates to A.A.C. R4-6-1102, treatment plan.

19 4. The conduct and circumstances described in the Findings of Fact constitute a
20 violation of A.R.S. 32-3251(12)(p), failing to conform with minimum practice standards as
21 developed by the Board, as it relates to A.A.C. R4-6-1103, client record.

22 5. The conduct and circumstances described in the Findings of Fact constitute a
23 violation of A.R.S. 32-3251(12)(z), engaging in physical contact between a licensee and a client if
24 there is a reasonable possibility of physical or psychological harm to the client as a result of that
25 contact.

1 6. The conduct and circumstances described in the Findings of Fact constitute a
2 violation of A.R.S. 32-3251(12)(p), failing to conform with minimum practice standards as
3 developed by the Board, as it relates to A.A.C. R4-6-1103(B)(10), a licensee shall ensure that a
4 client record contains documentation of behavioral health services provided to a client.

5 7. The conduct and circumstances described in the Findings of Fact constitute a
6 violation of A.R.S. 32-3251(12)(k), any conduct or practice that is contrary to recognized
7 standards of ethics in the behavioral health profession, as it relates to the American Counseling
8 Association (“ACA”) Code of Ethics section A.1.b.

9 8. The conduct and circumstances described in the Findings of Fact constitute a
10 violation of A.R.S. 32-3251(12)(l), any conduct, practice or condition that impairs the ability of the
11 licensee to safely and competently practice the licensee’s profession.

12 9. The conduct and circumstances described in the Findings of Fact constitute a
13 violation of A.R.S. 32-3251(12)(p), failing to conform with minimum practice standards as
14 developed by the Board, as it relates to A.A.C. R4-6-1105, a licensee shall only release or
15 disclose information regarding a client with written authorization from the client.

16 10. The conduct and circumstances described in the Findings of Fact constitute a
17 violation of A.R.S. 32-3251(12)(jj), failing to make client records in the licensee’s possession
18 available in a timely manner to another health professional on receipt of proper authorization to
19 do so from the client.

20 11. The conduct and circumstances described in the Findings of Fact constitute a
21 violation of A.R.S. 32-3251(12)(k), any conduct or practice that constitutes a danger to the health,
22 welfare or safety of a client.

23 12. The conduct and circumstances described in the Findings of Fact constitute a
24 violation of A.R.S. 32-3251(12)(k), any conduct or practice that is contrary to recognized

25 ...

1 standards of ethics in the behavioral health profession, as it relates to the ACA Code of Ethics
2 C.2.a. and A.11.b.

3 **ORDER**

4 Based upon the foregoing Findings of Fact and Conclusions of Law, the parties agree to
5 the provisions and penalties imposed as follows:

6 1. Respondent's licenses, LPC-11078 and LISAC-10671, will be placed on
7 probation for 12 months, effective from the date of entry as signed below.

8 2. Respondent shall not practice under their licenses, LPC-11078 and LISAC-
9 10671, unless they are fully compliant with all terms and conditions in this Consent Agreement.
10 If, for any reason, Respondent is unable to comply with the terms and conditions of this Consent
11 Agreement, they shall immediately notify the Board in writing and shall not practice under their
12 license until they submit a written request to the Board to re-commence compliance with this
13 Consent Agreement. All such requests shall be pre-approved by the Board Chair or designee.

14 3. In the event that Respondent is unable to comply with the terms and conditions
15 of this Consent Agreement, all remaining time frames shall be tolled and remain tolled until
16 such time as they are granted approval to re-commence compliance with the Consent
17 Agreement.

18 **Continuing Education**

19 4. In addition to the continuing education requirements of A.R.S. § 32-3273, within
20 12 months of the effective date of this Consent Agreement, Respondent shall take and pass a
21 three semester credit hour graduate level professional counseling ethics course from a
22 regionally accredited college or university. All required continuing education shall be pre-
23 approved by the Board Chair or designee. Upon completion, Respondent shall submit a
24 certificate of completion of the required continuing education.

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1 5. In addition to the continuing education requirements of A.R.S. § 32-3273, within
2 12 months of the effective date of this Consent Agreement, Respondent shall take and pass a
3 three semester credit hour graduate level basic counseling skills in the helping relationship
4 course from a regionally accredited college or university, pre-approved by the Board Chair or
5 designee. Upon completion, Respondent shall submit to the Board an official transcript
6 establishing completion of the required course.

7 6. In addition to the continuing education requirements of A.R.S. § 32-3273, within
8 12 months of the effective date of this Consent Agreement, Respondent shall take and pass a
9 three semester credit hour graduate level counseling diagnoses, assessment and treatment
10 planning course from a regionally accredited college or university, pre-approved by the Board
11 Chair or designee. Upon completion, Respondent shall submit to the Board an official transcript
12 establishing completion of the required course.

13 7. In addition to the continuing education requirements of A.R.S. § 32-3273, within
14 12 months of the effective date of this Consent Agreement, Respondent shall take a 3-clock
15 hour seminar in clinical documentation and recordkeeping, pre-approved by the Board Chair or
16 designee. Upon completion, Respondent shall submit to the Board an official certificate of
17 completion of the required seminar.

18 **Clinical Supervision**

19 8. While on probation, Respondent shall submit to clinical supervision for 12 months
20 by a masters or higher level behavioral health professional licensed by the Arizona Board of
21 Behavioral Health Examiners at the independent level. Within 30 days of the date of this
22 Consent Agreement, Respondent shall submit the name of a clinical supervisor for pre-approval
23 by the Board Chair or designee. Also within 30 days of the date of this Consent Agreement, the
24 clinical supervisor shall submit a letter disclosing their prior relationship to Respondent. In that
25 ...

1 letter, the clinical supervisor must address why they should be approved, acknowledge that they
2 have reviewed the Consent Agreement and include the results of an initial assessment and a
3 supervision plan regarding the proposed supervision of Respondent. The letter from the
4 supervisor shall be submitted to the Board.

5 **Focus and Frequency of Clinical Supervision**

6 9. The focus of the supervision shall relate to professional counseling ethics, basic
7 counseling skills in the helping relationship, and diagnosis, assessment and treatment planning,
8 and clinical recordkeeping and documentation. Respondent shall meet individually in person
9 with the supervisor twice monthly with a pre-approved licensed behavioral health professional
10 for the initial 6 months, and not less than once monthly for the remaining time.

11 **Reports**

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

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

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

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

1 **Change of Clinical Supervisor During Probation**

2 13. If, during the period of Respondent’s probation, the clinical supervisor determines
3 that they cannot continue as the clinical supervisor, they shall notify the Board within 10 days of
4 the end of supervision and provide the Board with an interim final report. Respondent shall
5 advise the Board Chair or designee within 30 days of cessation of clinical supervision by the
6 approved clinical supervisor and provide the name of a new proposed clinical supervisor. The
7 proposed clinical supervisor shall provide the same documentation to the Board as was required
8 of the initial clinical supervisor.

9 **Early Release**

10 14. After completion of the stipulations set forth in this Consent Agreement, and upon
11 the supervisor’s recommendation, Respondent may request early release from the Consent
12 Agreement after 6 months.

13 **GENERAL PROVISIONS**

14 **Provision of Clinical Supervision**

15 15. Respondent shall not provide clinical supervision while subject to this Consent
16 Agreement.

17 **Civil Penalty**

18 16. Subject to the provisions set forth in paragraph 17, the Board imposes a civil
19 penalty against the Respondent in the amount of \$1,000.00.

20 17. Respondent’s payment of the civil penalty shall be stayed so long as Respondent
21 remains compliant with the terms of this Consent Agreement. If Board staff determines that
22 Respondent is noncompliant with the terms of this Consent Agreement in any respect, with the
23 exception of the tolling provision under paragraph 3, the stay of the civil penalty payment shall
24 be automatically lifted and payment of the civil penalty shall be made by certified check or

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1 money order payable to the Board within 30 days after being notified in writing of the lifting of
2 the stay.

3 18. Within 10 days of being notified of the lifting of the stay, Respondent may request
4 that the matter be reviewed by the Board for the limited purpose of determining whether the
5 automatic lifting of the stay was supported by clear and convincing evidence. If the Board
6 receives the written request within 10 days or less of the next regularly scheduled Board
7 meeting, the request will not be heard at that meeting, but will be heard at the next regularly
8 scheduled Board meeting. The Board's decision on this matter shall not be subject to further
9 review.

10 19. The Board reserves the right to take further disciplinary action against
11 Respondent for noncompliance with this Consent Agreement after affording Respondent notice
12 and an opportunity to be heard. If a complaint is filed against Respondent for failure to comply
13 with this Consent Agreement, the Board shall have continuing jurisdiction until the matter is final
14 and the period of probation shall be extended until the matter is final.

15 20. If Respondent currently sees clients in their own private practice, and obtains any
16 other type of behavioral health position, either as an employee or independent contractor, where
17 they provide behavioral health services to clients of another individual or agency, they shall
18 comply with requirements set forth in paragraphs 21 through 23 below.

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

25 ...

1 within 10 days of the effective date, the Board will provide Respondent's employer(s)
2 with a copy of the Consent Agreement.

3 22. If Respondent is not employed as of the effective date of this Order, within 10
4 days of accepting employment in a position where Respondent provides any type of behavioral
5 health related services or in a setting where any type of behavioral health, health care, or social
6 services are provided, Respondent shall provide the Board Chair or designee with a written
7 statement providing the contact information of their new employer and a signed statement from
8 Respondent's new employer confirming Respondent provided the employer with a copy of this
9 Consent Agreement. If Respondent does not provide the employer's statement to the Board
10 within 10 days, as required, Respondent's failure to provide the required statement to the Board
11 shall be deemed a violation of A.R.S. § 32-3251(16)(n) and the Board will provide Respondent's
12 employer(s) with a copy of the Consent Agreement.

13 23. If, during the period of Respondent's probation, Respondent changes
14 employment, resigns, is involuntarily terminated, resigns in lieu of termination, or goes on
15 extended leave of absence for whatever reason that may impact their ability to timely comply
16 with the terms of probation, Respondent shall, within 10 days of the aforementioned acts, inform
17 the Board of their change of employment status. After the change and within 10 days of
18 accepting employment in a position where Respondent provides any type of behavioral health
19 related services or in a setting where any type of behavioral health, health care, or social
20 services are provided, Respondent shall provide the Board Chair or designee a written
21 statement providing the contact information of their new employer(s) and a signed statement
22 from Respondent's new employer(s) confirming Respondent provided the employer(s) with a
23 copy of this Consent Agreement. If Respondent does not provide the employer's statement to
24 the Board within 10 days, as required, Respondent's failure to provide the required statement to

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

3 24. Respondent shall practice behavioral health using the name under which they
4 are licensed. If Respondent changes their name, they shall advise the Board of the name
5 change as prescribed under the Board's regulations and rules.

6 25. Prior to the release of Respondent from probation, Respondent must submit a
7 written request to the Board for release from the terms of this Consent Agreement at least 30
8 days prior to the date they would like to have this matter appear before the Board. Respondent
9 may appear before the Board, either in person or telephonically. Respondent must provide
10 evidence that they have successfully satisfied all terms and conditions in this Consent
11 Agreement. The Board has the sole discretion to determine whether all terms and conditions of
12 this Consent Agreement have been met and whether Respondent has adequately demonstrated
13 that they have addressed the issues contained in this Consent Agreement. In the event that the
14 Board determines that any or all terms and conditions of this Consent Agreement have not been
15 met, the Board may conduct such further proceedings as it determines are appropriate to
16 address those matters.

17 26. Respondent shall bear all costs relating to probation terms required in this
18 Consent Agreement.

19 27. Respondent shall be responsible for ensuring that all documentation required in
20 this Consent Agreement is provided to the Board in a timely manner.

21 28. This Consent Agreement shall be effective on the date of entry below.

22 29. This Consent Agreement is conclusive evidence of the matters described herein
23 and may be considered by the Board in determining appropriate sanctions in the event a
24 subsequent violation occurs.

25 ...

PROFESSIONAL ACCEPTS, SIGNS AND DATES THIS CONSENT AGREEMENT

Tina L Bakalis

Tina L Bakalis (Jun 25, 2020 13:12 PDT)

Jun 25, 2020

Tina L. Bakalis

Date

BOARD ACCEPTS, SIGNS AND DATES THIS CONSENT AGREEMENT

By: *Mobi Zavala*

By:

TOBI ZAVALA, Executive Director
 Arizona Board of Behavioral Health Examiners

Jun 25, 2020

Date

Jun 25, 2020

ORIGINAL of the foregoing filed with:

Arizona Board of Behavioral Health Examiners
 1740 West Adams Street, Suite 3600
 Phoenix, AZ 85007

EXECUTED COPY of the foregoing sent electronically to:

Jun 25, 2020

Marc Harris
 Assistant Attorney General
 2005 North Central Avenue
 Phoenix, AZ 85004

Tina L. Bakalis
 Address of Record
 Respondent

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**COMPLAINT NO. 2006-0100
CONSENT AGREEMENT AND ORDER**

In the interest of a prompt and speedy settlement of the above captioned matter, consistent with the public interest, statutory requirements and responsibilities of the Arizona State Board of Behavioral Health Examiners ("Board"), and pursuant to A.R.S. §§ 32-3281(H) and 41-1092.07(F)(5), Tina Bakalis ("Respondent") and the Board enter into this Consent Agreement, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

Respondent understands and agrees that:

1. Any record prepared in this matter, all investigative materials prepared or received by the Board concerning the allegations, and all related materials and exhibits may be retained in the Board's file pertaining to this matter.

2. Respondent has the right to a formal administrative hearing at which Respondent can present evidence and cross examine the State's witnesses. Respondent hereby irrevocably waives her right to such formal hearing concerning these allegations and irrevocably waives her right to any rehearing or judicial review relating to the allegations contained in this Consent Agreement, Findings of Fact, Conclusions of Law and Order.

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21 12. Respondent asserted that she monitored and assessed Client's suicide risk on
22 more than 1 occasion. Respondent failed to document the sessions when these
23 monitorings/assessments occurred or their results.

24 13. Respondent asserted the following, but failed to document any of this information in
25 the Client's records:

- a. She made repeated attempts to refer Client to a higher level of care.
- b. Client terminated treatment with Respondent on 4 occasions.
- c. Client had telephoned Respondent and was furious that Respondent had abandoned Client.
- d. Respondent released Client and offered to assist Client in finding another therapist.
- e. Another practitioner had forced Client to file the complaint against Respondent.
- f. Respondent encouraged Client on numerous occasions to seek treatment elsewhere because Respondent had never had DID training.
- g. Respondent had 2 treatment goals for Client.
- h. Respondent took Client to Respondent's church because of Client's belief that Client was experiencing satanic possession in order to obtain relief for Client.

14. Respondent stated that she usually hugged Client on beginning and terminating a session. Respondent stated that she occasionally held Client's hand.

15. The International Society for the Study of Dissociation ("ISSD") Guidelines for the Treatment of Dissociative Identity Disorder ("DID") in adults generally do not recommend physical contact as a treatment technique with this type of client. They also warn that there is a significant potential for "client reenactments of boundary violations."

16. Respondent's choice to engage in physical contact with Client posed a reasonable possibility of physical or psychological harm to Client.

17. The ISSD Guidelines indicate that DID patients are prone to eating disorder symptoms and clinicians treating DID patients are advised to vigorously address and manage these types of behaviors and to recognize that these problems may require referral to specialized treatment programs.

18. Respondent asserted that Client would eat only 4 foods and feared going to a hospital because of the food provided at a hospital.

19. Respondent did not document or collect sufficient information to accurately assess the scope and severity, monitor, refer, or otherwise therapeutically address Client's eating disorder.

1 20. Respondent failed to recognize or appreciate the need to maintain strict
2 professional boundaries with Client when Respondent responded to 3-4 weekly telephone calls
3 from Client, conducted a treatment session at a coffee shop because of Client's
4 decompensation and limited ability to travel, conducted multiple treatment sessions at Client's
5 home when Client had extreme emotional issues or was too ill to drive to Respondent's office,
6 shared with Client Respondent's fleeting suicide ideation, told Client that Respondent loved her,
7 hugged Client when saying hello or goodbye, held Client's hand in a calming manner, and took
8 Client to Respondent's church.

9 21. Respondent showed Client's drawing to the office receptionist without Client's
10 written permission.

11 22. Respondent talked with Client's daughter about Client without Client's written
12 permission.

13 23. Respondent talked with staff at the Social Security Administration about Client
14 without Client's written permission.

15 24. Respondent asserted that during the 2 years of treating Client in her private
16 practice, Client became suicidal 3-4 times per year.

17 26. Respondent only recorded Client's suicidal-type statements 6 times during 1 year of
18 treatment.

19 27. Respondent completed suicide risk assessment training and had experience
20 completing written suicide assessment forms.

21 28. The ISSD Guideline for DID treatment indicate that clients with DID are prone to
22 suicide attempts and that a diagnosis of PTSD and/or Major Depressive Disorder increases the
23 risk of a suicide attempt.

24 29. The APA Practice Guidelines for PTSD patients indicate that a complete,
25 individualized assessment of suicide risk is important because individuals with PTSD are at an

1 increased risk for suicidal behavior and individuals with PTSD, depression and suicidal ideation
2 or behavior require particular attention both pharmacologically and psychotherapeutically.

3 30. Clinicians treating DID patients are advised to vigorously address and manage
4 these types of behaviors and to recognize that these problems may require referral to
5 specialized treatment programs.

6 31. Respondent failed to demonstrate that she collected sufficient information to
7 accurately assess the scope and severity of Client's depression, suicidal ideation or post
8 traumatic stress disorder.

9 32. Respondent failed to document the presence or absence, and duration of, any of
10 Client's depressive symptoms.

11 33. Respondent failed to document how she monitored or otherwise therapeutically
12 addressed Client's PTSD.

13 34. Respondent failed to document how she monitored or otherwise therapeutically
14 addressed Client's history of physical, sexual or emotional abuse.

15 35. Respondent failed to document how she monitored or otherwise therapeutically
16 addressed Client's major depression and/or suicidal ideation.

17 36. Respondent failed to complete and document an assessment of Client's suicide
18 risk.

19 37. Respondent was not competent to treat clients with DID because of her lack of any
20 training or education regarding DID treatment.

21 38. Despite recognition of her inability to provide an appropriate level of treatment to
22 Client, Respondent treated Client for 2 years in her private practice.

23 39. Respondent asserted she made multiple attempts to refer Client to another
24 treatment provider more knowledgeable in treating people with DID. Respondent did not
25 document these referral attempts.

1 40. Respondent asserted she continued to provide treatment to Client because of
2 Client's insistence that Respondent provide treatment to Client and Respondent's inability to
3 find another treatment provider for Client.

4 41. Respondent's decision to continue to provide treatment to Client for 2 years
5 despite her acknowledged lack of competence presented a risk of harm to Client.

6 **CONCLUSIONS OF LAW**

7 1. The Board has jurisdiction over Respondent pursuant to A.R.S. § 32-3251 *et seq.*
8 and the rules promulgated by the Board relating to Respondent's professional practice as a
9 licensed behavioral health professional.

10 2. The conduct and circumstances described in the Findings of Fact constitute a
11 violation of A.R.S. 32-3251(12)(p), failing to conform with minimum practice standards as
12 developed by the Board, as it relates to A.A.C. R4-6-1101, consent for treatment.

13 3. The conduct and circumstances described in the Findings of Fact constitute a
14 violation of A.R.S. 32-3251(12)(p), failing to conform with minimum practice standards as
15 developed by the Board, as it relates to A.A.C. R4-6-1102, treatment plan.

16 4. The conduct and circumstances described in the Findings of Fact constitute a
17 violation of A.R.S. 32-3251(12)(p), failing to conform with minimum practice standards as
18 developed by the Board, as it relates to A.A.C. R4-6-1103, client record.

19 5. The conduct and circumstances described in the Findings of Fact constitute a
20 violation of A.R.S. 32-3251(12)(z), engaging in physical contact between a licensee and a client if
21 there is a reasonable possibility of physical or psychological harm to the client as a result of that
22 contact.

23 6. The conduct and circumstances described in the Findings of Fact constitute a
24 violation of A.R.S. 32-3251(12)(p), failing to conform with minimum practice standards as
25

1 developed by the Board, as it relates to A.A.C. R4-6-1103(B)(10), a licensee shall ensure that a
2 client record contains documentation of behavioral health services provided to a client.

3 7. The conduct and circumstances described in the Findings of Fact constitute a
4 violation of A.R.S. 32-3251(12)(k), any conduct or practice that is contrary to recognized
5 standards of ethics in the behavioral health profession, as it relates to the American Counseling
6 Association ("ACA") Code of Ethics section A.1.b.

7 8. The conduct and circumstances described in the Findings of Fact constitute a
8 violation of A.R.S. 32-3251(12)(l), any conduct, practice or condition that impairs the ability of the
9 licensee to safely and competently practice the licensee's profession.

10 9. The conduct and circumstances described in the Findings of Fact constitute a
11 violation of A.R.S. 32-3251(12)(p), failing to conform with minimum practice standards as
12 developed by the Board, as it relates to A.A.C. R4-6-1105, a licensee shall only release or
13 disclose information regarding a client with written authorization from the client.

14 10. The conduct and circumstances described in the Findings of Fact constitute a
15 violation of A.R.S. 32-3251(12)(jj), failing to make client records in the licensee's possession
16 available in a timely manner to another health professional on receipt of proper authorization to
17 do so from the client.

18 11. The conduct and circumstances described in the Findings of Fact constitute a
19 violation of A.R.S. 32-3251(12)(k), any conduct or practice that constitutes a danger to the health,
20 welfare or safety of a client.

21 12. The conduct and circumstances described in the Findings of Fact constitute a
22 violation of A.R.S. 32-3251(12)(k), any conduct or practice that is contrary to recognized
23 standards of ethics in the behavioral health profession, as it relates to the ACA Code of Ethics
24 C.2.a. and A.11.b.

25

1 **ORDER**

2 Based upon the foregoing Findings of Fact and Conclusions of Law, the parties agree to
3 the provisions and penalties imposed as follows:

4 **Suspension**

5 1. Respondent's licenses, LPC-11078 and LISAC-10671, will be suspended until the
6 completion of the following:

7 **Continuing Education**

8 2. In addition to the continuing education requirements of A.R.S. § 32-3273 and upon
9 the effective date of this Consent Agreement, Respondent shall take and pass a three semester
10 credit hour graduate level professional counseling ethics course from an accredited college or
11 university, pre-approved by the Counseling Credentialing Committee Chair or designee. Upon
12 completion, Respondent shall submit to the Board an official transcript establishing completion
13 of the required course.

14 3. In addition to the continuing education requirements of A.R.S. § 32-3273 and upon
15 the effective date of this Consent Agreement, Respondent shall take and pass a three semester
16 credit hour graduate level basic counseling skills in the helping relationship course from an
17 accredited college or university, pre-approved by the Counseling Credentialing Committee Chair
18 or designee. Upon completion, Respondent shall submit to the Board an official transcript
19 establishing completion of the required course.

20 4. In addition to the continuing education requirements of A.R.S. § 32-3273 and upon
21 the effective date of this Consent Agreement, Respondent shall take and pass a three semester
22 credit hour graduate level counseling diagnosis, assessment and treatment planning course
23 from an accredited college or university, pre-approved by the Counseling Credentialing
24 Committee Chair or designee. Upon completion, Respondent shall submit to the Board an
25 official transcript establishing completion of the required course.

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 9. The focus of the supervision shall relate to professional counseling ethics, basic
5 counseling skills in the helping relationship and diagnosis, assessment and treatment planning,
6 and clinical recordkeeping and documentation. Respondent shall meet in person with the
7 supervisor at least weekly.

8 **Quarterly Reports**

9 10. Once approved, the supervisor shall submit quarterly reports for review and
10 approval by the Counseling Credentialing Committee Chair or designee. The quarterly reports
11 shall include issues presented in this consent agreement that need to be reported and the
12 supervisor shall notify the Board if more frequent supervision is needed. After 36 months, the
13 supervisor shall submit a final summary report for review and approval by the Counseling
14 Credentialing Committee Chair or designee.

15 **Change of Clinical Supervisor During Probation**

16 11. If, during the period of Respondent's probation, the clinical supervisor determines
17 that he/she cannot continue as the clinical supervisor, he/she shall notify the Board within 10
18 days of the end of supervision and provide the Board with an interim final report. Respondent
19 shall advise the Counseling Committee chair or designee within 30 days of cessation of clinical
20 supervision by the approved clinical supervisor of the name of a new proposed clinical
21 supervisor. The proposed clinical supervisor shall provide the same documentation to the Board
22 as was required of the initial clinical supervisor.

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1 **Early Release**

2 12. After 24 months and upon the supervisor's recommendation, Respondent may
3 request early release from the Consent Agreement and Order if all other terms of the Consent
4 Agreement and Order have been met.

5 **Licensee Name**

6 13. Respondent shall practice counseling using the name under which she is licensed. If
7 Respondent changes her name, she shall advise the Board of the name change as prescribed
8 under the Board's regulations and rules.

9 **General Provisions**

10 14. Within 10 days of returning to clinical practice, Respondent shall provide the
11 Counseling Credentialing Committee Chair or designee with a signed statement from
12 Respondent's employer confirming Respondent provided the employer with a copy of this
13 Consent Agreement and Order. If Respondent does not provide the employer's statement to the
14 Board within 10 days of the effective date, the Board will provide Respondent's employer with a
15 copy of the Consent Agreement and Order.

16 15. If, during the period of Respondent's probation, Respondent changes employment,
17 Respondent shall immediately inform the Board of the new employment and shall within 10 days
18 of starting each new employment, provide the Counseling Credentialing Committee Chair or
19 designee with a signed statement from Respondent's new employer confirming Respondent
20 provided the employer with a copy of this Consent Agreement and Order. If Respondent does
21 not provide the employer's statement to the Board within 10 days of the effective date, the
22 Board will provide Respondent's employer with a copy of the Consent Agreement and Order.

23 16. Prior to the release of Respondent from probation, Respondent must submit a
24 written request to the Board for release from the terms of this Consent Agreement and Order at
25 least 30 days prior to the date she would like to have this matter appear before the Board.

1 Respondent may appear before the Board, either in person or telephonically. Respondent must
2 provide evidence that she has successfully satisfied all terms and conditions in this Consent
3 Agreement. The Board has the sole discretion to determine whether all terms and conditions of
4 this Consent Agreement and Order have been met and whether Respondent has adequately
5 demonstrated that she has addressed the issues contained in this Consent Agreement and
6 Order. In the event that the Board determines that any or all terms and conditions of this
7 Consent Agreement and Order have not been met, the Board may conduct such further
8 proceedings as it determines are appropriate to address those matters.

9 17. Respondent shall not provide clinical supervision while under probation.

10 18. Respondent shall bear all costs relating to probation terms required in this Consent
11 Agreement and Order.

12 19. Respondent shall be responsible for ensuring that all documentation required in this
13 Consent Agreement and Order is provided to the Board in a timely manner.

14 20. This Consent Agreement and Order shall be effective on the date of entry below.

15 21. This Consent Agreement and Order is conclusive evidence of the matters described
16 herein and may be considered by the Board in determining appropriate sanctions in the event a
17 subsequent violation occurs.

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

19 Tina Bakalis
20 TINA BAKALIS

June 18, 2008
Date

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

22 Dated this 7th day of August, 2008.

23 By: Debra Rinaudo
24 DEBRA RINAUDO, Executive Director
25 Arizona Board of Behavioral Health Examiners

1 ORIGINAL of the foregoing filed
This 17th day of August, 2008, with:

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

5 COPY of the foregoing mailed via
Certified mail no. 700801500003 57576345
This 17th day of August, 2008, to:

6 Tina Bakalis
7 Address of Record
8 Respondent

9 Gregory C. Michael
10 Law Offices of Gregory C. Michael
11 11811 North Tatum Boulevard Suite 3031
12 Phoenix, Arizona 85028
13 Attorney for Respondent

14 COPY of the foregoing mailed
This 17th day of August, 2008, to:

15 Marc H. Harris,
16 Assistant Attorney General
17 1275 W. Washington, CIV/LES
18 Phoenix, AZ 85007
19 Attorney for the Board

20 
21 Tina Zepeda, Compliance Officer
22 602-542-1617
23
24
25