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STATE OF WISCONSIN

BEFORE THE PSYCHOLOGY EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY

PROCEEDINGS AGAINST:

STEVEN R. STEIN, PH.D.,	FINAL DECISION AND ORDER
RESPONDENT	LS0002232PSY

The parties to this action for the purposes of § 227.53, Stats., are:

Steven R. Stein, Ph.D.

49 Kessel Court, Suite 107

Madison, WI 53711

Wisconsin Psychology Examining Board

P.O. Box 8935

Madison, WI 53708-8935

Department of Regulation and Licensing

Division of Enforcement

P.O. Box 8935

Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of Count V of this matter, subject to the approval of the Psychology Examining Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Steven R. Stein, Ph.D., Respondent, date of birth November 6, 1950, is licensed by the Wisconsin Psychology Examining Board as a psychologist in the state of Wisconsin pursuant to license number 679, which was first granted February 17, 1978.

2. Respondent's last address reported to the Department of Regulation and Licensing is 49 Kessel Court, Suite 107, Madison, WI 53711.

3. Between November 1993 and October 1995, Respondent practiced psychology at Grand Teton Mental Health Consultants in Madison, WI and at Northstar Day Hospital, an outpatient psychotherapy clinic, which shares the same physical facility as Grand Teton Mental Health Consultants.

4. On November 17, 1993, Respondent saw Mr. B, who was then 14 years of age, for an initial evaluation. At this evaluation, Mr. B reported feeling depressed and suicidal; Mr. B had made a suicide attempt prior to Respondent’s evaluation.

5. Respondent’s initial diagnosis of Mr. B was Major Depression. Respondent’s note of the November 17 evaluation shows a diagnostic impression of "R/O (rule out) Major Depression." After referring Mr. B to a psychiatrist, Respondent reported that subsequent diagnoses of Poly-Drug Abuse and Identity Disorder were considered for

Mr. B.

6. Following the November 17, 1993 evaluation, Respondent provided direct care to Mr. B. Respondent also directly supervised Mr. B's treatment at Northstar Day Hospital.

7. From November 1993 through October 1995, Respondent provided forty-three psychotherapy sessions to Mr. B. The psychotherapy during the periods November 17 1993 through July 13, 1994 and again from June 20, 1995 through October 6, 1995, was outpatient psychotherapy at Grand Teton Mental Health Center. The psychotherapy from July 20, 1994 through June 13, 1995 was in conjunction with Mr. B's treatment program at Northstar, where Respondent was clinical supervisor and director and had daily contact with staff members who recorded treatment progress notes in the Northstar chart.

8. Respondent's clinical records of his forty-three sessions with Mr. B at Grand Teton Mental Health Center consist of an intake evaluation dated November 17, 1993 and seven monthly progress notes handwritten by Respondent between December 1993 and June 1994. Each of the seven monthly progress notes has a date of month and year, followed by anywhere from 6 to 17 lines of Respondent's handwritten statements about Mr. B's treatment, activities and mental condition and were signed with Respondent's abbreviated signature.

9. Between July 20, 1994 and June 13, 1995, Mr. B was a patient at Northstar Day Hospital and was under Respondent's supervision for this treatment.

10. The only record made by Respondent of Mr. B's approximately eleven months of treatment at Northstar Day Hospital is a psychological evaluation dated July 20, 1994. In addition, Respondent signed on the bottom of six monthly treatment summaries made between August 22, 1994 and January 30, 1995. These treatment summaries were written by Mr. B's case manager and by the program director at Northstar, and they were also signed by three other providers of Mr. B's treatment.

11. Respondent contends that he did keep sporadic personal notes of his treatment of Mr. B, but they would not have been readable by, or coherent to, other providers. Respondent contends that he was hampered in keeping clinical notes of his sessions with Mr. B because of Mr. B's desire that Respondent not share information with Mr. B's parents.

12. Respondent's records of Mr. B's treatment were inadequate.

CONCLUSIONS OF LAW

1. The Psychology Examining Board has jurisdiction over this matter pursuant to § 455.09, Stats.

2. The Wisconsin Psychology Examining Board has authority to enter into this stipulated resolution of this matter pursuant to § 227.44(5), Stats.

3. Respondent, by failing to keep adequate records of Mr. B's treatment, has performed professional services inconsistent with training, education, or experience, which constitutes a violation of Wis. Adm. Code § PSY 5.02(4) and subjects Respondent to discipline pursuant to §455.09(g), Stats.

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED THAT:

1. Respondent is hereby REPRIMANDED for the above conduct.

2. Respondent shall, within ninety days of the date of this order, take and complete a course or courses, equivalent to a one day program, with a focus on records keeping by mental health/medical professionals, which shall first be approved by the Board or its designee. Respondent shall, within 30 days of completion of such course or courses, provide evidence of compliance with this paragraph to the Department Monitor.

3. If Respondent is unable to take or complete the course or courses required by the preceding paragraph within 90 days because of illness or other circumstances acceptable to the Board or its designee, Respondent shall, within six months of the date of this order, take and complete the required course or courses, which shall first be approved by the Board or its designee. Respondent shall, within 30 days of completion of such course or courses, provide evidence of compliance with this paragraph to the Department Monitor.

4. Respondent shall keep at least the following information in each of his client's clinical treatment records:

a. An initial assessment which shall include but is not limited to:

1) The client's presenting problems with the onset and course of symptoms, past

treatment response, and current manifestation of the presenting problems;

2) Preliminary diagnosis;

3) Personal and psychosocial history.

b. A treatment plan, upon completion of the diagnosis and evaluation.

c. A progress note regarding each individual and group therapy session Respondent has with that client, which shall include but need not be limited to:

1) Date of session.

2) Whether it was an individual or group session.

3) Status and activity information about the patient that relates to the treatment plan.

4) Sufficient information of what occurred and was discussed during the session to allow interpretation by other mental health care practitioners for the benefit of the client.

5) Be sufficiently legible to be read and understood by other mental health care practitioners.

6) Be personally signed by Respondent.

d. A discharge summary containing a synopsis of treatment given, progress and reasons for discharge, when services are terminated.

5. Requests for approval of educational programs and notification of completion of educational programs shall be mailed, faxed or delivered to:

Department Monitor

Department of Regulation And Licensing

Division of Enforcement

1400 East Washington Ave.

P.O. Box 8935

Madison, WI 53708-8935

Fax: (608) 266-2264

The rights of a party aggrieved by this Decision to petition the Section for rehearing and to petition for judicial review are set forth on the attached "Notice of Appeal Information".

Dated at Madison, Wisconsin this 15th day of November, 2000.

Barbara A. Van Horne, Ph.D.

Chairperson

Psychology Examining Board