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STATE OF WISCONSIN
BEFORE THE PSYCHOLOGY EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY
PROCEEDINGS AGAINST:

STEVEN V. SCHNEIDER, PH.D.,	FINAL DECISION AND ORDER
RESPONDENT	LS0112171PSY

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

Steven V. Schneider, Ph.D.

5912 Sugarbush La.

Greendale, WI 53129

Wisconsin Psychology Examining Board

PO Box 8935

Madison, WI 53708-8935

Department of Regulation and Licensing

Division of Enforcement

PO 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 in this matter, subject to the approval of the 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 V. Schneider, Ph.D., Respondent, date of birth April 29, 1952, is licensed by the Wisconsin Psychology Examining Board as a psychologist in the State of Wisconsin pursuant to license number 1216, which was first granted March 14, 1986.
2. Respondent's license lapsed on September 30, 2001, because he did not renew it.
3. Respondent's last address reported to the Department of Regulation and Licensing is 5912 Sugarbush La., Greendale, WI 53129.
4. On October 8, 1999, in case LS 9910081 PSY, the Board issued a Final Decision and Order disciplining Respondent.
5. Among other things, the Final Decision and Order:
 - a. Included Findings and Conclusions that during 1998 and 1999, Respondent:
 - i. Practiced psychology while he had an impairment related to drugs in violation of Wis. Adm. Code § PSY 5.01(11).

ii. Stole controlled substances from his clients in violation of Wis. Adm. Code § PSY 5.01(5).

iii. Unlawfully obtained possession of controlled substances in violation of Wis. Adm. Code § PSY 5.01(5).

iv. Was grossly negligent in practice in violation of Wis. Adm. Code § PSY 5.01(2).

b. Suspended Respondent's license for one year (the statutory maximum period of suspension), but stayed the suspension, three months at a time, based upon Respondent's compliance with the other terms of the Order.

c. Immediately following the year of stayed suspension, limited Respondent's license until at least February 28, 2004.

d. Included a limitation on Respondent's license that: " Respondent shall abstain from all personal use of controlled substances as defined in § 961.01(4), Stats. except when necessitated by a legitimate medical condition and then only with the prior approval of the Supervising Health Care Provider."

e. Also included a limitation that: "Respondent is responsible for compliance with all of the terms and conditions of this Final Decision and Order. It is the responsibility of Respondent to promptly notify the Department Monitor, of any relapse or suspected violations of any of the terms and conditions of this Order, including any failures of the Supervising Health Care Provider, treatment facility, Approved Program or collection sites to conform to the terms and conditions of this Order." (emphasis added)

f. Included: "IT IS FURTHER ORDERED, that, if the Board determines that there is probable cause to believe that Respondent has violated any term of this Final Decision and Order, the Board may order that the license of Respondent be summarily suspended pending investigation of the alleged violation without further notice or right to hearing to the Respondent."

6. During July and August 2001, Respondent relapsed and used controlled substances when not necessitated by a legitimate medical condition and while not under medical supervision. Neither the Board nor the Department was notified by anyone of this violation of the terms of the Order.

7. By letter dated September 23, 2001 and postmarked October 2, 2001, Respondent advised the Department Monitor that he was not renewing his license upon its expiration on September 30, 2001. Respondent did not make any mention of his relapse and has never notified the Department Monitor that he relapsed and violated the terms of the Final Decision and Order.

8. Although Respondent did not renew his license when it expired on September 30, 2001, Respondent retained the right to renew his license at any time by paying the fee and fulfilling the continuing education requirements. [Wis. Adm. Code § PSY 4.03(1)]

9. On October 11, 2001, Lance P. Longo, M.D., Respondent's supervising health care provider, wrote to the Department Monitor and said: "This letter serves to notify the Psychology Examining Board that Steven Schneider has relapsed to use of narcotic analgesics and psychostimulants without appropriate medical supervision, and this is in violation of his Department of Regulation and Licensing monitoring agreement."

10. At its regular monthly meeting on November 16, 2001, the Board considered the September 23, 2001 letter from Respondent, the October 11, 2001 letter from Dr. Longo and the October 8, 1999 Final Decision and Order and voted to summarily suspend Respondent's license. The order of summary suspension was signed by the Board's Chairperson on December 6, 2001.

CONCLUSIONS OF LAW

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

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

3. Respondent, by violating a valid order of the Board, as set out above, has committed unprofessional conduct and is subject to discipline pursuant to § 455.09(1), Stats.

ORDER

IT IS HEREBY ORDERED, that Steven V. Schneider, Ph.D., is hereby Reprimanded for violating the October 8, 1999 Order of the Board.

IT IS FURTHER ORDERED THAT, the summary suspension of Respondent's psychology license is ended, effective immediately.

IT IS FURTHER ORDERED THAT, effective immediately, Respondent's psychology license is LIMITED, until at least October 1, 2006, as follows:

1. Respondent shall not engage in the practice of psychology in any capacity unless in full compliance with the conditions and limitations outlined below. Respondent shall forthwith surrender all indicia of registration to the Department by mail or in person, and the Department shall then issue limited registration credentials to Respondent. Respondent shall also surrender all indicia of registration to any agent of the Department who requests them.

REHABILITATION, MONITORING AND TREATMENT

Drug and Alcohol Treatment Required

2. Respondent shall continue successful participation in all components of a drug and alcohol treatment program at a treatment facility acceptable to the Board as Respondent's Supervising Health Care Provider shall determine to be appropriate for Respondent's rehabilitation. Respondent shall continue involvement in drug and alcohol rehabilitation programs until discharged. Lance Longo, M.D. at Sinai Samaritan Medical Center in Milwaukee and his affiliated program is an acceptable treatment provider.

Therapy. The rehabilitation program shall include and Respondent shall participate in individual and/or group therapy sessions upon a schedule as recommended by the Supervising Health Care Provider, but not less than once monthly. Such therapy shall be conducted by the Supervising Health Care Provider, or another qualified therapist as designated by the Supervising Health Care Provider and acceptable to the Board. This requirement for therapy sessions may be modified only upon written petition, and a written recommendation by the Supervising Health Care Provider expressly supporting the modifications sought. A denial of such petition for modification shall not be deemed a denial of the license under §§ 227.01(3) or 227.42, Stats., or Wis. Adm. Code § RL 1, and shall not be subject to any right to further hearing or appeal.

AA/NA Meetings. Respondent shall attend Narcotics Anonymous and/or Alcoholic Anonymous meetings or an equivalent program for recovering professionals, upon a frequency as recommended by the Supervising Health Care Provider, but not less than one meeting per week. Attendance of Respondent at such meetings shall be verified and reported monthly to the Supervising Health Care Provider.

Supervising Health Care Provider

3. Respondent shall obtain a Supervising Health Care Provider acceptable to the Board for the full term of this limited license. Lance Longo, M.D. is acceptable to the Board as Supervising Health Care Provider. The Supervising Health Care Provider shall be responsible for coordinating Respondent's rehabilitation, drug monitoring and treatment program as required under the terms of this Order. The Supervising Health Care Provider may designate another qualified health care provider acceptable to the Board to exercise the duties and responsibilities of the Supervising Health Care Provider in his absence. In the event that a Supervising Health Care Provider is unable or unwilling to serve as Supervising Health Care Provider, the Board shall in its sole discretion select a successor Supervising Health Care Provider.

Sobriety

4. Respondent shall abstain from all personal use of controlled substances as defined in § 961.01(4), Stats., except when necessitated by a legitimate medical condition and then only with the prior approval of the Supervising Health Care Providers.

5. Respondent shall abstain from all personal use of alcohol.

6. Respondent shall in addition refrain from the consumption of over-the-counter medications or other substances which may mask consumption of controlled substances or of alcohol, or which may create false positive screening results, or which may interfere with Respondent's treatment and rehabilitation. Respondent shall report all medications and drugs, over-the-counter or prescription, taken by Respondent to the Supervising Health Care Provider within 24 hours of ingestion or administration, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs. Within 24 hours of a request by the Supervising Health Care Provider or the Board or its designee, Respondent shall provide releases which comply with state and federal laws authorizing release of all health care records by the person who prescribed, dispensed, administered or ordered this medication for Respondent. These releases shall also authorize the Supervising Health Care Provider, the Board or its designee to discuss the Respondent's health care with the person who prescribed, dispensed, administered or ordered this medication. The terms of this paragraph shall not be deemed to modify or negate Respondent's obligations as set forth in this Order.

Department Monitor

7. The Department Monitor is the individual designated by the Board as its agent to coordinate compliance with the terms of this Order, including receiving and coordinating all reports and petitions, and requesting additional

monitoring and surveillance. The Department Monitor may be reached as follows:

Department Monitor
Department of Regulation Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935
FAX (608) 266-2264
TEL. (608) 267-7139

Releases

8. Respondent shall provide and keep on file with the Supervising Health Care Provider, all treatment facilities and personnel, laboratories and collections sites current releases which comply with state and federal laws authorizing release of all urine, blood and hair specimen screen results and medical and treatment records and reports to, and permitting the Supervising Health Care Provider and all treating physicians and therapists to disclose and discuss the progress of Respondent's treatment and rehabilitation with the Board or any member thereof, or with any employee of the Department of Regulation and Licensing acting under the authority of the Board. Copies of these releases shall be filed simultaneously with the Department Monitor.

Drug and Alcohol Screens

9. Respondent shall supply on at least a twice-monthly basis, random monitored urine, blood, breath, or hair specimens as the Supervising Health Care Providers shall direct. The Supervising Health Care Provider (or designee) shall request the specimens from Respondent and these requests shall be random with respect to the hour of the day and the day of the week. In addition, the Board or its designee may at any time request a random monitored urine, blood, breath, or hair specimen from Respondent by directing the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement to contact Respondent and request Respondent provide a specimen. To prevent the Respondent's ability to predict that no further screens will be required for a given period (because the minimum frequency for that period has been met), the program of monitoring shall require Respondent to provide in each quarter at least two (2) random screenings in excess of the minimums specified in this Order.

10. Respondent shall keep the Supervising Health Care Provider informed of Respondent's location and shall be available for contact by the Supervising Health Care Provider at all times.

11. All requested urine, blood or hair specimens shall be provided by Respondent within five (5) hours of the request for the specimen. All breath samples shall be given immediately upon request. All urine specimen collections shall be a split sample accomplished by dividing urine from a single void into two specimen bottles. The total volume of the split sample shall be at least 45 ml. of urine. All split sample urine specimens, blood specimens and hair specimens shall be collected, monitored and chain of custody maintained in conformity with the collection, monitoring and chain of custody procedures set forth in 49 CFR Part 40. Urine specimen collections shall be by direct observation if:

- a. The Respondent must provide an additional specimen because Respondent's initial specimen was outside of the normal temperature range (32.5 - 37.7 C/90.5 - 99.8 F) and Respondent refuses to have an oral body temperature measurement or Respondent does provide an oral body temperature measurement and the reading varies by more than 1 C/1.8 F from the temperature of the urine specimen;
- b. Respondent's last provided specimen was determined by the laboratory to have a specific gravity of less than 1.003 and creatinine concentration below 0.2 g/l;
- c. The collection site person observes Respondent acting in such a manner to provide reason to believe that Respondent may have attempted or may attempt to substitute or adulterate the specimen. The collection site person, if he or she believes that the initial urine specimen may have been adulterated or a substitution made, shall direct Respondent to provide an additional observed urine specimen;
- d. The last provided specimen resulted in a positive or suspected positive test result for the presence of controlled substances; or
- e. The Board (or any member of the Board), the Department Monitor, or Respondent's Supervising Health Care Provider direct that the urine specimen collection be by direct observation.

If either of the above conditions (a) or (c) requires collection of an additional observed urine specimen, the

collection of the subsequent specimen shall be accomplished within the required five (5) hours of the request for the initial specimen; the collection of the initial specimen shall not satisfy the requirement that the urine specimen be collected within five (5) hours of the request for the initial specimen.

12. The drug and alcohol treatment program in which Respondent is enrolled shall at all times utilize a United States Department of Health and Human Services certified laboratory for the analysis of all body fluid specimens collected from Respondent.

13. The drug and alcohol treatment program in which Respondent is enrolled shall utilize only those urine, blood and hair specimen collection sites for collection of Respondent's urine, blood or hair specimens as comply with the United States Department of Transportation collection and chain of custody procedures set forth in 49 CFR Part 40.

Every breath sample shall be analyzed in a manner similar to the analysis of samples obtained for the purposes of determining the breath alcohol content of persons suspected of operating a motor vehicle while influenced by an intoxicant, including by portable breath testing devices. Any device approved by the US or Wisconsin Department of Transportation is acceptable. It is the intention of the Board to be able to use local law enforcement agencies to administer such tests, and Respondent shall cooperate with such efforts.

14. The Supervising Health Care Providers, treatment facility, laboratory and collection site shall maintain a complete and fully documented chain of custody for each urine, blood or hair specimen collected from Respondent.

15. Every urine specimen collected from Respondent shall be analyzed at the time of collection for tampering by measurement of the temperature of the specimen and the oral temperature of Respondent. Every urine specimen collected from Respondent shall be further analyzed at the laboratory for tampering by measuring the creatinine concentration and the specific gravity of the specimen. The laboratory may at its discretion or at the direction of a Supervising Health Care Provider or the Board or any member thereof conduct additional tests to evaluate the urine specimen for tampering including, but not limited to, pH, color and odor.

16. Every urine, blood or hair specimen collected from Respondent shall be analyzed for alcohol, amphetamine, cocaine, opiates, phencyclidine, marijuana, methadone, propoxyphene, methaqualone, barbiturates, benzodiazepines, or the metabolites thereof. The Board or its designated agent may at any time direct that screens for additional substances and their metabolites be conducted by scientific methods and instruments appropriate to detect the presence of these substances. The laboratory shall conduct confirmatory tests of positive or suspected positive test results by appropriate scientific methods and instruments including, but not limited to, gas chromatography and mass spectrometry.

17. All urine, blood or hair specimens remaining after testing shall be maintained in a manner necessary to preserve the integrity of the specimens for at least seven (7) days; and all positive or suspected positive urine, blood or hair specimens remaining after testing shall be so maintained for a period of at least one (1) year. The Supervising Health Care Provider or the Board or any member thereof may direct that the urine, blood or hair specimens be maintained for a longer period of time.

18. For the purpose of further actions affecting Respondent's license under this Order, it shall be presumed that all confirmed positive reports are valid. Respondent shall have the burden of proof to establish that the positive report was erroneous and that the Respondent's specimen sample did not contain alcohol or controlled substances or their metabolites.

19. If any urine, blood or hair specimen is positive or suspected positive for any controlled substances or alcohol, Respondent shall promptly submit to additional tests or examinations as the Supervising Health Care Provider shall determine to be appropriate to clarify or confirm the positive or suspected positive urine, blood or hair specimen test results.

Required Reporting by Supervising Health Care Provider, and Laboratories

20. The Supervising Health Care Provider shall report immediately to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement by FAX or telephonic communication: any failure of Respondent to provide a urine, blood, breath, or hair specimen within five (5) hours from the time it was requested; or of any inability to locate Respondent to request a specimen. The laboratory shall immediately report all urine specimens suspected to have been tampered with and all urine, blood, breath, or hair specimens which are positive or suspected positive for controlled substances or alcohol to the Department Monitor, and to the Supervising Health Care Provider.

21. The laboratory shall within 48 hours of completion of each drug or alcohol analysis mail the report from **all** specimens requested of Respondent under this Order to the Department Monitor (regardless of whether the laboratory analysis of the specimen was positive or negative for controlled substances, their metabolites or alcohol). Each report shall state the date and time the specimen was requested; the date and time the specimen was collected; the results of the tests performed to detect tampering; and the results of the laboratory analysis

for the presence of controlled substances and alcohol.

22. The Supervising Health Care Provider shall submit formal written reports to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935 on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in the drug and alcohol treatment program and summarize the results of the urine, blood or hair specimen analyses. The Supervising Health Care Provider shall report immediately to the Department Monitor [Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935, FAX (608)266-2264, telephone no. (608)267-7139] any violation or suspected violation of the Board's Final Decision and Order.

Required reporting by Respondent

23. Respondent is responsible for compliance with all of the terms and conditions of this Final Decision and Order. It is the responsibility of Respondent to promptly notify the Department Monitor, of any suspected violations of any of the terms and conditions of this Order, including any failures of the Supervising Health Care Provider, treatment facility, laboratory or collection sites to conform to the terms and conditions of this Order.

Facility approval

24. If the Board determines that the Supervising Health Care Providers, treatment facility, laboratory or collection sites have failed to satisfy the terms and conditions of this Final Decision and Order, the Board may, at its sole discretion, direct that Respondent continue treatment and rehabilitation under the direction of another Supervising Health Care Provider, treatment facility, laboratory or collection site which will conform to the terms and conditions of this Final Decision and Order.

PETITIONS FOR MODIFICATION OF TERMS

25. Respondent shall appear before the Board at least annually to review the progress of treatment and rehabilitation. Respondent may petition the Board for modification of the terms of this limited license and the Board shall consider Respondent's petition at the time it meets with Respondent to review the progress of rehabilitation. Any such petition shall be accompanied by a written recommendation from Respondent's Supervising Health Care Providers expressly supporting the specific modifications sought. Denial of the petition in whole or in part shall not be considered a denial of a license within the meaning of § 227.01(3)(a), Stats. and Respondent shall not have a right to any further hearings or proceedings on any denial in whole or in part of the petition for modification of the limited license.

After October 1, 2006, upon compliance with the conditions and limitations imposed on Respondent, without relapse, and upon recommendation of the Supervising Health Care Provider and Professional Mentor, Respondent shall receive a full unlimited license to practice psychology.

EXPENSES OF TREATMENT AND MONITORING

26. Respondent shall be responsible for all costs and expenses incurred in conjunction with the monitoring, screening, supervision and any other expenses associated with compliance with the terms of this Order.

PRACTICE LIMITATIONS

27. Respondent shall not commence practice under this license until he has appeared before the Board and obtained approval to begin practice.

28. Respondent shall neither request any client or any client's parent, guardian, custodian or other representative of a client to give Respondent physical control of a client's medication or medication container nor accept physical control of a client's medication or medication container.

29. With appropriate release from the client, Respondent may report to a physician or other prescriber the diagnosis of a client, symptoms and conditions Respondent observes in a client, and symptoms that a client reports to Respondent. However, Respondent shall not recommend to any physician or other prescriber that the physician or other prescriber prescribe any medication or any dose of a medication to a client or play any role in monitoring the medications prescribed to a client.

Professional Mentor

30. Prior to commencing the practice of psychology and prior to any subsequent change in the nature or setting of his practice of psychology, Respondent shall provide the Board or its designee with an adequate description of the proposed practice and the Board or its designee shall determine whether to require that the practice be only under the supervision of a designated Professional Mentor approved by the Board or its designee.

31. If the Board or its designee determines that Respondent's practice is to be under the supervision of a Professional Mentor, Respondent shall obtain a Professional Mentor acceptable to the Board prior to Respondent commencing the practice of psychology and shall continue to have a Professional Mentor during all periods during

which Respondent practices psychology and the Board or its designee requires a Professional Mentor. The Professional Mentor shall be the individual responsible for supervision of Respondent's practice of psychology. At the discretion of the Board or its designee, supervision may include weekly meetings, review of charts selected by the Professional Mentor, and any other actions deemed appropriate by the Professional Mentor to determine that Respondent is practicing in a professional and competent manner. The Professional Mentor may designate another qualified health care provider acceptable to the Board to exercise the duties and responsibilities of the Professional Mentor in an absence of more than three weeks. In the event that the Professional Mentor is unable or unwilling to continue to serve as Respondent's professional mentor, the Board may in its sole discretion select a successor Professional Mentor. The Professional Mentor shall have no duty or liability to any client or third party, and the Mentor's sole duty is to the Board.

Reporting Required

32. Respondent shall arrange for his Professional Mentor to provide formal written reports to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935 on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's work performance.

33. Respondent's Professional Mentor shall immediately report to the Department Monitor and the Respondent's Supervising Health Care Provider any conduct or condition of the Respondent which may constitute unprofessional conduct, a violation of this Order, or a danger to the public or patient.

34. It is the responsibility of Respondent to promptly notify the Department Monitor of any suspected violations of any of the terms and conditions of this Order, including any failures of the Professional Mentor to conform to the terms and conditions of this Order.

Change in Address or Work Status

35. Respondent shall report to the Department Monitor his present, and any change of, employment status, residence, address or telephone number within five (5) days of this order and the date of any change.

36. Respondent shall furnish a copy of this Order to all present employers immediately upon issuance of this Order, and to any prospective employer before commencing employment as a health care provider.

IT IS FURTHER ORDERED, that, if the Board determines that there is probable cause to believe that Respondent has violated any term of this Final Decision and Order, the Board may order that the license of Respondent be summarily suspended pending investigation of the alleged violation without further notice or right of hearing to the Respondent.

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

Dated at Madison, Wisconsin this 22nd day of May, 2002.

Barbara A. Van Horne, M.B.A., Ph.D.

Chairperson

Psychology Examining Board