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STATE OF WISCONSIN
BEFORE THE PSYCHOLOGY EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY
PROCEEDINGS AGAINST:

F. WILLIAM FRITSCHKE, PH.D.,
RESPONDENT

FINAL DECISION AND ORDER
LS0205223PSY

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

F. William Fritsche, Ph.D.
1512 California Avenue W
St. Paul, MN 55108

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 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. F. William Fritsche, Ph.D., Respondent, date of birth June 2, 1942, is licensed by the Wisconsin Psychology Examining Board as a psychologist in the state of Wisconsin pursuant to license number 1755, which was first granted November 13, 1992.
2. Respondent's last address reported to the Department of Regulation and Licensing is 1512 California Avenue W, St. Paul, MN 55108.
3. From 1992 until his resignation effective January 20, 2001, Respondent worked under contract for the Pierce County Department of Human Services (PCDHS) in Ellsworth, Wisconsin. Respondent's job duties included: performing psychological evaluations, supervision of mental health staff, consultation with AODA and social services staff and occasional psychotherapy.
4. In December 2000, administrators at PCDHS became aware that several very lengthy telephone calls had been made from Respondent's office at PCDHS to toll free 800 numbers in Iowa. Through an investigation, the administrators determined that the calls were to desk or reservation clerks at various motels. The investigation also disclosed that the caller would engage female clerks in a friendly conversation which ultimately would become a consensual, sexually explicit conversation.

5. On December 15, 2000, PCDHS staff met with Respondent and asked him about the calls. Respondent admitted to making the phone calls and the content of the calls. He said that most were made from his office after work hours, but said that some were made during work hours. Respondent told PCDHS that he did not make any calls to clients, and there is no evidence to the contrary.
6. In the early 1980's, Respondent was diagnosed at the University of Minnesota with attention deficit disorder (ADD), primarily inattentive type. Subsequently, Respondent has taken medication for that condition.
7. On July 20, 2000, Respondent sought an evaluation with Dr. William Nelson, a Minnesota psychiatrist with subspecialty interest in adult ADD. Dr. Nelson diagnosed Respondent as having Attention Deficit Hyperactivity Disorder, not otherwise specified (314.9). Dr. Nelson prescribed various medications and dosages before determining the optimal medication and dosage. Respondent continues to take the medication which is now prescribed by his primary physician.
8. Beginning January 3, 2001, Respondent has regularly attended a 12-step SAA "Boundary Group" for male professionals and public figures with problems related to similar types of sexual activity.
9. On January 5, 2001, Respondent attended a workshop entitled "Sexual Impulse Control Problems: Therapy" presented by Mr. John Sowada, a Minnesota psychologist with specialized experience and training around sexual impulse control issues.
10. Respondent commenced psychotherapy with Mr. Sowada and saw him a total of 41 times between January 15, 2001 and March 28, 2002. Treatment included:
 - a. Completion of behavioral analysis of misconduct, including specific behaviors, rationalizations, and negative impact on PCDHS, colleagues, clients, the women with whom Respondent was in contact, self, spouse/children.
 - b. Continued development of relapse prevention strategies. Respondent reported continuous, complete abstinence from problematic behaviors since December 2000.
 - c. Restructuring of self-image from an internalized sense of inadequacy and despair (e.g., about sustaining a happy marriage indefinitely) to an internalized sense of self-confidence and hope.
 - d. Amelioration of depressive symptoms – including regaining the 20 pounds Respondent lost in the aftermath of losing his position at PCDHS and gaining an increased ability to relax, to laugh, and experience enjoyment in life.
 - e. Amplification of intimacy skills – promoting an increasing level of trust and intimacy in Respondent's marital relationship.
11. Mr. Sowada reported Respondent to be a cooperative patient who followed through on his therapeutic assignments and expressed remorse and regret for his inappropriate actions. Mr. Sowada reported he is aware of no basis for questioning Respondent's ability to provide psychological services and no basis for concern about safety to the public by his continued practice of psychology.
12. It is Mr. Sowada's policy not to meet with clients unless a clearly identifiable clinical need and treatment goal is operative. Mr. Sowada and Respondent agreed that these conditions no longer prevailed and terminated treatment on March 28, 2002. Mr. Sowada and Respondent also agreed that Respondent could call Mr. Sowada at any time to meet with him on an as-needed basis.

CONCLUSIONS OF LAW

1. The Wisconsin 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's conduct, as described above, constitutes unprofessional conduct as defined by Wis. Adm. Code § PSY 5.01(11) for practicing while having a mental impairment which is reasonably related to his ability to adequately undertake the practice of psychology in a manner consistent with the safety of patient or public, and subjects Respondent to discipline pursuant to § 455.09(1)(g), Stats.

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that, effective immediately:

1. Respondent shall continue to attend the 12-step SAA "Boundary Group," referred to in Finding of Fact 8, above.

2. Mr. Sowada and Dr. Nelson are each approved by the Board as Respondent's treating professionals.

a. In the event that a treating professional is unable or unwilling to continue as Respondent's treating professional, the Board shall in its sole discretion approve subsequent treating professionals.

b. Respondent shall immediately provide all treating professionals with:

(i.) A copy of this Final Decision and Order.

(ii.) Current consents for release of information which allow the treating professionals to discuss with one another Respondent's status and treatment and provide each with access to the other's records regarding Respondent.

c. The schedule of treatment shall be determined by the treating professionals, except that:

(i.) At least once every six months, Respondent shall be seen by the psychiatrist who shall assess the effectiveness of the current medications and, as appropriate, modify the medications to be prescribed, as part of treatment.

(ii.) At this time, Respondent shall be seen by the psychologist for status evaluation at least once every three months.

d. The psychologist shall provide psychotherapy, as appropriate.

e. Respondent shall cooperate with and follow all recommended treatment, which in addition to psychotherapy, may include participating in self help groups, taking medication and having laboratory tests to determine medication levels.

f. Treatment shall continue until such time as the treating professional(s) recommends that it be ended and the Board accepts that recommendation.

g. Respondent shall provide and keep on file with the treating professionals current releases which comply with state and federal laws authorizing release of all medical and treatment records and reports to the Board, and permitting the treating professionals 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.

h. If Respondent believes that any recommended treatment or refusal to end treatment is inappropriate, Respondent may seek a class 1 hearing pursuant to § 227.01(3)(a), Stats., in which the burden shall be on Respondent to show that the Board's decision is arbitrary or capricious. The treatment remain in effect until there is a final decision in Respondent's favor on the issue.

3. Respondent's treating psychologist shall submit quarterly reports to the Board regarding Respondent's participation and progress in treatment. Submission of the reports by the treating psychologist shall be Respondent's responsibility. The due date for the first report and subsequent reports shall be determined by the Department Monitor.

4. Respondent's treating psychiatrist shall submit semi-annual reports to the Board regarding Respondent's participation and progress in treatment. Submission of the reports by the treating psychiatrist shall be Respondent's responsibility. The due date for the first report and subsequent reports shall be determined by the Department Monitor.

5. Upon becoming aware that Respondent has failed to cooperate with treatment, or has otherwise violated the terms of this Order, Respondent's treating professional(s) shall immediately submit written notification to the Board.

6. If Respondent has failed to cooperate with treatment, or has otherwise violated the terms of this Order, Respondent shall immediately submit written notification to the Board.

7. All requests, notifications and reports required by this Order 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

8. Violation of any term or condition of this Order may constitute grounds for revocation of Respondent's license as a psychologist in Wisconsin. Should the Board determine that there is probable cause to believe that Respondent has violated the terms of this Order, the Board may order that Respondent's license be summarily suspended pending investigation of and hearing on the alleged violation.

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