

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE	:	
DISCIPLINARY PROCEEDINGS AGAINST	:	ORDER IMPOSING
	:	ADDITIONAL LIMITATIONS
	:	
JULIE M. SWONGER, R.N.,	:	ORDER0008623
RESPONDENT.	:	

TO: JULIE SWONGER
SPOONER WI 54801

On July 13, 2023, the Wisconsin Board of Nursing (“Board”) issued a Final Decision and Order (“Order”) limiting Respondent’s professional nursing license with certain terms and conditions including, but not limited to, completion of an AODA assessment by an approved provider experienced in performing such evaluations. The Order further states that Respondent’s license may be limited to address any recommendations resulting from the assessment.

On September 26, 2023, the Board Liaison reviewed and accepted the report resulting from Respondent’s AODA assessment. Based on the assessor’s recommendations, the following is entered:

ORDER

1. Respondent’s professional nursing license (#178169-30) is further LIMITED as follows:
 - a. Within thirty (30) days of the date of this order, Respondent shall complete and submit a relapse prevention plan which shall address, but is not limited to, the following items:
 - i. Describe your attitude about sobriety and what will help you sustain your motivation/commitment to sobriety;
 - ii. Identify your goals;
 - iii. What motivates you;
 - iv. What consequences are likely if you relapse;
 - v. Identify your triggers and/or warning signs, and your specific plan to avoid drinking or using;
 - vi. Who will you contact for support and assistance;
 - vii. Emergency planning; what you will do if you encounter a crisis or a stressful situation that triggers a strong urge to use or drink;
 - viii. Changing your routine is important in staying sober; how will you begin and end each day in a way that supports sobriety and recovery;
 - ix. Do you foresee any obstacles/barrier to implementing this plan? What will you do about these roadblocks?
 - x. How will you remain accountable?

- b. Within thirty (30) days of the date of this order, Respondent shall provide proof to the Department Monitor that Respondent has entered or is continuing mental health treatment with a mental health treatment provider (Treater), whose credential is in good standing, and approved by the Board or its designee. Respondent shall participate in, cooperate with, and follow all treatment recommended by Treater.
 - i. Respondent shall immediately provide Treater with a copy of this Order and all other subsequent orders.
 - ii. Respondent's treatment shall include individual and/or group therapy sessions at a frequency to be determined by Treater. Therapy may end only upon a determination by the Board or its designee after receiving a petition for modification, including a recommendation from Treater expressly approving termination of therapy.
 - iii. Treater shall immediately report any relapse, violation of any of the terms and conditions of this Order, and any suspected unprofessional conduct, to the Department Monitor. If Treater is unable or unwilling to serve as Treater, Respondent shall immediately seek approval of a successor Treater by the Board or its designee.
 - iv. Within ninety (90) days of the date of this order, Respondent shall arrange for quarterly written reports to be submitted to the Department Monitor from Respondent's Treater on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in the mental health treatment sessions and abstinence from alcohol.
 - v. Treater shall report immediately to the Department Monitor any violation or suspected violation of this Order.
- c. Respondent shall submit self-reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. The reports shall include a summary of Respondent's compliance with the terms and conditions of the Order in the previous quarter and provide an update on Respondent's relapse prevention plan follow through.
- d. Respondent shall attend Alcoholics Anonymous meetings, Narcotics Anonymous meetings, or other equivalent program for recovering professionals approved by the Board or its designee, no less than twice per week. Respondent shall provide proof of attendance on a quarterly basis to the Department Monitor.

2. Any requests, petitions, reports and other information required by all orders shall be mailed, emailed, faxed or delivered to:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190, Madison, WI 53707-7190
Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

3. All terms and conditions of the Order remain in full force and effect.
4. This order is effective the date of its signing.

WISCONSIN BOARD OF NURSING

By: John Anderson MO October 24, 2023
A Member of the Board Date