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| IN THE MATTER OF       | * | BEFORE THE MARYLAND BOARD |
| WILLIAM CARRIGAN, Ph.D | * | OF EXAMINERS              |
| LICENSE NO. 438        | * | OF PSYCHOLOGISTS          |
| * * * * *              | * | * * * * *                 |

FINAL ORDER

BACKGROUND

The Board of Examiners of Psychologists (the "Board") issued charges on May 10, 1993 against WILLIAM C. CARRIGAN, Ph.D. (the "Respondent") under the Maryland Psychologist Act (the "Act"), Md. Health Occupation Code Ann. §18-313(7) ("Violates the code of ethics adopted by the Board under §18-311 of this subtitle"), §18-313(16) ("Behaves immorally in the practice of psychology"), and §18-313(17) ("Commits an act of unprofessional conduct in the practice of psychology"). The Board referred the case to the Office of Administrative Hearings and a hearing was held on October 27, 1993 before Administrative Law Judge Geraldine A. Klauber. Judge Klauber issued her Recommended Decision in the matter on December 15, 1993. The Respondent filed Exceptions to the Recommended Decision on January 6, 1994 and the State filed a Response to Respondent's Exceptions on January 27, 1994. After reviewing the record of the hearing before Judge Klauber and her Recommended Decision and the Exceptions and Response filed by the Respondent and the State, a quorum of the Board heard oral argument on May 6, 1994.

## FINDINGS OF FACT

The Board adopts the Findings of Facts proposed by Judge Klauber as listed below. To protect the privacy of the patient involved, her name has been deleted from the Findings and "Patient A" inserted in its place.

The parties stipulated to the following findings of fact:

1. At all times relevant to the charges herein, William Carrigan was licensed to practice psychology in the State of Maryland.

2. On November 1, 1985, Patient A engaged the services of Dr. Carrigan because she was suffering from anxiety attacks and depression. Patient A began regular psychotherapy sessions with Dr. Carrigan and was diagnosed as suffering from maladjustment disorder with mixed emotional features and borderline personality disorder. At about the third session, Dr. Carrigan placed his arm around Patient A, which she viewed as an affectionate and therapeutic gesture. During the course of her therapy, Patient A told Dr. Carrigan that she had been sexually molested by her grandfather, sexually molested by a male family friend at the age of fourteen (14), and physically abused by her former husband.

3. In December 1985, during a therapy session, Patient A told Dr. Carrigan that she was considering having an affair. Dr. Carrigan reacted in a manner that led her to believe that he wanted to know whether he fit into her thinking concerning her desire to have an affair. Patient A advised Dr. Carrigan that

she was not thinking of having an affair with him; however, she did advise him that she was sexually and emotionally attracted to him.

4. In late December 1985, Patient A asked Dr. Carrigan whether or not he would consider having a sexual relationship with her. Although Dr. Carrigan did not directly reply to this inquiry, he did indicate that he thought that Patient A's question was a "precious thought."

5. Sometime in January 1986, Dr. Carrigan rubbed Patient A's neck and back and told her that she really wanted to hold him but she was afraid to ask. In a subsequent session, Patient A asked Dr. Carrigan to hold her. In response, Dr. Carrigan laid down on a reclining chair with her during most of the session.

6. During a session in February 1986, Patient A placed her head in Dr. Carrigan's lap. Patient A and Dr. Carrigan began kissing and fondling each other, but both remained fully clothed. This activity continued approximately every four to six weeks.

7. In the spring of 1987, Patient A indicated to Dr. Carrigan that she intended to discontinue therapy. When Patient A advised Dr. Carrigan of this, she and Dr. Carrigan disrobed and engaged in mutual masturbation and oral sex. Patient A discontinued therapy on March 27, 1987 until April of 1989. However, during these two years, Patient A visited Dr. Carrigan in his office approximately every two months. During these visits, Patient A and Dr. Carrigan disrobed and engaged in mutual masturbation and oral sex on an intermittent basis.

8. On April 18, 1989, Patient A resumed therapy on a weekly basis. Sexual contact occurred at about the third therapy session and continued until June of 1990. In the spring of 1990, Patient A suggested to Dr. Carrigan that they continue their relationship outside of the context of therapy; however, Dr. Carrigan declined indicating that he was not interested in "committing adultery." Patient A terminated the therapy relationship in December of 1990. During the sexual encounters between Patient A and Dr. Carrigan, they never engaged in intercourse; rather, they engaged in oral sex and mutual masturbation on an intermittent basis.

9. On January 18, 1993, John Carson an, Investigator with the Department of Health and Mental Hygiene investigative Unit, interviewed Dr. Carrigan. Dr. Carrigan cooperated with Mr. Carson and admitted to a sexual relationship with Patient A during the time frame described above in this Stipulated Statement of Facts.

10. The acts of Dr. Carrigan of: (a) engaging in hugging, kissing, mutual masturbation and oral sex with Patient A, both during therapy and after therapy had ended, as well as the continuation of therapy after sexual contact was discontinued: (b) failing to discharge from his care, and failing to offer Patient A an alternative source of assistance or make referrals to other mental health providers prior to and during the personal and sexual relationship with Patient A; (c) failing to terminate the professional relationship, when it became reasonably clear

Patient A was no longer benefitting from it and failing to assist in locating alternative sources for follow up care; (d) failing to be alert to his personal situations and pressures, including family problems that led him to use his influence and have an intimate relationship with Patient A; and (e) failing to be alert to the vulnerabilities and personal problems of Patient A and thus use his potentially influential position over her, constitutes; (i) a violation of Principle 2 (f), 6(a) and (e) of the Code of Ethics adopted by the Board; and (ii) unprofessional conduct in the practice of psychology; and (iii) immoral behavior in the practice of psychology.

To supplement and clarify the above-listed Findings, the Board makes the following Findings of Fact<sup>1</sup>:

11. Respondent engaged with Patient A in acts of hugging, kissing, mutual masturbation and oral sex both during therapy and after therapy was discontinued.

12. Respondent resumed therapy with Patient A while they were still involved in an established sexual relationship.

13. Respondent acknowledged that, up through May of 1992, he had denied under oath that he had a sexual relationship with Patient A (T. 45).

14. Respondent admitted that, under oath, he explained away Patient A's allegations by stating that "I have become the target of the projected object of her rage, the historical nature of her

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<sup>1</sup>All cites are to the transcript from the hearing held on October 27, 1993 before Judge Klauber.

delusions, and that sword has been directed at me to destroy me" (T. 46-7).

15. Respondent admitted that he had never diagnosed Patient A as being delusional (T. 47).

16. The expert for the State, Dr. David Shapiro, testified that, with respect to the Respondent's testimony before Judge Klauber, he did not hear anything that showed insight on Dr. Carrigan's part (T. 98).

#### CONCLUSIONS OF LAW

The Board adopts the Conclusions of Law of the Administrative Law Judge as set forth in the Recommended Decision which is attached to and incorporated into this Order and which states that Respondent violated Md. Health Occupations Code Ann. §§18-313(7), (16) and (17).

#### ORDER

IT IS HEREBY ORDERED on this 7<sup>th</sup> day of July, 1994, that the license to practice psychology in Maryland of **WILLIAM C. CARRIGAN, Ph.D.** is hereby **REVOKED** and it is further

**ORDERED** that on presentation of this Order, Respondent shall immediately deliver to the Board or its agent (1) his diploma-sized Certificate; (2) his current Department of Health and Mental Hygiene License Renewal Certificate; (3) his current wallet-sized license renewal card.

*W. Sherod Williams, Ph.D.*  
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W. Sherod Williams, Ph.D.  
Board Chairman