

# SANCTIONING REFERENCE POINTS

## INSTRUCTION MANUAL

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Behavioral Sciences Boards

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Virginia Department  
of Health Professions

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Board of Counseling  
Guidance Document 115-1.5

Board of Psychology  
Guidance Document 125-5.2

Board of Social Work  
Guidance Document 140-8



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### Behavioral Sciences Boards

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December 2008



## COMMONWEALTH OF VIRGINIA

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December 2008

Dear Interested Parties:

In the spring of 2001, the Virginia Department of Health Professions approved a workplan to study sanctioning in disciplinary cases for Virginia's 13 health regulatory boards. The purpose of the study was to "...provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members..." The purposes and goals of this study are consistent with state statutes which specify that the Board of Health Professions periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

Although each health regulatory board hears different types of cases, the Behavioral Sciences Boards (consisting of Counseling, Psychology and Social Work) hear cases that are similar in nature. For example, each deals with similar kinds of patient care cases, issues involving patient/practitioner boundaries or business practices. In addition, the sanctions these Boards hand down are also comparable. As well as sharing the same Executive Director and support staff, each of these boards are smaller in terms of their annual caseload volume. Because of the similar nature of their cases, and in order to have enough cases to conduct meaningful analysis, the three Behavioral Sciences Boards were analyzed together. This saved both time and resources when developing the Sanction Reference Points (SRPs) worksheet and manual. To oversee the interests of all three boards, an ad hoc committee was assembled that comprised the Chairman from each Board. This group reviewed draft results and met periodically to help guide the entire research development and data analysis process.

Analysts interviewed members and staff from all three boards and collected over 100 factors on all Behavioral Sciences sanctioned cases in Virginia over approximately a 5-year period. These factors measured case seriousness, respondent characteristics, and prior disciplinary history. After identifying the factors that were consistently associated with sanctioning, it was decided that the results provided a solid foundation for the creation of SRPs. Using both the data and collective input from Board members and staff, analysts spent several months developing a usable sanctioning worksheet as a way to implement the reference system.

One of the most important features of this system is its voluntary nature; that is, the Boards are encouraged to depart from the reference point recommendation when aggravating or mitigating circumstances exist. The Sanctioning Reference Points system attempts to model the typical Behavioral Sciences Boards' cases. Some respondents will be handed down sanctions either above or below the SRP recommended sanction. This flexibility accommodates cases that are particularly egregious or less serious in nature. Equally important to recommending a sanction, the system allows each respondent to be evaluated against a common set of factors—making sanctioning more predictable, providing an educational tool for new Board members, and neutralizing the possible influence of "inappropriate" factors (e.g., race, sex, attorney presence, identity of Board members). As a result, the following reference instrument should greatly benefit Board members, health professionals and the general public.

Sincerely yours,

Handwritten signature of Sandra Whitley Ryals in black ink.

Sandra Whitley Ryals  
Director  
Virginia Board of Health Professions

Cordially,

Handwritten signature of Elizabeth A. Carter in black ink.

Elizabeth A. Carter, Ph.D.  
Executive Director

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### Overview

The Virginia Board of Health Professions has spent the last 7 years studying sanctioning in disciplinary cases. The study is examining all 13 health regulatory boards, with the greatest focus most recently on the Boards of Counseling, Psychology and Social Work (Behavioral Sciences Boards). The Behavioral Sciences Boards are now in a position to implement the results of the research by using a set of voluntary *Sanctioning Reference Points*. This manual contains some background on the project, the goals and purposes of the system, and the offense-based sanction worksheet that will be used to help Board members determine how a similarly situated respondent has been treated in the past. This sanctioning system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Behavioral Sciences Boards. Moreover, the worksheet has not been tested or validated on any other groups of persons. Therefore, it should not be used to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The Sanctioning Reference system is comprised of a single worksheet which scores a variety of factors; case type, boundary issue, patient harm and offense and prior record factors. Each of the factors being scored was identified using data analysis. These factors have been isolated and tested in order to determine their influence on sanctioning outcomes. Sanctioning thresholds found on the worksheet recommend a range of sanctions from which the Boards may select in a particular case.

In addition to this instruction booklet, a coversheet and worksheet are available to record the respondent's score, recommended sanction, actual sanction, and any reasons for departure (if applicable). The completed coversheets and worksheets will be evaluated as part of an on-going effort to monitor and refine the SRPs. These instructions and the use of the SRP system fall within current Department of Health Professions and Behavioral Sciences Boards' policies and procedures. Furthermore, all sanctioning recommendations are those currently available to and used by the Boards and are specified within existing Virginia statutes.

**Background** In April of 2001, the Virginia Board of Health Professions (BHP) approved a work plan to conduct an analysis of health regulatory board sanctioning and to consider the appropriateness of developing historically-based SRPs for health regulatory boards, including the Behavioral Sciences Boards. The Board of Health Professions and project staff recognize the complexity and difficulty in sanction decision-making and have indicated that for any sanction reference system to be successful, it must be “*developed with complete Board oversight, be value-neutral, be grounded in sound data analysis, and be totally voluntary*”—that is, the system is viewed strictly as a Board decision tool.

**Goals** The Board of Health Professions and the Behavioral Sciences Boards cite the following purposes and goals for establishing Sanctioning Reference Points:

- Making sanctioning decisions more predictable
- Providing an education tool for new Board members
- Adding an empirical element to a process/system that is inherently subjective
- Providing a resource for the Boards and those involved in proceedings.
- “Neutralizing” sanctioning inconsistencies
- Validating Board member or staff recall of past cases
- Constraining the influence of undesirable factors—e.g., Board member ID, overall Board makeup, race or ethnic origin, etc.
- Helping predict future caseloads and need for probation services

### **Combining the Three Boards for Study**

Unlike other health regulatory Boards that were analyzed as part of the SRP project, this study examined three Boards simultaneously. This approach offered several advantages. First, combining the three Boards allowed enough cases to be collected and analyzed. Any one of these Boards alone does not process enough disciplinary cases to allow for a valid data analysis. Second, the combined approach allowed Boards that handle very similar cases to be grouped together, allowing for more efficient data collection and analysis resulting in resource savings. Lastly, this process allowed the Board’s members to understand and learn from cultural similarities and differences with regard to sanctioning across boards, something that rarely occurs.

Oversight of the interests of all three boards was assigned to an ad hoc committee comprised of the Chairman of each Board, the Executive Director, Deputy Director, and Executive Director of the Board of Health Professions. This group reviewed draft results, aided in the interpretation of initial findings, and met periodically to help guide the entire research development and data analysis process.

## Methodology

The fundamental question when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a *descriptive approach*) or whether it should be developed normatively (a *prescriptive approach*). A normative approach reflects what policymakers feel sanction recommendations *should be*, as opposed to what they *have been*. SRPs can also be developed using historical data analysis with normative adjustments to follow. This approach combines information from past practice with policy adjustments, in order to achieve some desired outcome. The Behavioral Sciences Boards chose a descriptive approach with normative adjustments.

### ■ Qualitative Analysis

Researchers conducted in-depth personal interviews of Board members that hear disciplinary cases, Board staff, and representatives from the Attorney General's office. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further frame the analysis. Additionally, interviews helped ensure the factors considered when sanctioning were included during the quantitative phase of the study. A literature review of sanctioning practice across the United States was also conducted.

### ■ Quantitative Analysis

Researchers analyzed detailed information on Behavioral Science disciplinary cases ending in a violation between January 2004 and March 2008; approximately 57 sanctioning "events." Over 100 different factors were collected on each case in order to describe the case attributes Board members identified as potentially impacting sanctioning decisions. Researchers used data available through the DHP's case management system combined with primary data collected from hard copy files. The hard copy files contained investigative reports, Board notices, Board orders, and all other documentation that is made available to Board members when deciding a case sanction.

A comprehensive database was created to analyze the factors that were identified as potentially influencing sanctioning decisions. Using data analysis, respondent and prior history factors were identified and tested to determine how well they modeled sanctioning practice. These factors and their point values have been listed on a sanctioning worksheet so a sanction can be derived after scoring the factors in a specific case. A sanction is determined depending on which point threshold is crossed.

Offense factors such as financial or material gain and case severity (priority level) were examined, as well as prior history factors such as past substance abuse, and previous Board orders. Some factors were deemed inappropriate for use in a structured sanctioning reference system. Although many factors, both "legal" and "extra-legal," can help explain sanction variation, only those "legal" factors the Boards felt should *consistently* play a role in a sanction decision were included on the final worksheet. By using this method, the hope is to achieve more neutrality in sanctioning by making sure the same set of "legal" factors are considered in every case.

**Wide Sanctioning Ranges**

The SRPs consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Boards with a sanctioning range that will encompass the vast majority of cases with similar circumstances. The wide sanctioning ranges reflect the notion that the Boards must maintain flexibility in fashioning a sanction in a particular case. However, depending on the specific circumstances of the case, sanctions handed down by the Boards may also be higher or lower than what the reference points indicate, acknowledging that aggravating and mitigating factors will continue to play a role in sanctioning.

Any sanction recommendation the Boards derive from the SRP worksheets must fall within Virginia law and regulations. If a Sanctioning Reference Point worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing laws or policies supercede any worksheet recommendation.

**Offense and Prior History Factors Scored**

The Boards indicated early in the study that sanctioning is influenced by a variety of circumstances. The analysis supported the notion that not only case type, but certain offense and prior record factors impacted sanction outcomes. To this end, the Behavioral Sciences SRP system scores a variety of factors in order to arrive at a sanctioning recommendation. The first factor to be determined when completing a worksheet relates to the case type. Other factors to be determined by the Boards include type of boundary issue (if applicable), level of patient harm (if applicable), respondent impairment, and multiple patient involvement. The SRPs also take into account a respondent's past history. Prior Board orders, similarity of prior orders and past problems with drugs/alcohol or boundaries are factors that impact a sanction.

**Sanctioning Thresholds**

The SRP worksheet uses four thresholds for recommending a sanction. After all factors are scored, the corresponding points are then added for a total respondent score. The total is used to locate the sanctioning threshold found at the bottom of the worksheet. The threshold corresponds to a set of sanctioning ranges. For instance, a respondent having a total score of 50 would be recommended for some type of Corrective Action.

**Voluntary Nature**

The SRP system is a reference tool to be utilized by the Behavioral Sciences Boards; following the SRP threshold recommendations is completely voluntary. The Boards may choose to sanction outside the recommendation, and the Boards maintain complete discretion in determining the sanction handed down. However, a structured sanctioning system is of little value if the Boards are not provided with the coversheet and worksheet in every case eligible for scoring. A coversheet and worksheet should be completed in cases resolved by Informal Conferences and Consent Orders that come before Informal Conference committees. The SRPs can also be referenced and used by agency subordinates where the Boards deem appropriate. The coversheet and worksheet will be referenced by Board members during Closed Session.

### Worksheets Not Used in Certain Cases

The SRPs will not be applied in any of the following circumstances:

- Formal Hearings — SRPs will not be used in cases that reach a Formal Hearing level.
- Mandatory suspensions – Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, license revocation in another jurisdiction) the licensee must be suspended. The sanction is defined by law and is therefore excluded from the SRPs system.
- Compliance/reinstatements – The SRPs should be applied to new cases only.
- Action by another Board – When a case which has already been adjudicated by a Board from another state appears before the Virginia Behavioral Sciences Boards, the Boards often attempt to mirror the sanction handed down by the other Board. The Behavioral Sciences Boards usually require that all conditions set by the other Board are completed or complied with in Virginia. The SRPs do not apply as the case has already been heard and adjudicated by another Board.
- Instances of Continuing Education (CE) deficiencies – The Sanctioning Reference Points system does not apply to certain cases that have already been assigned pre-determined actions as set by the health regulatory board. Each Behavioral Science Board has its own Guidance Document pertaining to sanctioning at various levels of CE deficiency. The degree of deficiency and their respective actions are listed by Board below:

### Continuing Education Violations and Board Policies on Actions

Board	Violation	Policy/Action
Psychology	Short due to unacceptable hours Short 1 - 7 hours Short 8 - 14 hours Did not respond to audit request False attestation of continuing education completion	Confidential Consent Agreement; 30 day make up Confidential Consent Agreement; 30 day make up Consent Order; \$300 penalty; 30 day make up Informal Fact-Finding Conference Informal Fact-Finding Conference
Counseling	Short due to unacceptable hours Short 1 - 10 hours Short 11 - 15 hours Short 16 - 20 hours Did not respond to audit request	Confidential Consent Agreement; 30 day make up Confidential Consent Agreement; 30 day make up Consent Order; Monetary penalty of \$300; 30 day make up Consent Order; Monetary penalty of \$500; 30 day make up Informal Fact-Finding Conference
Social Work	Short due to unacceptable hours Short 1-9 hours Short 10-14 hours Short 15 or more hours Did not respond to audit request	Confidential Consent Agreement: 30 day make up Confidential Consent Agreement: 30 day make up Consent Order: \$500, 30 day make up Informal Conference Informal Conference

NOTE: In all cases the licensee will be audited during the following renewal cycle.

### Case Selection When Multiple Cases Exist

When multiple cases have been combined into one “event” (one order) for disposition by the Board, only one coversheet and worksheet should be completed and it should encompass the entire event. If a case (or set of cases) has more than one offense type, one case type is selected for scoring according to the offense group which appears highest on the following table and receives the highest point value. For example, a respondent found in violation for a confidentiality breach and an inappropriate relationship would receive twenty points, since Inappropriate Relationship is above Standard of Care on the list and receives more points. If an offense type is not listed, find the most analogous offense type and use the assigned amount point value.

### Sanctioning Reference Points Case Type Table

Case Type Group	Included Case Categories	Applicable Points
Inability to Safely Practice	Inability Safely Practice-Incapacitated Inability Safely Practice-Impairment Criminal Activity/Conviction	40
Inappropriate Relationship	Inappropriate Relationship	20
Standard of Care	Standard of Care-Treatment Related Standard of Care-Diagnosis Related Standard of Care-Consent Related Standard of Care-Other Abandonment Abuse Confidentiality-Breach Required Report Not Filed	10
Business Practice Issues	Fraud Unlicensed Activity Records/Inspections/Audits	5

### Completing the Coversheet and Worksheet

Ultimately, it is the responsibility of the individual Boards to complete the SRP coversheet and worksheet in all applicable cases. The information relied upon to complete a coversheet and worksheet is derived from the case packet provided to the Boards and the respondent. It is also possible that information discovered at the time of the informal conference may impact worksheet scoring. The SRP coversheet and worksheet, once completed, are confidential under the Code of Virginia. However, copies of the SRP Manual, including blank coversheets and worksheets, can be found on the Department of Health Professions web site: [www.dhp.virginia.gov](http://www.dhp.virginia.gov) (paper copy also available on request).

### Scoring Factor Instructions

To ensure accurate scoring, instructions are provided for scoring each factor on the SRP worksheet. When scoring a worksheet, the numeric values assigned to a factor on the worksheet **cannot be adjusted**. The scores can only be applied as 'yes or no' - with all or none of the points applied. In instances where a scoring factor is difficult to interpret, the Board members have final say in how a case is scored.

### Coversheet

The coversheet is completed to ensure a uniform record of each case and to facilitate recordation of other pertinent information critical for system monitoring and evaluation. If the Boards feel the sanctioning threshold does not recommend an appropriate sanction, the Boards are encouraged to depart either high or low when handing down a sanction. If the Boards disagree with the sanction recommendation and impose a sanction greater or less than the recommended sanction, a short explanation should be recorded on the coversheet to explain the factors or reasons for departure. This process will ensure worksheets are revised appropriately to reflect current practice. If a particular reason is continually cited, the Boards can examine the issue more closely to determine if the worksheet should be modified to better reflect the Boards' practice.

Aggravating and mitigating circumstances that may influence a Board's decisions can include, but should not be limited to, such things as:

- Prior record
- Dishonesty/Obstruction
- Motivation
- Remorse
- Restitution/Self-corrective action
- Multiple offenses/Isolated incident

A space is provided on the coversheet to record the reason(s) for departure. Due to the uniqueness of each case, the reason(s) for departure may be wide-ranging.

Sample scenarios are provided below:

#### Departure Example #1

Sanction Threshold Recommendation: Recommend Formal or

Accept Surrender Imposed Sanction: Corrective Action

*Reason(s) for Departure: Respondent was particularly remorseful and had already begun corrective action.*

#### Departure Example #2

Sanction Threshold Recommendation: No Sanction/ Reprimand

Imposed Sanction: Corrective Action

*Reason(s) for Departure: Respondent displayed no insight or remorse for his actions.*

### Determining a Specific Sanction

The Behavioral Sciences worksheet has four thresholds with increasing point values and respectively increasing sanction severities. The table here shows the historically used sanctions for each threshold. The column to the left, Worksheet Score, contains the threshold scores located at the bottom of the worksheet. The column to the right, Available Sanctions, shows the specific sanction types that each threshold level covers. After considering the sanction recommendation, the Boards should fashion a more detailed sanction(s) based on the individual case circumstances.

**Sanctioning Reference Points Threshold Table**

Worksheet Score	Available Sanctions
0-34	No sanction Reprimand
35-69	Stayed suspension Probation Terms: Additional CE to obtain Board approved practice supervisor Participation in therapy Shall not supervise Quarterly self reports Psychological evaluation Graduate level research paper(s)
70-104	Stayed suspension Probation Terms: Additional CE to obtain Board approved practice supervisor Participation in therapy Shall not supervise Quarterly self reports Psychological evaluation Graduate level research paper(s) Recommend Formal Hearing Accept surrender
105 or more	Recommend Formal Hearing Accept surrender

# Sanctioning Reference Points - Coversheet

- Choose a *Case Type*.
- Select the appropriate *Boundary Issue* and *Patient Harm* scores.
- Complete the *Offense* and *Prior History* section.
- Determine the *Recommended Sanction Range* using the *Total Worksheet Score*.
- Complete this coversheet.

<b>Case Number(s)</b>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										
<b>Respondent Name</b>	<hr style="border: none; border-top: 1px solid black;"/> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Last</span> </div>																																
<b>License Number</b>	<hr style="border: none; border-top: 1px solid black;"/>																																
<b>Board</b>	<input type="checkbox"/> Counseling <input type="checkbox"/> Psychology <input type="checkbox"/> Social Work																																
<b>Case Category</b>	<input type="checkbox"/> Inability to Safely Practice <input type="checkbox"/> Inappropriate Relationship <input type="checkbox"/> Standard of Care <input type="checkbox"/> Business Practice Issues																																
<b>Sanction Threshold Result</b>	<input type="checkbox"/> 0-34 . . . . . No Sanction/Reprimand <input type="checkbox"/> 35-69 . . . . . Corrective Action <input type="checkbox"/> 70-104 . . . . . Corrective Action to Recommend Formal or Accept Surrender <input type="checkbox"/> 105 or more . . . Recommend Formal or Accept Surrender																																
<b>Imposed Sanction</b>	<input type="checkbox"/> No Sanction <input type="checkbox"/> Reprimand <input type="checkbox"/> CE _____ hours <input type="checkbox"/> Monetary Penalty - \$ _____ <input type="checkbox"/> Stayed Monetary Penalty - \$ _____ <input type="checkbox"/> Probation <input type="checkbox"/> Stayed Suspension <input type="checkbox"/> C.O. for Revocation, Suspension, or Surrender <input type="checkbox"/> Recommend Formal <input type="checkbox"/> Terms: _____ _____																																
<b>Reasons for Departure from Sanction Threshold Result:</b>	<hr style="border: none; border-top: 1px solid black;"/>																																
<b>Worksheet Preparer (name):</b>	<hr style="border: none; border-top: 1px solid black;"/>		<b>Date Completed:</b> <hr style="border: none; border-top: 1px solid black;"/>																														

## Behavioral Sciences Boards - SRP Worksheet Instructions

### Case Type

#### Step 1:

(score only one)

##### Inability to Safely Practice

Incapacitated – mental or physical

Impairment – drugs or alcohol

Criminal Activity/ Conviction

##### Inappropriate Relationship

##### Standard of Care

Treatment Related

Diagnosis Related

Consent Related

Standard of Care-other

Abandonment

Abuse

Confidentiality Breach

Required Report Not Filed

##### Business Practice Issues

Unlicensed Activity

Records/Inspections/Audits

Fraud

### Boundary Issues

#### Step 2:

(if yes, score only one)

If a boundary violation occurred in this case, regardless of case type scoring, indicate that nature of the violation.

Enter “40” if the respondent has engaged in a sexual or dating relationship with a client.

Enter “20” if the respondent participated in inappropriate communications with a client. Examples of inappropriate communications include, but are not limited to: telephone calls, answering machine messages, emails, written letters and text messages.

Enter “10” if the respondent engaged in a business or social relationship with a client. Examples of a business relationship include, but are not limited to hiring a client for: child care, home or car repair, investment services, etc. Examples of social relationships include, but are not limited to: participating in social engagements or parties with clients.

### Patient Harm

#### Step 3:

(if yes, score only one)

Enter “20” if there was harm to the client which resulted in impaired functioning. Impaired functioning is indicated when the client or client’s subsequent provider reports symptoms of PTSD, suicidal feelings, or difficulty functioning due to the incident.

Enter “10” if there was harm to the client which did not result in impaired functioning. In cases involving Inappropriate Relationships, harm is always present therefore a minimum of “without impaired functioning” must be checked.

### Offense Factors Score

#### Step 4:

(score all that apply)

Enter “70” if the respondent was impaired at the time of the offense due to substance abuse (alcohol or drugs) or mental incapacitation.

Enter “30” if there was financial or material gain by the respondent.

Enter “30” if the respondent has previously been sanctioned by any *other* state or entity or if the respondent previously lost their license in any state (including VA). Sanctioning by an employer is *not* scored here.

Enter “30” if the case involves more than one patient.

Enter “20” if the respondent has any prior violations handed down by the Virginia Board of Counseling, Psychology or Social Work.

Enter “20” if the respondent has any prior similar Virginia Board violations. Similar violations would be those listed under the same Case Type heading in Step 1.

Enter “20” if the current event finds the respondent in violation for more than one action. For example, when a respondent has participated in both unlicensed activity and has inadequate records.

Enter “20” if the respondent has had any past difficulties in the following areas: drugs, alcohol, mental capacity, or boundaries issues. Scored here would be: prior convictions for DUI/DWI, inpatient/outpatient treatment, and bona fide mental health care for a condition affecting his/her abilities to function safely or properly.

Enter “10” if there was a concurrent action against the respondent related to this case. Concurrent actions include civil and criminal actions as well as any action taken by an employer such as termination or probation.

#### Step 5: Total Worksheet Score

Add the subtotals for a total worksheet score.

#### Step 6: Determining the Sanctioning Recommendations

Locate the Total Worksheet Score in the correct threshold range on the left side of the Sanctioning Recommendation Points table; to the right of the point thresholds are the recommended sanctions.

*Example: A total score of 35 would fall into the “35-69” points range; the SRP recommendation is for “Corrective Action”.*

#### Step 7: Completing the Coversheet

Complete the coversheet including the SRP sanction result, the imposed sanction, and the reasons for departure if applicable.

# Behavioral Sciences Boards - Sanctioning Reference Points Worksheet

Case Type (score only one)	Points	Score
Inability to Safely Practice . . . . .	40	_____
Inappropriate Relationship . . . . .	20	_____
Standard of Care . . . . .	10	_____
Business Practice Issues . . . . .	5	_____
<b>Subtotal</b>		<input style="width: 80px; height: 20px;" type="text"/>

**score only one**

**Boundary Issues (if yes, score only one)**

Intimate Relations/Dating . . . . .	40	_____
Inappropriate Communications . . . . .	20	_____
Social/Business . . . . .	10	_____
<b>Subtotal</b>		<input style="width: 80px; height: 20px;" type="text"/>

**score only one, if applicable**

**Patient Harm (if yes, score only one)**

Patient harmed with impaired functioning . . . . .	20	_____
Patient harmed without impaired functioning . . . . .	10	_____
<b>Subtotal</b>		<input style="width: 80px; height: 20px;" type="text"/>

**score only one, if applicable**

**Offense and Prior History Factors (score all that apply)**

Respondent impaired during incident . . . . .	70	_____
Financial or material gain by the respondent . . . . .	30	_____
Been sanctioned by another state/entity or previously lost license . . . . .	30	_____
Multiple patients involved . . . . .	30	_____
One or more prior violations . . . . .	20	_____
Previous violations similar to the instant offense . . . . .	20	_____
Current event involves two or more violations . . . . .	20	_____
Any past problems: drugs, alcohol, mental health or boundaries . . . . .	20	_____
Concurrent action against respondent . . . . .	10	_____
<b>Subtotal</b>		<input style="width: 80px; height: 20px;" type="text"/>

**score all that apply**

**Total Worksheet Score** (add all subtotals) \_\_\_\_\_

SCORE	Sanctioning Recommendations
0-34	No Sanction/Reprimand
35-69	Corrective Action
70-104	Corrective Action to Recommend Formal or Accept Surrender
105 or more	Recommend Formal or Accept Surrender

Respondent Name: \_\_\_\_\_

Date: \_\_\_\_\_