

AGENDA

STATE OF CONNECTICUT BOARD OF EXAMINERS OF PSYCHOLOGISTS

Monday, December 13, 2021 at 8:30 a.m.

DEPARTMENT OF PUBLIC HEALTH
410 Capitol Avenue
Hartford, CT 06106

CALL TO ORDER

I. **MINUTES**

Review and approval of the minutes from September 13, 2021.

II. **OFFICE OF LEGAL COMPLAINT**

Beth Karassik, Ph.D. Petition No. 2017-1374

Consent Order Presented by Staff Attorney, Joelle Newton

III. **NEW BUSINESS**

Meeting dates for 2022

ADJOURN

Board of Examiners of Psychologists via Microsoft Teams

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Or call in (audio only)

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The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.

**STATE OF CONNECTICUT
BOARD OF EXAMINERS OF PSYCHOLOGISTS
MINUTES OF MEETING NO. 382**

Meeting Number 382 of the Board of Examiners of Psychologists was held on Monday, September 13, 2021.

BOARD MEMBERS PRESENT: Howard Oakes, Jr., PsyD - Chairman
Anthony Campagna, PhD
Joy Gary, Esq.
Nancy Horn, PhD
Stacey Serrano, Esq.

BOARD MEMBERS ABSENT: None

ALSO PRESENT Jeffrey Kardys, Board Liaison
Stacy Schulman, Hearing Officer

The meeting was called to order at 9:00 a.m. via Microsoft TEAMS.

I. MINUTES

The Board reviewed the minutes of the meeting of August 16, 2021. Dr. Horn moved, and Dr. Campagna seconded, that the minutes be approved. The motion passed.

II. NEW BUSINESS

A. License Reinstatement Application - Rebekka Palmer, PhD

Judith Bailey, License and Applications Analyst, DPH presented a license reinstatement application for Rebekka Palmer, PhD.

Following review, the Board recommended reinstatement of Dr. Palmer's license provided that continuing education requirements are fulfilled.

III. Adjourn

As there was no further business, the meeting was adjourned at 9:12 a.m.

Respectfully Submitted,

Howard Oakes, Jr., PsyD., Chairman
Connecticut Board of Examiners of Psychologists

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Beth Karassik, Ph.D.

Petition No. 2017-1374

CONSENT ORDER COVER SHEET

1. Beth Karassik ("respondent") was granted a psychology license in 1993. She has not been previously disciplined.
2. From approximately 2008-2017, respondent provided psychological care for patient #1 during which time, the Department alleges, she:
 - a. engaged boundary violations and/or crossings;
 - b. engaged in dual and/or multiple relationships;
 - c. failed to maintain adequate record keeping and insure HIPAA compliance; and/or
 - d. failed to properly manage patient #1.
3. Respondent has successfully completed coursework in HIPAA compliance, boundaries; ethics; confidentiality and managing patients.
4. Connecticut General Statutes §19a-14(a)(12)(C) permits individuals to submit a written statement as to whether such person objects to resolving a complaint with a Consent Order concerning complaints alleging incompetence or negligence.
5. The proposed Consent places her license on probation for one (1) year with the following terms:
 - one thousand and five hundred dollars civil penalty; and
 - random review of 20% of patient records by independent practice monitor every four months.
6. The Department and respondent, through her counsel, respectfully request the Board to accept the proposed Consent Order.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Beth Karassik, Ph.D.

Petition No. 2017-1374

CONSENT ORDER

WHEREAS, Beth Karassik of Cheshire, Connecticut ("respondent") has been issued psychologist license number 001832 by the Department of Public Health ("the Department") pursuant to Connecticut General Statutes Chapter 383, as amended.

WHEREAS, the Department alleges:

1. From approximately 2008 through 2017, respondent provided psychological care for patient #1 during which time she:
 - a. engaged in boundary violations and/or crossings;
 - b. engaged in dual and/or multiple relationships;
 - c. failed to maintain adequate record keeping and insure HIPAA compliance; and/or
 - d. failed to properly manage patient #1.
2. The above-described allegations constitute grounds for disciplinary action pursuant to the Connecticut General Statutes §20-192.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Connecticut Board of Examiners of Psychologists ("the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to Connecticut General Statutes §§19a-10, 19a-14 and 20-192.

WHEREAS, respondent has successfully completed coursework in HIPAA compliance, boundaries; ethics; confidentiality and managing patients.

NOW THEREFORE, pursuant to Connecticut General Statutes §§19a-14, 19a-17 and 20-192, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent shall pay a civil penalty of one thousand five hundred dollars (\$1,500.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check and shall be payable at the time respondent submits the executed Consent Order to the Department.
3. Respondent's license shall be placed on probation for a period of one year (1) under the following terms and conditions:
 - a. Respondent shall obtain at her own expense, the services of an independent practice monitor who is a Connecticut licensed psychologist, pre-approved by the Department ("supervisor"), to conduct a random review every four months of twenty percent (20%) of respondent's psychotherapy patient records concerning. In the event respondent has twenty (20) or fewer patients, the supervisor shall review all of respondent's psychotherapy patient records.
 - (1) Respondent shall provide a copy of this Consent Order to the supervisor.
Respondent's supervisor shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (2) Respondent's supervisor shall conduct such review and meet with her at least once every four months for the entire probationary period.

- (3) The supervisor shall have the right to monitor respondent's practice by any other reasonable means which he or she deems appropriate. Respondent shall fully cooperate with the supervisor in providing such monitoring.
 - (4) Respondent shall be responsible for providing written supervisor reports directly to the Department every four months for the entire of the probationary period. Such supervisor's reports shall include documentation of dates and duration of meetings with respondent, number and a general description of the patient records reviewed, additional monitoring techniques utilized, and a statement that respondent's documentation and report writing skills meet the standard of care, and that she is practicing with reasonable skill and safety.
4. All correspondence and reports are to be addressed to:

Olive Tronchin, Health Program Assistant
Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308
5. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department.
6. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
7. Respondent shall pay all costs necessary to comply with this Consent Order.
8. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
 - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.

- b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph a above to demonstrate to the satisfaction of the Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
9. In the event respondent does not practice as a psychologist for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes practicing psychology, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to practicing psychology without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice. Respondent agrees that any return to practicing psychology without pre-approval from the Department shall

constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.

10. If, during the period of probation, respondent practices psychology outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of psychology in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 4 above.
11. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
12. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Department.
13. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
14. Respondent understands and agrees that this Consent Order is a public document and the above admitted violations shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or with Connecticut General Statutes §20-192, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services

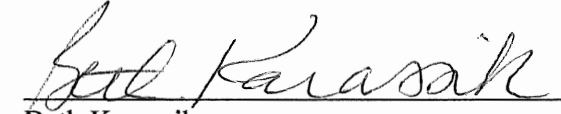
15. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing psychology, upon request by the Department, for a period not to exceed forty-five (45) days. During that time, respondent further agrees to cooperate with the Department in its investigation of the violation. Respondent further agrees that failure to cooperate with the Department in its investigation during said forty-five (45) day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes §§4-182(c) and 19a-17(c). Respondent understands that the Board has complete and final discretion as to whether a summary suspension is ordered.
16. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from acting later. The Department shall not be required to grant future extensions of time or grace periods.
17. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification because of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure Boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to Connecticut General Statutes §4-181a without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes Chapters 54 or 368a provided that

this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.

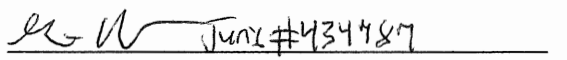
18. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
19. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.
20. Respondent understands and agrees that respondent is responsible for satisfying all the terms of this Consent Order during vacations and other periods in which respondent is away from respondent's residence.
21. Respondent consulted with her attorney prior to signing this document.
22. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.

23. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Beth Karassik, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.


Beth Karassik

Subscribed and sworn to before me this 9th day of September 2021.


Notary Public/Commissioner Superior Court

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 23rd day of September 2021, it is hereby accepted.



Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the _____ on the _____ day of _____ 2021, it is hereby ordered and accepted.

Connecticut Board of Examiners of Psychologists

9/17/2021

Dear Ms. Newton,

I received the Consent Order for Beth Karassik on September 10, 2021. Thank you.

I have the following concern with this Consent Order. The Consent Order states that Beth Karassik has “successfully completed coursework in HIPAA compliance, boundaries; ethics; confidentiality and managing patients.” It also states that “WHEREAS, respondent [Beth Karassik], in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing...” It is deeply concerning that this consent order states that she successfully completed these courses yet admits no guilt or wrongdoing to care she provided to me in nine years. This clearly shows dissonance in completing education versus integration of learned material. Therefore, Beth Karassik has not benefited from the courses that she did complete and has a high probability of committing the same egregious acts against another client if she cannot understand that how she conducted herself was wrong, unethical and harmed me. This is why I am not in agreement with this Consent Order.

I lost nine years of my life under her unethical and harmful care that included: being told that I had Multiple personality Disorder and treated for such when I do not have this condition, using alcohol to relax me during prolonged exposure therapy sessions, drinking alcohol with me during our sessions and providing twice weekly massages on her office floor, on a special green blanket, with her straddled-on top of me. Her behavior was a complete violation of the totality of my being – physically, mentally and spiritually. I trusted a professional with a Ph.D to help me recover from childhood trauma and was subjected to retraumatization. She took advantage of me. That is not okay for me or any future patients of hers.

I have since been educated through both a certified trauma specialist who conducts prolonged exposure therapy and myriad CEU trainings and courses on how proper PTSD exposure treatment is conducted and am appalled at how I was treated for nine years by Beth Karassik. There is no ethical PTSD exposure treatment therapy that occurs for almost 9 years twice weekly and lasts anywhere from 3 to 6 hours per treatment session. It is time limited with structured sessions. Further, absolutely under no circumstances are substances used to relax the client to access traumatic memories. In fact, all the trainings I have attended say it is contraindicated. Lastly, twice weekly massages on her floor on a blanket with her straddled-on top of me in not a part of any ending/closure for a PTSD prolonged trauma exposure session. I am baffled at how Beth Karassik can not take responsibility for wrongdoing when she has successfully completed courses and is subjected to the same or similar information on ethics and boundaries as I am.

Through ethics and boundary trainings, she clearly received the same or a similar education that I did, since parting ways that you can not engage in multiple relationships which we did by attending so many activities together (I.e. carnivals, sleigh ride, beaches, corn maze, orchards, hikes, going out to eat or for coffee, CEU trainings, sharing intimate details and pictures about her life, wanting to write a book with me, social media engagement with playing games on FB together and other sites such as Words With Friends, phone calls/emails/texts multiple times each day etc) yet admits no wrongdoing even after documented evidence of all of these outings and activities that we engaged in together.

Imagine if you were the one harmed and you have overwhelming physical evidence of how you were harmed and the psychologist who harmed you denies any guilt or wrongdoing. Is that not the definition of an impaired practitioner? I spent many years of being gaslighted by her and her questionable practices. That is documented in our many emails/texts exchanged back and forth. One year of monitoring someone who admits no guilt or wrongdoing in the midst of overwhelming evidence against you, is not someone who will practice ethically or responsibly. It is very likely she will harm again. I am requesting that she is monitored for a longer period of time rather than once every 4 months for a year.

In fact, she is denying guilt or wrongdoing toward HIPAA violating me. It was not an accidental HIPAA violation that many therapists could accidentally find themselves committing in the world of technology. She intentionally HIPAA violated me with her friend, Judy PreJean, in California by sending an email of my homework assignment that Beth Karassik gave me to write- *What Beth Karassik means to me*- that included intimate details of my trauma history and complete name in my email address. Her email to her friend started with, "Look at what Kelly sent me..." which shows she was ongoingly talking about me to her friend who is not a therapist or supervisor for her to mention me by name rather than "my patient" which would still be wrong. Beth Karassik told me that it wasn't about me, she wanted to show her friend the amazing work she was doing and the impact she was having. She rationalized that you can HIPAA violate someone if it has to do with getting your own psychological needs for power, control and recognition met. She did that at my expense. She was gaslighting me, trying to make me think I was wrong for being upset that she HIPAA violated me. This is how she attempted to control me throughout the nine years. She would threaten me, stating that no other therapist will ever give me what she does or will care as much as she does about me.

I truly believe that she has some narcissistic traits that have her believe she is not bound by law or ethics which is what has her not take responsibility for her actions and harm towards me for the nine years I was under her care. It seems she is doing what she needs to do to get this over with including those courses it says she successfully completed but did not integrate. She is not taking the harm she caused me seriously. This is a potentially dangerous person to allow to practice without ongoing supervision and accountability and perhaps her own therapy. She will not document her ways that she practices outside of the therapy relationship with clients as she did not document any of this when charting for my therapy. She didn't accidentally omit from charting the ways we engaged in multiple relationship or unethical treatment, she omitted them on purpose. Toward the end of treatment, Brett Steinberg was in the building, she quickly got off the floor where she was giving me a message and locked all three doors in her office – to the waiting room, conference room and her supervisor's office. She thought we were the only ones in the building as she planned most of my sessions that way. I asked her what she was doing when locking all the doors, she told me that if Brett walked in and saw us, it wouldn't look right, he wouldn't understand what we were doing. I felt so dirty in that moment. I asked her to stop massaging me and was upset. She spent the next few hours trying to convince me that what we were doing was okay. She didn't chart massages because she knew they were unethical, boundary violating and wrong. The day she reacted that way with Brett in the building, let me know it was wrong. I never wanted her to touch me after that.

If I didn't have overwhelming evidence of what she did perpetrate against me, I truly believe she would not have signed this consent. Just as she did throughout the nine years, she denies responsibility and wrongdoing. This doesn't surprise me. However, it is deeply disturbing when she will continue to be treating other patients. Her denial of guilt and responsibility demonstrates that she has not changed.

She has not integrated the material that you required her to learn so that she will not perpetrate these harmful acts against other patients. As the Department of Public Health, please protect other patients so they are not subjected to the treatment and harm that I incurred in the nine years.

I have had a long road to recovery. I'm still in the process of healing. She has taken many years from my life. I am fortunate to have found an ethical and competent therapist who is helping me through the recovery process of having been retraumatized by my former therapist. While she may not admit guilt and wrongdoing towards her treatment and harm towards me. I am clear that I was egregiously harmed by Beth Karassik. You may wonder why I never referred to her as doctor throughout my letter. I am not able to refer to her as a doctor of psychology because in the nine years with her, she did not conduct herself as a doctor of psychology. She ignored the standards of conduct that we adhere to in our profession and used me, her patient, for personal gain, power, control and recognition. I truly believe Beth Karassik is an impaired practitioner.

Sincerely,

To the Board of Examiners of Psychologists,

I have reviewed the Petitioner's response to the Consent Order and I categorically deny her accusations. My viewpoint and conclusions are different from those expressed by her; her comments do not accurately portray our work together.

The wording of the allegations in the Consent Order was agreed on by the Department and me, as a compromise that both sides could live with to facilitate the end of this protracted process, judged to be in the best interest of both the Petitioner and me. The complaint appeared to be prompted by the Petitioner's upset at the introduction of therapy termination. There were numerous times throughout the almost nine years of treatment that the Petitioner threatened to fire me. She alternated between being strongly attached and strongly rejecting, including threatening to lodge complaints against me with various authorities. Her expressed sense of abandonment was a deep-seated emotion. Multiple times she threatened to make this complaint in response to her upsets. Nevertheless, this patient made incredible strides forward during our work together.

I have practiced psychology for more than 30 years, been a member of my group practice for almost 30 years and have never been accused of any inappropriate or unethical behavior other than by the Petitioner. I have never had a complaint made or any other sanctions against my license, before her treatment, during it, or since her complaint was filed.

The therapy I conducted with this patient was positively life-altering, even life-saving. It took courage to address her past experiences, with the end result being that she progressed from being a minimally functional college student on Social Security Disability to a fully Licensed Clinical Social Worker during the course of treatment. I could describe the complex clinical challenges this patient presented over nine years, that patients such as this often present and the coursework, reading, supervision, and consultation with experts in the field which I sought, considered and integrated. My treatment, while in hindsight not always perfect, was appropriate to the diagnosis and my decisions were based on my informed clinical judgment for managing this type of patient's care. During this long course of treatment there were never any boundary violations. When treating a patient with these kinds of psychological issues decisions have to be made at different junctures that may appear as boundary violations and actually are effective therapeutic choices/interventions.

The Petitioner's response alleges unethical physical contact; there was never an iota of sexual content, innuendo, or any related expressed concern. I regularly sought supervision and consultation to consider other viewpoints, as psychologists are responsible to do, to ensure my ability to deliver a more than adequate/acceptable standard of care which produced both upsets at times, most recently when I introduced termination, as well as substantial durable across-the-board functional life improvement.

This complaint has required me to continue to learn by reviewing and examining my clinical choices; I took it as an opportunity for self-assessment and a basis for future improvement. It is clear that the Petitioner has continued to experience upset and distress, which I compassionately regret and for which my treatment is not responsible. This complaint and her response to the Consent Order, however, are a continuation of the dynamics that were present throughout the therapy. To provide continuity in the transfer of her care and allow these residual reactions to be addressed and resolved, a carefully considered supervised therapeutic termination process was offered multiple times through in person, telephonic, and email communications, which she refused. My hope is that this Consent Order would allow both the Petitioner and me to take lessons from our work together and bring this to a well-negotiated conclusion.

