



**Arkansas Board of  
Examiners in Psychology**

*file  
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101 East Capitol, Suite 415  
Little Rock, Arkansas 72201  
(501) 682-6167

December 14, 1992

Michael G. Hazlewood, Ph.D.  
Clinical Psychologist  
Clinical Neuropsychological Consultant  
Post Office Box 356  
North Little Rock, AR 72115

Dear Dr. Hazlewood:

We understand that you have not been paid in full by Dr. William Wilkins whom you evaluated as part of a settlement agreement entered into between Dr. Wilkins and this Board.

This Board has decided to pay you the remaining balance of your fee for the psychological evaluation of Dr. Wilkins you rendered on our behalf. Please submit an invoice detailing your total fee, the amount paid so far by Dr. Wilkins, and the outstanding balance.

We regret the inconvenience the delay in collecting your full fee has caused you.

Sincerely,

Elliot M. Fielstein, Ph.D.  
EMF/jw

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FROM: Bill Siegel  
DATE: 16 October 1992

This case involves a psychologist who previously consented to a stipulated agreement with the board. The psychologist was accused of becoming overly involved in the lives of the family s/he was treating. Additionally, the psychologist admitted to having one of the family members display his genitalia in an effort to substantiate a report of sexual abuse of his sister.

The psychologist has failed to comply with the terms of the stipulated agreement in two major ways: 1)he has not submitted a plan of supervised practice; 2)he has not reimbursed the psychologist who conducted his evaluation.

At this point, the Screening Committee recommends that the board hold a formal hearing on this psychologist. The hearing would be based both on the original allegations and on the psychologist's failure to meet the terms of the stipulated agreement.

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## Arkansas Board of Examiners in Psychology

101 East Capitol, Suite 415  
Little Rock, Arkansas 72201  
(501) 682-6167

October 16, 1992

John Wesley Hall, Jr.  
Attorney at Law  
523 West Third Street  
Little Rock, AR 72201

RE: William Wilkins

Dear Mr. Hall:

The Arkansas Board of Examiners in Psychology is in receipt of your letter dated September 26, 1992, signed by Mr. Mark Jesse. We will consult with our Attorney General's representative.

Sincerely,

A handwritten signature in cursive script that reads "Elliot M. Fielstein, Ph.D.".

Elliot M. Fielstein, Ph.D.,  
Chair

EF/jw

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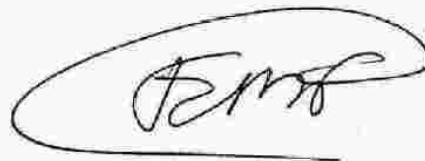
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File: W. Wilkins

Oct. 15, 1992

Phone contact today 12:05 pm w/  
Dr. Hazlewood on status of payment for  
services rendering during <sup>psychological</sup> evaluation  
of Dr. W. Wilkins.

Dr. Hazlewood indicated three contacts  
w/ Dr. Wilkins attorney attempting to  
obtain payment. Dr. H reported that  
recently (no date given) Dr. Wilkin paid  
\$100 toward his bill. Thus, the bill  
for services remains largely outstanding.



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WILLIAM E. WILKINS, Ph.D.

Psychology

2 FOXWOOD EXECUTIVE CENTER

SUITE 100, 1217 STONE STREET

P.O. BOX 2125

JONESBORO, ARKANSAS 72402

Telephone (501) 931-9622

NEUROPSYCHOLOGICAL EVALUATION

NAME: \_\_\_\_\_

DATE: 10-9-92

INTRODUCTION:

is a 52 year old, white, divorced, male seen for a neuropsychological evaluation at the request of his

This evaluation is part of application for Social Security Disability benefits. Patient was brought to the office by a friend. Patient is wearing a white t-shirt and jeans. His t-shirt is well worn but clothing is basically clean. Grooming and hygiene are acceptable. Patient is clean shaven and his hair is neatly combed. He wears glasses but is without his teeth. Patient notes, he does not wear his dentures very much now because they cause his jaws to ache and this causes headaches and he has to take Darvocet to compensate for this. Therefore, he tends not to wear his dentures unless he feels it is absolutely necessary.

Long and very detailed social histories are available on throughout his medical records. It is important to note, only a few issues regarding them. Patient is the oldest child of his family. He completed the 5th grade. Patient reports, his mother had a great deal of difficulty with his birth and in fact notes, he was the first child ever delivered by C-section at St. Bernard's Hospital, at that time it was known as Craighead County Hospital. Patient notes, his mother was in labor for well over a week and he was a breached birth. He notes, his entire head and much of his face were black and blue when he was born because they tried to extract him from the womb using forceps. This is not documented in any records, yet patient does appear to have begun life with a good deal of possible organic trauma. Patient also notes, at the present time his primary problems began in approximately 1981, in the spring. He reports, at that time he was working as a brick layer. He was very active, strong, able to work 16 to 18 hour days 7 days a week, and then all of a sudden things just began to, "happen," and he decreased in his amount of energy and strength. Patient has been able to work somewhat since then but apparently was last employed seriously in 1986. Since that time patient has had a variety of odd jobs where he notes, he is able to maintain because when he begins to have, "one of his spells," he can just lay down and rest until it passes. Patient describes his, "spells," as all of his strength leaves him and he says, "it's like I've ran 10, 100 yard dashes." He says, "I get weak all over and sometimes they last for just 15 minutes but sometimes they last for longer times." He notes,

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when they first began happening he thought he was physically ill or perhaps dying but at this time he does not believe it is physical.

Patient is positive for two apparent bouts of hepatitis, one in 1963 when he was in prison and one again in 1978. Patient notes, they one in 1978 was probably caused by his heavy alcohol usage and lack of proper nutrition and sleep. He blames the original hepatitis infection on the dirty conditions in the kitchen where he was imprisoned.

Patient was recently divorced in April of 1992. He does have temporary custody of his 4 sons ages 12, 12, 14, and 16, although they live in a children's home in Paragould. Patient notes, he does see them regularly and he voluntarily had them go to the children's home because he was unable to provide the necessary housing, support, etc. for them. Patient is very angry at his ex-wife and in fact expresses a lot of anger regarding a large number of things. He notes, only his fear of what may happen in the after life keeps him from, "blowing her head off," and other peoples as well. Patient apparently gets along fairly well with his children when he does see them and apparently he does make a special effort to interact with them in a very positive way.

Patient has a long history of alcohol abuse, although he very much denies he is an alcoholic. He claims, he vacillates between light drinking and very heavy drinking. He notes, he doesn't think he is addicted to alcohol because if he was he would spend all of his waking hours trying to find a bottle and he doesn't do that. Patient is very defensive about his alcohol usage and tends to minimize much of its importance. Patient also expresses a fair amount of hostility to what he thinks is the inappropriate medical care he has gotten and the fact people tend to blame, what he considers to be very real difficulties and illnesses on his alcohol abuse. Patient is very much convinced he has chronic fatigue syndrome but when he went to physicians to about it with them, they only dealt with his alcohol problem and he was very much upset and bothered by that. Patient has been alcohol free for certain occasions. However, he is currently using alcohol again. He notes, he had two beers yesterday. He reports, last week he got very drunk and sometimes does this every week or sometimes more often depending upon the opportunities and his mood. Patient reports, his sleep is very poor. He notes, he has to get up every hour or so to go to the bathroom. He claims, his appetite is up and down. Somedays his appetite is over good and somedays it is really bad. Patient notes, he is very irritable because of his current life situation. He claims, he has virtually no interest in life anymore except for his four children. Throughout the evaluation process patient continually notes, it is only his consistent and constant theological concerns and his fear of a tormented after life that keeps him from doing a wide variety of very aggressive and illegal acts.

Patient reports, in January of 1990, he was in a significant automobile accident. He was in a pick-up truck which flipped over three times. He thinks he was unconscious for about 30 minutes. Patient also describes a large number of times when he has been hit in the head with a crowbar, shot, stabbed, beaten,

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and has been a large number of bar fights.

At the present time patient notes, he is living mostly on the street. He stays with some friends off and on but basically lives wherever he can on an as need basis, sometimes at the mission or sometimes at the Salvation Army. Patient further reports, he has significant lower back pain. He attributes this to the automobile accident of 1990, and he claims, various medical personnel has misinterpreted what he has said. He believes while he did have a broken clavicle, this was not a major issue and the primary problem was his, "lower back got jammed."

At the present time patient also says, "I have problems with hypertension." He has been treated for that for approximately the last 14 months. He notes, this has never been a problem in the past. Patient also complains, he drinks an awful lot of water and has frequent urination, although there is no indication of problems with blood sugar levels nor with any particular kidney problems. Patient has, according to medical records, tested positive, at least one time, for the possibility of hepatitis or cirrhosis but this appeared to resolve itself during his hospital stay. Patient reports, much of the previous medical information reports available about him in his charts have been based on misunderstandings and the people have not clearly heard what he has said. For example, he notes,

indicated he had cirrhosis of the liver. Patient notes, he never told Dr. Fowler that. He said, "my mother probably died of cirrhosis because she began to drink very heavily at age 44 and died some 8 or 10 years later on." Patient believes the very specific details of his difficulties have not been properly attended to.

Of particular concern to the current evaluation are 4 items. One, is the possibility of minor organic damage at the time of birth. The second being the possibility of organicity from the 1990 automobile accident. The third being the possibility of a closed head injury from a wide number of rather significant head traumas throughout the years of aggressive behavior patterns. Also, of some concern is the fact patient reports his difficulties began very suddenly in 1980/1981 and at that time his son was about a year old. He notes, at this time things were going better than they ever had been in his whole life. His life was stable, he was not drinking, was out of bar brawls, and basically life was going reasonably well when all of a sudden these overwhelming attacks of fatigue and the loss of strength occurred to him.

At the present time patient is apparently taking Restoril, Diazepam, and Darvocet. Patient did not bring his medication with him and it is not exactly sure how much he is using or the exact dosages, although it does appear he may be abusing the Diazepam and the Darvocet.

In addition to the review of medical records and the clinical interview, patient was administered the WAIS-R, MMPI, Bender Gestalt, HTP, REY Auditory Verbal Learning Test, Wechsler Memory for Design Test, Trail Making A & B Test, Bicycle Drawing Test, and the Clock Drawing Test. Results were as follows:

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PSYCHOMETRIC DATA:

Patient received a Full Scale I Q of 87, a Verbal I Q of 94, and a Performance I Q of 80. This Full Scale I Q places patient within the low average range of intellectual functioning. Pattern of Sub Test Scores were as follows:

VERBAL TESTS	SCALE SCORE	PERFORMANCE TESTS	SCALE SCORE
Information	12	Picture Completion	6
Digit Span	7	Picture Arrangement	7
Vocabulary	13	Block Design	6
Arithmetic	6	Object Assembly	3
Comprehension	6	Digit Symbol	4
Similarities	8		

Pattern of Sub Test Scores is remarkable for the 14 point lower score on performance scales than on the verbal scales. It is also interesting to note patient's information and vocabulary verbal scores are significantly higher than other items on the verbal test procedures. While this scatter is of only minor concern at least in its first impression, as we look more carefully at some of the items we find some rather interesting things happening. Patient's ability on the Picture Completion was very sporadic with 2 or 3 right answers, a couple of right answers, 2 or 3 right answers, etc. and this patchy process is of some concern. While patient did reasonably well on Picture Arrangement, he nonetheless talks a great deal about it as he is doing it. He has difficulty in remembering rather he should start at the right hand side or at the left hand side and does about half of the arranging from right to left and the other half from left to right. Patient notes, he can figure out what the basic details and story are but it just, "drives me squirrely," trying to figure out the exact details. Patient also verbalizes all of the performance sub tests tasks. Patient again, had particular difficulty on Block Design with particular difficulty in the upper left hand part of the Block Designs. Patient had the same difficulty on Object Assembly with a rather rapid ability to grasp the basic conceptual form but with significant difficulty with constructional apraxia. In general, while patient's Full Scale I Q is within the low normal limits, a detailed analysis of his performance on the tests indicates some rather diffuse minor organic impairments which appear to be generally diffuse.

Results on the Bender Gestalt indicate a consistent pattern with problems of confused sequence, problems with closure, line quality, angulation, and retrogression. Again, these are indicators of visual retention difficulties, unstable blood pressure, probably alcohol toxicity, and a good deal of anxiety. We also see a very minor but consistent pattern of minimal organic impairment.

Results on the Bicycle Drawing Test revealed a score of 1 out of a possible 20. Again, this indicates particular damage in the left temporal area. Patient notes, as he is drawing and working very hard, he has problems trying to figure out where the handle bars should go and spends some time worrying about this.

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In actuality patient's drawing was significantly lacking in a number of areas which he did not even recognize.

Results on the Wechsler Design for Memory Scale indicates a total score of 9 out of a possible 14. We see only minor difficulty with a short term recall of visual stimuli. Unlike the Bicycle Drawing Test and other long term memory recall visual tests, patient did reasonably well.

Results on the Clock Test indicates a score of 4 out of a possible 10 using the Kaplan Scoring System. Patient was able to do reasonably well on the placement of the numbers on the clock. However, he spent approximately 110 seconds trying to figure out how to set the time for 20 minutes until 4:00. Patient eventually gave up on this task. However, approximately 3 or 4 minutes later as we were doing other items, he suddenly noted, he now remembered how to set the clock time at 20 minutes until 4:00 and with only minor difficulty he was able to go back and appropriately indicate the desired time.

Results on the Trail Making Tests A & B indicate a score of 75 seconds on Trail Making A. This is at the less than 10 percent level of what we would expect from people in age bracket. Trail Making B was a total time of 205 seconds with 3 errors. Patient had significant difficulty in doing both of these tests but with particular problems on Trail Making B. Patient has significant deficits in his visual scanning ability and, as indicated on Trail Making B, he also has significant difficulty in being able to track to lines of thought concurrently.

Results on the REY Auditory Verbal Learning Test indicate a rather normal, positive learning curve. Patient tends to have very little difficulty in learning verbal information.

Results on the HTP indicate a consistent pattern of anxiety, withdrawal, a tendency to rely on others, a preoccupation with phallic issues, over-concern with sexual matters, aggressiveness, suspiciousness, castration fears, defensiveness, evasiveness, a reluctance to show feeling, and a need to give the impression of social openness. Patient very clearly sees the world as a very dangerous, hostile place which requires very careful monitoring to keep himself safe.

Results on the MMPI indicate a somewhat unusual profile. F-K is 13 therefore, there is some concern about the total validity of this profile. Patient an F Score equal to 82, yet if it were considered to be a valid profile some caution must be given. It should also be noted, 8 of the 10 clinical scales were above the T value of 70 with only the masculinity scale and the paranoia scale being within normal limits. Patient's profile was coded 8, 2, 1. This is indicative of a person who is often seen as acutely pre-psychotic. They are apt to present with very bizarre somatic complaints and complain of weakness, fatigue, weakness, depression, and difficulty with concentration. Somatic delusions may also be present. These patients have multiple psychic distress and feel alienated from others, although they also have strong underlying feelings of dependency. A vast majority of these patients are seen as evidencing functional difficulty, although a sizable number are evidencing organic brain syndrome usually secondary to trauma, senility, or alcohol toxicity.

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DIAGNOSIS:

- AXIS I. R/O 291.20 Dementia associated with alcoholism  
 303.90 Alcohol dependence  
 305.40 Sedative, hypnotic, or anxiolytic abuse  
 300.70 Undifferentiated somatoform disorder
- AXIS II. 301.70 Anti-social personality disorder  
 301.90 Personality disorder NOS with passive  
 aggressive, obsessive compulsive, and  
 schizotypal characteristics
- AXIS III. Minimal organic impairment, diffuse

SUMMARY AND CONCLUSION:

is a 52 year old, white, divorced, male seen for neuropsychological evaluation at the request of his attorney. This evaluation is part of Mr. [REDACTED] application for Social Security Disability benefits.

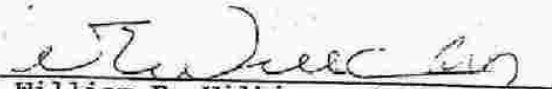
Patient presents with a very confusing social history and psychometric data. We see a man who is in the low range of normal intellectual ability, while at the same time he tends to have significant difficulty with items such as confusion with right to left, problems with recall of long term visual information, and significant difficulty with visual scanning and simple problem solving. At the same time patient is sometimes able to complete rather complex problem solving tasks. This diagnosis of Dementia associated with alcoholism has been listed as a rule out (R/O) because technically to make the diagnosis patient much have been alcohol free for at least 21 days. Mr. [REDACTED] does not meet this criteria. However, it is felt if a very specific criteria were to be met we would still find on going evidence of the dementia associated with alcoholism. At this point it is not at all clear how much permanent damage has been done because of the long term alcohol dependence and what would be possible for remediation should long term alcohol abstinence be present. We also find a consistent pattern of a very angry man who has very clear anti-social characteristics. Patient over and over again makes note that the only thing that keeps him from resorting to very aggressive anti-social behavior is his on going "torment," regarding what will happen in the after life. There is also some indication of some minor diffuse organic impairment which is probably from a combination of items such as difficulty with birth, the significant number of head traumas developed in physical altercations, and the automobile accident of 1990. At the same time none of these appear to be of a significant enough level to account for the numerous difficulties this patient has. Of particular concern and still left unanswered is the sudden onset of symptoms in 1980/1981. Since there appears to be no physiological or environmental item to account for this it is at this point something we would have to accept as a somatoform disorder and the possible outcome of multiple character disorders that the patient exhibits. It should also be noted, there is the usual evasiveness which is associated with an anti-social personality disorder. However, patient did appear to be somewhat direct and straight forward with this evaluator than he may have been in the past with other mental health professionals.

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At this point patient's multiple character disorders and his inability to refrain from on going alcohol dependences and poly substance abuse make it very doubtful he could compete in the general open job market. This coupled with patient's multiple character disorders would make him a very difficult employee to cope with and he would probably not be very consistent with either showing up for employment or in meeting the minimal demands an employer may have.

At the same time we do see the consistent indicators of minor diffuse organic impairment. We also see a man who has adopted a very fatalist approach to life and while some of his aggressive statements and over-zealous remarks may be viewed as part of his general anti-social personality disorder, there is nonetheless the very real underlying possibility if the right circumstances were to present themselves could indeed be a very aggressive and dangerous person. It should also be noted, if benefits were to be awarded to Mr. [REDACTED] it is quite possible he would spend the vast majority of those benefits on the purchase of alcohol and other poly substances. With all of the varying difficulties this patient has, his prognosis is at best very guarded.

  
William E. Wilkins, Ph.D.  
Neuro/Clinical Psychologist

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LAW OFFICES OF

*John Wesley Hall, Jr.*  
ATTORNEY AT LAW  
A PROFESSIONAL CORPORATION  
523 West Third Street  
Little Rock, Arkansas 72201  
(501) 371-9131

JOHN WESLEY HALL, JR.\*  
CRAIG LAMBERT  
SAM T. HEUER

\*Also licensed in  
D.C. and Tennessee  
FAX (501) 378-0688

September 25, 1992

RECEIVED

SEP 29 1992

Ans'd.....

Arkansas Board of Examiners in Psychology  
Elliot M. Fielstein, Chairman  
101 East Capitol, Suite 415  
Little Rock, AR 72201

Dear Mr. Fielstein:

Enclosed is a copy of a letter from Doctor Atkinson requesting to withdraw from his role as supervisor of Doctor Wilkins. His resignations seems to stem from his inability to understand what exactly the board expects him to do or what the plan is to contain.

Doctor Wilkins, through this office, expressed in the past that he was confused regarding the directives of the settlement agreement. His complaint was met with a threat of license revocation. It now appears that Dr. Atkinson suffers the same problem. The settlement agreement lodges responsibility for formulation of the plan with the supervisor: "Said supervisor will develop an appropriate remedial plan and provide supervision of the respondent's practice. This plan should be approved by the board and will include ... additional training experience deemed appropriate by the supervisor." paragraph VII

It would appear that Dr. Atkinson is having difficulty formulating an "appropriate" plan as required by the board.

On behalf of Doctor Wilkins we respectfully request that this office clarify for him and any replacement supervisor the nature and extent of the supervision plan this board desires. Do you want weekly visits, monthly review, 24 hour a day supervision? Dr. Wilkins is attempting to comply with the settlement agreement. In fact, he agreed to settle the complaint as he felt would be the quickest way to return to the daily needs of his practice. He cannot operate as a corporation without his certificate of compliance.


Dr. Wilkins is not attempting to shirk his duty under the agreement and will do everything in his power to comply. Before a

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ADD 2286

supervisor can formulate a plan he is going to need a little more direction from the board than the terse language of the settlement agreement. Will you please help us.

Sincerely yours,

  
Mark Alan Jesse, J.D.  
for John Wesley Hall, Jr.  
Attorney for Respondent

Enclosure

cc: Dr. Wilkins

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ADD 2287

**Curtis Atkinson, Ph.D.**  
Psychologist

Professional Plaza  
2701 A-2 South Caraway  
Jonesboro, AR 72401

September 17, 1992

Office Phone 932-7838  
Home Phone 932-8433

Dr. Elliot Fielstein  
Arkansas Board of Examiners in Psychology  
101 East Capitol, Suite 415  
Little Rock, AR 72201

Dear Dr. Fielstein:


I received your letter 9-14-92 in regard to supervision of Dr. William Wilkins of Jonesboro, practicing psychologist.

I first saw Dr. Wilkins in 4-3-92 for an hourly session. We met again in April for one hour and last on 6-4-92 for another hour. At that time he informed me that he wanted to hold off on supervision for a while.

In the three sessions together we reviewed the case. We discussed procedures that Dr. Wilkins was to fulfill. Discussion centered around treatment planning, and there were statements regarding ethical issues. We were to review two books, one being on the ethical principles of psychologists by the APA. We also talked about a rehabilitation plan.

I talked to Dr. Wilkins, September 16, to let him know that I am responding to your letter. I believe that it is best that I remove myself as his supervisor. It seems that the Board of Examiners is requiring a very strict supervisor. In all honesty I do not believe I can provide the supervision. The charges and Dr. Wilkin's account of the accusations do not seem to justify a very strict supervision. In areas that I have known Dr. Wilkins at George W. Jackson CMHC and in private practice he seems like a contributing, ethical psychologist in his areas of work.

Sincerely yours,

  
Curtis Atkinson, Ph.D.  
AR Licensed Psychologist 78-16P

CA/ba

cc: Dr. William Wilkins

RECEIVED

SEP 21 1992

Ans'd.....

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ADD 2288





RECEIVED

SEP 14 1992

Ans'd.....

# STATE OF ARKANSAS

## Office of the Attorney General

Winston Bryant  
Attorney General

Telephone:  
(501) 682-2007

September 8, 1992

Board of Examiners in Psychology  
101 East E. Capitol, Suite 415  
Little Rock, AR 72201  
ATTN: Elliott M. Fielstein, Ph.D., Chairman

RE: Dr. William E. Wilkins, Ph.D.  
No. 91-05

Dear Board Members:

This is a follow-up to my letter of May 26, 1992 in which I outlined the requirements of A.C.A. §4-29-210. I have also received by fax copy a letter from John Wesley Hall, Jr. on August 27, 1992. I believe this letter is necessary in light of Mr. Hall's letter page 2 in which he states that no disciplinary action is pending against Dr. Wilkins, since, a Settlement Agreement was entered into by the Board and Dr. Wilkins. Mr. Hall states that disciplinary action cannot be pending since this case was settled. I disagree with these comments, as a matter of law a Court as well as a Board retains jurisdiction to enforce agreements. Settled cases are still pending for purposes of Courts to retain jurisdiction to enforce the settlement. Kayco Mfg. & Co., Inc. v. C & O Enterprises, Inc., 108 F.R.D. 55 (1985). An action is pending from the time of its inception until the rendition of final judgment. PanAmerica Bank of Groundsville v. Nowland, 650 S.W.2d 879 (Tex. App. 1983); Black's Law Dictionary (5th Ed. 1975).

Furthermore, although Mr. Hall does not argue that the agreement was not a form of disciplinary action it does appear that clearly any censure, reprimand, suspension, or restriction or limitation placed on a license of a person subject to a statute is tantamount to "disciplinary actions". Bhaket v. Bd. of Reg. For The Healing Arts, 787 S.W.2d 882 (Mo. App. 1990).

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200 Tower Building, 323 Center Street • Little Rock, Arkansas 72201-2610

ADD 2289

Elliott Fielstein  
September 8, 1992  
Page 2

I am also confused by the comments made in Mr. Hall's letter. When he states that his client has made the required appointments with various examiners and allowed his practice to be supervised. After reviewing your correspondence there does not appear to be any indication that Dr. Wilkins' practice has been supervised or any evidence of supervision. Mr. Hall also states that his client has been met with uncertainty and vague statements when attempting to determine the exact obligations that the Board is seeking to have him comply. He does not state what vague statements he refers to, nor does he elaborate on the uncertainty in which his client has encountered. However, it is very clear that at the time of the agreement was entered by the Board and Dr. Wilkins there was absolutely no confusion or misunderstanding or uncertainty or vague recollection of what was intended by and set out in the Settlement Agreement. It would appear to me that if Dr. Wilkins were confused at the time the Settlement Agreement was entered those manifestations of confusion would have been expressed to the Board and the Settlement Agreement would have been clarified. As I recall Dr. Wilkins had an attorney at the time the Settlement Agreement was entered and his attorney did in fact make changes to the Settlement Agreement after it was initially proposed.

In looking at paragraph VII of the Settlement Agreement a remedial plan is required to be approved by the Board which will include, but not be limited to: "reading, course work, workshops, or additional training experiences deemed appropriate by the supervisor". Based on your communication to this Office it does not appear that any of these areas of supervision, planning, or training have been satisfied by Dr. Wilkins. It also appears to me that the most recent correspondence from the Board to Dr. Wilkins merely restates the exact requirements set out in the proposed Settlement Agreement. Furthermore, Mr. Hall requests that the Board indicate the remedy which it requires an order for Dr. Wilkins to continue his practice unsupervised. It would appear the Board could request that Dr. Wilkins comply with the initial agreement he entered into in good faith.

Sincerely,



RICK D. HOGAN  
Assistant Attorney General

RDH:af

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ADD 2290



## Arkans Board of Examiners in Psychology

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copy*

101 East Capitol, Suite 415  
Little Rock, Arkansas 72201  
(501) 682-6167

September 10, 1992

William E. Wilkins, Ph.D.  
3 Foxwood Executive Center, Suite 220  
1218 Stone Street  
Jonesboro, AR 72401

Re: Settlement Agreement No. 91-05

Dear Dr. Wilkins:

In February of this year you entered into a Settlement Agreement which provided for several probationary stipulations which you agreed to satisfy. Currently, disciplinary action is still pending through the enforcement of this agreement, the conditions of which must be satisfied in order for this matter to be settled. Based on a review of your administrative file, it appears you have failed to comply with the proposed agreement. The document was entered into between you and the Board in order to avoid the necessity of a hearing, and to resolve a complaint which had been lodged with the Board.

The file in your case has recently been reviewed in order to determine whether you have complied with the probationary stipulations found in the Settlement agreement. A review of this file reveals that the following documentation is included therein:

- (1) Letter to Curtis Atkinson, Ph.D., dated June 5, 1992, acknowledging his role as supervisor and requesting a remedial plan;
- (2) letter to Michael G. Hazelwood, Ph.D., dated May 11, 1992, requesting completion of a psychological evaluation;
- (3) psychological evaluation by Dr. Hazelwood dated June 17, 1992;
- (4) Letter from Dr. Hazelwood dated August 5, 1992, referencing an unpaid bill for his services in performing the psychological evaluation.

I wish to bring to your attention paragraphs VII and XI of the Settlement Agreement and the probationary stipulations you agreed to with the Board which are still pending. Specifically, no remedial plan has been submitted from the supervisor, Dr. Atkinson. Paragraph VII provides that, "Said supervisor will develop an appropriate remedial plan and provide supervision of the respondent's practice. This plan should be approved by the Board and will include, but not be limited to: reading, coursework, workshops, or additional training experience as deemed appropriate by the supervisor." At the time the agreement was

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William E. Wilkins, Ph.D.  
September 10, 1992  
Page 2

proposed you expressed no bewilderment or confusion over what the terms meant.

To this date, none of the above requirements found in paragraph VII of the probationary stipulations has been forwarded to the office of the Arkansas Board of Examiners in Psychology. The agreement provided that supervision under paragraph VII would begin after the Board had approved a remedial plan. The minimum six (6) months period of supervision under paragraph VIII cannot begin unless the supervisor has submitted and had approved an appropriate plan of supervision.

Furthermore, based upon Dr. Hazelwood's letter of August 5, 1992, he has yet to be paid for his services in performing the psychological evaluation. Specifically, paragraph XI of the Settlement Agreement provides in pertinent part as follows:

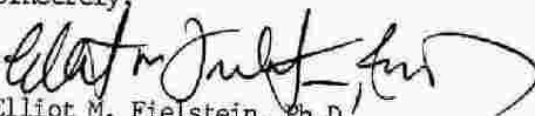
Respondent further agrees to pay all costs associated with supervision and evaluation incurred as a result of this agreement.

The evaluation was a direct result of the settlement agreement and you are responsible for paying Dr. Hazlewood. Your refusal to pay constitutes a direct violation of the pending disciplinary action.

You must comply with the above sections, paragraphs VII, VIII, and XI, within twenty-one (21) days from the date of this letter or the Board will issue a formal Order and Notice of Hearing in this case. Failure to comply with the agreed pending action may be grounds for suspension or revocation of your license or other administrative penalties under the Arkansas Board of Examiners in Psychology Act or rules and regulations adopted thereunder.

If you have any questions or comments concerning this letter, please address those to the Arkansas Board of Examiners in Psychology, 682-6167.

Sincerely,

  
Elliot M. Fielstein, Ph.D.  
Chairman

RH/EF/jw

cc: John Wesley Hall, Jr.

003839

ADD 2292



## Arkansas Board of Examiners in Psychology

*File  
copy*

101 East Capitol, Suite 415  
Little Rock, Arkansas 72201  
(501) 682-6167

September 10, 1992

Curtis Atkinson, Ph.D.  
Professional Plaza  
2701 A-2 South Caraway  
Jonesboro AR 72401

Dear Dr. Atkinson:

The Board of Examiners in Psychology has not yet received any correspondence from you as supervisor for William E. Wilkins, Ph.D. As per a settlement agreement entered into by Dr. Wilkins and this Board, a remedial plan from the supervisor is required and must be approved by this Board. You were sent a letter dated June 5, 1992 acknowledging your role as supervisor and asking that you formulate a plan for remediation.

You will be granted 21 days from the date of this letter to have submitted a rehabilitation plan. Otherwise, this Board will declare a failure to comply with the settlement agreement. As a result, Dr. Wilkins may be subject to a citation to be resolved in a formal hearing.

If you have been supervising Dr. Wilkins, please submit: a copy of any supervision plan you may have developed, a list of contact dates which should include length of each supervision session, a summary of the content of each supervision session, and a report of progress to date. If you have not been supervising Dr. Wilkins, please explain the reasons in writing to this Board.

Sincerely,

A handwritten signature in dark ink, appearing to read "EF", enclosed within a hand-drawn oval.

Elliot Fielstein, Ph.D.  
Chair

EF/jw

Ψ

003840



# STATE OF ARKANSAS

## Office of the Attorney General

Winston Bryant  
Attorney General

Telephone:  
(501) 682-2007

September 8, 1992

Board of Examiners in Psychology  
101 East E. Capitol, Suite 415  
Little Rock, AR 72201  
ATTN: Elliott M. Fielstein, Ph.D., Chairman

RE: Dr. William E. Wilkins, Ph.D.  
No. 91-05

### Case Board Members:

This is a follow-up to my letter of May 26, 1992 in which I outlined the requirements of A.C.A. 64-29-216. I have also received by fax copy a letter from John Wesley Hall, Jr. on August 27, 1992. I believe this letter is necessary in light of Mr. Hall's letter page 2 in which he states that no disciplinary action is pending against Dr. Wilkins since a Settlement Agreement was entered into by the Board and Dr. Wilkins. Mr. Hall states that disciplinary action cannot be pending since this case was settled. I disagree with these comments, as a matter of law as well as a Board retains jurisdiction to enforce settlements. Settled cases are still pending for purposes of courts to retain jurisdiction to enforce the settlement. Garco Mfg. & Co., Inc. v. C & O Enterprises, Inc., 108 F.R.D. 55 (1985). An action is pending from the time of its inception until the rendition of final judgment. PanAmerica Bank of Grandville v. Nowland, 650 S.W.2d 879 (Tex. App. 1981); Black's Law Dictionary (5th Ed. 1978).

Furthermore, although Mr. Hall does not argue that the agreement was not a form of disciplinary action it does appear that clearly any censure, reprimand, suspension, or restriction or limitation placed on a license of a person subject to a statute is tantamount to "disciplinary actions". Shaket v. Bd. of Reg. For The Healing Arts, 787 S.W.2d 882 (Mo. App. 1990).

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Elliott Fielstein  
September 8, 1992  
Page 2

I am also confused by the comments made in Mr. Hall's letter. When he states that his client has made the required appointments with various examiners and allowed his practice to be supervised. After reviewing your correspondence there does not appear to be any indication that Dr. Wilkins' practice has been supervised or any evidence of supervision. Mr. Hall also states that his client has been met with uncertainty and vague statements when attempting to determine the exact obligations that the Board is seeking to have him comply. He does not state what vague statements he refers to, nor does he elaborate on the uncertainty in which his client has encountered. However, it is very clear that at the time of the agreement was entered by the Board and Dr. Wilkins there was absolutely no confusion or misunderstanding or uncertainty or vague recollection of what was intended by and set out in the Settlement Agreement. It would appear to me that if Dr. Wilkins were confused at the time the Settlement Agreement was entered those manifestations of confusion would have been expressed to the Board and the Settlement Agreement would have been clarified. As I recall Dr. Wilkins had an attorney at the time the Settlement Agreement was entered and his attorney did in fact make changes to the Settlement Agreement after it was initially proposed.

Looking at paragraph VII of the Settlement Agreement, the plan is required to be approved by the Board and include, but not be limited to: "reading, courses, workshops, or additional training experiences determined by the supervisor". Based on your correspondence, since it does not appear that any of these areas of reading, planning, or training have been satisfied by Dr. Wilkins. It also appears to me that the most recent correspondence from the Board to Dr. Wilkins merely restates the requirements set out in the proposed Settlement Agreement. Furthermore, Mr. Hall requests that the Board indicate the remedy which it requires an order for Dr. Wilkins to continue his practice unsupervised. It would appear the Board could request that Dr. Wilkins comply with the Settlement Agreement he entered into in good faith.

Sincerely,

  
RICK D. HOGAN  
Assistant Attorney General

EDH:af

003842

ADD 2295

August 26, 1992

William E. Wilkins, Ph.D.  
3 Foxwood Executive Center, Suite 220  
1218 Stone Street  
Jonesboro, AR 72401

Re: Settlement Agreement No. 91-05

Dear Dr. Wilkins:

In February of this year you entered into a Settlement Agreement which provided for several probationary stipulations which you agreed to satisfy. Currently, disciplinary action is still pending through the enforcement of this agreement, the conditions of which must be satisfied in order for this matter to be settled. Based on a review of your administrative file, it appears you have failed to comply with the proposed agreement. The agreement was entered into between you and the Board in order to avoid the necessity of a hearing, and to resolve a complaint which had been lodged with the Board.

The file in your case has recently been reviewed in order to determine whether you have complied with the probationary stipulations found in the Settlement Agreement. A review of this file reveals that the following documentation is included therein:

- (1) Letter to Curtis Robinson, Ph.D., dated July 6, 1992, acknowledging his role as supervisor and requesting a remedial plan;
- (2) letter to Michael G. Hazelwood, Ph.D., dated May 11, 1992, requesting completion of a psychological evaluation;
- (3) psychological evaluation by Dr. Hazelwood dated June 17, 1992;

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William E. Wilkins, Ph.D.  
August 26, 1992  
Page 2

(4) letter from Dr. Hazelwood dated August 5, 1992, referencing an unpaid bill for his services in performing the psychological evaluation.

I wish to bring to your attention paragraphs VII and XI of the Settlement Agreement and the probationary stipulations you agreed to with the Board which are still pending. Specifically, no remedial plan has been submitted from the supervisor, Dr. Atkinson. Paragraph VII provides that, "Said supervisor will develop an appropriate remedial plan and provide supervision of the respondent's practice. This plan should be approved by the Board and will include, but not be limited to: reading, coursework, workshops, or additional training experience as deemed appropriate by the supervisor." At the time the agreement was proposed you expressed no bewilderment or confusion over what the terms meant.

To this date, none of the above requirements found in paragraph VII of the probationary stipulations has been forwarded to the office of the Arkansas Board of Examiners in Psychology. The agreement provided that supervision under paragraph VII would begin after the Board had approved a remedial plan. The minimum six (6) months period of supervision under paragraph VIII cannot begin unless the supervisor has submitted and had approved an appropriate plan of supervision.

Furthermore, based upon Dr. Hazelwood's letter of August 5, 1992, he has yet to be paid for his services in performing the psychological evaluation. Specifically, paragraph XI of the Settlement Agreement provides in pertinent part as follows:

Respondent further agrees to pay all costs associated with supervision and evaluation incurred as a result of this agreement.

The evaluation was a direct result of the settlement agreement and you are responsible for paying Dr. Hazelwood. Your refusal to pay constitutes a direct violation of the pending disciplinary action.

You must comply with the above sections, paragraphs VII, VIII, and XI, within twenty-one (21) days from the date of this letter or the Board will issue a formal Order and Notice of Hearing in this case. Failure to comply with the agreed pending action may be grounds for suspension or revocation of your license or other administrative penalties under the Arkansas Board of Examiners in

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William E. Wilkins, Ph.D.  
August 26, 1992  
Page 3

Psychology Act or rules and regulations adopted thereunder.

If you have any questions or comments concerning this letter, please address those to the Arkansas Board of Examiners in Psychology, 682-6167.

Sincerely,

---

EDH/nc

**003845**

ADD 2298



# STATE OF ARKANSAS

## Office of the Attorney General

Winston Bryant  
Attorney General

Telephone:  
(501) 682-2007

September 8, 1993

Mr. John Wesley Hall, Jr.  
Attorney at Law  
523 W. Third Street  
Little Rock, AR 72201

RE: Dr. William E. Wilkins, Ph.D.  
No. 91-05

Dear Mr. Hall:

The Board of Examiners in Psychology is in receipt of your letter dated August 11, 1992, addressing two matters pertinent to your client Dr. William E. Wilkins which are currently pending before the Board:

(1) A disciplinary action in the form of a Settlement Agreement and (2) A certificate of registration. (1) Dr. William E. Wilkins has not complied fully with the terms and Settlement Agreement pending before the Board. A letter detailing the requirements of the agreement yet to be satisfied was sent to Dr. Wilkins, a copy of which was forwarded to you under separate cover.

(2) The Board previously found that Dr. Wilkins was not in compliance with A.C.A. §4-29-210(c)(2), and presently disciplinary actions is pending against Dr. Wilkins.

→ { Attached to this letter is an opinion from the Attorney General's Office, Assistant Attorney General, Rick D. Hogan which supports the finding of the Board. Disciplinary action can be pending by way of a Settlement Agreement which has not been finally satisfied.

Sincerely,

003846

Elliot M. F. Ph.D.  
Chairman

MICHAEL G. HAZLEWOOD, Ph.D.  
CLINICAL PSYCHOLOGIST  
CLINICAL NEUROPSYCHOLOGICAL CONSULTANT  
Post Office Box 356  
NORTH LITTLE ROCK, ARKANSAS 72115

OFFICE HOURS BY APPOINTMENT  
PHONE 224-9676

05 August 92

Elliot Fielstein, Ph.D.  
Chairman, Arkansas Board of Examiners in Psychology  
101 East Capitol, Suite 415  
Little Rock, Arkansas 72201

re: William E. Wilkins, Ph.D. (Complaint No. 91-05)

Dear Dr. Fielstein:

As you may know, I was contacted back in May of this year by Dr. Siegel to assist in an evaluation of the above-named psychologist as part of a stipulated agreement this individual had with the Arkansas Board. This stipulated agreement, stemming from a 13 March 91 ethical inquiry, as I was told, included willingness to participate in a psychological evaluation at his expense. For your understanding, he was seen by the undersigned 13 June 1992 for a five hour interview to address the specific questions posed by the Arkansas Board; and, at the outset, he expressed adequate understanding of the reasons for this evaluation and acknowledged responsibility for payment. Furthermore, he agreed verbally to the set hourly fee, specifically \$115 per hour of evaluation.

This letter is written to the Board merely to provide information that this individual has failed to acknowledge two earlier billing statements for provided services. A telephone conversation regarding the matter of payment, initiated by the undersigned on 3 August 92, just two days ago, yielded disclosure of receipt of these two prior statements, plus further indication of intention to "probably" settle this account. However, before doing so, he remarked that he would seek legal counsel. On this date, a letter was received from Dr. Wilkins directing me now to address this matter with his attorney (please see provided attachment).

In closing, quite honestly, I am a bit frustrated at this point and am wondering if this practitioner is in violation of your stipulated agreement. Certainly, he has reneged on a verbal agreement with me.

Sincerely,

  
Michael G. Hazlewood, Ph.D.

MGH:jb

Attachment

003847




WILLIAM E. WILKINS, Ph.D.  
Psychology  
2 FOXWOOD EXECUTIVE CENTER  
SUITE 100, 1217 STONE STREET  
P.O. BOX 2125  
JONESBORO, ARKANSAS 72402  
Telephone (501) 931-9622

August 3, 1992

Michael G. Hazlewood, Ph.D.  
Clinical Psychologist  
P O Box 356  
North Little Rock, AR 72115

Dear Dr. Hazlewood,

In response to your telephone inquiry regarding payment.  
I have forwarded your bill to my attorney, Mr. John Wesley  
Hall. His address is 523 West 3rd Street, Little Rock, Arkansas  
72201. It would be helpful if you will address your concerns  
to him regarding payment of this account.  
Thank you very much.

  
William E. Wilkins, Ph.D.  
Psychologist

WEW/bw

003848

ADD 2301

LAW OFFICES OF

*John Wesley Hall, Jr.*  
ATTORNEY AT LAW  
A PROFESSIONAL CORPORATION  
523 West Third Street  
Little Rock, Arkansas 72201  
(501) 371-9131

RECEIVED

AUG 12 1992

Ans'd.....

JOHN WESLEY HALL, JR.\*  
CRAIG LAMBERT  
SAM T. HEUER

\*Also licensed in  
D.C. and Tennessee  
FAX (501) 376-0888

August 11, 1992

Board of Examiners in Psychology  
101 East Capitol, Suite 415  
Little Rock, Arkansas 72201

Dear Sirs:

I have been retained to represent Dr. William E. Wilkins, Psychologist, with offices located at Suite 100, 1217 Stone Street, Jonesboro, Arkansas. Attached you will find a signed release by the doctor authorizing you to release documents and information to me. I was retained by Dr. Wilkins as a result of dissatisfaction he has experienced in attempting to comply with a settlement agreement dated February 18, 1992 between the Board of Examiners and himself following a complaint by a Dr. Anise R. Causey, 6584 Poplar Avenue, Suite 390, Memphis, Tennessee 38138.

Following an investigation by Board Investigator Dr. William E. Siegel, Ph.D., settlement agreement, a copy which is attached hereto, was entered into settling all pending disciplinary action against the doctor provided he conforms with the settlement agreement.

My client indicates that he had attempted in good faith to comply with the requirements of the Board in settling this action by making the required appointments with various examiners, and allowing his practice to be supervised by those appointed by the Board. Dr. Wilkins has found that in his attempt to comply with the Board's directives, he has been met with uncertainty and vague statements when attempting to determine the exact obligations which the Board is seeking to have him comply with. Under paragraph 8 of the settlement agreement, it provides: "Respondent further agrees that supervision outlined in paragraph 7 above shall continue for a minimum of six (6) months, and will not end until the Board receives a report from the supervisor documenting his opinion on whether the respondent is able to continue to practice psychology." As the six month anniversary of the settlement agreement is about to occur, Dr. Wilkins requests that the Board submit to him, in a detailed fashion, the exact requirements that you feel are still necessary to bring Dr. Wilkins back into compliance, and to allow the supervision to end. A review of the various documents pertaining to the investigation and supervision of Dr. Wilkins indicates that he has made a good faith attempt and effort to comply with all the Board's directives. Therefore, he is entitled to a reinstatement to his former position without supervision.

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ADD 2302

*John Wesley Hall, Jr.*  
ATTORNEY AT LAW

Board of Examiners  
August 11, 1992  
Page 2

The failure of the Board to provide the requested information will result in the needless expense of having the settlement agreement interpreted and enforced by a court which in the end will only amount to a waste of time and money.

Dr. Wilkins has also informed me that the Board has refused to issue a certificate of registration for Dr. Wilkins' office to operate as a corporation. Rick Hogan, Assistant Attorney General, prepared a memo to the Board of Examiners dated May 26, 1992 indicating that if the Board finds compliance with Ark. Code Ann. § 4-29-209 and 210, specifically 429-210(c)(1) and (2), that the Board must issue a certificate of registration if it makes the following findings:

1. That each incorporator, officer, director and shareholder is licensed pursuant to the laws of Arkansas to engage in the profession of psychology. Dr. Wilkins is so licensed.
2. No disciplinary action must be pending against any of the incorporators, officers, directors or shareholders. At this time Dr. Wilkins is performing pursuant to a settlement agreement. Therefore, no disciplinary actions are pending against the doctor. If you know otherwise, please inform.
3. It must appear that the corporation will be conducted in compliance with the laws and regulations of the Board. Dr. Wilkins is currently practicing in compliance with the laws of this State and further has shown his good faith by conforming to the directives as far as possible of the settlement agreement. In those areas where the settlement agreement is vague the doctor has requested by this letter of the exact nature of remaining duties which he must comply with prior to being released from the settlement agreement. The doctor is also willing to tender the \$25.00 fee for the certificate of compliance.

My review of this situation indicates that Dr. Wilkins meets all the requirements necessary for the Board to issue a certificate of registration. The Board's refusal to issue such a certificate is currently causing damage to Dr. Wilkins' practice and is exposing him to liability that would otherwise not be present. Therefore, I request that the Board either issue the certificate of compliance or specify the exact nature of any deviations from the requirements of law that are presently occurring, and indicate the remedy that the Board requires so that the certificate may be issued. Please note that any disciplinary action resulting on the report of Dr. Anise R. Causey which resulted in an investigation and a settlement with Dr. Wilkins, cannot be the predicate for denying the certificate of compliance to Dr. Wilkins under Arkansas law as the matter is settled, not pending. Therefore, your denial must indicate something more than current disciplinary procedure

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*John Wesley Hall, Jr.*  
ATTORNEY AT LAW

Board of Examiners  
August 11, 1992  
Page 3

underway.

As I am retained to represent the doctor in the final resolution of this matter I would request that copies of any correspondence between the Board and Dr. Wilkins be provided to me. Dr. Wilkins has made a good faith effort to comply with the settlement agreement and hereby requests that you do the same. We eagerly await your response.

Sincerely yours,

*John Wesley Hall, Jr.*

JOHN WESLEY HALL, JR.

JWH/rab

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RELEASE OF INFORMATION

William E. Wilkins, Ph.D., Psychologist License Number 87-26P, hereby authorizes any agency or person to release any information on me to my attorney, John Wesley Hall, Jr., or any person employed by him.

Dated this 3rd day of July, 1992.

  
William E. Wilkins

003852

TO: RICK HOGAN 682-6165  
FROM: BILL SIEGEL  
329-5680

Here is the evaluation of Dr.  
Wilkins conducted by Dr. Hazlewood.

I am also sending (in a separate  
transmission) a copy of a letter to  
Dr. Atkinson offering some guidelines  
for his supervision of Dr. Wilkins.

- Thanks for the pen. Works great!

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MICHAEL G. HAZLEWOOD, Ph.D.  
CLINICAL PSYCHOLOGIST  
CLINICAL NEUROPSYCHOLOGICAL CONSULTANT  
P.O. BOX 530  
NORTH LITTLE ROCK, ARKANSAS 72115

RECEIVED  
JUN 23 1992

Ans'd.....

OFFICE HOURS BY APPOINTMENT  
PHONE 224-9876

Evaluation of William E. Wilkins, Ph.D.  
Complaint No. 91-05

CONSULT RE: WILLIAM E. WILKINS, Ph.D. (ARKANSAS LICENSE No. 87-28P)  
REFERRAL: WILLIAM E. SIEGEL, Ph.D.  
DATE(S) SEEN: JUNE 13, 1992  
REPORT DATE: JUNE 17, 1992

REASON FOR REFERRAL: At the request of the Arkansas Board of Examiners in Psychology, this individual, a Jonesboro-based, licensed psychologist engaged in private practice since 1989, was seen to address the following specific issues, which were detailed in a letter dated 11 May 1992 to the undersigned from Dr. Siegel:

1. Do you find any evidence of psychopathology, and if so, would this pathology interfere with the ability of Dr. Wilkins to provide clinical services?
2. Are you able to provide any insight into why this ethical violation occurred? Do you attribute the violation to lack of knowledge or to psychopathology?
3. What is your assessment of the potential for rehabilitation, particularly in light of Dr. Wilkins continued denial of wrongdoing? Do you have any suggestions concerning the most appropriate method of conducting supervision or regarding the need for individual psychotherapy?
4. Based on your assessment are there areas of practice that should be restricted or limited in any way?

Initially, this evaluation consisted of review of provided correspondence pertaining to the involvement of this case, specifically the review of the 13 March 91 request for inquiry into the psychological practice of Dr. Wilkins from Dr. Anice Causey; review of two subsequent responses, dated 15 March 91 and 19 April 91, from Dr. Wilkins to the Arkansas Board of Examiners in Psychology; and, review of a letter, dated 22 October 91, to Dr. Siegel from Dr. Wilkins. Following this examination of pertinent background information, there was telephone contact with Dr. Wilkins to request a copy of his resume and copies of the publications referenced in his October '91 letter to Dr. Siegel, with this contact additionally serving as an opportunity to introduce myself and explain my perceived role in this evaluation,

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ADD 2307

Evaluation of William E. Wilkins, Ph.D. (Arkansas Board of Examiners in Psychology  
Page 2

to arrange for a suitable time for this evaluation, and to obtain permission to contact Dr. Curtis Atkinson, who reportedly was serving in the capacity as a clinical supervisor in accordance with the stipulated agreement with the Arkansas Board. Upon receipt of the requested materials, these were reviewed with specific attention to finding established guidelines/procedures which might justify the technique employed in the investigation of the alleged perpetrator of a sexual offense, which represented the focus of Dr. Causey's inquiry to the Arkansas Board of Examiners.

In the course of this evaluation, telephone interviews were conducted with Dr. Atkinson (19 May 92) and Dr. Anice Causey (12 June 92); and, three telephone conversations were held with Dr. Siegel at various points to apprise him of the status of this requested evaluation. Also, a 5-hour office interview was conducted with Dr. Wilkins on Saturday, 13 June 1992 in Little Rock, Arkansas. No objective or projective personality measures were utilized in this evaluation.

**PERTINENT BACKGROUND INFORMATION:** On 13 March 91, a formal inquiry into the practice of Dr. William E. Wilkins was forwarded to the Arkansas Board of Examiners in Psychology by Dr. Anice R. Causey, a Memphis-based, clinical psychologist. This inquiry was filed by Dr. Causey to bring attention to the possibility of inappropriate and imprudent psychological practice on the part of Dr. Wilkins in the investigation of an alleged case of intrafamilial incest, which occurred within a family he was treating. Specifically, as detailed in Dr. Causey's letter to the Arkansas Board, as reported by the mother of this family in an individual psychotherapy session with Dr. Causey during an inpatient hospitalization at Charter Lakeside Hospital in Memphis, Tennessee, as part of the process of investigating this allegation of sexual abuse between her teenage son and daughter, Dr. Wilkins allegedly "had the boy remove his pants in his office so as to validate the accuracy of the information given by the girl." As reported in this same letter, during a 5 March 91 telephone conversation between Dr. Causey and Dr. Wilkins, a contact initiated by Dr. Causey to confirm this report and to discuss the appropriateness of this type of investigative procedure, there was no denial of this report by this mother and apparent confirmation that it was not uncommon for him to have "alleged perpetrators remove their clothing so that he could check the accuracy of victims' reports . . . ." Given concern that Dr. Wilkins was unable to recognize the possible inappropriateness of this type of investigative procedure by a psychologist, Dr. Causey wrote this letter to the Arkansas Board of Examiners in Psychology requesting that they consider the appropriateness and prudence of this type practice by a psychologist.

The initial response to this requested inquiry from Dr. Wilkins, a letter to the Arkansas Board dated 15 March 91, claimed that Dr. Causey's complaint was "a distortion of our conversation and filled with half truths, innuendo and exaggeration." Furthermore, it was related that ". . . NO ONE has ever removed their clothing in my office." However, there was listing of two separate cases involving investigation of alleged sexual offenders during which this procedure of brief genital exposure was utilized. Additionally, he justified this method of investigation given guidelines developed by the Ethics Congress on Sex Therapy and Sexual Research (1978).

In the April '91 letter from Dr. Wilkins to the Arkansas Board, there was

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articulation of this requested Board investigation indicating "the agenda of Dr. Causey," along with several disclosures establishing the perception on his part that there was no ethical or professional violation committed. Of note, statements within this particular letter and the March '91 letter tended to impugn the integrity of Dr. Causey. Additionally, this correspondence to the Arkansas Board contained assertions of suspected "illegal activities" apparently on the part of Dr. Causey and Charter Lakeside Hospital, coupled with mention of involvement of an attorney and being "... in the middle of developing a variety of other legal procedures involving both Dr. Causey and Charter Lake Side Hospital of Memphis."

The October '91 letter to Dr. Siegel from Dr. Wilkins, as stated, was in response to earlier correspondence with Dr. Siegel. This letter, unlike the others to the Arkansas Board, was more elaborate in terms of addressing the issue raised by Dr. Causey. This particular letter provided brief mention of his three-year therapeutic involvement with the family of the teenage boy and daughter, disclosure that the "young man in question was and is a patient of mine," and related details regarding the investigation of the allegation of sexual abuse, which was brought to his attention by the mother of this family. In description of procedures utilized in this investigation, there was no denial of brief genital exposure in his office, this reportedly conducted with the father present in the room and to confirm the veracity of the daughter's allegation of sexual abuse. As reported, no clothing was removed and no "pressure or force" was employed, rather the boy voluntarily unzipped his pants in front of Dr. Wilkins and the father with the genital exposure stated to last little more than ten seconds. Also, in this letter, numerous references were cited to justify this method of investigative procedure (i.e., genital exposure) as a customary standard of professional practice; and, there was description of background training and experience in the area of sexual abuse.

Additional information provided in this same letter to Dr. Siegel related (1) background information pertaining to his professional interaction with Dr. Causey prior to her formal inquiry to the Arkansas Board, this including mention of the original effort by Dr. Causey's to discuss professional concerns regarding his therapeutic treatment of this family; (2) their disagreement on this matter and inability to reach a resolution; (3) subsequent conviction on his part of "abusive" care by Dr. Causey of his patient, the mother of the family in question, during the hospitalization at Charter Lakeside; (4) professional actions taken on his part to have the hospital administration remove Dr. Causey from the direct care of this patient; (5) his perception that the inquiry filed by Dr. Causey to the Arkansas Board was merely "an out growth of the anger as a result of my asking to have Dr. Causey removed from my patient's case . . ."; (6) solicitation of a psychiatrist to interview the family involved in Dr. Causey's inquiry; (7) willingness of the family "to make formal statements or to appear to any kind of hearing board necessary"; and, (8) decisions being made regarding "suits against Dr. Causey and Charter Lakeside Hospital" by "my wife and I and by the family involved."

In the letter written to the undersigned by Dr. Siegel, his preliminary investigation of this inquiry resulted in failure to find justification for the appropriateness of the method employed in the investigation of the alleged sexual abuse. Furthermore, in the process of investigating this inquiry, concerns were raised regarding Dr. Wilkins over-involvement in treatment of the family in question, his unawareness that his professional actions appear inconsistent with customary standards of

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practice, and his unwillingness to concede that there could have been problems with the way he handled his work with the family. Consequently, another evaluation of this practitioner was the recommendation of Dr. Siegel.

**EVALUATIVE FINDINGS & CONCLUSIONS:**

A. Interview of Dr. Anice R. Causey - A 50-minute telephone interview of Dr. Causey during which there was exploration of the circumstances precipitating the filing of the formal inquiry to the Arkansas Board of Examiners resulted in a favorable impression of this practitioner. Certainly, there was not gained the impression that her inquiry to the Arkansas Board was precipitated by malice or anger, but rather by legitimate concern over the nature in which he investigated an alleged perpetrator of sexual abuse. Her stated effort to resolve this concern followed customary procedure in that she first reviewed this with colleagues knowledgeable of ethical issues and standards of psychological practice and subsequently discussed the matter with Dr. Wilkins. Given that this informal attempt at resolution was reacted to with defensiveness and anger, failure to appreciate the peculiarity of this type practice by a psychologist, and a position of non-denial, she, reportedly, pursued formal resolution by bringing this matter to the attention of the Arkansas Board of Examiners for consideration. Per her report, this formal inquiry to the Arkansas Board was never shared with any staff at Charter Lakeside Hospital. She admitted to having kept this ethical matter to herself.

During our interview, Dr. Causey did admit to having preceded her exploration of the ethical issue by first mentioning to Dr. Wilkins a professional concern brought up by the treatment team at Charter Lakeside, that being the possibility of him being "overly enmeshed" in the treatment of the family in question. It was the understanding at the time that Dr. Wilkins was attempting to treat all members of this family for a variety of problems, while simultaneously conducting family therapy with them. Reportedly, his reaction to this expressed treatment team concern was "rather quiet."

Her awareness of the incestual allegation between the teenage son and daughter, in addition to awareness of the investigation conducted by Dr. Wilkins, was gained during the course of therapy with the mother. As reported, the mother brought up this issue while expressing concerns over existing family conflicts, over the veracity of her daughter's report of sexual abuse, and over the need for her son to obtain appropriate psychological treatment. With the latter, there was acknowledgement of discussions with the mother of means of obtaining professional care for this son, including admission to Charter Lakeside and, if deemed necessary, parental commitment of him for inpatient care.

On 12 June 92, a second telephone interview was held with Dr. Causey, this contact made by Dr. Causey to inform me of receipt of a recent complaint filed by Barbara Wilkins, the wife of Dr. Wilkins, with the Tennessee State Board of Examiners in Psychology. As stated at the time, the complaint, which requested a thorough investigation, mentioned that Mrs. Wilkins had information to substantiate that Dr. Causey "lied" to the Arkansas Board of Examiners in her inquiry regarding Dr. Wilkins and that Dr. Causey's inquiry was sent to the Arkansas Board to professionally damage Dr. Wilkins. A request was made of Dr. Causey to forward

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a copy of this information to me.

B. Interview of Dr. Curtis Atkinson - A brief interview with Dr. Atkinson resulted in no disclosure of awareness of any unethical or inappropriate professional conduct on the part of Dr. Wilkins. This was reiterated in a letter to the undersigned dated 20 May 92.

Noteworthy, during our interview, there was revealed uncertainty as to what was expected of him as a supervisor by the Arkansas Board. At the time of our conversation, he had held two supervisory sessions and had heard Dr. Wilkins' account of what precipitated the formal inquiry. Yet, as reported, he did not formally review the patient records with Dr. Wilkins. As reported in the letter to me, his present supervisory agreement with Dr. Wilkins will be to go over "a couple of books on ethics as well as appropriateness of the investigation of sexual abuse."

C. Evidence of Psychopathology and Interference of Ability to Provide Clinical Services -

1. Review of Available Correspondence - A review of Dr. Wilkins' written correspondence to the Arkansas Board and to Dr. Siegel, in my professional opinion, provides convincing evidence of a significant and persistent maladaptive emotional reaction, beginning with the initial questioning by Dr. Causey regarding the appropriateness of his professional practices. Indeed, this maladaptive reaction would not be atypical of that seen in serious and persistent adjustment disorders. The impact of this on provision of overall clinical services is uncertain, yet, from review of his correspondence, he seemed to have lost his ethical compass early on and to have become exceedingly accusatory, vindictive, insightful, exploitive in professional conduct. In this correspondence, also, there is much to suggest magnification of this inquiry by Dr. Causey, digression from the original complaint to the Arkansas Board, and tendency for misinterpretation of information.

In review of his letters, great concern was found with his first letter to the Arkansas Board in which there was tendency to impugn the professional integrity of Dr. Causey, to provide unsubstantiated claims of "half truths, innuendo and exaggeration," and to mention attempts to interfere with the ongoing treatment of a referred patient to Charter Lakeside Hospital. This first letter alone would provide initial evidence of a maladaptive emotional reaction that was interrupting his professional capacity to maintain cooperative professional relations, to respect the opinions of other professionals, to respect and safeguard the welfare of a patient, and to effectively examine his own professional actions.

The letter to Dr. Siegel was viewed as similar to this first letter to the Arkansas Board in that there was found continued indication of impugning of Dr. Causey's professional integrity, inability to respect the opinions of other professionals, improper intrusiveness into the care of a referred patient, and unprofessional and outlandish accusations of a fellow practitioner. Additionally, this letter tends to raise serious concern that ensuing psychological conflicts very likely resulted in undermining the confidence in a professional institution and fellow practitioner and also lead to exploitation of a family to come to his defense in an ethical inquiry that had nothing to do with his treatment of the family, instead his standard of practice in investigating an alleged perpetrator of sexual abuse. This involvement of the

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family represents digression from the focus of the ethical inquiry by Dr. Causey, not to mention possible improper discussions of this complaint with the family, exploitation of patients, and serious lack of insight into general ethical principles of psychological practice.

Review of the complaints by Barbara Wilkins, the spouse of Dr. Wilkins, to the Tennessee State Board of Examiners and to the Arkansas Board of Examiners provide further confirmation of digression from the focal nature of Dr. Causey's inquiry to the Arkansas Board and further evidence of serious deviation from general ethical principles of psychological practice. These complaints, written on the letterhead of Dr. Wilkins, were issued by his wife, an individual never identified in any correspondence as having been therapeutically involved in this case. The fact that she is now involved in this matter suggests improper involvement of office staff in this matter, questionable maintenance of confidentiality in his professional practice, and inadequate supervision of the ethical conduct of office personnel. Quite alarming in review of these complaints were the disclosures to the Tennessee Board that the complainant and an office secretary have engaged in conversations with a patient regarding Dr. Causey and prior treatment at Charter Lakeside Hospital and that the patient is willing to provide a statement to the Tennessee Board. At best, from review, such conduct seems to represent an ethical misadventure on the part of Dr. Wilkins' office staff to malign the professional integrity of two fellow practitioners, to intrude improperly into the privacy of a patient, to evince disregard and insensitivity to the welfare of a patient, and to exploit a patient in defense of Dr. Wilkins. At worse, it might represent Dr. Wilkins complete disregard for ethical principles, inability to exhibit concern for the integrity and welfare of others, and abandonment of professional responsibility. Given interview findings, there is reason to believe that Dr. Wilkins was aware of this conduct by his office staff and was aware of the filing of these complaints. Moreover, and importantly, he was aware of the motive for the filing of this complaint by his wife, specifically retaliation. With this, there is little doubt that psychological conflicts, whether the maladaptive reaction to this ethical inquiry, disturbing personality traits, or a combination of the two, have been instrumental in impairment of his ability to recognize and conform to general ethical principles of psychological practice.

2. Review of Provided Publications - In review of the publications provided by Dr. Wilkins to substantiate the practice of utilizing genital exposure in the investigation of alleged perpetrators of sexual abuse, nothing could be found to verify this as a customary standard of practice by psychologists in such examinations. The furnished articles pertaining to sexual therapy and sexual research were not viewed as applicable and, if deemed as so, would suggest deficient comprehension of this psychological literature. Needless to say, this was not a situation involving sexual therapy or sexual research, instead an investigation of alleged sexual abuse. Even if it were, the provided Ethic Guidelines for Sex Therapists, Sex Counselors and Sex Researchers, apparently established in March of 1978 and developed to establish pertinent guidelines for practitioners in these fields, state that "procedures involving nudity of either the client or the therapist or observation of client sexual activity go beyond the boundaries of established therapeutic practice and may be used only when there is good evidence that they serve the best interests of the client." In this case, genital exposure, obviously, was not requested to serve the best interests of the

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boy, instead to incriminate him. Additionally, this willingness of Dr. Wilkins to conduct such an investigation while serving in the capacity as a family therapist to this teenage boy and other members of his family suggests deficient appreciation of the potential for a conflicting role and its impact on his potential therapeutic effectiveness with family members. His letter to Dr. Siegel so states "the young man in question was and is a patient of mine, as is his sister, his mother, his father and his younger brother."

In the provided articles pertaining to examination of sexual abuse by mental health professionals (e.g., Child Sexual Abuse: Assessment & Treatment, 1988), there could be found no documentation to establish the method utilized in this investigation as a customary standard of practice. Also, in this cited reference manual developed by the Arkansas Child Sexual Abuse Education Commission and a manual that Dr. Wilkins reports to have utilized in the teaching of other medical and mental health professionals, the introduction to this manual states "no single entity can adequately meet the needs of child victims and their families or deal effectively with perpetrators." The first chapter of this manual, written by Carolyn Layman, Ed.S., on community networking, reemphasizes that "no one agency or discipline has all the resources, skills or legal authority to respond to the needs of victims, families, perpetrators and the community" and mentions that "police, rather than service workers, should conduct the initial interviews with the alleged perpetrator(s)." This information, contained within a manual utilized as a personal and training reference by Dr. Wilkins, would seem to establish that his initial investigation of the alleged perpetrator is not recommended practice, nor his acceptance post this investigation to assume the sole therapeutic responsibility for treatment of the family, the victim, and the alleged perpetrator. Per interview findings, he did assume these multiple therapeutic responsibilities and roles, this again suggesting deficient appreciation of potentially conflicting responsibilities/roles in therapy and failure to consider appropriate referrals that might better serve the welfare of a patient. Referral, at least of the daughter, the victim of this sexual abuse, should have been considered.

A final point to be made in this section pertains to the psychotherapeutic treatment of the daughter by Dr. Wilkins at the time. As discovered during my interview of him, the evaluation of the daughter at the time of this claim of alleged sexual abuse consisted of an interview, request for an anatomical drawing, and an administration of a House-Tree-Person. Reportedly, no formal report was written regarding her status at the time, although his findings apparently did suggest emotional disturbance associated with what was believed to be actual incestuous encounters. The fact that no psychological report was written on this victim suggests an incomplete evaluation, but what was more disturbing in our interview was the lack of ability to recall the specifics of any psychotherapeutic treatment actually provided to the daughter at the time. In discussing this matter, inconsistent disclosures were provided, leaving the impression that the daughter was possibly never seen for any specific individualized treatment at the time. He was unable to find any billing records of having seen her individually during this time period (i.e., late February 90), although he reported billing for five sessions to AETNA insurance at a later time (5/91 to 3/92). This particular finding, that is the absence of individual therapeutic care, unless proven otherwise, could suggest a lack of professional regard for the welfare of a child victim of sexual abuse.

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Evaluation of William E. Wilkins, Ph.D. (Arkansas Board of Examiners in Psychology)  
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2. Interview of Dr. Wilkins - As noted above, Dr. Wilkins was seen for a 5-hour interview session on 13 June 92. This interview involved exploration of background training and experiences, current psychological practice, perceived limitations in professional expertise, perceptions of the ethical inquiry, review of his reactions prior and subsequent to the ethical inquiry, therapeutic involvement with the family, the investigation of the sexual abuse allegation, the matter of utilizing genital exposure in investigation of sexual abuse, and the recent complaints by his wife to the Arkansas and Tennessee Board of Examiners in Psychology.

It should be remarked that Dr. Wilkins arrived for this evaluation in a punctual manner and was accompanied by his wife. Across the course of the questioning, he was cooperative with general mannerisms suggesting an appropriate level of tension and apprehension. After 45 minutes, he did request the opportunity to tape our session, this apparently stemming from discomfort with some of the questions pertaining to basic competency in a specialized area of psychological practice. While not found to be significantly evasive during this interview, he did evidence inability to provide specific information regarding certain relevant details (e.g., did he provide individual therapy to the daughter of this family; specific training in hypnotherapy; qualifications of prior supervisor in neuropsychology), exhibited some discrepancy and vagueness in response to certain questions (e.g., did he provide individual therapy to the daughter, involvement of family in this ethical inquiry, awareness of his wife's recent filing of complaints), and provided some discrepancies in verbal reports during this interview and written correspondence to the Board and Dr. Siegel (e.g., involvement of W. Gerald Fowler, M.D., in interviewing the family; past instances of use of genital exposure in evaluation alleged sexual offenders). But, at no time during this interview was there detection of overt psychotic mentation, signs of significant cognitive impairment, or acute emotional distress. However, in the exploration of the ethical inquiry by Dr. Causey, there was observed tendency to misinterpret information contained within her letter to the Board. Also, not unlike that found in the written correspondence, in discussing his perceptions of Dr. Causey and Charter Lakeside Hospital, an outlandish assertion was utilized (e.g., "blackmail" the patient) and there was shown proclivity for digression into issues that were beyond the scope of the ethical inquiry.

In this interview of Dr. Wilkins, there was the report in discussing his allegations against Dr. Causey and Charter Lakeside of him having become "totally lost and confused with what was going on." This would tend to support the earlier conclusion in review of the available written correspondence of a very significant maladaptive emotional reaction having been instrumental in clouding his professional conduct and ethical principles from the outset of this ethical inquiry, even at the informal stage. A self-portrayal of being "arrogant" and "impatient" would also tend to suggest a few underlying personality characteristics that could well have promoted the initiation and persistence of this maladaptive emotional response which, no doubt, has been distinguished by mixed emotional features and disturbance of conduct. Prior to this ethical inquiry, especially given findings pertaining to previous treatment of the family and other findings during this interview, it is very possible that this self-described arrogance to personality functioning has hampered ability to recognize and/or admit to limitations in his own

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professional practice, to regard alternative approaches that might serve the best interests of patients, and to disregard the need to practice within customary standards of psychological practice.

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Page 11

With these concerns aside, exploration into basic areas of neuropsychological competence indicated some fundamental deficits in knowledge. For example, there was misnaming of certain tests (e.g., "Trail Mapping" tests); inability to provide the subtests of the Wechsler Memory Scale; a measure he reportedly utilizes; inability

there has been improper intrusions into the privacy of a patient or subordinate in his practice; that there has been questionable maintenance of patient confidentiality within his practice; and that there has been awareness and allowance of an improper ethical claim to be filed against a fellow practitioner with intent to harm.

All told, these interview data, combined with the above findings, would indicate that what was originally an attempt to informally resolve an ethical concern regarding the appropriateness of a standard of practice has escalated into a malignant case of suspected unprofessional and unethical conduct secondary to possible personality characteristics and a maladaptive emotional reaction. It is felt that personality characteristics and this maladaptive emotional reaction to the ethical inquiry has affected provision of clinical services, at least in regards to the family in question.

D. Insight Into Reasons For This Ethical Violation - In the above section, there is elaboration as to why violations of professional conduct and ethical responsibilities might have occurred subsequent to the ethical inquiry by Dr. Causey. Again, it is the opinion of this examiner that existing personality characteristics and a maladaptive emotional reaction were responsible. Also, there is suggestion that personality characteristics (e.g., self-described arrogance) may be responsible for his failure to recognize limitations, to appreciate the need to follow customary standards of practice, and even to appreciate and recommend alternative interventions that best fit the interests and needs of patients.

It is my opinion that the original inquiry into his standard of practice would be difficult to label as an ethical misadventure, though it would be viewed as a significant departure from customary standard of practice. However, since the time

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of the inquiry by Dr. Causey, beginning with the informal attempt at resolution, there would appear to be a multitude of serious errors in professional and ethical practice.

E. Assessment of Potential For Rehabilitation - From the available correspondence to the Board, there was never any indication of relinquishment of his position of having done anything wrong. Moreover, his additional disclosures of involving the family in this ethical inquiry, his mention of intrusiveness into the care of this patient while at Charter Lakeside, and his outlandish assertions regarding Dr. Causey and Charter Lakeside failed to indicate any recognition on his part of personal problems overwhelming his professional judgment and conduct. The allowance of an improper ethical complaint to be filed by his business administrator, who also happens to be his spouse, suggests further inability to appreciate decay of personal and professional insight. By his admission, he was aware that the recent filing of the ethical complaint by his wife was retaliatory in intent. With all of this, a prediction of his rehabilitation potential would not be favorable at this time.

Suggestions concerning the most appropriate method of conducting supervision or regarding the need for psychotherapeutic intervention escape formulation at this time. However, both may well be indicated, in particular supervision of assessment and therapeutic practice and office management practices. Certainly, as can be gathered from the above, there is significant concern that not only he, but office personnel, committed some serious errors. Continuing education in the specific area of ethical principles would be advised for Dr. Wilkins and his staff.

All in all, however, it would be my recommendation that the Board collectively reconsider this case which from my evaluation has evolved into a serious set of violations.

F. Areas of Practice That Should Be Restricted - Review of this individual's Statement of Intent to Practice, filed with the Board in August of 1967, indicated no defined restrictions in clinical populations or restrictions on practice. In fact, in response to both of these questions (Items 3 and 4) the typed response was "None."

Evaluation of William E. Wilkins, Ph.D. (Arkansas Board of Examiners in Psychology)  
Page 11

With these concerns aside, exploration into basic areas of neuropsychological competence indicated some fundamental knowledge. For example, there were some "tests" which indicated an inability to provide the

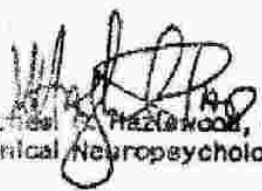
With these concerns aside, exploration into basic areas of neuropsychological competence indicated some fundamental deficits in knowledge. For example, there was misnaming of certain tests (e.g., "Trail Mapping" tests); inability to provide the subtests of the Wechsler Memory Scale, a measure he reportedly utilizes; inability to provide normative performances for a 26 year-old male in measurement of finger tapping and grip strength; inability to provide normative performances on the Trail Making Tests; misnaming of MMPI clinical scales; and, inability to spontaneously recite the clinical scales of the MMPI. Moreover, there was demonstrated failure to follow standardized procedures in the administration of the finger oscillation test; and, failure to conduct comprehensive examinations of clients (e.g., no speech-language evaluation). These findings alone raise serious doubt as to whether unrestricted neuropsychological practice should be allowed. Of additional note, his resume imparts "expertise established in . . . neuro-psychological evaluations," which could be viewed as a misleading statement.

Hypnotherapeutic techniques were also reported to be utilized in his professional practice, but background training experiences could not be specifically reported at the time.

In sum, at a minimum, it would appear that the Board may need to review qualifications and competencies in specialty areas of psychological practice and assign whatever restrictions are deemed appropriate. In the area of neuropsychological practice, a peer review would be recommended, this including a review of randomly selected work samples and observation of administration of standardized neuropsychological instruments.

**CONCLUDING REMARKS** In closing, an apology is extended for the length of this evaluative report. In all sincerity, an earnest effort was made to more succinctly relate these evaluative findings and conclusions, but obviously there was failure in the process. Regardless, among my many concern in this case are the suggestions of some very significant deviations in professional and ethical conduct and responsibilities following the ethical inquiry by Dr. Causey, unorthodox patterns of practice prior to the ethical inquiry, failure to appreciate limitations in professional competence, and failure to recognize basic principles of our ethics code. Consequently, as stated above, it is a recommendation that the Board collectively reconsider this case as the findings at this time go well beyond the original complaint filed by Dr. Causey.

It is hoped this is helpful.

  
Michael A. Hazlewood, Ph.D.  
Clinical Neuropsychological Consultant

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5 June, 1992

Curtis Atkinson, Ph.D.  
Professional Plaza  
2701 A-2 South Caraway  
Jonesboro, AR 72401

Re: Wilkins, William E.  
Complaint 91-05

Dear Curtis:

I am writing on behalf of the Arkansas Board of Examiners in Psychology, who have, as you know, entered into a stipulated agreement with Dr. Wilkins. As I understand it, you have had several conversations with Dr. Wilkins and have begun to develop some plans for supervision. As I indicated to you during our recent telephone conversation, rather than dictating the nature of the remedial program, the Board would prefer for the two of you to develop such a program and submit it to the Board for its approval.

I do have a few suggestions for you as you begin to develop this program of supervision. The first is that it would be appropriate to help Dr. Wilkins understand that the Board has determined that his actions are not consistent with professional and ethical standards of conduct for psychologists. In my conversations with him, Dr. Wilkins has not demonstrated this recognition, and thus, I believe a major goal of supervision is to help him obtain this awareness. Secondly, given that the Board has serious reservations about the nature of Dr. Wilkins' practice in the case cited in the complaint, one purpose of supervision is to ensure that his practice in other cases is consistent with ethical and professional standards of practice. As I indicated to you in our telephone conversation, it seems to me that it would be important to review actual case materials. This would appear to be the best way to ensure that the public is protected during the time that Dr. Wilkins' practice is being reviewed under the terms of the agreement he entered into with the Board.

As I previously indicated, I have no statutory authority to dictate the terms of supervision. I am an investigator and consultant to the Board, and only the Board can approve the terms of the agreement; thus, any questions about whether a proposal is acceptable should be directed directly to the Board. However, I hope these guidelines are helpful to you in your efforts to develop a program of remediation and supervision.

Sincerely,

William E. Siegel, Ph.D.  
Clinical Psychologist

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ADD 2318



WILLIAM E. WILKINS, Ph.D.  
Psychology  
2 FOXWOOD EXECUTIVE CENTER  
SUITE 100, 1217 STONE STREET  
P.O. BOX 2125  
JONESBORO, ARKANSAS 72402  
Telephone (501) 931-9622

June 10, 1992

Arkansas Board of Examiners  
in Psychology  
1515 West 7th St., Suite 315  
Little Rock, AR 72201

Dear Sirs:

I am writing regarding the investigation William E. Siegal, Ph.D. did regarding William E. Wilkins, Ph.D., respondent no. 91-05.

I have information I would like to give the board which is proof, positive, the accusations made by Dr. Anice Causey are untrue, without basis and that her letter was written to the board out of malice and with the intent to harm Dr. Wilkins.

If what Dr. Siegal did is considered an investigation, God help us all. A copy of this letter is being sent to the Health Related Boards Tennessee State Board of Psychology.

If there is no satisfactory response to my request in a quick and responsible manner, I will have no choice than to request a hearing and investigation before the following boards and organizations:

The Arkansas State Medical Board  
The American Psychiatric Associations  
The Tennessee State Medical Board  
The Tennessee State Attorney General's Office  
The National Accreditation Board for Hospitals  
The Office of Governor Bill Clinton  
Patient Advocacy Office  
The American Psychiatric Nurses Association

I will await your prompt reply.

Sincerely yours,



Barbara Wilkins, B.S.  
Psychiatric Nurse &  
Business Administrator

RECEIVED

JUN 12 1992

Ans'd.....

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ADD 2319

CC: The Health Related Tennessee  
State Board of Psychology

CC: Anice R. Causey, Ph.D.  
6584 Poplar Ave., Suite 390  
Memphis, TN 38138

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WILLIAM E. WILKINS, Ph.D.  
Psychology  
2 FOXWOOD EXECUTIVE CENTER  
SUITE 100, 1217 STONE STREET  
P.O. BOX 2125  
JONESBORO, ARKANSAS 72402  
Telephone (501) 931-0022

June 10, 1992

**COPY**

Health Related Boards  
Tennessee State Board of Psychology  
283 Place Park Blvd.  
Nashville, TN 37247-1010

Dear Sirs:

I am enclosing a copy of a letter I have written to the Arkansas Board of Psychology. Also, included is a copy of a letter written to this same board by Anice R. Causey, Ph.D., a licensed clinical psychologist in the State of Tennessee.

I have information to relate to your board which will show beyond any reasonable doubt Dr. Causey lied about Dr. Wilkins and the letter she wrote was not to in any way benefit a patient, but was sent to professionally damage Dr. Wilkins and was done with malice.

I respectfully request the Tennessee Board do a thorough investigation of Dr. Anice R. Causey and her interactions with Dr. Wilkins and her motives in writing the Arkansas Board of Psychology.

Also, I would like to bring to the attention of the Tennessee Board that I have had several conversations with the patient Dr. Causey refers to in her letter to the Arkansas Psychology Board. In these conversations this patient has related to me and to our secretary, Dana Bland, that during her stay in Charter Lakeside Hospital, Dr. Causey and others brought intense pressure on her to have her son (who is also mentioned in the letter), come to Charter Lakeside Hospital thinking he was coming to visit his mother at which point they would admit the boy as a patient. The mother refused to do this but she relates intense pressure brought to bear on her throughout her stay and related she did not think that Dr. Causey was going to let her out if she did not agree to trapping her son into being admitted. This patient says, "I am willing to relate this to the Tennessee Board of Psychology."

I am looking forward to providing you with additional information and will look forward to hearing from you in the near future.

Sincerely yours,

*Barbara Wilkins, B.S.*

Barbara Wilkins, B.S.  
Psychiatric Nurse &  
Business Administrator

**COPY**

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ADD 2321

CC: Anice R. Causey, Ph.D.

CC: Arkansas Board of Psychology

**COPY**

BW/db

**003869**

MICHAEL G. HAZLEWOOD, Ph.D.  
CLINICAL PSYCHOLOGIST  
CLINICAL NEUROPSYCHOLOGICAL CONSULTANT  
Post Office Box 356  
NORTH LITTLE ROCK, ARKANSAS 72115

RECEIVED  
JUN 23 1992

Ans'd.....

OFFICE HOURS BY APPOINTMENT  
PHONE 224-9876

Evaluation of William E. Wilkins, Ph.D.  
Complaint No. 91-05

CONSULT RE: WILLIAM E. WILKINS, Ph.D. (ARKANSAS LICENSE No. 87-26P)  
REFERRAL: WILLIAM E. SIEGEL, Ph.D.  
DATE(s) SEEN: JUNE 13, 1992  
REPORT DATE: JUNE 17, 1992

REASON FOR REFERRAL: At the request of the Arkansas Board of Examiners in Psychology, this individual, a Jonesboro-based, licensed psychologist engaged in private practice since 1989, was seen to address the following specific issues, which were detailed in a letter dated 11 May 1992 to the undersigned from Dr. Siegel:

1. Do you find any evidence of psychopathology, and if so, would this pathology interfere with the ability of Dr. Wilkins to provide clinical services?
2. Are you able to provide any insight into why this ethical violation occurred? Do you attribute the violation to lack of knowledge or to psychopathology?
3. What is your assessment of the potential for rehabilitation, particularly in light of Dr. Wilkins continued denial of wrongdoing? Do you have any suggestions concerning the most appropriate method of conducting supervision or regarding the need for individual psychotherapy?
4. Based on your assessment are there areas of practice that should be restricted or limited in any way?

Initially, this evaluation consisted of review of provided correspondence pertaining to the involvement of this case, specifically the review of the 13 March 91 request for inquiry into the psychological practice of Dr. Wilkins from Dr. Anice Causey; review of two subsequent responses, dated 15 March 91 and 19 April 91, from Dr. Wilkins to the Arkansas Board of Examiners in Psychology; and, review of a letter, dated 22 October 91, to Dr. Siegel from Dr. Wilkins. Following this examination of pertinent background information, there was telephone contact with Dr. Wilkins to request a copy of his resume and copies of the publications referenced in his October '91 letter to Dr. Siegel, with this contact additionally serving as an opportunity to introduce myself and explain my perceived role in this evaluation,

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to arrange for a suitable time for this evaluation, and to obtain permission to contact Dr. Curtis Atkinson, who reportedly was serving in the capacity as a clinical supervisor in accordance with the stipulated agreement with the Arkansas Board. Upon receipt of the requested materials, these were reviewed with specific attention to finding established guidelines/procedures which might justify the technique employed in the investigation of the alleged perpetrator of a sexual offense, which represented the focus of Dr. Causey's inquiry to the Arkansas Board of Examiners.

In the course of this evaluation, telephone interviews were conducted with Dr. Atkinson (19 May 92) and Dr. Anice Causey (12 June 92); and, three telephone conversations were held with Dr. Siegel at various points to apprise him of the status of this requested evaluation. Also, a 5-hour office interview was conducted with Dr. Wilkins on Saturday, 13 June 1992 in Little Rock, Arkansas. No objective or projective personality measures were utilized in this evaluation.

**PERTINENT BACKGROUND INFORMATION:** On 13 March 91, a formal inquiry into the practice of Dr. William E. Wilkins was forwarded to the Arkansas Board of Examiners in Psychology by Dr. Anice R. Causey, a Memphis-based, clinical psychologist. This inquiry was filed by Dr. Causey to bring attention to the possibility of inappropriate and imprudent psychological practice on the part of Dr. Wilkins in the investigation of an alleged case of intrafamilial incest, which occurred within a family he was treating. Specifically, as detailed in Dr. Causey's letter to the Arkansas Board, as reported by the mother of this family in an individual psychotherapy session with Dr. Causey during an inpatient hospitalization at Charter Lakeside Hospital in Memphis, Tennessee, as part of the process of investigating this allegation of sexual abuse between her teenage son and daughter, Dr. Wilkins allegedly "had the boy remove his pants in his office so as to validate the accuracy of the information given by the girl." As reported in this same letter, during a 5 March 91 telephone conversation between Dr. Causey and Dr. Wilkins, a contact initiated by Dr. Causey to confirm this report and to discuss the appropriateness of this type of investigative procedure, there was no denial of this report by this mother and apparent confirmation that it was not uncommon for him to have "alleged perpetrators remove their clothing so that he could check the accuracy of victims' reports . . . ." Given concern that Dr. Wilkins was unable to recognize the possible inappropriateness of this type of investigative procedure by a psychologist, Dr. Causey wrote this letter to the Arkansas Board of Examiners in Psychology requesting that they consider the appropriateness and prudence of this type practice by a psychologist.

The initial response to this requested inquiry from Dr. Wilkins, a letter to the Arkansas Board dated 15 March 91, claimed that Dr. Causey's complaint was "a distortion of our conversation and filled with half truths, innuendo and exaggeration." Furthermore, it was related that ". . . NO ONE has ever removed their clothing in my office." However, there was listing of two separate cases involving investigation of alleged sexual offenders during which this procedure of brief genital exposure was utilized. Additionally, he justified this method of investigation given guidelines developed by the Ethics Congress on Sex Therapy and Sexual Research (1978).

In the April '91 letter from Dr. Wilkins to the Arkansas Board, there was

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articulation of this requested Board investigation indicating "the agenda of Dr. Causey," along with several disclosures establishing the perception on his part that there was no ethical or professional violation committed. Of note, statements within this particular letter and the March '91 letter tended to impugn the integrity of Dr. Causey. Additionally, this correspondence to the Arkansas Board contained assertions of suspected "illegal activities" apparently on the part of Dr. Causey and Charter Lakeside Hospital, coupled with mention of involvement of an attorney and being ". . . in the middle of developing a variety of other legal procedures involving both Dr. Causey and Charter Lake Side Hospital of Memphis."

The October '91 letter to Dr. Siegel from Dr. Wilkins, as stated, was in response to earlier correspondence with Dr. Siegel. This letter, unlike the others to the Arkansas Board, was more elaborate in terms of addressing the issue raised by Dr. Causey. This particular letter provided brief mention of his three-year therapeutic involvement with the family of the teenage boy and daughter, disclosure that the "young man in question was and is a patient of mine," and related details regarding the investigation of the allegation of sexual abuse, which was brought to his attention by the mother of this family. In description of procedures utilized in this investigation, there was no denial of brief genital exposure in his office, this reportedly conducted with the father present in the room and to confirm the veracity of the daughter's allegation of sexual abuse. As reported, no clothing was removed and no "pressure or force" was employed, rather the boy voluntarily unzipped his pants in front of Dr. Wilkins and the father with the genital exposure stated to last little more than ten seconds. Also, in this letter, numerous references were cited to justify this method of investigative procedure (i.e., genital exposure) as a customary standard of professional practice; and, there was description of background training and experience in the area of sexual abuse.

Additional information provided in this same letter to Dr. Siegel related (1) background information pertaining to his professional interaction with Dr. Causey prior to her formal inquiry to the Arkansas Board, this including mention of the original effort by Dr. Causey's to discuss professional concerns regarding his therapeutic treatment of this family; (2) their disagreement on this matter and inability to reach a resolution; (3) subsequent conviction on his part of "abusive" care by Dr. Causey of his patient, the mother of the family in question, during the hospitalization at Charter Lakeside; (4) professional actions taken on his part to have the hospital administration remove Dr. Causey from the direct care of this patient; (5) his perception that the inquiry filed by Dr. Causey to the Arkansas Board was merely "an out growth of the anger as a result of my asking to have Dr. Causey removed from my patient's case . . ."; (6) solicitation of a psychiatrist to interview the family involved in Dr. Causey's inquiry; (7) willingness of the family "to make formal statements or to appear to any kind of hearing board necessary"; and, (8) decisions being made regarding "suits against Dr. Causey and Charter Lakeside Hospital" by "my wife and I and by the family involved."

In the letter written to the undersigned by Dr. Siegel, his preliminary investigation of this inquiry resulted in failure to find justification for the appropriateness of the method employed in the investigation of the alleged sexual abuse. Furthermore, in the process of investigating this inquiry, concerns were raised regarding Dr. Wilkins over-involvement in treatment of the family in question, his unawareness that his professional actions appear inconsistent with customary standards of

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practice, and his unwillingness to concede that there could have been problems with the way he handled his work with the family. Consequently, another evaluation of this practitioner was the recommendation of Dr. Siegel.

#### EVALUATIVE FINDINGS & CONCLUSIONS:

A. Interview of Dr. Anice R. Causey - A 50-minute telephone interview of Dr. Causey during which there was exploration of the circumstances precipitating the filing of the formal inquiry to the Arkansas Board of Examiners resulted in a favorable impression of this practitioner. Certainly, there was not gained the impression that her inquiry to the Arkansas Board was precipitated by malice or anger, but rather by legitimate concern over the nature in which he investigated an alleged perpetrator of sexual abuse. Her stated effort to resolve this concern followed customary procedure in that she first reviewed this with colleagues knowledgeable of ethical issues and standards of psychological practice and subsequently discussed the matter with Dr. Wilkins. Given that this informal attempt at resolution was reacted to with defensiveness and anger, failure to appreciate the peculiarity of this type practice by a psychologist, and a position of non-denial, she, reportedly, pursued formal resolution by bringing this matter to the attention of the Arkansas Board of Examiners for consideration. Per her report, this formal inquiry to the Arkansas Board was never shared with any staff at Charter Lakeside Hospital. She admitted to having kept this ethical matter to herself.

During our interview, Dr. Causey did admit to having preceded her exploration of the ethical issue by first mentioning to Dr. Wilkins a professional concern brought up by the treatment team at Charter Lakeside, that being the possibility of him being "overly enmeshed" in the treatment of the family in question. It was the understanding at the time that Dr. Wilkins was attempting to treat all members of this family for a variety of problems, while simultaneously conducting family therapy with them. Reportedly, his reaction to this expressed treatment team concern was "rather quiet."

Her awareness of the incestual allegation between the teenage son and daughter, in addition to awareness of the investigation conducted by Dr. Wilkins, was gained during the course of therapy with the mother. As reported, the mother brought up this issue while expressing concerns over existing family conflicts, over the veracity of her daughter's report of sexual abuse, and over the need for her son to obtain appropriate psychological treatment. With the latter, there was acknowledgement of discussions with the mother of means of obtaining professional care for this son, including admission to Charter Lakeside and, if deemed necessary, parental commitment of him for inpatient care.

On 12 June 92, a second telephone interview was held with Dr. Causey, this contact made by Dr. Causey to inform me of receipt of a recent complaint filed by Barbara Wilkins, the wife of Dr. Wilkins, with the Tennessee State Board of Examiners in Psychology. As stated at the time, the complaint, which requested a thorough investigation, mentioned that Mrs. Wilkins had information to substantiate that Dr. Causey "lied" to the Arkansas Board of Examiners in her inquiry regarding Dr. Wilkins and that Dr. Causey's inquiry was sent to the Arkansas Board to professionally damage Dr. Wilkins. A request was made of Dr. Causey to forward

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a copy of this information to me.

B. Interview of Dr. Curtis Atkinson - A brief interview with Dr. Atkinson resulted in no disclosure of awareness of any unethical or inappropriate professional conduct on the part of Dr. Wilkins. This was reiterated in a letter to the undersigned dated 20 May 92.

Noteworthy, during our interview, there was revealed uncertainty as to what was expected of him as a supervisor by the Arkansas Board. At the time of our conversation, he had held two supervisory sessions and had heard Dr. Wilkins' account of what precipitated the formal inquiry. Yet, as reported, he did not formally review the patient records with Dr. Wilkins. As reported in the letter to me, his present supervisory agreement with Dr. Wilkins will be to go over "a couple of books on ethics as well as appropriateness of the investigation of sexual abuse."

C. Evidence of Psychopathology and Interference of Ability to Provide Clinical Services -

1. Review of Available Correspondence - A review of Dr. Wilkins' written correspondence to the Arkansas Board and to Dr. Siegel, in my professional opinion, provides convincing evidence of a significant and persistent maladaptive emotional reaction, beginning with the initial questioning by Dr. Causey regarding the appropriateness of his professional practices. Indeed, this maladaptive reaction would not be atypical of that seen in serious and persistent adjustment disorders. The impact of this on provision of overall clinical services is uncertain, yet, from review of his correspondence, he seemed to have lost his ethical compass early on and to have become exceedingly accusatory, vindictive, insightful, exploitive in professional conduct. In this correspondence, also, there is much to suggest magnification of this inquiry by Dr. Causey, digression from the original complaint to the Arkansas Board, and tendency for misinterpretation of information.

In review of his letters, great concern was found with his first letter to the Arkansas Board in which there was tendency to impugn the professional integrity of Dr. Causey, to provide unsubstantiated claims of "half truths, innuendo and exaggeration," and to mention attempts to interfere with the ongoing treatment of a referred patient to Charter Lakeside Hospital. This first letter alone would provide initial evidence of a maladaptive emotional reaction that was interrupting his professional capacity to maintain cooperative professional relations, to respect the opinions of other professionals, to respect and safeguard the welfare of a patient, and to effectively examine his own professional actions.

The letter to Dr. Siegel was viewed as similar to this first letter to the Arkansas Board in that there was found continued indication of impugnement of Dr. Causey's professional integrity, inability to respect the opinions of other professionals, improper intrusiveness into the care of a referred patient, and unprofessional and outlandish accusations of a fellow practitioner. Additionally, this letter tends to raise serious concern that existing psychological conflicts very likely resulted in undermining the confidence in a professional institution and fellow practitioner and also lead to exploitation of a family to come to his defense in an ethical inquiry that had nothing to do with his treatment of the family, instead his standard of practice in investigating an alleged perpetrator of sexual abuse. This involvement of the



family represents digression from the focus of the ethical inquiry by Dr. Causey, not to mention possible improper discussions of this complaint with the family, exploitation of patients, and serious lack of insight into general ethical principles of psychological practice.

Review of the complaints by Barbara Wilkins, the spouse of Dr. Wilkins, to the Tennessee State Board of Examiners and to the Arkansas Board of Examiners provide further confirmation of digression from the focal nature of Dr. Causey's inquiry to the Arkansas Board and further evidence of serious deviation from general ethical principles of psychological practice. These complaints, written on the letterhead of Dr. Wilkins, were issued by his wife, an individual never identified in any correspondence as having been therapeutically involved in this case. The fact that she is now involved in this matter suggests improper involvement of office staff in this matter, questionable maintenance of confidentiality in his professional practice, and inadequate supervision of the ethical conduct of office personnel. Quite alarming in review of these complaints were the disclosures to the Tennessee Board that the complainant and an office secretary have engaged in conversations with a patient regarding Dr. Causey and prior treatment at Charter Lakeside Hospital and that the patient is willing to provide a statement to the Tennessee Board. At best, from review, such conduct seems to represent an ethical misadventure on the part of Dr. Wilkins' office staff to malign the professional integrity of two fellow practitioners, to intrude improperly into the privacy of a patient, to evidence disregard and insensitivity to the welfare of a patient, and to exploit a patient in defense of Dr. Wilkins. At worse, it might represent Dr. Wilkins complete disregard for ethical principles, inability to exhibit concern for the integrity and welfare of others, and abandonment of professional responsibility. Given interview findings, there is reason to believe that Dr. Wilkins was aware of this conduct by his office staff and was aware of the filing of these complaints. Moreover, and importantly, he was aware of the motive for the filing of this complaint by his wife, specifically retaliation. With this, there is little doubt that psychological conflicts, whether the maladaptive reaction to this ethical inquiry, disturbing personality traits, or a combination of the two, have been instrumental in impairment of his ability to recognize and conform to general ethical principles of psychological practice.

2. Review of Provided Publications - In review of the publications provided by Dr. Wilkins to substantiate the practice of utilizing genital exposure in the investigation of alleged perpetrators of sexual abuse, nothing could be found to verify this as a customary standard of practice by psychologists in such examinations. The furnished articles pertaining to sexual therapy and sexual research were not viewed as applicable and, if deemed as so, would suggest deficient comprehension of this psychological literature. Needless to say, this was not a situation involving sexual therapy or sexual research, instead an investigation of alleged sexual abuse. Even if it were, the provided Ethic Guidelines for Sex Therapists, Sex Counselors and Sex Researchers, apparently established in March of 1978 and developed to establish pertinent guidelines for practitioners in these fields, state that "procedures involving nudity of either the client or the therapist or observation of client sexual activity go beyond the boundaries of established therapeutic practice and may be used only when there is good evidence that they serve the best interests of the client." In this case, genital exposure, obviously, was not requested to serve the best interests of the

boy, instead to incriminate him. Additionally, this willingness of Dr. Wilkins to conduct such an investigation while serving in the capacity as a family therapist to this teenage boy and other members of his family suggests deficient appreciation of the potential for a conflicting role and its impact on his potential therapeutic effectiveness with family members. His letter to Dr. Siegel so states "the young man in question was and is a patient of mine, as is his sister, his mother, his father and his younger brother."

In the provided articles pertaining to examination of sexual abuse by mental health professionals (e.g., Child Sexual Abuse: Assessment & Treatment, 1988), there could be found no documentation to establish the method utilized in this investigation as a customary standard of practice. Also, in this cited reference manual developed by the Arkansas Child Sexual Abuse Education Commission and a manual that Dr. Wilkins reports to have utilized in the teaching of other medical and mental health professionals, the introduction to this manual states "no single entity can adequately meet the needs of child victims and their families or deal effectively with perpetrators." The first chapter of this manual, written by Carolyn Layman, Ed.S., on community networking, reemphasizes that "no one agency or discipline has all the resources, skills or legal authority to respond to the needs of victims, families, perpetrators and the community" and mentions that "police, rather than service workers, should conduct the initial interview with the alleged perpetrator(s)." This information, contained within a manual utilized as a personal and training reference by Dr. Wilkins, would seem to establish that his initial investigation of the alleged perpetrator is not recommended practice, nor his acceptance post this investigation to assume the sole therapeutic responsibility for treatment of the family, the victim, and the alleged perpetrator. Per interview findings, he did assume these multiple therapeutic responsibilities and roles, this again suggesting deficient appreciation of potentially conflicting responsibilities/roles in therapy and failure to consider appropriate referrals that might better serve the welfare of a patient. Referral, at least of the daughter, the victim of this sexual abuse, should have been considered.

A final point to be made in this section pertains to the psychotherapeutic treatment of the daughter by Dr. Wilkins at the time. As discovered during my interview of him, the evaluation of the daughter at the time of this claim of alleged sexual abuse consisted of an interview, request for an anatomical drawing, and an administration of a House-Tree-Person. Reportedly, no formal report was written regarding her status at the time, although his findings apparently did suggest emotional disturbance associated with what was believed to be actual incestuous encounters. The fact that no psychological report was written on this victim suggests an incomplete evaluation, but what was more disturbing in our interview was the lack of ability to recall the specifics of any psychotherapeutic treatment actually provided to the daughter at the time. In discussing this matter, inconsistent disclosures were provided, leaving the impression that the daughter was possibly never seen for any specific individualized treatment at the time. He was unable to find any billing records of having seen her individually during this time period (i.e., late February 90), although he reported billing for five sessions to AETNA insurance at a later time (5/91 to 3/92). This particular finding, that is the absence of individual therapeutic care, unless proven otherwise, would suggest a lack of professional regard for the welfare of a child victim of sexual abuse.

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3. Interview of Dr. Wilkins - As noted above, Dr. Wilkins was seen for a 5-hour interview session on 13 June 92. This interview involved exploration of background training and experiences, current psychological practice, perceived limitations in professional expertise, perceptions of the ethical inquiry, review of his reactions prior and subsequent to the ethical inquiry, therapeutic involvement with the family, the investigation of the sexual abuse allegation, the matter of utilizing genital exposure in investigation of sexual abuse, and the recent complaints by his wife to the Arkansas and Tennessee Board of Examiners in Psychology.

It should be remarked that Dr. Wilkins arrived for this evaluation in a punctual manner and was accompanied by his wife. Across the course of the questioning, he was cooperative with general mannerisms suggesting an appropriate level of tension and apprehension. After 45 minutes, he did request the opportunity to tape our session, this apparently stemming from discomfort with some of the questions pertaining to basic competency in a specialized area of psychological practice. While not found to be significantly evasive during this interview, he did evidence inability to provide specific information regarding certain relevant details (e.g., did he provide individual therapy to the daughter of this family; specific training in hypnotherapy; qualifications of prior supervisor in neuropsychology), exhibited some discrepancy and vagueness in response to certain questions (e.g., did he provide individual therapy to the daughter, involvement of family in this ethical inquiry, awareness of his wife's recent filing of complaints), and provided some discrepancies in verbal reports during this interview and written correspondence to the Board and Dr. Siegel (e.g., involvement of W. Gerald Fowler, M.D., in interviewing the family; past instances of use of genital exposure in evaluation alleged sexual offenders). But, at no time during this interview was there detection of overt psychotic mentation, signs of significant cognitive impairment, or acute emotional distress. However, in the exploration of the ethical inquiry by Dr. Causey, there was observed tendency to misinterpret information contained within her letter to the Board. Also, not unlike that found in his written correspondence, in discussing his perceptions of Dr. Causey and Charter Lakeside Hospital, an outlandish assertion was utilized (e.g., "blackmail" the patient) and there was shown proclivity for digression into issues that were beyond the scope of the ethical inquiry.

In this interview of Dr. Wilkins, there was the report in discussing his allegations against Dr. Causey and Charter Lakeside of him having become "totally lost and confused with what was going on." This would tend to support the earlier conclusion in review of the available written correspondence of a very significant maladaptive emotional reaction having been instrumental in clouding his professional conduct and ethical principles from the outset of this ethical inquiry, even at the informal stage. A self-portrayal of being "arrogant" and "impatient" would also tend to suggest a few underlying personality characteristics that could well have promoted the initiation and persistence of this maladaptive emotional response which, no doubt, has been distinguished by mixed emotional features and disturbance of conduct. Prior to this ethical inquiry, especially given findings pertaining to previous treatment of the family and other findings during this interview, it is very possible that this self-described arrogance to personality functioning has hampered ability to recognize and/or admit to limitations in his own

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professional practice, to regard alternative approaches that might serve the best interests of patients, and to disregard the need to practice within customary standards of psychological practice.

Based on these interview findings, despite Dr. Wilkins ability to possibly now recognize the inappropriateness and unethical nature to much of his professional conduct in interactions with this family and in response to the ethical inquiry, the impression was substantiated that personal conflicts have impaired his professional and ethical responsibilities to a family, to fellow practitioners and a psychiatric institution, and in resolving ethical matters. No information gained during the interview subtracted from the above suggestions that he was insensitive to the need to work cooperatively and collaboratively with other professions in the best interest of a client; that there was disregard for the welfare and improper intrusion into the care of his client during the inpatient stay at Charter Lakeside; that there were actions taken that could have undermined confidence in a fellow practitioner and a treatment facility; that there was exploitation of a family in his defense; that there was limited appreciation to recognize potential conflicts in the various roles assumed in working with the family in question; that there has been failure to fully appreciate the unorthodox nature of some of his psychological practices; that there has been failure to respect the opinions and beliefs of another practitioner and to react appropriately to professional feedback; that there has been failure to consider the appropriate needs of a client; that there has been failure to provide appropriate supervision to subordinates in his practice; that there has been improper intrusions into the privacy of a patient by subordinates in his practice; that there has been questionable maintenance of patient confidentiality within his practice; and that there has been awareness and allowance of an improper ethical claim to be filed against a fellow practitioner with intent to harm.

All told, these interview data, combined with the above findings, would indicate that what was originally an attempt to informally resolve an ethical concern regarding the appropriateness of a standard of practice has escalated into a malignant case of suspected unprofessional and unethical conduct secondary to possible personality characteristics and a maladaptive emotional reaction. It is felt that personality characteristics and this maladaptive emotional reaction to the ethical inquiry has affected provision of clinical services, at least in regards to the family in question.

D. Insight Into Reasons For This Ethical Violation - In the above section, there is elaboration as to why violations of professional conduct and ethical responsibilities might have occurred subsequent to the ethical inquiry by Dr. Causey. Again, it is the opinion of this examiner that existing personality characteristics and a maladaptive emotional reaction were responsible. Also, there is suggestion that personality characteristics (e.g., self-described arrogance) may be responsible for his failure to recognize limitations, to appreciate the need to follow customary standards of practice, and even to appreciate and recommend alternative interventions that best fit the interests and needs of patients.

It is my opinion that the original inquiry into his standard of practice would be difficult to label as an ethical misadventure, though it would be viewed as a significant departure from customary standard of practice. However, since the time

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of the inquiry by Dr. Causey, beginning with the informal attempt at resolution, there would appear to be a multitude of serious errors in professional and ethical practice.

E. Assessment of Potential For Rehabilitation - From the available correspondence to the Board, there was never any indication of relinquishment of his position of having done anything wrong. Moreover, his additional disclosures of involving the family in this ethical inquiry, his mention of intrusiveness into the care of this patient while at Charter Lakeside, and his outlandish assertions regarding Dr. Causey and Charter Lakeside failed to indicate any recognition on his part of personal problems overwhelming his professional judgment and conduct. The allowance of an improper ethical complaint to be filed by his business administrator, who also happens to be his spouse, suggests further inability to appreciate decay of personal and professional insight. By his admission, he was aware that the recent filing of the ethical complaint by his wife was retaliatory in intent. With all of this, a prediction of his rehabilitation potential would not be favorable at this time.

Suggestions concerning the most appropriate method of conducting supervision or regarding the need for psychotherapeutic intervention escape formulation at this time. However, both may well be indicated, in particular supervision of assessment and therapeutic practice and office management practices. Certainly, as can be gathered from the above, there is significant concern that not only he, but office personnel, committed some serious errors. Continuing education in the specific area of ethical principles would be advised for Dr. Wilkins and his staff.

All in all, however, it would be my recommendation that the Board members collectively reconsider this case which from my evaluation has evolved into a more serious set of violations.

F. Areas of Practice That Should Be Restricted - Review of this individual's Statement of Intent to Practice, filed with the Board in August of 1987, indicated no defined restrictions in clinical populations or restrictions on practice. In fact, in response to both of these questions (Items 3 and 4) the typed response was "None."

During our interview, he remarked that his current psychological practice involves addressing neuropsychological and clinical issues. Moreover, he remarked that he does represent himself to the public as both a neuropsychologist and clinical psychologist, despite failure to obtain an academic degree in clinical psychology and absence of specific training in neuropsychology during his listed internship in 1977 - 1979. Nevertheless, regarding the latter, listed in his resume and reported during interview is background of neuropsychological training in 1986.

Initial concerns, stemming from our interview, included (1) possible failure of his internship to conform with requirements set forth in Act 129, Section 6, Item 6.3; and, (2) possible failure to receive formal internship or neuropsychological training. As reported, both of these supervised experiences were arranged informally and involved supervision under only one person. Also, during our interview, he was unable to provide any specifics regarding the credentials of the individual who provided the neuropsychological training.

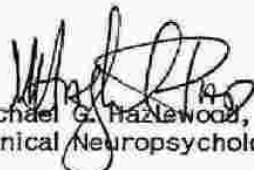
With these concerns aside, exploration into basic areas of neuropsychological competence indicated some fundamental deficits in knowledge. For example, there was misnaming of certain tests (e.g., "Trail Mapping" tests); inability to provide the subtests of the Wechsler Memory Scale, a measure he reportedly utilizes; inability to provide normative performances for a 26 year-old male in measurement of finger tapping and grip strength; inability to provide normative performances on the Trail Making Tests; misnaming of MMPI clinical scales; and, inability to spontaneously recite the clinical scales of the MMPI. Moreover, there was demonstrated failure to follow standardized procedures in the administration of the finger oscillation test; and, failure to conduct comprehensive examinations of clients (e.g., no speech-language evaluation). These findings alone raise serious doubt as to whether unrestricted neuropsychological practice should be allowed. Of additional note, his resume imparts "expertise established in . . . neuro-psychological evaluations," which could be viewed as a misleading statement.

Hypnotherapeutic techniques were also reported to be utilized in his professional practice, but background training experiences could not be specifically reported at the time.

In sum, at a minimum, it would appear that the Board may need to review qualifications and competencies in specialty areas of psychological practice and assign whatever restrictions are deemed appropriate. In the area of neuropsychological practice, a peer review would be recommended, this including a review of randomly selected work samples and observation of administration of standardized neuropsychological instruments.

**CONCLUDING REMARKS:** In closing, an apology is submitted for the length of this evaluative report. In all sincerity, an earnest effort was made to more succinctly relate these evaluative findings and conclusions, but obviously there was failure in the process. Regardless, among my many concern in this case are the suggestions of some very significant deviations in professional and ethical conduct and responsibilities following the ethical inquiry by Dr. Causey, unorthodox patterns of practice prior to the ethical inquiry, failure to appreciate limitations in professional competence, and failure to recognize basic principles of our ethics code. Consequently, as stated above, it is a recommendation that the Board collectively reconsider this case as the findings at this time go well beyond the original complaint filed by Dr. Causey.

Hope this is helpful.

  
Michael G. Hazlewood, Ph.D.  
Clinical Neuropsychological Consultant

003879

ADD 2333

5 June, 1992

Curtis Atkinson, Ph.D.  
Professional Plaza  
2701 A-2 South Caraway  
Jonesboro, AR 72401

Re: Wilkins, William E.  
Complaint 91-05

Dear Curtis:

I am writing on behalf of the Arkansas Board of Examiners in Psychology, who have, as you know, entered into a stipulated agreement with Dr. Wilkins. As I understand it, you have had several conversations with Dr. Wilkins and have begun to develop some plans for supervision. As I indicated to you during our recent telephone conversation, rather than dictating the nature of the remedial program, the Board would prefer for the two of you to develop such a program and submit it to the Board for its approval.

I do have a few suggestions for you as you begin to develop this program of supervision. The first is that it would be appropriate to help Dr. Wilkins understand that the Board has determined that his actions are not consistent with professional and ethical standards of conduct for psychologists. In my conversations with him, Dr. Wilkins has not demonstrated this recognition, and thus, I believe a major goal of supervision is to help him obtain this awareness. Secondly, given that the Board has serious reservations about the nature of Dr. Wilkins' practice in the case cited in the complaint, one purpose of supervision is to ensure that his practice in other cases is consistent with ethical and professional standards of practice. As I indicated to you in our telephone conversation, it seems to me that it would be important to review actual case materials. This would appear to be the best way to ensure that the public is protected during the time that Dr. Wilkins' practice is being reviewed under the terms of the agreement he entered into with the Board.

As I previously indicated, I have no statutory authority to dictate the terms of supervision. I am an investigator and consultant to the Board, and only the Board can approve the terms of the agreement; thus, any questions about whether a proposal is acceptable should be directed directly to the Board. However, I hope these guidelines are helpful to you in your efforts to develop a program of remediation and supervision.

Sincerely,

William E. Siegel, Ph.D.  
Clinical Psychologist

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ADD 2334



WILLIAM E. SIEGEL, Ph. D.

CLINICAL PSYCHOLOGIST

11 May, 1992

Michael Hazelwood, Ph.D.  
P.O. Box 356  
North Little Rock, AR 72115

Re: Wilkins, William

Dear Mike:

I am writing at the request of the Arkansas Board of Examiners in Psychology, who have entered into a stipulated agreement with the above-named psychologist. Part of this agreement requires Dr. Wilkins to obtain a complete psychological evaluation, at his expense.

In order to help you understand the nature of the complaint, I am enclosing copies of the complaint, as well as Dr. Wilkins' responses. In Dr. Wilkins' response of 22 October 1991, he cites on page 3 several sources which he contends exonerate the procedures he employed in the evaluation of sexual abuse. My reading of this information leads me to a radically different conclusion. While the Ethics Congress on Sex Therapy and Sexual Research ~~material~~ does, in fact, make some allowance for the possibility of ~~sexual activity~~, these guidelines state "procedures involving nudity of the client or the therapist or observation of client sexual activity go beyond the boundaries of established therapeutic practice and may be used only when there is good evidence that they serve the best interests of the client." Additionally, the next paragraph states that "client nudity during a physical examination by a licensed physician, nurse, or physician's assistant is not prohibited or unethical." I see nothing in this paragraph that recommends the specific method of assessment Dr. Wilkins employed. Another source Dr. Wilkins cites is Child Sexual Abuse: Assessment and Treatment. Again, I could find nothing in this document justifying the techniques he employed.

My investigation of this complaint suggested two major problems. The first involves the extent to which Dr. Wilkins may have become over-involved with this family. Certainly, by treating so many different family members he appears to have dramatically increased the possibility of getting caught in many different therapeutic relationships. The second concerns the specific method he employed to validate the abuse and the appropriateness of even attempting to evaluate the abuse in the first place, given his provision of therapy services to so many different family members.

As I investigated this complaint, I became concerned because in my conversations with him, Dr. Wilkins seemed to be completely unaware of even the slightest possibility that his actions might

P.O. BOX 844, CONWAY, ARKANSAS 72032

501-929-5680

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ADD 2335

Michael Hazelwood, Ph.D.  
Page 2

not have been consistent with standards of practice. Just as Causey noted in her letter of complaint, he became quite defensive in talking with me about what had transpired. I could detect no willingness on his part to even concede the possibility that there could be problems with the way he had handled his work with this family. Also, I noted a number of errors in his letter, and wondered about the possibility of some cognitive slip-page.

Accordingly, I would like to request that you conduct a thorough examination of this individual, using whatever techniques you believe are appropriate. You may feel free to determine the number of visits required to complete the evaluation and the length of each visit. If you believe a neuropsychological evaluation is appropriate, you are authorized to conduct one. Should Dr. Wilkins fail to cooperate with your requests, please let me know, as this would be a violation of the terms of the agreement with the Board.

There are some specific issues the Board would like you to address in your evaluation:

1. Do you find any evidence of psychopathology, and if so, would this pathology interfere with the ability of Dr. Wilkins to provide clinical services?
2. Are you able to provide any insight into why this ethical violation occurred? Do you attribute the violation to lack of knowledge or to psychopathology?
3. What is your assessment of the potential for rehabilitation, particularly in light of Dr. Wilkins' continued denial of wrongdoing? Do you have any suggestions concerning the most appropriate method of conducting supervision or regarding the need for individual psychotherapy?
4. Based on your assessment, are there areas of practice that should be restricted or limited in any way?

Please send your report to the Board at the following address:

Arkansas Board of Examiners in Psychology  
101 East Capitol, Suite 415  
Little Rock, AR 72201

If you need any additional information, please do not hesitate to contact me.

Sincerely,

*Bill*  
William E. Siegel, Ph.D.  
Clinical Psychologist

WES:msd



Arkansas Board of  
Examiners in Psychology

*file copy*

101 East Capitol, Suite 415  
Little Rock, Arkansas 72201  
(501) 682-6167

July 28, 1992

Murrey L. Grider,  
Attorney at Law  
P.O. Box 249  
Pocahontas, AR 72455

RE: Dr. William E. Wilkins, P.A.

Dear Mr. Grider,

I am returning to you your check in the amount of \$25.00 dated May, 14, 1992. I am also enclosing a copy of the opinion from our Attorney General's representative concerning the issuance of a "Certificate of Registration" to Dr. Wilkins. I have highlighted the applicable paragraph that states the reason for denial of this permit.

If you have any further questions regarding this, please feel free to contact this office.

Sincerely,

A handwritten signature in cursive script, appearing to read "Janet Welsh".

Janet Welsh,  
Administrative Assistant

Enclosures

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# STATE OF ARKANSAS

## Office of the Attorney General

Winston Bryant  
Attorney General

May 26, 1992

Telephone:  
(501) 682-2007

Ms. Julie Chandler  
Board of Examiners in Psychology  
101 East Capitol, Suite 415  
Little Rock, AR 72201

Re: William E. Wilkins, P.A.

Dear Julie:

I have reviewed the enclosed materials from Murrey L. Grider, Attorney at Law, concerning the above-referenced case asking for a Certificate of Registration. I have also reviewed the Arkansas Professional Corporation Act and specifically A.C.A. § 4-29-209 and A.C.A. § 4-29-210. It does appear, as provided under A.C.A. § 4-29-210(c)(1), (2), that the Board must issue a Certificate of Registration if it makes the following findings:

1. Upon receipt of the application, the Board shall make an investigation of the corporation.
2. Each incorporator, officer, director, and shareholder must be licensed pursuant to the laws of Arkansas to engage in the profession of psychology.
3. No disciplinary action must be pending against any of the incorporators, officers, directors, or shareholders.
4. It shall appear that the corporation will be conducted in compliance with the laws and regulations of the Board.
5. A payment of \$25.00 must be received by the Board.
6. The Certificate of Registration shall remain effective until January 1, 1993.

200 Tower Building, 323 Center Street • Little Rock, Arkansas 72201-2610

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ADD 2338

Ms. Julie Chandler  
May 26, 1992  
Page 2

Upon written application of the holder, accompanied by a fee of \$10.00, the Board shall annually renew the Certificate of Registration if it finds that the corporation has complied with its regulations and the provisions of this subchapter.

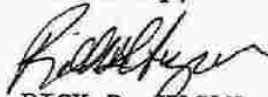
In addition, A.C.A. § 4-29-209 provides that each individual employee licensed pursuant to the laws of this state to engage in his or her profession, who is employed by a corporation subject to the subchapter, shall remain subject to reprimand or discipline for his conduct under the provisions of the laws or regulations governing or applicable to his or her profession.

Finally, I would suggest that you consult with the Board of Accountancy or other Boards to determine if there is any particular form that they use in issuing the Certificate of Registration.

If the Board finds compliance with the above sections of this code, they should issue the registration certificate.

If you have any questions or comments, please do not hesitate to call. I have enclosed a copy of the Arkansas Professional Corporation Act for your review.

Sincerely,



RICK D. HOGAN  
Assistant Attorney General

RDH/nc  
Enc.

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ADD 2339

LAW OFFICE OF

*Murrey L. Grider*

114 E. EVERETT STREET  
POST OFFICE BOX 249  
POCAHONTAS, ARKANSAS 72455  
TELEPHONE (501) 892-2521  
FAX (501) 892-8794

May 14, 1992

Arkansas Psychology Examiners Board  
101 E. Capitol, Suite 415  
Little Rock, AR 72201

Re: Dr. William E. Wilkins, P.A.

Dear Sir or Madam:

Enclosed please find a check in the amount of \$25.00 pursuant to A.C.A. § 4-29-208. We would appreciate that you comply with part (c)(2) and issue a certificate of registration.

I understand that your Boards position is that you are not authorized to do this, but I think it is mandated under A.C.A. § 4-29-210.

If there are any questions please contact me.

Sincerely,



Murrey L. Grider  
Attorney at Law

MLG/sg

Enclosures

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ADD 2340



ARTICLES OF INCORPORATION  
OF

DR. WILLIAM E. WILKINS, P. A.

MAR 11 4 10 PM '92

The undersigned person hereby states the following in order to form a corporation pursuant to the Arkansas Business Corporation Act:

1. The name of this corporation is Dr. William E. Wilkins, P.A.

2. The corporation is authorized to issue 10 shares of stock and each share shall have a par value of no par.

3. The initial registered office of this corporation shall be located at 1217 Stone, Suite 100, Jonesboro, Arkansas, and the name of the registered agent of this corporation at that address is Barbara Wilkins.

4. The name and address of each incorporator is as follows:

<u>Name</u>	<u>Post Office Address</u>
William E. Wilkins	1217 Stone, Jonesboro, AR 72401

5. The nature of the business of the corporation and the object or purposes proposed to be transacted, promoted or carried on by it are as follows:

(a) The primary purpose of the corporation shall be to provide psychological services;

(b) To conduct any other business enterprise not contrary to law;

(c) To exercise all of the powers enumerated in § 4-27-302 of the Arkansas Business Corporation Act.

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6. The President and Secretary of the corporation shall have the authority on behalf of the corporation to enter into any contract between the corporation and all of its shareholders (a) imposing restrictions on the future transfer (whether inter vivos, by inheritance or testamentary gift), hypothecation or other disposition of its shares; (b) granting purchase options to the corporation or its shareholders; or (c) requiring the corporation or its shareholder to purchase such shares upon stated contingencies.

7. The number of Directors constituting the initial Board of Directors shall be one. The members of the initial Board of Directors and their post office addresses are:

<u>Name</u>	<u>Post Office Address</u>
William E. Wilkins	1217 Stone, Jonesboro, AR 72401

8. All shares of stock issued by the corporation shall be represented by certificates.

EXECUTED this 30th day of January, 1992.

  
\_\_\_\_\_  
Incorporator

003888

ADD 2342

LAW OFFICE OF

*Murrey L. Grider*

ATTORNEY GENERAL

MAY 14 1992

OF  
ARKANSAS

114 E. EVERETT STREET  
POST OFFICE BOX 249  
POCAHONTAS, ARKANSAS 72455  
TELEPHONE (501) 892-2521  
FAX (501) 892-8794

May 14, 1992

Arkansas Psychology Examiners Board  
101 E. Capitol, Suite 415  
Little Rock, AR 72201

Re: Dr. William E. Wilkins, P.A.

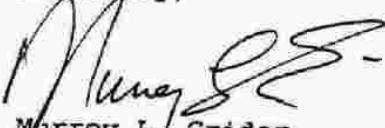
Dear Sir or Madam:

Enclosed please find a check in the amount of \$25.00 pursuant to A.C.A. § 4-29-208. We would appreciate that you comply with part (c)(2) and issue a certificate of registration.

I understand that your Boards position is that you are not authorized to do this, but I think it is mandated under A.C.A. § 4-29-210.

If there are any questions please contact me.

Sincerely,



Murrey L. Grider  
Attorney at Law

MLG/sg

Enclosures

*Check # 9754  
for 25.00 enclosed  
J. Walsh*

603889

ADD 2343

ARTICLES OF INCORPORATION

OF

DR. WILLIAM E. WILKINS, P. A.

MAR 11 4 10 11 '82

The undersigned person hereby states the following in order to form a corporation pursuant to the Arkansas Business Corporation Act:

1. The name of this corporation is Dr. William E. Wilkins, P.A.

2. The corporation is authorized to issue 10 shares of stock and each share shall have a par value of no par.

3. The initial registered office of this corporation shall be located at 1217 Stone, Suite 100, Jonesboro, Arkansas, and the name of the registered agent of this corporation at that address is Barbara Wilkins.

4. The name and address of each incorporator is as follows:

<u>Name</u>	<u>Post Office Address</u>
William E. Wilkins	1217 Stone, Jonesboro, AR 72401

5. The nature of the business of the corporation and the object or purposes proposed to be transacted, promoted or carried on by it are as follows:

(a) The primary purpose of the corporation shall be to provide psychological services;

(b) To conduct any other business enterprise not contrary to law;

(c) To exercise all of the powers enumerated in § 4-27-302 of the Arkansas Business Corporation Act.

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6. The President and Secretary of the corporation shall have the authority on behalf of the corporation to enter into any contract between the corporation and all of its shareholders (a) imposing restrictions on the future transfer (whether inter vivos, by inheritance or testamentary gift), hypothecation or other disposition of its shares; (b) granting purchase options to the corporation or its shareholders; or (c) requiring the corporation or its shareholder to purchase such shares upon stated contingencies.

7. The number of Directors constituting the initial Board of Directors shall be one. The members of the initial Board of Directors and their post office addresses are:

<u>Name</u>	<u>Post Office Address</u>
William E. Wilkins	1217 Stone, Jonesboro, AR 72401

8. All shares of stock issued by the corporation shall be represented by certificates.

EXECUTED this 30th day of January, 1992.

  
\_\_\_\_\_  
Incorporator

003891

- SUBCHAPTER 1 — GENERAL PROVISIONS.  
2. ARKANSAS PROFESSIONAL CORPORATION ACT.  
3. MEDICAL CORPORATION ACT.  
4. DENTAL CORPORATION ACT.

RESEARCH REFERENCES

ALR. Professional services within liability of estate preserving individuality of professional employees of professional corporation, association, or partnership. 31 ALR 4th 898.  
Issues pertaining to ownership affected by resignation from corporate practice by active shareholder. 32 ALR 4th 921.  
Art. I, Rev. Professional Corporations Rev. 608.  
215. Some Legal and Other Problems of Professional Corporations in Arkansas. 24 Ark. L. Rev. 282.  
Note. Is the Professional Association Dead after TERRAZ? — The Continuing Saga of Hunter and Hunted. 36 Ark. L. Rev. 608.

SUBCHAPTER 1 — GENERAL PROVISIONS

SECTION.  
4-29-101. Persons associated with professional corporations — Limitations on personal liability.

4-29-101. Persons associated with professional corporations — Limitations on personal liability.

(a) No person shall be personally liable for any obligation or liability of any shareholder, director, officer, agent, or employee of a professional corporation solely because such person is a shareholder, director, officer, agent, or employee because such person is a shareholder, director, officer, agent, or employee of a professional corporation.

History. Acts 1991, No. 1146, § 1.

SUBCHAPTER 2 — ARKANSAS PROFESSIONAL CORPORATION ACT

SECTION.  
4-29-203. Subchapter optional.  
4-29-204. Application of Arkansas Business and Commercial Law.

147  
SECTION.  
PROFESSIONAL CORPORATIONS

4-29-205. Professional Corporation Act. — Formation of corporation.  
4-29-206. Formation of corporation.  
4-29-207. Corporate name.  
4-29-208. Officers, directors, and shareholders.  
4-29-209. Employment.  
4-29-210. Certificate of registration — Is

Effective Dates. Acts 1983, No. 155, § 20; Mar. 5, 1993. Emergency clause provided: "It is hereby determined that it is expedient immediately to amend the corporate laws of this State, in order to provide necessary correlation between the then and the practice of professions, in corporate form, so that adequate regulation be provided for the public peace, health, safety and welfare. An emergency is hereby declared to exist and this act shall be effective from and after its passage and approval."

RESEARCH REFERENCES

ALR. Statute prohibiting use of name descriptive of engineering by business organization not practicing profession of engineering. 13 ALR 4th 676.  
Liability of professional corporation of lawyers, or individual members thereof, for malpractice or other tort of another member. 39 ALR 4th 556.  
UAIR L.J. Matthews, Corporate Statutes — Which One Applies?, 13 UAIR L.J.

4-29-201. Title.  
This subchapter may be cited as the "Arkansas Professional Corporation Act".

History. Acts 1983, No. 155, § 1; A.S.A. 1947, § 64-2001.

4-29-202. Definition.

As used in this subchapter, unless the context otherwise requires, "professional service" means any type of professional service which may be legally performed only pursuant to a license or other legal personal authorization, for example: the personal service rendered by certified public accountants, architects, engineers, dentists, doctors, and attorneys at law.

History. Acts 1983, No. 155, § 2; 1970 (Ex. Sess.), No. 13, § 1; A.S.A. 1947, Publisher's Notes. Acts 1970 (Ex. Sess.), No. 13, § 7 provided that the purpose and intent of the act was to permit the formation of a professional corporation by one or more persons under this subchapter.



## CHAPTER 29

## PROFESSIONAL CORPORATIONS

## SINGCHAPER.

1. GENERAL PROVISIONS.
2. ARKANSAS PROFESSIONAL CORPORATION ACT.
3. MEDICAL CORPORATION ACT.
4. DENTAL CORPORATION ACT.

## RESEARCH REFERENCES

ALR. Professional services within meaning of statute preserving individual liability of professional employees of professional corporation, association, or partnership. 31 ALR 4th 898.

Issues pertaining to ownership affected by resignation from corporate practice by active shareholder. 32 ALR 4th 921.

Ark. L. Rev. Professional Corporations Rev. 508.

## SUBCHAPTER 1 — GENERAL PROVISIONS

SECTION.

4-29-101. Persons associated with professional corporations — Limitations on personal liability.

## 4-29-101. Persons associated with professional corporations — Limitations on personal liability.

(a) No person shall be personally liable for any obligation or liability of any shareholder, director, officer, agent, or employee of a professional corporation solely because such person is a shareholder, director, officer, agent, or employee of such professional corporation.

(b) In addition, no person shall be personally liable for any obligations or liabilities of a professional corporation solely because such person is a shareholder, director, officer, agent, or employee of such professional corporation.

History. Acts 1991, No. 1146, § 1.

## SUBCHAPTER 2 — ARKANSAS PROFESSIONAL CORPORATION ACT

SECTION.

4-29-201. Title.

4-29-202. Definition.

4-29-203. Subchapter optional.

4-29-204. Application of Arkansas Bond.

SECTION.

4-29-205. Professional relationships unaltered.

4-29-206. Formation of corporation.

4-29-207. Corporate name.

4-29-208. Officers, directors, and shareholders.

4-29-209. Employees.

4-29-210. Certificate of registration — Is.

SECTION.

4-29-211. Certificate of registration — suspension, renewal, etc.

4-29-212. Certificate of registration — Suspension or revocation.

4-29-213. Appeal from denial, suspension, or revocation.

4-29-214. Shares of deceased or disqualified shareholder — Price.

Effective Dates. Acts 1968, No. 156, § 20; Mar. 5, 1968. Emergency clause provided: "It is hereby determined that it is expedient immediately to amend the corporate laws of this State, in order to provide necessary correlation between them and the practice of professions, in corporate form, so that adequate regulation, safeguards, and supervision may be provided for the public peace, health, safety and welfare. An emergency is therefore declared to exist and this act being necessary therefore, the same shall be effective from and after its passage and approval."

## RESEARCH REFERENCES

ALR. Statute prohibiting use of name descriptive of engineering by business organization not practicing profession of engineering. 13 ALR 4th 676.

Liability of professional corporation of lawyers, or individual members thereof. 82.

for malpractice or other tort of another member. 39 ALR 4th 556.

VALR L.J. Matthews, Corporate Statutes—Which One Applies?, 13 VALR L.J. 82.

## 4-29-201. Title.

This subchapter may be cited as the "Arkansas Professional Corporation Act".

History. Acts 1963, No. 155, § 1; A.S.A. 1947, § 64-2001.

## 4-29-202. Definition.

As used in this subchapter, unless the context otherwise requires, "professional service" means any type of professional service which may be legally performed only pursuant to a license or other legal personal authorization, for example: the personal service rendered by certified public accountants, architects, engineers, dentists, doctors, and attorneys at law.

History. Acts 1963, No. 155, § 2; 1970 (Ex. Sess.), No. 13, § 1; A.S.A. 1947, § 64-2002.

Publisher's Notice. Acts 1970 (Ex. Sess.), No. 13, § 7 provided that the purpose and intent of the act was to permit the formation of a professional corporation by one or more persons under this subchapter.

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**4-29-203. Subchapter optional.**

(a) Nothing herein shall be construed to amend, repeal, or supersede all or any part of the Medical or Dental Corporation Acts of this state, and insofar as those acts are concerned in relation to this subchapter, this subchapter shall be construed as being optional.

(b) This subchapter shall also be optional to other professional corporations now legally doing business in the State of Arkansas.

**History.** Acts 1963, No. 155, § 18, referred to in this section are codified as A.S.A. 1947, § 64-2018.  
**Publisher's Notes.** The Medical Corporation Act and Dental Corporation Act respectively.

**4-29-204. Application of Arkansas Business Corporation Act.**

(a) The Arkansas Business Corporation Act, § 4-26-101 et seq., shall be applicable to such professional corporations, including their organization; and they shall enjoy the powers and privileges and be subject to the duties, restrictions, and liabilities of other corporations, except so far as the same may be limited or enlarged by this subchapter.

(b) If any provision of this subchapter conflicts with the Arkansas Business Corporation Act, § 4-26-101 et seq., this subchapter shall take precedence.

**History.** Acts 1963, No. 155, § 3; 1970 (Ex. Sess.), No. 13, § 2; A.S.A. 1947, § 64-2003.  
**Publisher's Notes.** Acts 1970 (Ex. Sess.), No. 13, § 7 provided that the purpose and intent of the act was to permit the formation of a professional corporation by one or more persons under this subchapter.

**RESEARCH REFERENCES**

**Art. I, Rev. Note, Professional Corporations: Shareholder Liability and the Saving Clause,** 42 Ark. L. Rev. 777.

**4-29-205. Professional relationships unaltered.**

This subchapter does not alter any law applicable to the relationship between a person furnishing professional service and a person receiving the service, including liability arising out of the professional service.

**History.** Acts 1963, No. 155, § 15; A.S.A. 1947, § 64-2013.

**RESEARCH REFERENCES**

**Art. I, Rev. Note, Professional Corporations: Shareholder Liability and the Saving Clause,** 42 Ark. L. Rev. 777.

**4-29-206. Formation of corporation.**

One (1) or more persons duly and properly licensed under and pursuant to the laws of the State of Arkansas to render the same type of professional services, as defined in § 4-29-202, may form a corporation, pursuant to the Arkansas Business Corporation Act, § 4-26-101 et seq., to own, operate, and maintain a professional corporation and to engage in the professional services thereby authorized, by and through its licensed shareholders, directors, officers, and employees only. It is mandatory that such professional services be rendered by or through persons who are duly and properly licensed, individually, to engage in the profession.

**History.** Acts 1963, No. 155, § 2; 1970 (Ex. Sess.), No. 13, § 1; A.S.A. 1947, § 64-2002.  
**Publisher's Notes.** Acts 1970 (Ex. Sess.), No. 13, § 7 provided that the purpose and intent of the act was to permit the formation of a professional corporation by one or more persons under this subchapter.

**4-29-207. Corporate name.**

(a) The corporate name shall contain either:

(1) The names of one (1) or more of the shareholders; or

(2) The names of one (1) or more deceased former shareholders or deceased members of a predecessor organization; or

(3) Any combination of the names specified in subdivisions (a)(1) and (2).

(b) The name of a person who is not employed by the corporation shall not be included in the corporate name, except that the name of a deceased former shareholder or deceased member of a predecessor organization may continue to be included in the corporate name.

(c) The corporate name shall end with the word "Chartered," or "Limited," or the abbreviation "Ltd.," or the words "Professional Association," or the abbreviation "P.A."

**History.** Acts 1963, No. 155, § 4; 1973, No. 76, § 1; A.S.A. 1947, § 64-2004.

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**4-29-208. Officers, directors, and shareholders.**

All of the officers, directors, and shareholders of a corporation subject to this subchapter shall, at all times, be persons licensed pursuant to the laws of this state governing their profession. No person who is not so licensed shall have any part in the ownership, management, or control of the corporation, nor may any proxy to vote any shares of the corporation be given to a person who is not so licensed.

History: Acts 1963, No. 155, § 14; A.S.A. 1947, § 64-2014.

**CASE NOTES**

Cited: *Leonard v. Leonard*, 22 Ark. App. 279, 739 S.W.2d 697 (1987).

**4-29-209. Employees.**

Each individual employee licensed pursuant to the laws of this state to engage in his or her profession who is employed by a corporation subject to this subchapter shall remain subject to reprimand or discipline for his conduct under the provisions of the laws or regulations governing or applicable to his or her profession.

History: Acts 1963, No. 155, § 16; A.S.A. 1947, § 64-2016.

**4-29-210. Certificate of registration — Issuance, renewal, etc.**

(a) No corporation shall open, operate, or maintain an establishment for any of the purposes set forth in §§ 4-29-202 and 4-29-206 without a certificate of registration from the state board, department, or agency, as the case may be, authorized by law to license individuals to engage in the profession concerned.

(b) Applications for registration shall be made in writing and shall contain the name and address of the corporation and such other information as may be required by the board, department, or agency.

(c)(1) Upon receipt of the application, the board, department, or agency shall make an investigation of the corporation.

(2) If it finds that the incorporators, officers, directors, and shareholders are each licensed pursuant to the laws of Arkansas to engage in the particular profession involved, and if no disciplinary action is pending before it against any of them, and if it appears that the corporation will be conducted in compliance with the law and the regulations of the board, department, or agency, it shall issue, upon payment of a registration fee of twenty-five dollars (\$25.00), a certificate of registration which shall remain effective until January 1 following the date of the registration.

(d) Upon written application of the holder, accompanied by a fee of ten dollars (\$10.00), the board, department, or agency which originally

issued the certificate of registration shall annually renew the certificate of registration if it finds that the corporation has complied with its regulations and the provisions of this subchapter.

(e) The certificate of registration shall be conspicuously posted upon the premises to which it is applicable.

(f) In the event of a change of location of the registered establishment, the board, department, or agency, in accordance with its regulations, shall amend the certificate of registration so that it shall apply to the new location.

(g) No certificate of registration shall be assignable.

History: Acts 1963, No. 155, §§ 5-9; A.S.A. 1947, §§ 64-2006 — 64-2009.

**4-29-211. Certificate of registration — Suspension or revocation.**

(a) The state board, department, or agency which issued the certificate of registration may suspend or revoke it for any of the following reasons:

(1) The revocation or suspension of the license to practice the profession of any officer, director, shareholder, or employee not promptly removed or discharged by the corporation;

(2) Unethical professional conduct on the part of any officer, director, shareholder, or employee not promptly removed or discharged by the corporation;

(3) The death of the last remaining shareholder; or

(4) Upon finding that the holder of a certificate has failed to comply with the provisions of this subchapter or the regulations prescribed by the state board, department, or agency that issued it.

(b) Before any certificate of registration is suspended or revoked, the holder shall be given written notice of the proposed action and the reasons therefor and shall be given a public hearing by the state board, department, or agency giving the notice, with the right to produce testimony and other evidence concerning the charges made. The notice shall also state the place and date of the hearing, which shall be at least ten (10) days after service of the notice.

History: Acts 1963, No. 155, §§ 10, 11; A.S.A. 1947, §§ 64-2010, 64-2011.

**4-29-212. Certificate of registration — Appeal from denial, suspension, or revocation.**

(a) Any corporation, save and except attorneys at law, whose application for a certificate of registration has been denied or whose registration has been suspended or revoked may, within thirty (30) days after notice of the action by the board, department, or agency, appeal to the Circuit Court for Pulaski County.

(b) The court shall inquire into the cause of the board, department, or agency action and may affirm or reverse the decision and order a further hearing by the board, or may order the board to grant appellant a certificate of registration.

(c) The appeal shall be in the manner provided by law.

(d) Notice of appeal shall be served upon the secretary of the board, department, or agency by serving such secretary a copy thereof within thirty (30) days after it has notified such appellant of its decision. The service may be by registered or certified mail.

History. Acts 1963, No. 155, § 12, 13; A.S.A. 1947, §§ 64-2012, 64-2013.

#### 4-29-213. Shares of deceased or disqualified shareholder — Price.

If the articles of incorporation or bylaws of a corporation subject to this subchapter fail to state a price or method of determining a fixed price at which the corporation or its shareholders may purchase the shares of a deceased shareholder or a shareholder no longer qualified to own shares in the corporation, then the price for the shares shall be the book value as of the end of the month immediately preceding the death or disqualification of the shareholder. Book value shall be determined from the books and records of the corporation in accordance with the regular method of accounting used by the corporation.

History. Acts 1963, No. 155, § 17; A.S.A. 1947, § 64-2017.

### SUBCHAPTER 3 — MEDICAL CORPORATION ACT

SECTION.	SECTION.
4-29-301. Title.	4-29-307. Employees.
4-29-302. Application of Arkansas Business Corporation Act.	4-29-308. Certificate of registration — Issuance, renewal, etc.
4-29-303. Physician-patient relationship unaltered.	4-29-309. Certificate of registration — Suspension or revocation.
4-29-304. Formation of corporation — Employee licensing required.	4-29-310. Certificate of registration — Appeal from denial, suspension, or revocation.
4-29-305. Corporate name.	4-29-311. Shares of deceased or disqualified shareholders.
4-29-306. Officers, directors, and shareholders.	4-29-311. Shares of deceased or disqualified shareholder — Price.

Preambles. Acts 1965, No. 435, contained a preamble which read: "Whereas, Section 4 of Act No. 179 of the Acts of 1961 requires that the corporate name of a medical corporation shall contain the names of one or more of the shareholders; and whereas, the law does not take into consideration the problem created when a medical corporation is composed of shareholders too numerous to include all names in the corporate name and there is inequity in preferring some shareholders

over others by including some names of shareholders in the corporate name and excluding others; and

"Whereas, a medical corporation should be afforded the opportunity and convenience of organizing without the necessity of including the name of one or more of its shareholders in the corporate name;

"Now, therefore, . . .  
Effective Dates. Acts 1961, No. 179, § 19; Mar. 5, 1961. Emergency clause provided: "It is hereby determined that it is expedient immediately to amend the corporation laws of this State in order to provide necessary correlation between them and the practice of medicine, in corporate form, so that adequate regulation, safeguards, and supervision may be provided for the public peace, health, safety and welfare. An emergency is therefore declared to exist and this Act being necessary."

#### RESEARCH REFERENCES

Ark. L. Rev. Medical and Dental Corporations: A Step Toward Tax Equality, 15 Ark. L. Rev. 366.

VALR L.J. Matthews, Corporate Statutes—Which One Applies?, 13 VALR L.J. 79.

#### 4-29-301. Title.

This subchapter may be cited as the "Medical Corporation Act."

History. Acts 1961, No. 179, § 1; A.S.A. 1947, § 64-1701.

#### 4-29-302. Application of Arkansas Business Corporation Act.

(a) The Arkansas Business Corporation Act, § 4-26-101 et seq., shall be applicable to such corporations, including their organization, except that the required number of incorporators of a medical corporation shall be one (1) or more, and they shall enjoy the powers and privileges and be subject to the duties, restrictions, and liabilities of other corporations, except so far as the same may be limited or enlarged by this subchapter.

(b) If any provision of this subchapter conflicts with the Arkansas Business Corporation Act, § 4-26-101 et seq., this subchapter shall take precedence.

History. Acts 1961, No. 179, § 3, 1970 (Ex. Sess.), No. 13, § 4; A.S.A. 1947, § 64-1703.  
Publisher's Notes. Acts 1970 (Ex. Sess.), No. 13, § 7 provided that the purpose and intent of the act was to permit the formation of a professional corporation by one or more persons under

WILLIAM E. WILKINS, Ph.D., P.A.

Neuro, Clinical and Forensic Psychology

Tuesday April 7, 1992

Arkansas Board of Examiners In Psychology  
101 East Capitol  
Little Rock, Arkansas 72201

RE: RESPONDENT  
No. 91-05

Dear Sirs:

In response to your request for me to choose a psychologist to supervise me. From the three choices you gave me, I have chosen Dr. Curtis Atkinson. Dr. Atkinson had our first meeting last Friday April 3, 1992. He said, "he would contact the board regarding what they see is the problem and the best way to "handle it".

Thank you very much.

Sincerely yours,

  
William E. Wilkins, Ph. D.

WEW/bw

RECEIVED

APR - 9 1992

Ans'd.....

---

2 Foxwood Executive Center Suite 100, 1217 Stone Street P.O. Box 2125 Jonesboro, AR 72402  
Telephone (501) 931-9622

002807

ADD 2351



TO: Buck Reddig  
FROM: Bill Siegel  
DATE: January 13, 1992

Re: Complaint 91-05

This complaint was filed by one psychologist against a psychologist who had originally been treating a woman who required hospitalization and was subsequently treated by the complainant. The complainant alleges that the psychologist practiced in an inappropriate manner. She contends that, in an effort to substantiate a complaint of sexual abuse by her brother, the psychologist asked a 13-year-old patient to draw pictures of the abuse and then asked her 16-year-old brother expose his genitalia. The complainant also contends that it was inappropriate for the psychologist to treat every member of what appeared to be a pathology-filled family, and feels that he became overly entrenched in the family's difficulties.

The respondent does not directly dispute the facts described above, but feels that he has not violated any ethical provisions. In his response, he cited numerous materials to substantiate his contention that he had not violated any guidelines.

The Screening Committee feels that this is a serious allegation. We have had discussions with the psychologist, and have suggested the possibility of an informal resolution of this matter, and have proposed a stipulated agreement for psychological evaluation, supervision of practice, and limitation on the nature of problems he treats. He has generally expressed a willingness to resolve this matter in this fashion, although he has not seen the specific draft of the stipulated agreement. The Committee recommends attempting to resolve this matter through this stipulated agreement.

003898





## Arkansas Board of Examiners in Psychology

101 East Capitol, Suite 415  
Little Rock, Arkansas 72201  
(501) ~~324-8800~~ 682-6167

October 16, 1991

William E. Wilkins, Ph.D.  
2 Foxwood Executive Center  
Suite 100, 1217 Stone Street  
Jonesboro, AR 72402

Dear Dr. Wilkins:

The Board is in receipt of your letter dated October 14, 1991 in which you are requesting verification of Dr. Bill Siegel's association with the Arkansas Board of Examiners in Psychology. Dr. Siegel is the Board's official investigator of complaints. He is employed by the Board to acquire information and do any investigating deemed necessary in handling complaints for the Board. He is 1/3 of the Board's "Screening Committee" referred to in a letter generated to you by the Board's office on April 15, 1991. The Chair of the Board and Ms. Julie Chandler, the Administrative Assistant to the Board are the remaining parties.

If you have any further questions regarding this matter, please feel free to contact the Board's office at the above phone number or address.

Sincerely,

A handwritten signature in cursive script that reads "Janet Welsh".

Janet Welsh,  
Executive Secretary to the Board

Ψ

003899

WILLIAM E. WILKINS, Ph.D.

Psychology

2 FOXWOOD EXECUTIVE CENTER

SUITE 100, 1217 STONE STREET

P.O. BOX 2125

JONESBORO, ARKANSAS 72402

Telephone (501) 931-9622

October 14, 1991

Ms. Julie Chandler,  
Administrative Assistant  
Arkansas Board of Examiners  
In Psychology  
101 East Capitol, Suite 415  
Little Rock, AR 72201

Dear Ms. Chandler:

I am in receipt of a letter from a Dr. William Siegal, dated October 3, 1991. In this letter Dr. Siegal is asking for a variety of information regarding an issue raised by Dr. Causey several months ago.

I would like to comply with Dr. Siegal's request, however a couple of things bothered me before hand. First of all, there is no indication in his letter nor anywhere else that he is, in any way, associated with the Board of Examiners. His desire for me to send my response to him, plus no indication in any records I have of any association with the Board prompts me to receive some information before I comply with his letter. Given that the original incident surfaced some 9 months ago, I assumed it was all resolved. Therefore, the letter from Dr. Siegal came as somewhat of a surprise.

While I would very much like for this whole issue to be in the past, if there are other matters which need to be dealt with I will be pleased to comply with the wishes of the Board. At the same time I would like some documentation that my response to Dr. Siegal has anything to do with the official actions of the Arkansas Board of Examiners. As soon as this issue is resolved I will make appropriate comment to the request.

Sincerely Yours,



William E. Wilkins, Ph.D.  
Neuro/Clinical Psychologist

CC: William E. Siegal, Ph.D.  
P.O. Box 844  
Conway, AR 72032

WEW/db

003900

RECEIVED

OCT 16 1991

Ans'd.....

WILLIAM E. WILKINS, Ph.D.  
Psychology  
3 FOXWOOD EXECUTIVE CENTER  
SUITE #20, 1218 STONE STREET  
JONESBORO, ARKANSAS 72401  
Telephone (501) 931-9622

April 19, 1991

Mrs. Julie Chandler,  
Administrative Assistant  
Arkansas Board of Examiners  
In Psychology  
101 East Capitol, Suite 415  
Little Rock, Arkansas 72201

RE: Complaint 91-05

Dear Mrs. Chandler,

I received your letter dated April 15, 1991. I am enclosing a copy that I previously sent to the board on 3-15-91 regarding the issue under concern.

As the attached letter indicates this has been (from my perspective) an issue which indicates the agenda of Dr. Causey and in no way indicates any kind of legitimate concern. I have reviewed the material she sent you and in the past have reviewed the licensing act and the Ethical Principles of Psychologists and also had my attorney do the same. At this time it is very clear to me and to my attorney that in no way have I acted unethical or unprofessional.

While I do understand the need for the board to respond in its normal procedural form, at the same time, I strongly feel that these issues have been grossly magnified.

It should also be noted, not only have I had my attorney review these issues in regarding to the letter from Dr. Causey but at this we are in the middle of developing a variety of other legal procedures involving both Dr. Causey and Charter Lake Side Hospital of Memphis. At this time we are not only considering civil charges but also considering getting in charge with the department of justice regarding what appears to be some illegal activities as well.

Again, I feel very strongly that I have always acted well within the bounds of appropriate legal and ethical standards and do not in any way believe I have violated any professional codes of ethics or conduct.

If I can be of further service to you, please do not hesitate to contact me.

Sincerely yours,



William E. Wilkins, PhD  
Psychologist

WEW/bw  
Enc: Copy of Letter

RECEIVED  
APR 22 1991

003901

ADD 2355

WILLIAM E. WILKINS, Ph.D.  
Psychology  
2 FOXWOOD EXECUTIVE CENTER  
SUITE 100, 1217 STONE STREET  
JONESBORO, ARKANSAS 72401  
Telephone (501) 931-9622

3-15-91

Arkansas Board of Examiners  
in Psychology  
1515 West Seventh Street  
Suite 315  
Little Rock, Arkansas 72201

Dear Sirs;

I am in receipt of a copy of a letter dated 3-13-91 which was sent to you by Anice R. Causey, Ph D.

Dr. Causey and I had some strong differences of opinion regarding in-patient treatment of one of my long term patients. During the course of this difference, Dr. Causey provided me with a long list of how psychology was practiced in the "city" and I was unable to make her understand the complications of practicing in a rural community with very poor, very sick, families.

The primary issue she raised with you in her letter composed a very insignificant portion of our discussion.

At this time it does not seem appropriate for me to make further comment other than to note the following:

1. I view her letter as a distortion of our conversation and filled with half truths, innuendo and exaggeration.
2. In fact, NO ONE has ever removed their clothing in my office. In two separate instances (because I anticipated court appearances regarding these two alleged sexual offenders and because of my past experiences as and expert witness in sexual abuse cases, where I have been questioned repeatedly regarding the color of pubic hair and other markings of the genital area) I requested these two male patients to briefly expose their genital areas to me. This again is because (here-say evidence is not accepted in a court of law.) This was done only after consultation with the patient, their families, Department of Children and Family Services and for what were appropriate clinical and professional concerns.
3. Guidelines developed at the: Ethics Congress on Sex Therapy and Sexual Research held in St. Louis on January 25-27, 1978 note; in Section III Sub Section 8 & 9 clearly outline the appropriateness and procedure for the possibility of nudity in a therapist's office.

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MAR 18 1991

003902


ADD 2356

The patient Dr. Causey refers to in her letter has been a patient of mine for a long time. The treatment program she out-lined to me on the phone, (was in my opinion) detrimental to my patient and I requested the administration of Charter Lake Side Hospital in Memphis, remove her from this patient's case and further, not allow her to be assigned to any other patients I might refer to their hospital. Again, this is because I feel Dr. Causey lacks either a lack of experience or a fundamental understanding of poor rural families which constitute a large part of my practice. I further perceive Dr. Causey fixated and attempted to generate a smoke-screen to obfuscate legitimate treatment concerns.

I would be pleased to discuss any of these issues with the Board, but at this point I am not sure of the appropriateness or possibility of further comment on such a vague set of inaccurate information.

Thank your very much.

Sincerely yours,



William E. Wilkins P.h.D.  
Psychologist

WEW/bw

003903

ADD 2357



## Arkansas Board of Examiners in Psychology

*file*  
101 East Capitol, Suite 415  
Little Rock, Arkansas 72201  
(501) 324-9800

April 13, 1991

William E. Wilkins, Ph.D.  
2 Foxwood Executive Center  
Suite 100, 1217 Stone Street  
Conesboro, AR 72401

RE: Complaint 91-05

Dear Dr. Wilkins:

Recently the Arkansas Board of Examiners in Psychology received a complaint against you. The complaint has been assigned the number indicated above and has been forwarded to the Board's screening committee.

Enclosed are copies of the complaint, Act 129 of 1953, the Board's Rules and Regulations and the APA Ethical Principles. The screening committee would like for you to respond to this allegation. Your response will be evaluated by the screening committee, which will then make a recommendation to the Board.

Your response should be sent to the Board's office within 30 days of receipt of this letter. If you need any additional information about the policies regarding complaints, please do not hesitate to contact me.

For your information, the Attorney General's office has advised the Board that patients, upon making a complaint, waive their right to confidentiality. As long as you limit disclosure to facts responsive to the complaint, you will not be considered to have breached your duty of confidentiality.

Sincerely,

Julie Chandler,  
Administrative Assistant

Enclosures

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003904





## Arkansas Board of Examiners in Psychology

1515 West 7th Street, Suite 315  
Little Rock, Arkansas 72201  
(501) 682-6167

March 25, 1991

Anice R. Causey, Ph.D.  
6584 Poplar Avenue, Suite 390  
Memphis, TN 38138

*File*

RE: 91-05

Dear Ms. Causey:

Your complaint, which has been assigned the number indicated above, has been sent to Dr. William E. Siegel, the Chair of the Board's screening committee. The purpose of this letter is to inform you of the process that will be employed in the processing of your complaint.

The first step in this process involves notification of Dr. Wilkins that a complaint has been filed against him. This notification will state by whom the complaint was filed and will describe the allegations. She will be instructed to file a response within 30 days. Please be advised that your filing of a complaint waives your right to confidentiality.

The original complaint and Dr. Wilkins' response will be evaluated by Dr. Siegel, Mr. Rick Hogan of the Attorney General's Office, who is legal counsel to the Board and myself. The committee will make a recommendation to the full Board. If the screening committee finds no basis for action and the Board approves this recommendation, both parties shall be so notified. If the committee recommends proceeding with the complaint and the Board approves, the matter shall be further investigated and resolved informally or through a formal disciplinary hearing.

If you have any questions, I urge you to contact our office. If you have any reservations about this procedure, please notify this office within 14 days; if we do not hear from you, the screening committee will continue its investigation.

Sincerely,

Julie Chandler,  
Administrative Assistant

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003905

WILLIAM E. WILKINS, Ph.D.  
Psychology  
8 FOXWOOD EXECUTIVE CENTER  
SUITE 100, 1817 STONE STREET  
JONESBORO, ARKANSAS 72401  
Telephone (501) 931-0022

3-15-91

**COPY**

Arkansas Board of Examiners  
in Psychology  
1515 West Seventh Street  
Suite 315  
Little Rock, Arkansas 72201

Dear Sirs:

I am in receipt of a copy of a letter dated 3-13-91 which was sent to you by Anice R. Causey, Ph D.

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**COPY**

003906

ADD 2360

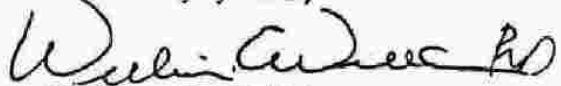
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Thank your very much.

Sincerely yours,



William E. Wilkins P.h.D.  
Psychologist

WEW/bw

**COPY**

003907

Anice R. Causey, Ph.D.

Psychology

6584 Poplar Avenue, Suite 390  
Memphis, Tennessee 38138  
(901) 685-2148

Comprehensive Psychological Services  
Adults - Adolescents - Children

March 13, 1991

Arkansas Board of Examiners in Psychology  
1515 West Seventh Street, Suite 315  
Little Rock, AR 72201

Dear Sirs:

I am a clinical psychologist licensed in the state of Tennessee. Approximately three weeks ago I began seeing an adult patient at Charter Lakeside Hospital in Memphis. Prior to admission this patient had been in treatment with Dr. William Wilkins of Jonesboro, Arkansas.

The information I wish to present for your consideration was reported to me by this patient during an individual therapy session on February 27. The patient's thirteen year old daughter reported sexual abuse at the hands of her 16 year old brother, and the patient informed Dr. Wilkins. Dr. Wilkins responded by having the girl draw pictures related to the abuse. He then had the boy remove his pants in his office so as to validate the accuracy of the information given by the girl.

On March 5, after consulting with several colleagues, I spoke to Dr. Wilkins by phone and expressed my concern at the patient's report. Dr. Wilkins said that the report given by this patient was accurate and further informed me that such practice is not uncommon for him. He stated that he has had alleged perpetrators remove their clothing so that he could check the accuracy of victims' reports on "color of pubic hair" and other physical features.

I respectfully request that the Arkansas Board consider the appropriateness and prudence of this practice as conducted by a psychologist. If I can provide any additional useful information please contact me. I would appreciate being informed of your decision in this matter.

Sincerely,



Anice R. Causey, Ph.D.  
Clinical Psychologist  
TN P 1209

cc: William E. Wilkins, Ph.D.

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MAR 18 1991

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ADD 2362