

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PSYCHOLOGY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ARSHIA EBRAHIMI, PH.D.
License Number: 63-01-014300

File Number: 63-16-144237

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs (Department), by Kim Gaedeke, Director, Bureau of Professional Licensing, files this Complaint against Arshia Ebrahimi, Ph.D. (Respondent) as follows:

1. The Michigan Board of Psychology is an administrative agency established by the Public Health Code, MCL 333.1101 et seq. Pursuant to section 16226 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent is licensed to practice as a psychologist in the state of Michigan.

3. Section 16233(5) of the Public Health Code, supra, provides, in pertinent part, as follows:

After consultation with the chair of the appropriate board or task force or his or her designee, the department may summarily suspend a license or registration if the public health, safety, or welfare

requires emergency action in accordance with section 92 of the administrative procedures act of 1969, MCL 24.292.

4. Section 16106a of the Public Health Code, being MCL 333.16106a, defines substance abuse as a “substance use disorder as defined in section 100d of the mental health code, 1974 PA 258, MCL 330.1100d.”

5. Section 100d(11) of the Mental Health Code, being MCL 330.1100d(11), defines substance use disorder as a “chronic disorder in which repeated use of alcohol, drugs, or both, results in significant and adverse consequences. Substance abuse is considered a substance use disorder.”

6. Section 100d(10) of the Mental Health Code, being MCL 330.1100d(10), defines substance abuse as:

...the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

7. Butalbital is a schedule 3 controlled substance. Temazepam, Lorazepam, and Tramadol are all schedule 4 controlled substances.

8. On May 3, 2011, an anonymous source referred Respondent to the Health Professional Recovery Program (HPRP) after Respondent attempted to pose as her therapist to obtain controlled substances.

9. On or around May 19, 2011, Respondent completed an intake interview with HPRP and admitted to substance abuse issues. HPRP directed Respondent to undergo an evaluation.

10. On May 23, 2011, Respondent underwent an evaluation and was diagnosed with "Post Traumatic Stress Disorder" and "Polysubstance Dependent – Adderall, Ambien, Xanax." The evaluator recommended treatment monitoring.

11. On July 20, 2011, Respondent entered into a three-year monitoring agreement with HPRP. The terms of the monitoring agreement required, in part, that Respondent submit to urine drug screens by calling the HPRP designated laboratory (First Lab) and, when instructed, submit a specimen in the manner requested; abstain from any mood-altering substances, including alcohol and controlled substances; receive advanced HPRP approval of employment with worksite monitoring; and attend self-help meetings (alcoholics anonymous (AA) and narcotics anonymous (NA)) in the frequency recommended by providers.

12. On July 25, 2012, due to a positive urine drug screen, HPRP extended Respondent's monitoring agreement by three months, increased the amount of required NA/AA meetings, and increased the frequency of urine drug screens.

13. From September 3, 2012, to March 28, 2013, Respondent failed to call First Lab 17 times and failed to submit to one scheduled urine drug screen.

14. On April 4, 2013, due to Respondent's failure to call First Lab 17 times, HPRP extended Respondent's monitoring agreement by six months.

15. From April 15, 2013, to April 1, 2014, Respondent failed to call First Lab seven times, had two dilute urine drug screens, and failed to submit to one scheduled urine drug screen.

16. On April 3, 2014, due to Respondent's failure to call First Lab, HPRP extended Respondent's monitoring agreement by six months.

17. On April 22, 2014, Respondent failed to call First Lab.

18. On July 21, 2014, Respondent's urine drug screen was positive for Oxazepam and Temazepam.

19. On July 31, 2014, due to the positive urine drug screen, HPRP extended Respondent's monitoring agreement by six months.

20. From August 20, 2014, to December 8, 2014, Respondent failed to submit to two scheduled urine drug screens and failed to call First Lab two times.

21. On December 11, 2014, due to Respondent's missed urine drug screen on December 8, 2014, HPRP extended Respondent's monitoring agreement by five months.

22. On February 10, 2015, Respondent's employer placed her on paid administrative leave due to "odd behavior" at work.

23. On February 26, 2015, HPRP rescinded Respondent's "safety to practice" due to the above-reported conduct.

24. On March 10, 2015, Respondent's addictionist developed a plan for Respondent to cease taking all prescribed controlled substances.

25. On March 19, 2015, Respondent failed to call First Lab.

26. On March 31, 2015, HPRP reinstated Respondent's safety to practice.

27. From April 28, 2015, to June 11, 2015, Respondent failed to call First Lab two times and had one dilute urine drug screen.

28. On July 6, 2015, Respondent's urine drug screen was positive for Lorazepam.

29. On July 16, 2015, due Respondent's positive urine drug screen, HPRP extended Respondent's monitoring agreement by seven months.

30. From August 12, 2015, to October 7, 2015, Respondent failed to call First Lab one time and had one dilute urine drug screen.

31. On October 29 and 30, 2015, Respondent contacted HPRP and indicated that she had an offer of employment in a private office, but no other person in the office had mental health credentials to be a worksite monitor. HPRP indicated that Respondent's therapist would be approved to be her worksite monitor, but had to visit Respondent in her work setting once per week.

32. From November 12, 2015, to January 1, 2016, Respondent failed to call First Lab five times and had one dilute urine drug screen.

33. On January 7, 2016, due to Respondent's failure to call First Lab, HPRP extended Respondent's monitoring agreement by six months. HPRP also increased the frequency of the urine drug screens and required Respondent to submit to a PEth test (alcohol blood test).

34. On January 8, 2016, a Michigan Automated Prescription System (MAPS) report revealed Respondent continued to be prescribed Ambien and Sonata by her addictionist. HPRP removed Respondent's addictionist from the provider list and revoked Respondent's safety to practice.

35. On January 14, 2016, HPRP reinstated Respondent's safety to practice, following approval by Respondent's physician.

36. On January 26, 2016, Respondent failed to call First Lab.

37. On January 28, 2016, Respondent's PEth test was positive for alcohol.

38. On February 11, 2016, due to the positive PEth test, HPRP extended Respondent's monitoring agreement by six months.

39. From February 12, 2016, to March 9, 2016, Respondent failed to provide a required drug screen specimen, had two dilute urine drug screens, and one positive urine drug screen for Butalbital.

40. On March 14, 2016, Respondent's therapist notified HPRP that Respondent admitted to "drinking and taking someone's pain pills." HPRP also revoked Respondent's safety to practice, due to the positive drug screen on March 9, 2016.

41. On March 24, 2016, due to the missed, positive, and dilute urine drug screens, HPRP modified Respondent's monitoring agreement and required Respondent to participate in 2-3 weeks of residential treatment, submit to a PEth test, and obtain a new addictionist.

42. From March 28, 2016, to April 28, 2016, Respondent failed to call First Lab two times, failed to complete two scheduled PEth tests, and had one positive PEth test for alcohol.

43. On May 5, 2016, due to Respondent's failure to complete the scheduled PEth test until April 28, 2016, HPRP extended Respondent's monitoring agreement by three months and required Respondent to submit to an additional PEth test.

44. Also on May 5, 2016, HPRP received information that Respondent currently worked at Ronan Psychological Associates in Mount Pleasant, Michigan, as a full-time clinician, contrary to Respondent's representation that she was in a private practice without other mental health clinicians.

45. On May 6, 2016, Respondent notified HPRP that her worksite monitor had never visited her workplace.

46. From May 20, 2016, to June 1, 2016, Respondent failed to call First Lab two times, had one dilute urine drug screen, and one positive PEth test for alcohol.

47. On June 7, 2016, Respondent admitted to HPRP that she had "learned to drink without getting caught with [the] urine tests" and she had been drinking throughout the entire monitoring agreement.

48. On June 9, 2016, Respondent's addiction psychologist notified HPRP that Respondent appeared intoxicated throughout her appointment and failed to complete the requested urine drug screen during her visit. Respondent's addiction psychologist further told HPRP that Respondent was not safe to practice and should go into detox, followed by a 30-day residential treatment program.

49. On June 16, 2016, due to the positive PEth test and admission to drinking throughout her monitoring agreement, HPRP required Respondent to enter into detox and/or a 30-day residential treatment facility by June 17, 2016, or her case would be closed non-compliant.

50. On June 27, 2016, HPRP received notice that Respondent had a breathalyzer of 0.173 at the time of admission to residential treatment.

51. On August 11, 2016, Respondent notified HPRP that she left the halfway house, following the completion of residential treatment.

52. On August 18, 2016, Respondent admitted to HPRP that she relapsed at the halfway house.

53. From August 25, 2016, to September 5, 2016, Respondent had one positive PEth test for alcohol, one positive urine drug screen for Tramadol, and failed to call First Lab one time.

54. On September 8, 2016, HPRP received documents from Respondent's halfway house that indicated she left against medical advice on August 5, 2016, not August 11, 2016, as Respondent previously reported.

55. On September 15, 2016, due to Respondent's failure to notify HPRP of her discharge from the halfway house on August 5, 2016, and her positive PEth test and urine drug screen, HPRP determined that Respondent's case should be closed non-

compliant. Respondent requested a review of HPRP's decision to close her case non-compliant.

56. From September 23, 2016, to October 6, 2016, Respondent failed to call First Lab two times and had one dilute urine drug screen.

57. On October 6, 2016, after review, HPRP affirmed its decision to close Respondent's case non-compliant, due to her failure to progress satisfactorily in the monitoring agreement. Respondent requested a second review of the HPRP decision.

58. On October 18 and 21, 2016, Respondent had dilute urine drug screens.

59. On November 2, 2016, the Health Professional Recovery Committee affirmed HPRP's decision to close Respondent's case non-complaint and forwarded the matter to the Department.

COUNT I

Respondent's conduct, as set forth above, evidences a conduct, practice, or condition that impairs, or may impair, the ability to safely and skillfully practice the health profession, in violation of section 16221(a) of the Public Health Code, supra.

COUNT II

Respondent's conduct, as set forth above, evidences departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for the health profession, whether or not actual injury to an individual occurs, in violation of section 16221(b)(i) of the Public Health Code, supra.

COUNT III

Respondent's conduct, as set forth above, evidences substance use disorder, in violation of section 16221(b)(ii) of the Public Health Code, supra.

COUNT IV

Respondent's conduct, as set forth above, evidences a mental or physical inability reasonably related to and adversely affecting Respondent's ability to practice in a safe and competent manner, in violation of section 16221(b)(iii) of the Public Health Code, supra.

After consultation with the chairperson of the Board, or his or her designee, pursuant to section 16233(5) of the Public Health Code, supra, the Department states that the public health, safety, and welfare requires emergency action, and, accordingly, Respondent's license to practice as psychologist in the state of Michigan is summarily suspended, pending a hearing and final determination of this matter.

Pursuant to section 16231(8) of the Public Health Code, supra, Respondent has 30 days from the date of receipt of this Complaint to submit a written response to the

allegations contained in this Complaint. The written response shall be submitted to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Pursuant to section 16231(9) of the Public Health Code, supra, Respondent's failure to submit a written response within 30 days shall be treated as an admission of the allegations contained in the Complaint and shall result in transmittal of this Complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

Dated: 03/17/2017



Kim Gaedeke, Director
Bureau of Professional Licensing

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