

ANNE MILGRAM
ATTORNEY GENERAL OF NEW JERSEY
Division of Law, 5th Floor
124 Halsey Street
P.O. Box 45029
Newark, New Jersey 07101
Attorney for the Alcohol and Drug
Counselor Committee of the New Jersey
State Board of Marriage and Family
Therapy Examiners

By: Susan C. Berger
Deputy Attorney General
Tel. (973) 648-4876

FILED
January 26, 2009
STATE OF NEW JERSEY
BOARD OF MARRIAGE AND FAMILY THERAPY EXAMINERS
ALCOHOL AND DRUG COUNSELOR COMMITTEE
Erin L. DeNunzio

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
ALCOHOL AND DRUG COUNSELOR COMMITTEE
OF THE STATE BOARD OF MARRIAGE AND
FAMILY THERAPY EXAMINERS

IN THE MATTER OF THE
SUSPENSION OR REVOCATION OF
THE CERTIFICATION OF:

WILLIAM GIBSON
LICENSE NO. 37CA00046300

TO PRACTICE ALCOHOL
AND DRUG COUNSELING IN THE
STATE OF NEW JERSEY

: Administrative Action
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: CONSENT ORDER OF VOLUNTARY
: SUSPENSION OF CERTIFICATION
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This matter was opened to the Alcohol and Drug Counselor Committee of the New Jersey State Board of Marriage and Family Therapy Examiners (hereinafter the "Committee"), upon receipt of information that Mr. Gibson had relapsed in the use of alcohol and drugs.

Respondent at this time has agreed to the voluntary surrender of his certification to practice alcohol and drug counseling in the State of New Jersey in accordance with the terms of this Consent

Order. The Committee finds the terms of this Consent Order to be adequately protective of the public interest and respondent, without any admissions, and desiring to resolve this matter without further proceedings;

IT IS, THEREFORE, on this 26th day of January, 2009,

ORDERED THAT:

1. Respondent, William Gibson shall immediately surrender his certification to practice alcohol and drug counseling in the State of New Jersey to be deemed a suspension of his certification and shall cease and desist from such practice until further order of the Committee. Respondent shall deliver his 2008-2010 biennial renewal certification (expiration date August 31, 2010), including his original wall certificate, certification and wallet size credential forthwith to Ms. Elaine DeMars, Executive Director of the Alcohol and Drug Counselor Committee, P.O. Box 45040, 124 Halsey Street, Sixth Floor, Newark, New Jersey 07101 within five (5) days of the filing of this Consent Order.

2. Respondent shall not engage in any volunteer or uncompensated alcohol or drug counseling or any other mental health counseling or life coaching unless and until he is duly authorized by the Committee or another appropriate licensing Board to do so.

3. Respondent shall engage in psychotherapy, with a licensed health care professional pre-approved by the Committee, who holds a minimum of a Masters Degree and has addiction counseling

experience, for a minimum of two (2) years at a frequency to be determined by the therapist, but not less than once per week during the first year of treatment. Respondent shall submit the name of the therapist and credentials to the Committee for evaluation within ten (10) days of the filing of the within Consent Order. In the event the therapist is not approved by the Committee, respondent shall provide the credentials of an alternate therapist for approval within ten (10) days of notification that the therapist has not been approved. Unilateral cessation of treatment by respondent shall constitute a violation of this order. In the event respondent ceases therapy with his approved therapist, respondent shall notify the Committee in writing within three (3) days of the cessation of treatment with the reasons therefor and submit the name and credentials of an alternative therapist. Respondent shall provide all therapists and treating health care professionals with a copy of the within Order. Only periods of time during which respondent is in active therapy shall be counted toward the two (2) year period required prior to submission of an application for reinstatement. The therapist shall sign a copy of the within Consent Order and shall provide quarterly reports directly to the Committee expounding upon respondent's progress in therapy. Respondent shall continue therapy until such time as the therapist determines therapy is no longer required. In the event the therapist determines that therapy is no longer required, the

therapist shall submit a report to the Committee stating the basis for ending therapy.

4. Respondent shall ensure that the Committee receives quarterly reports from the therapist.

5. Respondent shall not seek reinstatement of certification for a minimum of two (2) years from the filing of the within Consent Order.

6. In the event respondent seeks reinstatement, he shall provide the following documentation to the Committee demonstrating that he is sufficiently rehabilitated to re-enter the practice of alcohol and drug counseling:

a. Documentation demonstrating that he had completed two (2) years of successful alcohol/drug recovery.

b. A written up-to-date report signed and dated by a mental health professional, pre-approved by the Committee, who was respondent's primary counselor during treatment and recovery. The report shall include, at a minimum, evidence documenting respondent's compliance with a plan of recovery and a clinical opinion that the respondent is fit and competent, and sufficiently rehabilitated to re-enter the practice of alcohol and drug counseling. The report should also include a recommended plan of treatment for the future.

c. Copies of the results of any and all urine screening that occurred since the surrender of respondent's certification.

Respondent shall provide at a minimum, twice-weekly random urine monitoring by a pre-approved monitor, for the six (6) months period prior to an application for reinstatement of certification. The initial screen will utilize the EMIT technique and all confirming tests and/or secondary tests will be performed by gas chromatographing/mass spectrometry. The testing procedure shall include a forensic chain of custody protocol to ensure sample integrity and to provide documentation thereof. All urine screening reports shall be sent by the directly to the Committee. In the event there is a positive urine screen, the urine screen monitor shall notify the Committee in writing within three (3) days of receipt of the urine screen results.

d. A letter from each of respondent's treating physicians listing all medications that are currently prescribed for the respondent, including the length of time each physician has been prescribing each medication, quantity and frequency prescribed, and reason for the prescription(s).

e. Documentation of all attendance at self help groups during the period of suspension, at a minimum of three (3) times per week.

f. A statement signed and dated by the respondent representing whether or not there have been any "criminal actions" taken against him in New Jersey or any other jurisdiction since the surrender of his certification. "Criminal actions" includes

arrests, convictions for criminal offenses and/or motor vehicle offenses regardless of whether the charges/summons were dismissed, he was found not guilty, plead guilty or entered a plea bargain. The signed statement must include the following language above his signature:

"I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment."

f. A letter outlining the type of employment, occupation or other activity respondent engaged in during the time respondent's license was surrendered.

7. In the event respondent seeks reinstatement of certification and provides documentation demonstrating that he is sufficiently rehabilitated to re-enter the practice of alcohol and drug counseling, respondent shall appear before the Committee, if so requested by the Committee. During the appearance before the Committee, the burden shall be on respondent to demonstrate that he is fit and competent to practice alcohol and drug counseling, is sufficiently rehabilitated and has complied with the terms of this Consent Order.

ALCOHOL AND DRUG COUNSELOR COMMITTEE
OF THE NEW JERSEY STATE BOARD OF
MARRIAGE AND FAMILY THERAPY
EXAMINERS

By Edward Reading LCADC
Edward Reading
Committee Chair, LCADC

I have read and I understand the terms of this Order and agree to be bound by it. I consent to the entry of this Consent Order.

William Gibson 01/22/09
William Gibson

I have read the within Consent Order and agree as Mr. Gibson's psychotherapist to provide the Committee with quarterly reports regarding his compliance with his treatment plan, and other reporting requirements herein.

(Print name)
Psychotherapist
Telephone #
(including area code and extension)

(Title and License #)
Dated: _____, 2010