

STATE OF OHIO
THE STATE MEDICAL BOARD
PERMANENT SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY

STATE MEDICAL BOARD
OF OHIO
2013 JAN 10 AM 10:51

Do not sign this agreement without reading it. An individual who permanently surrenders a certificate issued by the Board is forever thereafter ineligible to hold a certificate to practice or to apply to the Board for reinstatement of the certificate or issuance of any new certificate. You are permitted to be accompanied, represented and advised by an attorney, at your own expense, before deciding to sign this voluntary agreement.

I, Jamie Lynne Gladden, M.D., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, Jamie Lynne Gladden, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License #35.076076, to the State Medical Board of Ohio, thereby relinquishing all rights to practice medicine and surgery in Ohio. I acknowledge that I have not been legally authorized to practice medicine and surgery since on or about April 11, 2012, the date upon which my certificate to practice was summarily suspended by the Board.

I understand that as a result of the surrender herein I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reinstatement or restoration of certificate to practice medicine and surgery License #35.076076 or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, on or after the date of signing this Permanent Surrender of Certificate to Practice Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I stipulate and agree that I am taking the action described herein in lieu of continuing compliance with the terms of the Entry of Order issued by the Board effective November 21, 2012, which permanently revoked my certificate to practice medicine and surgery, stayed such revocation, and suspended my certificate to practice medicine and surgery for an indefinite period of time, but not less than one year. I am currently in compliance with the terms of that Entry of Order.

I, Jamie Lynne Gladden, M.D., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

It is understood and agreed that this Permanent Surrender of Certificate to Practice Medicine and Surgery is not a disciplinary action, and will not be reported to the Federation of State Medical Boards or National Practitioner Data Bank as a disciplinary action. This Permanent Surrender of Certificate to Practice Medicine and Surgery shall be considered a public record as that term is

Permanent Surrender of Certificate
Jamie Lynne Gladden, M.D.

used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations and governmental bodies. I, Jamie Lynne Gladden, M.D., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

EFFECTIVE DATE

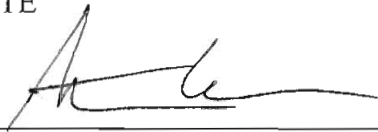
It is expressly understood that this Permanent Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.



JAMIE LYNNE GLADDEN, M.D.

12/28/12

DATE



STEPHAN C. KREMER, ESQ.
Attorney for Dr. Gladden

1/8/13


DATE



J. CRAIG STRAFFORD, M.D., M.P.H.
Secretary

13 Feb 2013

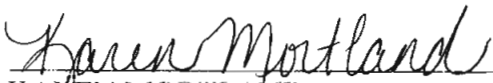
DATE



MARK A. BECHTEL, M.D.
Supervising Member

Feb 13, 2013

DATE



KAREN MORTLAND
Enforcement Attorney

1/8/13

DATE



State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

(614) 466-3934
med.ohio.gov

November 14, 2012

Jamie Lynne Gladden, M.D.
20049 River Road
State Route 65
Grand Rapids, OH 43522

RE: Case No. 12-CRF-035

Dear Doctor Gladden:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of Danielle R. Blue, Esq., Attorney Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on November 14, 2012, including motions modifying the Findings of Fact and Conclusions of the Hearing Examiner; and adopting an amended Order.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal must be taken to the Franklin County Court of Common Pleas.

Such an appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board and the Franklin County Court of Common Pleas. The Notice of Appeal must set forth the Order appealed from and state that the State Medical Board's Order is not supported by reliable, probative, and substantive evidence and is not in accordance with law. The Notice of Appeal may, but is not required to, set forth the specific grounds of the appeal. Any such appeal must be filed within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12, Ohio Revised Code.

THE STATE MEDICAL BOARD OF OHIO

J. Craig Strafford, M.D., MPH/Ket

J. Craig Strafford, M.D., M.P.H.
Secretary

Per Authority

JCS:jam
Enclosures

CERTIFIED MAIL NO. 91 7199 9991 7030 3379 9698
RETURN RECEIPT REQUESTED

Cc: Stephan C. Kremer, Esq.
CERTIFIED MAIL NO. 91 7199 9991 7030 3379 9704
RETURN RECEIPT REQUESTED

Mailed 11-21-12

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of Danielle R. Blue, Esq., State Medical Board Attorney Hearing Examiner; and excerpt of the Minutes of the State Medical Board, meeting in regular session on November 14, 2012, including motions modifying the Findings of Fact and Conclusions of the Hearing Examiner; and adopting an amended Order; constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of Jamie Lynn Gladden, M.D., Case No. 12-CRF-035, as it appears in the Journal of the State Medical Board of Ohio.

This certification is made by authority of the State Medical Board of Ohio and in its behalf.


J. Craig Strafford, M.D., M.P.H.
Secretary

(SEAL)

November 14, 2012
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

* CASE NO. 12-CRF-035

JAMIE LYNNE GLADDEN, M.D.

*

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on November 14, 2012.

Upon the Report and Recommendation of Danielle R. Blue, Esq., State Medical Board Hearing Examiner, designated in this Matter pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated within, and upon the modification, approval and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

Rationale for Amendment: Dr. Gladden's consumption of alcohol, including the amount, consumption in combination with drugs, and consumption the night before the Medical Board ordered evaluation, establishes impairment because of alcohol abuse. Patient safety requires that there be a Medical Board approved practice plan with monitoring physician during the probationary period.

AMENDED FINDINGS OF FACT

4. Dr. Gladden is impaired in her ability to practice according to acceptable and prevailing standards of care because of alcohol abuse.

AMENDED CONCLUSION OF LAW

2. The acts, conduct, and/or omissions of Dr. Gladden, as set forth in Findings of Fact 1, 2, and 4, individually and/or collectively, constitutes, "[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice," as set forth in R.C. 4731.22(B)(26).

It is hereby ORDERED that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The certificate of Jamie Lynne Gladden, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such revocation is STAYED, and Dr. Gladden's certificate shall be SUSPENDED for an indefinite period of time, but not less than one year, following the effective date of this Order.
- B. **INTERIM MONITORING:** During the period that Dr. Gladden's certificate to practice medicine and surgery is suspended, Dr. Gladden shall comply with the following terms, conditions, and limitations:
1. **Obey the Law:** Dr. Gladden shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
 2. **Declarations of Compliance:** Dr. Gladden shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there had been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
 3. **Personal Appearances:** Dr. Gladden shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur every three months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
 4. **Sobriety:**
 - a. **Abstention from Drugs:** Dr. Gladden shall abstain completely from the personal use or personal possession of drugs, except those prescribed, dispensed, or administered to her by another so authorized by law who has full knowledge of Dr. Gladden's history of chemical dependency and/or abuse and who may lawfully prescribe for her (for example, a physician who is not a family member).

Further, in the event that Dr. Gladden is so prescribed, dispensed, or administered any controlled substance or tramadol, Dr. Gladden shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber, the name of the drug Dr. Gladden received, the medical purpose for which she received the drug, the date the drug was

initially received, and the dosage, amount, number of refills, and directions for use.

Further, within 30 days of the date said drug is so prescribed, dispensed, or administered to her, Dr. Gladden shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

- b. **Abstention from Alcohol**: Dr. Gladden shall abstain completely from the use of alcohol.

5. **Drug and Alcohol Screens; Drug Testing Facility and Collection Site:**

- a. Dr. Gladden shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Gladden shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The drug-testing panel utilized must be acceptable to the Secretary of the Board, and shall include Dr. Gladden's drug(s) of choice.
- b. Dr. Gladden shall submit, at her expense and on the day selected, urine specimens for drug and/or alcohol analysis. (The term "toxicology screen" is also be used herein for "urine screen" and/or "drug screen.")

All specimens submitted by Dr. Gladden shall be negative, except for those substances prescribed, administered, or dispensed to her in conformance with the terms, conditions and limitations set forth in this Order.

Refusal to submit such specimen, or failure to submit such specimen on the day she is selected or in such manner as the Board may request, shall constitute a violation of this Order.

- c. Dr. Gladden shall abstain from the use of any substance that may produce a positive result on a toxicology screen, including the consumption of poppy seeds or other food or liquid that may produce a positive result on a toxicology screen.

Dr. Gladden shall be held to an understanding and knowledge that the consumption or use of various substances, including but not limited to mouthwashes, hand-cleaning gels, and cough syrups, may cause a positive toxicology screen, and that unintentional ingestion of a substance is not distinguishable from intentional ingestion on a toxicology screen, and that, therefore, consumption or use of substances that may produce a positive result on a toxicology screen is prohibited under this Order.

- d. All urine screenings for drugs and alcohol shall be conducted through a Board-approved drug-testing facility and Board-approved collection site pursuant to the global contract between the approved facility and the Board, which provides for the Board to maintain ultimate control over the urine-screening process and to preserve the confidentiality of positive screening results in accordance with Section 4731.22(F)(5), Ohio Revised Code. The screening process for random testing shall require a daily call-in procedure. Further, in the event that the Board exercises its discretion, as provided in Paragraph B.6, below, to approve urine screenings to be conducted at an alternative drug-testing facility, collection site, and/or supervising physician, such approval shall be expressly contingent upon the Board's retaining ultimate control over the urine-screening process in a manner that preserves the confidentiality of positive screening results.
- e. Within 30 days of the effective date of this Order, Dr. Gladden shall enter into the necessary financial and/or contractual arrangements with the Board-approved drug-testing facility and/or collection site ("DFCS") in order to facilitate the screening process in the manner required by this Order.

Further, within 30 days of making such arrangements, Dr. Gladden shall provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Gladden and the Board-approved DFCS. Dr. Gladden's failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Order.

- f. Dr. Gladden shall ensure that the urine-screening process performed through the Board-approved DFCS requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person.

In addition, Dr. Gladden and the Board-approved DFCS shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening result.

- g. Dr. Gladden shall ensure that the Board-approved DFCS provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
- h. In the event that the Board-approved DFCS becomes unable or unwilling to serve as required by this Order, Dr. Gladden shall immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph B.6, below, as soon as practicable. Dr. Gladden

shall further ensure that the Board-approved DFCS also notifies the Board directly of its inability to continue to serve and the reasons therefor.

- i. The Board, in its sole discretion, may withdraw its approval of any DFCS in the event that the Secretary and Supervising Member of the Board determine that the DFCS has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
6. **Alternative Drug-testing Facility and/or Collection Site:** It is the intent of this Order that Dr. Gladden shall submit urine specimens to the Board-approved DFCS chosen by the Board. However, in the event that using the Board-approved DFCS creates an extraordinary hardship on Dr. Gladden, as determined in the sole discretion of the Board, then, subject to the following requirements, the Board may approve an alternative DFCS or a supervising physician to facilitate the urine-screening process for Dr. Gladden.
- a. Within 30 days of the date on which Dr. Gladden is notified of the Board's determination that utilizing the Board-approved DFCS constitutes an extraordinary hardship on Dr. Gladden, she shall submit to the Board in writing for its prior approval the identity of either an alternative DFCS or the name of a proposed supervising physician to whom Dr. Gladden shall submit the required urine specimens.

In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Gladden's residence or employment location, or to a physician who practices in the same locale as Dr. Gladden. Dr. Gladden shall ensure that the urine-screening process performed through the alternative DFCS or through the supervising physician requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person. In addition, Dr. Gladden shall ensure that the alternative DFCS or the supervising physician maintains appropriate control over the specimen and immediately informs the Board of any positive screening result.
 - b. Dr. Gladden shall ensure that the alternative DFCS or the supervising physician provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
 - c. In the event that the designated alternative DFCS or the supervising physician becomes unable or unwilling to so serve,

Dr. Gladden shall immediately notify the Board in writing. Dr. Gladden shall further ensure that the previously designated alternative DFCS or the supervising physician also notifies the Board directly of the inability to continue to serve and the reasons therefor. Further, in the event that the approved alternative DFCS or supervising physician becomes unable to serve, Dr. Gladden shall, in order to ensure that there will be no interruption in her urine-screening process, immediately commence urine screening at the Board-approved DFCS chosen by the Board, until such time, if any, that the Board approves a different DFCS or supervising physician, if requested by Dr. Gladden.

- d. The Board, in its sole discretion, may disapprove any entity or facility proposed to serve as Dr. Gladden's designated alternative DFCS or any person proposed to serve as her supervising physician, or may withdraw its approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
7. **Reports Regarding Drug and Alcohol Screens:** All screening reports required under this Order from the Board-approved DFCS, the alternative DFCS and/or supervising physician must be received in the Board's offices no later than the due date for Dr. Gladden's declarations of compliance. It is Dr. Gladden's responsibility to ensure that reports are timely submitted.
8. **Additional Screening Without Prior Notice:** Upon the Board's request and without prior notice, Dr. Gladden shall provide a specimen of her blood, breath, saliva, urine, and/or hair for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Gladden, or for any other purpose, at Dr. Gladden's expense. Dr. Gladden's refusal to submit a specimen upon the request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary and Supervising Member of the Board.
9. **Rehabilitation Program:** Dr. Gladden shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or C.A., no less than three times per week, or as otherwise ordered by the Board. Substitution of any other specific program must receive prior Board approval.

Dr. Gladden shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board's offices no later than the due date for Dr. Gladden's declarations of compliance.

10. **Comply with the Terms of Aftercare Contract:** Dr. Gladden shall maintain continued compliance with the terms of the aftercare contract(s) entered into with her treatment provider(s), provided that, where terms of an aftercare contract conflict with terms of this Order, the terms of this Order shall control.
11. **Psychiatric Assessment/Treatment:** Within 30 days of the effective date of this Order, or as otherwise determined by the Board, Dr. Gladden shall submit to the Board for its prior approval the name and curriculum vitae of a psychiatrist of Dr. Gladden's choice.

Upon approval by the Board, Dr. Gladden shall obtain from the approved psychiatrist an assessment of Dr. Gladden's current psychiatric status. The assessment shall take place no later than 60 days following such approval, unless otherwise determined by the Board. Prior to the initial assessment, Dr. Gladden shall furnish the approved psychiatrist copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions of Law, and any other documentation from the hearing record which the Board may deem appropriate or helpful to the psychiatrist.

Upon completion of the initial assessment, Dr. Gladden shall cause a written report to be submitted to the Board from the approved psychiatrist. The written report shall include:

- a. A detailed report of the evaluation of Dr. Gladden's current psychiatric status and condition;
- b. A detailed plan of recommended psychiatric treatment, if any, based upon the psychiatrist's informed assessment of Dr. Gladden's current needs;
- c. A statement regarding any recommended limitations upon her practice; and
- d. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing.

Should the Board-approved psychiatrist recommend psychiatric treatment, and upon approval by the Board of the treatment plan, Dr. Gladden shall

undergo and continue psychiatric treatment at the rate of visits recommended by the approved treating psychiatrist, or as otherwise directed by the Board. The sessions shall be in person and may not be conducted by telephone or other electronic means. Dr. Gladden shall comply with her psychiatric treatment plan, including taking medication(s) as prescribed for her psychiatric disorder and submitting to periodic tests of her blood and/or urine.

Dr. Gladden shall continue in psychiatric treatment until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require reports from the approved treating psychiatrist. The psychiatric reports shall contain information describing Dr. Gladden's current treatment plan and any changes that have been made to the treatment plan since the prior report; her compliance with the treatment plan; her psychiatric status; her progress in treatment; and results of any laboratory or other studies that have been conducted since the prior report. Dr. Gladden shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Gladden declarations of compliance.

Dr. Gladden shall ensure that her treating psychiatrist immediately notifies the Board of Dr. Gladden's failure to comply with her psychiatric treatment plan and/or any determination that Dr. Gladden is unable to practice due to her psychiatric disorder.

In the event that the designated psychiatrist becomes unable or unwilling to serve in this capacity, Dr. Gladden shall immediately so notify the Board in writing and make arrangements acceptable to the Board for another psychiatrist as soon as practicable. Dr. Gladden shall ensure that the previously designated psychiatrist also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

The Board, in its sole discretion, may disapprove of any psychiatrist proposed to serve as Dr. Gladden's designated treating psychiatrist, or may withdraw its approval of any psychiatrist previously approved to serve as Dr. Gladden's designated treating psychiatrist, in the event that the Secretary and Supervising Member of the Board determine that any such psychiatrist has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

12. **Prescription of Mood-Altering Substances by Board-Approved Psychiatrist Only:** Dr. Gladden shall ensure that any mood-altering or psychotropic medication prescribed for her shall be prescribed by the psychiatrist approved by the Board pursuant to paragraph (B)(12) above.

13. **Releases:** Dr. Gladden shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Gladden's chemical dependency, psychiatric condition(s), and/or related conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. To the extent permitted by law, the above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43, Ohio Revised Code, and are confidential pursuant to statute.

Dr. Gladden shall also provide the Board written consent permitting any treatment provider from whom she obtains treatment to notify the Board in the event Dr. Gladden fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Order.

14. **Absences from Ohio:** Dr. Gladden shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the suspension/probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed. Further, the Secretary and Supervising Member of the Board shall have discretion to waive part or all of the monitoring terms set forth in this Order for occasional periods of absence of 14 days or less.

In the event that Dr. Gladden resides and/or is employed at a location that is within 50 miles of the geographic border of Ohio and a contiguous state, Dr. Gladden may travel between Ohio and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Gladden is otherwise able to maintain full compliance with all other terms, conditions and limitations set forth in this Order.

15. **Required Reporting of Change of Address:** Dr. Gladden shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Gladden's certificate to practice medicine and surgery until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. Gladden shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.

2. **Compliance with Interim Conditions**: Dr. Gladden shall have maintained compliance with all the terms and conditions set forth in Paragraph B of this Order.
3. **Demonstration of Ability to Resume Practice**: Dr. Gladden shall demonstrate to the satisfaction of the Board that she can practice in compliance with acceptable and prevailing standards of care. Such demonstration shall include but shall not be limited to the following:
 - a. Certification from a treatment provider approved under Section 4731.25, Ohio Revised Code, that Dr. Gladden has successfully completed a minimum of 28 days of inpatient/residential treatment for chemical dependency/abuse at a treatment provider approved by the Board.
 - b. Evidence of continuing full compliance with an aftercare contract with a treatment provider approved under Section 4731.25, Ohio Revised Code. Such evidence shall include, but shall not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with Rule 4731-16-10, Ohio Administrative Code.
 - c. Evidence of continuing full compliance with this Order.
 - d. Two written reports indicating that Dr. Gladden's ability to practice has been assessed and that she has been found capable of practicing according to acceptable and prevailing standards of care, with respect to chemical dependency/abuse.

The reports shall have been made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Dr. Gladden. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Gladden shall provide the assessors with copies of patient records from any evaluation and/or treatment that she has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Gladden, and any conditions, restrictions, or limitations that should be imposed on Dr. Gladden's practice. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

4. **Psychiatric Reports Evidencing Fitness to Practice; Recommended Limitations:** At the time Dr. Gladden submits her application for reinstatement or restoration, Dr. Gladden shall provide the Board with written reports of evaluation by two psychiatrists acceptable to the Board indicating that Dr. Gladden's ability to practice has been assessed and that she has been found capable of practicing in accordance with acceptable and prevailing standards of care. Such evaluations shall have been performed within 60 days prior to Dr. Gladden's application for reinstatement or restoration. The reports of evaluation shall describe with particularity the bases for the determination that Dr. Gladden has been found capable of practicing according to acceptable and prevailing standards of care and shall include any recommended limitations upon her practice.
 5. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Gladden has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.
- D. **PROBATION:** Upon reinstatement or restoration, Dr. Gladden's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:
1. **Terms, Conditions, and Limitations Continued from Suspension Period:** Dr. Gladden shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.
 2. **Practice Plan:** Prior to Dr. Gladden's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Gladden shall submit to the Board and receive its approval for a plan of practice in Ohio. The practice plan, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Gladden's activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Gladden shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. Gladden submits her practice plan, she shall also submit the name and curriculum vitae of a monitoring physician for prior written approval by the Secretary and Supervising Member of the Board. In approving an individual to serve in this capacity, the Secretary and Supervising Member will give preference to a physician who practices in the same locale as Dr. Gladden and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Gladden and her medical practice, and shall review Dr. Gladden's patient charts. The chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the Board.

Further, the monitoring physician shall provide the Board with reports on the monitoring of Dr. Gladden and her medical practice, and on the review of Dr. Gladden's patient charts. Dr. Gladden shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Gladden's declarations of compliance.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Gladden shall immediately so notify the Board in writing. In addition, Dr. Gladden shall make arrangements acceptable to the Board for another monitoring physician within 30 days after the previously designated monitoring physician becomes unable or unwilling to serve, unless otherwise determined by the Board. Dr. Gladden shall further ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

The Board, in its sole discretion, may disapprove any physician proposed to serve as Dr. Gladden's monitoring physician, or may withdraw its approval of any physician previously approved to serve as Dr. Gladden's monitoring physician, in the event that the Secretary and Supervising Member of the Board determine that any such monitoring physician has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

3. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Gladden is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

- E. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Gladden's certificate will be fully restored.
- F. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Gladden violates the terms of this Order in any respect, the Board, after giving her notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of her certificate.
- G. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**

- 1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Gladden shall provide a copy of this Order to all employers or entities with which she is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training; and the Chief of Staff at each hospital or healthcare center where she has privileges or appointments. Further, Dr. Gladden shall promptly provide a copy of this Order to all employers or entities with which she contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments.

In the event that Dr. Gladden provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, she shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services.

These requirements shall continue until Dr. Gladden receives from the Board written notification of the successful completion of her probation.

- 2. **Required Reporting to Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Gladden shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which she currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Administration, through which she currently holds any license or certificate. Also, Dr. Gladden shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which she applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Gladden receives from the Board written notification of the successful completion of her probation.

3. **Required Reporting to Treatment Providers/Monitors:** Within 30 days of the effective date of this Order, Dr. Gladden shall provide a copy of this Order to all persons and entities that provide chemical dependency/abuse treatment to or monitoring of Dr. Gladden. This requirement shall continue until Dr. Gladden receives from the Board written notification of the successful completion of her probation.

4. **Required Documentation of the Reporting Required by Paragraph G:** Dr. Gladden shall provide this Board with **one** of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within 30 days of receiving that return receipt, (b) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (c) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (d) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

EFFECTIVE DATE OF ORDER: This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

(SEAL)

J. Craig Strafford MD MPH / KCA
J. Craig Strafford, M.D., M.P.H.
Secretary *Per Authority*

November 14, 2012
Date

STATE MEDICAL BOARD
OF OHIO

2012 OCT 17 AM 11:45

BEFORE THE STATE MEDICAL BOARD OF OHIO

In the Matter of

*

Case No. 12-CRF-035

Jamie Lynne Gladden, M.D.,

*

Hearing Examiner Blue

Respondent.

*

REPORT AND RECOMMENDATION

Basis for Hearing

In a Notice of Summary Suspension and Opportunity for Hearing (“Notice”) dated April 11, 2012, the State Medical Board of Ohio (“Board”) notified Jamie Lynne Gladden, M.D., that pursuant to Ohio Revised Code Section (“R.C.”) 4731.22(G), the Board had adopted an Entry of Order summarily suspending her certificate to practice medicine and surgery in the State of Ohio. In addition, the Board notified Dr. Gladden that it proposed to determine whether to take disciplinary action against her certificate based on allegations that, in March 2012, the Board ordered Dr. Gladden to undergo a 72-hour inpatient examination at Shepherd Hill in Newark, Ohio, and that she was found to be impaired in her ability to practice medicine and surgery.

The Board further alleged that Dr. Gladden’s acts, conduct, and/or omissions establish:

- “[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills,” as set forth in R.C. 4731.22(B)(19).
- “[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice,” as set forth in R.C. 4731.22(B)(26).

Finally, the Board advised Dr. Gladden of her right to request a hearing in this matter, and the Board received Dr. Gladden’s request for a hearing on May 11, 2012. (State’s Exhibits (“St. Exs.”) 1A, 1B)

Appearances:

Mike DeWine, Attorney General of Ohio, and Melinda R. Snyder and Heidi W. Dorn, Assistant Attorneys General, for the State of Ohio. Stephan C. Kremer, for Dr. Gladden.

Hearing Dates: August 29 and 30, 2012

PROCEDURAL MATTERS

1. At the request of the parties, the hearing record was held open until September 14, 2012, for the following reasons: (a) to provide additional time for the State to respond to Respondent's Bench Brief, (b) to submit written closing arguments, and (c) to submit Respondent's current psychiatric records.
2. At the hearing, the Hearing Examiner reserved her ruling on whether to admit State's Exhibit 9 into evidence to provide both parties additional time to brief the issue of whether it should be excluded from evidence.

At the hearing, Respondent's counsel filed a Bench Brief, marked as Respondent's Exhibit K, in support of his argument to exclude State's Exhibit 9 into evidence. On September 7, 2012, the State filed its Response which was marked as State's Exhibit 13. Both State's Exhibit 13, and Respondent's Exhibit K were admitted into evidence.

Upon review and consideration of the parties' briefs, State's Exhibit 9 is hereby admitted into evidence under seal because it is relevant, probative and reliable evidence.

3. On September 10, 2012, the Respondent submitted a copy of her current psychiatric records from the Veterans Administration Medical Center ("VA") as Joint Exhibit I. The State did not have any objection to Joint Exhibit I. Joint Exhibit I was admitted into evidence under seal.
4. On September 13, 2012, the Hearing Examiner conducted a teleconference with the parties to discuss, among other things, an allegation in the Notice concerning the number of psychotherapy sessions that Dr. Gladden had attended with Lawrence Johnson, Ph.D. The parties stipulated that Dr. Gladden attended 450 psychotherapy sessions with Dr. Johnson.
5. On September 14, 2012, the parties submitted closing arguments. The State's closing argument was marked as State's Exhibit 16, and the Respondent's closing argument was marked as Respondent's Exhibit L. Both State's Exhibit 16 and Respondent's Exhibit L were admitted into evidence.
6. The hearing record closed on September 14, 2012.

SUMMARY OF THE EVIDENCE

All evidence admitted in this matter, including the testimony, even if not specifically mentioned was thoroughly reviewed and considered by the Hearing Examiner prior to preparing this Report and Recommendation.

Background Information

1. Jamie Lynne Gladden, M.D., was born in 1970 in Toledo, Ohio. She obtained her medical degree in 1997 from the Ohio State University College of Medicine. Upon graduation, she completed a four-year residency in obstetrics/gynecology at the Naval Medical Center in San Diego, California. She testified that, from 2001 to 2004, she practiced as an obstetrician/gynecologist ("OB/GYN") at Camp LeJeune in North Carolina. She stated that, in 2004, she was honorably discharged from the Navy. (Hearing Transcript ("Tr.") Volume I ("Vol. I") at 16-22; Tr. Volume II ("Vol. II") at 223-225, 253)
2. Dr. Gladden testified that, from May 2005 through September 2006, she practiced as an OB/GYN at Wood County Women's Care in Bowling Green, Ohio. She testified that she left the practice because she had issues with her medical partner and had also been unhappy with civilian medicine. (Tr. Vol. I at 24-25; Tr. Vol. II at 226-227)
3. Dr. Gladden testified that, from March 2007 through April 2010, she completed a second residency in psychiatry at the University of Toledo Medical Center because she was interested in opening a women's health clinic that offered both OB/GYN and psychiatry services. (Tr. Vol. I at 28-32; Tr. Vol. II at 227)
4. She testified that, from September 2010 through October 24, 2011, she worked part-time as a psychiatrist at Psychological Resources in Bowling Green, Ohio. She testified that she saw up to 15 patients per day and that her practice primarily focused on therapy rather than medication management. (Tr. Vol. I. at 28-32; Tr. Vol. II at 227-228)
5. Dr. Gladden was initially licensed to practice medicine and surgery in Ohio in 1999. Prior to the April 11, 2012, summary suspension, Dr. Gladden had not practiced medicine since October 24, 2011. She testified that she was terminated from Psychological Resources on November 11, 2011. (St. Ex. 6; Tr. Vol. I at 29-32; State of Ohio eLicense Center, <https://license.ohio.gov/lookup>, accessed September 7, 2012)

Dr. Gladden's Mental Health History

6. Dr. Gladden testified that, since high school, she has struggled with depression and anorexia because she was sexually and emotionally abused as a child. She stated that she underwent counseling in college. She testified that, in medical school, she was prescribed an anti-depressant medication because she was suicidal after her boyfriend

broke up with her. Dr. Gladden testified that she took 20 mg of Prozac for the next several years, and “it worked fine.” (Respondent’s Exhibit (“Resp. Ex.”) H at 1863; Tr. Vol. I at 32-37, 41-42; Tr. Vol. II at 236)

7. Dr. Gladden testified that, in 2005, she began treating with Lawrence Johnson, Ph.D., a psychologist, because she was having “symptoms of PTSD” during her pregnancy. From 2005 through October 24, 2011, Dr. Gladden treated with Dr. Johnson for a total of 450 psychotherapy sessions. (Tr. Vol. I at 39-41, 43-44)
8. Since 2008, Dr. Gladden has also treated with the following mental-health providers:
 - From January 13, 2008, through April 8, 2010, she treated with Daniel Rapport, M.D., a psychiatrist, at the University of Toledo Medical Center;
 - From September 26, 2008, through October 4, 2008, she was hospitalized in the psychiatric unit at the Toledo Hospital;
 - From March 13, 2009, through the present, she has treated at the VA with Sunday Ilechukwu, M.D., a psychiatrist, and other mental health providers; and
 - From October 24, 2011, through November 10, 2011, she was hospitalized in the psychiatric unit at the Toledo Hospital.

(Joint Exhibits (“Jt. Exs.”) A-D, F)

Dr. Gladden’s Psychiatric Records from September 2007 through September 2008

9. The following is a chronological summary of Dr. Gladden’s psychiatric records from Dr. Johnson (“LJ”), Dr. Rapport (“DR”), and the VA:
 - September 6, 2007 (LJ): She reported that she cut herself last night at 12:15 a.m. (Jt. Ex. B1 at 451)
 - September 13, 2007 (LJ): Seven ego states were identified: (1) the professional – competent, (2) the little girl, (3) ambivalent, (4) angry, (5) the self, (6) hopeless, and (7) the strong protector. (Jt. Ex. B1 at 453)
 - November 14, 2007 (LJ): She reported that she felt “weird” from feeling pain to feeling numb. It was noted that she could only obsess about blood. (Jt. Ex. B1 at 466)
 - November 15, 2007 (LJ): She is obsessed about telling her husband to secure the gun. (Jt. Ex. B1 at 467)
 - November 19, 2007 (LJ): She reported that she cut herself on November 15, 2007. (Jt. Ex. B1 at 468)
 - December 3, 2007 (LJ): She reported that she cut herself on December 2, 2007. (Jt. Ex. B1 at 470)

- December 6, 2007 (LJ): She reported that she drank 151 Rum and took Vicodin and that the ego state wants to kill her. (Jt. Ex. B1 at 471)
- December 13, 2007 (LJ): She reported that her neurologist told her to drink more alcohol to stop the tremors in her hands. (Jt. Ex. B1 at 472)
- December 20, 2007 (LJ): She reported that last night she had 2 Vicodin early in the evening and then 2 or 3 Vicodins with 2 Rum and Cokes later. (Jt. Ex. B1 at 475)
- January 13, 2008 (DR): She complained that she still feels suicidal. She was advised to throw away all alcohol and any of her medications that she had been abusing. (Jt. Ex. C1 at 902-903)
- January 15, 2008 (DR): Changed diagnosis from Borderline Personality Disorder to Bipolar Disorder, predominantly depressed morbid, with alcohol and substance abuse. Dr. Gladden agreed to stop taking Nortriptyline, give the Vicodin and Flexeril to her husband, and pour out all of the alcohol. (Jt. Ex. C1 at 904-905)
- January 17, 2008 (LJ): It was noted that she was passively attempting to kill herself. (Jt. Ex. B1 at 479)
- January 24, 2008 (LJ): She reported that she took 3000 mg of Neurontin yesterday with rum. (Jt. Ex. B1 at 480)
- January 28, 2008 (DR): She stated that, "I don't know if I can do this anymore." She explained that her statement meant getting drunk and overdosing on pills "as punishment" for what she has done. (Jt. Ex. C1 at 910-911)
- February 6, 2008 (DR): She reported that she was "not doing well" and stated that on Friday evening she took Flexeril, Neurontin, Benadryl, Ultram, Vicodin and rum. (Jt. Ex. C1 at 914-915)
- February 7, 2008 (DR): It was noted that she had been overdosing to stop her obsessive negative thinking. (Jt. Ex. C1 at 918-919)
- February 7, 2008 (LJ): It was noted that she had a severe episode of mixing rum and multiple medications including Vicodin, Neurontin, and Flexeril on Monday. (Jt. Ex. B1 at 483)
- February 15, 2008 (DR): Dr. Gladden sent 3 inflammatory e-mails to Dr. Rapport. Dr. Rapport spoke to her husband regarding his concerns who assured him she was okay. Dr. Rapport suggested that she attend NA, AA, or dialectical behavior therapy. Dr. Rapport offered to call the police but her husband declined to do so. (Jt. Ex. C1 at 928-929)
- March 24, 2008 e-mail sent at 2:07 a.m. to LJ: She wrote: "And if I didn't have to work tomorrow, I would play my chances at roulette and see if I could win – win for me and my agony." (Jt. Ex. B3 at 788)
- March 30, 2008 e-mail sent at 3:18 a.m. to LJ and DR: She wrote: "FUCK YOU ALL_FUCK BOTH OF YOU_WHY PAWN ME OFF TO OTHER IN ANN ARBOR OR [sic] -AT LEAST BE MAN ENOUGH TO SAY YOU ARE FUCKING SICK OF ME-CAN'T BLAME YOU * * *." (Jt. Ex. B3 at 790-791; Emphasis in original)

- March 31, 2008 (LJ): Dr. Johnson spoke with Dr. Rapport on Friday who also agreed that she needs inpatient treatment due to her recent e-mails and voicemails. (Jt. Ex. B1 at 490)
- April 17, 2008 (DR): She called Dr. Rapport to inform him that she “was giving up.” He noted concern that Dr. Gladden had been “chronically and severely suicidal for long period in the past” and that she is pulling away from therapy and her family. Dr. Rapport recommended hospitalization at this time. She refused. (Jt. Ex. C1 at 977-979)
- April 18, 2008 (VA): She called the National VA Suicide hotline crying and complaining of frequent and intrusive suicidal ideations. She reported having attempted suicide multiple times in her life, and her last attempt was three weeks ago when she overdosed on prescribed medications and alcohol. She also admitted to being a cutter and that she cuts her abdomen to relieve stress. (Jt. Ex. A3 at 385-386)
- September 25, 2008 (LJ): Reported that she drank and overdosed last night. Worked on processing her suicide attempt. (Jt. Ex. B1 at 516)
- September 26, 2008 (DR): She gave Dr. Rapport a suicide note and then agreed to be hospitalized voluntarily. (Jt. Ex. C1 at 1031-1032)

September 2008 Psychiatric Hospitalization at the Toledo Hospital

10. On September 26, 2008, Dr. Gladden was voluntarily admitted to the Toledo Hospital for complaints of suicidal ideations. At the time of her admission, she was a third-year resident in psychiatry. (Jt. Ex. D1)
11. Upon her admission, Siva Yechor, M.D., a psychiatrist, performed an evaluation of Dr. Gladden. Dr. Yechor noted the following in his evaluation report dated September 26, 2008:

CHIEF COMPLAINT: Suicidal, depressed, and having mood swings.

HISTORY OF PRESENT ILLNESS: The patient was referred by her outpatient psychiatrist, Dr. Rapport * * *. She has been having depression for a very long time and has been having a depressive episode for almost a year, which has been increasing in intensity, and she has had mood swings in association with that. There are times when she feels extremely angry and has contemplated killing herself. She does own a gun and she keeps it in the house, hidden away, and would not tell her psychiatrist or [her] therapist as to where it was. She also told them that she had taken an overdose of assorted medications in the past few days or so. At that point he recommended admission. * * * The patient endorses many symptoms of depression as well as periods of hypomania in between. At times she has had both symptoms at the same time.

PAST PSYCHIATRIC HISTORY: Onset of illness must have been childhood. She has had a variety of treatments that have gone on. To the best of her knowledge, this is the first hospitalization that she has had. With regards to suicide attempts in the past, she may have contemplated it, but has tried overdosing and cutting herself.

* * *

FAMILY AND SOCIAL HISTORY: The patient states that she had a troubled childhood. * * * At this time there may be some issues with drinking, according to her psychiatrist. The patient wasn't forthcoming about these issues. * * * .

MENTAL STATUS EXAMINATION: Mood is said to be extremely depressed and dysphoric, despondent. Affected responses are much restricted * * *. Thought process shows some fragmentation * * *. Contents reveal ideas of helplessness, morbid thoughts about the past, and ideas of hopelessness. Suicidal ideations persist. * * *

ADMISSION DIAGNOSIS:

Axis I: Bipolar mood disorder, most recent episode mixed, without psychotic features.
Axis II: None.
Axis III: Multiple medical problems that are listed in the H&P.
Axis IV: Problems in primary support.
Axis V: 30.

(Jt. Ex. D1 at 1148-1149)

12. On October 4, 2008, Dr. Gladden was discharged from the Toledo Hospital after being hospitalized for nine days. The discharge summary stated the following in pertinent part:

REASONS FOR ADMISSION/HISTORY OF PRESENT ILLNESS:

* * *

At time of admission, we reviewed all [of] her home medications, especially the psychotropic medications. * * * As far as the psychotropics were concerned, we retained Celexa 20 mg daily, with [illegible] Razadyne 8 mg daily. We increased the Cytomel to 0.025 mg per day and started her on Abilify 10 mg every day, essentially for mood stabilization. The patient has had a history of mood instability and we felt that at this point Abilify would provide her the best option for keeping her mood

stable. The patient had talked about having attention deficit and had been on stimulant medications, but in my opinion the stimulants were not serving any role and could be interfering with the treatment of depression and the cause of propensity to precipitate a mixed syndrome. After discussing it with the patient, I stopped stimulants completely * * *. I personally had talked to her outpatient psychiatrist, her therapist, as well as the husband. * * * *We were able to convince [her] to tell her husband as to where the gun was located and he has confirmed that he has removed it since and at least for now she has no access to any firearms.*

As the treatment progressed, she became more and more communicative and energetic. Side effects were minimal she was very focused on weight gain, but continued to take the medications. * * * At this point, in my opinion she is at a point where she can continue her outpatient treatment, and the risk of suicide has been reasonably mitigated. *Obviously, given the nature of the illness there could be other events [i]n the future that could be detrimental to her, but for now the treatment process has reached a point where she is getting maximum benefit out of the medications as well as the support system she has in place * * *.*

DISCHARGE DIAGNOSIS:

AXIS I: Bipolar mood disorder, most recent episode mixed without psychotic features.
AXIS II: None.
AXIS III: * * *
AXIS IV: Problems with primary support.
AXIS V: 60.

DISCHARGE INSTRUCTIONS: The patient [is] to continue treatment as prescribed and take all the medications and go to her psychiatrist for further treatment * * *. She is also to go see her therapist, Dr. Johnson.

(Jt. Ex. D1 at 1134-1136; Emphasis added)

Dr. Gladden's Psychiatric Records from October 2008 to October 24, 2011

13. The following is a chronological summary of Dr. Gladden's psychiatric records from Dr. Johnson ("LJ"), Dr. Rapport ("DR"), and the VA:
- October 6, 2008 (LJ): She reported that she had been taking Klonopin with rum. She complained of crawling out of her skin. It was noted that her writing had deteriorated severely and that she can't sit still. (Jt. Ex. B1 at 517)
 - October 10, 2008 (LJ): Reported that her anorexia is back. (Jt. Ex. B1 at 522)

- November 26, 2008 (DR): Reported that she is drinking because it makes her feel better and she drinks different nights for different reasons. Some nights because she is down and upset and other times because “whoo-hoo lets party or it doesn’t matter anyway.” (Jt. Ex. C1 at 1053-1054)
- December 30, 2008 (LJ): Reported that she believes she is possessed. (Jt. Ex. B1 at 534)
- January 16, 2009 (VA): Called the National VA Suicide hotline reporting that she had taken an overdose of Klonopin, Benadryl, and trazadone two hours prior to the call. The Wood County Sheriff’s Office responded and determined that she was safe to stay with her husband. (JT. Ex. A1 at 200)
- January 16, 2009 (LJ): Suicide attempt listed as current stressor. Reported that she took 3.5 mg of Klonopin last night. Called Dr. Johnson at 3:18 a.m. During the session, she demonstrated signs of being overmedicated (i.e. droopy eyes, very tired, word slurring). She refused hospitalization. (Jt. Ex. B1 at 537)
- March 2, 2009 (VA): Had initial consult with Leslie Berk, LISW. She provided a history of a prior hospitalization at Toledo Hospital for an overdose on medications and “2 (1 oz.) shots of whiskey.” (Jt. Ex. A1 at 188)
- March 13, 2009(VA): Had first psychiatric consult with Sunday Ilechukwu, M.D. It was noted that she had had depressive spells most of her life along with some manic episodes and that she overdosed in 2008 on clonazepam, citalopram, topiramate and alcohol and was admitted to inpatient treatment at the Toledo Hospital. At her request, Dr. Ilechukwu agreed to take over her medication management. (Jt. Ex. A1 at 184-186)
- May 7, 2009 (LJ): Reported that she took 7 mg of Klonopin last night to sleep a long time. (Jt. Ex. B1 at 556)
- May 8, 2009 (DR): Recommended hospitalization because Dr. Gladden reported that she overdosed on Klonopin and alcohol the last two nights and also left him a message that she can’t stay safe. (Jt. Ex. C1 at 1087)
- June 24, 2009 (LJ): Reported that she cut herself last Thursday and Saturday. (Jt. Ex. B1 at 570)
- July 29, 2009 (LJ): Reported that her drinking had increased. (Jt. Ex. B1 at 576)
- August 20, 2009 (LJ): Reported that she is back to cutting, drinking and pills. (Jt. Ex. B1 at 578)
- August 25, 2009 (DR): Received a phone call from Dr. Gladden that she had a “rough night” on Sunday. Dr. Johnson reported that Dr. Gladden told him that she had a gun out and it jammed. However, she insisted that she was not going to kill herself. She turned over the guns to her husband the following day. (Jt. Ex. C1 at 1099-1100)
- August 26, 2009 e-mail sent at 11:34 p.m. to LJ and DR: She wrote: “I apologize to both of you for calling and yelling/cussing at you on your machines the other night. * * * I am the one who was stupid in all of this and who screwed up. I never should have told you, Larry, about the events of the evening. * * * I can’t believe they are gone – God, I am so pissed. My beautiful Smith and Wesson

MILITARY and police. * * * Everything is being taken away from me – my fucking brain, ability to think and learn, the military, and oh my God – my fucking OB-GYN board certification that I worked so fucking hard to get.” (Jt. Ex. B3 at 803-804)

- August 31, 2009 (VA): She “admitted to unaccustomed use of alcohol X 2 yrs – 3-4x/week; 1-2 drinks of rum; never 6 or more at any time.” She reported that her husband intervened when “he noticed etoh abuse along with overdosing on meds 18 months ago.” She characterized her alcohol use as “self-destructive behavior.” She was diagnosed with Bipolar Disorder, ADHD, and alcohol abuse. However, an addendum was added by Dr. Ilechukwu on November 18, 2009 that Dr. Gladden’s alcohol use was “subsyndromal.”¹ (Jt. Ex. A1 at 156-160)
- September 14, 2009 (LJ): She reported that she cut last night. (Jt. Ex. B1 at 583)
- October 12, 2009(LJ): She reported that she cut herself several times superficially on leg and abdomen. (Jt. Ex. B1 at 591)
- October 19, 2009(LJ): She reported that she took an overdose of Klonopin on Thursday. (Jt. Ex. B1 at 593)
- December 10, 2009 (LJ): She did not go to work on Wednesday and Thursday this week. “I want to go to sleep for a long...long time.” She stated that this is not a suicidal statement. It was recommended that she be hospitalized. (Jt. Ex. B1 at 608)
- December 11, 2009 (LJ): She inscribed “HELL” on her abdomen and she reported drinking rum and Diet Pepsi. (Jt. Ex. B1 at 609)
- December 11, 2009 (DR): Reported that she has been overdosing, cutting, and that she was constantly suicidal and depressed. Dr. Rapport recommended a “wash out” of her medications followed by electric shock therapy or transcranial magnetic stimulation. (Jt. Ex. C1 at 1107)
- December 14, 2009 (LJ): She reported that she has been awake since 5:30 p.m. last night, began drinking at 1:30 a.m., and had her last drink at 6:00 a.m. She was still under the influence of alcohol and overmedicated during the session. (Jt. Ex. B1 at 610)
- January 2, 2010 (LJ): On New Year’s Eve, she carved “HELL FIRE & DAMNATION” on her abdomen. (Jt. Ex. B1 at 614)
- February 10, 2010 (DR): Reported that she overdosed again last Thursday and was AWOL. It was reported that she overdosed three times last week. She was suspended from work on Friday. She decided to take a time out from her residency and “rest.” Discussed hospitalization. (Jt. Ex. C1 at 1111-1112)
- February 11, 2010 (LJ): It was noted that, due to her unexcused absence from work, she was put on leave of absence with the stipulation that she needed a psychiatric evaluation and a report clearing her for work. (Jt. Ex. B1 at 621)

¹ “Subsyndromal” is defined as characterized by or exhibiting symptoms that are not severe enough for diagnosis as a clinically recognized symptom. (Medline, www.merriam-webster.com/medlineplus, accessed on October 5, 2012)

- February 12, 2010 (DR): Teleconference with Dr. Gladden in which Dr. Rapport advised her that she had 3 choices: (1) Call for inpatient hospitalization with Dr. Yechoor at UT; (2) Contact Menniger's Clinic for long-term treatment; or (3) take an extended period of time off from her residency and work with a therapist and psychiatrist. (Jt. Ex. C1 at 1113-1114)
- March 4, 2010 (LJ): She reported that she cut 3 times this week. (Jt. Ex. B1 at 628)
- March 15, 2010 (LJ): She reported staying up all night and using alcohol and Vicodin. (Jt. Ex. B1 at 631)
- April 8, 2010 (DR): She left a voicemail terminating treatment with Dr. Rapport and indicating that she doesn't feel that he can help her and that her life is not going to change. Dr. Rapport stated that she has a chronic risk of suicide. (Jt. Ex. C1 at 1118-1121)
- April 23, 2010 (LJ): Reported that she overmedicated herself yesterday to knock herself out for 24 to 46 hours. (Jt. Ex. B1 at 644)
- June 1, 2010 e-mail sent at 7:09 a.m. to LJ: She wrote: "My nightly beverage intake has increased quite a bit lately and so has the poundage. Serves me right. How fucking disgusting. Yet I keep doing it. * * * Oh fuck it all-just fuck it all-just get more fucking rum for God sake." (Jt. Ex. B3 at 821)
- June 18, 2010 (LJ): She reported that "I was driven to destruction" and stayed up all night drinking and taking Vicodin. (Jt. Ex. B1 at 657)
- July 1, 2010 e-mail sent at 7:33 a.m. to LJ: "Don't know what to say-blank-blank-tired-no-fuck it-wake up-invigorate-fight it- fuck it-cut it-slice it-burn it-dice it-ring it-thrash it-dash it-bash it-crash it-crash-tired * * *." (Jt. Ex. B3 at 823)
- July 4, 2010 e-mail sent at 1:01 p.m. to LJ: She wrote: "I for the first time – am going on 12+ hours of rum time! I should have stopped 6 hours ago, but I figured – what the hell? Why stop now when the going is good? And add a little pep to it to boot for an all nighter. What a way to run yourself into the ground. Go baby go!! You can do it!! What a fucking blast!! [sic] All you need to do is add a little cutting to the mix to make it complete * * *." (Jt. Ex. B3 at 825)
- July 8, 2010 (LJ): Noted that she spent the week on a self-destructive binge by cutting, using alcohol, and abusing medication. She refused hospitalization. (Jt. Ex. B1 at 659)
- December 23, 2010 (LJ): Noted that she had been drinking. (Jt. Ex. B1 at 697)
- January 1, 2011 e-mail sent at 3:41 a.m. to LJ: She wrote: "[B]ut my brain doesn't function like it used to and I get so fucking frustrated because I can't work like I used to and I feel i don't know what i should. I just don't feel comfortable anymore and I am torn about my career – sometimes I feel like I shouldn't be doing it at all * * *." (Jt. Ex. B3 at 853)
- January 6, 2011 (LJ): Had an emergency session regarding suicidal ideations. (Jt. Ex. B1 at 700)

- February 11, 2011 e-mail sent at 11:27 p.m. to LJ: She wrote: "I am losing my mind * * * I am going to have a breakdown...." (Jt. Ex. B3 at 855)
- February 26, 2011 (LJ): Worked on her desire to die versus her desire to live. Recommended that she go into a 90-day inpatient program. She refused. (Jt. Ex. B1 at 716; Emphasis added)
- April 14, 2011 (LJ): Worked with her delusional process concerning her notation during therapy which stated: "I want to cut. I want to burn. I want to bleed like Jesus bled (sp?). FAT." (Jt. Ex. B1 at 731-732; Emphasis in original)
- May 5, 2011 (VA): Requested a new evaluation of her psychopathology based on her belief that she had complex PTSD rather than bipolar disorder. She did not express any suicidal ideations at this visit. She was diagnosed with bipolar disorder and ADHD. (Jt. Ex. A1 at 61-64)
- May 23, 2011 (LJ): Worked on whether she wants to give up her demons. (Jt. Ex. B1 at 743)
- June 10, 2011 (LJ): Confronted patient for coming to appointment drunk. She was unable to drive. She was permitted to sleep on Dr. Johnson's couch for 4 hours while he saw afternoon patients. (Jt. Ex. B1 at 747-748)
- August 4, 2011 (LJ): Reported that she had a meeting with an exorcist. (Jt. Ex. B1 at 761)
- August 8, 2011 (LJ): Dr. Johnson noted that the evil ego state emerged at the session. (Jt. Ex. B1 at 762)
- August 11, 2011 (VA): Dr. Gladden complained of impaired focus and increased forgetfulness. Upon examination, Dr. Gladden appeared dysphoric and anxious. Dr. Ilchukwu prescribed a trial of dextroamphetamine. (Jt. Ex. A1 at 444-49)
- August 29, 2011 (LJ): She stated she is "going to drink herself to death." (Jt. Ex. B1 at 767)
- September 19, 2011 (LJ): Had drop-in session. Reported that her head is spinning and she expressed that she didn't know what reality was. (Jt. Ex. B1 at 773)
- October 17, 2011 (LJ): She reported that, from 9:00 a.m. to 11:15 a.m., she had no memory of what she did but that she did not fall asleep and she didn't remember where she was when she regained awareness. She reported that she stayed up all night and slept 12 hours from 10:00 p.m. Friday to 10:00 a.m. Saturday. She drank as usual last night. (Jt. Ex. B1 at 780)
- October 21, 2011 (LJ): Reported extreme fear. (Jt. Ex. B1 at 781)

October 24, 2011 Incident

14. On October 24, 2011, the Sylvania Township Police Department received a 911 call from Dr. Johnson reporting an emergency situation. The police report stated the following:

On listed date and time, Dr. Lawrence Johnson reported his patient had pulled a gun and threatened to shoot herself. Upon arrival, he had disarmed her and secured her hands. She admitted to putting a gun to her

head and added that she cut herself in the abdominal region earlier. She was identified as Jamie Lynn Gladden. Jamie advised that she feels she is “possessed.”

(Jt. Ex. E)

15. On October 24, 2011, Dr. Johnson provided the Sylvania Police with the following written statement in which he described the incident in detail:

During a very difficult therapy session, the fragmented evil ego state within the personality structure of Jamie Lynn Gladden emerged. Believing she is possessed by the devil, Jamie Lynn refers to this evil ego state as “the devil.”

Confronting the delusion of “the devil” is not therapeutic. Therefore, choosing to go with the delusion, I pulled out my rosary. She seemed to be quite agitated, screaming, “Fuck Mary,” over and over, again. She got up and ripped the rosary out of my hand. She attempted to break the rosary. I demanded that she not break it. When it did not break, she clearly got angrier. Jaime Lynn leapt across the room and began to strangle me with the rosary. When I felt the air leave my body and I could not breathe, I pushed her off of me and sat her in a chair. I got the rosary away from her and demanded that she leave my office. She refused. I again demanded she leave my office. She was not leaving. I told her that if she did not leave I would call the police and file assault charges. She left.

I watched the parking lot from my window. I did not see her get into her car. I looked on my security cameras and she did not appear to be in the suite. I opened the door to my waiting room and my front foyer. Jamie Lynn was curled up in the fetal position, sitting on the floor up against the front door to my suite. She was crying. I stated that I thought she had left. She kept repeating, “I’m sorry.” I walked back into my office and sat in my desk chair. I left the door to the waiting room open, as well as my office door. I wanted to see if she would come in to my office and initiate a reconciliation. She did not. I waited a few minutes and then offered her the opportunity to come back in my office. This was approximately 1:30 p.m.

She kept repeating, “I’m sorry.”

In an attempt to salvage therapy, I attempted to have her become aware of the moment she “defeated the devil and became herself.” In other words, was she aware that she attacked me. She stated, “I was vaguely aware of

the attack.” Her eyes told me differently. She was completely aware of her behavior. I strongly encouraged her to tell me about the switch and her awareness of the moment she came out of the evil ego state, becoming emotionally aware of the events. She stated, “it hit me.” I pushed her to define “it.” She defined it as a realization of what she had done to me. I believed we’re getting somewhere. I stated that it would take some time for me to forgive the attack but we would work through it. She stated that it didn’t make a difference whether or not I forgave her. I “heard” the veiled suicide attempt.

By this time it was 1:50 PM. I was feeling pressed because my 1:30 PM patient was in the waiting room. I told her that I needed to get to my next patient and we would continue this (reconciliation) at our 4:30 PM appointment on Thursday. I stood up as an indication of terminating the session. She continued to sit down. I left the office for a moment thinking she was following me. She wasn’t.

I went into my business office for a very short moment and then returned to my office. Upon entering my office, I observed Jamie Lynn sitting in the chair with a gun to her head. The gun was in her right hand and she had it up to the right temporal area of her head. I very suddenly hit her arm and grabbed her wrist and pulled the gun away from her head I made sure the gun was aimed away from both of us and towards the wall. I demanded that she let go of the gun. She refused to let go of the gun with her right index finger still positioned on the trigger. I was holding her wrist very tightly with my thumb pressing into her wrist to force the gun out of her hand. This struggle went on for approximately 5 min.

When I determined that I had her gun hand secured, I reached over to my desk and dialed 911 through my speakerphone. * * *

The 911 operator kept me on the line until the police arrived. * * *

I also let [the police] know that she has a permit to carry a concealed weapon. The permit is from Wood County. The officers inspected the gun and found a bullet in the chamber with the safety off. In other words, the gun was loaded and ready to fire.

(Jt. Ex. E)

16. At the hearing, Dr. Gladden described her recollection of the October 24, 2011 incident:

The evil ego state was present that day.

Now, the exorcist had told [Dr. Johnson] to pull out a rosary to protect himself, but never instructed him to start praying Hail Marys.

And that's what he did. * * * [D]emons don't like anything to do with Mary, and the last thing you ever want to do is mention Mary.

So to start Hail Marys is really not a smart thing to do unless you think you're trying to exorcise something. * * *

And so this evil ego state didn't like it at all and told him to stop, and he wouldn't stop. And so that escalated things. * * *

And so it just got the evil ego state even more pissed off, and then eventually, since Larry wouldn't stop, the evil ego state ripped the rosary out of Larry's hands, and that pissed Larry off, so Larry started screaming at the evil ego state, and was swearing at it.

And then it tried to rip apart the rosary, and then that obviously got Larry more angry, and everything just kept escalating, and so that's when the attack happened.

And then Larry threw him off - - or not - - threw me, whatever, ego - - evil ego state off, and then said something to the effect of get out before - - something about pressing charges, calling the police and pressing charges. And then the evil ego state was still present.

* * * Halfway down the stairs, I came to my senses - - the evil ego state left, and I came to my senses and realized what happened, or that something really bad happened, and [I] fell apart.

So I went back to his office and sat down. * * *

And I'm just sitting there thinking to myself, I can't live without [Dr. Johnson], what am I going to do?

And then he left the room, and I bent down to get my keys out of my purse, and at that time - - you know, I had, for a long time, had been a really good marksman, and I had a concealed carry, and I had forgotten that I even had my gun with me, and I thought, I know it's not smart, and I know I shouldn't have been manipulative - - and I admit I was trying to manipulate him.

And I thought I would show him how much he means to me, and how much I care about him, and to what extent I'd go for him, that he might forgive me.

And I had no intention of killing myself. No one believes me, but I had no intention of killing myself, I just wanted to prove a point to him.

And I know that was really bad judgment, but I basically was trying to manipulate him. And so I pulled it out and put it up to my head, and he came in and flipped out.

And he threw my arm down and kept saying, "Drop it, drop it, drop it." I'm like "Larry, please, please, just please say you'll forgive me, that's all I want." * * *

And I'm like, "I'm not a danger, Larry. I don't need to go to the hospital. I just need you to forgive me." * * *

(Tr. Vol. I at 79-87)

17. The State submitted a certified copy of Dr. Johnson's security videotape from his October 24, 2011 session with Dr. Gladden, which was admitted into evidence as State's Exhibit 9. The videotape does not contain audio; however, it does verify that the incident occurred as described above in Paragraphs 15 and 16. At the hearing, Dr. Gladden testified that she knew there were security cameras in Dr. Johnson's office but denied that she had previously seen the tape. (St. Ex. 9; Tr. Vol. I at 77, 83)
18. According to the police report, a Beretta 3032 (.32 caliber) pistol was taken into evidence at the scene. Dr. Gladden was "pink slipped" and transported to Flower Hospital Emergency Room for further evaluation. At Flower Hospital, Dr. Gladden requested to be transported to the Toledo Hospital for further psychiatric care. (Jt. Exs. E, F)

October 2011 Psychiatric Hospitalization at the Toledo Hospital

19. Dr. Gladden was hospitalized in the psychiatric unit at the Toledo Hospital from October 24, 2011 through November 10, 2011, for a total of 18 days. (Jt. Ex. D2)
20. During the course of her hospitalization, Dr. Gladden underwent two psychiatric evaluations. The first evaluation was performed by Siva Yechoor, M.D. on November 3, 2011. (Jt. Ex. D2 at 1433-1436) Dr. Yechoor's report stated the following in pertinent part:

CHIEF COMPLAINT: Alleged suicide attempt

HISTORY OF PRESENT ILLNESS: The patient, who is known to me from a prior admission as well as having worked with me, called me on my cell phone and told me she was at the Flower Hospital ER and needed to be admitted for treatment and would prefer to go to Toledo Hospital.

* * *

Given the complexity of the situation, I waited awhile before making my dictation for a comprehensive evaluation. I set about getting more information, spoke to her husband, spoke to her therapist, and this history is a summary from all the sources of information that I have availed it from.

Patient tells me that she believes that the devil has taken over possession and has made her do things that she has no control over. She has had this belief for well over three to four years because of various things she said that have happened in her life. * * * As to the events that led up to this hospitalization, the patient says that she and her therapist had been working on these issues, and in one of the therapy sessions, she felt the possession phenomenon occur, and she told me that she had attacked the therapist. * * * She said that she could feel that she was different, and she also remembers that she had "attacked" Dr. Johnson, and she says that while she was in the waiting room, she was very remorseful and wanted to display her remorse and kept saying that the reason why she even pointed a gun towards herself was to show the extent and depth of her contrition.

* * *

PAST PSYCHIATRIC HISTORY: * * * As regards the belief in possession, itself, it is hard to pinpoint when she has had this. She says it all came to her when she had been doing readings, and she believed that this could best account for all the symptoms and signs that she had been having * * * Patient has a history of cutting herself, and she has had multiple episodes in the past. She does admit that more recently, she has been cutting herself.

FAMILY, PERSONAL AND SOCIAL HISTORY: * * * Patient has never been a drinker, she says, but ever since she claims that the "possession" occurred, she has been drinking more. She says that she has noticed that she has been drinking more and attributes it to the "possession." * * *

MENTAL STATUS EXAMINATION: I have had the opportunity to see this patient on various occasions. My mental status description is

based on serial examinations. * * * As far as the thought process is concerned, I have not found any abnormality. * * * As far as her thought contents are concerned, she does have an overvalued idea, which is culturally-sanctioned, of demonic possession. I have not found this to be psychotic. She is willing to look at it objectively, and it is more her culturally-sanctioned belief in the existence of the devil and demons that is related to her current belief of possession rather than the psychotic process. I have not noticed any delusions as such. As regards to suicidal ideations and intent, patient has admitted that there have been times that she gets thoughts that life is not worth living, but again, believes that these thoughts and actions are all part of the demonic possession, and she, herself, has no intent on hurting herself. * * *

As regards her putting a gun to herself, evaluating her judgment post-facto is hard. She has been told not to bring weapons into her therapist's office but says that she did not realize the gun was there. At the same time, she did take the gun out and point it at herself. Her explanation is that she did it to demonstrate the depth of her genuine regret. Obviously, this is difficult to process, and the fact that the police had to be called in and the weapon had to be confiscated does raise some doubts about her judgment, but in the observation that we have had in the hospital, she has not shown any problems with her judgment in her interactions with me.

ADMITTING DIAGNOSIS:

Axis I	Major depression Rule out posttraumatic stress disorder and dissociative disorder, not otherwise specified
Axis II	None
Axis III	Defer to H&P
Axis IV	Severe
Axis V	30

TREATMENT PLAN: * * * I have suggested that she seek the help of experts in the field of dissociation. My suggestions included her going to the Menninger Clinic, which is now affiliated with the Baylor College of Medicine Psychiatry Program, or the program at MGH and Gunderson Clinic in Boston. I have also told her that I would like to consult with a forensic psychiatrist. * * *

(Jt. Ex. D2 at 1433-1436)

21. On November 4, 2011, Dr. Gladden attempted suicide by wrapping a computer power cord around her neck. (Jt. Ex. D2 at 1557-1558) According to her treatment records, the following occurred:

We proceeded to meet with the patient and her husband along with Dr. Johnson. The interview did not go too well. The therapist told her that he was no longer going to see her and at that point, the patient walked away, went into her room, and tried to put a cord around her neck. At that point, we had to transfer her to the Intensive Care Unit and was put on 1-on-1 observation. We processed the whole episode with her and provided supportive and cognitive therapy to facilitate her acceptance of termination by her therapist and we were reasonably successful in this endeavor. * * *

(Jt. Ex. D2 at 1389)

22. Dr. Gladden's second psychiatric evaluation was performed by Ahmed J. Janjua, M.D., a psychiatrist, on November 9, 2011. Dr. Janjua's evaluation states in pertinent part:

HISTORY OF PRESENT ILLNESS: The patient is well known to me due to association with her for more than two years during my training at University of Toledo Medical Center Department of Psychiatry. I was contacted by the patient and requested to come in to deliver a second psychiatric opinion about her condition.

* * *

She continues to express great remorse and regret at the incident that made her come here, reports that she is looking forward to getting discharged, and going back to her life but still is sad and anxious about the fact that she has been reported to the medical board and might be losing her medical license because of this. * * *

When the suicidal ideations were discussed, she repeatedly at different parts of the interview reiterated that she has had these thoughts for a very long time actually since childhood but there has never been any specific intent attached to that * * *.

* * *

FAMILY, PERSONAL, AND SOCIAL HISTORY: * * * The patient reports that she has never been a drinker, but this demonic possession makes her drink alcohol and it does it because it knows that she hates alcohol. She denied any other substance abuse.

She has always been interested in firearms and actually has had personal training * * * and took up shooting some years ago and is used to carrying

a small handgun in her bag for protection and she does until recently have a permit to carry concealed weapons.

MEDICAL STATUS EXAMINATION: * * * She has some insight into her problems, currently I think she has good judgment and at the time of admission there seems to have been a lapse of it. * * *

DIAGNOSES:

AXIS I: Major depressive disorder, recurrent and moderate without psychotic features. Consider dissociative identity disorder. Posttraumatic stress disorder.

AXIS II: None.

AXIS III: See H&P.

AXIS IV: Mild-to-moderate

AXIS V: I would give her range between 40-45.

TREATMENT PLAN AND OBSERVATION: * * * I believe she is ready for discharge and to go home. She will reconnect with her outpatient psychiatrist * * *.

I firmly believe, she acted out under the control of her alternate ego and that she made a very poor judgment call taking the gun out of her bag or even bringing the gun to the office and she is very sorry about it and now is open [to] any suggestions to how she can apologize to the therapist. I believe, it is a very hard question to judge whether she might be a danger in the future or not, but for now I believe the guns have been taken away and her license to carry concealed weapons has been [re]voked. * * *

(Jt. Ex. D2 at 1439-1442)

23. On November 10, 2011, Dr. Gladden was discharged from the Toledo Hospital. Dr. Yechoor's discharge summary states in pertinent part:

COURSE IN THE HOSPITAL: The patient was diagnosed as having major depressive disorder, PTSD, and the possibility of dissociative disorder was entertained. * * *

MEDICATIONS: The patient's medications were reviewed. It appeared that she was seeing a psychiatrist at the VA and was on multiple psychotropics, included Abilify 5 mg daily, Wellbutrin 100 mg twice a day, Klonopin 0.5 mg at bedtime, Prozac 40 mg, Pamelor 25 mg at bedtime, and trazadone 100 mg at bedtime, as well as Cytomel 25 mcg. She was also on dextroamphetamine 30 mg daily extensively for attention deficits. * * * I also explored the option of adjusting her medications

because in my opinion the rationale for using so many medications was not really clear; however, the patient was extremely resistant to any change in psychotropics.

* * * Dr. Johnson, her therapist, indicated that he was extremely concerned about the patient's safety as well as his own safety. * * * Meanwhile, since the patient had this firm belief that she was being possessed by the devil, I diligently looked [at] any other evidence of psychosis and her belief in possession could best be explained as a culturally sanctioned one and could be phenomenologically understood as a dissociative episode rather than a psychotic process. * * * I was very concerned about the stimulant being given because I felt that this may increase her impulsivity but the patient remained very resistant to change.

Since her therapist had indicated that he was very concerned about his own safety, we thought that there was a duty to protect and warn process involved and also given the fact that she had been resistant to my efforts to rationalize her (poly)pharmacotherapy, I felt that a second opinion would be appropriate. * * * Dr. Janjua concurred with my opinion that the patient had made appropriate progress and was safe enough to be discharged to a reasonable degree of medical certainty.* * *

DISCHARGE INSTRUCTIONS: The patient is to continue taking the medications as prescribed. I have indicated and recommended that she stop her stimulants, ultimately taper off Prozac, and stay on Effexor, possible Wellbutrin along with Abilify * * *. We have secured an appointment with a therapist, who does have some experience in working with dissociation * * *. *The patient and I talked extensively about her staying off clinical practice for sometime and she indicated that she would do so.* * * * Dr. Johnson, has obtained [a] temporary protection order from the police. * * * We strongly encourage that she continue her outpatient therapy.

(Jt. Ex. D2 at 1388-1391; Emphasis added)

Testimony of Dr. Gladden

Dr. Johnson

24. Dr. Gladden submitted a 27-page, single-spaced statement which explained her treatment with Dr. Johnson. (See Jt. Ex. J at 52-79)
25. Dr. Gladden testified that she and Dr. Johnson had an "inappropriate relationship" on "multiple levels" because they referred each other patients, would discuss mutual

patients, and Dr. Johnson would share details of his personal life with her. She further stated that there was inappropriate touching such as hugging that escalated her mental condition. (Tr. Vol. I at 45-51)

26. Dr. Gladden testified that she became dependent on Dr. Johnson. (Tr. Vol. I at 53) She further explained:

I was dependent on him because he had used the regressive therapy on me to the point that I regressed so much I had regressed back to childhood, essentially.

I felt like I got to a point where I felt like I got so dependent on him, I literally, literally, felt like I can't live without him. I cannot live without him.

And this whole recurrent suicidal ideation stuff that went on developed because of my relationship with him.

(Tr. Vol. I at 53-54)

27. Dr. Gladden testified that Dr. Johnson should have hospitalized her more because "there had been so many times that I had been suicidal" and "was breaking down so bad." However, she admitted that she resisted hospitalization because "of the bad consequences that it would have on my license and stuff." (Tr. Vol. II at 260-261)

Demonic Possession and Exorcism

28. Dr. Gladden testified that there was a "strong possibility" that she had been possessed by the devil "because of everything that had been going on." (Tr. Vol. I at 66-68) She further explained:

As I had mentioned earlier, Larry had done significant regressive therapy on me. That regressive therapy led to the development of - - or fragmentation, basically, of my ego into different ego states.

And there were probably four, maybe five different ego states present, and I specifically remember like - - and these were present when I was around him, and they weren't present outside.

And when I say "present," I don't mean like I walked around like with multiple personalities or anything like that. This is mainly stuff that went on like inside of my head, not like externally. * * *

And over time, there developed another ego state that * * * was very nasty and mean, and seemed to - - just was very, very punishing, was very angry, was really set on self-destruction.

* * *

And then when this angry side in my head - - the only times, like I said, that these things would ever come out, were at Larry's place, and then sometimes like at night when I was alone.

And it would come out, and it would - - and it was bent on - - like I said, it was bent on this self-destruction.

And at the time, you know, the cutting was going on, and instead of just the regular cutting, it started doing this carving. But when this ego state was present, I would start the carving of like 666 or upside down cross, or things like that, in my abdomen.

(Tr. Vol. I at 68-72)

29. Dr. Gladden admitted that, in 2010, she pursued an exorcism because her exorcist believed she was possessed. However, no evidence was submitted at the hearing that Dr. Gladden went through with the exorcism. (Tr. Vol. I at 72-74)
30. Dr. Gladden denied that she currently has a demon inside of her or has had any recurrence of the demon since October 2011. Rather, she stated that the demon inside of her at the time was Dr. Johnson. (Tr. Vol. I at 73-74, 131; Tr. Vol. II at 258)

Alcohol Use

31. Dr. Gladden testified that she had her first alcoholic drink in 2008 because "the evil ego state told me to" so she would hurt herself. She stated that she drank "because it was an easy way to do kind of a prolonged harm to [her]self without people really knowing that." (Tr. Vol. I at 138-141)
32. Dr. Gladden testified that her highest point of alcohol consumption was four drinks of 151 Rum and Diet Pepsi four to six nights per week. However, she denied ever getting drunk on alcohol alone. She stated that she would measure out $\frac{3}{4}$ of a tablespoon of 151 Rum in each drink. She testified that she drank 151 Rum because it was lower in calories than regular Rum. (Tr. Vol. I at 156-159)
33. In regard to the allegation that she slept on Dr. Johnson's couch due to alcohol intoxication, Dr. Gladden explained that she was exhausted because she had been up for

36 hours and that she had consumed “a couple of drinks” prior to her office visit. (Jt. Ex. B1 at 747-748; Tr. Vol. II at 232-233)

34. Dr. Gladden admitted that she consumed alcohol and took Klonopin “once or twice” when she wanted to harm herself. She stated that she could only become intoxicated when she combined the alcohol and Klonopin. (Jt. Ex. J at 77; Tr. Vol. I at 141, 156-157)
35. Dr. Gladden denied having any prior or subsequent alcohol-related arrests or charges against her. She further testified that she has never been treated for substance abuse. (Tr. Vol. I at 157-158; Tr. Vol. II at 230-231)

September 2008 Psychiatric Hospitalization

36. Dr. Gladden acknowledged that, in September 2008, she was hospitalized at the Toledo Hospital for “an overdose of medications.” She stated that, at that time, she was “suicidal all the time.” She blamed her suicide attempt on her relationship with Dr. Johnson. (Tr. Vol. I at 143-144)
37. In regard to the VA records that indicated that she was hospitalized in September 2008 for an overdose on medications and alcohol, Dr. Gladden vehemently denied it. (Tr. Vol. I at 142-143; Jt. Ex. A1 at 184-186, 188)

February 2010 Suspension from Work

38. Dr. Gladden testified that, in February 2010, she was suspended from work because she told her residency program director and department chair that she had overdosed on medications. She stated that she was not permitted to drive home from work and was suspended until she could show she was fit for duty. She testified that, before she was permitted to return to work, she had to be evaluated by a psychiatrist. (Jt. Ex. C1 at 1111; Jt. Ex. C2 at 1132; Tr. Vol. I at 150-155; Tr. Vol. II at 231, 240-244)

October 24, 2011 Incident in Dr. Johnson's Office

39. Dr. Gladden expressed regret about the incident. However, she stated that she was relieved to be out of her relationship with Dr. Johnson “because if I didn’t get out of that relationship with him I would be dead today.” (Tr. Vol. I at 88-89)

October 2011 Hospitalization

40. Dr. Gladden explained why she attempted suicide in the hospital:

Dr. Yechoor dropped the bombshell on me – he said Larry would never see me again. It was like being stabbed in the heart. How could he do or say that? After six years, just drop me like that? * * * He promised me he

would never abandon me! It wasn't me – he knows that! He's letting the devil win! * * * I talked to my husband and asked him to meet with Larry and talk to him and ask him to meet with me so we could try to talk things out. * * * Well, much to my dismay, the “meeting” was no “meeting” at all – it was, as my husband called it, an “ambush.” * * * As soon as we sat down, the unit manager started in on my husband and I about how Larry couldn't see me anymore and about a Duty to Protect and a sundry of other things. * * * And this time I was completely hopeless and helpless and suicidal and once again, as many times before, Larry drove me to want to kill myself. But this time – I was going to do it. S[o] I took the cord in my room and tied it around my neck and tried to strangle myself. Much to my dismay at the time, a nurse caught me before I succeeded.

(St. Ex. J at 71)

41. Dr. Gladden testified that she was hospitalized for a lengthy period of time because “they couldn't find anyone to do a second eval[uation].” She confirmed that she asked Dr. Janjua to perform the second evaluation because “everyone knew me and no one would do it.” (Tr. Vol. I at 87-88)

March 2012 Board-Ordered Examination

42. In a certified letter dated March 1, 2012, the Board ordered Dr. Gladden to submit to a 72-hour inpatient examination at Shepherd Hill in Newark, Ohio, on March 19, 2012. The letter also stated that Dr. Gladden was responsible for paying the cost of the examination, which was estimated to be \$4,488.00. The letter stated as follows, in pertinent part:

The State Medical Board of Ohio [Board] has determined that it has reason to believe that you are in violation of Section 4731.229(B)(19) and/or Section 4731.22(B)(26), Ohio Revised Code, to wit: “[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills,” and/or “[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice.”

This determination is based upon one or more of the following reasons:

- (1) From in or around May of 2005 through October 2011, you were in treatment with a psychologist. During this period of time, you had approximately 450 psychotherapy sessions relating primarily to a diagnosis of post-traumatic stress disorder (complex type). According

to your treatment records, you came to therapy on several occasions intoxicated from alcohol. The treatment note for August 29, 2011, provides that you were “going to drink [yourself] to death.” Another treatment note dated June 10, 2011, indicates that you came to the session drunk and were unable to drive. You fell asleep on your psychologist’s couch for about four hours. Another treatment note dated February 26, 2011, provides that your treating psychologist recommended that you enter a 90 day in-patient treatment program, which you refused to do. This same treatment note indicated you had symptoms of substance abuse.

- (2) During the course of your treatment with your psychologist, sessions focused on a variety of concerns, including suicidal ideation, your self-mutilation and distorted body image. During one treatment, you wrote on a sheet of paper that you want to “bleed like Jesus.” At time, you would send your treating psychologist e-mails which would sometimes begin with your concerns about your mental health but then would become profane and confusing. During the course of your treatment, you came to believe that you had a demonic evil ego state which possessed you. You had discussions with your treating psychologist about pursuing an exorcism.
- (3) You had your final session with your treating psychologist on October 24, 2011. During this session you started to choke your treating psychologist with a rosary. He was able to get away and demanded that you leave his office. You went to the waiting room and he found you curled up in a fetal position, sitting on the floor, crying, and continuously repeating that you were sorry. You went back to your treating psychologist’s office and subsequently produced a gun and placed it against your head. Your treating psychologist was able to secure the gun and called the police who took you to Flower Hospital. You were subsequently transferred to Toledo Hospital for psychiatric evaluation and hospitalization.
- (4) From on or about October 24, 2011, through on or about November 10, 2011, you were a patient in the psychiatric unit of Toledo Hospital, Toledo, Ohio. While hospitalized, the attending psychiatrist reviewed the medications you were receiving from your treating psychiatrist at the VA. These medications involved multiple psychotropics including: Abilify, Wellbutrin, Klonopin, Prozac, Pamelor, trazodone, and Cytomel. When he advised you that he would no longer provide you treatment, you tried to put a cord around your neck. This incident resulted in you being transferred for a while to the Intensive Care Unit and placed on 1-on-1 observation until it appeared that the suicidal

impulses had subsided. You were discharged with the diagnoses of major depression, severe, recurrent, without psychosis; posttraumatic stress disorder, and dissociative disorder, not otherwise specified. At the time of your discharge, your belief in demonic possession continued.

- (5) You were previously hospitalized on or about September 26, 2008, through October 4, 2008, related to depression and suicidal ideation. You were diagnosed with bipolar mood disorder.

(St. Ex. 7)

43. Dr. Gladden attended the Board-ordered inpatient examination from March 19, 2012 through March 21, 2012 at Shepherd Hill in Newark, Ohio. (St. Ex. 2; Tr. Vol. I at 94)
44. On March 27, 2012, Frederick N. Karaffa, M.D., Interim Medical Director at Shepherd Hill, who is board-certified in addiction medicine, sent the Board a letter regarding Dr. Gladden's assessment. The letter stated in pertinent part:

During the course of Dr. Gladden's evaluation, she tested positive for amphetamine. This can be explained by her daily prescribed medication, Dexedrine. She reported use of $\frac{3}{4}$ oz. of 151 rum, 3 to 5 drinks per night up to 4 to 6 nights per week from 2006 to 2011. She stated that this usage was at the urging of a demon that was trying to poison her. Dr. Gladden stated she does not take her medications as prescribed, as she stockpiles two of her medications for future suicide attempts. She also reported consuming alcohol with two of her medications in order to potentiate the mood-altering effects of the medications. Despite knowledge of this upcoming evaluation, Dr. Gladden reported further use of alcohol on the day before her admission. Of concern, was Dr. Gladden's lack of insight into the side effects of taking 15 different active medications, as well as 5 needed medications. Dr. Gladden's use of alcohol in the presence of numerous medication[s] is of serious concern. Dr. Gladden meets DSM criteria for a diagnosis of alcohol abuse.

A further concern is that the occurrence of a demonic influence on Dr. Gladden's behaviors appears to be of long standing. Dr. Gladden reported that one of her patients gave her the "evil eye" and cursed her while Dr. Gladden was a resident in psychiatry. Manifestations of this demon have been unpredictable and violent, as evidenced by her attempt to strangle her psychologist with a rosary and holding a loaded pistol to her head on October 24, 2011. Dr. Gladden also has a history of cutting her abdomen, as recently as of October of 2011. This demonic influence needs to be resolved to insure the emotional stability of Dr. Gladden.

Reports from the psychological testing, as well as psychiatric evaluation by Eric Layne, M.D., indicate psychological dysfunction of mild to moderate severity and the following diagnoses: major depression, recurrent; PTSD; ADHD, by history; depressive personality traits; obsessive personality features and schizoid personality features.

The sum of the evidence as presented by the Board for study and the 72 hour comprehensive evaluation strongly suggests that Dr. Gladden needs continued psychiatric support and treatment for alcohol abuse. Dr. Layne and I recommend treatment at a Board approved 28 day (minimum) inpatient treatment program at a dual diagnosis facility, and the reevaluation of her prescribed medications.

In conclusion, Dr. Layne and I believe that Dr. Gladden is unable to practice medicine according to acceptable and prevailing standards of care at this time.

(St. Ex. 2)

State's Expert - Frederick N. Karaffa, M.D.

Educational Background and Professional Experience

45. Frederick N. Karaffa, M.D., obtained his medical degree in 1963 from the Ohio State University College of Medicine. In 1964, he completed a one-year rotating internship at Grant Hospital in Columbus, Ohio. In 1989, he completed a one-year fellowship in addictionology at Shepherd Hill. Dr. Karaffa holds an active medical license in Ohio and is board-certified in addiction medicine. (St. Ex. 11; Tr. Vol. I at 166-168)
46. Dr. Karaffa's employment history is as follows:
 - From 1964 to 1988, he practiced family medicine in Granville, Ohio.
 - From July 1989 to July 1990, he was a staff physician in addiction medicine at Shepherd Hill.
 - From January 1990 to January 1991, he was the Medical Director at Shepherd Hill.
 - From November 1991 to November 1993, he was the Medical Director at Parkside Recovery Services in Columbus, Ohio.
 - From September 1993 to 2001, he was the Medical Director at Shepherd Hill.

- From November 2001 to March 2003, he was the Interim Medical Director at the Ohio Physicians Effectiveness Program in Worthington, Ohio.

(St. Ex. 11; Tr. Vol. I at 169-173)

47. In 2001, Dr. Karaffa retired as the Medical Director of Shepherd Hill. Since 2001, he has worked as a part-time physician at Shepherd Hill overseeing a two-hour program every Saturday entitled “Ask the Doc” and filling in for Dr. Richard Whitney, the current Medical Director at Shepherd Hill, when he is out of the office. (St. Ex. 11; Tr. Vol. I at 166-174, 182)
48. Dr. Karaffa testified that, over his professional career, he has evaluated approximately 300 to 400 physicians for chemical impairment issues. (Tr. Vol. I at 177, 182)

Dr. Karaffa’s Opinion

49. Dr. Karaffa testified that, in March 2012, he was the Interim Medical Director at Shepherd Hill while Dr. Whitney was out of the office. He stated that, during this time, he performed a chemical dependency evaluation of Dr. Gladden. (Tr. Vol. I at 181-182)
50. Dr. Karaffa testified that, prior to his evaluation of Dr. Gladden, he reviewed her records from the Toledo Hospital, Dr. Rapport, and Dr. Johnson. He also met with her on at least four occasions during her inpatient evaluation. He stated that Dr. Gladden also met with chemical dependency counselors and Dr. Eric Layne, a psychiatrist, while at Shepherd Hill. (Tr. Vol. I at 189-196)
51. Dr. Karaffa testified that, based upon his evaluation of Dr. Gladden and his review of her medical records, he diagnosed Dr. Gladden with alcohol abuse based on the DSM-IV criteria.² (Tr. Vol. I at 200-201)
52. In regard to the DSM-IV criteria, Dr. Karaffa testified that he found evidence of recurrent substance abuse that resulted in Dr. Gladden failing to fulfill major role obligations at

² The DSM-IV criteria for alcohol abuse are the following: (A) A maladaptive pattern of substance abuse leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period: (1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household); (2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use); (3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct); or (4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).

work, which included being sent home from work and taking a nap at work.³ (Tr. Vol. I at 202-203, 267-268) He further explained:

Well, it would seem to me that a physician working at a level of responsibility that physicians work at, having been sent home from work, or missed a day of work, or something like that because of alcohol use, would stop.

* * *

And perceive that as the threat that it really is, both to themselves and also to their patient.

(Tr. Vol. I at 203)

53. In addition, Dr. Karaffa testified that Dr. Gladden fit the DSM-IV criteria for alcohol abuse because her alcohol consumption “was physically hazardous because of all the medications” she was taking at the time. Specifically, he opined that there was a potential hazard when Dr. Gladden mixed alcohol with Klonopin. (Tr. Vol. I at 201-202, 210, 253, 264) He further explained the hazard:

Well, failure to relieve depression, and also some effect on coordination, some effect on repetitivity of thinking, generally speaking, sedative effects.

(Tr. Vol. I at 265)

54. Dr. Karaffa acknowledged that he found no evidence that Dr. Gladden had been charged or convicted of a DUI, had alcohol-related accidents, or that she had been unable to fulfill her obligations at home. (Tr. Vol. I at 250-253)
55. Upon cross-examination, Dr. Karaffa admitted Dr. Gladden’s test results showed that she did not have an alcohol level at the time of her admission or exhibit any signs of alcohol withdrawal while at Shepherd Hill. (Tr. Vol. I at 229)

³ When asked if his opinion would change if the medical records showed that Dr. Gladden had slept at her therapy appointment and not at work, he stated “no.” (Tr. Vol. I at 272)

Testimony of Eric Layne, M.D. – State’s Expert

Education Background and Professional Experience

56. Eric Layne, M.D., obtained his medical degree from Wright State University School of Medicine in 2003. In June 2007, he completed a four-year residency in psychiatry at the Ohio State University Medical Center. He was licensed to practice medicine in Ohio in 2006. He is a member of the American Psychiatric Association. He is not board-certified in psychiatry. (St. Ex. 12; Tr. Vol. II at 7-8, 35)
57. Dr. Layne testified that he has been employed as a psychiatrist at Shepherd Hill since 2007. He testified that he works five days per week and covers call one weekend per month. He further stated that he sees approximately 15 patients per day and covers inpatient, outpatient, and consult liaison duties at Shepherd Hill. (St. Ex. 12; Tr. Vol. II at 9-10)

Dr. Layne’s Opinion

58. Dr. Layne testified that, on March 21, 2012, he performed a psychiatric evaluation of Dr. Gladden and dictated a report regarding his findings. Dr. Layne testified that, prior to his evaluation, he reviewed Dr. Gladden’s October 2011 inpatient hospitalization records from Toledo Hospital, Dr. Johnson’s records, her 27-page written statement, Shepherd Hill’s chemical dependency team’s assessment, and information from the Board. (Tr. Vol. II at 13-14; Jt. Ex. J at 1928-1933)
59. Dr. Layne testified that Dr. Gladden also underwent psychological testing which included the Minnesota Multiphasic Personality Inventory (“MMPI-2”) and the Millon Clinical Multiaxial Inventory (“MCMI”). According to Dr. Layne, the MMPI-2 and MCMI are a “much more detailed way of teasing out specific symptoms and people’s subjective experience of those symptoms, and then funneling those into * * * diagnoses.” (Jt. Ex. J at 1911-1930; Tr. Vol. II at 58-60)
60. Dr. Layne testified that he diagnosed Dr. Gladden with recurrent major depression, in full remission, post-traumatic stress disorder by history and ADHD by history. (Tr. Vol. II at 16)
61. Dr. Layne explained that he diagnosed Dr. Gladden with major depression recurrent because she had experienced more than one major depressive episode and will likely have a major depressive episode again in the future. (Tr. Vol. II at 24) He explained further:

Basically if you have had one major depression or one mood episode in your life that’s clinically significant, than the chances of having a second

one are about 50 percent. And then after that second one, those changes go up exponentially.

(Tr. Vol. II at 24)

62. Dr. Layne confirmed that Dr. Gladden's psychological testing results showed evidence of obsessive personality features and schizoid personality features. (St. Ex. J at 10-27; Tr. Vol. II at 60, 68-69) He explained her results:

So for instance, obsessive personality features tend to be in the spectrum of something like OCD symptoms, but they don't reach that level of severity.

So the person who just likes things a certain way and feels a little uncomfortable if things are out of place, if that's just kind of built into your personality, but it doesn't cause a full disorder, it doesn't cause dysfunction, then that's just a feature of her personality.

The schizoid is your typical loner, the type of person who doesn't want very close relationships, tends to be a bit standoffish or paranoid at times about people, mistrustful.

And again, she didn't meet the full criteria for that, but she may have endorsed some questions that fit some of those traits.

(Tr. Vol. II at 68-69)

63. Dr. Layne testified that, at this time, Dr. Gladden is not capable of practicing medicine according to acceptable and prevailing standards. He further explained:

[S]he's displayed this significant history of self-destructive behaviors, culminating in a very frightening, scary violent episode.

And I feel like she can say that she's doing better, but I think that the burden of proof is on her to exhibit that.

I think she has the potential to return to practice in the future. She's obviously an intelligent, high functioning person, but I just think there should be a period of stability that is proven.

* * *

A phrase I often use is that the best predictor of future behavior is past behavior, and that's why I feel like I can't safely say yes, go back to

treatment right - - or go back to treating patients right now, because past behavior has been significant.

(Tr. Vol. II at 31-32, 57)

64. Dr. Layne commented that Dr. Gladden “tends to have strong emotions, and that leads to coping skills that are self-destructive, whether it be alcohol use, self-injurious behavior, eating disorder, violence.” (Tr. Vol. II at 66)
65. Furthermore, Dr. Layne expressed his reservations regarding Dr. Gladden’s ability to treat psychiatric patients in the future:

Well, she seems to have displayed a pattern of emotional instability. She, herself, espouses a diagnosis of complex post-traumatic stress disorder, one of the hallmarks of which is symptoms in the face of triggers.

And in treating the psychiatric patient population, you’re dealing with very emotionally disturbed people at times, people who are victims of abuse, perpetrators of abuse, and it can be stressful.

And it could be potentially a trigger for these symptoms, and she’s displayed a history of responding to strong emotions with self-destructive behaviors and violence.

(Tr. Vol. II at 30)

66. In regard to future treatment, Dr. Layne testified that, at this time, Dr. Gladden does not require inpatient psychiatric hospitalization. However, he recommended that Dr. Gladden stay out of practice for at least one year, continue with outpatient treatment with a psychologist and psychiatrist on a more frequent basis than she is currently, and be monitored. (Tr. Vol. II at 51-55)
67. In regard to Dr. Gladden’s belief that she was demonically possessed, Dr. Layne stated the following:

At the time I thought it was pretty important to discern whether or not she still felt like that that was accurate, and that that was the explanation, and at the time she still seemed to believe that that was the case.

She didn’t say that the possession or the evil ego state was actively affecting her at that time, but she still did believe that that was the likely explanation.

(Tr. Vol. II at 22-23)

Testimony of Stephen G. Noffsinger, M.D. – Respondent’s Expert

Educational Background and Professional Experience

68. Stephen G. Noffsinger, M.D. obtained his medical degree in 1987 from Northeast Ohio Medical University. In 1991, he completed a four-year residency in psychiatry at MetroHealth Medical Center in Cleveland, Ohio. In 1996, he completed a one-year fellowship in forensic psychiatry at University Hospitals in Cleveland. Dr. Noffsinger is board-certified in psychiatry and forensic psychiatry. He is licensed to practice medicine in Ohio. (Resp. Ex. H at 1889-1898; Tr. Vol. II at 90-94, 100)

69. Dr. Noffsinger’s employment history is as follows:

- From 1992 to the present, he has been on the Faculty at Case Western Reserve University School of Medicine in Cleveland, Ohio;
- From 1994 to the present, he has been in private practice in which he conducts “psychiatric/legal evaluation for defendants, plaintiffs, attorneys, courts, prosecutors, disability insurers, corporations, and government agencies”;
- From 1995 to the present, he has been a Forensic Psychiatrist for the Cuyahoga County Court Psychiatric Clinic in Cleveland, Ohio; and
- From 1999 to the present, he has been the Associate Director of the Forensic Psychiatry fellowship at University Hospitals of Cleveland.

(Resp. Ex. H at 1889-1898)

70. Dr. Noffsinger testified that he performs approximately 5 to 6 psychiatric evaluations per year on behalf of the Board. Dr. Noffsinger stated that this case was the first time that he has testified on behalf of a physician before the Board. (Tr. Vol. II at 101-102)

71. Dr. Noffsinger admitted that he is not Board-approved to perform 72-hour inpatient evaluations for chemical impairment. However, he stated that he was trained in chemical and substance abuse during his residency and currently treats patients who are suffering from dependence or substance abuse. (Tr. Vol. II at 95-96, 150-151)

Dr. Noffsinger’s Opinion

72. On April 13, 2012, Dr. Noffsinger sent a letter to Respondent’s counsel regarding his assessment of Dr. Gladden. (Resp. Ex. H) Dr. Noffsinger based his opinion on the following information:

- Interviews of Dr. Gladden on 01/11/12 (three hours) and 01/25/12 (90 minutes) at University Hospitals of Cleveland; and on 04/03/12 (70 minutes) on the telephone.

- Dr. Gladden's medical records including: Toledo Hospital (from 09/26/08 to 10/04/08 and 10/24/11 to 11/10/11); Flower Hospital Emergency Room Department dated 10/24/11; Lawrence Johnson, Ph.D., from 07/16/07 to 10/24/11; Daniel Rapport, M.D., from 01/13/08 to 04/08/10; and the VA from 09/19/05 to 12/09/11.
- MMPI-2 Interpretative Assessment dated 01/11/12.
- Dr. Gladden's resume.
- Statement by Dr. Gladden.

(Resp. Ex. H)

73. Dr. Noffsinger diagnosed Dr. Gladden with a history of anorexia nervosa, bipolar II disorder, in full remission, and anxiety disorder not otherwise specified.⁴ (Tr. Vol. II at 108-109, 114-115; Resp. Ex. H)
74. Dr. Noffsinger explained why he diagnosed Dr. Gladden with anorexia nervosa:

I think she's had issues with it for a long time. And once it's there, it tends to be a chronic disorder. * * * So my impression was that she had a substantial history of anorexia that recently had been, for the most part, well controlled. It's not an active disorder for her.

(Tr. Vol. II at 114-115)

75. Dr. Noffsinger testified that he diagnosed Dr. Gladden with bipolar II disorder, in full remission, based on the "depressive episode she had in 2011 into the first part of 2012 that was now in full remission." He explained that her bipolar disorder was in full remission because her symptoms are well-controlled and she had not reported any current depressive episodes. (Tr. Vol. II at 115)
76. Dr. Noffsinger explained why he diagnosed Dr. Gladden with anxiety disorder not otherwise specified:

I think that other people have called it complex posttraumatic stress disorder.

⁴ Dr. Noffsinger testified that, since issuing his report in April 2012, he has subsequently reviewed Dr. Gladden's records from Shepherd Hill, spoke with Dr. Larry Johnson, and reviewed the video footage from the October 2011 incident. He testified that the newly acquired information did not change his opinion. However, he admitted that he has not reviewed any of Dr. Gladden's current psychiatric records. (Tr. Vol. II at 105-107, 169)

The complex PTSD is not an official DSM-IV diagnosis, so I used the official nomenclature and called it anxiety disorder not otherwise specified, which basically is there was a history of trauma, various episodes of trauma, that she's had anxiety symptoms over the years in response to.

(Tr. Vol. II at 115-116)

77. Dr. Noffsinger testified that Dr. Gladden is currently able to practice medicine according to prevailing and acceptable standards of care provided that her symptoms remain well-controlled, she continues outpatient treatment with a psychiatrist on a monthly basis, complies with all of her medications, abstains from alcohol, and if there is a recurrence, to stop practicing medicine. (Resp. Ex. H; Tr. Vol. II at 113, 117, 147, 187)
78. Dr. Noffsinger testified that he recommends that Dr. Gladden return to work on a "gradual basis" because "psychological stress would increase the risk of a mood disorder, and returning to work, especially if it was suddenly, or a lot of hours, or being overburdened at work, could increase the risk of an occurrence." (Tr. Vol. II at 201-202)
79. Dr. Noffsinger explained what would occur if Dr. Gladden had a relapse:

Well, either a major depressive episode, or a manic or hypomanic episode.

So major depressive episode would be, you know, with feeling depressed and down all day, every day, for at least two weeks, with symptoms of sleep disturbance, appetite disturbance, thoughts or attempts of suicide, fatigue, poor concentration, lack of interest in constituents.

On the other hand, she could have manic episodes where she had a euphoric or elevated mood, accompanied by racing thoughts, or physical overactivity, possibly grandiose or paranoid thinking, increase in physical activity, risk taking behaviors.

(Tr. Vol. II at 173-174)

80. Dr. Noffinger testified that, if there was a relapse, there would be a "brief window" in which her treating psychiatrist would recognize the above-mentioned symptoms, intervene to change her treatment, and subsequently notify the Board. (Tr. Vol. II at 175-176)

Testimony Regarding Dr. Layne's Opinion

81. Dr. Noffsinger agreed that there is not much disagreement between his diagnoses and Dr. Layne's diagnoses. Dr. Noffsinger explained that he diagnosed Dr. Gladden with bipolar II disorder rather than major depression because he found some evidence of manic episodes. (Tr. Vol. II at 118-119)
82. Dr. Noffsinger stated that he did not diagnose Dr. Gladden with a personality disorder because "the DSM-IV is clear * * * that you can't diagnose a personality disorder when someone is in the midst of an active Axis I disorder, an active major mental illness."⁵ (Tr. Vol. II at 119)
83. Like Dr. Layne, Dr. Noffsinger opined that Dr. Gladden will have another major depressive episode in the future. (Tr. Vol. II at 199)

Criticism of Dr. Karaffa's Opinion

84. Dr. Noffsinger strongly disagreed with Dr. Karaffa's diagnosis of alcohol abuse and the methodology he used to arrive at that conclusion. (Tr. Vol. II at 138-139)
85. Unlike Dr. Karaffa, Dr. Noffsinger opined that Dr. Gladden does not meet any of the criteria required for a diagnosis of alcohol abuse under the DSM-IV. (Tr. Vol. II at 137-138)
86. In regard to the first criteria, Dr. Noffsinger testified that he did not find any evidence that Dr. Gladden had a recurrent failure to fulfill her obligations at work or at home. He commented that Dr. Gladden's February 2010 incident at work was an "absence due to depression" rather than an absence due to alcohol use. In regard to Dr. Gladden's nap on Dr. Johnson's couch, he related it to alcohol misuse rather than abuse. (Tr. Vol. II at 135-136)
87. On direct examination, Dr. Noffsinger disagreed that Dr. Gladden's combination of alcohol and Klonopin fit the second criteria of the DSM-IV because he argued that Dr. Gladden's depression and/or anxiety was the driving force behind her combination of Klonopin and alcohol. (Tr. Vol. II at 133-134)

However, upon cross-examination, Dr. Noffsinger admitted that it would be physically hazardous if Dr. Gladden's combination of alcohol and Klonopin caused hospitalization. He stated that it is "possible" that the combination of alcohol and Klonopin could be hazardous but "it would depend on the volume of the overdose and the effects." He further stated that he does not recommend combining alcohol with psychiatric medications because it is "unpredictable." He explained that it could enhance the effects

⁵ Dr. Layne did not have an opportunity to provide his opinion regarding this issue.

of alcohol or enhance the effects of Klonopin, which could cause sedation, confusion, balance problems, and slurred speech. (Tr. Vol. II at 160-161)

88. Finally, Dr. Noffsinger testified that there was no evidence that Dr. Gladden had legal problems related to alcohol use or any recurrent social or interpersonal problems related to alcohol use. (Tr. Vol. II at 136-137)

Dr. Gladden's Testimony Concerning the Experts' Opinions

89. Dr. Gladden testified that she disagrees with Dr. Noffsinger's diagnosis of Bipolar Disorder because "I know my history and I know me." Instead, Dr. Gladden believes that she has complex PTSD which "often times masks as bipolar." However, Dr. Gladden acknowledged that complex PTSD is not in the DSM-IV. (Tr. Vol. I at 63-66; Tr. Vol. II at 253-256)
90. Dr. Gladden testified that she disagrees with Dr. Karaffa's diagnosis of alcohol abuse. (Tr. Vol. I at 105)
91. Dr. Gladden testified that she is agreeable to continued psychiatric treatment and monitoring as recommended by Dr. Layne and Dr. Noffsinger. (Tr. Vol. II at 228)

Dr. Gladden's Current Treatment

92. Dr. Gladden testified that she is currently treating with a psychologist at the VA every other week for individual therapy and also attends group therapy once per week. In addition, she treats with a psychiatrist, Dr. Ilechukwu, at the VA once every three months. (Tr. Vol. II at 228-229)
93. The following is a summary of Dr. Gladden's psychiatric records from the VA since her October 2011 hospitalization:
- November 23, 2011: First outpatient therapy session. It was noted that she was very tearful. She reported that she was really depressed because her former psychologist terminated therapy following her attempted suicide in his office. She was diagnosed with bipolar disorder, ADHD, and anxiety disorder not otherwise specified rule out PTSD. (Jt. Ex. A1 at 40-41)
 - December 1, 2011: Second outpatient therapy session. She reported poor sleep because "a force would not let me sleep" who she described as the demon inside of her who wishes to cause her harm. She reported that she has completed the paperwork for her exorcism and is waiting for approval from the bishop. (Jt. Ex. A1 at 38-39)
 - December 7, 2011: First follow-up office visit with her psychiatrist after her hospitalization. She reported that she was angry with her therapist, Dr. Johnson, and that he overreacted when he believed she was going to kill

herself. Dr. Ilechukwu commented: "It appears that patient is downplaying the situation in which she pulled a gun from her purse and pointed it to her head. Believes therapist knew she did not intend suicide." She was diagnosed with bipolar disorder, depression, and ADHD. (Jt. Ex. A1 at 33-37)

- December 22, 2011: Third individual therapy session. She reported that she had continued depression, anxiety, and stress regarding her pending medical license and pending exorcism. She stated that her demon is not letting her sleep. Her mood was described as dysphoric and guarded. (Jt. Ex. A1 at 16-17)
- January 5, 2012: Fourth individual therapy session. She reported an improvement in her mood and functioning. She stated that she can return to work. She also commented that she is now unsure of whether she is going to pursue an exorcism. Her judgment was listed as "fair." (Jt. Ex. A1 at 15-16)
- January 20, 2012: Office visit with psychiatrist. She reported anxiety and uncertainty about the future of her medical license. She was diagnosed with ADHD and bipolar disorder. (Jt. Ex. A1 at 6-13)
- February 15, 2012: Fifth individual therapy session. She reported overall improvement in her mood and functioning. She stated she was very happy after terminating her relationship with Dr. Johnson. She reported that she was granted telephone sessions by the Catholic Church to begin the exorcism process but is unsure if it will be helpful. She denied any recent feelings of being possessed but, after being granted telephone session, she had a thought of "you win again." She was diagnosed with bipolar II disorder, ADHD, and anxiety disorder NOS r/o PTSD. (Jt. Ex. I at 2059-2060)
- March 30, 2012: Telephone session with psychiatrist. She reported that she had an adversarial and unpleasant 72-hour inpatient evaluation which focused on proving that she was a drug abuser and that she was using "too many" medications. She was offended that they raided her car to look for evidence of drugs and self-injury objects. She was diagnosed with ADHD, bipolar disorder NOS, r/o PTSD. (Jt. Ex. I at 2056-2057)
- April 13, 2012: Initial evaluation with a psychologist. Dr. Gladden reported that "things are just messed up right now" and that her private psychologist traumatized her and caused complex PTSD by "blurring boundaries." She was diagnosed with mood disorder NOS. It was noted that Dr. Gladden's strength is her willingness to engage in treatment and that her limitation is overthinking or self-diagnosing. (Jt. Ex. I at 2052-2056)
- May 2, 2012: Sixth individual therapy session. She reported increased difficulty with depression, isolation with poor sleep, and increased

- paranoia. Her depressive symptoms have increased since receiving news that her medical license was not being reinstated. (Jt. Ex. I at 2050-2051)
- May 18, 2012: Session with psychologist. She reported increased paranoia “because I know that they have suspended my license and I feel like they are looking for something to be wrong so they can justify it.” She feels that she is able to practice at this time. (Jt. Ex. I at 2048-2050)
 - May 22, 2012: Session with psychiatrist. She reported doing fairly well and denies suicidal thoughts. She reported she disagrees with the Medical Board’s procedures as well as with the grounds on which her license was suspended. She was diagnosed with bipolar II disorder, ADHD, r/o PTSD. (Jt. Ex. I at 2042-2045)
 - June 15, 2012: Session with psychologist. She reported feeling anxious concerning her upcoming hearing. She generally feels that others are not considering her opinion and is frustrated that “they all think that I’m crazy and assume things about me that are not true.” (Jt. Ex. I at 2040-2041)
 - June 29, 2012: Session with psychologist. She reported “doing okay” and “taking one thing at a time.” However, she stated that she has been experiencing more anxiety as of late which is affecting her sleep pattern. She reports not sleeping and up at all hours. (Jt. Ex. I at 2038-2039)
 - July 13, 2012: Session with psychologist. She reported little success with changing sleep habits. She described her mood as slightly depressed. (Jt. Ex. I at 2036-2038)
 - August 2, 2012: Session with psychologist. She reported guilty feelings about the financial and emotional toll on her family in light of her ongoing legal issues. She reported feeling very angry and frustrated over the “things that I’ve lost over this whole ordeal.” (Jt. Ex. I at 2034-2036)
 - August 22, 2012: Session with psychologist. She reported anxiety over the upcoming hearing but is hopeful for positive outcome. She had difficulty maintaining regular sleep pattern. (Jt. Ex. I at 2033-2034)

Additional Testimony from Dr. Gladden

94. Dr. Gladden testified that she wants to practice medicine again. However, she stated that, if her license is reinstated, she does not plan on practicing right away. She testified that she eventually wants to work part-time, combine her two specialties, and open a women’s health clinic. (Tr. Vol. I at 162-163; Tr. Vol. II at 228)
95. Dr. Gladden testified that she has a good relationship with her family and a lot of support. (Tr. Vol. II at 262)
96. Dr. Gladden testified that, despite the October 2011 incident, she has never been prone to violence. She explained further:

Yes, I've had episodes of depression, that is true. I've never had problems with recurrent suicidal ideations before prior to meeting Larry Johnson. All of these problems that I've had have been since I've met Larry Johnson.

And as you know, I'm not - - well, even other family members would attest, I significantly went downhill throughout my therapy with him. And had never been like this, you know, the self-mutilation, the cutting, all that kind of stuff.

* * *

I don't foresee that happening. Like I said, I've learned a lot. And honestly I don't ever foresee something like that happening again.

(Tr. Vol. II at 263-264)

CREDIBILITY AND LEGAL ANALYSIS

Dr. Gladden's Credibility

Dr. Gladden's testimony was inconsistent and confusing. Dr. Gladden came across as emotionally unstable, manipulative, and immature. She continues to blame her mental health decline and self-destructive behavior on her former psychologist. She fails to take any responsibility for her own actions including her violent altercation with her psychologist. Therefore, the Hearing Examiner did not find her testimony credible.

Mental Illness

There is substantial evidence that, over the last several years, Dr. Gladden's mental health has severely declined. This evidence includes, but is not limited to, the following:

- From 2005 through October 24, 2011, Dr. Gladden had 450 psychotherapy sessions with Lawrence Johnson, Ph.D., a psychologist. Her sessions with Dr. Johnson focused on a variety of concerns including suicidal ideation, self-mutilation, distorted body image and her belief that she had a demonic evil ego state that possessed her.
- From January 13, 2008, through April 8, 2010, Dr. Gladden treated with Daniel Rapport, M.D., a psychiatrist, at the University of Toledo Medical Center for various complaints including suicidal ideation as well as medication management.
- From September 26, 2008, through October 4, 2008, Dr. Gladden was hospitalized in the psychiatric unit at the Toledo Hospital for a total of nine days for suicidal ideations. She

was discharged with a diagnosis of bipolar disorder, most recent episode mixed without psychotic features.

- From March 13, 2009, through the present, Sunday Ilechukwu, M.D., a psychiatrist, and other mental health providers, have treated Dr. Gladden for Bipolar disorder and ADHD. Dr. Ilechukwu currently manages Dr. Gladden's medications.
- On October 24, 2011, Dr. Gladden choked Dr. Johnson with a rosary and then held a gun to her head. Dr. Gladden told the police that she was possessed. She was subsequently "pink slipped" and transported to Flower Hospital Emergency Room by the Sylvania Police Department.
- From October 24, 2011, through November 10, 2011, Dr. Gladden was hospitalized in the psychiatric unit at the Toledo Hospital for a total of 18 days. While she was hospitalized, Dr. Gladden attempted suicide by wrapping a computer cord around her neck. Upon discharge, Dr. Gladden was diagnosed with major depressive disorder, PTSD, and possible dissociative disorder. It was recommended that Dr. Gladden stay out of clinical practice and continue outpatient therapy.

Dr. Gladden underwent two psychiatric evaluations. Both Dr. Layne and Dr. Noffsinger agreed that Dr. Gladden: (a) has a mood disorder, in full remission, and a type of PTSD; (b) does not require inpatient psychiatric hospitalization at this time; (c) should continue with outpatient treatment with a psychiatrist on at least a monthly basis; (d) should comply with all prescribed psychotropic medications; (e) be monitored by a psychiatrist; and (f) is likely to have another major depressive episode in the future.

However, the experts disagreed on whether Dr. Gladden is currently able to practice medicine. Dr. Layne testified convincingly that Dr. Gladden is not currently able to practice medicine according to acceptable and prevailing standards of care because she has had a significant history of self-destructive behaviors that culminated in a violent episode with her psychologist. Dr. Layne also hesitated to return Dr. Gladden to the practice of psychiatry because of the possibility that her patients could trigger her PTSD and she would respond with self-destructive behavior. Accordingly, Dr. Layne recommended that Dr. Gladden stay out of practice for at least one year to demonstrate a pattern of stability.

It is important to note that, although Dr. Noffsinger opined that Dr. Gladden could return to work, he cautioned that she should return to work on a gradual basis and that she could only return if her symptoms remain well-controlled, she continues outpatient treatment with a psychiatrist on a monthly basis, complies with all of her medications, abstains from alcohol, and if there is a recurrence, to stop practicing medicine

Alcohol Abuse

Dr. Gladden testified that she first used alcohol in 2008 because it was an easy way to do prolonged harm to herself without people knowing it. She admitted that she drank four drinks of 151 Rum and Diet Pepsi four to six nights per week. She further admitted to sleeping on Dr. Johnson's couch because she was intoxicated and was unable to drive home. Furthermore, according to Dr. Johnson's notes, Dr. Gladden showed up intoxicated to some of her sessions. In addition, on several occasions, Dr. Gladden deliberately ingested excessive amounts of alcohol and prescription drugs to cause harm to herself. Based on the foregoing, from a layperson's perspective, it is difficult not to make a finding that Dr. Gladden was abusing alcohol.

However, Dr. Karaffa's opinion that Dr. Gladden is impaired due to a diagnosis of alcohol abuse is insufficient for the following reasons:

First, the information that Dr. Karaffa relied upon in making a finding that Dr. Gladden met the first criteria of the DSM-IV was incorrect. Dr. Karaffa testified that Dr. Gladden met the first criteria of the DSM-IV for alcohol abuse because she was sent home from work for alcohol use and took a nap at work from alcohol use. However, according to her medical records, Dr. Gladden was suspended from work because she overdosed on medications, *not* alcohol, and she took a nap on her therapist's couch, *not* at work. Moreover, Dr. Noffsinger explained that Dr. Gladden's suspension from work was an absence due to depression rather than alcohol use and that her nap was due to alcohol misuse rather than alcohol abuse. Therefore, the Hearing Examiner finds that there is insufficient medical opinion in the hearing record of recurrent substance use resulting in a failure to fulfill major role obligations at work.

Second, Dr. Karaffa opined that Dr. Gladden also met the second criteria of the DSM-IV for alcohol abuse because her combination of alcohol and multiple medications was physically hazardous. Specifically, Dr. Karaffa expressed concern that Dr. Gladden's combination of alcohol and Klonopin was *potentially* hazardous because it would have had an effect on her coordination and cause repetitive thinking. On the other hand, Dr. Noffsinger testified that Dr. Gladden's combination of alcohol and Klonopin was not physically hazardous unless it caused hospitalization. In this case, there is no evidence that Dr. Gladden's combination of alcohol and Klonopin and/or other medications resulted in hospitalization. Therefore, the Hearing Examiner finds that there is insufficient medical opinion in the hearing record of recurrent substance use in situations in which it is physically hazardous.

Based on the foregoing, the Hearing Examiner finds that Dr. Karaffa's expert opinion was insufficient to make a finding of alcohol abuse. However, the Hearing Examiner recognizes that the Board functions as a medical expert as well. The Board may consider the evidence and apply its expertise, and may find that there is sufficient evidence that Dr. Gladden is impaired due to alcohol abuse.

FINDINGS OF FACT

1. By letter dated March 1, 2012, the Board notified Jamie Lynne Gladden, M.D., of its determination that it had reason to believe that she was in violation of R.C. 4731.22(B)(19) and/or (B)(26), and ordered her to undergo a 72-hour inpatient examination at Shepherd Hill, a Board-approved treatment provider in Newark, Ohio. The Board stated that its determination was based upon one or more of the following reasons:
 - (a) From 2005 through October 2011, Dr. Gladden had 450 psychotherapy sessions with a psychologist, wherein, on several occasions, Dr. Gladden came to the sessions intoxicated from alcohol.
 - (b) Dr. Gladden's sessions with her psychologist focused on a variety of concerns, including suicidal ideation, self-mutilation, distorted body image, and her belief that she had a demonic evil ego which possessed her.
 - (c) In October 2011, Dr. Gladden was admitted to the psychiatric unit of Toledo Hospital after choking her psychologist with a rosary and then holding a gun to her head.
2. Dr. Gladden attended the Board-ordered 72-hour inpatient examination from March 19, 2012, through March 21, 2012, at Shepherd Hill.
3. Dr. Gladden is unable to practice medicine according to acceptable and prevailing standards of care by reason of mental illness.
4. The expert medical opinions in the hearing record are insufficient to support a finding that Dr. Gladden is impaired due to a diagnosis of alcohol abuse.

CONCLUSIONS OF LAW

1. The acts, conduct, and/or omissions of Jamie Lynne Gladden, M.D., as set forth in Findings of Fact 1, 2, and 3, individually and/or collectively, constitute "[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills," as set forth in R.C. 4731.22(B)(19).
2. The acts, conduct, and/or omissions of Dr. Gladden, as set forth in Findings of Fact 1, 2, and 4, individually and/or collectively, do not constitute "[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice" as set forth in R.C. 4731.22(B)(26).

DISCUSSION OF PROPOSED ORDER

It is undisputed that, over the last several years, Dr. Gladden's mental health has severely deteriorated. Since 2005, Dr. Gladden has been chronically suicidal, engaged in self-mutilation, believed she was possessed by the devil, was suspended from work, was hospitalized twice in the psychiatric unit, strangled her psychologist with a rosary and put a gun to her head, and then, while hospitalized, wrapped a cord around her neck in an attempt to commit suicide. However, despite this recent history, both Dr. Layne and Dr. Noffsinger agree that Dr. Gladden can practice medicine again in the future provided that she has appropriate treatment and supervision.

With regard to the appropriate discipline in this matter, the Hearing Examiner recommends a stayed permanent revocation and a one-year suspension from the date of this Order, interim monitoring, and terms and conditions for reinstatement.

This Proposed Order provides Dr. Gladden an opportunity to demonstrate to the Board that she can remain mentally stable for an extended period of time, that she can comply with treatment, and that she can safely return to the practice of medicine.

PROPOSED ORDER

It is hereby ORDERED that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The certificate of Jamie Lynne Gladden, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such revocation is STAYED, and Dr. Gladden's certificate shall be SUSPENDED for an indefinite period of time, but not less than one year, following the effective date of this Order.
- B. **INTERIM MONITORING:** During the period that Dr. Gladden's certificate to practice medicine and surgery is suspended, Dr. Gladden shall comply with the following terms, conditions, and limitations:
 - 1. **Obey the Law:** Dr. Gladden shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
 - 2. **Declarations of Compliance:** Dr. Gladden shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there had been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent

quarterly declarations must be received in the Board's offices on or before the first day of every third month.

3. **Personal Appearances**: Dr. Gladden shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur every three months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
4. **Psychiatric Assessment/Treatment**: Within 30 days of the effective date of this Order, or as otherwise determined by the Board, Dr. Gladden shall submit to the Board for its prior approval the name and curriculum vitae of a psychiatrist of Dr. Gladden's choice.

Upon approval by the Board, Dr. Gladden shall obtain from the approved psychiatrist an assessment of Dr. Gladden's current psychiatric status. The assessment shall take place no later than 60 days following such approval, unless otherwise determined by the Board. Prior to the initial assessment, Dr. Gladden shall furnish the approved psychiatrist copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions of Law, and any other documentation from the hearing record which the Board may deem appropriate or helpful to the psychiatrist.

Upon completion of the initial assessment, Dr. Gladden shall cause a written report to be submitted to the Board from the approved psychiatrist. The written report shall include:

- a. A detailed report of the evaluation of Dr. Gladden's current psychiatric status and condition;
- b. A detailed plan of recommended psychiatric treatment, if any, based upon the psychiatrist's informed assessment of Dr. Gladden's current needs;
- c. A statement regarding any recommended limitations upon her practice; and
- d. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing.

Should the Board-approved psychiatrist recommend psychiatric treatment, and upon approval by the Board of the treatment plan, Dr. Gladden shall undergo and continue psychiatric treatment at the rate of visits recommended by the approved treating psychiatrist, or as otherwise directed by the Board. The sessions shall be in person and may not be conducted by telephone or other electronic means. Dr. Gladden shall comply with her psychiatric treatment plan, including taking medication(s) as

prescribed for her psychiatric disorder and submitting to periodic tests of her blood and/or urine.

If, in the judgment of her Board-approved psychiatrist, Dr. Gladden should not consume alcohol during her psychiatric treatment, the Board-approved psychiatrist may order that she refrain from consuming alcohol and that she submit to random urine screens at a frequency to be determined by the Board-approved psychiatrist.

Dr. Gladden shall continue in psychiatric treatment until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require reports from the approved treating psychiatrist. The psychiatric reports shall contain information describing Dr. Gladden's current treatment plan and any changes that have been made to the treatment plan since the prior report; her compliance with the treatment plan; her psychiatric status; her progress in treatment; and results of any laboratory or other studies that have been conducted since the prior report. Dr. Gladden shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Gladden's declarations of compliance.

Dr. Gladden shall ensure that her treating psychiatrist immediately notifies the Board of Dr. Gladden's failure to comply with her psychiatric treatment plan and/or any determination that Dr. Gladden is unable to practice due to her psychiatric disorder.

In the event that the designated psychiatrist becomes unable or unwilling to serve in this capacity, Dr. Gladden shall immediately so notify the Board in writing and make arrangements acceptable to the Board for another psychiatrist as soon as practicable. Dr. Gladden shall ensure that the previously designated psychiatrist also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

The Board, in its sole discretion, may disapprove of any psychiatrist proposed to serve as Dr. Gladden's designated treating psychiatrist, or may withdraw its approval of any psychiatrist previously approved to serve as Dr. Gladden's designated treating psychiatrist, in the event that the Secretary and Supervising Member of the Board determine that any such psychiatrist has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

5. **Prescription of Mood-Altering Substances by Board-Approved Psychiatrist Only:** Dr. Gladden shall ensure that any mood-altering or psychotropic medication prescribed for her shall be prescribed by the psychiatrist approved by the Board pursuant to paragraph (B)(4) above.
6. **Releases:** Dr. Gladden shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Gladden's psychiatric

condition and/or related conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. To the extent permitted by law, the above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43, Ohio Revised Code, and are confidential pursuant to statute.

Dr. Gladden shall also provide the Board written consent permitting any treatment provider from whom he obtains treatment to notify the Board in the event Dr. Gladden fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Order.

7. **Required Reporting of Change of Address:** Dr. Gladden shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Gladden's certificate to practice medicine and surgery until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. Gladden shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Compliance with Interim Conditions:** Dr. Gladden shall have maintained compliance with all the terms and conditions set forth in Paragraph B of this Order.
3. **Psychiatric Reports Evidencing Fitness to Practice; Recommended Limitations:** At the time Dr. Gladden submits her application for reinstatement or restoration, Dr. Gladden shall provide the Board with written reports of evaluation by two psychiatrists acceptable to the Board indicating that Dr. Gladden's ability to practice has been assessed and that she has been found capable of practicing in accordance with acceptable and prevailing standards of care. Such evaluations shall have been performed within 60 days prior to Dr. Gladden's application for reinstatement or restoration. The reports of evaluation shall describe with particularity the bases for the determination that Dr. Gladden has been found capable of practicing according to acceptable and prevailing standards of care and shall include any recommended limitations upon her practice.
4. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Gladden has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or

restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of her fitness to resume practice.

- D. **PROBATION:** Upon reinstatement or restoration, Dr. Gladden's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:
1. **Terms, Conditions, and Limitations Continued from Suspension Period:** Dr. Gladden shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.
 2. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Gladden is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.
- E. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Gladden's certificate will be fully restored.
- F. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Gladden violates the terms of this Order in any respect, the Board, after giving his notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of her certificate.
- G. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**
1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Gladden shall provide a copy of this Order to all employers or entities with which she is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training; and the Chief of Staff at each hospital or healthcare center where she has privileges or appointments. Further, Dr. Gladden shall promptly provide a copy of this Order to all employers or entities with which she contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where she applies for or obtains privileges or appointments.

In the event that Dr. Gladden provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date

of this Order, she shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services.

These requirements shall continue until Dr. Gladden receives from the Board written notification of the successful completion of her probation.

2. **Required Reporting to Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Gladden shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which she currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Administration, through which she currently holds any license or certificate. Also, Dr. Gladden shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which she applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Gladden receives from the Board written notification of the successful completion of her probation.

3. **Required Documentation of the Reporting Required by Paragraph G:** Dr. Gladden shall provide this Board with **one** of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within 30 days of receiving that return receipt, (b) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (c) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (d) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

EFFECTIVE DATE OF ORDER: This Order shall become effective immediately upon the mailing of the notification of approval by the Board.


Danielle R. Blue, Esq.
Hearing Examiner



State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

(614) 466-3934
med.ohio.gov

EXCERPT FROM THE DRAFT MINUTES OF NOVEMBER 14, 2012

REPORTS AND RECOMMENDATIONS AND PROPOSED FINDINGS AND PROPOSED ORDERS

Dr. Mahajan announced that the Board would now consider the Reports and Recommendations, and the Proposed Findings and Proposed Order appearing on its agenda.

Dr. Mahajan asked whether each member of the Board had received, read and considered the hearing records; the Findings of Fact, Conclusions of Law, Proposed Orders, and any objections filed in the matters of: Jamie Lynne Gladden, M.D.; and Philip F. Fisher, D.O.

A roll call was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

Dr. Mahajan asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation. A roll call was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

Dr. Mahajan noted that, in accordance with the provision in section 4731.22(F)(2), Ohio Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of any disciplinary matters. In the matter before the Board today, Dr. Strafford served as Secretary, Dr. Bechtel served as Supervising Member, and Dr. Talmage served as

Secretary and/or Acting Supervising Member.

Dr. Mahajan reminded all parties that no oral motions may be made during these proceedings.

The original Reports and Recommendations shall be maintained in the exhibits section of this Journal.

.....
JAMIE LYNNE GLADDEN, M.D., Case No. 12-CRF-035
.....

Dr. Steinbegh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Jamie Lynne Gladden, M.D. Dr. Madia seconded the motion.

.....
Dr. Madia moved to amend Finding of Fact #4 to read as follows:

4. Dr. Gladden is impaired in her ability to practice according to acceptable and prevailing standards of care because of alcohol abuse.

Dr. Madia further moved to amend Conclusion of Law #2 to read as follows:

2. The acts, conduct, and/or omissions of Dr. Gladden, as set forth in Findings of Fact 1, 2, and 4, individually and/or collectively, constitutes, "[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice," as set forth in R.C. 4731.22(B)(26).

Dr. Madia further moved to amend the Proposed Order by adding the standard interim monitoring, reinstatement and probationary conditions for practitioners who have been determined to be impaired by alcohol abuse, and to require two psychiatric assessments as a condition for reinstatement. The order, if amended, will read as follows:

It is hereby ORDERED that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The certificate of Jamie Lynne Gladden, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such revocation is STAYED, and Dr. Gladden's certificate shall be SUSPENDED for an indefinite period of time, but not less than one year, following the effective date of this Order.

B. **INTERIM MONITORING:** During the period that Dr. Gladden's certificate to practice medicine and surgery is suspended, Dr. Gladden shall comply with the following terms, conditions, and limitations:

1. **Obey the Law:** Dr. Gladden shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
2. **Declarations of Compliance:** Dr. Gladden shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there had been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
3. **Personal Appearances:** Dr. Gladden shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur every three months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
4. **Sobriety:**
 - a. **Abstention from Drugs:** Dr. Gladden shall abstain completely from the personal use or personal possession of drugs, except those prescribed, dispensed, or administered to her by another so authorized by law who has full knowledge of Dr. Gladden's history of chemical dependency and/or abuse and who may lawfully prescribe for her (for example, a physician who is not a family member).

Further, in the event that Dr. Gladden is so prescribed, dispensed, or administered any controlled substance or tramadol, Dr. Gladden shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber, the name of the drug Dr. Gladden received, the medical purpose for which she received the drug, the date the drug was initially received, and the dosage, amount, number of refills, and directions for use.

Further, within 30 days of the date said drug is so prescribed, dispensed, or administered to her, Dr. Gladden shall provide the Board with either a copy of the

written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

- b. Abstention from Alcohol: Dr. Gladden shall abstain completely from the use of alcohol.

5. **Drug and Alcohol Screens; Drug Testing Facility and Collection Site:**

- c. Dr. Gladden shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Gladden shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The drug-testing panel utilized must be acceptable to the Secretary of the Board, and shall include Dr. Gladden's drug(s) of choice.
- d. Dr. Gladden shall submit, at her expense and on the day selected, urine specimens for drug and/or alcohol analysis. (The term "toxicology screen" is also be used herein for "urine screen" and/or "drug screen.")

All specimens submitted by Dr. Gladden shall be negative, except for those substances prescribed, administered, or dispensed to her in conformance with the terms, conditions and limitations set forth in this Order.

Refusal to submit such specimen, or failure to submit such specimen on the day she is selected or in such manner as the Board may request, shall constitute a violation of this Order.

- e. Dr. Gladden shall abstain from the use of any substance that may produce a positive result on a toxicology screen, including the consumption of poppy seeds or other food or liquid that may produce a positive result on a toxicology screen.

Dr. Gladden shall be held to an understanding and knowledge that the consumption or use of various substances, including but not limited to mouthwashes, hand-cleaning gels, and cough syrups, may cause a positive toxicology screen, and that unintentional ingestion of a substance is not distinguishable from intentional ingestion on a toxicology screen, and that, therefore, consumption or use of substances that may produce a positive result on a toxicology screen is prohibited under this Order.

- f. All urine screenings for drugs and alcohol shall be conducted through a Board-approved drug-testing facility and Board-approved collection site pursuant to the global contract between the approved facility and the Board, which provides for the Board to maintain ultimate control over the urine-screening process and to

preserve the confidentiality of positive screening results in accordance with Section 4731.22(F)(5), Ohio Revised Code. The screening process for random testing shall require a daily call-in procedure. Further, in the event that the Board exercises its discretion, as provided in Paragraph B.6, below, to approve urine screenings to be conducted at an alternative drug-testing facility, collection site, and/or supervising physician, such approval shall be expressly contingent upon the Board's retaining ultimate control over the urine-screening process in a manner that preserves the confidentiality of positive screening results.

- g. Within 30 days of the effective date of this Order, Dr. Gladden shall enter into the necessary financial and/or contractual arrangements with the Board-approved drug-testing facility and/or collection site ("DFCS") in order to facilitate the screening process in the manner required by this Order.

Further, within 30 days of making such arrangements, Dr. Gladden shall provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Gladden and the Board-approved DFCS. Dr. Gladden's failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Order.

- h. Dr. Gladden shall ensure that the urine-screening process performed through the Board-approved DFCS requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person.

In addition, Dr. Gladden and the Board-approved DFCS shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening result.

- i. Dr. Gladden shall ensure that the Board-approved DFCS provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
- j. In the event that the Board-approved DFCS becomes unable or unwilling to serve as required by this Order, Dr. Gladden shall immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph B.6, below, as soon as practicable. Dr. Gladden shall further ensure that the Board-approved DFCS also notifies the Board directly of its inability to continue to serve and the reasons therefor.

- k. The Board, in its sole discretion, may withdraw its approval of any DFCS in the event that the Secretary and Supervising Member of the Board determine that the DFCS has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
6. **Alternative Drug-testing Facility and/or Collection Site:** It is the intent of this Order that Dr. Gladden shall submit urine specimens to the Board-approved DFCS chosen by the Board. However, in the event that using the Board-approved DFCS creates an extraordinary hardship on Dr. Gladden, as determined in the sole discretion of the Board, then, subject to the following requirements, the Board may approve an alternative DFCS or a supervising physician to facilitate the urine-screening process for Dr. Gladden.
- a. Within 30 days of the date on which Dr. Gladden is notified of the Board's determination that utilizing the Board-approved DFCS constitutes an extraordinary hardship on Dr. Gladden, she shall submit to the Board in writing for its prior approval the identity of either an alternative DFCS or the name of a proposed supervising physician to whom Dr. Gladden shall submit the required urine specimens.

In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Gladden's residence or employment location, or to a physician who practices in the same locale as Dr. Gladden. Dr. Gladden shall ensure that the urine-screening process performed through the alternative DFCS or through the supervising physician requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person. In addition, Dr. Gladden shall ensure that the alternative DFCS or the supervising physician maintains appropriate control over the specimen and immediately informs the Board of any positive screening result.

- b. Dr. Gladden shall ensure that the alternative DFCS or the supervising physician provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
- c. In the event that the designated alternative DFCS or the supervising physician becomes unable or unwilling to so serve, Dr. Gladden shall immediately notify the Board in writing. Dr. Gladden shall further ensure that the previously designated alternative DFCS or the supervising physician also notifies the Board directly of the inability to continue to serve and the reasons therefor. Further, in the event that the approved alternative DFCS or supervising physician becomes

unable to serve, Dr. Gladden shall, in order to ensure that there will be no interruption in her urine-screening process, immediately commence urine screening at the Board-approved DFCS chosen by the Board, until such time, if any, that the Board approves a different DFCS or supervising physician, if requested by Dr. Gladden.

- d. The Board, in its sole discretion, may disapprove any entity or facility proposed to serve as Dr. Gladden's designated alternative DFCS or any person proposed to serve as her supervising physician, or may withdraw its approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
7. **Reports Regarding Drug and Alcohol Screens:** All screening reports required under this Order from the Board-approved DFCS, the alternative DFCS and/or supervising physician must be received in the Board's offices no later than the due date for Dr. Gladden's declarations of compliance. It is Dr. Gladden's responsibility to ensure that reports are timely submitted.
8. **Additional Screening Without Prior Notice:** Upon the Board's request and without prior notice, Dr. Gladden shall provide a specimen of her blood, breath, saliva, urine, and/or hair for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Gladden, or for any other purpose, at Dr. Gladden's expense. Dr. Gladden's refusal to submit a specimen upon the request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary and Supervising Member of the Board.
9. **Rehabilitation Program:** Dr. Gladden shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or C.A., no less than three times per week, or as otherwise ordered by the Board. Substitution of any other specific program must receive prior Board approval.

Dr. Gladden shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board's offices no later than the due date for Dr. Gladden's declarations of compliance.

10. **Comply with the Terms of Aftercare Contract:** Dr. Gladden shall maintain continued compliance with the terms of the aftercare contract(s) entered into with her

treatment provider(s), provided that, where terms of an aftercare contract conflict with terms of this Order, the terms of this Order shall control.

11. **Psychiatric Assessment/Treatment:** Within 30 days of the effective date of this Order, or as otherwise determined by the Board, Dr. Gladden shall submit to the Board for its prior approval the name and curriculum vitae of a psychiatrist of Dr. Gladden's choice.

Upon approval by the Board, Dr. Gladden shall obtain from the approved psychiatrist an assessment of Dr. Gladden's current psychiatric status. The assessment shall take place no later than 60 days following such approval, unless otherwise determined by the Board. Prior to the initial assessment, Dr. Gladden shall furnish the approved psychiatrist copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions of Law, and any other documentation from the hearing record which the Board may deem appropriate or helpful to the psychiatrist.

Upon completion of the initial assessment, Dr. Gladden shall cause a written report to be submitted to the Board from the approved psychiatrist. The written report shall include:

- a. A detailed report of the evaluation of Dr. Gladden's current psychiatric status and condition;
- b. A detailed plan of recommended psychiatric treatment, if any, based upon the psychiatrist's informed assessment of Dr. Gladden's current needs;
- c. A statement regarding any recommended limitations upon her practice; and
- d. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing.

Should the Board-approved psychiatrist recommend psychiatric treatment, and upon approval by the Board of the treatment plan, Dr. Gladden shall undergo and continue psychiatric treatment at the rate of visits recommended by the approved treating psychiatrist, or as otherwise directed by the Board. The sessions shall be in person and may not be conducted by telephone or other electronic means. Dr. Gladden shall comply with her psychiatric treatment plan, including taking medication(s) as prescribed for her psychiatric disorder and submitting to periodic tests of her blood and/or urine.

Dr. Gladden shall continue in psychiatric treatment until such time as the Board determines that no further treatment is necessary. To make this determination, the

Board shall require reports from the approved treating psychiatrist. The psychiatric reports shall contain information describing Dr. Gladden's current treatment plan and any changes that have been made to the treatment plan since the prior report; her compliance with the treatment plan; her psychiatric status; her progress in treatment; and results of any laboratory or other studies that have been conducted since the prior report. Dr. Gladden shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Gladden declarations of compliance.

Dr. Gladden shall ensure that her treating psychiatrist immediately notifies the Board of Dr. Gladden's failure to comply with her psychiatric treatment plan and/or any determination that Dr. Gladden is unable to practice due to her psychiatric disorder.

In the event that the designated psychiatrist becomes unable or unwilling to serve in this capacity, Dr. Gladden shall immediately so notify the Board in writing and make arrangements acceptable to the Board for another psychiatrist as soon as practicable. Dr. Gladden shall ensure that the previously designated psychiatrist also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

The Board, in its sole discretion, may disapprove of any psychiatrist proposed to serve as Dr. Gladden's designated treating psychiatrist, or may withdraw its approval of any psychiatrist previously approved to serve as Dr. Gladden's designated treating psychiatrist, in the event that the Secretary and Supervising Member of the Board determine that any such psychiatrist has demonstrate a lack of cooperation in providing information to the Board or for any other reason.

12. **Prescription of Mood-Altering Substances by Board-Approved Psychiatrist Only:** Dr. Gladden shall ensure that any mood-altering or psychotropic medication prescribed for her shall be prescribed by the psychiatrist approved by the Board pursuant to paragraph (B)(12) above.
13. **Releases:** Dr. Gladden shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Gladden's chemical dependency, psychiatric condition(s), and/or related conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. To the extent permitted by law, the above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43, Ohio Revised Code, and are confidential pursuant to statute.

Dr. Gladden shall also provide the Board written consent permitting any treatment provider from whom she obtains treatment to notify the Board in the event Dr. Gladden fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Order.

14. **Absences from Ohio:** Dr. Gladden shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the suspension/probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed. Further, the Secretary and Supervising Member of the Board shall have discretion to waive part or all of the monitoring terms set forth in this Order for occasional periods of absence of 14 days or less.

In the event that Dr. Gladden resides and/or is employed at a location that is within 50 miles of the geographic border of Ohio and a contiguous state, Dr. Gladden may travel between Ohio and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Gladden is otherwise able to maintain full compliance with all other terms, conditions and limitations set forth in this Order.

15. **Required Reporting of Change of Address:** Dr. Gladden shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Gladden's certificate to practice medicine and surgery until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. Gladden shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Compliance with Interim Conditions:** Dr. Gladden shall have maintained compliance with all the terms and conditions set forth in Paragraph B of this Order.
3. **Demonstration of Ability to Resume Practice:** Dr. Gladden shall demonstrate to the satisfaction of the Board that she can practice in compliance with acceptable and prevailing standards of care. Such demonstration shall include but shall not be limited to the following:

- a. Certification from a treatment provider approved under Section 4731.25, Ohio Revised Code, that Dr. Gladden has successfully completed a minimum of 28 days of inpatient/residential treatment for chemical dependency/abuse at a treatment provider approved by the Board.
- b. Evidence of continuing full compliance with an aftercare contract with a treatment provider approved under Section 4731.25, Ohio Revised Code. Such evidence shall include, but shall not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with Rule 4731-16-10, Ohio Administrative Code.
- c. Evidence of continuing full compliance with this Order.
- d. Two written reports indicating that Dr. Gladden's ability to practice has been assessed and that she has been found capable of practicing according to acceptable and prevailing standards of care, with respect to chemical dependency/abuse.

The reports shall have been made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Dr. Gladden. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Gladden shall provide the assessors with copies of patient records from any evaluation and/or treatment that she has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Gladden, and any conditions, restrictions, or limitations that should be imposed on Dr. Gladden's practice. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

4. **Psychiatric Reports Evidencing Fitness to Practice; Recommended Limitations:**
At the time Dr. Gladden submits her application for reinstatement or restoration, Dr. Gladden shall provide the Board with written reports of evaluation by two

psychiatrists acceptable to the Board indicating that Dr. Gladden's ability to practice has been assessed and that she has been found capable of practicing in accordance with acceptable and prevailing standards of care. Such evaluations shall have been performed within 60 days prior to Dr. Gladden's application for reinstatement or restoration. The reports of evaluation shall describe with particularity the bases for the determination that Dr. Gladden has been found capable of practicing according to acceptable and prevailing standards of care and shall include any recommended limitations upon her practice.

5. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Gladden has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.

D. **PROBATION:** Upon reinstatement or restoration, Dr. Gladden's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:

1. **Terms, Conditions, and Limitations Continued from Suspension Period:** Dr. Gladden shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.
2. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Gladden is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

E. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Gladden's certificate will be fully restored.

F. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Gladden violates the terms of this Order in any respect, the Board, after giving her notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of her certificate.

G. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**

1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Gladden shall provide a copy of this Order to all employers or entities with which she is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training; and the Chief of Staff at each hospital or healthcare center where she has privileges or appointments. Further, Dr. Gladden shall promptly provide a copy of this Order to all employers or entities with which she contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments.

In the event that Dr. Gladden provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, she shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services.

These requirements shall continue until Dr. Gladden receives from the Board written notification of the successful completion of her probation.

2. **Required Reporting to Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Gladden shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which she currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Administration, through which she currently holds any license or certificate. Also, Dr. Gladden shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which she applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Gladden receives from the Board written notification of the successful completion of her probation.
3. **Required Reporting to Treatment Providers/Monitors:** Within 30 days of the effective date of this Order, Dr. Gladden shall provide a copy of this Order to all persons and entities that provide chemical dependency/abuse treatment to or monitoring of Dr. Gladden. This requirement shall continue until Dr. Gladden receives from the Board written notification of the successful completion of her probation.
4. **Required Documentation of the Reporting Required by Paragraph G:** Dr. Gladden shall provide this Board with one of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within 30 days of receiving that return receipt, (b) an

acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (c) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (d) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

EFFECTIVE DATE OF ORDER: This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

Dr. Steinbergh seconded the motion to amend.

.....

Dr. Madia wished to change his motion to amend the Proposed Order to include the standard language requiring a Board-approved practice plan and monitoring physician under the “Terms of Probation.” As no member objected to the change, the change to the motion to amend was accepted.

.....

A vote was taken on Dr. Madia’s motion to amend:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm Ms. Blue’s Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Jamie Lynne Gladden, M.D. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye

Dr. Mahajan	- aye
Dr. Madia	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Dr. Ramprasad	- aye

The motion to approve carried.

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127



Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

April 11, 2012

Case number: 12-CRF- 035

Jamie Lynne Gladden, M.D.
20049 River Road
West State Route 65
Grand Rapids, OH 43522

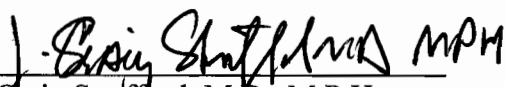
Dear Doctor Gladden:

Enclosed please find certified copies of the Entry of Order, the Notice of Summary Suspension and Opportunity for Hearing, and an excerpt of the Minutes of the State Medical Board, meeting in regular session on April 11, 2012, including a Motion adopting the Order of Summary Suspension and issuing the Notice of Summary Suspension and Opportunity for Hearing.

You are advised that continued practice after receipt of this Order shall be considered practicing without a certificate, in violation of Section 4731.41, Ohio Revised Code.

Pursuant to Chapter 119, Ohio Revised Code, you are hereby advised that you are entitled to a hearing on the matters set forth in the Notice of Summary Suspension and Opportunity for Hearing. If you wish to request such hearing, that request must be made in writing and be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice. Further information concerning such hearing is contained within the Notice of Summary Suspension and Opportunity for Hearing.

THE STATE MEDICAL BOARD OF OHIO



J. Craig Stratford, M.D., M.P.H.
Secretary

JCS/SRS/flb
Enclosures

Mailed 4-12-12

CERTIFICATION

I hereby certify that the attached copies of the Entry of Order of the State Medical Board of Ohio and the Motion by the State Medical Board, meeting in regular session on April 11, 2012, to Adopt the Order of Summary Suspension and to Issue the Notice of Summary Suspension and Opportunity for Hearing, constitute true and complete copies of the Motion and Order in the Matter of Jamie Lynne Gladden, M.D., Case number: 12-CRF- 035 as they appear in the Journal of the State Medical Board of Ohio.

This certification is made under the authority of the State Medical Board of Ohio and in its behalf.



J. Craig Strafford, M.D., M.P.H., Secretary

(SEAL)

April 11, 2012

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :
:
JAMIE LYNNE GLADDEN, M.D. :
:
CASE NUMBER: 12-CRF- 035 :

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio the 11th day of April 2012.

Pursuant to Section 4731.22(G), Ohio Revised Code, and upon recommendation of J. Craig Strafford, M.D., M.P.H., Secretary, and Lance A. Talmage, M.D., Acting Supervising Member; and

Pursuant to their determination, based upon their review of the information supporting the allegations as set forth in the Notice of Summary Suspension and Opportunity for Hearing, that there is clear and convincing evidence that Dr. Gladden, has violated Sections 4731.22(B)(19) and (B)(26), Ohio Revised Code, as alleged in the Notice of Summary Suspension and Opportunity for Hearing that is enclosed herewith and fully incorporated herein; and,

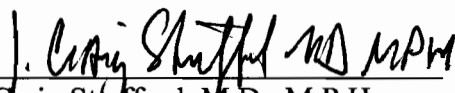
Pursuant to their further determination, based upon their review of the information supporting the allegations as set forth in the Notice of Summary Suspension and Opportunity for Hearing, that Dr. Gladden's continued practice presents a danger of immediate and serious harm to the public;

The following Order is hereby entered on the Journal of the State Medical Board of Ohio for the 11th day of April 2012:

It is hereby ORDERED that the certificate of Jamie Lynne Gladden, M.D., to practice medicine and surgery in the State of Ohio be summarily suspended.

It is hereby ORDERED that Dr. Gladden, shall immediately cease the practice of medicine and surgery in Ohio and immediately refer all active patients to other appropriate physicians.

This Order shall become effective immediately.



J. Craig Strafford, M.D., M.P.H.
Secretary

(SEAL)

April 11, 2012
Date



State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

EXCERPT FROM THE DRAFT MINUTES OF APRIL 11, 2012

CITATIONS, PROPOSED DENIALS, ORDERS OF SUMMARY SUSPENSION & NOTICES OF IMMEDIATE SUSPENSION

JAMIE LYNNE GLADDEN, M.D. – NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

At this time the Board read and considered the proposed Notice of Summary Suspension and Opportunity for Hearing in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Mr. Hairston moved to enter an Order of Summary Suspension in the matter of Jamie Lynne Gladden, M.D. in accordance with Section 4731.22(G), Ohio Revised Code, and to issue the Notice of Summary Suspension and Opportunity for Hearing. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Mr. Hairston	- aye
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Dr. Bechtel	- aye
Dr. Talmage	- abstain
Ms. Elsass	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye

The motion carried.



State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

April 11, 2012

Case number: 12-CRF- 035

Jamie Lynne Gladden, M.D.
20049 River Road
West State Route 65
Grand Rapids, OH 43522

Dear Doctor Gladden:

The Secretary and the Acting Supervising Member of the State Medical Board of Ohio [Board] have determined that there is clear and convincing evidence that you have violated Sections 4731.22(B)(19) and (B)(26), Ohio Revised Code, and have further determined that your continued practice presents a danger of immediate and serious harm to the public, as set forth in paragraphs (1) through (3), below.

Therefore, pursuant to Section 4731.22(G), Ohio Revised Code, and upon recommendation of J. Craig Strafford, M.D., M.P.H., Secretary, and Lance A. Talmage, M.D., Acting Supervising Member, you are hereby notified that, as set forth in the attached Entry of Order, your certificate to practice medicine and surgery in the State of Ohio is summarily suspended. Accordingly, at this time, you are no longer authorized to practice medicine and surgery in Ohio.

Furthermore, in accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the Board intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) By letter dated March 1, 2012, the Board notified you of its determination that it had reason to believe that you are in violation of Sections 4731.22(B)(19) and/or

(B)(26), Ohio Revised Code, and ordered you to undergo a 72-hour inpatient examination to determine if you are in violation of Sections 4731.22(B)(19) and/or (B)(26), Ohio Revised Code. The Board's determination was based upon one or more of the reasons outlined in such letter, which included:

- (a) You had approximately 450 psychotherapy sessions with a psychologist between from 2005 through 2011, wherein, on several occasions, you came to the sessions intoxicated from alcohol.
 - (b) Your sessions with your psychologist focused on a variety of concerns, including suicidal ideation, self-mutilation, distorted body image and your belief that you had a demonic evil ego state which possessed you..
 - (c) Your admission in October 2011, to the psychiatric unit of Toledo Hospital, Toledo, Ohio, after choking your psychologist with a rosary and then holding a gun to your head.
- (2) By letter dated March, 27, 2012, from Frederick N. Karaffa, M.D., Interim Medical Director of Shepherd Hill, a Board-approved treatment provider, the Board was notified that following the Board ordered evaluation conducted on March 19, 2012 through March 22, 2012, you were determined to be impaired and unable to practice medicine and surgery according to acceptable and prevailing standards of care and to require residential treatment at a dual diagnosis facility for diagnoses including alcohol abuse, PTSD, depressive personality traits, obsessive personality features, and schizoid personality features.
- (3) The Board has not received information that you have commenced and/or completed the recommended/required treatment and entered into an aftercare contract with a Board approved treatment provider. In addition, the Board has not received information that you have been determined to be capable of practicing in accordance with acceptable and prevailing standards of care.

Section 4731.22(B)(26), Ohio Revised Code, provides that if the Board determines that an individual's ability to practice is impaired, the Board shall suspend the individual's certificate and shall require the individual, as a condition for continued, reinstated, or renewed certification to practice, to submit to treatment and, before being eligible to apply for reinstatement, to demonstrate to the Board the ability to resume practice in compliance with acceptable and prevailing standards of care, including completing required treatment, providing evidence of compliance with an aftercare contract or written consent agreement, and providing written reports indicating that the individual's ability to practice has been assessed by individuals or providers approved by the Board and that the individual has been found capable of practicing according to acceptable and prevailing standards of care.

Further, Rule 4731-16-02(B)(1), Ohio Administrative Code, provides that if an examination discloses impairment, or if the Board has other reliable, substantial and probative evidence demonstrating impairment, the Board shall initiate proceedings to suspend the licensee, and may issue an order of summary suspension as provided in Section 4731.22(G), Ohio Revised Code.

Furthermore, Section 4731.22(B)(19), Ohio Revised Code, provides that if the Board finds any individual unable to practice, the Board shall require the individual to submit to care, counseling, or treatment by physicians approved or designated by the Board, as a condition for initial, continued, reinstated, or renewed authority to practice.

Your acts, conduct, and/or omissions as alleged in paragraphs (1) through (3) above individually and/or collectively, constitute “[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice,” as that clause is used in Section 4731.22(B)(26), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) through (3) above, individually and/or collectively constitute “[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills,” as that clause is used in Section 4731.22(B)(19), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, and Chapter 4731., Ohio Revised Code, you are hereby advised that you are entitled to a hearing concerning these matters. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent.

Summary Suspension & Opportunity for Hearing
Jamie Lynne Gladden, M.D.
Page 4

An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,



J. Craig Strafford, M.D., M.P.H.
Secretary

JCS/SRS/flb
Enclosures

CERTIFIED MAIL #91 7199 9991 7030 3383 3200
RETURN RECEIPT REQUESTED

cc: Personal Service

cc: Stephan C. Kremer, Esq.
Reminger
200 Courtyard Square
80 South Summit St.
Akron, OH 44308

CERTIFIED MAIL #91 7199 9991 7030 3383 3194
RETURN RECEIPT REQUESTED