

STATE OF NORTH CAROLINA
COUNTY OF WAKE

BEFORE THE NORTH CAROLINA
ADDICTIONS SPECIALIST
PROFESSIONAL PRACTICE BOARD
EC CASE NO. 811-24

NORTH CAROLINA ADDICTIONS)
SPECIALIST PROFESSIONAL)
PRACTICE BOARD,)
Petitioner,)
v.)
LORNA THERESE VANDEN HEUVEL)
(CADC No. 23434, LCAS No. 27127,)
CCS-I No. 21810),)
Respondent.)

CONSENT ORDER

THIS MATTER is before a Panel of the Ethics Committee (the “Panel”) of the North Carolina Addictions Specialist Professional Practice Board (the “Board”), pursuant to Chapter 150B, Article 3A of the North Carolina General Statutes; the North Carolina Substance Use Disorder Professional Practice Act; and Title 21, Chapter 68 of the North Carolina Administrative Code. The Board, with a quorum present, and Respondent stipulate and agree to the entry of the following Consent Order:

FINDINGS OF FACT

1. Petitioner Board was established by the North Carolina General Assembly to credential and regulate substance use disorder professionals in North Carolina, in accordance with Chapter 90, Article 5C of the North Carolina General Statutes.
2. Respondent currently is a citizen and resident of Wake County, North Carolina; and is neither a minor nor an incompetent person.

3. On May 31, 2021, Respondent was registered by the Board as a Licensed Clinical Addictions Specialist (“LCAS”) (LCAS No. 27127), which will expire on May 30, 2025, if not renewed.
4. On July 13, 2020, Respondent was registered by the Board as a Certified Alcohol and Drug Counselor (“CADC”) (CADC No. 23434), which expired on July 12, 2022.
5. On June 8, 2021, Respondent was registered by the Board as a Certified Clinical Supervisor Intern (“CCS-I”) (CCS-I No. 21810), which expired on June 7, 2024, if not renewed.
6. On January 18, 2024, Respondent submitted a self-report to the Board of Respondent being criminally charged with *DRIVING WHILE IMPAIRED* (“*DWI*”) and *OPEN CONTAINER AFTER COMSUMPTION OF ALCOHOL*. The complaint was designated by the Board as Ethics Complaint (“EC”) Case No. 811-24.
7. Upon investigation into EC Case No. 811-24, the Board determined the following:
 - a. On or about December 21, 2023, Respondent was criminally charged with *DRIVING WHILE IMPAIRED*. The corresponding criminal proceedings were heard in Wake County District Court, court file no. 2023 CR 487183-910.
 - b. On January 2, 2024, Respondent completed a comprehensive substance use assessment with First Step Services, LLC, located in Cary, North Carolina. Respondent completed a twenty (20) hour program, “Shifting Perspectives”, pertaining to harm reduction and insight as to the risks associated with substance use or abuse.
 - c. On May 2, 2024, Respondent pled guilty to the above-referenced *DWI - LEVEL 4* and was sentenced to forty-five (45) days imprisonment in the custody of the Misdemeanant Confinement Program, with a suspended sentence of twelve (12)

months of court-mandated unsupervised probation. Respondent was ordered to pay \$293.00 in court costs and a \$100.00 fine, and to complete fourth-eight (48) hours of community service within thirty (30) days. Per the Impaired Driving Determination of Sentencing Factors, Respondent completed fifty-seven (57) hours of community service prior to sentencing in the above-referenced criminal matter.

- d. Per the Judgment Suspending Sentence, Respondent's alcohol concentration was 0.15 or greater.
- e. Due to the above-referenced *DWI* charge, the Board requested Respondent submit to an assessment concerning substance use and/or fitness to practice with independent Board-approved clinician Warren Pendergast ("Pendergast").
- f. Pendergast requested an independent urine screening in relation to the assessment. Per the Quest Diagnostics Laboratory Report dated May 20, 2024, Respondent's urine screen results indicated the presence of Ethyl Glucuronide and Ethyl Sulfate.
- g. Per the Independent Medical Examination ("IME") results regarding SUD/Fitness to Practice dated May 24, 2024, Pendergast recommended Respondent appeared fit to practice, contingent upon:
 - i. A minimum of two (2) years of face-to-face therapy and/or counseling with a local therapist experienced in boundary issues and trauma, at a frequency of no less than twice monthly for six (6) months, and no less than quarterly for an additional one (1) year, with quarterly reports to licensure boards including only very basic information, such as attendance at appointments and compliance with treatment plan;

- ii. It is especially concerning that the evaluatee (Respondent) would continue to expose herself to ethanol after her relapse and DWI in the form of OTC medication and alcohol used in cooking in the context of her licensure to counsel others on matters of addiction and recovery. This should be an immediate topic of discussion in therapy/counseling;
- iii. Random urine drug screening for three (3) years, facilitated by either the Board or another third party, to include at a minimum a “10-panel” of addictive substances, ethanol and alcohol metabolites ethyl glucuronide (EtG) and Ethyl Sulfate (EtS) on a regular basis. The screens can also include phosphatidyl ethanol (PEth) as indicated clinically;
- iv. Pt (Respondent) has been advised in writing as to the need for abstinence from intentional ingestion of beverage alcohol and the need for avoidance of any incidental ingestion that may result in a positive screen; and
- v. Recommend residential-level assessment of need for additional treatment at a higher level of care in case of any screens reported as positive for non-alcohol substances, or EtG/EtS levels above 1000 ng/mL, or lower EtG/EtS levels in conjunction with other indications of relapse to alcohol or other substance use.

CONCLUSIONS OF LAW

8. Respondent is subject to the North Carolina Addictions Specialist Professional Practice Act and the rules promulgated pursuant to the Act. The Board has jurisdiction over Respondent and the subject matter of this proceeding.

9. The acts and omissions of Respondent as described above constitute violations of the following:

- a. N.C. Gen. Stat. § 90-113.44(a)(2a), for the use of drugs or alcoholic beverages to the extent that Respondent suffered impairment;
- b. N.C. Gen. Stat. § 90-113.44(a)(6), for engaging in any act or practice in violation of any of the provisions of this Article or any of the rules adopted pursuant to it, or aiding, abetting, or assisting any other person in such a violation;
- c. N.C. Gen. Stat. § 90-113.44(a)(9), for engaging in conduct that could result in harm or injury to the public;
- d. 21 NCAC 68 .0503(i), for failing to recognize the negative impact impairment has on Respondent's functioning in public and professional performance;
- e. 21 NCAC 68 .0601(5)(b), for conviction for violating a driving while impaired law; and
- f. 21 NCAC 68 .0601(6)(c), for the use of drugs, including alcohol, to the extent that Respondent suffered impairment.

10. Respondent committed one or more of the violations described above. Pursuant to N.C. Gen. Stat. § 90-113.33(2), the Board has the authority to deny, suspend, or revoke Respondent's licensure, certification, or registration to practice in this State or reprimand or otherwise discipline Respondent's license, certificate, or registration in North Carolina.

BASED upon the foregoing Findings of Fact and Conclusions of Law, and in lieu of further proceedings, Respondent wishes to resolve this matter by consent and agrees that Board staff and counsel may discuss this Consent Order with the Board *ex parte* whether or not the Board accepts this Consent Order as written.

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Whereas Respondent acknowledges that she read this entire document and understands it;

Whereas Respondent acknowledges that she enters into this Consent Order freely and voluntarily;

Whereas Respondent acknowledges that she had full and adequate opportunity to confer with legal counsel in connection with this matter;

Whereas Respondent understands that this Consent Order must be presented to the Board for approval; and

Whereas the Board has determined that the public interest is served by resolving this matter as set forth below.

1. Respondent hereby voluntarily surrenders her registration before the Board as a CCS-I (CCS-I No. 21810) and shall withdraw from providing supervision to any current supervisees.
2. Respondent may remain registered as an LCAS (LCAS No. 27127) before the Board, contingent upon the following:
 - a. No later than ten (10) days from the effective date of this Consent Order, Respondent shall register with a substance use monitoring program, to include random testing with a standard ten-drug panel, at Respondent's own expense.
 - i. Respondent shall provide the Board with information as to the substance use monitoring program which Respondent registers;
 - ii. Respondent shall participate in the above-referenced substance use monitoring, to include random testing for a minimum period of two (2) years from the effective date of this Consent Order, at Respondent's own expense;

- iii. Respondent agrees that the results of any drug panels and/or random testing will be provided to the Board;
 - iv. Respondent shall remain abstinent from intentional ingestion of beverage alcohol and shall avoid any incidental ingestion of such;
 - v. Respondent shall avoid incidental exposure to ethanol by refraining from exposure via cooking, prepared foods, and over the counter and/or prescription medications; and
 - vi. In the event a random screening indicates the presence of drugs and/or alcohol (ethanol), any non-alcohol substances, or EtG/EtS levels above 1000 ng/mL, or lower EtG/EtS levels in conjunction with other indications of relapse to alcohol or other substance use, Respondent shall submit to a residential-level assessment to determine the need for additional treatment at a higher level of care.
- b. Respondent shall establish and maintain a therapeutic relationship with a Board-approved, licensed clinician for a period of two (2) years from the effective date of this Consent Order, at Respondent's own expense;
- i. Respondent shall meet with the above-referenced licensed clinician at least twice (2x) per month;
 - ii. Respondent shall provide the Board with the name of the clinician Respondent shall receive services from, for Board review and approval. Respondent's clinician shall submit a treatment report to the Board every three (3) months documenting Respondent's maintained abstinence and compliance with treatment, including confirmation of attendance of the

above-referenced clinical sessions with a licensed clinician and the dates upon which the sessions occurred. The documentation shall be submitted to the Board on the clinician's professional letterhead, drafted and issued by the clinician, and submitted to the Board on a quarterly basis;

iii. In the event Respondent terminates the above-referenced individual therapy before the expiration of the above-referenced two (2) years, Respondent shall inform the Board, in writing, within seven (7) days of termination of therapy; and

iv. In the event Respondent ceases therapeutic treatment during the time she is registered before the Board, without advanced written approval from the Board, or fails to ensure documentation is submitted to the Board on a quarterly basis demonstrating compliance with therapeutic treatment requirements identified in this Consent Order, her registration with the Board shall be automatically terminated, and her credentials shall be revoked by the Board.

c. On or before two (2) years following the effective date of this Consent Order, and if so ordered by the Board or a subcommittee thereof, Respondent shall undergo an independent mental health and substance use assessment by a Board-approved provider to determine whether or not continued substance use monitoring, in addition to that which is set forth herein, is indicated, or additional concerns are identified;

d. In the event Respondent is charged with, or convicted of, any new criminal offense(s) while registered before the Board, her LCAS (LCAS No. 27127) shall

- be automatically terminated by the Board;
- e. In the event Respondent is noncompliant with the above-referenced monitoring requirements, or if Respondent reverts to substance use, or if Respondent otherwise evidences clinical instability, this matter will be re-opened, and the Board may impose discipline or practice restrictions at that time;
 - f. Respondent shall provide a copy of this fully executed Consent Order to any other professional credentialing body with whom Respondent is currently credentialed, and upon application for any subsequent professional credential during the pendency of this Consent Order; and
 - g. This Consent Order and the terms set forth herein shall remain in effect so long as Respondent is credentialed by this Board and fulfills the mandates of the Consent Order.
3. The Board shall retain jurisdiction under Article 3A, Chapter 150B for all administrative hearings held in connection with or pursuant to this Consent Order. If the Board receives evidence that Respondent has violated any term of this Consent Order or any other law or rule enforced by the Board, the Board shall schedule a show cause hearing for a determination of the violations. If the Board determines that a violation has occurred, the Board may impose such disciplinary action as it determines is appropriate and is authorized by law.
4. This Consent Order shall take effect immediately upon its execution by the Board and Respondent and reflect the entire agreement between Respondent and the Board, there being no agreement of any kind, verbal or otherwise, which varies, alters, or modifies this Consent Order.

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5. No modification or waiver of any provision of this Consent Order shall be effective unless it is in writing, adopted and approved by the Board, and signed by the parties affected.
6. Both the Board and Respondent participated in the drafting of this Consent Order. Any ambiguities herein shall not be construed against either party in any future civil or administrative proceeding.
7. Each party to this proceeding shall bear their own costs, and the Board shall bear its own costs of investigation.
8. Upon its execution by the Board and Respondent, this Consent Order shall become a public record within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof.

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CONSENTED TO BY:

LORNA THERESE VANDEN HEUVEL

Signed by: Lorna Vanden Heuvel Date: 10/23/2024
Respondent Signature A8DD370A6DCB48C...

Robert Crawford Date: _____
Counsel for Respondent Signature

By Order of the North Carolina Addictions Specialist Professional Practice Board, this the _____ day of _____, 2024.

By: _____
Kathy S. Allen, Ethics Chair