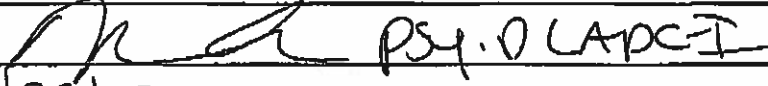


**DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)**

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	Michele Waldron
Title or Position:	Psychologist IV
Agency/Department:	DDS
Agency address:	49 Nursery st Fitchburg, MA
Office Phone:	978-516-2615
Office E-mail:	Michele.waldron@state.ma.us
	<p>In my capacity as a state, county or municipal employee, I am expected to take certain actions in the performance of my official duties. Under the circumstances, a reasonable person could conclude that a person or organization could unduly enjoy my favor or improperly influence me when I perform my official duties, or that I am likely to act or fail to act as a result of kinship, rank, position or undue influence of a party or person.</p> <p>I am filing this disclosure to disclose the facts about this relationship or affiliation and to dispel the appearance of a conflict of interest.</p>
APPEARANCE OF FAVORITISM OR INFLUENCE	
Describe the issue that is coming before you for action or decision.	<p>As part of my private practice, I was asked by the Guilford Press to write an endorsement for the newest edition of the book: The Emotion Regulation Skills System for Cognitively Challenging Clients: A DBT Informed Approach. In exchange for writing the endorsement, the publisher will give me the manual for free along with another book of my choice.</p> <p>This book is a manual for a treatment designed for the DDS population and the only one in existence. Our office holds two clinical contracts with agencies to provide this treatment, which requires the use of the book for handouts.</p>
What responsibility do you have for taking action or making a decision?	In my state role, I may recommend someone receive this treatment or an agency train clinicians to do the treatment should we have a greater need for it or a current agency is no longer able to provide the service.
Explain your relationship or affiliation to the person or organization.	I have no affiliation with Guilford Press, the publisher. I have consulted with and been trained by the person who wrote the book to do the treatment. I use the treatment in my private practice.
How do your official actions or decision matter to the person or organization?	My endorsement would in no way reference my role as a state employee.

Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.	This is the only treatment for emotion regulation designed for people with intellectual disabilities.
If you cannot confirm this statement, you should recuse yourself.	<p>WRITE AN X TO CONFIRM THE STATEMENT BELOW.</p> <p>X__ Taking into account the facts that I have disclosed above, I feel that I can perform my official duties objectively and fairly.</p>
Employee signature:	
Date:	2/25/19

Attach additional pages if necessary.

Not elected to your public position – file with your appointing authority.

Elected state or county employees – file with the State Ethics Commission.

Members of the General Court – file with the House or Senate clerk or the State Ethics Commission.

Elected municipal employee – file with the City Clerk or Town Clerk.

Elected regional school committee member – file with the clerk or secretary of the committee.

Form revised July, 2012