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DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING Heber M. Wells Building  
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**BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING OF THE DEPARTMENT  
OF COMMERCE  
OF THE STATE OF UTAH**

IN THE MATTER OF THE LICENSE OF  
**LAWRENCE LEE VAN BLOEM**  
TO PRACTICE AS A  
LICENSED CLINICAL SOCIAL WORKER  
IN THE STATE OF UTAH

**NOTICE OF AGENCY ACTION**

Case No. DOPL-2002-223

IN THE MATTER OF THE LICENSE OF  
**JENNIE MURDOCK GWILLIAM**  
TO PRACTICE AS A  
LICENSED CLINICAL SOCIAL WORKER

THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING TO Lawrence Lee Van Bloem and Jennie Murdock Gwilliam ("Respondent"), 1145 E 800 N, Orem UT 84097:

The Division of Occupational and Professional Licensing ("the Division") action is based upon the Verified Petition of Dee Thorell, Investigator, State of Utah, a copy of which is attached hereto and incorporated herein by reference.

The adjudicative proceeding designated herein is to be conducted on a formal basis. **Within thirty (30) days of the mailing date of this Notice, you are required to file a written response** with this Division. The response you file may be helpful in clarifying, refining or narrowing the facts and violations alleged in the Verified Petition.

You may represent yourself or be represented by legal counsel at all times while this action is pending. Your legal counsel shall file with the Division an Entry of Appearance and until that Entry of Appearance is filed, the presiding officer will deal directly with you.

## **I**

You are entitled by law to an evidentiary hearing to determine whether your license to practice as a licensed clinical social worker in the State of Utah should be subject to a disciplinary action. Unless otherwise specified by the Director of the Division, the Social Worker Licensing Board will serve as fact finder in the evidentiary hearing. You will be notified by separate notice of the date, time, and place of that evidentiary hearing and of any other hearings.

During the evidentiary hearing, you will have the opportunity to present evidence, argue, respond, conduct cross-examination and submit rebuttal evidence to the fact finder. After the hearing, unless otherwise specified by the Director of the Division, the fact finder will issue findings of fact, conclusions of law and a recommended order to the Director of the Division of Occupational and Professional Licensing for his review and action.

The presiding officer for purposes of conducting hearings will be J. Steven Eklund, Administrative Law Judge, Department of Commerce. He will rule on any evidentiary issues and matters of law or procedure. If you or your attorney have any questions as to the procedures relative to the hearing, Judge Eklund can be contacted at P O Box 146701, Salt Lake City, UT 84114-6701. His telephone number is (801) 530-6648.

Counsel for the Division in this case is Judith A. Jensen, Assistant Attorney General at (801) 366-0300 or P O Box 140872, Salt Lake City, UT 84114-0872. Within ten (10) days after the filing of your response, Ms. Jensen will request the scheduling of a prehearing conference.

You, or if you have an attorney, your attorney, may attempt to negotiate a settlement of the case without proceeding to a hearing by contacting Ms. Jensen.

**Should you fail to timely file a response, as set forth above, or fail to attend or participate in any scheduled hearing in this case, including preheating conference(s), you may be held in default without further notice to you. If you are held in default, the maximum administrative sanction consistent with the terms of the Verified Petition may be imposed against you. The maximum administrative sanction in this case is revocation of licensure.**

Please conduct yourself accordingly.  
Dated this 18<sup>th</sup> day of September, 2002.

W. Ray Walker  
Regulatory & Compliance  
Officer

I

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**BEFORE THE DIVISION OF OCCUPATIONAL & PROFESSIONAL  
LICENSING OF THE DEPARTMENT OF COMMERCE  
OF THE STATE OF UTAH**

IN THE MATTER OF THE LICENSE  
**OF LAWRENCE LEE VAN BLOEM**  
TO PRACTICE AS A  
LICENSED CLINICAL SOCIAL WORKER  
IN THE STATE OF UTAH

**PETITION**

IN THE MATTER OF THE LICENSE  
**OF JENNIE MURDOCK GWILLIAM**  
TO PRACTICE AS A  
LICENSED CLINICAL SOCIAL WORKER  
IN THE STATE OF UTAH

**CASE NO. DOPL 2002- 223**

**PRELIMINARY STATEMENT**

These claims were investigated by the Utah Division of Occupational and Professional Licensing (the "Division") upon complaint that Lawrence Lee Van Bloem ("Respondent Van Bloem") and Jennie Murdock Gwilliam ("Respondent Gwilliam") have engaged in acts and practices which constitute violations of the Division of Occupational

and Professional Licensing Act, Utah Code Ann. §§ 58-1-101 through 58-1-504 (1998

& Supp. 2001 )(originally enacted as Division of Occupational and Professional Licensing Act, Utah Code Ann. § 58-1-1 to 58-1-21 (Supp. 1985), by L. 1985 ch. 187 § 10, effective July 1, 1985).

The allegations against Respondent Van Bloem and Respondent Gwilliam in this Petition are based upon information and belief arising out of an investigation conducted by the Division under its authority as set forth in Utah Code Ann. § 58-1-106 (1998).

Each count in this Petition shall be deemed to incorporate by reference the allegations set forth in the other paragraphs of the Petition.

#### PARTIES

1. The Division is a Division of the Department of Commerce of the State of

Utah and is established by virtue of Utah Code Ann. § 13-1-2 (2) (2001).

2. Respondent Van Bloem is licensed by the Division to practice as a licensed clinical social worker, License No. 140652-3501 and was so licensed at all times material to the allegations contained herein.

3. Respondent Gwilliam is licensed by the Division to practice as a licensed

clinical social worker, License No. 136279-3501 and was so licensed at all times material to the allegations contained herein.

#### STATEMENT OF ALLEGATIONS

4. Beginning in or about November, 1992, the Family and Attachment Center, L.C., located in Utah, was registered with the Utah Department of Commerce, Division of Business Corporations, and originally listed four "Members" including Respondent Van Bloem and Craig M. Ramsey ("Ramsey"). Respondent Van Bloem,

Respondent Gwilliam, Craig M. Ramsey, and Kerry Max Park ("Park") provided clinical services for clients of the Family and Attachment Center.

5. Beginning in or about December, 1993, and continuing to present, Respondent Van Bloem and Respondent Gwilliam founded as owners and operators the Cascade Center for Family Growth, L.C., (the "Cascade Center"), located in Utah. Respondent Van Bloem, Respondent Gwilliam and Park provided clinical services for clients of the Cascade Center.

6. At all times relevant to the allegations in the present Petition, Craig M. Ramsey was licensed to practice as a marriage and family therapist in the State of Utah.

7. On or about May 6, 1997, Kerry Max Park was granted a temporary license to practice as a marriage and family therapist in the State of Utah. On or about August 22, 2000, Park was licensed to practice as a marriage and family therapist in the State of Utah.

8. In interviews with an Investigator for the Division, Respondent Van Bloem reported, among other information, the following:

- a. Respondent Van Bloem specializes in the treatment of children. Clients are predominantly between the ages of five (5) and fifteen (15) years of age.
- b. During clinical sessions, Respondent Van Bloem instructs the child client to lie face up on a mat on the floor of the treatment room. Respondent Van Bloem lies across the child client, with Respondent Van Bloem's chest positioned on top of the child's chest and with Respondent's face held close to the child's face.
- c. With Respondent Van Bloem so positioned on top of the child, Respondent administers treatment procedures which Respondent labels "compression holding therapy" as follows:

(1) Respondent Van Bloem uses his body weight to compress the child client's chest and, thereby, to restrict the child's breathing, promote fear and induce "belly breathing."

(2) Respondent reported that said procedures are extremely stressful for the child client and that children attempt to resist these procedures by kicking, sobbing, screaming and biting.

(3) Depending on the size and strength of the child client, Respondent Van Bloem utilizes staff members and/or other therapists of the Cascade Center to restrain the child by methods including sitting on the child's legs and wrapping the child in a blanket.

(4) Respondent reported that said procedures are emotionally painful for the child and that the child clients are generally "close contact phobic."

(5) Respondent administers said "compression holding" procedures to child clients in the following circumstances:

(a) the child is resistant to talk,

(b) the child will not make eye contact, and

(c) the child's parents report a difficult week of bad choices and decisions by the child.

(6) Respondent Van Bloem claimed he administers said procedures as therapy to enable the child client to do the following:

(a) to experience and release negative emotions, such as anger, sadness, and hatred;

(b) to connect with and trust the parent;

(c) to stop acting out feelings inappropriately;

(d) to feel safe, bond and make eye contact; and

(e) to love the parent or caregiver.

(7) Respondent Van Bloem, Respondent Gwilliam and Park all perform "compression holding" procedures on clients of the Cascade Center.

(8) Respondent Van Bloem administers said procedures on approximately sixty percent (60%) to seventy percent (70%) of his child clients.

(9) Respondent Van Bloem stated said procedures are generally administered on children and adolescents with a diagnosis of attachment disorder.

(10) On interview by the Investigator for the Division, Respondent could not provide information on outcome studies for said "compression holding therapy."

d. During clinical sessions and with the child restrained as described above, Respondent Van Bloem also administers treatment procedures on child clients which Respondent labels "deep tissue massage" as follows:

(1) Respondent Van Bloem requires the child to make eye contact with the child's parent or caregiver.

(2) Respondent feels and pushes into the child's body to locate where tension exists.

(3) Respondent Van Bloem then uses the heel of his hand and finger tips to apply pressure to areas in the child client's abdomen, shoulders, pectoral muscles, neck, behind the shoulders, shoulder blades and knees. Sixty percent (60%) of said pressure contact is to the child's abdomen.

(4) Respondent reported that said "deep tissue work" can be painful and that child clients have reported that these procedures are painful. Respondent claimed that the pain experienced by the children is predominantly "emotional" rather than physical. Respondent demonstrated "deep tissue massage" on the arm of the Investigator, causing pain to the Investigator.

(5) Respondent Van Bloem claimed he administers said "deep tissue" procedures to child clients to relieve tension and to treat Anxiety, Depression and Obsessive Compulsive Disorder.

e. Respondent Van Bloem confirmed that, in the course of his practice with said child clients, Respondent utilized a procedure involving "deep tissue massage" to the tissue between child clients' toes.

f. Respondent Van Bloem administers said procedures on child

clients in the presence of one or more parent or caregiver.

g. Respondent Van Bloem stated he does not document the administration of said treatment procedures of "compression holding therapy" or "deep tissue massage" in the clinical files of his clients.

9. In an interview with an Investigator for the Division, Respondent Gwilliam reported, among other information, the following:

a. During clinical sessions, Respondent Gwilliam administers treatment procedures to child clients which she labels as "holding therapy" and "deep tissue massage." Respondent Gwilliam reported that she considers "deep tissue massage" to be a component of said "holding therapy" and usually administers the two procedures together.

b. Respondent Gwilliam administers said procedures to approximately fifty percent (50 %) of her clients, who range in age from two years to adulthood.

c. Respondent Gwilliam has administered said procedures on clients for treatment of the following diagnoses: Reactive Attachment Disorder; Bipolar Disorder; Conduct Disorders including opposition, breaking rules, lack of empathy, lack of conscience; Post Traumatic Stress Disorder; and sexual abuse issues.

d. During clinical sessions, Respondent Gwilliam administers the following methods and procedures on child clients:

(1) Respondent Gwilliam conducts clinical sessions on child clients at the Cascade Center either as the single therapist or with the assistance of one to two other therapists and/or "paraprofessionals."

(2) Clinical sessions generally extend from one (1) hour to one and one-half (1 ½) hours. Some sessions exceed one and one-half (1 ½) hours.

(3) Respondent Gwilliam requires larger child clients to lie with their backs on a mat on the floor and sometimes wraps the child in a sheet. In the case of smaller child clients, Respondent either holds the child on her lap or instructs a parent to hold the child on his/her lap during the administration of treatment procedures.

(4) With the child so positioned, Respondent Gwilliam applies

pressure to various points on the child's body. Approximately fifty percent (50%) of this pressure contact is into the child's abdomen.

**(5) During administration of said procedures, child clients report** that said procedures are painful and usually cry. Children have informed Respondent Gwilliam that they are unable to breathe.

(6) Respondent Gwilliam confirmed that said "deep tissue massage" is painful and that she has observed bruises caused by said "deep tissue massage."

(7) Respondent Van Bloem and Respondent Gwilliam also administer a "tickling" procedure to clients as treatment. Respondents have on occasion persisted in "tickling" clients until they cried.

e. Respondent Gwilliam claimed that one of her goals in administering said procedures is to get fear out of the client.

f. Respondent Gwilliam administers said procedures on child clients in the presence of one or more parent.

g. Respondent Gwilliam reported that the Cascade Center applies a policy of not documenting the administration of said "holding therapy" and "deep tissue massage" in the clients' treatment records. Respondent Gwilliam claimed that the grounds for said policy are that said procedures are controversial and there are many misconceptions about them.

10. In interviews with an Investigator for the Division, Kerry Max Park, reported, among other information, the following:

a. Beginning in or about 1997 and continuing to present, Park has practiced as a marriage and family therapist at the Cascade Center. Park previously practiced at the Family and Attachment Center. Park specializes in his therapy practice in the treatment of Dissociative Disorder and Reactive Attachment Disorder and in marriage counseling.

b. Park administers therapy on adult and child clients which includes a variety of forms of physical contact by Park with his clients. Park considers said forms of physical contact, which range in the degree of intrusiveness from "cuddling" to "deep tissue massage" and "restricted breathing," to all be components of "holding therapy." Park engages in physical contact with clients through the administration of procedures that include, but are not limited to, the following:

(1) Child clients are held or restrained, typically face up, on a mat on the floor or on a couch.

(2) Park administers procedures he labels as "deep tissue massage" to clients in which Park pushes his palm or fingers into the client's abdomen. Clients report that said procedures are painful. Park administers said procedures on children ages six (6) to eighteen (18) years of age and on adults in couples therapy. Park claimed he administers said procedures to release emotions.

(3) Park engages in "touching face games" with child clients.

(4) Park administers procedures he labels "pressure point releasing" in which he pushes on the client's muscles. Park claimed he administers "pressure point releasing" to relieve tension.

c. Child clients usually respond to said procedures with anger and sometimes rage. Approximately half of the children cry during the administration of said procedures and say that the procedures hurt.

d. Park usually restrains the child clients during the administration of said procedures so that the children cannot hit him. He restrains child clients by methods including (1) lying across the child's abdomen and (2) straddling the child with his knees on either side of the child's hips or waist area while he pins down the child's hands.

e. Park increases the amount of restraint applied when, during administration of said procedures, the child acts out. The harder the child acts out, the greater the degree of restraint administered.

f. Park considers children to be noncompliant with therapy when, during the administration of said procedures, the children refuse to respond verbally to Park and when they refuse to follow Park's "rules," which are (1) trust, (2) share emotions, (3) ask for help, and (4) big people are in charge.

g. Park administers said procedures as therapy for Reactive Attachment Disorder, Dissociative Disorder, Depression, Dysthymia, and marriage/couples therapy.

h. Park reported that he uses said procedures in therapy only as a last resort due to the intrusive nature of said procedures. Nevertheless, Park estimated that he administers said procedures to forty percent (40%) of his clients.

- i. Park involves the child's mother or another family member during the course of administering said procedures to the child. In couples therapy, Park administers said procedures to one member of the couple who is positioned on a mat on the floor.
- j. Park and the other therapists of the Cascade Center administer "intensive treatment sessions" to children brought to the Cascade Center from areas outside of the State of Utah. During "intensive treatment," two therapists jointly administer said procedures to the child client during sessions which are each three (3) hours in length and which are held daily for three (3) consecutive weeks.
- k. Kerry Max Park does not document administration of "holding therapy" or "deep tissue massage" in the clients' clinical records.

11. Respondent Van Bloem, in the course of his practice as a licensed clinical social worker, administered therapy to Claire (name withheld for the purposes of confidentiality), a child eight (8) years of age, as follows:

- a. Beginning in March, 2001, and continuing until September, 2001, Claire's parents (names withheld for the purposes of confidentiality) retained the Cascade Center to provide therapy for their child, Claire.
- b. In or about March, 2001, Respondent entered diagnoses and assessments in the clinical records for Claire as follows:

Axis 1:

Axis 2: Axis 3: Axis 4:

Axis 5:

300.40 Dysthymic Disorder    313.81 Oppositional Defiant Disorder    313.89 Reactive Attachment Disorder of Infancy or Childhood  
 314.00 Attention Deficit/Hyperactivity Disorder, Predominantly Inattentive Type  
 799.90 Diagnosis Deferred on this Axis.  
 None    4 Severe: Recurrent effects of abandonment by bio-mother and chronic family conflict  
 Current GAF: 47 Highest GAF Past year: 51

On said date, Respondent Van Bloem also documented in Claire's clinical records that Claire had the following assets: adequate intelligence, supportive parents, talents and interests, friendly, adequate living situation, and financial support.

c. In March, 2001, Respondent Van Bloem admitted Claire as a client of the Cascade Center for treatment of disturbance of mood characterized by feelings of inadequacy, stubbornness, control battles with parents and/or authority figures, refusing to attempt normal tasks, dysphoric mood, and conflict with significant others.

d. Respondent Van Bloem provided clinical services to Claire as her primary therapist.

e. Between the dates of March, 2001, and September, 2001, Respondent Van Bloem administered procedures on Claire during approximately nineteen (19) weekly clinical sessions. Said clinical sessions lasted from one (1) to three (3) hours in duration. The first portion of each session involved interview of Claire's parent(s) by Respondent.

f. Prior to initiating treatment, Respondent Van Bloem neither described nor explained to Claire's parents or to Claire the procedures Respondent would administer in the course of his treatment of Claire.

g. During the course of said clinical sessions, Respondent Van Bloem administered procedures to Claire including, but not limited to, the following:

(1) During the first clinical session, at Respondent Van Bloem's instruction, Claire's mother placed Claire on her lap and fed Claire soda pop using a baby bottle. Respondent instructed Claire's mother to administer this procedure at home daily thereafter.

(2) At the beginning of the second clinical session, Claire and her mother were seated together on a couch in the clinical room. Without description or explanation of his intended actions, Respondent approached Claire and lifted her off the couch. Respondent then wrapped his arms around her upper body and arms in a restrictive hold. Respondent refused to release Claire despite her struggles to resist him.

(3) Respondent then removed Claire's shoes and forced her to lie on her back on a mat on the floor. Respondent then laid on top of Claire, across her chest and abdomen, with Respondent's face close to Claire's face. Respondent persisted in lying on Claire throughout the clinical session despite Claire's attempts to resist Respondent by kicking, crying and screaming.

(4) With Claire so restrained, Respondent Van Bloem (a)

verbally confronted Claire regarding issues such as failing to mind her mother and (b) administered painful stimulation, using Respondent's hands to press into Claire's ribs and abdomen. During the administration of said pressure, Respondent required Claire to shout repetitively that she was angry and/or frightened. When Claire showed a diminished level of kicking, crying or screaming or when she refused to respond verbally as required, Respondent administered additional pressure into Claire's ribs and abdomen until Claire complied with Respondent's demands.

(5) At the conclusion of the second session, Respondent directed Claire's mother to hold her on the couch in the clinical room.

(6) During subsequent clinical sessions, Respondent restrained Claire by methods including, but not limited to, lying diagonally across Claire's chest and abdomen with Respondent's face positioned close to Claire's face. After restraining Claire, Respondent administered painful stimulation, provoked negative emotions and states of hyperarousal, issued verbal demands, and engaged in verbal confrontation as described above. Respondent persisted in said procedures despite Claire's statements that Respondent was hurting her, Claire's attempts to resist and Claire's demands that Respondent remove himself from her.

(7) During one clinical session, Respondent wrapped Claire tightly in a sheet, restraining her arms flat against her sides and leaving only her head and feet exposed. Despite Claire's attempts to resist and demands to be released, Respondent maintained Claire in this wrapping throughout the session and applied procedures including lying on top of Claire, administering painful pressure into Claire's ribs and abdomen, verbally confronting Claire and provoking states of anger and fear.

h. Respondent initiated and administered said procedures to Claire without first having obtained or provided the following:

(1) Respondent failed to obtain valid informed consent from Claire's parent(s), without any implied or actual deprivation or penalty for refusal to consent to said procedures and without undue inducement to consent;

(2) Respondent failed to provide an appropriate explanation to Claire prior to the administration of said procedures and initiated said procedures without due regard for Claire's well-being, privacy,

and dignity;

(3) Respondent failed to use clear and understandable language to inform Claire's parent(s) of the purpose of the services, the risks related to the services and reasonable alternatives;

(4) Respondent failed to provide information to Claire's parents about the nature, extent and duration of the participation required of Claire;

(5) Respondent failed to identify and provide professional bases to support benefits of participation in said procedures; and

(6) Respondent failed to provide Claire's parent(s) with an opportunity to ask questions.

i. Respondent's clinical sessions were physically exhausting for Claire, who weighed approximately forty (40) pounds during this time.

j. In the summer of 2001, Claire's parents observed bruised skin in the area of Claire's ribs which Claire stated was caused by Respondent Van Bloem.

k. In May 2001, Respondent informed Claire's parents that he thought that Claire had been sexually abused. Respondent stated that he based his belief on his observations during a treatment session of the following: (1) Claire spit in Respondent's face while he laid on top of her, (2) Claire's eyes became glazed while Respondent was so positioned, and (3) Claire refused to be fed with a baby bottle by her mother at end of the session. Based upon said observations, Respondent instructed Claire's parents that Claire should not be permitted to remain alone in the presence of any male, including her father and brothers. Respondent further recommended that, in addition to the weekly individual therapy sessions with Respondent, Claire should receive daily treatment in the Cascade Center "Respite Care" treatment program.

l. Claire's parents were billed \$1,485 per month in advance for Claire's treatment in the Cascade Center "Respite Care" facility during the summer of 2001. Claire was required to attend the facility four (4) days a week, from 8:00 a.m. to 4:00 p.m. Respondent informed Claire and her parents that he authorized the staff of the Respite Center to administer the above-described procedures on Claire as part of the "Respite Care" program. Respite Care staff required children clients to clean the facility bathroom and floor. Said staff applied procedures of restraint, painful physical contact and verbal confrontation if the children failed to perform

said tasks satisfactorily. Unlicensed staff members administered said procedures on Claire without the presence of licensed therapists for reasons including, but not limited to, the following: (1) Claire's failure to comply with staff demands to wash the facility floor, (2) report of Claire's inappropriate behavior at home, and (3), on one occasion, Claire's feelings of concern for her mother who was to be absent from the house overnight.

m. While Claire was being treated at the Cascade Center, Claire's mother repeatedly requested Respondent to provide her with a report of Claire's progress in treatment. Respondent failed to provide said progress report.

n. While Claire was being treated at the Cascade Center, Claire's mother repeatedly requested Respondent to provide her with information including professional bases to support the application of said procedures. Respondent failed to provide said information.

o. Respondent failed to document in Claire's clinical records those procedures administered to Claire in the course of treatment, including, but not limited to, Respondent's physical contact with Claire, application of physical restraint, administration of painful pressure into Claire's abdomen and ribs, induction of negative emotions and states of hyperarousal, verbal confrontation and demands for performance.

12. Respondent Van Bloem, in the course of his practice as a licensed clinical

social worker, administered therapy to client Tammy (name withheld for the purposes of

confidentiality), a child eight (8) years of age, as follows:

a. Beginning in July, 1997, and continuing until February, 1999, Tammy's mother (name withheld for the purposes of confidentiality) retained the Cascade Center to provide therapy for her child, Tammy.

b. In or about July, 1997, Respondent Van Bloem entered diagnoses and assessments in the clinical records for Tammy as follows:

Axis 1:

Axis 2: Axis 3: Axis 4: Axis 5:

300.40 300.00 799.90

Dysthymia,

Anxiety Disorder NOS

Diagnosis Deferred on this Axis

None

Moderate: Effects of divorce

Current GAF: 52 Highest GAF Past Year: 65

On said date, Respondent Van Bloem also documented in Tammy's clinical records that Tammy had the following assets: adequate intelligence, supportive parents, good physical health, friendly, talents and interests, and an adequate living situation.

c. Respondent Van Bloem admitted Tammy as a client of the Cascade Center for treatment of excessive anxiety and distress characterized by repeated nightmares, apprehensive expectation of illness or harm, feeling of motor tension, difficulty breathing, easily frustrated, and loss of self-confidence. Respondent Van Bloem reported that Tammy presented with symptoms including, but not limited to, night terrors, desire not to go to school, low self esteem, Depression, Anxiety, self-soothing behavior, and aggression toward her brother.

d. Between the dates of on or about July 10, 1997, and January 28, 1999, Respondent Van Bloem provided therapy to Tammy in approximately 140 clinical sessions. Respondent conducted up to twelve (12) clinical sessions per month on Tammy. Clinical sessions varied in duration from one (1) to two (2) hours; approximately 100 of said sessions extended two (2) hours. Tammy spent approximately 259.5 hours in said therapy. The first portion of each session involved interview of Tammy's mother by Respondent.

e. Subsequent to the initiation of Tammy's treatment at the Cascade Center, Respondent Van Bloem reported clinical issues including, but not limited to, the following:

(1) continued and/or intermittent yet persistent occurrence of symptoms including, but not limited to, nightmares, night terrors, self-soothing behaviors, breathing problems and aggression;

(2) in November, 1997, a much more evident PTSD process;

(3) in January, 1998, the possibility of Tourette's or nervous tics pattern;

(4) in March, 1998, suspicion of sexual abuse;

(5) in November, 1998, Respondent Van Bloem entered in his clinical notes-- "Consistent with PTSD."

f. During the course of therapy, Respondent Van Bloem administered treatment procedures to Tammy, including, but not limited, to the following:

(1) Respondent Van Bloem placed a mat on the floor of the clinical room and required that Tammy lie on the mat face up or, on occasion, facing the floor.

(2) With Tammy so positioned, Respondent Van Bloem restrained Tammy by methods including, but not limited to, sitting on top of Tamroy's legs, with Respondent's legs straddling Tammy; and, lying with his torso across Tammy's abdominal area. During treatment sessions, Respondent Van Bloem also utilized Tammy's mother to restrain Tammy by methods including pinning Tammy's arms down and sitting on Tammy's legs.

(3) With Tammy restrained, Respondent Van Bloem laid across Tammy and pressed his torso against Tammy to restrict and/or prevent Tammy from breathing. Respondent Van Bloem's interference with Tammy's ability to breathe was frightening to her. During said procedures, Tammy told Respondent and her mother that she couldn't breathe. In response, Respondent persisted in applying pressure and instructed Tammy to repeat certain required verbalizations aloud. Respondent Van Bloem issued demands to Tammy similar to the following: "Say it. Say I can't breathe. Say I'm mad. Say I'm scared. Say... just say it." Respondent Van Bloem utilized Tamroy's mother during said procedures to join in Respondent's demands that Tammy make the required verbal responses. Respondent, by impairing Tammy's ability to breathe, also frustrated her ability to comply with his repetitive demands to speak.

(4) With Tammy restrained, Respondent Van Bloem pushed with his fingers, hand or elbow into Tammy's abdomen, back and pelvic area. Respondent Van Bloem poked in different areas of Tammy's body until he located a place that was painful when he pressed into it. On locating such an area, Respondent Van Bloem increased the amount of pressure to cause Tammy to cry or scream. Said conduct caused bruising and pain which persisted after the conclusion of the clinical session.

(5) With Tammy restrained, Respondent Van Bloem administered procedures including pulling Tamroy's hair and aversive hard "tickling." Respondent persisted in said conduct until Tammy became angry and/or cried.

(6) When Respondent Van Bloem administered said procedures to Tammy, Respondent utilized Tammy's mother to hold Tammy's hands and thereby prevent Tammy from striking

Respondent.

(7) Respondent, in his statements to Tammy, claimed that he could find the special place where her feelings were sitting. Respondent claimed that he could locate these special places by creating pain when he pushed into Tammy's body. Respondent claimed that it was painful in these places because the feelings never get out. When Respondent pushed painfully, Respondent required Tammy to identify the feeling he had found, e.g. mad, sad or scared.

(8) Prior to the beginning of each clinical session with Tammy, Respondent Van Bloem interviewed Tammy's mother for an extended period of time. During said time and as Tammy waited for her treatment to begin, Tammy was required to remain in the Cascade Center waiting area, hearing the cries of other children undergoing therapy at the Cascade Center.

g. Respondent failed to document in Tammy's clinical records those procedures administered to Tammy in the course of treatment, including, but not limited to, Respondent's physical contact with Tammy, application of physical restraint, administration of painful pressure, restriction of Tammy's ability to breathe, aversive "tickling" and pulling hair, induction of negative emotions and states of hyperarousal, verbal confrontation and demands for performance.

13. Respondents Van Bloem and Gwilliam, in the course of their practices as licensed clinical social workers, administered therapy to Lisa (name withheld for the purposes of confidentiality), a child thirteen (13) years of age, as follows:

a. In or about 1996, Lisa's mother (name withheld for the purposes of confidentiality) retained the Cascade Center to provide therapy for Lisa.

b. On admission for services at the Cascade Center, Lisa's mother reported a history for Lisa of Obsessive Compulsive Disorder, Attention Deficit Disorder, Depression and possible sexual abuse at the age of three (3). Lisa had been adopted by her present parents and had been placed in their home two (2) days after birth.

c. On admission for services in August, 1996, Respondent Van Bloem entered the "Provisional Diagnosis" for Lisa as follows:

Axis I: Axis II: Axis III: Axis IV: Axis V:

300.40 Dysthymia;

799.90 Deferred;

none;

3 moderate affects of abandonment-stress; 49 GAF Current 70 GAF High.

d. Respondent Van Bloem informed an Investigator for the Division that Lisa did not have Reactive Attachment Disorder in the traditional sense but she did have some attachment issues. Respondent reported that, although Lisa was adopted at birth by her current family, Respondent believed Lisa experienced psychological pain in the womb.

e. Between in or about September, 1996, and June, 2000, Respondent Van Bloem and Respondent Gwilliam conducted approximately eighty-two (82) clinical sessions on Lisa with 147.5 hours of clinical time. Respondent Van Bloem and Respondent Gwilliam conducted clinical sessions on Lisa up to seven (7) times in a month. Sessions generally ranged between one (1) and two and one-half (2 ¼) hours in duration. Sixty (60) of these sessions were two (2) hours in duration. The first portion of each session involved interview of the parent by the therapist.

f. Subsequent to the initiation of treatment on Lisa on or about September 9, 1996, Respondents reported clinical issues, diagnoses and symptoms including, but not limited to, the following:

(1) The Initial Treatment Plan, dated March 3, 1997, included diagnosis and symptoms, as follows:

Diagnosis:

Axis I 300.40

300.30

Axis II: 301.8B

Axis III:

Axis IV:

Axis V:

Dysthymic Disorder

Obsessive Compulsive Disorder Borderline Personality Traits

None

4 Severe: family conflict recurring effects of unresolved issues around adoption

Current GAF: 48

Highest GAF Past year: 53

Patient experiences disturbance of mood characterized by:

Labile affect.

Obsessive thoughts.

Injurious or harmful to self.

Unusual anger and anxiety when touched, soothed or  
given limits by mother.

Excessive unrealistic anger.  
Recurrent feelings of anxiety.

(2) Diagnosis and symptoms for Lisa entered in April, 1998, include the following:

Diagnosis: Axis I 300.4  
300.3

Axis II: Axis III: Axis IV: Axis V:

Dysthymic Disorder

Obsessive Compulsive Disorder

RID Borderline Personality

None

3

GAF: 51

Symptoms we are particularly focusing on are:

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2.

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6.

7.

Control battles with others, especially parents. Avoidance of discussion of past trauma. Somatization and self-injurious behavior. Aggressiveness - verbal and physical. Self-consciousness - excessive and social ineptness. Inappropriate affect and instability.

Identity disturbance borderline process.

(3) Diagnosis and symptoms for Lisa entered in September, 1999, include the following:

Diagnosis:

Axis I 303.13 303.3 300.81 Axis II: 301.83 Axis III: Axis IV:

Axis V:

Cyclothymic Disorder

Obsessive Compulsive Disorder Somatization Disorder

Borderline Personality Disorder Traits None

4 Continuing problems with primary support system

GAF 48 Highest in the past year 51.

In said September, 1999, document, Respondent Gwilliam further stated, among other information, that "1 could have easily also included a diagnosis of Post Traumatic Stress Disorder and Social Phobia, but chose the three listed as she is currently exhibiting those symptoms most prominently."

Symptoms:

96.1 Control battles with others, especially parents 96.2 Avoidance of  
discussion of past trauma and adoptions issues. 96.3 Somatization  
and self-injurious behavior. 96.4 Aggressiveness: both physical and verbal. 96.5 Excess

(4) Clinical records show continued and/or intermittent yet persistent occurrence of symptoms and/or issues including, but not limited to, Obsessive-Compulsive Disorder symptoms; aggression towards siblings; opposition, disobedience and anger towards mother; emotional lability; and destruction of property.

**g. During interview with an Investigator for the Division, Respondent Van Bioem reported the following:**

(1) Respondent Van Bioem administered "compression holding" and "deep tissue massage" on Lisa.

(2) Respondent Van Bioem usually used his forearm to apply pressure to Lisa's abdomen.

(3) Respondent Van Bioem sometimes wrapped Lisa in a blanket to restrain her during therapy.

(4) Respondent Van Bloem, while administering "compression holding therapy" to restrict breathing, verbally reminded Lisa of her mistakes, poor decisions and other negatives that were impacting her life, so she could see where she was going wrong and could begin to make positive changes.

(5) Respondent Van Bioem did not document the use of said procedures in Lisa's clinical files.

(6) Respondent Van Bioem claimed he applied "compression holding" and "deep tissue massage" to release feelings so Lisa could act and think in a more reasonable manner.

**h. During the course of said sessions, Respondent Van Bioem and Respondent Gwilliam also administered procedures which include, but are not limited to, the following: Respondents (1) used an elbow and the**

outside knuckle area of a fist to apply pressure into Lisa's abdomen and (2) "tickled" Lisa in an aversive manner.

i. During the course of said sessions, Lisa cried, told Respondents that said procedures were causing her pain, and asked Respondents to stop administering said procedures. Respondent Van Bioem and Respondent Gwilliam continued to administer said procedures despite Lisa's requests that they stop.

j. Respondent Van Bioem and Respondent Gwilliam represented to Lisa that different areas of her body represented different feelings. For example, Respondents claimed that anger and sadness were located in the abdominal area; other feelings were located in different places or pressure points. Respondent Van Bioem and Respondent Gwilliam claimed that they were helping Lisa to release said feelings by applying pressure to various places.

k. Respondents Van Bioem and Gwilliam failed to document in Lisa's clinical records those procedures administered to Lisa in the course of treatment, including, but not limited to, Respondent's physical contact with Lisa, application of physical restraint, administration of painful pressure, restriction of Lisa's ability to breathe, aversive "tickling," elicitation of negative emotional states, and verbal confrontation.

14. Respondent Gwilliam, in the course of her practice as a licensed clinical social worker, administered therapy to Mary (name withheld for the purposes of confidentiality), a child of approximately six (6) years of age, as follows:

a. In or about 1999, Mary's parents (name withheld for the purposes of confidentiality) retained the Cascade Center to provide therapy for Mary.

b. On admission for services at the Cascade Center, Mary presented with concerns and issues including (1) Mary had been a victim of sexual abuse at a day care facility and (2) in the first grade Mary began to display symptoms including banging her head against a wall, weight gain, bowel problems, temper tantrums and nightmares.

c. Mary is the biological daughter of her parents and was not diagnosed with Reactive Attachment Disorder.

d. Respondent Gwilliam provided clinical services to Mary as her

primary therapist.

e. Respondent Gwilliam restrained Mary on a mat on the floor and applied pressure to Mary's abdomen in the area below her sternum during "holding sessions" which ranged from ten (10) minutes to twenty (20) minutes in duration.

f. In initial clinical sessions during administration of said procedures, Mary cried and screamed, said the procedures hurt her, and stated that she could not breathe.

g. After several clinical sessions, Mary began to cry and scream when Respondent Gwilliam applied the slightest amount of pressure.

h. Although Mary's mother was a proponent of said clinical procedures, she discontinued treatment after five (5) clinical sessions, contrary to the recommendation of Respondent Gwilliam, as Mary's mother believed that Mary was manipulating the therapy.

15. Respondents Van Bioem and Gwilliam, in the course of their practices as licensed clinical social workers, administered therapy to Roger (name withheld for the purposes of confidentiality), an adolescent client born in 1979, as follows:

a. Beginning in or about the year of 1994 and continuing for approximately one year, members of the group of therapists including Respondent Van Bioem, Respondent Gwilliam, Park, and Ramsey administered procedures as therapy on Roger.

b. Said therapists conducted weekly sessions on Roger which typically extended two and one-half (2 ½) to three (3) hours in duration. Multiple sessions lasted four (4) hours in duration and one (1) session extended five (5) hours. The first portion of each session involved interview of the parent by the therapist.

c. Respondents, Park, and Ramsey conducted said sessions on Roger. The number and identity of the therapists who administered procedures in each session varied. Respondents, Park, and Ramsey, each conducted multiple clinical sessions on Roger. Respondents, Park, and Ramsey each personally administered and/or assisted in the administration of all forms of procedures administered to Roger as described herein.

d. Said therapists informed Roger that they were treating Roger to resolve issues and anger arising from his adoption. Roger informed said therapists that he did not have any negative issues or emotions arising from his adoption. Roger informed said therapists that he was adopted at birth and considered his adoptive parents to be his "real" parents. Said therapists informed Roger that he was not being truthful in this respect and that they would proceed to administer their treatment procedures until Roger admitted these issues and emotions and then resolved them.

e. Respondents, Park, and Ramsey each personally administered and/or assisted other members of the clinical team in the administration of procedures to Roger including, but not limited to, the following:

(1) At the beginning of each clinical session, the therapists tightly confined Roger by rolling him in a long blanket with his arms and hands pinned against his sides. Said therapists left Roger's head, lower legs and feet exposed. Said therapists confined Roger, wrapped in the blanket, throughout all clinical sessions and administered all treatment procedures described herein while Roger was so confined.

(2) After confining Roger in the blanket, said therapists then physically pinned Roger on his back against a mat on the floor throughout the clinical sessions by various methods which included, but were not limited to, lying across the Roger's chest, abdomen and legs.

(3) During multiple clinical sessions, one of the therapists, while lying across Roger's chest, pressed the therapist's forearm, elbow and/or fist into Roger's abdomen using a grinding motion.

(4) During multiple clinical sessions, while one therapist laid across Roger's chest and pressed into Roger's abdomen, a second therapist leaned against the back of the first therapist to increase the total amount of weight bearing on Roger's chest and abdomen.

(5) During multiple clinical sessions, while one of the therapists laid across Roger's chest and pressed into Roger's abdomen, a second therapist laid across Roger's thighs and pressed the therapist's forearm and/or elbow into Roger's thigh muscles using a grinding motion.

(6) During multiple clinical sessions, while one therapist laid across Roger's chest and pressed into Roger's abdomen, a second therapist knelt on top of Roger's feet and leaned forward to press

the therapist's knees into the tissue and bones on the upper sides of Roger's feet.

(7) During multiple clinical sessions, the therapist pressed his/her elbow and/or knee into Roger's groin.

(8) During multiple clinical sessions, the therapist pressed his/her fist and/or elbow into the area directly under Roger's sternum.

(9) During multiple clinical sessions, a therapist rubbed his/her hand in a circular motion on Roger's leg to twist the exposed hair together and to create what the therapists called a "tornado." With the hair twisted together, the therapist would then pull out the twisted hair from Roger's leg.

**(10)** During multiple clinical sessions, the therapist pinched exposed portions of Roger's skin including skin on Roger's face, neck, lower legs and feet.

(11) During multiple clinical sessions, the therapist pressed his/her knuckle into the instep of Roger's foot.

(12) When Roger attempted to resist the painful pressure into his abdomen by tightening his abdominal muscles, said therapists accused Roger of not cooperating with treatment and increased the amount of pressure and painful physical contact.

(13) During administration of said procedures, one or more of said therapists would shout at Roger, inches from his face, in a harsh and exaggerated manner. During such verbal confrontation, the therapists' spit would spray into Roger's face. While a therapist leaned across Roger's chest and pressed into his abdomen, sweat would drip from the therapist's head onto Roger's face.

(14) During administration of said procedures, the therapists pretended to be actors in various scenarios in which they made crude, offensive and/or degrading statements regarding Roger to provoke strong and negative emotional reactions from Roger.

(15) Said procedures administered to Roger by said therapists caused intense pain, increased body heat, nausea, mental confusion and dizziness.

(16) During at least two clinical sessions, the therapists slapped Roger's face to revive him.

(17) The therapists persisted in the administration of said procedures despite Roger's repeated reports to the therapists that they were causing intense pain, heat, nausea, dizziness and confusion; obstructing his ability to breathe; and causing Roger to fear for his physical safety. Said therapists persisted in said conduct despite Roger's cries, screams, demands and pleas to release him and stop hurting him.

f. Said therapists administered said procedures despite being informed that Roger had undergone recent surgery to correct a hernia and despite being informed that the surgeon issued postoperative instructions that Roger not lift more than ten (10) pounds, not apply pressure to the incision area and not laugh or cough forcefully.

g. Respondents failed to maintain records documenting treatment administered to Roger and failed to store records documenting services provided to Roger following the termination of services to ensure reasonable future access to said records.

16. Prior to June 9, 2000, and subsequent to June 9, 2001, Respondent Van

Bioem was not licensed by the State of Utah to engage in the practice of massage in

any capacity. On June 9, 2000, Respondent obtained a license in the State of Utah as a

massage apprentice, which authorized him to provide massages for a fee under the

direct supervision of a licensed massage technician. Respondent's license as a

massage apprentice expired on June 9, 2001.

17. Prior to June 9, 2000, and between the dates of June 9, 2001, and

November 30, 2001, Respondent Gwilliam was not licensed by the State of Utah to

engage in the practice of massage in any capacity. On June 9, 2000, Respondent

Gwilliam obtained a license in the State of Utah as a massage apprentice, which

authorized her to provide massages for a fee under the direct supervision of a licensed



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massage technician. Respondent Gwilliam's license as a massage apprentice expired

on June 9, 2001. On November 30, 2001, Respondent Gwilliam obtained a license in the State of Utah as a massage therapist and is currently so licensed.

18. Respondents, during their association with the Family and Attachment Center and the Cascade Center, aided and abetted each other as well as Kerry Max Park and Craig M. Ramsey in the administration of procedures as described herein on clients by engaging in the following conduct:

- a. directing and/or soliciting said other licensees to assist Respondents in the administration of said procedures on clients, and/or
- b. assisting said other licensees in the administration of said procedures on clients.

19. Respondents Van Bioem and Gwilliam failed to perform or obtain adequate evaluations or assessments of clients, including children, prior to administration of treatment procedures as described herein (a) to determine diagnoses on admission and/or (b) to identify conditions or impairments, including, but not limited to, developmental, physical, psychological and/or neurological conditions or impairments, which would contraindicate administration of said procedures.

20. At all times relevant to the allegations of the present Petition, the procedures administered to clients, including children, as described herein were not based upon generally recognized psychotherapeutic and professional social work principles, methods and procedures, which are applied for the purpose of preventing, treating, or eliminating mental or emotional illness or dysfunction, the

symptoms of any of these, or maladaptive behavior, including, but not limited to,  
Reactive Attachment

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Disorder, Anxiety, Obsessive Compulsive Disorder, Depression, Dysthymia, Bipolar

Disorder, self-abuse, weight gain, bowel problems, nightmares, Conduct Disorders, Post Traumatic Stress Disorder, sexual abuse issues, and/or Dissociative Disorder.

21. At all times relevant to the allegations of the present Petition, the procedures administered to clients, including children, as described herein were not based on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics for the purpose of preventing, treating, or eliminating mental or emotional illness or dysfunction, the symptoms of any of these, or maladaptive behavior, including, but not limited to, Reactive Attachment Disorder, Anxiety, Obsessive Compulsive Disorder, Depression, Dysthymia, Bipolar Disorder, self-abuse, weight gain, bowel problems, nightmares, Conduct Disorders, Post Traumatic Stress Disorder, sexual abuse issues, and/or Dissociative Disorder.

22. Respondents Van Bioem and Gwilliam administered said procedures as described herein to clients, including children, when said procedures imposed risk of exploitation or potential harm to the clients' physical health. Application of excessive weight to the back of a client lying in a prone position imposes risk of asphyxiation. Restraint of a supine client, under conditions of hyperarousal and high emotional stress, imposes risk of aspiration. Procedures which induce states of hyperarousal and high emotional stress elevate heart rate and blood pressure. Where the level of arousal and stress is high and/or maintained over an extended period of time, said procedures impose risk of impaired cardiac function or cardiac

failure. Subjugation of the client to prolonged periods of stress and psychological trauma increases the effect of cortisol on

the brain and imposes risk of interference with memory processes and risk of enduring or permanent neurological changes. Procedures as described herein impose risk of physical injury to the client, including, but not limited to, the following:

- a. interference with the client's normal biological functions, including, but not limited to, neurological, endocrine, respiratory, cardiac and temperature regulation functions; and
- b. injury to the client through herniation or rupture of internal organs, bruising to skin and internal organs, and bone fracture or breakage.

Additionally, existing physical conditions or impairments of the client, including, but not limited to, weakened conditions resulting from illness, injury and surgical interventions, which impair normal biological functions or which negatively affect the strength of body structures also contraindicate application of said procedures as described herein.

23. Respondents Van Bioem and Gwilliam administered said procedures as described herein to clients, including children, when said procedures imposed risk of psychological harm to the clients. Exposure to intense levels of stress imposes risk of exacerbating psychiatric issues in a number of conditions including, but not limited to, Autism, Asperbergers Syndrome; history of trauma and Post Traumatic Stress Disorder; physical or sexual abuse; Epileptic Disorders, Organic Brain Disorders, head injury; Dissociative Disorder, Multiple Personality Disorder, Psychosis, Anxiety, and phobias. Clients who have suffered abuse or traumatic loss have a heightened sensitization to emotionally disturbing or distressing experiences; exposure to conditions such as coercion, restraint, pain or noxious stimuli which resemble the original trauma imposes risk of retraumatization. The existence of said conditions in a client contraindicates

administration of procedures as described herein. Additionally, procedures as described herein impose risk to the client of psychological injury including, but not limited to, the following:

- a. infliction of new trauma to the client and development of disorders including, but not
- b. creation of trauma bonding between the child and his/her parents and between th
- c. compromise of executive brain function; and/or
- d. enhancement of the client's suggestive state and introduction of false memories.

24. Prior to the administration of said procedures on child clients, Respondents Van Bioem and Gwilliam (a) failed to obtain valid, informed consent of the parents or legal guardians of child clients, and (b) failed to use clear and understandable language to inform the parents or legal guardians of child clients of the purpose of the clinical services, risks related to the services and/or reasonable alternatives.

25. In instances when clients lacked the capacity to provide informed consent, Respondent Van Bioem and Respondent Gwilliam failed to ensure that the parents or legal guardians of child clients, in permitting the administration of said procedures, acted in a manner consistent with the clients' interests including, but not limited to, (a) the clients' interest not to be subjected to risk of physical and/or psychological harm; (b) the clients' interest not to be subjected to physical pain or to aversive or noxious stimuli; (c) where treatment procedures impose risk of serious

physical and/or psychological harm, the clients' interest in receiving treatment based on empirical evidence, including reliable, replicated research demonstrating statistically significant beneficial main effects of said treatment procedures in randomized trial including a control group and reliable, valid measures of effect; and (d) the clients' interest in the therapist providing continuing critical review and appropriate modification of treatment procedures based upon factors including, but not limited to, changes in the clients' condition and assessment of progress, or lack thereof, toward treatment goals.

26. Respondents Van Bioem and Gwilliam engaged in evaluation and/or experimentation on clients, including children, where (a) Respondents administered procedures to clients which were not based on empirical evidence, including reliable, replicable research demonstrating significant beneficial main effects to support the effectiveness of said procedures for the treatment or intervention of the clients' mental health diagnoses, issues and/or symptoms; (b) said procedures were not based on generally recognized professional social work principles, methods, and procedures; and (c) generally recognized standards do not exist with respect to the administration of said procedures in mental health therapy or in the intervention or treatment of mental or emotional illness or dysfunction, the symptoms of any of these, or maladaptive behavior, including, but not limited to, Anxiety, Obsessive Compulsive Disorder, Depression, Dysthymia, Bipolar Disorder, self-abuse, weight gain, bowel problems, nightmares, Conduct Disorders, Post Traumatic Stress Disorder, sexual abuse issues, Dissociative Disorder and Reactive Attachment Disorder.

27. Respondents Van Bioem and Gwilliam, prior to and during administration

of the procedures as described herein, failed to obtain or perform the following:

(a) to obtain voluntary and written informed consent from the parents or legal guardians of child clients, without any implied or actual deprivation or penalty for refusal to consent and without undue inducement to consent, and to provide an appropriate explanation to the child clients, with due regard for child clients' well-being, privacy, and dignity;

(b) to include information in said voluntary and written informed consent about the nature, extent and duration of the participation required of the client;

(c) to disclose in said voluntary and written informed consent the risks and benefits of participation in said procedures;

**(d) to protect clients participating in said evaluation or experimentation** from unwarranted physical or mental distress, harm, danger, or deprivation; and/or

(e) to monitor and evaluate the implementation of said treatment and practice interventions and to provide a continuing critical review and appropriate modification of treatment procedures based upon factors including, but not limited to, changes in the clients' condition and assessment of progress, or lack thereof, toward treatment goals.

### **APPLICABLE LAW**

28. At all times relevant hereto, the Division of **Occupational and**

Professional Licensing Act, Utah Code Ann. § 58-1-401 (2)(a) has provided grounds

for disciplinary proceedings and sanctions in relevant part as follows:

(2) The division may refuse to issue a license to an applicant and may refuse to renew or may revoke, suspend, restrict, place on probation, issue a public or private reprimand to, or otherwise act upon the license of any licensee in any of the following cases:

(a) the applicant or licensee has engaged in unprofessional conduct, as defined by statute or rule under this title;

29. At all times relevant hereto, the Division of Occupational and

**Professional Licensing** Act, Utah Code Ann. § 58-1-501 (2) has defined



unprofessional conduct in relevant part as follows:

(2) "Unprofessional conduct" means conduct, by a licensee or applicant, that is defined as unprofessional conduct under this title or under any rule adopted under this title and includes:

(a) violating, or aiding or abetting any other person to violate, any statute, rule, or order regulating an occupation or profession under this title;

(b) violating, or aiding or abetting any other person to violate, any generally accepted professional or ethical standard applicable to an occupation or profession regulated under this title;

(g) practicing or attempting to practice an occupation or profession regulated under this title through gross incompetence, gross negligence, or a pattern or incompetency or negligence;

(j) practicing or attempting to practice an occupation or profession regulated under this title beyond the scope of the licensee's license; or

(k) verbally, physically, mentally, or sexually abusing or exploiting any person through conduct connected with the licensee's practice under this title or otherwise facilitated by the licensee's license.

30. Since July 1, 1994, the Social Worker Licensing Act, Utah Code

Ann. § 58-60-202 (2) has defined the "Practice of clinical social work" as follows:

"Practice of clinical social work" includes:

(a) the practice of mental health therapy by observation, description, evaluation, interpretation, intervention, and treatment to effect modification of behavior by the application of generally recognized professional social work principles, methods, and procedures for the purpose of preventing, treating, or eliminating mental or emotional illness or dysfunction, the symptoms of any of these, or maladaptive behavior;

(b) the application of generally recognized psychotherapeutic and social work principles and practices requiring the education, training, and clinical experience of a clinical social worker; and

(c) supervision of the practice of a certified social worker or social service worker as the supervision is required under this chapter and as further defined by division rule.

31. Since July 1, 1994, the **Social Worker Licensing Act, Utah Code Ann. §**

58-60-207 (1) has defined "Scope of practice" of the clinical social worker as follows:

A clinical social worker may engage in all acts and practices defined as the practice of clinical social work without supervision, in private and independent practice, or as an employee of another person, limited only by the licensee's education, training, and competence.

**32. The Social Worker Licensing Act Rules, Utah Admin. Code R156-60a-**

**502**, define unprofessional conduct in relevant part as follows:

**(a) Social Worker Licensing Act Rules, Utah Admin. Code R156-60a-502 (1) (1994)~:**

"Unprofessional conduct" includes:

(1) violation of any provision of the Code of Ethics of the National Association of Social Workers (NASW) as adopted by the 1979 NASW Delegate Assembly and as revised by the 1990 and 1993 NASW Delegate Assembly, which is adopted and incorporated by reference;

Subsequent references herein to the rule as enacted in 1994 will be as Utah Admin. Code R156-60a-502 (1) (1994).

**(b) Social Worker Licensing Act Rules, Utah Admin. Code R156-60a-502 (14) and (24) (1997)2:**

"Unprofessional conduct" includes:

Utah Admin. Code R156-60a-502(1) (1994) was enacted effective December 15, 1994, and remained unchanged from the 1994 edition until May 2, 1997.

Utah Admin. Code R156~60a-502 (14) and (24) (1997) were enacted effective May 2, 1997. Utah Admin. Code R156-60a-502 (14) (1997) remains unchanged from the 1997 edition. Utah Admin. Code R156-60a-502 (24) (1997) remained unchanged from the 1997 edition until November 7, 2000.



(14) embracing, massaging, cuddling, caressing, or performing any other act of physical contact with a client when there is a risk of exploitation or potential harm to the client resulting from the contact;

(24) failing to abide by the provisions of the Code of Ethics of the National Association of Social Workers (NASW) as adopted by the Delegate Assembly of August 1996, which is adopted and incorporated by reference.

Subsequent references herein to the rules as enacted in 1997 will be as Utah Admin. Code R156-60a-502 (14) and (24) (1997).

**(c) Social Worker Licensing Act Rules, Utah Admin. Code R156-60a-502 (24) (2000)3:**

(24) failing to abide by the provisions of the Code of Ethics of the National Association of Social Workers (NASW) as approved by the NASW 1996 Delegate Assembly and revised by the 1999 NASW Delegate Assembly, which is adopted and incorporated by reference.

Subsequent references herein to the rule as enacted in 2000 will be as Utah Admin. Code R156-60a-502 (24) (2000).

33. The Code of **Ethics of the National Association of Social Workers**

**(NASW), as adopted by the 1979 NASW Delegate Assembly and as revised by the**

**1990 and 1993 NASW Delegate Assembly**, provides in relevant part as follows:

**The Social Worker's Conduct and Comportment as a Social Worker**

Utah Admin. Code R156-60a-502 (24) (2000) was enacted effective November 7, 2000, and remains unchanged from the 2000 edition.

The Code of Ethics of the National Association of Social Workers as adopted by the 1979 NASW Delegate Assembly and revised by the 1990 NASW Delegate Assembly, was effective August 1990. The Code of Ethics as adopted by the 1979 NASW Delegate Assembly was also subsequently revised in 1993, effective July 1, 1994, and did not modify those sections of the Code referenced herein.

c.

Service- The social worker should regard as primary **the** service obligation of the social work **profession**.

1. The social worker should retain ultimate responsibility for the quality and extent of the service that individual assumes, assigns, or performs.
2. The social worker should act to prevent practices that are inhumane or discriminatory against any person or group of persons.

V. The Social Worker's Ethical Responsibility **to the** Social Work **Profession**

O. **Development of Knowledge- The** social worker **should** take responsibility for identifying, **developing, and** fully utilizing knowledge for professional practice.

The social worker should base practice upon recognized knowledge relevant to social work.

34. The Code of Ethics **of the** National Association of Social Workers

(NASW), as adopted by the Delegate Assembly of August 1996 and the **Code of**

Ethics **of the** National Association of Social Workers (NASW) as approved by **the**

NASW 1996 Delegate Assembly and revised by the 1999 NASW Delegate

Assembly<sup>5</sup>, provide in relevant part as follows:

## **1. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO CLIENTS**

### **1.03 Informed Consent**

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the

The sections of the Code of Ethics of the National Association of Social Workers, as adopted by the Delegate Assembly of August 1996, which are cited herein remained unchanged in the Code of Ethics, as approved by the NASW 1996 Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

#### **1.04 Competence**

(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

#### **1.10 Physical Contact**

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

#### **1.16 Termination of Services**

(a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.

### **SOCIAL WORKERS' ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS**

#### **3.04 Client Records**

(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

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**SOCIAL WORKERS' ETHICAL RESPONSIBILITIES AS PROFESSIONALS**

**4.01 Competence(c)** Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

**SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO THE SOCIAL WORK PROFESSION**

**5.02 Evaluation and Research**

(a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.

(e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants' well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation required and disclosure of the risks and benefits of participation in the research.

(f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants' assent to the extent they are able, and obtain written consent from an appropriate proxy.

(j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

35. The **Utah Massage Practice Act, Utah Code Ann. §§ 58-47b-101**

**through 58-47b-503** (1998 & Supp. 2001)(enacted by L. 1996, ch. 76 § 4, effective

April 29, 1996), provides in relevant part as follows:



a.

**Utah Code Ann. § 58-47b.102. Definitions:**

(2) "Massage" means the practice whereby an individual:

(a)

(i) represents himself as a massage technician or massage apprentice;

(ii) represents himself as providing massage services using the word massage or any other word to describe the massage services;

(iii) teaches massage; or

(iv) charges or receives a fee or any consideration for providing massage services; and

(b) while carrying out any act under Subsection (2)(a), either by the hands or with a mechanical or electrical apparatus administers to another person:

(i) effleurage or stroking, friction or rubbing, petrissage or kneading, tapotement or percussion, vibration, shaking, or trembling, or variations of these;

(ii) the use of rehabilitative procedures involving the muscles by noninvasive means and without spinal manipulation; or

**(iii) oil rubs, heat lamps, salt glows, hot and cold packs, or tub, shower, steam, or cabinet baths.**

b.

**Utah Code Ann. § 58-47b-301. Licensure required.:**

(1) An individual shall hold a license issued under this chapter in order to engage in the practice of massage, except as specifically provided in Section 58-1-307 or 58-47b-304.

c.

**Utah Code Ann. § 58-47b-501. Unlawful conduct.:**

"Unlawful conduct" includes:

(1) practicing, engaging in, or attempting to practice or engage in massage without holding a current license as a massage technician or a massage apprentice under this chapter;

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(2) advertising or representing himself as practicing massage when not licensed to do so;

COUNT1

36. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, administered procedures as intervention and/or treatment to clients, including children, as described in Paragraphs 4 through 27.

37. Said procedures included, but were not limited to, the following:

a. physical restraint of the client by the therapist lying across, sitting upon, and/or straddling the client's prone or supine body, and/or tightly wrapping the client in a blanket or sheet as a mechanical restraint;

b. administration of pressure against the restrained client's chest and/or abdomen to restrict or prevent the client's ability to breathe;

c. infliction of pain to the restrained client through methods including the therapist's use of fingers, knuckles, forearms, elbows, knees, legs, and/or body weight to apply pressure to the client's chest, abdomen, pelvis, shoulders, legs and/or feet; aversive "tickling," pinching skin, and pulling and/or extracting the client's hair;

d. induction of negative emotions and states of hyperarousal in the restrained client, including the induction of fear in the client for his/her personal safety;

e. verbal confrontation by the therapist of the restrained client during the administration of painful, frightening, aversive and/or noxious stimuli;

f. demands for performance issued by the therapist and directed to the restrained client during the administration of painful, frightening, aversive and/or noxious stimuli;

g. continued administration of said procedures despite the client's statement that the procedures were painful and frightening, the client's statement that he/she could not breathe, crying, extreme emotional distress, bruising caused by said procedures, and/or the client's pleas and demands that Respondents cease said conduct; and/or



h. administration of said procedures during extended and/or frequently scheduled clinical sessions.

38. Based on the foregoing, Respondents Van Bioem and Gwilliam verbally, physically, and/or mentally abused and/or exploited clients through conduct connected with Respondents' practices as licensed clinical social workers and/or otherwise facilitated by Respondents' licenses and thereby engaged in unprofessional conduct in violation of Utah Code Ann. § 58-1-501 (2)(k).

39. Therefore, a sufficient basis exists for imposing sanctions against the licenses of Respondent Van Bioem and Respondent Gwilliam to practice in the State of Utah as licensed clinical social workers pursuant to Utah Code Ann. § 58-1-401 (2)(a).

## **COUNT 2**

40. Respondent Van Bioem and Respondent Gwilliam aided and/or abetted each other and other persons licensed under the Mental Health Professional Practice Act, Utah Code Ann. § 58-60-101 through 58-80-306, to wit, Kerry Max Parks and/or Craig M. Ramsey, to administer procedures as intervention and/or treatment to clients, including children, as described in Paragraphs 4 through 27 and Paragraph 37.

41. Based upon the foregoing, Respondents aided and/or abetted said licensees to verbally, physically, and/or mentally abuse and/or exploit clients through conduct connected with said licensees' practices and/or otherwise facilitated by said licensees' licenses, and Respondents thereby engaged in unprofessional conduct in violation of Utah Code Ann. § 58-1-501 (2)(a) and (k).

42. Therefore, a sufficient basis exists for imposing sanctions against the licenses of Respondent Van Bioem and Respondent Gwilliam to practice in the State of

Utah as licensed clinical social workers pursuant to Utah Code Ann. § 58-1-401 (2)(a).

COUNT 3

43. Respondent Van Bioem and Respondent Gwilliam, during the course of practice of mental health therapy, administered procedures to clients, including children, as intervention and/or treatment to effect modification of behavior and for the purpose of preventing, treating, or eliminating mental or emotional illness or dysfunction, the symptoms of any of these, or maladaptive behavior, as described in Paragraphs 4 through 27 and in Paragraph 37.

44. Respondents, in administering said procedures as described in Paragraphs 4 through 27 and in Paragraph 37, failed to apply generally recognized professional social work principles, methods and procedures as provided in Utah Code Ann. § 58-60-202 (2) (a).

45. Respondents, in administering said procedures as described in Paragraphs 4 through 27 and in Paragraph 37, failed to apply generally recognized psychotherapeutic and social work principles and practices requiring the education, training, and clinical experience of a clinical social worker as provided in Utah Code Ann. § 58-60-202 (2)(b).

46. Based upon the foregoing, Respondent Van Bioem and Respondent Gwilliam practiced or attempted to practice as licensed clinical social workers beyond the scope of practice of their licenses as provided in Utah Code Ann. § 58-60-207 (1) and thereby engaged in unprofessional conduct in violation of Utah Code Ann. § 58-1-501 (2)(0).



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47. Therefore, a sufficient basis exists for imposing sanctions against the licenses of Respondent Van Bioem and Respondent Gwilliam to practice in the State of Utah as licensed clinical social workers pursuant to Utah Code Ann. § 58-1-401 (2)(a).

COUNT 4

48. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, administered procedures and aided and abetted other therapists to administer procedures to client Roger (name withheld for the purposes of confidentiality) as intervention and/or treatment, as described in Paragraph 15.

49. Based on the foregoing, Respondent Van Bioem and Respondent Gwilliam engaged in and/or failed act to prevent practices that were inhumane against client Roger in violation of Utah Admin. Code R156-60a-502 (1) (1994) and Section I.C.2. of the Code of Ethics of the National Association of Social Workers (NASW), as adopted by the 1979 NASW Delegate Assembly and as revised by the 1990 and 1993 NASW Delegate Assembly.

50. Therefore, Respondent Van Bioem and Respondent Gwilliam engaged in unprofessional conduct in violation of Utah Code Ann. § 58-1-501 (2)(a) and (b) and a sufficient basis exists for imposing sanctions against Respondents' licenses to practice in the State of Utah as licensed clinical social workers pursuant to Utah Code Ann. § 58-1-401 (2)(a).

COUNT 5

51. Respondent Van Bioem and Respondent Gwilliam, during the course of



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their practices as licensed clinical social workers, administered procedures and aided

and abetted other therapists to administer procedures to client Roger (name withheld for the purposes of confidentiality) as intervention and/or treatment, as described in Paragraph 15.

52. Respondent Van Bioem and Respondent Gwilliam, in administering said procedures on client Roger, failed to base their practices as social workers upon recognized knowledge relevant to social work in violation of Utah Admin. Code R156-60a-502 (1) (1994) and Section V.O. 1. of the Code of Ethics of the National Association of Social Workers (NASW), as adopted by the 1979 NASW Delegate Assembly and as revised by the 1990 and 1993 NASW Delegate Assembly.

53. Therefore, Respondent Van Bioem and Respondent Gwilliam engaged in unprofessional conduct in violation of Utah Code Ann. § 58-1-501 (2)(a) and (b) and a sufficient basis exists for imposing sanctions against Respondents' licenses to practice in the State of Utah as licensed clinical social workers pursuant to Utah Code Ann. § 58-1-401 (2)(a).

#### COUNT 6

54. Respondent Van Bloem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, performed acts of physical contact with clients when there was a risk of exploitation or potential harm to the clients resulting from said contact, as described in Paragraphs 4 through 27 and Paragraph 37.

55. Based on the foregoing, Respondent Van Bioem and Respondent Gwilliam

engaged in unprofessional conduct in violation of Utah Admin. Code R156-

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60a-502 (14) (1997) and (2000) and Utah Code Ann. § 58-1-501 (2) (a).

56. Therefore, a sufficient basis exists for imposing sanctions against the licenses of Respondent Van Bioem and Respondent Gwilliam to practice in the State of Utah as licensed clinical social workers pursuant to Utah Code Ann. § 58-1-401 (2)(a).

**COUNT 7**

57. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, (a) administered procedures as described in Paragraphs 4 through 27 and Paragraph 37 to child clients without first obtaining valid informed consent of the parents or legal guardians of the child clients and (b) failed to use clear and understandable language to inform the parents or legal guardians of the child clients of the purpose of said procedures, the risks related to the procedures and reasonable alternatives; and/or (c) failed to provide the parents or legal guardians of the child clients with an opportunity to ask questions, as described in Paragraphs 4 through 27.

58. Respondent Van Bioem and Respondent Gwilliam failed to ensure that when child clients lacked the capacity to provide informed consent, that the parents and/or legal guardians of the child clients, in permitting the administration of said procedures, acted in a manner consistent with the child clients' interests including, but not limited to, (a) the clients' interest not to be subjected to risk of physical and/or psychological harm; (b) the clients' interest not to be subjected to physical pain or to aversive or noxious stimuli; (c) where treatment procedures impose risk of serious physical and/or psychological harm to the client, the clients' interest in receiving

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treatment based on empirical evidence, including reliable, replicated research demonstrating statistically significant beneficial main effects of said treatment procedures in randomized trial including a control group and reliable, valid measures of effect; and (d) the clients' interest in the therapist providing continuing critical review and appropriate modification of treatment procedures based upon factors including, but not limited to, changes in the clients' condition and assessment of progress, or lack thereof, toward treatment goals.

59. Based upon the foregoing, Respondent Van Bioem and Respondent Gwilliam engaged in unprofessional conduct in violation of Utah Admin. Code R156-60a-502 (24) (1997) and Section 1.03 (a) and (c) of the Code of Ethics of the National Association of Social Workers, as adopted by the Delegate Assembly of August 1996; and R156-60a-502 (24) (2000) and Section 1.03 (a) and (c) of the Code of Ethics of the National Association of Social Workers (NASW) as approved by the NASW 1996 Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

60. Therefore, Respondent Van Bioem and Respondent Gwilliam engaged in unprofessional conduct in violation of Utah Code Ann. § 58-1-501 (2)(a) and (b) and a sufficient basis exists for imposing sanctions against Respondents' licenses to practice in the State of Utah as licensed clinical social workers pursuant to Utah Code Ann. § 58-1-401 (2)(a).

#### COUNT 8

61. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, administered procedures as



intervention and/or treatment to clients, including child clients, as described in Paragraphs 4 through 27 and Paragraph 37.

62. At all times relevant to the allegations herein, generally recognized standards did not exist for the administration of said procedures in mental health therapy and/or in the intervention or treatment of mental or emotional illness or dysfunction, the symptoms of any of these, or maladaptive behavior, including, but not limited to, Anxiety, Obsessive Compulsive Disorder, Depression, Dysthymia, Bipolar Disorder, self-abuse, weight gain, bowel problems, nightmares, Conduct Disorders, Post Traumatic Stress Disorder, sexual abuse issues, Dissociative Disorder and/or Reactive Attachment Disorder.

63. Respondents administered said procedures as described in Paragraphs 4 through 27 and in Paragraph 37 to clients, including children, under the following conditions:

- a. Respondents engaged in physical contact with clients, physical restraint of clients, infliction of pain, administration of aversive and noxious stimuli, administration of pressure to clients' bodies, restriction of clients' ability to breathe, induction of negative emotions and states of hyperarousal, verbal confrontation and demands for performance directed to restrained clients, when there was a risk of exploitation or potential harm to clients resulting from said procedures;

b. Respondents failed to perform or obtain adequate evaluations or assessments of clients prior to initiation of treatment procedures (1) to determine diagnoses on admission and/or (2) to identify conditions or impairments, including, but not limited to, developmental, physical, psychological and/or neurological conditions or impairments, which would contraindicate administration of said procedures;

c. Respondents, subsequent to initiation of treatment on clients, noted continued and/or intermittent yet persistent occurrence of symptoms and/or development of additional symptoms or mental health issues or

concerns;

- d. Respondents administered said procedures despite physical and/or mental health issues or conditions of the client which contraindicated administration of said procedures;
- e. Respondents administered said procedures as intervention or treatment although said procedures were not based on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics;
- f. Respondents administered said procedures as intervention or treatment although said procedures were not based on generally recognized psychotherapeutic and professional social work principles, methods and procedures;
- g. Respondents failed to obtain valid written informed consent of the parents or legal guardians of child clients to the administration of said procedures using clear and understandable language including, but not limited to, information of (1) the nature, extent and duration of participation required; (2) disclosure of the risks and benefits of said procedures; and (3) reasonable alternatives.
- h. Respondents failed to protect clients from unwarranted physical or mental distress, harm, danger, or deprivation;
- i. Respondents failed to appropriately monitor and evaluate said interventions and to provide continuing critical review and appropriate modification of treatment procedures based upon factors including, but not limited to, changes in the clients' condition and assessment of progress, or lack thereof, toward treatment goals;
- j. Respondents failed to take reasonable steps to ensure that documentation in client records was accurate and reflected the services provided and failed to provide sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future; and/or
- k. Respondents failed to terminate services to clients when said services were no longer required or no longer served the clients' needs or interests.

64.

Based upon the foregoing, Respondent Van Bioem and Respondent

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Gwilliam failed to exercise careful judgment and/or take responsible steps to ensure the competence of their work and to protect clients from harm and engaged in unprofessional conduct in violation of Utah Admin. Code R156-60a-502 (24) (1997) and Section 1.04 (c) of the Code of Ethics of the National Association of Social Workers, as adopted by the Delegate Assembly of August 1996; and R156-60a-502 (24) (2000) and Section 1.04 (c) of the Code of Ethics of the National Association of Social Workers (NASW), as approved by the NASW 1996 Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

65. Therefore, Respondent Van Bioem and Respondent Gwilliam engaged in unprofessional conduct in violation of Utah Code Ann. § 58-1-501 (2)(a) and (b) and a sufficient basis exists for imposing sanctions against Respondents' licenses to practice in the State of Utah as licensed clinical social workers pursuant to Utah Code Ann. § 58-1-401 (2)(a).

### COUNT 9

66. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, engaged in physical contact with clients, including children, when there was a possibility of psychological harm to the clients as a result of the contact, as described in Paragraphs 4 through 27 and Paragraph 37.

67. Based upon the foregoing, Respondent Van Bioem and Respondent Gwilliam engaged in unprofessional conduct in violation of Utah Admin. Code R156-60a-502 (24) (1997) and Section 1.10 of the Code of Ethics of the National Association



of Social Workers, as adopted by the Delegate Assembly of August 1996; and R156-60a-502 (24) (2000) and Section 1.10 of the Code of Ethics of the National Association of Social Workers (NASW), as approved by the NASW 1996 Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

68. Therefore, Respondent Van Bioem and Respondent Gwilliam engaged in unprofessional conduct in violation of Utah Code Ann. § 58-1-501 (2)(a) and (b) and a sufficient basis exists for imposing sanctions against Respondents' licenses to practice in the State of Utah as licensed clinical social workers pursuant to Utah Code Ann. § 58-

1-401 (2)(a).

#### COUNT 10

69. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, administered treatment procedures to clients, including children, and persisted in the administration of said procedures to clients in circumstances including, but not limited to, the following as described in Paragraphs 4 through 27 and Paragraph 37:

- a. Respondents conducted treatment sessions for clients which were (i) one to five hours in duration; (ii) scheduled frequently or in intensive treatment sessions conducted daily during consecutive weeks; and/or (iii) continued over an extended period of time, involving months of treatment;
- b. Clients informed Respondents that the treatment procedures were physically painful and frightening, produced bruising, and requested Respondents immediately cease said procedures;
- c. Administration of said procedures imposed risk of physical and psychological harm to the clients;
- d. Administration of said procedures was not based on recognized knowledge, including empirically based knowledge, relevant to social work

and social work ethics;

e. Respondents, subsequent to initiation of treatment on clients, noted continued and/or intermittent yet persistent display of symptoms and/or development of additional symptoms or mental health issues or concerns; and/or

f. Respondents observed physical and/or mental health issues or conditions in clients which contraindicated administration of said procedures.

70. Based upon the foregoing, Respondent Van Bioem and Respondent Gwilliam failed to terminate services to clients and professional relationships with clients when said services and relationships were no longer required and/or no longer served the clients' needs or interests, and Respondents thereby engaged in unprofessional conduct in violation of Utah Admin. Code R156-60a-502 (24) (1997) and Section 1.16 (a) of the Code of Ethics of the National Association of Social Workers, as adopted by the Delegate Assembly of August 1996; and R156-60a-502 (24) (2000) and Section 1.16 (a) of the Code of Ethics of the National Association of Social Workers (NASW), as approved by the NASW 1996 Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

71. Therefore, Respondent Van Bioem and Respondent Gwilliam engaged in unprofessional conduct in violation of Utah Code Ann. § 58-1-501 (2)(a) and (b) and a sufficient basis exists for imposing sanctions against Respondents' licenses to practice in the State of Utah as licensed clinical social workers pursuant to Utah Code Ann. § 58-1-401 (2)(a).

#### COUNT 11

72. Respondent Van Bioem and Respondent Gwilliam, during the course of

their practices as licensed clinical social workers, failed to document in clients' clinical records Respondents' administration of procedures as described in Paragraphs 4 through 27 including, but not limited to, the following:

- a. physical restraint of the client;
- b. administration of, painful, frightening, aversive and/or noxious stimuli;
- c. verbal confrontation and demands for performance directed to the client during physical restraint and administration of painful, frightening, aversive and/or noxious stimuli;
- d. physical contact with clients including Respondents' conduct in lying across, sitting upon or straddling the prone or supine client; the use of Respondents' fingers, knuckles, forearm, elbow, knee, legs and body to apply painful pressure to the client's abdomen, pelvis, shoulders, back or legs; pinching the client's skin; pulling client's hair, and applying pressure to the client's chest and abdomen to impair breathing; and/or
- e. utilization of the child's parents or other therapists or staff to participate in or aid the administration of said procedures.

73. Respondents Van Bioem and Gwilliam adopted a policy applicable to staff and therapists of the Cascade Center not to document said procedures in the clinical records of the clients of the Cascade Center.

74. Based upon the foregoing, Respondent Van Bioem and Respondent Gwilliam (a) failed to take reasonable steps to ensure that documentation in the records for clients was accurate and reflected the services provided and (b) failed to include sufficient and timely documentation in said records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

75. Based upon the foregoing, Respondents Van Bioem and Gwilliam engaged in unprofessional conduct in violation of Utah Admin. Code R156-60a-502 (24)

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(1997) and Section 3.04 (a) and (b) of the Code of Ethics of the National Association of

Social Workers, as adopted by the Delegate Assembly of August 1996; and R156-60a-502 (24) (2000) and Section 3.04 (a) and (b) of the Code of Ethics of the National Association of Social Workers (NASW), as approved by the NASW 1996 Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

76. Therefore, Respondent Van Bloem and Respondent Gwilliam engaged in unprofessional conduct in violation of Utah Code Ann. § 58-1-501 (2)(a) and (b) and a sufficient basis exists for imposing sanctions against Respondents' licenses to practice in the State of Utah as licensed clinical social workers pursuant to Utah Code Ann. § 56-1-401 (2)(a).

#### COUNT 12

77. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, administered procedures to clients, including children, as mental health therapy and/or in the intervention or treatment of mental or emotional illness or dysfunction, the symptoms of any of these, or maladaptive behavior, including, but not limited to, Anxiety, Obsessive Compulsive Disorder, Depression, Dysthymia, Bipolar Disorder, self-abuse, weight gain, bowel problems, nightmares, Conduct Disorders, Post Traumatic Stress Disorder, sexual abuse issues, Dissociative Disorder and/or Reactive Attachment Disorder, as described in Paragraphs 4 through 27 and Paragraph 37.

78. Respondents Van Bioem and Gwilliam, in administering said procedures, failed to base their practices on recognized knowledge, including empirically based



knowledge, relevant to social work and social work ethics.

79. Based upon the foregoing, Respondent Van Bioem and Respondent Gwilliam engaged in unprofessional conduct in violation of Utah Admin. Code R156-60a-502 (24) (1997) and Section 4.01 (c) of the Code of Ethics of the National Association of Social Workers, as adopted by the Delegate Assembly of August 1996; and R156-60a-502 (24) (2000) and Section 4.01 (c) of the Code of Ethics of the National Association of Social Workers (NASW), as approved by the NASW 1996 Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

80. Therefore, Respondent Van Bioem and Respondent Gwilliam engaged in unprofessional conduct in violation of Utah Code Ann. § 58-1-501 (2)(a) and (b) and a sufficient basis exists for imposing sanctions against Respondents' licenses to practice in the State of Utah as licensed clinical social workers pursuant to Utah Code Ann. § 58-1-401 (2)(a).

### COUNT 13

81. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, administered procedures to clients, including children, as mental health therapy and/or in the intervention or treatment of mental or emotional illness or dysfunction, the symptoms of any of these, or maladaptive behavior, including, but not limited to, Anxiety, Obsessive Compulsive Disorder, Depression, Dysthymia, Bipolar Disorder, self-abuse, weight gain, bowel problems, nightmares, Conduct Disorders, Post Traumatic Stress Disorder, sexual abuse issues, Dissociative Disorder and/or Reactive Attachment

Disorder, as described

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in Paragraphs 4 through 27 and Paragraph 37.

82. Respondents Van Bioem and Gwilliam engaged in evaluation and/or experimentation on clients, including children, where (a) Respondents administered procedures which were not based on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics; (b) said procedures were not based on generally recognized professional social work principles, methods, and procedures; and/or (c) generally recognized standards did not exist with respect to the administration of said procedures.

83. Respondents Van Bioem and Gwilliam, prior to administering the procedures as described herein, failed to obtain or perform the following:

- a. to obtain voluntary and written informed consent from the parents or legal guardians of child clients, without any implied or actual deprivation or penalty for refusal to grant consent for their children to participate in said procedures and without undue inducement to grant consent for their children to participate;
- b. to provide an appropriate explanation to the child clients, with due regard for the well-being, privacy, and dignity of the child clients;
- c. to include in said voluntary and written informed consent information about the nature, extent and duration of the participation required of the child clients; and/or
- d. to disclose in said voluntary and written informed consent the risks and benefits of the participation in said procedures.

84. Respondents Van Bioem and Gwilliam, during the course of administering said procedures to clients, including children, as described herein, failed to perform the

following:

- a. to protect child clients participating in said procedures from unwarranted physical or mental distress, harm, danger, or deprivation;

and/or

b. to monitor and evaluate the implementation of said treatment and practice interventions.

85. Based upon the foregoing, Respondent Van Bioem and Respondent Gwilliam engaged in conduct in violation of Utah Admin. Code R156-60a-502 (24) (1997) and Section 5.02 (a), (e), (f) and (j) of the Code of Ethics of the National Association of Social Workers, as adopted by the Delegate Assembly of August 1996; and R156-60a-502 (24) (2000) and Section 5.02 (a), (e), (f) and (j) of the Code of Ethics of the National Association of Social Workers (NASW), as approved by the NASW 1996 Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

86. Therefore, Respondent Van Bioem and Respondent Gwilliam engaged in unprofessional conduct in violation of Utah Code Ann. § 58-1-501 (2)(a) and (b) and a sufficient basis exists for imposing sanctions against Respondents' licenses to practice in the State of Utah as licensed clinical social workers pursuant to Utah Code Ann. § 58-1-401 (2)(a).

#### COUNT 14

67. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, administered procedures to clients, including children, as mental health therapy and/or in the intervention or treatment of mental or emotional illness or dysfunction, the symptoms of any of these, or maladaptive behavior, including, but not limited to, Anxiety, Obsessive Compulsive Disorder, Depression, Dysthymia, Bipolar Disorder, self-abuse, weight gain, bowel problems, nightmares, Conduct Disorders, Post Traumatic Stress

Disorder, sexual

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abuse issues, Dissociative Disorder and/or Reactive Attachment Disorder, as described

in Paragraphs 4 through 27 and Paragraph 37.

88. Respondent Van Bioem and Respondent Gwilliam, in administering said

procedures as described in Paragraphs 4 through 27 and in Paragraph 37, practiced or

attempted to practice as licensed clinical social workers through gross incompetence

and/or gross negligence as follows:

a. Respondents engaged in physical contact with clients, physical restraint of clients, infliction of pain, administration of aversive and noxious stimuli, administration of pressure to clients' bodies, restriction of clients' ability to breathe, induction of negative emotions and states of hyperarousal, verbal confrontation and demands for performance directed to restrained clients, when there was a risk of exploitation or potential harm to clients resulting from said procedures;

b. Respondents failed to perform or obtain adequate evaluations or assessments of clients prior to initiation of said procedures (a) to determine diagnoses on admission and/or (b) to identify conditions or impairments, including, but not limited to, developmental, physical, psychological and/or neurological conditions or impairments, which would contraindicate administration of said procedures;

c. Respondents persisted in the administration of said procedures despite the continued and/or intermittent yet persistent display of symptoms and/or the development of additional symptoms or mental health issues or concerns;

d. Respondents administered said procedures despite physical and/or mental health issues or conditions of the client which contraindicated administration of said procedures;

e. Respondents administered said procedures as intervention or treatment although said procedures were not based on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics;

f. Respondents administered said procedures as intervention or treatment although said procedures were not based on generally recognized psychotherapeutic and professional social work principles,



methods and procedures;

**g. Prior to initiating said treatment or intervention on child** clients, Respondents failed to obtain voluntary and written informed consent from the parents or legal guardians of the child clients, without any implied or actual deprivation or penalty for refusal to participate in said procedures and without undue inducement to participate;

h. Respondents failed to include in said voluntary and written informed consent information about the nature, extent and duration of the participation required of the child clients;

i. Respondents failed to disclose in said voluntary and written informed consent the risks and benefits of the participation in said procedures;

j. Respondents failed to provide an appropriate explanation to the child clients, with due regard for the well-being, privacy, and dignity of the child clients;

k. Respondents failed to protect child clients participating in said procedures from unwarranted physical or mental distress, harm, danger, or deprivation;

l. Respondents failed to monitor and evaluate the implementation of said treatment and practice interventions;

m. Respondents failed to take reasonable steps to ensure that documentation in client records was accurate and reflected the services provided, and Respondents failed to provide sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future; and/or

n. Respondents failed to terminate services to clients when said services were no longer required or no longer served the clients' needs or interests.

89. Respondent Van Bioem administered said procedures to multiple child

clients between the years of 1994 and 2001, including, but not limited to, Roger, Lisa,

Tammy and Claire (names withheld for the purposes of confidentiality), constituting a

pattern of incompetency and/or negligence.

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90. Respondent Gwilliam administered said procedures to multiple child clients between the years of 1994 and 2001, including, but not limited to, Roger, Lisa and Mary (names withheld for the purposes of confidentiality), constituting a pattern of incompetency and/or negligence.

91. Based upon the foregoing, Respondent Van Bioem and Respondent Gwilliam practiced or attempted to practice as licensed clinical social workers through gross incompetence, gross negligence, and/or a pattern of incompetency or negligence and engaged in unprofessional conduct in violation of Utah Code Ann. § 58-1-501 (2) (g).

92. Therefore, a sufficient basis exists for imposing sanctions against the licenses of Respondent Van Bioem and Respondent Gwilliam to practice in the State of Utah as licensed clinical social workers pursuant to Utah Code Ann. § 58-1-401 (2)(a).

WHEREFORE, the Division requests an order granting the following relief:

1. Determining that Respondent Van Bioem and Respondent Gwilliam engaged in the acts and omissions alleged herein;
2. Determining that, by engaging in the above acts and omissions, Respondent Van Bioem and Respondent Gwilliam violated the provisions of the Division of Occupational and Professional Licensing Act and the Social Worker Licensing Act which are particularly referenced above; and
3. Imposing appropriate sanctions on the licenses of Respondent Van Bioem



and Respondent Gwilliam to practice as licensed clinical social workers in the State of

Utah.

DATED this /?~/day of ~~/~/~'~----./', 2002.

Ju/~l~h A. Jense~ Y  
Assistant Attorney General

STATE OF UTAH ) :ss.COUNTY OF SALT LAKE )

Dee Thorell, being first duly sworn, states as follows:

1. I am an Investigator for the Bureau of Investigation, Division of Occupational and Professional Licensing, Department of Commerce, State of Utah, and have been assigned to investigate this case.

2. I have read the foregoing Petition and am familiar with the contents thereof. All of the factual allegations in the Petition are true to best of my knowledge, information and belief.

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Dee Thor;e'l',  
Investigator  
Division of Occupational &  
Professional Licensing

~ SWW0-ORN TO AND SUBSCRIBED before me this

**,2002.**

**J .ç~'~:-'~ K\*.EN M BU.NAUGH,,.ç,"~.~:.' NOTARY**  
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NOTARY PUBLIC