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DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
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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 VANBLOEM
TO PRACTICE AS A
LICENSED CLINICAL SOCIAL WORKER
IN THE STATE OF UTAH

AMENDED 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 VanBloem and Jennie Murdock Gwilliam("Respondents"):

The Division of Occupational and Professional Licensing ("the Division") hereby files this Notice of Agency Action. Said action is based upon the Verified First Amended 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 First Amended 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.

You are entitled by law to an evidentiary hearing to determine whether your licenses 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. Jenson, 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. Jenson 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. Jenson.

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 First Amended Petition may be imposed against you. The maximum administrative sanction in this case is revocation of licensure.

Please conduct yourself accordingly. Dated this 14th day of April 2003.

Laura Poe
Assistant Director

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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
FIRST AMENDED 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 Bioem ("Respondent Van Bioem") 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 Bioem 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 Bioem 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 Bioem and Craig M. Ramsey ("Ramsey").

Respondent Van Bioem,

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 Bioem and Respondent Gwilliam founded as owners and operators the Cascade Center for Family Growth, L.C., (the "Cascade Center"), located in Utah. Respondent Van Bioem, 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

Bioem reported, among other information, the following:

a. Respondent Van Bioem 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 Bioem instructs the child client to lie face up on a mat on the floor of the treatment room. Respondent Van Bioem lies across the child client, with Respondent Van Bioem'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 Bioem so positioned on top of the child; Respondent administers treatment procedures which Respondent labels "compression holding therapy" as follows:

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

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

(9) Respondent Van Bioem 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 Bioem also administers treatment procedures on child clients which Respondent labels "deep tissue massage" as follows:

(1) Respondent Van Bioem 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 Bioem 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 Bioem 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 Bioem 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 Bioem administers said procedures on child

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

g. Respondent Van Bioem 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 Bioem 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 Bioem, 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 1:300.40 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

Axis 2:799.90 Diagnosis Deferred on this Axis.

Axis 3:None

Axis 4:4 Severe: Recurrent effects of
abandonment by bio-mother and chronic
family conflict

Axis 5:Current GAF: 47 Highest GAF Past year: 51

On said date, Respondent Van Bioem 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 Bioem 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 Bioem provided clinical services to Claire as her primary therapist.

e. Between the dates of March, 2001, and September, 2001, Respondent Van Bioem 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 Bioem 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 Bioem administered procedures to Claire including, but not limited to, the following:

(1) During the first clinical session, at Respondent Van Bioem'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 Bioem (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 Bioem.

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 Bioem, 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 Bioem 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 Bioem also documented in Tamroy'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 Bioem 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 Bioem 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 Bioem 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 Tamroy's treatment at the Cascade Center, Respondent Van Bioem 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 Bioem entered in his clinical notes--"Consistent with PTSD."

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

(1) Respondent Van Bioem 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 Bioem restrained Tammy by methods including, but not limited to, sitting on top of Tammy's legs, with Respondent's legs straddling Tammy; and, lying with his torso across Tammy's abdominal area. During treatment sessions, Respondent Van Bioem 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 Bioem laid across Tammy and pressed his torso against Tammy to restrict and/or prevent Tammy from breathing. Respondent Van Bioem'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 Bioem 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 Bioem utilized Tammy'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 Bioem pushed with his fingers, hand or elbow into Tammy's abdomen, back and pelvic area. Respondent Van Bioem 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 Bioem 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 Bioem administered procedures including pulling Tammy's hair and aversive hard "tickling." Respondent persisted in said conduct until Tammy became angry and/or cried.

(6) When Respondent Van Bioem 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 Bioem 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 Bioem 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 Bioem entered the "Provisional Diagnosis" for Lisa as follows:

Axis I: 300.40 Dysthymia;
Axis II: 799.90 Deferred;
Axis III: none;
Axis IV: 3 moderate effects of abandonment-stress;
Axis V: 49 GAF Current 70 GAF High.

d. Respondent Van Bioem 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 Bioem and Respondent Gwilliam conducted approximately eighty-two (82) clinical sessions on Lisa with 147.5 hours of clinical time. Respondent Van Bioem 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 ½) 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 Dysthymic Disorder
Obsessive Compulsive Disorder Borderline Personality Traits
300.30
Axis II: 301.8B
Axis III: None

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

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

Dysthymic Disorder

Obsessive Compulsive Disorder

RID Borderline Personality

None

3

GAF: 51

Symptoms we are particularly focusing on are:

1. Control battles with others, especially parents

2. Avoidance of discussion of past trauma.

3. Somatization and self-injurious behavior.

4. Aggressiveness - verbal and physical.

5. Self-consciousness - excessive and social ineptness.

6. Inappropriate affect and instability.

7. 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 Excessive self-consciousness and social anxiety.
- 96.6 Inappropriate affect and instability.
- 96.7 Identity disturbance.
- 96.8 Sexual preoccupation.

(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 Bioem, 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. Respondent Van Bioem, in the course of his practice as a licensed clinical social worker, administered therapy to Alex (name withheld for the purposes of confidentiality), a child ten (10) years of age, and Amber (name withheld for the purposes of confidentiality), a child seven (7) years of age, as follows:

a. In or about 1997 and/or 1998, Ms. Thomas (name withheld for the purposes of confidentiality), retained the Cascade Center to provide therapy for her children, Alex and Amber.

b. Alex and Amber were not adopted and had lived with one or both of their natural parents, Mr. and Ms. Thomas since birth. Ms. Thomas was divorced and sought treatment for symptoms the children displayed associated with the dissolution of the marriage.

c. Respondent Van Bioem engaged in conduct and made representations to Alex and Mrs. Thomas including, but not limited to, the following:

(1) On Alex's admission for treatment at the Cascade

Center, Respondent Van Bioem entered diagnoses in the clinical records for Alex as follows:

Axis 1: 300.40 Dysthymia
313.81 Oppositional Defiant Disorder

Axis 2: 799.90 Diagnosis Deferred on this Axis

Axis 3: Overweight

Axis 4: 3 Moderate: Divorce - early feelings of abandonment/physical abuse

Axis 5: Current GAF: 45 Highest GAF Past year: 52 Defined 11/18/97
Assets:

Supportive family.
Talents and interests.
Adequate intelligence.
Church support.
Cooperative with treatment programs. Friendly.

(2) Respondent Van Bioem conducted approximately fifteen (15) clinical sessions on Alex as the primary therapist for Alex. During the course of eight (8) to ten (10) of said clinical sessions, which were one and one-half (1 1/2) and two (2) hours in length, Respondent Van Bioem administered procedures to Alex including, but not limited to, the following:

(a) Respondent Van Bioem restrained Alex on a mat on the floor.

(b) With Alex so restrained, Respondent Van Bioem pressed Respondent's elbow and hand into Alex's abdomen and pushed Respondent's fingers into the area around Alex's collar bone.

(c) During the course of said sessions, Alex screamed, cried hard, and told Respondent Van Bioem that said procedures were hurting him.

(d) Respondent Van Bioem claimed that Alex's pain was caused by emotions located in Alex's abdomen which needed to be released. Respondent Van Bioem claimed that said emotions, not Respondent's use of elbows and hands and fingers to apply pressure, caused Alex's pain.

(e) Said procedures were physically and emotionally

exhausting for Alex.

(f) At the conclusion of said clinical sessions involving application of pressure and restraint, Respondent instructed Ms. Thomas to hold Alex like a baby in the clinical room for the remainder of the session.

d. Respondent Van Bioem received information, engaged in conduct and made representations to Amber and Mrs. Thomas including, but not limited to, the following:

(1) On Amber's admission for treatment at the Cascade Center, Ms. Thomas reported to Respondent Van Bioem that Amber suffered from stomach aches and headaches.

(2) Respondent Van Bioem provided clinical services to Amber as her primary therapist during approximately three (3) clinical sessions.

i3) During the course of said clinical sessions, Respondent Van Bioem administered procedures to Amber including, but not limited to, the following:

(a) Respondent Van Bioem positioned Amber face up on a mat on the floor.

(b) Respondent Van Bioem restrained Amber by lying close to and across Amber's body.

(c) With Amber so restrained, Respondent Van Bioem pressed Respondent's elbow, palm, fingers and forearm into Amber's abdomen.

(d) During the course of said sessions, Amber cried, screamed, and told Respondent Van Bioem that said procedures were hurting her.

(e) In response to the child's screams and cries, Respondent Van Bioem claimed that Amber's pain was caused by negative emotions located in Amber's stomach area which needed to be released. Respondent claimed that said emotions, not Respondent's procedures, caused Amber's pain.

e. Respondent Van Bioem failed to perform a mental health evaluation of Amber and/or to maintain records of said evaluation.

f. Respondent Van Bioem failed to enter a diagnosis for Amber and/or to maintain records of said diagnosis.

g. Respondent Van Bioem failed to formulate a treatment plan for Amber and/or to maintain records of said treatment plan.

h. Respondent Van Bioem failed to make clinical notes documenting clinical sessions with Amber and/or to maintain said clinical notes.

i. Respondent Van Bioem failed to maintain records documenting those procedures administered to Alex and Amber in the course of treatment, including, but not limited to, Respondent's physical contact with the children, application of physical restraint and administration of painful pressure.

17. Respondent Van Bioem, in the course of his practice as a licensed clinical social worker, engaged in conduct and made representations to Ben (name withheld for the purposes of confidentiality), a child twelve (12) years of age, and Ben's mother (name withheld for the purposes of confidentiality), including, but not limited to, the

following:

Beginning in June, 1999, Ben's mother retained the Cascade Center to provide therapy for her child, Ben.

b. Ben was not adopted and had lived with one or both of his natural parents since birth. Ben's parents divorced in 1996. Ben's mother and Ms. Thomas are sisters.

c. Respondent Van Bioem entered a provisional diagnosis for Ben in a document titled "Admission Evaluation" and dated June 23, 1999 as follows:

Axis 1: 300.40Dysthymic Disorder
314.01ADHD
Axis 2: 799.90Diagnosis Deferred
Axis 3: None
Axis 4: Moderate - divorce history

Axis 5:

Current GAF: 51 Highest: 51

d. In or about June 1999, Respondent Van Bioem telephoned Ms. Thomas and asked if she would provide mental health therapy at the Cascade Center for Ben, who is Ms. Thomas's nephew. Respondent Van Bioem informed Ms. Thomas that he could save Ben's mother money if Ms. Thomas would provide the therapy for Ben. At the time of Respondent Van Bioem's request, Ms. Thomas was performing an internship at another mental health clinic to qualify for a Master of Social Work degree. Ms. Thomas agreed to provide counseling therapy for her nephew Ben in accordance with Respondent Van Bioem's request and conducted three (3) clinical sessions with Ben, each session one (1) hour in duration, on July 2, 1999, July 30, 1999 and August 6, 1999. Ben recalls having clinical sessions involving talk therapy with his Aunt.

e. Between August 31, 1999 and October 24, 2000, Respondent Van Bioem reported clinical notes for five (5) additional clinical sessions in which Van Bioem acted as therapist for Ben. During one clinical session, Respondent Van Bioem administered procedures to Ben including, but not limited to, the following:

(1) Respondent Van Bioem positioned Ben face up on a mat on the floor.

(2) Respondent Van Bioem restrained Ben by wrapping him in a sheet and then sitting on him.

(3) With Ben so restrained, Respondent Van Bioem pressed Respondent's hands into Ben's abdomen.

(4) Ben reported that Respondent Van Bioem's pressure was physically painful and hurt a lot. Ben stated that Van Bioem "skooshed" his stomach so that he could not take a deep breath.

(5) At the conclusion of said clinical session, Ben's mother sat on Ben.

f. Ben does not know why Respondent Van Bioem administered said procedures of restraint and painful pressure or why his mother sat on him.

g. Ben recalls hearing other children crying and screaming during his appointments for clinical sessions at the Cascade Center.

h. Respondent Van Bioem failed to formulate a treatment plan prior to

initiation of therapy for Ben in said eight (8) clinical sessions occurring between July 2, 1999 and October 17, 2001 and/or to maintain records of said treatment plan.

i. Respondent Van Bioem failed to maintain accurate records of evaluations performed regarding Ben and/or altered said records without documenting modification. In or about November 2001, November 2002 and January 2003, the Cascade Center produced copies of said June 23, 1999 "Admission Evaluation" signed by Respondent Van Bioem. The copies of said "Admission Evaluation" do not contain the same information including, but not limited to, information pertaining to "Therapists Description of Current Problem." Information is included in the copy produced in 2002 that is absent in the 2001 and 2003 copies.

j. Respondent Van Bioem failed to maintain records documenting those procedures administered to Ben in the course of treatment, including, but not limited to, Respondent's physical contact with Ben, application of physical restraint and administration of painful pressure.

18. The Cascade Center employed Ms. Romanos (name withheld for the purposes of confidentiality) for approximately four (4) years until in the spring of 2000. In the following months, Ms. Romanos continued to work occasionally for Cascade. Ms.

Romanos's duties of employment for the Cascade Center and experiences while so

employed included, but were not limited, to the following:

a. The Cascade Center employed Ms. Romanos to work in the homes of child clients in a position designated by the Cascade Center as a "Tracker." Respondent Van Bioem and Cascade Center staff trained Ms. Romanos to administer procedures of restraint on children during her work as a Tracker. As part of her duties of employment while so assigned to the children's homes, Ms. Romanos was instructed to administer restraint procedures on the child clients as follows:

(1) Ms. Romanos restrained child clients on the floor of their homes as a consequence for "negative" behavior. The child did not have to be aggressive or violent in order to get a "holding" and knew that said "holdings" were a consequence for behaviors including, but not limited to, non-compliance and failure to complete assigned chores.

(2) Ms. Romanos restrained child clients on the floor in their homes for periods of time varying from thirty (30) minutes to over sixty (60) minutes and required children to discuss their feelings.

b. Ms. Romanos worked in the Cascade Center "Respite" program, which was located in the basement of the Cascade Center. During the course of her duties in the "Respite" program, Ms. Romanos observed the following:

(1) The Cascade Center employed college students and relatives of Respondent Van Bioem including, but not limited to, Van Bloem's son, as staff of the "Respite" program.

(2) When parents reported their child had misbehaved at home, said "Respite" staff required the child to perform work for the Cascade Center including, but not limited to, the following: scrubbing the bathroom floor, scrubbing the kitchen floor, disposing of trash and pulling weeds. The majority of the children in the Cascade Respite Program were under the age of ten (10) years.

(3) Said "Respite" staff restrained children on the floor of the "Respite" facility for reasons including, but not limited to, failure to complete said work assignments, negative tone of voice and noncompliance with "Respite" staff. "Respite" staff restrained children by methods including physically pinning the child on a mat on the floor and wrapping the child in a sheet. Said "Respite" staff so restrained children for periods extending as long as two (2) to three (3) hours and required children to discuss their feelings.

c. Ms. Romanos attended and/or participated in clinical sessions on child clients of the Cascade Center at the direction of Respondent Van Bioem, Respondent Gwilliam, and Park. During the course of said clinical sessions Ms. Romanos observed the following:

(1) Clinical sessions extended from one (1) to three (3) hours in duration.

(2) During said clinical sessions involving child clients, Cascade therapists and staff physically restrained the children on a mat on the floor; children who were resistant or combative were roiled in a sheet to immobilize them. Ms. Romanos's role in said sessions was to restrain the child as instructed by the therapist and usually held the child's feet. With the child so restrained, the therapist engaged in conduct including, but not limited to, the following:

(a) The therapist administered pressure, pressing his/her hand into various areas of the child's abdomen.

(b) The therapist applied said pressure to the child's abdomen and persisted in tickling, teasing and agitating the child until the child would scream, cry and discuss his/her emotions "honestly."

(c) During said clinical sessions, children made statements in the nature of the following: "It hurts," "Stop it," "You're killing me," "I'm going to kill you," and "I can't breathe."

(d) When child clients said that they were being hurt, the therapist would ask where the pain was but would then resume pressing into the child's abdomen and persist in doing so despite the child's cries.

(3) During clinical sessions involving adult clients, Cascade therapists and staff restrained the adult on a mat on the floor. Ms. Romanos's role included holding the adult client's feet. With the adult client so restrained, the therapist engaged in conduct including, but not limited to, the following:

(a) The therapist administered pressure, pressing his/her hand into various areas of the adult client's abdomen.

(b) During said clinical sessions, adult clients screamed, cried and said the procedures hurt.

(c) When in the course of the clinical sessions adult clients instructed the therapist to stop administering said procedures, the therapist stopped.

d. Respondent Van Bioem, Respondent Gwilliam and Park trained the parents of children clients to perform "restraint holdings" on their children and instructed the parents to administer "restraint holdings" on their children at home.

19. Respondent Gwilliam, in the course of her practice as a licensed clinical social worker, administered therapy to Mrs. Hansen (name withheld for the purposes of confidentiality), an adult thirty-six (36) years of age, as follows:

a. On February 2, 1998, Mrs. Hansen retained the Cascade Center to provide her with mental health therapy. At the time of her admission for therapy at the Cascade Center, Mrs. Hansen was married, having been so married for twenty (20) years, and the mother of seven (7) children of the marriage.

b. On the date of Mrs. Hansen's admission to the Cascade Center, Respondent Gwilliam completed an "Admission Evaluation" on Mrs. Hansen and documented, among other information, the following: "Reason for Referral: depression, marital conflict."

c. On February 20, 1998, Respondent Gwilliam entered diagnoses and assessments in the clinical records for Mrs. Hansen as follows:

Axis 1:

Axis 2: Axis 3: Axis 4:

Axis 5:

Dysthymic Disorder Posttraumatic Stress Disorder Dependent
Personality Disorder None

4 Severe: Chronic stress due to current abuse by husband

Current GAF: 51 Highest GAF Past year: 65

On February 20, 1998, Respondent Gwilliam also documented in Mrs. Hansen's clinical records that Mrs. Hansen had the following assets: adequate intelligence, cooperative with treatment programs, motivated, friendly, high school graduate.

d. On February 20, 1998, Respondent Gwilliam reported the primary problems of Mrs. Hansen as follows: excessive anxiety and distress characterized by psychomotor agitation, feelings of worthlessness, lack of temper control, numbing of responsiveness to external world, repeated nightmares and labile affect.

e. Beginning on February 2, 1998, and continuing to on or about January 31, 2000, Respondent Gwilliam conducted approximately 107 clinical sessions on Mrs. Hansen.

f. On August 20, 1998, Respondent Gwilliam entered diagnoses in the clinical records for Mrs. Hansen as follows:

Axis 1: 296.32 Major Depression ~ Moderate

309.81 Posttraumatic Stress Disorder

Axis 2: 301.90 Personality Disorder NOS with Borderline
and Dependent Features

300.40 309.81 301.60

Axis 3: Axis 4:

Axis 5: Assets:

None

4 Severe: Chronic stress due to current abuse by husband

Current GAF: 49 Highest GAF Past year: 65

Defined 02/20/98

g. On February 3, 2000, at Respondent Gwilliam's termination of services as therapist to Mrs. Hahsen, Respondent Gwilliam entered diagnoses for Mrs. Hansen in a "Transfer Summary" as follows:

Axis 1: 296.52 Bipolar I Disorder, Most Recent Episode
Depressed - Moderate
309.81 Posttraumatic Stress Disorder
Axis 2: 301.90 Personality Disorder NOS with
Borderline- Dependent, Histrionic Mix
Axis 3: Overweight
Axis 4: Severe chronic stress- problems with
primary support
Axis 5: Current GAF: 49 Highest: 51

h. During multiple clinical sessions, Respondent Gwilliam administered procedures to Mrs. Hansen including, but not limited to, the following:

(1) Respondent Gwilliam instructed Mrs. Hansen to lie on a mat on the floor of the clinical room face up, and, on occasion, facing the floor.

(2) Respondent Gwilliam restrained Mrs. Hansen by methods including, but not limited to, (a) rolling Mrs. Hansen in sheets with Mrs. Hansen's arms and hands pinned against her sides and (b) lying or sitting on top of Mrs. Hansen.

(3) With Mrs. Hahsen so restrained, Respondent Gwilliam pressed her fingers, palms, elbows and fists into Mrs. Hansen's abdomen, thighs, arms and chest.

(4) Respondent Gwilliam continued to administer said procedures to Mrs. Hansen despite Mrs. Hansen's report of pain, inability to breathe and/or demands that the clinical session stop.

(5) With Mrs. Hansen so restrained, Respondent Gwilliam engaged in physical and verbal conduct which angered, embarrassed and/or humiliated Mrs. Hansen.

i. Said procedures administered by Respondent Gwilliam to Mrs. Hansen had harmful effects, which on various occasions included, but were not limited to, pain, bruising, impaired ability to breathe, mental confusion, loss of balance, nausea, physical shaking and/or loss of consciousness.

j. During one clinical session, with Mrs. Hansen so restrained and subjected to painful physical contact and impaired ability to breathe, Respondent Gwilliam required Mrs. Hansen to repudiate her religious beliefs.

k. During multiple clinical sessions, Respondent Gwilliam instructed Mrs. Hansen bring a third person with her to be present in therapy as "support."

(1) With Respondent restrained and in the presence of said "support" persons, Respondent Gwilliam addressed confidential issues of Mrs. Hansen without the express consent of Mrs. Hansen to the disclosure of said issues.

(2) On one occasion, with Mrs. Hansen so restrained, Respondent Gwilliam permitted and/or encouraged the "support" person, a friend of Mrs. Hansen, to engage in physical contact with Mrs. Hansen and to engage in verbal confrontation of Mrs. Hansen. Respondent Gwilliam instructed Mrs. Hansen to lie in the lap of the friend at the conclusion of the session.

(3) On one occasion, Mrs. Hansen brought her mother as the "support" person. During said session, Mrs. Hansen's mother refused to participate in Respondent Gwilliam's procedures involving physical restraint or the infliction of pain to Mrs. Hansen. Respondent Gwilliam subsequently informed Mrs. Hansen that (a) Mrs. Hansen's mother was not supportive of Mrs. Hansen and (b) Mrs. Hansen and her mother had no emotional connection.

l. In multiple clinical sessions, Respondent Gwilliam initiated and/or permitted physical contact with Mrs. Hansen, including, but not limited to, sitting and lying on Mrs. Hansen, holding hands with Mrs. Hansen, hugging Mrs. Hansen, and allowing Mrs. Hansen to rest her head against Respondent's shoulder and on Respondent's lap. Respondent failed to set clear, appropriate and culturally sensitive boundaries for said contact.

m. Respondent Gwilliam violated professional boundaries as a licensed clinical social worker; engaged in multiple relationships with Mrs. Hansen when there was a risk of exploitation or potential harm to Mrs.

Hansen; and failed to set clear, appropriate and culturally sensitive boundaries by engaging in conduct including, but not limited to, the following:

(1) Respondent Gwilliam disclosed information, concerns and issues to Mrs. Hansen which were personal to Gwilliam; and

(2) Respondent Gwilliam engaged in criticism and judgment of Mrs. Hansen on religious grounds.

n. During the course of said therapy, Mrs. Hansen developed an emotional dependency and an emotional attachment to Respondent.

o. Respondent Gwilliam failed to make appropriate referrals of Mrs. Hansen to appropriate professional resources and/or to document said referrals, including, but not limited to, referrals for psychiatric and medical assessment and/or intervention.

p. Respondent Gwilliam failed to consult with appropriate professional resources; failed to coordinate Respondent's clinical services and the termination of services with said professional resources; and/or failed to document consultation with appropriate professional resources or coordination of clinical services.

q. Respondent Gwilliam failed to advise Mrs. Hansen of risks related to the clinical procedures and services which Respondent administered to Mrs. Hansen.

r. Respondent Gwilliam recommended that Mrs. Hansen administer disciplinary procedures on Mrs. Hansen's children including the administration of (1) physical restraint and (2) the rule that the children either comply with Mrs. Hansen's directions or drink a large glass of water.

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

t. Respondent Gwilliam failed to terminate services to Mrs. Hansen when said services and clinical relationship no longer served Mrs. Hansen's needs or interests.

u. Upon termination of services, Respondent Gwilliam failed to assist in making appropriate arrangements to provide for Mrs. Hansen's therapeutic needs and to secure Mrs. Hansen's personal safety.

v. Respondent Gwilliam took unfair advantage of Respondent's professional relationship with Mrs. Hansen and exploited Mrs. Hansen to further her personal, political and business interests by confronting and criticizing Mrs. Hansen for filing complaints against Respondent's practice as a licensed clinical social worker and for testifying against the application of attachment holding therapists for licensure by the Utah State Legislature.

20. Respondent Van Bioem, in the course of his practice as a licensed clinical social worker, engaged in conduct with one of Mrs. Hansen's children, then four (4) years old, as follows:

a. Mrs. Hansen left her child in the Cascade Center lobby waiting area during Mrs. Hansen's therapy session.

b. In Mrs. Hansen's absence, Respondent Van Bioem restrained the child and applied pressure to child's abdomen without notification to Mrs. Hansen and without obtaining the prior consent of Mrs. Hansen. Respondent Van Bioem initiated said action because the child had purportedly thrown his shoe in the waiting area.

c. Respondent Van Bioem persisted in administering said procedures for an extended period of time before Cascade staff informed Mrs. Hansen that Van Bioem was administering "holding therapy" on her child. Although Mrs. Hansen then assisted Respondent Van Bioem in his actions on the child, Mrs. Hansen later regretted her acquiescence and participation and informed Van Bioem that she considered his conduct of administering these procedures to her child without her permission to have been inappropriate and unprofessional.

21. Respondents Gwilliam and Van Bioem, in the course of their practices as licensed clinical social workers, provided therapy to the six (6) children of Mr. and Mrs.

Peterson (names withheld for the purposes of confidentiality) as follows:

a. Beginning in February 2001 and continuing to present, Mrs. Peterson retained the Cascade Center to provide therapy for one of her

children, who was born in 1991. Beginning in April 2001 and continuing to present, Mrs. Peterson retained the Cascade Center to provide therapy for three of her children, who were born in 1994, 1996 and 1997. Beginning in March 2002 and continuing to present, Mrs. Peterson retained the Cascade Center to provide therapy for one of her children, born in 1999. Respondent Gwilliam provides therapy as primary therapist for said five (5) children.

b. Beginning in March 2001 and continuing to present, Mrs. Peterson retained the Cascade Center to provide therapy for one of her children, born in 1992.

Respondent Van Bioem provides therapy as primary therapist for said child.

c. Said children were not adopted and have lived with one or both of their natural parents, Mr. and Mrs. Peterson, since birth. Mr. and Mrs. Peterson were divorced in August 2002.

d. During the course of said professional relationship, Respondents Gwilliam and Van Bioem issued letters of opinion in matters including, but not limited to, criticism of Mr. Peterson's relationship with his children and terms of parental visitation.

e. During the course of said professional relationship, Respondent Gwilliam engaged in conduct and relationships with said clients including, but not limited to, the following:

(1) Respondent Gwilliam reported to Mr. Peterson that no "holding therapy" would be administered to his children.

(2) During the course of said professional relationship, Respondent Gwilliam failed to avoid conflicts of interest that could interfere with the exercise of professional discretion and impartial judgment; engaged in dual or multiple relationships with said clients in which there was a risk of exploitation or potential harm to the clients; when there were real or potential conflicts of interest, Gwilliam failed to inform the parents of the child clients and/or failed to take reasonable steps to resolve the issue in a manner that made the clients' interests primary and protected clients' interests to the greatest extent possible; and/or took unfair advantage Respondent's professional relationship with said clients and exploited said clients to further her personal and business interests including, but not limited to, the following:

(a) Beginning on or about November 2001 and continuing until on or about January 2003, Respondent

Gwilliam's daughter provided child care services for said six children at Mrs. Peterson's home for approximately fifteen (15) to twenty (20) hours per week and received wages for said services. On occasion, after completion of clinical sessions at the Cascade Center, Mrs. Peterson drove Respondent Gwilliam to Mrs. Peterson's home so that Gwilliam could obtain Gwilliam's vehicle and pick up her daughter.

(b) Beginning in 2002, Respondent Gwilliam's husband has served as listing agent for the sale of Mrs. Peterson's residence and associated real property; the listed sales price of said residence and associated real property as of March 18, 2003 was \$849,000. Respondent Gwilliam's husband served as sales agent in Mrs. Peterson's purchase of another residence and associated real property in September 2002; the purchase price for said property was \$342,850.

22. Respondents Gwilliam and Van Bioem took unfair advantage of Respondents' professional relationship with clients of the Cascade Center and exploited said clients to further their personal, political and business interests by engaging in

conduct including, but not limited to, the following:

(1) In 2002, Respondents Gwilliam and Van Bioem participated in application to the Occupational and Professional Licensure Review Committee of the Utah State Legislature for the creation of licensure status for "Attachment Holding Therapists."

(2) Respondents Gwilliam and Van Bioem listed themselves as members of the Attachment Holding Therapy Board proposed in said application for licensure.

(3) Respondents Gwilliam and Van Bioem attached to said application for licensure a list which was identified as "Appendix 2, Individuals in Favor of Licensing." Said list published, among other names, the names of minor children clients of the Cascade Center. Said application for licensure and attached Appendices are public documents.

(4) Published in said Appendix 2 as "Individuals in Favor of Licensing" were the names of Mrs. Peterson's six (6) minor

children, who, at the time of said application to the Utah State Legislature, ranged in age from three (3) years to eleven (11) years and who were currently receiving therapy from Respondents Gwilliam and Van Bioem.

(5) Respondents Gwilliam and Van Bioem, as owners and directors of the Cascade Center, its staff and its Respite Program, required child clients who were non-compliant at home to perform custodial duties benefitting the Cascade Center and punished the children's failure to comply with said work assignments with the imposition of negative consequences including, but not limited to, protracted periods of physical restraint.

23. 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.

24. 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 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.

25. 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.

26. Respondents Van Bioem and Gwilliam failed to perform or obtain adequate evaluations or assessments of clients 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.

27. Respondents failed to make appropriate referrals of clients to professional resources; failed to consult with appropriate professional resources; failed to coordinate clinical services and the termination of services with said professional resources; and/or failed to document said referrals, consultations or coordination of clinical services.

28. 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 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.

29. 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.

30. 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.

31. 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:

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

32. 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.

33. 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.

34. 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.

35. 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

36. 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;

37. 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.

38. 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.

39. 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:

40.

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.

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)1:

"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:

(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

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.

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).

41. 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 Assembly⁴, provides in relevant part as follows:

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

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

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.

group are inhumane or discriminatory against any person or
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.

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

42. 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 Assembly⁵**, 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 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

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.

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.

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

1.07 Privacy and Confidentiality

(a) Social workers should respect clients' right to privacy.

Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasonsIn all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

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.

4. 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.

43. 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;

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

COUNT1

44. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, administered procedures to clients as intervention and/or treatment, as described in Paragraphs 4 through 35.

45. 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.

i. Respondents instructed unlicensed staff members of the Cascade respite program, relatives of Respondent Van Bioem, and parents of child clients to administer procedures on said child clients outside of clinical sessions, without the presence of the child's therapist, and at the discretion of said staff members, relatives and parents, including, but not limited to, (1) the imposition of physical restraint of said children for extended periods of time, and (2) talk therapy. Respondent Gwilliam recommended that children be given an option of complying with the instructions of their parent or drinking a large quantity of water.

46. 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).

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 2

48. 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 58-60-306, to wit, Kerry Max Parks and/or Craig M. Ramsey, to administer procedures as intervention and/or treatment to clients, as described in Paragraphs 4 through 35.

49. 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).

50. 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

51. Respondent Van Bioem and Respondent Gwilliam, during the course of practice of mental health therapy, administered procedures to clients 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 35.

52. Respondents, in administering said procedures as described in Paragraphs 4 through 35, failed to apply generally recognized professional social work principles, methods and procedures as provided in Utah Code Ann. § 58-60-202 (2) (a).

53. Respondents, in administering said procedures as described in Paragraphs 4 through 35, 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).

54. 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)(j).

55. 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

56. 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.

57. 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.

58. 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

59. 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.

60. 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.

61. 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

62. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, engaged in and/or 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 35

63. Based on the foregoing, Respondent Van Bioem and Respondent Gwilliam engaged in unprofessional conduct in violation of Utah Admin. Code R156-60a-502 (14) (1997) and (2000) and Utah Code Ann. § 58-1-501 (2) (a).

64. 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

65. 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 35 to clients without first obtaining the valid informed consent of the adult client or of the parents or legal guardians of child clients; (b) failed to use clear and understandable language to inform the adult client and 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 35.

66. 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 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.

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 1.03 (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.

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).

69.

COUNT 8

Respondent Van Bioem and Respondent Gwilliam, during the course of

their practices as licensed clinical social workers, administered procedures as

60

intervention and/or treatment to clients, as described in Paragraphs 4 through 35.

70. 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, Dependent Personality Disorder, 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.

71. Respondents administered said procedures as described in Paragraphs
4

through 35 to clients 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 instructed unlicensed staff members of the Cascade respite program, relatives of Respondent Van Bioem, and parents of child clients to administer procedures on said child clients outside of clinical sessions, without the presence of the child's therapist, and at the discretion of said staff members, relatives and parents, including, but not limited to, (1) the imposition of physical restraint of said children for extended periods of time, and (2) talk therapy. Respondent Gwilliam recommended that children be given an option of complying with the instructions of their parent or drinking a large quantity of water. Respondents engaged in said conduct when there was a risk of exploitation or potential harm to clients resulting from said procedures.

c. 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;

d. Respondents failed to make appropriate referrals of clients to professional resources; failed to consult with appropriate professional resources; failed to coordinate clinical services and the termination of services with said professional resources; and/or failed to document said referrals, consultations or coordination of clinical services.

e. Respondent Van Bioem failed to formulate a treatment plan prior to initiation of clinical services for child clients Ben and Amber and/or to maintain records of said treatment plan.

f. 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;

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

h. 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;

i. 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;

j. 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.

k. Respondents failed to protect clients from unwarranted physical or mental distress, harm, danger, or deprivation;

l. 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;

m. 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

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

72. Based upon the foregoing, Respondent Van Bioem and Respondent 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.

73. 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

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

their practices as licensed clinical social workers, engaged in physical contact with clients when there was a possibility of psychological harm to the clients as a result of the contact, as described in Paragraphs 4 through 35.

75. 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.

76. 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

77. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, administered treatment procedures to clients 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 35:

- 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.

78. 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.

79. 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).

80.

COUNT 11-

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 35 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, averslye 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 parents of child clients, friends or relatives of the adult client, or other therapists or staff to participate in or aid the administration Of said procedures.

81. 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.

82. Respondent Van Bioem failed to maintain an accurate record of the admission evaluation for child client Ben and/or altered said record without providing

documentation of said modification.

83. 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.

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

85. 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 12

86. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, administered procedures to clients 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, Dependent Personality Disorder, 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 35.

87. 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.

88. 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.

89. 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

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

their practices as licensed clinical social workers, administered procedures to clients 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, Dependent Personality Disorder, 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 35.

91. Respondents Van Bioem and Gwilliam engaged in evaluation and/or experimentation on clients 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.

92. 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 adult clients or from the parents or legal guardians of child clients, without any implied or actual deprivation or penalty for refusal to grant consent for the client to participate in said procedures and without undue inducement to grant consent for the client 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 client; and/or

d. to disclose in said voluntary and written informed consent the risks and benefits of the participation in said procedures.

93. Respondents Van Bioem and Gwilliam, during the course of administering said procedures, as described herein, failed to perform the following:

a. to protect 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.

94. 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.

95. 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).

96.

COUNT 14

Respondent Gwilliam, during the course of her practice as a licensed

clinical social worker, (a) failed to avoid conflicts of interest that could interfere with the exercise of professional discretion and impartial judgment; (b) when real or potential conflicts of interest arose, failed to take reasonable steps to resolve the issue in a manner that made the clients' interests primary and protected clients' interests to the greatest extent possible; (c) engaged in dual or multiple relationships with clients or former clients in which there was a risk of exploitation or potential harm to the client; and/or (d) failed to set clear, appropriate and culturally sensitive boundaries, as described in Paragraphs 19, 21 and 22.

97. Respondent Gwilliam, during the course of her practice as a licensed clinical social worker, took unfair advantage of her professional relationship with clients including the Petersons and Mrs. Hansen to further her personal, political or business interests, as described in Paragraphs 19 and 21.

98. Respondent Van Bioem, during the course of his practice as a licensed clinical social worker, (a) devised a plan for the treatment of his client, the child Ben, in which Ms. Thomas, who was Ben's aunt and the mother of two of Van Bloem's former child clients, provided therapy to Ben and thereby established a dual or multiple relationship between Ben and Ms. Thomas and a risk of exploitation or potential harm to Ben and to Ms. Thomas; and/or (b) took unfair advantage of his professional relationships with Ben, Ben's mother, and Ms. Thomas, and/or exploited Ben, Ben's mother and Ms. Thomas to further his personal or business interests as described in Paragraphs 16 and 17.

99. Respondent Van Bioem, during the course of his practice as a licensed clinical social worker, employed his relatives as staff members of the Cascade Center

and Cascade Center respite program, including, but not limited to, his son, to provide clinical services to child clients, as described in Paragraph 18. Respondent Van Bioem, by said conduct failed to avoid conflicts of interest that could interfere with the exercise of professional discretion and impartial judgment.

100. Respondent van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, took unfair advantage of their professional relationships With clients or former clients and/or exploited others to further their personal, political or business interests, as described in Paragraphs 11, 18 and 22.

101. 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 1.06 (a), (b), 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 1.06 (a), (b), and (c) of the Code of Ethics of the National Association of Social Workers (NASW), as approved b~, the NASW 1996 Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

102. 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).

103.

COUNT 15

Respondent Van Bioem, during the course of his practice as a licensed

clinical social worker, aided and/or abetted another person, Ms. Thomas, to provide mental health therapy to Ben, her nephew, and thereby establish a dual or multiple relationship between Ben and Ms. Thomas in which there was a risk of exploitation or potential harm to Ben, as described in Paragraphs 16 and 17.

104. Based upon the foregoing, Respondent Van Bioem aided and/or abetted said Ms. Thomas to engage in conduct in violation of Section 1.06 (a), (b), and (c) of the Code of Ethics of the National Association of Social Workers, as adopted by the Delegate Assembly of August 1996.

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

COUNT 16

106. Respondent Van Bioem and Respondent Gwilliam, during the course of their practices as licensed clinical social workers, administered procedures to clients 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, Dependent Personality Disorder, 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 35.

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

procedures as described in Paragraphs 4 through 35, 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 instructed unlicensed staff members of the Cascade respite program, relatives of Respondent Van Bioem, and parents of child clients to administer procedures on said child clients outside of clinical sessions, without the presence of the child's therapist, and at the discretion of said staff members, relatives and parents, including, but not limited to, (1) the imposition of physical restraint of said children for extended periods of time, and (2) talk therapy. Respondent Gwilliam recommended that children be given an option of complying with the instructions of their parent or drinking a large quantity of water. Respondents engaged in said conduct when there was a risk of exploitation or potential harm to clients resulting from said procedures.
- c. Respondents failed to perform or obtain adequate evaluations or assessments of clients prior to initiation of said 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;
- d. Respondent Van Bioem failed to formulate a treatment plan prior to initiation of clinical services for child clients Ben and Amber and/or to maintain records of said treatment plan;
- e. Respondents failed to make appropriate referrals of clients to professional resources; failed to consult with appropriate professional resources; failed to coordinate clinical services and the termination of services with said professional resources; and/or failed to document said referrals, consultations or coordination of clinical services;
- f. 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;

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

h. 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;

i. 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;

j. Prior to initiating said treatment or intervention, Respondents failed to obtain voluntary and written informed consent from adult clients or 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;

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

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

m. 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;

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

o. Respondent Gwilliam (1) in the absence of compelling professional reasons, failed to protect the confidentiality of information obtained in the course of professional service to Mrs. Hansen and to obtain a valid consent for the disclosure of confidential information, (2) utilized procedures that endangered and/or weakened Mrs. Hansen's existing social relationships with significant persons, and/or (3) subjected Mrs.

Hansen to unwarranted physical or mental distress, harm, danger or deprivation by engaging in conduct and administering instructions and procedures to Mrs. Hansen including, but not limited to, the following:

- (1) Respondent Gwilliam instructed Mrs. Hansen to bring friends and relatives to clinical sessions as "support" persons;
 - (2) Respondent Gwilliam encouraged said persons to engage in physical contact with and verbal confrontation of Mrs. Hansen during said clinical sessions,
 - (3) Respondent Gwilliam criticized the nature of participation in the clinical session by Mrs. Hansen's mother and the nature of the emotional attachment between Mrs. Hansen and her mother.
- p. Respondents failed to monitor and evaluate the implementation of said treatment and practice interventions;
- q. 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
- r. Respondents failed to terminate services to clients when said services were no longer required or no longer served the clients' needs or interests.

108. Respondent Van Bioem administered said procedures and engaged in conduct and relationships with multiple clients between the years of 1994 and 2001, including, but not limited to, Roger, Lisa, Tammy, Claire, Alex, Amber, and Ben (names withheld for the purposes of confidentiality), constituting a pattern of incompetency

and/or negligence.

109. Respondent Gwilliam administered said procedures and engaged in conduct and relationships with multiple clients between the years of 1994 and 2001, including, but not limited to, Roger, Lisa, Mary, Mrs. Hansen, and the children of Mr. and Mrs. Peterson (names withheld for the purposes of confidentiality), constituting a pattern

of incompetency and/or negligence.

110. 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).

111. 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 14th of April, 2003

Judith A. Jensen
Assistant Attorney General

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

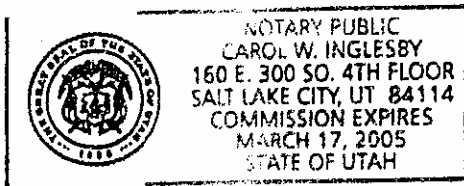
Dee Thorell, being first duly sworn, states as follows:

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.

Dee Thorell,
Investigator
Division of Occupational &
Professional Licensing

SWORN TO AND SUBSCRIBED before me this 14 day of April ,2003.
Notary Public Carol Inglesby



Carol W. Inglesby
NOTARY PUBLIC