



PROFESSIONAL COUNSELOR SECTION

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

Room 121B, 1400 East Washington Avenue, Madison

Contact: Dan Williams (608) 266-2112

January 30, 2018

The following agenda describes the issues that the Section plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Section.

AGENDA

10:30 A.M.

CALL TO ORDER – ROLL CALL – OPEN SESSION

- A. Adoption of the Agenda (1-3)**
- B. Approval of the Minutes of December 5, 2017 (4-5)**
- C. Legislation and Administrative Rule Matters – Discussion and Consideration**
 - 1) Update on Legislation and Pending and Possible Rulemaking Projects
- D. Approved Education Programs Meeting September 2018 Licensure Requirements – Discussion and Consideration (6-7)**
- E. Statement from the American Counseling Association (ACA) on Conversion Therapy – Discussion and Consideration (8-13)**
- F. Speaking Engagement(s), Travel, or Public Relation Request(s) – Discussion and Consideration**
- G. Discussion and Consideration of Items Received After Preparation of the Agenda:**
 - 1) Introductions, Announcements and Recognition
 - 2) Administrative Updates
 - 3) Education and Examination Matters
 - 4) Credentialing Matters
 - 5) Practice Matters
 - 6) Legislation and Administrative Rule Matters
 - 7) Liaison Reports
 - 8) Informational Items
 - 9) Disciplinary Matters
 - 10) Presentations of Petitions for Summary Suspension
 - 11) Presentation of Proposed Stipulations, Final Decisions and Orders
 - 12) Presentation of Proposed Decisions
 - 13) Petitions for Re-Hearing

- 14) Petitions for Assessments
- 15) Petitions to Vacate Orders
- 16) Petitions for Designation of Hearing Examiner
- 17) Requests for Disciplinary Proceeding Presentations
- 18) Petitions
- 19) Appearances from Requests Received or Renewed
- 20) Speaking Engagement(s), Travel, or Public Relation Request(s)

H. Administrative Matters – Discussion and Consideration (14-19)

- 1) **Staff Updates**
- 2) **Election of Officers**
- 3) **Appointment of Liaisons and Delegates**
- 4) **Delegated Authorities**
- 5) Section Member – Term Expiration Date
 - a. Allison Gordon – 07/01/2018
 - b. Tammy Scheidegger – 07/01/2020 (*appointed, not yet confirmed*)
 - c. Kathleen Miller– 07/01/2021 (*re-appointed, not yet confirmed*)
 - d. Monica Vick – 07/01/2019 (*appointed, not yet confirmed*)

I. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

J. Deliberation on Division of Legal Services and Compliance (DLSC) Matters

- 1) **Administrative Warnings**
- 2) **Proposed Stipulation(s), Final Decision(s), and Order(s)**
 - a. 16 CPC 042 – (R.M.P.) **(20-26)**
 - b. 16 CPC 039 – (M.M.C.) **(27-32)**
- 3) **Case Closings**

K. Deliberation on Proposed Final Decision and Order in the Matter of Disciplinary Proceedings Against Curt E. Clausen, Respondent, DHA Case No. SPS-17-0016/DLSC Case No. 16 CPC 043 and Objections (33-60)

L. Deliberation on Credentialing Matters

M. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Division of Legal Services and Compliance (DLSC) Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petitions for Summary Suspensions
- 7) Proposed Stipulations, Final Decisions and Order
- 8) Administrative Warnings
- 9) Proposed Decisions
- 10) Matters Relating to Costs
- 11) Petitions for Extension of Time
- 12) Proposed Interim Orders
- 13) Petitions for Assessments and Evaluations
- 14) Petitions to Vacate Orders

- 15) Remedial Education Cases
- 16) Motions
- 17) Petitions for Re-Hearing
- 18) Appearances from Requests Received or Renewed

N. Consulting with Legal Counsel

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

L. Voting on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate.

ADJOURNMENT

The next scheduled meeting is April 16, 2018.

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED
WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 1400 East Washington Avenue, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**PROFESSIONAL COUNSELOR SECTION
MEETING MINUTES
DECEMBER 5, 2017**

PRESENT: Monica Vick (*via GoToMeeting*), Kathleen Miller (*via GoToMeeting*), Tammy Scheidegger

EXCUSED: Allison Gordon

STAFF: Dan Williams, Executive Director; Laura Smith, Bureau Assistant; Sharon Henes, Rules Coordinator; and other DSPS Staff

CALL TO ORDER

Tammy Scheidegger, Chair, called the meeting to order at 11:05 a.m. A quorum of three (3) members was confirmed.

ADOPTION OF AGENDA

MOTION: Monica Vick moved, seconded by Kathleen Miller, to approve the agenda as published. Motion carried unanimously.

APPROVAL OF THE MINUTES OF OCTOBER 23, 2017

MOTION: Kathleen Miller moved, seconded by Tammy Scheidegger, to approve the minutes of October 23, 2017 as published. Motion carried unanimously.

LEGISLATION AND ADMINISTRATIVE RULE MATTERS

Licensure Requirements – Professional Counseling Degree

MOTION: Kathleen Miller moved, seconded by Tammy Scheidegger, to authorize Tammy Scheidegger to speak on behalf of the Section regarding professional counseling degrees and potential statutory change. Motion carried unanimously.

CLOSED SESSION

MOTION: Monica Vick moved, seconded by Kathleen Miller, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85 (1)(b), Stats.); to consider closing disciplinary investigation with administrative warning (ss.19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and, to confer with legal counsel (s.19.85(1)(g), Stats.). The Chair read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Kathleen Miller-yes; Monica Vick-yes; Tammy Scheidegger, yes. Motion carried unanimously.

The Section convened into Closed Session at 11:37 a.m.

RECONVENE TO OPEN SESSION

MOTION: Tammy Scheidegger moved, seconded by Monica Vick, to reconvene into Open Session. Motion carried unanimously.

The Section reconvened into Open Session at 11:57 a.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Tammy Scheidegger moved, seconded by Kathleen Miller, to affirm all motions made in closed session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Administrative Warnings

16 CPC 037 – H.K.T.

MOTION: Tammy Scheidegger moved, seconded by Kathleen Miller, to issue an Administrative Warning in the win the matter of disciplinary proceedings against H.K.T., DLSC case number 16 CPC 037. Motion carried unanimously.

Proposed Stipulation(s), Final Decision(s) and Order(s)

16 CPC 040 – T.C.M.

MOTION: Kathleen Miller moved, seconded by Monica Vick, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Thomas C. Marx, DLSC case number 16 CPC 040. Motion carried unanimously.

Case Closings

MOTION: Kathleen Miller moved, seconded by Monica Vick, to close the following DLSC cases for the reasons outlined below:

- 1) 16 CPC 046 – Insufficient Evidence
- 2) 16 CPC 044 – Insufficient Evidence
- 3) 16 CPC 019 – Insufficient Evidence

Motion carried unanimously.

ADJOURNMENT

MOTION: Tammy Scheidegger moved, seconded by Monica Vick, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:59 a.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Laura Smith, Bureau Assistant, on behalf of Aaron Knautz, Exam Specialist		2) Date When Request Submitted: 1/22/18 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting																						
3) Name of Board, Committee, Council, Sections: Professional Counselor Section																								
4) Meeting Date: 1/30/18	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Approved Education Programs Meeting September 2018 Licensure Requirements																						
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (<u>Fill out Board Appearance Request</u>) <input checked="" type="checkbox"/> No																						
9) Name of Case Advisor(s), if required:																								
10) Describe the issue and action that should be addressed:																								
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Dear Professional Counselor Section,

The following programs have been approved for the LPC 60 credit education requirement effective in September.

- **Alverno College**
- **Lakeland College**
- **UW-Platteville MSE-Human Services**
- **Divine Mercy University Master of Science in Counseling/Clinical Mental Health Counseling**
- **Viterbo University MS in Mental Health Counseling**
- **Mount Mary University M.S. in Counseling**
- **Springfield College Mental Health Counseling**

There are currently 4 other programs that are in the review process. They are:

UW-Superior

UW-Parkside

Concordia University

Southern New Hampshire University

Aaron Knautz

Licensing Exams and Education Specialist

DSPS

**State of Wisconsin
Department of Safety & Professional Services**

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9) Name of Case Advisor(s), if required: 																		
10) Describe the issue and action that should be addressed: Review and discuss the attached documents prepared and distributed by the Amercian Counseling Association.																		
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THE LATEST NEWS FROM ACA

Ethical issues related to conversion or reparative therapy

Jan 16, 2013

American Counseling Association members have consulted ACA staff and leaders regarding the practice of conversion therapy and the 2005 Code of Ethics. For this reason, the ACA Ethics Committee is sharing its formal interpretation of specific sections of the ACA Code of Ethics concerning the practice of conversion therapy and the ethics of referring clients for this practice. By Joy S. Whitman, Harriet L. Glosoff, Michael M. Kocet and Vilija Tarvydas

American Counseling Association members have consulted ACA staff and leaders regarding the practice of conversion therapy and the 2005 Code of Ethics. For this reason, the ACA Ethics Committee is sharing its formal interpretation of specific sections of the ACA Code of Ethics concerning the practice of conversion therapy and the ethics of referring clients for this practice.

Committee members individually considered a hypothetical scenario that was based on actual questions posed to the members and staff. The Ethics Committee then met to reach a consensus opinion.

THE SCENARIO

During the third session of counseling, a client reports that he is gay and states, "I want to change my way of life and not be gay anymore. It's not just that I don't want to act on my sexual attraction to men. I don't want to be attracted to them at all except for as friends. I want to change my life so I can get married to a woman and have children with her." At the suggestion of a friend, the client has read about reparative/conversion therapy and has researched this approach on the Internet. He is convinced this is the route he wants to take.

The counselor listens carefully to what the client has to say, asks appropriate questions and engages in a clinically appropriate discussion. The counselor informs the client that, although she is happy to continue working with him, she does not believe reparative/conversion therapy is effective and no empirical support exists for the approach. She further states that this form of therapy can actually be harmful to clients, so she will not offer this as a treatment. The client says he is disappointed that the counselor will not honor his wishes. He then asks for a referral to another counselor or therapist who will work with him to "change his sexual orientation."

INTERPRETATION

The ACA Ethics Committee considered many factors and derived a consensus opinion that addresses several sections of the ACA Code of Ethics and moral principles of practice present in such a scenario. We started with the basic goal of reparative/conversion therapy, which is to change an individual's sexual orientation from homosexual to heterosexual. Counselors who conduct this type of therapy view same-sex attractions and behaviors as abnormal and unnatural and, therefore, in need of "curing." The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including ACA.

The ACA Governing Council passed a resolution in 1998 with respect to sexual orientation and mental health. This resolution specifically notes that ACA opposes portrayals of lesbian, gay and bisexual individuals as mentally ill due to their sexual orientation. In addition, the resolution supports dissemination of accurate information about sexual orientation, mental health and appropriate interventions and instructs counselors to "report research accurately and in a manner that minimizes the possibility that results will be misleading" (ACA Code of Ethics, 1995, Section G.3.b). In 1999, the Governing Council adopted a statement "opposing the promotion of reparative therapy as a cure for individuals who are homosexual." In fact, according to the DSM-IV-TR, homosexuality is not a mental disorder in need of being changed. With this in mind, we have a difficult time discussing the appropriateness of conversion therapy as a treatment plan. Regardless, there are clients who seek out counselors in hopes of changing their sexual behaviors, orientation or identity, so the ACA Ethics Committee conducted a review of the literature on reparative therapy.

We found that the majority of studies on this topic have been expository in nature. We found no scientific evidence published in psychological peer-reviewed journals that conversion therapy is effective in changing an individual's sexual orientation from same-sex attractions to opposite-sex attractions. Further, we did not find any longitudinal studies conducted to follow the outcomes for those individuals who have engaged in this type of treatment. We did conclude that research published in peer-reviewed counseling journals indicates that conversion therapies may harm clients (refer to the full article posted on the ACA website for references).

These findings bring several questions to the forefront:

- Is a counseling professional who offers conversion therapy practicing ethically?
- Since ACA has taken the position that it does not endorse reparative therapy as a viable treatment option, is it ethical to refer a client to someone who does engage in conversion therapy?
- If a client insists on obtaining a referral, what guidelines can a counselor follow?
- If professional counselors do engage in conversion therapy, what must they include in their disclosure statements and informed consent documents?

Ethics Committee members agreed that it is of primary importance to respect a client's autonomy to request a referral for a service not offered by a counselor. In the 2005 ACA Code of Ethics, Standard A.11.b. ("Inability to Assist Clients") states, "If counselors determine an inability to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives." Additionally, Standard D.1.a. ("Different Approaches") reminds us that "counselors are respectful of approaches to counseling services that differ from their own."

Standard A.1.a. ("Primary Responsibility"), however, states that "the primary responsibility of counselors is to respect the dignity and to promote the welfare of clients." Referring a client to a counselor who engages in a treatment modality not endorsed by the profession and that may, in fact, cause harm does not promote the welfare of clients and is a dubious position ethically. This position is supported by Standard A.4.a. ("Avoiding Harm"), which says, "Counselors act to avoid harming their clients, trainees and research participants and to minimize or to remedy unavoidable or unanticipated harm."

Professionals also engage in treatment only after appropriate educational and clinical training and do not practice outside of their areas of competence (Standard C.2.a., "Boundaries of Competence"). This standard clearly states that "counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience." In addition, per Standard C.2.b. ("New Specialty Areas of Practice"), "Counselors practice in specialty areas new to them only after

appropriate education, training and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm." Therefore, any professional engaging in conversion therapy must have received appropriate training in such a treatment modality with the requisite supervision. There is, however, no professional training condoned by ACA or other prominent mental health associations that would prepare counselors to provide conversion therapy.

In addition, requests by clients seeking to change their sexual orientation should be understood within a cultural context. Standard E.5.c. ("Historical and Social Prejudices in the Diagnosis of Pathology") requires that "counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and the role of mental health professionals in perpetuating these prejudices through diagnosis and treatment." Historically, the mental health professions viewed homosexuality as a mental disorder. But in 1973, homosexuality was removed from the Diagnostic and Statistical Manual as a mental disorder. However, within various religious and cultural communities, same-sex attractions and behaviors are still viewed as pathological. Yet the professional communities of counseling and psychology no longer diagnose a client who has attractions to people of the same sex as mentally disordered. To refer a client to someone who engages in conversion therapy communicates to the client that his/her same-sex attractions and behaviors are disordered and, therefore, need to be changed. This contradicts the dictates of the 2005 ACA Code of Ethics.

Clients may ask for a specific treatment from a counseling professional because they have heard about it from either their religious community or from popular culture. A counselor, however, only provides treatment that is scientifically indicated to be effective or has a theoretical framework supported by the profession. Otherwise, counselors inform clients that the treatment is "unproven" or "developing" and provide an explanation of the "potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm" (Standard C.6.e., "Scientific Bases for Treatment Modalities").

Considering all the above deliberation, the ACA Ethics Committee strongly suggests that ethical professional counselors do not refer clients to someone who engages in conversion therapy or, if they do so, to proceed cautiously only when they are certain that the referral counselor fully informs clients of the unproven nature of the treatment and the potential risks and takes steps to minimize harm to clients (also see Standard A.2.b., "Types of Information Needed"). This information also must be included in written informed consent material by those counselors who offer conversion therapy despite ACA's position and the Ethics Committee's statement in opposition to the treatment. To do otherwise violates the spirit and specifics of the ACA Code of Ethics.

INFORMING CLIENTS ABOUT CONVERSION THERAPY

So what do ethical counselors do if clients state they are still interested in pursuing a referral for a counselor who offers conversion therapy? We advise professional counselors to discuss the potential harm of this therapy noted in evidence-based literature from scholarly publications in a manner that respects the client's decision to seek it. This again relates to Standard A.1.a. ("Primary Responsibility") and Standard A.4.b. ("Personal Values"), which requires counselors to be "aware of their own values, attitudes, beliefs and behaviors and avoid imposing values that are inconsistent with counseling goals." The responsibility of counseling professionals at this juncture is to help clients make the most appropriate choices for themselves without the counselor imposing her/his values. To do so respects a client's request and leaves open the possibility that the client can return to the professional counselor if the conversion therapy is ineffective and harms the client.

Again, Ethics Committee members agree that ethical practitioners refer clients seeking conversion therapy only under the conditions previously discussed. Further, it is imperative that counselors provide clients seeking conversion therapy with information about this form of treatment, including what types of information clients should expect from referral counselors. The following must be included in informed consent material and communicated to clients seeking referral:

1. Conversion therapy assumes that a person who has same-sex attractions and behaviors is mentally disordered and that this belief contradicts positions held by the American Counseling Association and other mental health and biomedical professional organizations. Additionally, the ACA passed a resolution in 1999 stating that it does not endorse reparative therapy as a "cure" for homosexuality. Any professional who engages in conversion therapy is not offering the professional standard of care and would need to include that he or she is offering it not as a professional counselor but is providing counseling within the scope of practice of some other profession (i.e., Christian counselor).
2. Conversion therapy as a practice is a religious, not psychologically-based, practice. The premise of the treatment is to change a client's sexual orientation. The treatment may include techniques based in Christian faith-based methods such as the use of "testimonials, mentoring, prayer, Bible readings, and Christian weekend workshops" (Shroeder & Shidlo, 2001, p. 150). It may also use cognitive-behavioral techniques such as aversion therapy (i.e.; stopping clients from masturbating to same-sex images; encouraging imagery of getting AIDS paired to same-sex arousal), reinforcement techniques that emphasize traditional gender role behavior (i.e., for men to "engage in team sports, to go the gym, and to attend Promise Keepers" and for women "to learn how to cook, sew, and apply make-up"; Shroeder & Shidlo, 2001, p. 149), and use of sexual surrogates. However, there is no training offered or condoned by the American Counseling Association to educate and prepare a professional counselor wishing to engage in this type of treatment.
3. Research does not support conversion therapy as an effective treatment modality. There have been "no objective screening criteria, no consensus about outcome measurement, and no blinded or side-by-side studies" (Forstein, 2001, p. 173) and there is "no article in a peer reviewed scientific journal" stating that conversion therapy alters someone's sexual orientation (p. 177). The results of some research indicate that some clients seeking this treatment do change their behavior approximately 30% of the time, but the same clients report changing only their behaviors but not their sexual orientation. This is an important distinction to share with clients, helping them understand the difference between behaviors and sexual identity. Further, no long-term studies have been conducted to discern whether research participants who reported a change in their behaviors maintained these changes over time.
4. There is potential for harm when clients participate in conversion therapy. Results of studies indicate that there are clients who enter this type of treatment and then report that they function more poorly than when they entered (Nicolosi, Byrd, & Potts, 2000; Schroeder & Shidlo, 2001).
5. There are treatments endorsed by the Association for Gay, Lesbian, and Bisexual Issues in Counseling (see <http://www.aglbic.org/resources/competencies.html>), a division of the American Counseling Association and the American Psychological Association (see <http://www.apa.org/pi/lgb/guidelines.html>) that have been successful in helping clients with their sexual orientation. These treatments are gay affirmative and help a client reconcile his/her same-sex attractions with religious beliefs.

In summary, if clients still decide that they wish to seek conversion therapy as a form of treatment, counselors should also help clients understand what types of information they should seek from any practitioner who does engage in conversion therapy. The Committee members agree that counselors who offer conversion therapy are providing "treatment that has no empirical or scientific foundation" (ACA, 2005, C.6.e.) and, therefore, must "must define the techniques/procedures as 'unproven' or 'developing' and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm" (ACA, C.6.e.).

Additionally, any client seeking treatment is entitled to complete information about the treatment. This is consistent with A.2.b (Types of Information Needed) that state "counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor's qualifications, credentials, and relevant experience; continuation of services upon the incapacitation or death of a counselor; and other pertinent information." Counselors who do not include this information would be considered by the Committee to be in violation of the ACA Code of Ethics.

There also was agreement among the Committee members that any counselors stating that they can offer conversion therapy must also offer referrals to gay, lesbian, and bisexual-affirmative counselors and should discuss thoroughly the right of clients to seek these professionals' counsel. In doing so, counselors must explore with clients the underlying reasons for their interest in changing their sexual orientation and discuss the social, political, and religious influences that underpin homophobia that may be harming the client.

COUNSELOR EDUCATION

Finally, in addition to educating potential clients about conversion therapy, the members of the Ethics Committee agreed that counselor education training programs must also adhere to section F.6.f (Innovative Theories and Techniques), which states that "when counselor educators teach counseling techniques/procedures that are innovative, without an empirical foundation, or without a well-grounded theoretical foundation, they define the counseling techniques/procedures as 'unproven' or 'developing' and explain to students the potential risks and ethical considerations of using such techniques/procedures." A similar approach to informed consent for clients seeking conversion therapy must be upheld when discussing this treatment with counseling students.

References

- American Counseling Association (2005). Code of ethics. Alexandria, VA: Author.
- American Counseling Association (1995). Code of ethics. Alexandria, VA: Author.
- Association for Gay, Lesbian, and Bisexual Issues in Counseling. (n.d.) . Competencies for counseling gay, lesbian, bisexual and transgendered (GLBT) clients. Retrieved February 7, 2006, from <http://www.aglbic.org/resources/competencies.html>.
- American Psychological Association. (1998). Guidelines for psychotherapy with lesbian, gay, and bisexual clients. Retrieved February 7, 2006, from <http://www.apa.org/divisions/div44/guidelines.htm>.
- Forstein., M. (2001). Overview of ethical and research issues in sexual orientation therapy. *Journal of Gay and Lesbian Psychotherapy*, 5(3/4), 167-179.
- Nicolosi, J., Byrd, A. D. & Potts, R. W. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports*, 86, 1071-1088.
- Shroeder, M., & Shidlo, A. (2001). Ethical issues in sexual orientation conversion therapies: An empirical study of consumers. *Journal of Gay and Lesbian Psychotherapy*, 5(3/4), 131-166.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Laura Smith, Bureau Assistant, on behalf of Dan Williams, Executive Director		2) Date When Request Submitted: 1/18/18 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>															
3) Name of Board, Committee, Council, Sections: Professional Counselor section																	
4) Meeting Date: 1/30/18	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Matters/Updates 1) Election of Officers 2) Appointment of Liaisons and Alternates 3) Delegation of Authorities															
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A														
10) Describe the issue and action that should be addressed: 1) The Section should conduct Election of its Officers for 2018 2) The new Chairperson should review and appoint/reappoint Liaisons and Alternates as appropriate 3) The Section should review and then consider continuation or modification of previously delegated authorities																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">11) Authorization</td> <td style="width: 40%;"></td> </tr> <tr> <td><i>Laura Smith</i></td> <td style="text-align: right;">01/18/18</td> </tr> <tr> <td>Signature of person making this request</td> <td style="text-align: right;">Date</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td>Supervisor (if required)</td> <td style="text-align: right;">Date</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td colspan="2">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				11) Authorization		<i>Laura Smith</i>	01/18/18	Signature of person making this request	Date	 		Supervisor (if required)	Date	 		Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date	
11) Authorization																	
<i>Laura Smith</i>	01/18/18																
Signature of person making this request	Date																
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Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.																	

PROFESSIONAL COUNSELOR SECTION
ELECTIONS AND APPOINTMENTS

May 2017

2017 ELECTION RESULTS	
Chair	Tammy Scheidegger
Vice Chair	Kathleen Miller
Secretary	Allison Gordon
2017 LIAISON APPOINTMENTS	
Credentialing Liaisons	Kathleen Miller, Tammy Scheidegger, Allison Gordon, Monica Vick
Education and Examination Liaison	Tammy Scheidegger
DLSC Monitoring and Professional Assistance Procedure (PAP) Liaison(s)	Kathleen Miller
Screening Panel (beginning June 2017)	Tammy Scheidegger (Alternate: Kathleen Miller)

Delegated Authority for Urgent Matters

MOTION: Allison Gordon moved, seconded by Kathleen Miller, that, in order to facilitate the completion of assignments between meetings, the Section delegates its authority to the Chair to appoint liaisons to carry out the duties of the Section in accordance with the law. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Kathleen Miller moved, seconded by Allison Gordon, that the Section counsel or another department attorney is formally authorized to serve as the Section's designee for purposes of Wis. Admin Code § SPS 1.08(1). Motion carried unanimously.

Document Signature Delegation

MOTION: Allison Gordon moved, seconded by Kathleen Miller, the Section delegates authority to the Chair to sign documents on behalf of the Section.

In order to carry out duties of the Section, the Chair has the ability to delegate this signature authority to the Section's Executive Director for purposes of facilitating the completion of assignments during or between meetings. Motion carried unanimously.

Credentialing Authority Delegations

MOTION: Kathleen Miller moved, seconded by Allison Gordon, to delegate authority to the Credentialing Liaisons to address all issues related to credentialing matters. Motion carried unanimously.

Monitoring Delegations

MOTION: Allison Gordon moved, seconded by Kathleen Miller, to adopt the 'Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor' document as presented. Motion carried unanimously.

Education Delegations

MOTION: Kathleen Miller moved, seconded by Allison Gordon, to delegate authority to the Office of Education and Examination Liaison(s) to address all issues related to education and examinations. Motion carried unanimously.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Ayres Monitoring and Intake Supervisor Division of Legal Services and Compliance		2) Date When Request Submitted: December 18, 2017 <div style="border: 1px solid black; padding: 5px; font-size: small;"> Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others </div>	
3) Name of Board, Committee, Council, Sections: Professional Counselor Section			
4) Meeting Date: April 16, 2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Appointment of Monitoring Liaison and Delegated Authority Motion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: Adopt or reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today's agenda packet.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> 11) Signature of person making this request </div> <div style="width: 60%; text-align: right;"> Authorization December 18, 2017 Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Supervisor (if required) </div> <div style="width: 60%; text-align: right;"> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </div> <div style="width: 60%; text-align: right;"> Date </div> </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors to enforce Board/Section orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing education.
6. Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.
7. Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain the signature or written authorization from the Liaison.
8. Grant or deny a request to appear before the Board/Section in closed session.
9. (*Except Pharmacy*) Accept Respondent’s written request to surrender credential. If accepted by the Liaison, Monitor will consult with Board Counsel to determine if a stipulation is necessary. If a stipulation is not necessary, Monitor will draft an order and sign on behalf of the Liaison. If denied by the Liaison, the request to surrender credential will go to the full Board for review.
10. (*Except Pharmacy*) Grant Respondent’s petition for a reduction in drug screens per the standard schedule, below. If approved, Monitor will draft an order and sign on behalf of the Liaison.
 - a. Year 1: 49 screens (including 1 hair test, if required by original order)
 - b. Year 2: 36 screens (plus 1 hair test, if required by original order)
 - c. Year 3: 28 screens plus 1 hair test
 - d. Year 4: 28 screens plus 1 hair test
 - e. Year 5: 14 screens plus 1 hair test
11. (*Dentistry only*) – Ability to approve or deny all requests from a respondent.

Current Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
 2. Suspend the license if Respondent has not completed Board/Section-ordered CE and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.
 3. Suspend the license (or remove stay of suspension) if Respondent fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if Respondent ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
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Proposed (New) Delegations to the Monitoring Liaison

The Monitoring Unit is proposing the following additions to the Monitoring Liaison's authority:

1. Board Monitoring Liaison may determine whether Respondent's petition is eligible for consideration by the full Board/Section.
2. Board Monitoring Liaison may approve or deny Respondent's request to be excused from drug and alcohol testing for work, travel, etc.