

BEFORE THE COUNSELOR, SOCIAL WORKER & MARRIAGE
AND FAMILY THERAPIST BOARD

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LeVeque Tower
50 West Broad Street, 15th Floor
Ohio Petroleum UST Release Compensation
Board Conference Room
Columbus, Ohio 43215
May 22, 2015
1:00 p.m.

- - -

Board Members Present:

Steve Polovick, Board Chairman
Alan Demmit
Otha Gilyard
Lisa Haberbusch
Terri Hamm
John Heaton
Christin Jungers
Margaret Knerr
Stephanie McCloud
Erin Michel
Matthew Paylo

Board Staff Present:

Brian Carnahan, Executive Director
Bill Hegarty, Deputy Director

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2	<p>1 APPEARANCES</p> <p>2 ---</p> <p>3 On Behalf of the State of Ohio:</p> <p>4 Ohio Attorney General Mike DeWine</p> <p>5 Health and Human Services</p> <p>6 By Melissa Wilburn</p> <p>7 Assistant Attorney General</p> <p>8 30 East Broad Street, 26th Floor</p> <p>9 Columbus, Ohio 43215</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	4
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1 Friday Afternoon Session,

2 May 22, 2015.

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4 CHAIRMAN POLOVICK: Good afternoon

5 everybody. We are going to call our meeting to order.

6 Welcome everybody and have a good Memorial Day

7 weekend,

8 if I neglect to say that later.

9 You know what, let's do a couple of quick

10 instructions, because there's some new faces around the

11 room. Any of the committee chairs want to introduce

12 somebody new on your committee.

13 BOARD MEMBER KNERR: Yes, I'm Charlie Knerr,

14 and we're thrilled beyond belief to have a new member on

15 our Marriage and Family Therapy Professional Standards

16 Committee.

17 John, can you introduce yourself and tell us

18 where you come from and some of your history.

19 BOARD MEMBER HEATON: Sure. John Heaton,

20 MFT. I work at Wright Patterson Air Force Base, and am

21 a civil service employee there. While at work, we work

22 with the aviators and special duty operators to assess

23 whether or not they're mentally fit to return back to

24 their aviation duties.

25 So we're the only folks in the Air Force

that do this, so it's a pretty special specialized

1 place. Real great. I work with a team of

2 psychiatrists, psychologists, neurologists, a good team

3 of people among a bigger, broader group of medical folks

4 that evaluate a variety of medical symptoms.

5 I come from Texas before this, doing my

6 graduate work and post-graduate work out there, so been

7 here and love Ohio. Been here now for four years,

8 better than hot Texas. So I like this cool weather.

9 CHAIRMAN POLOVICK: Welcome aboard, John,

10 thank you.

11 BOARD MEMBER HAMM: And I'm Terri and we

12 have a new member on the Counseling Committee. And,

13 Matt Paylo, would you like to introduce yourself.

14 BOARD MEMBER PAYLO: Yeah, my name is Matt

15 Paylo, I am an LPCC. I teach at the university level at

16 Youngstown State University in their Counseling

17 Department, I'm the Program Coordinator.

18 For the last five years I've been there, but

19 before that I worked in the Common Wealth of Virginia as

20 a Mental Health Director for a maximum security female

21 correctional center for over 1,200 women, and that's

22 where I also did my graduate work.

23 CHAIRMAN POLOVICK: Welcome, Matt.

24 MR. PAYLO: Thank you.

25 CHAIRMAN POLOVICK: And welcome to any of

6	<p>1 our guests from the audience too. I know that some of 2 you are on the agenda, so we'll be hearing from you 3 later and let you introduce yourself at that time. 4 If you've had time to look at our agenda 5 we'll be looking for discussion, if not approval, of the 6 agenda, and I would like to say I know that I am slotted 7 at No. 4 there for Chairman's comments. I think I'm 8 going to delay that until the very end of the meeting, 9 because we've got a packed agenda. 10 So we'll just kind of put the Chair on pause 11 there for my turn. Other than that -- 12 BOARD MEMBER MCCLOUD: -- Is there a second 13 page missing here? Usually there's New Business, Old 14 Business, Adjournment, I just want to make sure I'm not 15 missing anything. 16 MR. CARNAHAN: No, you're not missing 17 anything. 18 BOARD MEMBER MCCLOUD: Okay. Great. 19 CHAIRMAN POLOVICK: Sorry, one page, 12 20 items. So the last item there, NASW, and that will be 21 followed by Chair Comments, and then Adjournment. Got 22 to get the last word in. I wrote a poem. 23 I'm sorry. We do have a court reporter as 24 well. We want to welcome her. We want to make sure 25 that we speak up, so that she's able to hear okay, and</p>	8
7	<p>1 affirmatively.) 2 The Minutes are approved. 3 We'll move straight to Brian's report. 4 EXECUTIVE DIRECTOR CARNAHAN: Thank you, Mr. 5 Chair. Unless there are questions about the report that 6 I included in your packet or the comments delivered at 7 each of the meetings I won't elaborate on it for the 8 sake of brevity. 9 I will mention a couple of things, our next 10 meeting in July will be at the Riffe. So if you have 11 your cell phone on auto pilot, and come here, you'll 12 find us at 77 South High Street. 13 Our meeting will -- the Professional 14 Standards Committee meeting will occur on the 24th 15 floor, and then the Board meeting, I believe, for July 16 will be on the 31st floor, but that may alternate 17 depending on the months for the future meetings. 18 So if you want directions or recommendations 19 for anything we can provide those. And I believe all of 20 the committees agreed to move the September meeting to 21 the 24th and the 25th of September, and we do appreciate 22 that. That will accommodate Mark and I attending a 23 Marriage and Family Therapy Conference and possibly the 24 Clear Conference as well. 25 And then lastly I'll mention that I think</p>	9
7	<p>1 I'm a big mumbler, so just give me that -- if we do 2 that. 3 All right. The agenda? 4 BOARD MEMBER KNERR: I make a motion to 5 approve it. 6 BOARD MEMBER VENRICK: I second. 7 CHAIRMAN POLOVICK: Any discussion? 8 And it might help our court reporter as 9 well, if you give her a hand, so she can find your name 10 plate pretty quick. 11 Any discussion about the agenda? 12 Then those in favor to accept it? 13 (Thereupon all Board Members voted 14 affirmatively.) 15 Any opposed? 16 Then we have an agenda. 17 Looking to the Minutes from our March 20th, 18 2015 Board meeting, are there any changes, amendments to 19 those minutes? 20 Hearing none. 21 BOARD MEMBER BRUN: I make a motion to 22 approve the Minutes. 23 BOARD MEMBER DEMMIT: I second. 24 CHAIRMAN POLOVICK: Second. Those in favor? 25 (Thereupon all Board Members voted</p>	<p>1 you're all aware that Maureen Cooper (Phonetically 2 Spelled) did resign from the Board. We really 3 appreciate her service. We normally award departing 4 Board members a proclamation, and that's in the mail to 5 her, and she did indicate that she really enjoyed her 6 service and working with the members of the Counselor 7 Professional Standards Committee. 8 So I know her experience and work on the 9 Board will be missed, but we more than adequately, I 10 think, replaced her with Matt, and with respect to Board 11 appointments, we are waiting to fill out our number with 12 two additional folks, but it's wonderful to have John 13 and Matt in place to ensure that we can do business over 14 the next few meetings. That's all I have. 15 CHAIRMAN POLOVICK: Thank you, Brian. 16 Any questions for Brian? 17 Then we'll go to Bill, and the Deputy 18 Director's Report. 19 DEPUTY DIRECTOR HEGARTY: Thank you, Steve. 20 I want to thank Carl and Mary for all of 21 their hard work as investigator liaisons over the last 22 couple of months. Both committees have been down a 23 liaison, so they have been double dutying it, but it's 24 been nice that we have two new liaisons for the 25 committees.</p>

10	<p>1 Dr. Terri Hamm, who's going to work with the 2 counselors and investigation staff, and Lisa Habermusch, 3 she's going to be working with the social workers, and 4 so no doubt next week I'll be sending you cases. 5 You should have a statistics report in front 6 of you. Since the last Board meeting we've done 42 7 cases. So pretty much on par with where we were last 8 year. You can see where the staff has gone since the 9 last Board meeting. The second page of that, which I 10 believe is on the back of yours shows what the issues 11 were. 12 The issue is -- No. 1 issue is competency, 13 which is standards of care by and large. Hopefully the 14 new computer system will allow us to break up the 15 competency section with more specificity. 16 One of the bigger areas that's grown is 17 practicing without a license over the last couple of 18 months. For whatever reason people are practicing 19 without a license. So we're looking into that. And on 20 the last page just shows where the licensees who have 21 allegations levied against them are coming out of. 22 So it's kind of all over the place, as 23 usual. There will be a social work disciplinary hearing 24 scheduled for June 11th. I did mention that to the 25 social workers already. And I just want to thank Tammy</p>	12	<p>1 and basically what we found is each individual in an 2 agency was sort of pointing to different -- different 3 entities for responsibility. 4 So I think it was just interesting to start 5 that information collection and awareness of where other 6 agencies are at in terms of defining, you know, 7 expectations and standards of practice with case loads. 8 We also talked about -- we had some inquiry 9 from a member of the public who, in a medical setting, 10 was asked to do medical assessment on like medical 11 issues in a variety of areas ranging from asthma to 12 diabetes, and they were all like medical questions, and 13 the individual was basically tasked with providing 14 educational resources and guiding that person. 15 And so we responded that this would be 16 outside of the scope of practice of the social worker, 17 but I think it's notable as more and more healthcare 18 agencies are hiring social workers in the medical -- 19 with that medical experience. 20 We talked about in the Executive Committee, 21 and then everybody else in their committees talked about 22 music theory -- or music therapy, and so we definitely 23 had a healthy discussion there, and then also with a 24 bill that passed recently, 3712.062, policies to prevent 25 diversion of opioids in hospice care programs, and, you</p>
11	<p>1 and Tracy for all their hard work as my investigators. 2 Are there any questions of any of us? 3 Thank you. 4 CHAIRMAN POLOVICK: Thank you, Bill. Thanks 5 investigators. 6 We are cruising right along, Melissa, so if 7 you would like to take your time during the counsel 8 report. 9 MS. WILBURN: No, thanks, I don't think it's 10 necessary. We've had plenty of legal discussion over -- 11 in committee meetings, so that suffices. Thank you. 12 CHAIRMAN POLOVICK: Thank you, Melissa. 13 Questions for Melissa? 14 Then we will move into the individual 15 committees starting with social work and Erin. 16 BOARD MEMBER MICHEL: Good afternoon 17 everyone. In the Social Work Professional Standards 18 Committee we approved 123 licensed independent social 19 workers, 159 licensed social workers, and 13 social work 20 assistants. We talked about a variety of practice 21 issues this time around. 22 We followed up with -- Doug followed up and 23 we discussed, as a committee, the issue of case load, 24 and he inquired in a variety of different agencies, you 25 know, what they -- their perspectives are on case load,</p>	13	<p>1 know, what would the role of the social worker be; would 2 it be appropriate for social workers to participate in a 3 practice where they were -- if opioids were left over 4 how to gather them, and then send them back to the 5 pharmacies, and since they're not being administered to 6 a patient, they're actually being taken away from public 7 exposure, we decided that would be in the scope of 8 practice. So those are just some of the relevant 9 practice issues that we talked about. 10 Steven, do you want to add anything to that, 11 or anyone else for that matter? 12 CHAIRMAN POLOVICK: No. I think we did a 13 little bit of correspondence, but nothing very exciting. 14 BOARD MEMBER MICHEL: And we also talked 15 about the conversion therapy in which we'll get to 16 later. 17 CHAIRMAN POLOVICK: All right. Any 18 questions for Erin or the social workers? 19 If not we'll move to Charlie and the MFD. 20 BOARD MEMBER KNERR: As always, thanks to 21 Margaret Ann, she started to give us some statistics 22 each time in addition to all the other work she's done, 23 which is really helpful for other people who are 24 tracking some things. 25 In a moment when I start reporting some</p>

14	<p>1 numbers she'll correct me, so that will be par for the 2 course. 3 I want to thank my committee for the work 4 they did this time. We were really doing some good work 5 looking at some things. That was very vague, wasn't it, 6 but they did good work. I'll get into specifics in a 7 moment. 8 We spent time looking at the music therapy 9 issue, and we have asked that Brian work to protect our 10 licensee's right to have -- to use music in their 11 practice in waiting rooms, but also in therapy areas. 12 We are willing to discuss whether or not 13 this board would be a place to host some bachelor level 14 specific licenses. So we're not really saying anything 15 about that, but we are willing to discuss it. 16 We -- licensees are okay with changing the 17 September meeting to the 24th and 25th. We noted the 18 work that Don Vable (Phonetically Spelled), I think is 19 how you say it, has done to get -- and he's doing to 20 increase the reimbursement for Medicaid for licensees, 21 and really excited about the services that that's going 22 to provide to people and the opportunity for our -- 23 across the board. I think that's going to be a deal 24 changer, going to be great for people and the services 25 they need.</p>	16	<p>1 four independent license -- no, four MFTs, and said yes 2 to those, and one IMFT and said yes to that person. 3 And then we spent quite a bit of time and 4 were in the process of looking at the educational 5 requirements for the MFT license. Not -- not Co-Mathey 6 (Phonetically Spelled) approved, we really like it, and, 7 hey, if someone is recording that, I'm going to say it 8 again. We really liked that, but then if it's not 9 Co-Mathey approved, the question is kind of what are we 10 looking for, and it really hasn't been looked at for 11 many years, since the beginning of licensure. 12 So we're looking at that and excited about 13 the possibility of that for a lot of different reasons. 14 I think that's what we did, and we discussed conversion 15 therapy, of which we're going to get to, yeah. 16 CHAIRMAN POLOVICK: Excellent. Next 17 meeting, how many months in a year coming up. 18 BOARD MEMBER KNERR: There's 24 months in 19 two years, yes. And I just want to say, again, we're 20 very excited to have John at the table. 21 CHAIRMAN POLOVICK: All right. Thanks, 22 Charlie. 23 We will hear from Terri and our counselor 24 friends. 25 BOARD MEMBER HAMM: Yes, we were also very</p>
15	<p>1 We discussed an hour yet, again, and how 2 many minutes are in an hour. And in terms of client 3 contact there are 60 minutes in an hour, and in terms of 4 supervision hours there's also 60 minutes in an hour. 5 And if we say that there's 45 minutes in a client 6 contact hour, that just reduced a thousand hours of fine 7 contact down to 750, take away 25 percent. 8 So the question was whether we need to add 9 to a rule -- to our rules that an hour is 60 minutes for 10 the purpose of those two things, and we decided that 11 most people know an hour is 60 minutes. We might have a 12 frequently asked question like on the website, or, 13 again, we might ask her to write an article on how 14 there's 60 minutes in an hour, but nonetheless we've 15 spent time on that. 16 We did have some correspondence. We had 17 three Goldman reviews, and I'm not sure how to word what 18 we did with them. We denied them, we voted -- I mean 19 how do I say that? 20 DEPUTY DIRECTOR HEGARTY: I think you 21 reviewed previously denied applications, and reconfirmed 22 the original denials by committee. 23 BOARD MEMBER KNERR: Exactly. We did it 24 three times. We looked at two exam requests and granted 25 one and denied one; we looked at -- now help me out,</p>	17	<p>1 busy these last few days. We licensed 55 LPCs and 48 2 LPCCs; we closed investigation cases, we closed six; we 3 had one Goldman review, and three consent agreement that 4 we approved. 5 We also had three correspondence letters, 6 one was around needing some remediation for a failed 7 exam and the other two requests were asking for -- to do 8 all of their CEUs on-line. So our rule states that 15 9 is the limit for on-line CEUs, so those were denied. 10 We also did three remediation plans, also 11 around taking -- taking the exam. Again, we had a few 12 individuals that failed one of the two exams that we 13 require, and so we looked at their information and 14 okayed their plan to study and to retake those exams. 15 We also talked about the 60 minutes, and we 16 concur with the MFTs, that there are 60 minutes in an 17 hour, and there are also 12 months in a year. We also 18 decided that most of our licensees also know this, and 19 instead of a rule we decided that what would be helpful 20 is to defer this to our clinical supervisors, because we 21 felt that the clinical supervisors could handle that 22 better on site. 23 We also talked about the music therapy, and 24 we are also willing to discuss a bachelor level license 25 for these individuals, and for any expressive therapy</p>

18	<p>1 we're willing to discuss the bachelor level license. 2 And we also talked about the conversion therapy, which 3 we'll get to in a little bit. 4 CHAIRMAN POLOVICK: Thanks, Terri. 5 Any questions for Terri or the counselors? 6 All right. Move us into our standing 7 committees, starting with the Executive Committee 8 report, and it's déjà vu, because I think every meeting 9 we beat some of the same issues to death after hearing 10 them in the respective committee, and then individual 11 committees, and then we re-tap them here. 12 So I'll invite anybody to jump in on any 13 particular issue. Some of the things that we talked 14 about were Medicaid reimbursement, which is moving to 85 15 -- 85 percent, and then possibly down the road you could 16 see a full reimbursement, 100 percent, but that's 17 opening doors for practitioners and patients alike. 18 We also discussed the music, and expressive 19 art therapy, and whether or not this is something we 20 would like to embrace or get started, and get some kind 21 of plan sequence just in case the music -- music 22 therapists do or do not go to the Medical Board, what 23 would that mean for the remaining art therapies, still 24 trying to find a home. 25 So it's good to hear Terri saying something</p>	20
19	<p>1 about beginning that in the committee, you know, about 2 what -- where they could start there. 3 Anybody else have an extended kind of 4 dialogue about that committee or some thoughts? I know 5 that we talked about the possibility of registration 6 versus full licensure. 7 BOARD MEMBER KNERR: We didn't talk much 8 about it, except to say that it makes sense to talk 9 about it. Really we didn't have time, but it seems like 10 our folks, our licensees work with these folks often, 11 and often end up supervising them, and it makes sense 12 that we would discuss that. 13 CHAIRMAN POLOVICK: Let's see. We discussed 14 moving the Board meeting, as mentioned earlier. We 15 talked about our differences in time, minutes versus 16 hours, which was interesting, because it was a hard -- 17 it was a hard problem for me to understand, because I 18 didn't realize that we were looking at it from 19 supervisory and not billing, because I think those have 20 kind of been two different animals and we all bill, so 21 we know that, you know, if you have a 50 minute hour and 22 you bill, you have a 50 minute session and you bill an 23 hour, you know, that's one thing. 24 Now, you document it, what would Medicaid 25 reimburse you for, so they were kind of two different</p>	21

22	<p>1 property, so to speak. At this point you're not allowed 2 to do that, you're only allowed to really use the CEUs, 3 use things that you've developed yourself. 4 And then the last thing was under the 5 renewal -- the renewal, Ronda reported that the inactive 6 license has been a very -- has been received very 7 positively. I think the number was 170 -- 170 inactive 8 licenses, and another 35 people who have indicated that 9 they were -- they would seek the inactive status out 10 down the road. So sounds like a good validation for 11 this Board, that was a well received positive thing. 12 CHAIRMAN POLOVICK: I wanted to ask about 13 the C.E. Broker. Probably many of us remember when they 14 were here last year and they did their presentation, and 15 there's a lot of companies out there like them. ASWB 16 has some kind of bank -- Doug? 17 AUDIENCE MEMBER: Yeah. 18 CHAIRMAN POLOVICK: Do you know what that's 19 called; what ASWB has? They do it for free. 20 AUDIENCE MEMBER: Yeah, they have a registry 21 where you can kind of deposit your CEUs, your supervised 22 experience, your exam scores. 23 CHAIRMAN POLOVICK: And continuing ed. 24 AUDIENCE MEMBER: And continuing ed, yeah. 25 CHAIRMAN POLOVICK: Yeah, and I don't know</p>	24
23	<p>1 that that's exclusively social workers, but ASWB does 2 it, it's free, I think, if you register for it. I think 3 the C.E. Broker, do you know if there are some other 4 boards that are using it already? 5 EXECUTIVE DIRECTOR CARNAHAN: Well, here in 6 Ohio two boards are using it, Chemical Dependency and 7 Speech, and we -- the concept is that -- that Paul and I 8 are proposing it as a pilot. We wouldn't mandate its 9 use, but would, you know, make it available to licensees 10 to see, you know, how many choose to use it; how 11 effective it is for both their recordkeeping, our 12 audits. You know, I think on a pilot basis their C.E. 13 Broker is willing to do it. 14 There are no cost risks for us in doing it 15 and participation on the part of our licensees at this 16 point would be -- would be voluntary. I don't know 17 whether Chemical Dependency and Speech Pathology have 18 mandated its use. 19 Paula, do you know? 20 MS. BROOME: It's not in the law for Speech, 21 but it may be for Chemical Dependency, but it is also 22 free for our licensees. They don't have to pay 23 anything. The Board doesn't have to pay anything. 24 EXECUTIVE DIRECTOR CARNAHAN: They only pay 25 a charge when --</p>	25

<p style="text-align: right;">26</p> <p>1 you know, one renewal to utilize the features in that 2 system. 3 I think there are probably -- we won't know 4 until we start using C.E. Broker that we may have 5 licensees who are using it now just because they can 6 access continuing education programs through C.E. 7 Broker. 8 So there may be many who already have 9 accounts, and I don't know, Paula, whether the 10 accounting section with C.E. Broker has any idea how 11 many of our licensees might be using it just as a means 12 of tracking their continuing education. 13 MS. BROOME: There are a few that are using 14 it, because they're licensed in Florida. So in Florida 15 it's required, but there's -- I received only one e-mail 16 from a licensee that suggested we use C.E. Broker, but 17 it's just a convenience for the licensee. 18 It's also a convenience for me personally, 19 but it will allow us to audit more licensees by just 20 saying complete your -- upload your CEUs to C.E. Broker, 21 and then you will not be audited in your next renewal. 22 We're going to get a lot more people than we would, if 23 we just audited 10 or 20 percent. 24 We're still going to audit 10 or 20 percent 25 of the people that decide not to upload to C.E. Broker.</p>	<p style="text-align: right;">28</p> <p>1 students from Switzerland, from Zurich, would be 2 possibly able to come at the same time to discuss their 3 experience. 4 And what was so interesting about their 5 experiences was there's a significantly low level of 6 mental health stigma in Zurich, in Switzerland, as well 7 as their value of work and worker, as well as they have 8 a different regulation and law system. 9 So we all thought that was a very 10 interesting idea to be able to perspectiviate, to maybe 11 think differently about how other individuals do it, as 12 well as kind of a question and answer format. 13 Possibly even the idea of later on in the 14 afternoon discussing an evaluation of data with regards 15 to university data, as well as the individual board 16 member data. 17 There was also the idea of a discussion 18 about future meetings, not necessarily in July, but in 19 the future of having a one hour type of training session 20 where we would, instead of going somewhere, maybe bring 21 someone in, and topics such as electronic delivery of 22 services, portability, ethics, technology and how those 23 things impact what we do as a Board, so. 24 BOARD MEMBER MICHEL: Great summary. 25 CHAIRMAN POLOVICK: And new ideas too, which</p>
<p style="text-align: right;">27</p> <p>1 So we're going to get people that are just turning their 2 CEUs in, so they don't have to worry about this audit 3 that's coming up. I think that's going to be a plus. 4 And then we can find out how many people really 5 understand how to renew their license and how to 6 complete an audit. 7 CHAIRMAN POLOVICK: All right. Anymore 8 questions for the C.E. Committee or anyone? 9 We'll go to the Planning Committee then and 10 the Planning Committee, is this new; it is, right? 11 EXECUTIVE DIRECTOR CARNAHAN: Yes, yes, and 12 I don't know who the -- 13 BOARD MEMBER PAYLO: I can report on it. It 14 was my first meeting, and so the review of the history 15 of the Planning Committee was interesting as well. 16 I guess in the past there have been things 17 like retreats, site visits, survey evaluations, and the 18 aim was to kind of have a direction for the future year, 19 as well as to have -- highlight significant topics for 20 discussion, as well as evaluations of different sorts. 21 So there was a brainstorming process that 22 went on for a bit, and a lot of topics and ideas were 23 discussed, as well as one idea that got a lot of 24 momentum. An idea that Carl had proposed about -- with 25 the course that he teaches in conjunction with some</p>	<p style="text-align: right;">29</p> <p>1 kind of need to take a -- the idea that we're going to 2 do a retreat every year, I think we get kind of stumped 3 as to whether to going off-site or stay in, and it got 4 kind of stale there for a while. So it's good to hear 5 that fresh faces, fresh ideas in terms of what more we 6 can do. 7 All right. We will go to new business, 8 Brian, looks like you. 9 EXECUTIVE DIRECTOR CARNAHAN: Yes, and this 10 is really just inserted for informational purposes. The 11 summary of proposed rule changes that come from both 12 committee meetings and some staff suggestions was 13 included, and I've already received some feedback. 14 My goal is to have all of the proposed rules 15 formally approved in July, and then we'll file them 16 then. 17 We do have, I think, for the most part there 18 is clean up. I don't think that any of the rule changes 19 we're proposing, at least in the summary you received, 20 are, you know, such a critical nature that we have to 21 move forward immediately. 22 In any case, the rule filing process, unless 23 you have a -- have a true emergency takes, you know, 24 months to accomplish, and it sounds like we may have 25 some things from the MFT Committee that we would want to</p>

30	<p>1 contemplate having on the agenda for July. So that's 2 the plan. 3 I've expressed to staff, and I think some of 4 the board members, I would personally like to recommend 5 we try and consolidate our rule filings to once, or 6 maybe twice a year, unless we have a real problem. I 7 think it helps for communicating the laws and rules. 8 When Bill and Tammy do ethnics trainings to 9 have a fairly concise approach and it gives us also time 10 to consider, you know, the implications of the changes 11 we're making, because I think we -- we see some 12 discrepancies across the committees where it's difficult 13 to see, you know, one committee changes one thing, and 14 another doesn't. 15 And related to that Margaret Ann is going to 16 be starting a review of all of the rules really to sort 17 of outline where we -- where things are parallel and 18 where they're not, and with the idea of looking at, you 19 know, whether we do want to change some of those things 20 or whether they're really the way they have to be, 21 continuing education requirements, supervision and so 22 forth. 23 Given the great similarity between the 24 scopes of practice there may be some reasons that we 25 might want to seek to align some things a little better.</p>	32	<p>1 Charlie had asked if Melissa Wilburn would review it, 2 Melissa did and didn't express any major concerns. 3 I did tweak a few minor aspects of the 4 policy to reflect the fact that any use of personal 5 computers could subject the employee to a potential 6 search for -- a search for criminal or related 7 investigations, or could open it up for public records 8 requests as well. 9 But we -- I think the way that -- one way 10 that we can mitigate that here at the Board is that the 11 majority of the staff, those of you who sat in the 12 counselor conference room this month saw we have laptops 13 for the majority of the staff that we'll be getting up 14 and running after we move to the Riffe. 15 The computers we have now are four, five, 16 six years old, and so we had an opportunity to buy some. 17 So that should eliminate the need for someone to use 18 their home computer, if they telework or access the 19 network remotely and do any work. 20 So the policy was included in the Board 21 packet and isn't significantly different from what you 22 saw in March. 23 CHAIRMAN POLOVICK: Are there any highlights 24 in this; anything that we would find particularly 25 interesting?</p>
31	<p>1 I think particularly with some of those 2 programs where, university programs particularly, it 3 came out when we were at Akron where they have MFTs and 4 counselors, they're kind of comparing things and we 5 always notice other people look at what other people can 6 do, so they immediately say, well, wait, social workers 7 can get all 30 of their CEUs on-line. 8 So that's a project that will be a little 9 more long-term and probably won't impact a rule filing 10 after this July, but it's something that I think we're 11 interested, at a staff level, in doing, just because 12 we're the ones fielding a lot of those questions, and 13 Ray Lund (Phonetically Spelled) does a great job 14 answering these questions, and I'm sure he would 15 appreciate being able to give some consistent answers 16 sometimes on some of these issues, so -- 17 BOARD MEMBER KNERR: Sixty minutes is an 18 hour. 19 EXECUTIVE DIRECTOR CARNAHAN: I think he's 20 good on those things. 21 CHAIRMAN POLOVICK: All right. Any 22 questions regarding any of the administrative code 23 rules? If not, Brian has a telework policy drafted. 24 EXECUTIVE DIRECTOR CARNAHAN: Yes, and this 25 is the policy that you saw in March, and I believe</p>	33	<p>1 EXECUTIVE DIRECTOR CARNAHAN: No. 2 CHAIRMAN POLOVICK: I can't help but think a 3 few years ago, I think everybody remembers the intern 4 who had the computer taken out of their car, and 5 everybody ended up with some kind of protection for five 6 years. 7 EXECUTIVE DIRECTOR CARNAHAN: Yes. I mean 8 certainly the policy does indicate that you have to 9 protect all personal information for our -- for our 10 licensees. And the laptop really, if someone -- there 11 really should, even on our current PCs really should 12 never be any -- any private personal information on the 13 hard drive of the personal computer. It should all be 14 stored to the secured network or locked up, if it's a 15 hard copy file. 16 So if someone were to take a laptop or files 17 home they would be expected to properly secure them, and 18 they could be at -- you know, personally liable, if 19 something is stolen. But I think that the vast majority 20 of the work that's now being done on-line, and gets into 21 the current licensing system, and e-mail and so forth, 22 so it should be -- should be okay. 23 CHAIRMAN POLOVICK: Is there any training 24 that's supposed to come with this anticipated? 25 EXECUTIVE DIRECTOR CARNAHAN: No. I don't</p>

34	<p>1 think there would be any that would really be necessary. 2 We'll have to do a little bit about logging into the 3 network remotely when that's set up. The policy does 4 give me and Bill a great deal of authority to approve 5 who is or is not teleworking, and for how long. 6 So I think it is important to make it clear 7 that it's not intended to have someone working at home, 8 you know, four days a week. This would be, you know, 9 maybe one or two days a week, or would be on a project 10 by project basis. 11 You know, for example, comparing the laws 12 and rules project that I described Margaret Ann 13 undertaking, maybe that's something that she would do at 14 home as a telework project, as opposed to just getting a 15 bunch of regular work done. So this isn't, you know, an 16 effort to sort of out-station any of the staff. 17 There's enough give and take on a daily 18 basis that -- I mean we wouldn't be able to function 19 well if everyone were working remotely, and on top of 20 that I don't think everyone is interested in doing that. 21 I think one of the things that you -- you have to be 22 very self-aware and know yourself pretty well, if you're 23 going to telework. 24 And I've had a couple of staff say there's 25 no way I could be working at home, there are just too</p>	36	<p>1 All right. Then we've adopted our new 2 telework policy. It's no longer a draft. 3 BOARD MEMBER KNERR: Thank you for looking 4 at that, Melissa. 5 MS. WILBURN: You're welcome. 6 CHAIRMAN POLOVICK: Brian and I did go to 7 ASWB, the annual meeting, spring meeting out in Seattle, 8 Washington. The theme of mobility, mobility as in 9 reciprocity, making your license more flexible than just 10 the jurisdiction where you live. They had all kinds of 11 examples of that, and different break out sessions and 12 training. 13 We also had a special -- special guest, Jim 14 Ruff (Phonetically Spelled) attended, he came. So it 15 was kind of neat to see the generations of executive 16 directors there. I think in all -- I'll let Brian talk 17 about his experience there. 18 My highlight was probably hearing Frederic 19 Reamer (Phonetically Spelled), who is the ethics guru. 20 He probably wrote your ethics textbook back when you 21 were in school. He's been working on a committee there 22 to develop ethics with regard to technology, and the use 23 of technology. 24 His training was very good and they just 25 seem to, you know, turned every corner and looked under</p>
35	<p>1 many distractions. So that's sort of the first line of 2 defense in a proper policy, is people acknowledge the 3 draw of the TV or the garden, or whatever is going to be 4 too much for them. 5 CHAIRMAN POLOVICK: All right. Other 6 questions or comments? 7 BOARD MEMBER KNERR: It addresses lack of 8 privacy too, it does, so I'm making a statement, 9 confidentiality in staff people, like they wouldn't have 10 that at home either, not just distractions. 11 CHAIRMAN POLOVICK: Brian and I attended 12 ASWB -- 13 EXECUTIVE DIRECTOR CARNAHAN: If you 14 wouldn't mind making a motion to approve -- 15 CHAIRMAN POLOVICK: We're going to accept 16 this. 17 BOARD MEMBER KNERR: I'm glad to make the 18 motion to accept this policy for teleworking for the 19 staff of the Counselors, Social Worker and MFT Boards. 20 BOARD MEMBER MICHEL: Second. 21 CHAIRMAN POLOVICK: Any additional 22 conversation? Those in favor? 23 (Thereupon all Board Members voted 24 affirmatively.) 25 Any opposed?</p>	37	<p>1 every rock, and they, of course, a year ago came up with 2 the model for using technology. 3 What did you like, Brian? 4 EXECUTIVE DIRECTOR CARNAHAN: Well, I think 5 it was obvious to me that if we're going to have 6 reciprocity we'll have to -- if Ohio social workers are 7 going to be able to move to other states and easily 8 obtain a license, we may have to explore the possibility 9 of changing how we license here. 10 There are -- they said depending on how you 11 look at it, there are 45 to 55 different license types 12 nationwide, and some of that is just additional 13 designations for supervisor, or I think some of them 14 were clinical supervisor. 15 So it -- I think it would be very -- I won't 16 say very easy, it would be easier for an Ohio social 17 worker to potentially go to another state and get a 18 license, than it would be for someone -- or it would be 19 easier for someone else to come here than for ours to go 20 elsewhere, and that could pose a long-term challenge 21 with the way we're structured. 22 ASWB certainly pushes their, you know, 23 bachelor's, master's, advanced generals and clinical 24 sort of approach. You know, whether that's the right 25 way or not, I think we'll be challenged to review that.</p>

38	<p>1 ASWB's goal is to have something in place in roughly two 2 years, which seems wildly optimistic given where things 3 stand now. 4 I mean I think they have a goal of 2017, 5 well, that's really only, you know, a year and a half to 6 put something in place, and I think there's a lot more 7 work to be done. I think we may have a better 8 opportunity, if we engaged the states around us, and I 9 think that's where we'll probably start. 10 For example, with -- it is with the 11 counselors, not the social workers, but I think we'll be 12 asked over the coming years to look at this for all of 13 the licensees. We're -- we've been having some informal 14 discussions with Kentucky about a reciprocity agreement. 15 What facilitates that is they're moving to K. Craff 16 (Phonetically Spelled), so we know -- we'll have a 17 better sense of what their standards are. 18 I think there's a little more consistency 19 maybe with some of the social work education, so it 20 might be a little easier to do something along those 21 lines with some of our neighbors. But, you know, none 22 of that is -- there are no proposals, nothing is in 23 place yet, and, of course, we'll be having lots of 24 discussions before we move in that direction, but it 25 does seem like an issue that we're -- we won't be able</p>	40	
39	<p>1 to hide from it once it starts, so we're going to have 2 to be prepared for how we want to address it. 3 CHAIRMAN POLOVICK: Some of the stuff has 4 been around for a while. You know, the ability to do 5 therapy across state lines, but they were giving 6 examples. 7 You know the amount of therapy, tele-therapy 8 and on-line therapy that's being done today, and the 9 jurisdiction, you know, where the client or the 10 practitioner, neither one of them is in their home 11 state, you know, and they're in a totally different 12 state practicing. 13 It creates some interesting dilemma, in 14 terms of who's accountable and who can complain, who 15 hears the complaint. 16 What else, I think it's more than 55 types 17 of licenses. Doug, didn't we count them up once, the 18 number of different clinical licenses; wasn't it a three 19 digit number? 20 MR. WARNER: What I've always heard is that 21 there are over 50 different licensing types for social 22 work in this country for those four levels of -- 23 licensure levels for the bachelor's, the master's, the 24 clinical, and the administrator. Some states will call 25 it LCSW, some states will call it an LICSW, but we call</p>	<p>1 it LISW, so it's those kinds of things. 2 BOARD MEMBER KNERR: Currently you see a 3 problem with our licensees moving, meaning that the 4 standard in our state is not as high as it is in the 5 other states; is that what you're saying? 6 EXECUTIVE DIRECTOR CARNAHAN: Well, I'm not 7 sure that our standard isn't as high. It's that we 8 allow -- you could be licensed as an LISW by taking the 9 advanced generalist or the clinical exam. So if you had 10 someone that took the advanced generalist exam and wants 11 to move to another state, depending on what exam they 12 require they might be -- they might have to take another 13 exam, or they're really -- or they may have and end up 14 with, you know, basically like a master's level license, 15 instead of an independent license. 16 So I think there are those issues separating 17 out, you know, the clinical aspect I think is the -- we 18 sort of view everyone as -- you know, and then expect 19 for them to do certain things, they'll have developed 20 that competency, whereas in the other states, there's -- 21 BOARD MEMBER KNERR: -- Because there's a 22 division between administrative and clinical? 23 EXECUTIVE DIRECTOR CARNAHAN: In some 24 cases, 25 not all, but in some. So I think that is where it could be kind of challenging for current Ohio licensees.</p>	41

<p style="text-align: right;">42</p> <p>1 I think that's all you're talking about 2 today, right, Danielle? 3 MS. SMITH: Yeah. 4 CHAIRMAN POLOVICK: Okay. The floor is 5 yours. 6 MS. WILBURN: Danielle, why don't you take 7 my spot. 8 MS. SMITH: Okay. 9 MS. WILBURN: The court reporter will be 10 able to hear you and everybody can see. 11 MS. SMITH: Hi, everyone. My name is 12 Danielle Smith. I'm the Executive Director of the Ohio 13 Chapter of the National Association of Social Workers. 14 As you all know from the last Board meeting, and 15 yesterday and today, we're actively looking at the issue 16 of conversion therapy. 17 After I say that, that's the last time I'm 18 going to call it conversion therapy, because I don't 19 like the idea that we're even thinking about this as a 20 therapeutic technique. 21 I'm going to refer to it as a sexual 22 orientation change effort, but that's what we're 23 referring to, what we've been talking about for this 24 time. And when I say sexual orientation, the way the 25 community is interpreting sexual orientation is to also</p>	<p style="text-align: right;">44</p> <p>1 administrative and kind of bureaucracy things that get 2 in the way of maybe doing what we all feel is right, but 3 I urge us to think of creative solutions and to think 4 and to really push ourselves to do whatever we possibly 5 can to protect our children in Ohio. 6 So the first thing I just want you to do is 7 to commend yourselves for looking at this, and to build 8 awareness on it. Really everything I'm going to talk 9 about, as far as what I think the Board should do is 10 built of a foundation of awareness. That everyone 11 understands that this not a therapy, that it's not 12 beneficial, and, in fact, it's very harmful. 13 Children who are forced to go to this are 14 eight times more likely to commit suicide than LGBT 15 children who are not forced to go. 16 So the first thing is, is what I mentioned 17 earlier, that it's not a therapy, and we should all get 18 away from calling it that, because I know there were 19 some concerns amongst Board members that this would 20 limit practitioners from talking about positive or 21 negative feelings about sexual orientation or gender 22 identity, and that is not at all what it does. 23 These change efforts are what we would think 24 of as brainwashing. Literally there are people who have 25 been forced to look at images, and then shocked with</p>
<p style="text-align: right;">43</p> <p>1 include gender identity and gender expression, so that's 2 sort of a catch-all term. 3 So first I want to just share a personal 4 note about this. You all probably saw the horrific news 5 of Leela Alcorn who committed suicide in December of 6 last year. And in her suicide note she specifically 7 mentioned that one of the reasons she chose this for 8 herself was that her parents were forcing her to go to 9 sexual orientation change effort through a religious 10 institution. 11 And the reason that's a personal thing is 12 the NASW president elect, our president elect, Annie 13 Davis was this family's next door neighbor. So her kids 14 were friends with Leela, spent time -- Leela spent time 15 at their house and our president, Annie, shared just the 16 horrendous things that happened to Leela. The isolation 17 and the forced treatment with the sexual orientation 18 change effort. 19 So I've seen what this does to people, that 20 she decided that it would be better to step out in front 21 of a semi on 71 than be forced to go to this therapy 22 anymore, or go and live in her parent's household. 23 Since her death a trans-teenager has killed 24 themselves every week in 2015. I know, and I'm going to 25 talk about this later, that we have a lot of</p>	<p style="text-align: right;">45</p> <p>1 electricity. Kind of like the rubber band flipping to 2 create an aversion to images they're seeing, behavior 3 changes. 4 Brian mentioned he saw one method advised, 5 people would not go to the art museum or the symphony, 6 because that is a stereotypical gay behavior, and that 7 they should avoid doing those things. 8 In just a second I'm going to introduce 9 Josh, and Josh is a little bit different than what we're 10 talking about, because we're talking about efforts to 11 ban this for children, and then also within our 12 professional community, but he went to this type of 13 treatment and is going to share that experience with 14 you. 15 Just some things to keep in mind, the DSM 16 took out homosexuality as a mental illness in 1973. So 17 there's been really a horrific history, I think, of our 18 profession doing the wrong thing for a long time up till 19 '73 of saying this is a mental illness. And I think we 20 have to be out in front and say we don't believe that 21 and it's wrong to tell people that it is immoral or 22 inappropriate to identify as LGBT. And I'm sure you've 23 all seen the statistics that it is harmful. 24 It's very hard to find any evidence that 25 it's effective or doesn't cause damage. There are some</p>

<p style="text-align: right;">46</p> <p>1 pseudo organizations that are out there that might 2 promulgate that information, but most credible 3 researchers have found that it is not effective, and is 4 harmful. 5 So I'm going to have Josh come up here to 6 share his personal experience, and then I'll come up and 7 talk about some things I would like to see. 8 MR. CULBERTSON: Thank you, Danielle. My 9 name is Josh Culbertson. Last name is, 10 C-U-L-B-E-R-T-S-O-N. 11 So growing up in rural southeastern Ohio I 12 carried a lot of shame and a lot of guilt associated 13 with -- with being gay. I didn't always necessarily 14 have the terminology, but I knew I was different from a 15 very young age. I knew that I was attracted to members 16 of the same sex. 17 When I was at the age of 20 I began 18 attending a conservative non-denominational church in 19 Zanesville. I went to the pastor of that church and 20 confessed to him that I was gay. He assured me that God 21 could help me and that through prayer, and, you know, 22 focus, thought and what not that I could be remedied of 23 my same sex attractions, and so that kind of started my 24 journey. 25 Now, the difference between my experience</p>	<p style="text-align: right;">48</p> <p>1 change someone's sexual orientation. 2 So in order to do that I began attending an 3 ex-gay ministry here in Columbus, because that's the 4 closest that I could find one to Zanesville. So on 5 Sunday night I would drive up here and I would 6 participant in the group that was at the church. 7 The stuff -- the -- you know, and I came 8 into this experience as someone who's -- who thinks that 9 they're having victory in their own life, and thinks 10 that they're making strides towards changing their 11 sexual orientation. You know, I was going on dates with 12 women. I thought that I was moving in the direction 13 that I needed to, and the men that I encountered in that 14 group, their lives -- the best word that I can describe, 15 they were just broken. 16 They were in a position that I thought I 17 wanted to be in. Many of them were married, fathers of 18 children. One poor soul in the group was a man in his 19 40s who had never acted out sexually with another human 20 being in his life, because he couldn't bring himself to 21 accept the fact that he was gay, and he couldn't bring 22 himself to be with a women either. 23 And, you know, many of their marriages were 24 in disarray. They were having relationships with men 25 outside of the context of their marriage without the</p>
<p style="text-align: right;">47</p> <p>1 and the experience of someone like Leela is I entered 2 this process when I was 20 years old and continued on 3 that journey until the age of 33. 4 I -- what ended up breaking me out of that 5 mindset was I actually made an effort to begin -- and 6 it's also important to understand, as Danielle 7 indicated, that none of my experiences happened within 8 in the context of -- you know, I never sat with a 9 licensed social worker, I never sat with a licensed 10 counselor, I never sat with a psychologist, I never sat 11 with anyone with any kind of professional capacity who 12 had any kind of actual training in mental health issues 13 or anything like that. 14 So I decided that I was going to try to make 15 an effort to start an ex-gay ministry in Zanesville, so 16 that I could help free others from their unwanted same 17 sex attractions. And so to do that I reached out to the 18 umbrella group that a lot of these groups operated under 19 at the time, which is a group called Exodus 20 International. 21 I don't know if that's a term that's 22 familiar to you all or not. Exodus is, of course, since 23 now defunct, and on their way out also admitted that 24 there's nothing -- there's no scientific evidence to 25 support their efforts, and that it is not possible to</p>	<p style="text-align: right;">49</p> <p>1 knowledge of their wife, and some of them were in danger 2 of losing their children, and I just saw hurt and 3 dysfunction in all of their lives. 4 And in comparison, I also had at about the 5 time reconnected with a couple of friends, one a former 6 high school classmate and one a former co-worker, both 7 of which had gotten married, had -- you know, each had 8 had a son and a daughter with their wife, but they also 9 had come to the realization that they were gay and that 10 that wasn't going to change, and they had those honest 11 hard conversations with their wife, and I was looking at 12 their lives after that time. 13 And they had wonderful new partners in their 14 lives, they were amazing fathers, and they had great 15 relationships with their ex-wives, and I'm looking at 16 that, and I'm seeing, you know, how healthy that that 17 honesty had been for them. 18 And I'm looking at the men inside this group 19 and I'm just thinking this can't be what we're supposed 20 to be doing. You know, within a religious context I was 21 thinking this can't be what God wants for us. 22 So the moment that finally broke me was one 23 night, because we would come together, and then we would 24 go around the table and each man would be expected to 25 confess and speak to how his sexual brokenness had</p>

<p style="text-align: right;">50</p> <p>1 manifested itself that week, and when it came to be one 2 of the men's turn to share he broke down in tears, began 3 sobbing, he could not -- you know, it took him some time 4 before he was able to speak. 5 And when he was finally able to share with 6 us what had him so upset, the event that he was so upset 7 about was that he and his wife had been intimate earlier 8 that week, which, of course, you know, from the 9 standpoint of those of us in the group it seems like 10 that should be a good thing, but the reason he was so 11 upset was because he wasn't able to be sexually intimate 12 with her without fanaticizing about a man. 13 And so in that moment it very much stopped 14 being about whether or not it was right or wrong to be 15 gay, whether or not it was acceptable within the eyes of 16 God to be gay, and it became about what is it to live a 17 life of honesty and integrity and to accept who I was. 18 So in that moment I was very broken. I 19 remember driving home in the car crying, I was praying. 20 I didn't know what that meant for me. I didn't know, if 21 I could still be a person of faith. I didn't know if I 22 could still be a Christian. I had no idea what the 23 world had for me. I just knew that I could no longer 24 continue on the course that I was. 25 Ultimately, you know, I have found peace</p>	<p style="text-align: right;">52</p> <p>1 governed by the activities of this -- of this group, I 2 still think that any, you know, professional group that 3 comes out condemning this is going to have an impact and 4 people are going to hear that voice and I think that 5 this is a practice that needs to not happen, 6 particularly against minors. Thank you. 7 CHAIRMAN POLOVICK: Thank you. As Josh 8 steps away, does anybody have any follow-up questions 9 for Josh while we still kind of have him here talking? 10 Okay. Danielle. 11 MS. SMITH: I do have a story just, you 12 know, obviously we're only talking about minors. I 13 found this, a 12 year old that was sent -- I'm just 14 going to read it. 15 A 12 year old was sent to a therapist who is 16 told that he would cure Sam of being gay. His family 17 and this therapist told Sam all gay people had AIDS and 18 that God abandoned him. Sam was completely isolated and 19 was locked in his room when he wasn't in therapy. 20 At first the therapist strapped Sam's hands 21 to a table, placed ice on his palms and showed Sam 22 pictures of two men holding hands. One of the 23 therapists used copper heating coils, which were wrapped 24 around his hands burning hot and showed him pictures of 25 male couples, but then didn't show it for pictures of</p>
<p style="text-align: right;">51</p> <p>1 with my faith and my sexuality. I'm currently a student 2 pursuing a Master's in Counseling at Methodist 3 Theological School in Ohio with its campus in Delaware, 4 and hoping to be able to put myself in a position where 5 I will be able to help others that are conflicted with 6 regards to their own faith perspectives and also their 7 own identity in terms of sexual orientation and gender 8 identity. So that's kind of what brings me to this 9 work. 10 Also very -- you know, felt a deep 11 connection with Leela's story. You know, I can't 12 imagine -- I imagine my life would have been very 13 different had I come out to my parents at that young 14 age. I have, you know, a very vivid memory at the age 15 of 14 of my father telling me that if he ever found out 16 that either of his sons were gay that he would kill 17 them. 18 So I can only imagine, you know, the efforts 19 and the treatments that I would have been subjected to 20 had I come out to them at that age, but I think that no 21 one should be forced into this type of therapy against 22 their will. 23 And, again, I agree with Danielle, that it's 24 not therapy. It is brainwashing, and while the efforts 25 that I found myself being a part of would not be</p>	<p style="text-align: right;">53</p> <p>1 heterosexual couples. 2 After that the therapist started strapping 3 Sam to a chair and sticking needles with electrodes into 4 Sam's fingers, and following that therapy session Sam 5 attempted suicide for the first time. 6 I know we all like to think that this is not 7 our licensees, but in a very quick research project we 8 found at least one counselor in Cincinnati who was 9 openly advertising on their website that he performed 10 ex-gay therapy. And just some anecdotal information, we 11 have heard from our licensees who are performing this 12 type of change effort. 13 So really I see the licensing board as this 14 is our problem. It's the board's problem, it's NASW's 15 problem. I feel like it's my responsibility, it's all 16 of our responsibility, because I would be hard pressed 17 to think of something that's more a public protection 18 issue. 19 So I know, and I very much understand the 20 position that we're in as a board to do something 21 without the legislature taking that first step, but what 22 I'm urging you to do, and what I've tried to do, albeit 23 in my non-legal position is to think of different 24 solutions, to think what we do have the power to do, and 25 to take action on those, because unfortunately I don't</p>

<p style="text-align: right;">54</p> <p>1 think that the legislature is going to be quick to act 2 on passing Senate Bill 74 to make it -- to make us have 3 that statutory authority. 4 So I see us as having two responsibilities 5 to the public. The first is the preventative, that we 6 have to do something to stop people from doing it, and 7 not just rely on our investigation process. 8 The reason I believe that we don't see this, 9 and Bill has shared that he hasn't seen a case of it, is 10 because it's probably the best example of a type of 11 practice that's not one that's reported. 12 You know, the minor who is forced to go who 13 is unhappy with the service is not going to usually be 14 in a position to report, whether that's just lack of 15 knowledge, fear of reporting, whatever, and the parent 16 or the guardian is the one who's forcing them to go, so 17 they're not going to either. 18 And then I think within sort of the network 19 or the community that surrounds that person there's less 20 maybe friends who know about the process or who are 21 willing to go outside of what their community is telling 22 them about this practice to report, but certainly I 23 think that we should look at ways that we could maybe 24 strengthen the investigation process to make sure that 25 we're doing whatever we can to stop this.</p>	<p style="text-align: right;">56</p> <p>1 place, and that I would somehow in some cognitive way 2 start to move towards their way of thought. 3 You know, and there are things, you know, 4 like I said, I started dating women. You start to have 5 hope, you know, you get excited when you take a date 6 home and you kiss her goodnight at the door, but there's 7 never any drive within you to take things beyond that. 8 There was never that sexual urge, and, you know, 9 pressure to move beyond that moment, and I think that 10 people are given this hope, and I think that that's very 11 misleading. 12 I believe that -- that it is, as Exodus 13 International acknowledges, possible to change people's 14 behaviors, but it's not possible to change who they are. 15 MS. SMITH: Yeah, I would say that behavior 16 change is probably the most common thing that's used. 17 It's also maybe more clear, if you think about someone 18 who is identifying as transgender, you know, telling 19 them that wearing clothes of the opposite sex is 20 inappropriate and that it's wrong and that you should 21 not wear those, or things that you're doing are wrong. 22 There's a big emphasis on it that it's not 23 -- because we do behavior change in all types of 24 therapy, but we're not so focused on saying things that 25 are wrong and that were wrong and immoral for doing</p>
<p style="text-align: right;">55</p> <p>1 So I have thought of those solutions and I'm 2 going to pause before I get to those to see if you all 3 have any questions about what this practice is, as it 4 compares to therapy, if you're open to those type of 5 suggestions, I have them, things the Board could do. 6 I'm interested in hearing them. 7 BOARD MEMBER MICHEL: You described some of 8 the physical things that were done in, you know, an 9 effort, right, a change effort. I think those are the 10 easiest ones to be repulsed by. 11 What are some of the more cognitive things 12 that happened in these types of sessions? And maybe, 13 Josh, you can speak to that from experience. 14 What are some -- you know, if we say 15 brainwashing, you know, we all probably have our own 16 idea of what brainwashing is, so I would like to hear an 17 example of, you know, what is this message that is 18 being -- 19 MR. CULBERTSON: Well, I kind of was smiling 20 inwardly when Danielle was speaking earlier, because I 21 will talk about some of the different behaviors people 22 engage in, because there was a point where I honestly 23 thought that if I watched enough football and went 24 golfing enough times with my male friends that there 25 would be some sort of male bonding that would take</p>	<p style="text-align: right;">57</p> <p>1 that, and that is really the foundation of a sexual 2 orientation change effort. 3 Is that the person is leading the incorrect 4 life and needs to change, whereas you can do affirmative 5 therapy with someone, even if they -- let's say they 6 aren't happy that they're identifying as gay, and you 7 could help them come up with positive things they could 8 do, or at least be affirming and not constantly 9 providing a message that the person is inherently wrong 10 or mentally ill or needs to be fixed. 11 BOARD MEMBER JUNGERS: I don't think that's 12 necessarily the case. I think that's a blanket 13 statement that is too general. There's a lot of people 14 who try to approach this issue who are trying to deal 15 with the difficulty of the struggle, who don't 16 communicate that the person is immoral or that there's 17 something that's lacking, the dignity of the person, and 18 I think that is a statement that should be approached 19 with caution, because I'm sure it's not -- not sure it's 20 the right thing for everybody, but any counselor or even 21 a non-licensed professional isn't necessarily 22 communicating a statement about a person's dignity. 23 MS. SMITH: And my response, sure, that's 24 sort of a generalized statement based on my 25 understanding, but I think what you're saying I would</p>

<p style="text-align: right;">58</p> <p>1 not then classify as a sexual orientation change effort, 2 but rather providing counseling. 3 I'm talking about things that are much more 4 subversive than what you described. 5 BOARD MEMBER MCCLOUD: The physical 6 conversion that you described, was that in Ohio? 7 MS. SMITH: The example, no, it was not. 8 BOARD MEMBER MCCLOUD: Okay. The 9 practitioners, do we accept that for anything? I don't 10 know, you know, if that were used for anything I think 11 we would be sending Bill out in a heartbeat. 12 CHAIRMAN POLOVICK: So like modified 13 behavior? 14 BOARD MEMBER MCCLOUD: Yeah, for any reason, 15 are we putting hot copper wires to people's hands? 16 BOARD MEMBER KNERR: I can think of no 17 theory in the field of marriage and family therapy that 18 supports the practice of taking a hot copper wire and 19 touching a child with it. 20 BOARD MEMBER MCCLOUD: Or adults, I mean, 21 are we doing this to anybody? 22 CHAIRMAN POLOVICK: Well, there's a lot of 23 desensitization therapy that may not be a hot copper 24 wire, but for the child who can't bring himself to use 25 his bare hand to eat a french fry, you may go over a</p>	<p style="text-align: right;">60</p> <p>1 And, you know, when we talk about this, and 2 I feel like we're getting to this anyway, you know, 3 definitely I feel like in any of those cases, if a 4 referral or a complaint is made, of course, we would 5 investigate, but I just worry that it's just not in the 6 place for anyone to speak up and start this process. 7 BOARD MEMBER BRUN: I have a question about 8 a statement you made, you said you did some informal 9 research, that you actually -- tell me if I misquoted 10 you, said there were licensees, licensees, assuming 11 anyone with a license, who are performing this in Ohio 12 now? 13 MS. SMITH: We found in -- was it LPC or 14 LPCC? 15 AUDIENCE MEMBER: LPC. 16 MS. SMITH: LPC in Cincinnati that 17 specifically on their website listed ex-gay therapy. 18 The Southern Poverty Law Center found that and 19 identified that on their website. 20 BOARD MEMBER BRUN: Okay. One person? 21 MS. SMITH: Right, and to me, you know, even 22 if we didn't find that person, and even if there's 23 literally no licensees out there doing it, I would still 24 like us to do something, because, you know, we are the 25 experts.</p>
<p style="text-align: right;">59</p> <p>1 long period of time working with them on being able to 2 physically use their hands to eat a french fry or a 3 piece of apple, you know, and then not run to the sink 4 and scald their hands. 5 I don't even like comparing the two, but, 6 yeah, there are therapies that involve 7 desensitization -- 8 BOARD MEMBER MCCLOUD: -- Of the touch. 9 CHAIRMAN POLOVICK: -- Or emersion, facing 10 your fears. 11 BOARD MEMBER MCCLOUD: I just wanted to know 12 if we had for any reason, for any therapy a valid use 13 for putting a hot copper wire in somebody's hand. Okay. 14 MS. SMITH: That's a good point though, and 15 one I was originally thinking of before, because the 16 limitations of a rule came into place, that we need to 17 protect people from anything that involves this 18 principle. You know whether that's anything that's been 19 documented to cause death or an increased likelihood of 20 suicide. 21 I mean to me this is just one of those, and 22 unfortunately though there's not really any other of 23 those, except the only kind of more common one you hear 24 of is like the re-birthing therapy, where the child was 25 smothered when they use that.</p>	<p style="text-align: right;">61</p> <p>1 When a parent -- you know, say any of us are 2 the parent of a child who is coming out to us as either 3 gay or transgender, we're probably all going to struggle 4 with that. 5 We want them to reach out to people, reach 6 out to experts to ask for help, and we, as licensees, 7 are here working with integrity, with confidence and 8 have ethical standards and to answer their call for help 9 with this type of practice is just so wrong. 10 I mean we're not -- I'm not remotely asking 11 for any limitations on religious personnel. I'm just 12 saying that if you come to someone who's a social 13 workers, counselor or marriage and family therapist, we 14 can be assured in Ohio that they're not going to provide 15 this type of service or this type of change effort. 16 BOARD MEMBER BRUN: Can I just clarify my 17 reason for asking the question, it wasn't to state that 18 there's not a large number of people, it was to state 19 that there is a process right now to report a person 20 who's doing practices, so if we see, if there's somebody 21 practicing in a way on their website, that can be 22 reported now under the current law. 23 MS. SMITH: So gonna put you on the spot 24 here, and this is -- obviously I am not an investigator, 25 nor have I served on the Board, but this originally came</p>

<p style="text-align: right;">62</p> <p>1 up, this whole topic, because I was just so sad about 2 Leela and offhandedly mentioned if her suicide note 3 specifically mentioned a licensed social worker, that my 4 licensed social workers so and so, what would the 5 process be. 6 And the answer, and this is just off the 7 cuff, so we're not going to hold anybody to any sort of 8 answer like that, is, yeah, we would start it. We could 9 start a process if I did a complaint, but the parent, 10 the guardian would have to consent to releasing the 11 documentation to do an investigation. 12 And it seems like in order to require them 13 to do it you would have to do a subpoena request, and 14 those often are difficult to do, and then in the case of 15 just advertising like this counselor that's on-line, so 16 it seems like, okay, we could start a process. I'm just 17 listing it, but we don't even have a client name. 18 We can't even say give us all your records 19 on this client's name. So one of the things I was 20 suggesting is what if just advertising that you do that 21 leads to disciplinary, at least, investigation. That we 22 don't necessarily need to see your documentation where 23 you did it, but listing it on your website perhaps is 24 grounds for at least the Board to look into it. 25 BOARD MEMBER MCCLLOUD: At least an inquiry,</p>	<p style="text-align: right;">64</p> <p>1 the basis of race, ethnicity, national origin, color, 2 sex, sexual orientation, gender identity or expression, 3 age, marital status, political belief, religion, 4 immigration status or mental or physical disability. 5 Our rule now doesn't include gender identity 6 or expression. 7 I don't -- and according to, you know, 8 talking to Glenn Carr (Phonetically Spelled) about this, 9 I don't know that you could hold anyone accountable to 10 that, because it's pretty vague, but I think for more of 11 the preventative side of things, and from talking to 12 Brian about this, it's very difficult for the Board to 13 communicate to licensees that they shouldn't be doing 14 this, if they don't have the rule to back that up. 15 So you can't have a newsletter article that 16 comes out and says you're not to be doing sexual 17 orientation change effort, unless there's something to 18 back that up. 19 So at least my thought, and I don't know if 20 this is kosher or not, is that maybe something like that 21 provides that opportunity to provide the guidance 22 document or newsletter article to licensees. 23 MS. WILBURN: Would you please slow down. 24 MS. SMITH: Sorry? 25 MS. WILBURN: Slow down, because I can see</p>
<p style="text-align: right;">63</p> <p>1 I would think at least an inquiry on it. 2 MS. SMITH: And keep in mind, I mean all of 3 this is with minors. An adult, anyone over 18 can 4 choose and go to whoever they want. 5 So I have some suggestions that I came up 6 with based on the guidance from Melissa, these are all 7 just my ideas, so keep that in mind. 8 One thing is that when you talk to people 9 they assume that this is already an issue. That it's 10 already covered, that people know that they can't do 11 this. One of the sections to the rule, I doubt anybody 12 knows it by heart here, except maybe Doug, 13 4757-5-02(G)(1), and that is the discrimination rule. 14 And it sort of looks like it's maybe a 15 compilation of all of our associations Code of Ethics, 16 because I recognize some of the language from NASW, but 17 it's specific to discrimination, it just says 18 discrimination of those groups. 19 Perhaps, and I'm not asking for anything 20 today, just for the committees to consider it is what -- 21 we changed it to something more in line with what NASW's 22 Code of Ethics, and I'm sure the rest of your ethics 23 says -- for example, ours says social workers should act 24 to prevent and eliminate domination of, exploitation of, 25 and discrimination against any person, group or class on</p>	<p style="text-align: right;">65</p> <p>1 Teresa's fingers flying. 2 MS. SMITH: I'm sorry, I'm trying to. 3 MS. WILBURN: Yes, and what you're saying is 4 very important, we want to make sure she gets all of it 5 down. Okay. 6 MS. SMITH: Sorry. So the other thing that 7 I thought about was that we sort of, in a way, define 8 two types of therapies in our role. We have ones that 9 are research backed, evidence informed, which I'll go 10 for; and then we have this developing therapy type that 11 we have to provide information in our informed consent 12 policy about that lists how -- what the limitations of 13 that therapy are to the client, and the client signs off 14 and says, yes, I know this is an emerging type of 15 research. 16 And originally I sort of thought of that as 17 creating a loop hole for this type of practice to be 18 given, because if the parent signs off then they can go 19 forward and provide it, but the way I've been thinking 20 about it more recently is when we talk about this, the 21 research doesn't say it's developing, it's established 22 as ineffective. It's sort of the opposite of research 23 backed. 24 So in a way I'm thinking of this almost as a 25 third type of practice, and perhaps maybe even</p>

<p style="text-align: right;">66</p> <p>1 re-birthing technics need to be in this third group too, 2 as things that have been proven to cause an increase in 3 suicide or cause death. And so do we have basically a 4 process for handling this third type through our 5 investigation process. 6 Like if you type -- if you use any of these 7 third types that that would qualify for negligence 8 review or a claim of negligence by the investigative 9 process. And if not then perhaps that should be kind of 10 the avenue that practicing in that third group would go 11 down, that using it is negligent, because it causes 12 harm, and it's also been proven to be ineffective. 13 It was mentioned earlier today, New Jersey's 14 ban on sexual orientation change efforts, it's because 15 they found it to be consumer fraud. That therapists 16 were charging clients to do this and it's been found to 17 be ineffective. So they actually went more of a 18 consumer protection route with that, which is also true 19 in this case. 20 So the other thing that I had thought about 21 was basically -- and I don't know enough about this to 22 say this with a lot of confidence, but making sure that 23 if this enters -- if a claim like, for example, the 24 counselor I mentioned in Cincinnati, if we do a 25 complaint, if there's an easier process to do the</p>	<p style="text-align: right;">68</p> <p>1 that people have different opinions on, and, again, I'm 2 just urging you to continue this conversation, to look 3 at any creative processes that you have within your 4 authority to protect people, because this is a 5 protection issue. 6 We're talking about our children, children 7 who are forced to go to things that are telling them 8 that they're wrong, that are causing depression, that 9 are causing addiction issues, that are causing suicide 10 issues, and make sure that our most vulnerable people, 11 our children, are not coming to our licensees to be told 12 that they're wrong and that they should not be 13 identifying as LGBT. 14 So thank you for giving me the time, and for 15 taking all the time for the past several Board meetings 16 to discuss this. 17 CHAIRMAN POLOVICK: Thank you, Danielle, and 18 thank you, Josh. 19 MS. SMITH: I think he went to get his 20 meter. 21 CHAIRMAN POLOVICK: Are there questions or 22 anything anybody wants to discuss more on this topic 23 with Danielle, and then we'll move to Board discussion? 24 Yes. 25 BOARD MEMBER MCCLOUD: The first thing you</p>
<p style="text-align: right;">67</p> <p>1 investigation, that we figure out ways within the 2 Board's authority to make sure we can at least 3 investigate the issue and not -- like I mentioned 4 earlier, if the parents won't consent, but that doesn't 5 stop us from looking into the issue more thoroughly and 6 perhaps that's a directive from the Standards Committee. 7 I'm not sure, but just so we're making sure 8 that we investigate to our fullest potential with the 9 Board. 10 The last thing that I think many of you are 11 anxious to do, at least it sounds like our Social Work 12 Committee was anxious to do is to really put the Board's 13 firm support behind Senate Bill 74 or perhaps even like 14 an amendment to another bill to at least cover our 15 licensees from this to get the statutory authority to do 16 this. 17 I think House Bill 232 was a good example of 18 us being able to pass legislation by all coming 19 together, our associations, the Board, having meetings 20 with legislators, testifying from the Board's 21 perspective to say we need this, we want to do something 22 as a Board to look at it. We need the statutory 23 authority to right out ban it. So those are some other 24 things that I would like to see. 25 Obviously I know this is a complex issue</p>	<p style="text-align: right;">69</p> <p>1 mentioned was the NASW ethic's rule and it being vague, 2 and especially as it applies to our Code of Ethics 3 rules, why hasn't NASW strengthened their ethics rules? 4 MS. SMITH: So the one I read is the NASW 5 Code of Ethics. When I refer to it as vague, it means 6 that from the sort of disciplinary process it's too 7 vague to say you violated that section of the rule. 8 So if the -- if the laws and rules were 9 changed to reflect something like the NASW Code of 10 Ethics, one of the ones I read, you all wouldn't 11 probably be able to hold people accountable and say, you 12 did a sexual orientation change effort, you broke this 13 rule, therefore, we're taking disciplinary action. 14 BOARD MEMBER MCCLOUD: Yeah, our ethics 15 rules consist like that as we subscribe to the 16 respective associations, and that your ethics and 17 practice standards shall be used in aide of resolving 18 ambiguity. 19 So I guess my question is why haven't you 20 not made that bed and used with specificity something 21 that we could use now that wouldn't require -- I mean, 22 watching this and looking at this it seems like that 23 would solve the problem without the legislature, without 24 us, without that the authority would be there. 25 MS. SMITH: All of us, all the professional</p>

<p style="text-align: right;">70</p> <p>1 associations have statements that specifically prohibit 2 our professional -- 3 BOARD MEMBER MCCLOUD: Yeah, I've seen the 4 statement, why aren't they in the ethics portion? 5 MS. SMITH: They would be in the ethics 6 portion, it's just not in this specific one that I read. 7 BOARD MEMBER MCCLOUD: Okay. I didn't find 8 it, and maybe -- 9 BOARD MEMBER HAMM: It's not in our -- it's 10 not in the counseling -- 11 MS. SMITH: About competency, about being 12 competent in what you're providing and using research 13 backed principles. 14 BOARD MEMBER MCCLOUD: Right, oh, yes, and 15 we have that as well, so when we get to the specifics of 16 this -- the change effort and meeting that specific and 17 talking about legislation or talking about a rule 18 specific, I guess, I'm curious as to why the 19 professional organizations, which desire that 20 specificity have not engaged in their ethics in that 21 specificity, which if you look at 4757-5-01, we say 22 immediately, we subscribe to our Code of Ethics. 23 That's something you could fix on your end 24 that would give us more authority without having to 25 worry about any of the other items, and I guess why</p>	<p style="text-align: right;">72</p> <p>1 Y, Z to take a stand, there's an ambiguity as to whether 2 this was evidence based. We would look to -- you know, 3 my read of it is we look to the ethics and seems like -- 4 it just seems to me, and I've looked at this as a really 5 logical place to start for folks outside of this process 6 trying to get change, that seemed like -- because you 7 control that process, meaning NASW controls that 8 process. So that would be, just for me, an obvious 9 place to start, and I'm just curious as to why not. 10 MS. SMITH: I mean if that would work we 11 would change our Code of Ethics tomorrow. 12 CHAIRMAN POLOVICK: A question though, what 13 determines an ambiguity? 14 BOARD MEMBER MCCLOUD: Well, there's an 15 ambiguity as to the interpretation of is this evidence 16 based, is this -- that's going to go to our standards; 17 is this evidence based; is this hurtful to the whatever. 18 Well, if there's an ambiguity, either we 19 think it is or it isn't, and if there's a difference of 20 opinion, that's an ambiguity. At that point we would 21 say let's go to the professional Code of Ethics on this, 22 that's constructive, that is we subscribe to that. 23 So I think that's a directive in how we 24 should be handling that, and given that the associations 25 already control their own Code of Ethics, that seemed</p>
<p style="text-align: right;">71</p> <p>1 hasn't that been done? 2 MS. SMITH: Sure, I don't think anybody has 3 considered that, but if the Board follows that for 4 investigation processes. 5 BOARD MEMBER MCCLOUD: It's 4757-5-01, the 6 Board subscribes to the Code of Ethics for the three 7 association entities. These investigation standards 8 shall be used as aides in resolving ambiguity, which may 9 arise in the interpretation of the rules of professional 10 ethics and conduct. 11 MS. SMITH: I'm sort of countering my own 12 argument by asking this, but if we had in our Code of 13 Ethics that says these specific therapies are banned, is 14 that allowable that you would have to say then you too 15 could not do them, because the NASW Code of Ethics has 16 banned those from your Code of Ethics? 17 DEPUTY DIRECTOR HEGARTY: I think we have to 18 look at the whole question of ambiguity. If it's not 19 ambiguous within our own standards, because the way I 20 have always reviewed that is our standards are primary, 21 and if ours are lacking then we would look to the 22 various other association's codes for guidance, for 23 assistance in where do we need to go. 24 AUDIENCE MEMBER: Right. And so if our 25 standards say it needs to be evidence based, meaning X,</p>	<p style="text-align: right;">73</p> <p>1 like a logical place. You know, we can -- not to 2 dismiss the other items that you mentioned, those are 3 all time consuming given that the associations control 4 their own Code of Ethics, that seemed like a more 5 immediate thing that they control. 6 CHAIRMAN POLOVICK: Isn't the association 7 Code of Ethics though the template for us to operate 8 from? I mean we can modify it, we can -- 9 DEPUTY DIRECTOR HEGARTY: No, we create our 10 own Code of Ethics. We use their language for guidance. 11 We use the Code of Ethics. NASW, certainly from the 12 National Association of African-American Social Workers, 13 there's a Code of Ethics for medical social workers, the 14 ACA Code of Ethics, all of these various things we look 15 at. 16 Let's say I want to change my rule for 17 informed consent. I may look at all these various rules 18 and try to put, you know, what's good in this rule, 19 what's bad in this rule to come up with the best rule I 20 can using everyone's language to get where I want to be. 21 So we use -- when we have created a new rule 22 we do look to them for guidance, and in those 23 circumstances where our rules are silent to something we 24 would look at the association's rules to assist us with, 25 you know, can we go somewhere and what can we do.</p>

74	<p>1 BOARD MEMBER MCCLLOUD: So what is the Code 2 of Ethics for this practice; what is their -- what is 3 their Code of Ethics; what does their profession say on 4 this issue? 5 BOARD MEMBER HAMM: Can I interject here, 6 because this is something that we have talked about for 7 the last two days in the Counseling Committee, and one 8 of the things that we've been bouncing around for the 9 last two days is how much already our Code of Ethics 10 cover this issue, because the two issues that keep 11 coming up is it's client harm and standard of practice. 12 And this is not the standard of practice, at 13 least in counseling, nor in either of the other two. So 14 right there that could be enough to file an ethical 15 complaint. So in a sense our code is in many ways -- I 16 mean if we somehow can draw them out to say that in many 17 ways we are already protected, or in other words, our 18 licensees, excuse me, most of the time aren't the ones 19 that are providing this service, and can't be based on 20 our Code of Ethics. 21 So technically, you know, as far as if this 22 were an actual counselor doing it all we would have to 23 do is go back to the client harm statement and the 24 standard of practice, and if we found out that this was 25 a practice they were engaging in that would be enough to</p>	76	<p>1 Of course, we come in Thursday and begin 2 dealing with this. I've been thinking a lot about this, 3 and, of course, I work with teenagers throughout the 4 week, month after month, year after year, about half 5 have some kind of sexual identity issue, most of them 6 are still actively struggling with it in some way, 7 whether it's understanding themselves or coming out to 8 their families. 9 But the problem is, it is much bigger than 10 we're willing to admit or acknowledge, that adolescence 11 is a very awkward time, full of all kinds of challenges, 12 to throw in the sexual orientation or an identity 13 question, you know, is really adding -- adding a lot to 14 that plate. 15 Of course, if it affects their -- it affects 16 them through their schools and their communities and 17 their churches and families, but the one place, you 18 know, that the child is always going to be free from 19 harm is with one of our licensees in a session, and I'm 20 troubled that we're closing our eyes and looking at the 21 Code of Ethics and saying I'm sure it's in there 22 somewhere, we'll just wait for the first complaint, you 23 know, to come in, then we'll look harder and try to find 24 it. 25 I think if we have the opportunity to put</p>
75	<p>1 send Bill out or someone else out. 2 MS. SMITH: Right. 3 CHAIRMAN POLOVICK: If the complaint was 4 made by a ten year old child. 5 BOARD MEMBER HAMM: Doesn't matter, doesn't 6 matter, because it's still violating the ACA Code of 7 Ethics. 8 CHAIRMAN POLOVICK: I want to use the 9 example of -- sorry if I can have the floor for a 10 moment. 11 Wednesday night, I remember about 8:45 12 Wednesday night before the Board -- Board Thursday I had 13 a colleague come to me. She said her 12 year old 14 daughter had recently, you know, come out to her as 15 being a lesbian, and she was trying to come out to her 16 dad who might beat her yet, was from West Africa. The 17 parents were separated, the girl didn't know how to 18 approach the dad. 19 So the whole family had gone up together and 20 kind of done an intervention style, and the father said, 21 okay, that's fine, that's great. You have five days to 22 choose between whether you're going to be gay or 23 straight. If you choose to be gay, there are going to 24 be consequences. Now, this literally happened Wednesday 25 night.</p>	77	<p>1 the deterrent out there, not because it's politically 2 popular or politically unpopular, but that this is what 3 we do. We don't protect ourselves, because we think it 4 might be in there, in the Code of Ethics somewhere. We 5 protect the public and we protect the most vulnerable 6 populations in the public. 7 So they're going to be minority, they're 8 going to be children, this -- this population, you know, 9 in particular. 10 I did -- I did hear from the Legislative 11 Service Commission who insist that our Board has the 12 authority, if we choose to, under our Code of Ethics 13 4757-1-1, that if we choose to institute some kind of 14 ban for licensees, we can do this. I don't think it's 15 going to be popular. I know everybody doesn't like it. 16 I'm not saying do it, because I think we 17 should do it, but let's not not do it, because, you 18 know, we're afraid it's too much -- too much trouble 19 that we're going to offend somebody. 20 EXECUTIVE DIRECTOR CARNAHAN: With all due 21 respect, the Legislative Service Commission is not 22 authorized to provide the Board legal advice. Okay. 23 They draft legislation, but they don't -- they don't 24 interpret our -- the laws and rules for this Board. 25 CHAIRMAN POLOVICK: I understand.</p>

78	<p>1 EXECUTIVE DIRECTOR CARNAHAN: And I'm kind 2 of surprised the request was placed to them regarding 3 that. 4 MS. SMITH: I think for the most part, I 5 mean, even if we had a rule in there that was very 6 specific, which I mean we had an attorney look at it and 7 they agreed with Melissa's opinion. We have to tell 8 people, it's hard to interpret, because we have to -- we 9 are debating about it now. 10 I would very much like the licensing board 11 to basically say to our licensees, you know, maybe you 12 can't say you can't do this, because we don't have that 13 rule that says you specifically can, but you could say 14 based on interpretation of Board members you shouldn't 15 be doing this because you're violating the things that 16 you mentioned earlier, Terri, and to provide guidance, 17 because, again, the investigation process is great, and 18 I think if we can do more to beef that up, that's great, 19 but that is not going to stop people from doing this or 20 from doing it and not being caught. 21 If we can do some sort of preventative thing 22 that comes from the Board that says we don't condone 23 this, I think then at least we're doing something on the 24 preventative side as well. 25 BOARD MEMBER MCCLLOUD: Can I back up, the</p>	80	<p>1 citation be repeated and it was, so thank you. 2 BOARD MEMBER BRUN: So my concern is 3 questions that are coming up about the investigative 4 process itself, and I say this as a former -- the person 5 who worked in the child abuse and neglect investigation 6 system and would hear people say I'm not going to make a 7 report, because nothing is going to happen with it, and 8 I've been hearing conjecture about what will happen 9 instead of letting the investigative process do what 10 it's supposed to do, and that's what concerns me about 11 this whole discussion. 12 People are making decisions based on what 13 they think may or may not happen. That's all I have to 14 say. 15 BOARD MEMBER HABERBUSCH: I just wanted to 16 comment that I think every day that our practitioners 17 all over the place, but we're speaking about Ohio, that 18 are doing things they're not supposed to do. They're 19 treating children absolutely horribly. They're treating 20 them -- you know, they're having sex with them, they're 21 molesting them, and we don't have a specific rule or 22 law, I guess, that says you're not supposed to do that, 23 but we do know you're not supposed to do that and it is 24 covered in our ethics. 25 So I guess that's the only -- and I truly</p>
79	<p>1 question to LSC, and the citation they gave you is just 2 a general provision that almost all state agencies have 3 to promulgate rules under 119, were they specific to 4 this issue and our statute therapy on this issue? 5 CHAIRMAN POLOVICK: I didn't speak to LSC, 6 that was Shirley, as far as the office that spoke with 7 LSC. 8 BOARD MEMBER MCCLLOUD: Okay. So we don't 9 know, given the citation that they give us, which is 10 just our general ability under Chapter 119 of the Ohio 11 Revised Code to promulgate rules in general for those 12 things we have statutory authority on then, okay. 13 So we don't -- we don't know -- okay. That 14 answers my question. Thank you. That wasn't ringing 15 right. 16 MS. WILBURN: Mr. Chairman, would you repeat 17 the citation that you mentioned earlier that gives the 18 Board authority under the advice you received. 19 CHAIRMAN POLOVICK: 4757.11 establishing 20 code of ethical practice; you want me to read that? 21 MS. WILBURN: No, I just wanted you to 22 repeat the citation. 23 BOARD MEMBER BRUN: May I make a statement? 24 CHAIRMAN POLOVICK: Is there more, Melissa? 25 MS. WILBURN: No. I asked merely that the</p>	81	<p>1 believe that, you know, I think I would have reported 2 the person to Children's Services even if they were 3 using hot copper wire on their hands. 4 BOARD MEMBER MCCLLOUD: Or an adult. 5 BOARD MEMBER HABERBUSCH: Exactly. 6 BOARD MEMBER BRUN: That's the point I'm 7 trying to make is I'm hearing that if we don't do 8 something, something is going to happen, and there's a 9 process right now to report, and everybody here has an 10 obligation to make that report, if you think it's 11 happening, right now. So that bothers me that that 12 statement is being made as the reason why we should do 13 something. 14 BOARD MEMBER JUNGERS: I would agree, and I 15 would hate to see the Board get in a position where we 16 feel like it's the overbearing parent out there turning 17 over every rock and peeking inside every door to uncover 18 the wrong action. 19 We have a process to help folks get 20 licensed, and at a certain point we -- you know, we give 21 them a certain amount of trust in their license, and we 22 have a process that helps us to investigate harmful 23 behavior. 24 MS. SMITH: I think that the investigation 25 process is very solid and I think Bill and Tracy do a</p>

82	<p>1 great job, and Tammy, sorry. It's not to say that at 2 all, I just think that the committees, which are able to 3 look at the investigation process and direct that 4 process should just make sure there's no gaps in it as 5 it pertains to this. 6 That you all, not me, take a look at it to 7 make sure what happens if you need a subpoena; what if 8 they're just advertising, and you don't have a client 9 name specifically; can you -- are you going to subpoena 10 all of their records; can you make an action just from 11 advertising. 12 And I think there are things that should be 13 looked at within the investigation process as well, just 14 to make sure it's doing what we all intend for it to do 15 within this realm of sexual orientation change efforts. 16 BOARD MEMBER MCCLLOUD: I have an unrelated 17 question, which is you have a couple times now 18 referenced Melissa's opinion; how are you aware of 19 Melissa's opinion? 20 MS. SMITH: She said -- maybe not a formal 21 opinion, not a written Attorney General's opinion, but 22 she presented a question and answer session to the 23 Social Work Professional Standards Committee on 24 Thursday. 25 BOARD MEMBER MCCLLOUD: Thank you.</p>	84	<p>1 was -- 2 BOARD MEMBER MCCLLOUD: I'm sorry, you said 3 the legal counsel you received was in line with that 4 particular statement? 5 MS. SMITH: Correct. 6 BOARD MEMBER MCCLLOUD: Thank you. 7 MS. SMITH: Which is why I'm urging you all 8 to look at other pathways and see what you can do, what 9 you have the authority to do, and in my opinion what you 10 have the responsibility to do to make sure the client is 11 being protected. 12 MS. MARTINDALE: My name is Dorothy 13 Martindale, and I just wanted to kind of give the 14 contact. I work for NASW chapter. 15 MS. WILBURN: Would you mind spelling your 16 last name please. 17 MS. MARTINDALE: Sure. Spelled how it 18 sounds, M-A-R-T-I-N-D-A-L-E. I just wanted to kind of 19 have the context, I'm sure most of you are already aware 20 of this, but this issue arose because of Leela's suicide 21 in December. The spotlight was thrown on Ohio 22 specifically. 23 This happened in Cincinnati, so this isn't, 24 you know, we just decided this is the issue we're going 25 to work on this year. No, this is in response to an</p>
83	<p>1 MS. SMITH: But as I mentioned earlier, we 2 also had an attorney look into the Board's statutory 3 authority to do this. 4 BOARD MEMBER KNERR: Who was that attorney? 5 MS. SMITH: They work with the Attorney 6 General's Office so they didn't want to be named. 7 BOARD MEMBER KNERR: I'm sorry, I'm not sure 8 I heard that correctly. 9 MS. WILBURN: I'm not sure I did either. 10 Are you saying, Danielle, that the Social 11 Work Association was advised by the Attorney General's 12 Office? 13 MS. SMITH: No, no, it's a private attorney 14 that does work with the Attorney General's Office, so 15 they didn't wish to be named or identified. They just 16 provided a pro bono opinion to us that's in line with 17 what your advice was. 18 MS. WILBURN: And would you mind repeating 19 what my advice was that you are referring to when you 20 say that, when you make that statement. 21 MS. SMITH: Sure, that the Bard does not 22 have the statutory authority to ban any type of therapy 23 without the statutory authority from the legislature 24 being there; is that correct? 25 I mean that's what -- I think what everybody</p>	85	<p>1 issue that came up and when we started looking into it a 2 little bit more it seemed like there were some holes. 3 So I just wanted to kind of give that 4 perspective of we're not looking, we're not hunting for 5 social workers doing wrong things. We just want to make 6 sure that we're doing everything that we can to protect 7 kids in Ohio and make sure that our mental health 8 professionals are still seen as the credible experts 9 that we are, and that if you go, as Danielle said, to a 10 mental health professional, counselor, social worker or 11 marriage and family therapist that you can trust that 12 you're going to get treatment that is evidence based, 13 research backed. 14 CHAIRMAN POLOVICK: Thank you. 15 BOARD MEMBER MCCLLOUD: Thank you both for 16 coming. 17 MS. MARTINDALE: Thank you. 18 CHAIRMAN POLOVICK: Are there any other 19 questions or comments from any of our guest speakers? 20 All right. Thank you very much, Danielle. 21 MS. SMITH: Thank you. I hope this is still 22 on the agenda for discussion as we go throughout the 23 year. 24 CHAIRMAN POLOVICK: As a Board, are there 25 final thoughts on this question; anything that people</p>

<p style="text-align: right;">86</p> <p>1 would like to see researched further, discussed further? 2 BOARD MEMBER MCCLLOUD: The last thing that I 3 guess I would say is, if this is the -- and, again, I'm 4 not a practitioner, but if this is as problematic as it 5 has been explained, I guess, I would suggest that there 6 not be a distinction made. I mean if our protection is 7 to the public, that includes adults too. 8 So I'm not sure, I don't know of any place 9 else where we say bad practice going on, bad for kids, 10 okay for adults, but for some reason we've chosen to 11 delineate here, and, again, now we're back to the larger 12 issue of delineating this particular effort, change 13 effort, as opposed to other bad practices as the Board 14 sees it. 15 But that's the last kind of just thought on 16 the matter is I don't know any place else that we do 17 that or why, if we have a public protection, if this is 18 truly a public protection issue, why do we choose to 19 protect only one segment. If it's bad, it's bad. 20 That's just a final thought. 21 MS. SMITH: My response to that is I agree 22 with you, but self-determination works better -- adults 23 can choose to go to what I think of as a bad practice. 24 I mean, I do agree with you, but I see it as such a 25 protection issue, because we have a client and they</p>	<p style="text-align: right;">88</p> <p>1 therapy, but all types of therapy that cause harm and 2 there are multiple ones, and so I think that's an 3 excellent point, because so if -- even if we were to 4 look at some kind of change, I think it should be 5 broader, because it should include all bad practices 6 versus just one bad practice. 7 MS. SMITH: Again, I would love to see an 8 article from the Board that specifically names this bad 9 practice and other bad practices, and then also your 10 active support for Senate Bill 74. 11 BOARD MEMBER MCCLLOUD: And likewise, I 12 would, you know, if this is NASW's opinion I think it 13 should be reflected in their ethics rules to delineate 14 this bad practice and any other bad practices. 15 CHAIRMAN POLOVICK: Is there a conflict at 16 all with regard to supporting SB74, a board -- 17 regulatory board supporting? 18 BOARD MEMBER MCCLLOUD: We testify in 19 legislation, but we testify mostly to how it affects us; 20 is that right? 21 EXECUTIVE DIRECTOR CARNAHAN: Yes. You 22 could certainly make a statement, but the -- I think the 23 challenge, the caution I would make is that the bill has 24 not received any hearings, and it's not had an LSC 25 analysis, and so we would be endorsing a bill that could</p>
<p style="text-align: right;">87</p> <p>1 don't have the ability to self-determine for themself. 2 BOARD MEMBER MCCLLOUD: But where we may 3 have 4 adults being treated with copper wires I would suggest 5 that they have put their faith in a mental health 6 professional who has led them astray, and we have an 7 obligation to protect them the same way. 8 So where copper wire treatments are going 9 on, that shouldn't be specific to children, and if this 10 is a practice that rises to that level, I don't know why 11 delineation would be made. 12 And then, again, we're back to, you know bad 13 practice is bad practice, you know, and we cover bad 14 practices -- ideally we cover bad practices as a whole, 15 rather than just here's our list of wrong practices, 16 here's our list of okay practices. 17 Just getting into the whole delineation both 18 in terms of practice, and then secondarily in terms of 19 the recipient, we have a -- we have a statutory 20 responsibility to the entire public, and, again, an 21 adult holding copper wires, I'd like to know about it. 22 Final thought. 23 BOARD MEMBER HAMM: And I think I just want 24 to emphasize too that I know our committee talked a lot 25 about that too in the last few days, that we -- we were also focused on bad practice, and not just one type of</p>	<p style="text-align: right;">89</p> <p>1 change, and a bill that I suggest would have to be 2 changed owing to the fact that it specifically 3 identifies the type of discipline that we would have to 4 impose, if someone used conversion therapy, which I 5 think that we would agree, we might feel is appropriate, 6 but I think that we would want the same ability to offer 7 a range of disciplinary -- to impose a range of 8 discipline, as opposed to just revoking a license or 9 suspending the renewal. 10 So there are some of those issues, and we 11 don't -- we haven't had time to look at how it compares 12 to the California and New Jersey and Oregon laws, and, 13 you know, two of those have seemed to pass muster at 14 higher levels of legal review. 15 We don't know that the Ohio one would. I 16 would just be curious why we need to make an official 17 statement about legislation now when they'll be 18 recessing fairly soon, and it likely won't be considered 19 until the early fall. So there could be the July or 20 September meeting to officially acknowledge the 21 legislation then. 22 CHAIRMAN POLOVICK: Were you done there, 23 Brian? 24 EXECUTIVE DIRECTOR CARNAHAN: Yes, yes, yes. 25 We're both done.</p>

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1 BOARD MEMBER HAMM: -- Concluded, excuse us.
 2 CHAIRMAN POLOVICK: I'm going to conclude
 3 us. You know, I don't think I have a lot of remarks
 4 now, and I think that many of the things that I was
 5 thinking, many of the things I was feeling were said by
 6 several people in a lot of different ways. So I don't
 7 really feel like I need to stand up on the pulpit for
 8 too long.
 9 We were -- we're going to revisit this I
 10 bet. I bet we revisit the process we went through,
 11 process we didn't go through, but I do appreciate the
 12 fact that we were able to talk about this, talk about
 13 this very important issue and do it the way that we did
 14 it.
 15 Hats off to your associations, to our
 16 guests, individual Board members, people who contributed
 17 research, thoughts and opinions, that's necessary and
 18 important, but if I knew what the right thing to do was
 19 I would tell you, but I'm wrong a lot of the time. So I
 20 need help, and I appreciate getting that help. So we
 21 will keep doing this.
 22 Everybody enjoy your weekend. Please drive
 23 carefully, stay safe, and very quiet on the way out.
 24 (Thereupon the hearing was concluded at 3:01
 25 p.m.)

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1 CERTIFICATE
 2 ---
 3 I, Teresa L. Mantz, Certified Professional
 4 Reporter, and Notary Public in and for the State of
 5 Ohio, do certify that the foregoing is a true and
 6 correct transcript of the proceedings taken by me in
 7 this matter on May 22, 2015, and carefully compared with
 8 my original stenographic notes.
 9 That I am not an attorney for or relative of
 10 either party and have no interest whatsoever in the
 11 outcome of this litigation.
 12
 13 IN WITNESS WHEREOF, I have hereunto set my hand
 14 and official seal of office at Columbus, Ohio, this
 15 10th day of June, 2015.
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 Teresa L. Mantz
 Notary Public in and for
 the State of Ohio
 My commission expires 12/22/2019

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