
**BEFORE THE MINNESOTA
BOARD OF MARRIAGE AND FAMILY**

In the Matter of the Application
of Shonee Phillips, Applicant

**FINDINGS OF FACT,
CONCLUSIONS,
AND FINAL ORDER**

The above-entitled matter came on for a prehearing conference on January 9, 2015, before Administrative Law Judge (“ALJ”) Jim Mortenson at the request of the Minnesota Board of Marriage and Family Therapy (“Board”) Complaint Panel. The matter was initiated pursuant to the Notice and Order for Prehearing Conference and Hearing issued by the Complaint Panel on December 5, 2014.

On July 30, 2015, the ALJ issued his Order Granting Motion for Summary Disposition (“ALJ’s report”), recommending summary disposition and the imposition of appropriate discipline by the Board. (A true and accurate copy of the ALJ’s report is attached hereto and incorporated herein as Exhibit A.)

The Board convened to consider the matter on September 18, 2015, at 2829 University Avenue S.E., First Floor, University Room, Minneapolis, Minnesota 55414. Nicholas Lienesch, Assistant Attorney General, appeared on behalf of the Board’s Complaint Panel. Shonee Phillips (“Applicant”) appeared before the Board with her attorney Meredith A. Leake and presented oral argument. Board members Herb Grant and Dennis Morrow did not participate in deliberations and did not vote in the matter. Jennifer Mohlenhoff, Executive Director of the Board, did not

participate in the deliberations. Gregory J. Schaefer, Assistant Attorney General, was present as legal advisor to the Board.

FINDINGS OF FACT

The Board has reviewed the record of this proceeding and hereby issues the following Findings of Fact: The Board accepts in part the July 30, 2015, ALJ's report and accordingly adopts in part and incorporates by reference the Memorandum therein, which included the following:

[1.] On March 16, 2012, Applicant applied for licensure by filing an Application for National Examination in Marriage and Family Therapy with the Board. The Board approved Applicant's request to sit for the national examination on April 2, 2012. Applicant has yet to pass the examination.

[2.] In April 2008, Applicant was placed on a 72-hour psychiatric hold at a local hospital. Applicant was again placed on a 72-hour psychiatric hold in September-October 2010, at which point she was diagnosed with schizoaffective disorder, depressed; disorganized schizophrenia; psychosis; and depressive disorder with psychosis.

[3.] On November 11, 2011, Applicant presented at a local hospital for a psychosis evaluation and was placed on a hold due to psychotic symptoms, believed inability to care for herself, and observed intent to leave. Applicant was again placed on a 72-hour psychiatric hold at a local hospital in December 2012 and diagnosed with psychosis, not otherwise specified; schizoaffective disorder; major depressive disorder, severe, with psychotic features. At a follow-up appointment, Applicant stated that she did not intend to take her psychiatric medications and was diagnosed with psychosis and depressive disorder.

[4.] On February 28, 2014, Applicant presented at a local hospital's Acute Psychiatric Services unit. Applicant reported that she had not taken her psychiatric medications for the past six months and was diagnosed with psychosis.

[5.] Applicant was again diagnosed with psychosis and placed on a 72-hour hold at a local hospital in early March 2014. Applicant had no insight into her illness and stated that she did not need to be hospitalized. Applicant kissed a male resident because she thought she was married to him. After being redirected by staff, Applicant disrobed and refused to emerge from the restroom. She threatened staff and had to be medicated and restrained. Following the 72-hour hold, Applicant was voluntarily admitted and given a pass to leave for the

weekend, with the expectation that she would return to the hospital. Applicant did not return after the weekend.

[6.] On March 17, 2014, Applicant presented at a local hospital's emergency room with her sisters. Applicant reported increased anxiety and a decreased attention span. She refused medications and was placed on a 72-hour hold. Applicant later lunged at a nurse and pinned her sister down by the neck. Staff called security, and Applicant was medicated and restrained. The restraints were removed approximately one hour later. The next day, Applicant acted belligerently and was again placed in restraints. Applicant later left the hospital unit through a secure door when someone else came through it. Applicant was found shortly thereafter, returned to the unit, and placed on a second 72-hour hold.

[7.] Applicant was discharged on March 26, 2014, with a diagnosis of psychosis, paranoid ideation; and suspect schizophrenia. Applicant articulated a wish to see patients as a family and marriage therapist, but her treating doctor opined that she was not safe to see clients and recommended that Applicant contact her Health Professional[s] Services Program (HPSP).

[8.] Applicant contacted her HPSP [sic] on March 26 and 27, 2014. She became upset when her HPSP case manager advised her not to see therapy clients. On March 31, 2014, the HPSP discharged Applicant after determining that her mental illness was too severe for the HPSP to effectively monitor.

[9.] On May 6, 2014, Applicant was transported to a local hospital due to disorganized and confused behavior. On May 7, 2014, Applicant escaped from the hospital when a housekeeper left the unit. Later the same day, Applicant again attempted to leave the hospital by sneaking out behind a cleaning crew, and Applicant pushed a nurse who attempted to block her from leaving.

[10.] On May 8, 2014, the hospital petitioned the district court to have Applicant civilly committed. The court civilly committed Applicant on May 23, 2014. Applicant was discharged from civil commitment approximately two months later.

[11.] Applicant was recently featured in an online brochure for The Family Partnership Multisystemic Therapy organization as "MA, MFT/MST Therapist." The brochure's description of Applicant's practice also lists the duties of a licensed marriage and family therapist. Applicant believes that she will be capable of practicing marriage and family therapy in the future and plans to pursue licensure.

....

[12.] The admitted facts in this case indicate that Applicant is not competent to practice as a marriage and family therapist. Although the relevant statute does not define “incompetent,” Black’s Law Dictionary defines incompetent by reference to a “legally incapacitated person,” or “[a] person, other than a minor, who is temporarily or permanently impaired by mental illness, mental deficiency, physical illness or disability, or alcohol or drug use to the extent that the person lacks sufficient understanding to make or communicating responsible personal decisions or to enter into contracts.

[13.] Applicant has been treated by local hospitals for psychiatric symptoms nine times since 2008. She was placed on a 72-hour psychiatric hold during five of those visits. She was civilly committed in May 2014. In addition, she has tried to escape from locked facilities and has acted violently on occasion necessitating restraints. The facts clearly demonstrate that Applicant is “temporarily or permanently impaired by mental illness” and therefore incompetent to practice as a marriage and family therapist.

....

[14.] In sum, the record demonstrates that Applicant “is incompetent to practice marriage and family therapy.” . . . The Judge therefore recommends summary disposition of this contested case and the imposition of appropriate discipline by the Board.

ALJ’s report Ex. A 3-7 July 30, 2015 (footnotes omitted).

CONCLUSIONS

Based upon the foregoing Findings of Fact, the Board makes the following Conclusions:

1. As it relates to the competency of Applicant to engage in the practice of marriage and family therapy, the Board accepts in part the July 30, 2015, ALJ’s report and accordingly adopts in part and incorporates the Analysis therein, including the ALJ’s recommendation that “[t]he Judge therefore recommends summary disposition of this contested case and the imposition of discipline by the Board.”
2. The Board concludes that Applicant’s conduct constitutes a basis for disciplinary action and that Applicant is incompetent to practice marriage and family therapy, in violation of Minnesota Statutes section 148B.37, subdivision 1(1) (2014).

3. The Board concludes that Applicant did not hold herself out as a marriage and family therapist, based on a preponderance of the evidence.

ORDER

Based on the foregoing Findings of Fact and Conclusions and upon the recommendation of the ALJ, the Board issues the following Order:

1. NOW, THEREFORE, IT IS HEREBY ORDERED that the application of Applicant as a marriage and family therapist in the State of Minnesota is **DENIED**.

2. IT IS FURTHER ORDERED that, pursuant to Minnesota Statutes section 148B.37, the Board may refuse to grant a license to an individual whom the Board determines has violated a provision of sections 148B.29 to 148B.39 or one or more of the rules of the Board, including that an individual is incompetent to practice marriage and family therapy.

3. IT IS FURTHER ORDERED that the Board hereby **REVOKES the Board's permission for Applicant to sit for the national examination in Marriage and Family Therapy. The Board also REVOKES any remaining status or privileges Applicant holds as an Applicant to the Board.** Applicant shall not engage in any act that constitutes the practice of marriage and family therapy as defined by Minnesota Statutes section 148B.29, subdivision 3, and shall not imply by words or conduct that Applicant is currently licensed to practice marriage and family therapy or is an applicant for LMFT licensure in Minnesota.

4. IT IS FURTHER ORDERED that Applicant may reapply for licensure at any time following: (1) no less than five years from the date of this Order, (2) after achieving no less than 24 months of stable mental health as determined by her providers, and (3) after providing the information outlined below in this paragraph and paragraph 5. Prior to reapplying, Applicant shall provide evidence that she is capable of practicing marriage and family therapy with

reasonable skill and safety. Further, prior to reapplying, Applicant shall provide evidence that she is in compliance with the recommendations of her treating mental health providers, with all physician-prescribed medication and treatment recommendations, and all court-mandated civil commitment or mental health treatment requirements. If required by the Board, Applicant shall meet with a Complaint Panel prior to submitting her application.

5. IT IS FURTHER ORDERED that Applicant shall provide, at a minimum, the following information to the Board prior to submitting her application for licensure:

a. Report From Mental Health Treatment Professionals. Applicant shall cause to be submitted to the Board reports from all mental health treatment professionals whom she consults from the date of this Order through the time of reapplication. The reports shall be submitted to the Board prior to Applicant's reapplication for licensure and shall provide and address:

- 1) Verification the mental health treatment professional has reviewed this Order;
- 2) Identification of a plan of treatment, including any medications, devised for Applicant;
- 3) A statement of the involvement between Applicant and the mental health treatment professional, including the number and frequency of meetings;
- 4) Applicant's progress with therapy and compliance with the treatment plan;
- 5) Applicant's awareness of her personal and mental health problems;
- 6) The mental health treatment professional's opinion as to the need for continuing therapy; and

7) Any other information the mental health treatment professional believes would assist the Board in its ultimate review of this matter.

b. Mental Health Evaluation. Within 30 days prior to submitting the materials required by paragraphs 4. and 5., Applicant must undergo a mental health evaluation performed by a psychiatrist or a licensed psychologist. Applicant shall submit, or cause to be submitted, the credentials of the evaluator for review and preapproval by Board staff for purposes of this evaluation. The evaluation shall include the Minnesota Multiphasic Personality Inventory (“MMPI”). Applicant is responsible for the cost of the evaluation. The results shall be sent directly to the Board and shall provide and address:

1) Verification the evaluator has reviewed a copy of this Order and any evaluation and/or treatment records deemed pertinent by the Board or the evaluator prior to the evaluation;

2) Diagnosis and any recommended treatment plan;

3) Interpretation of Applicant’s MMPI test;

4) Applicant’s ability to handle stress;

5) Recommendations for additional evaluation or treatment; and

6) Any other information the evaluator believes would assist the Board in its ultimate review of this matter.

c. Additional Information. Applicant shall provide any additional information relevant to her application reasonably requested by the Board or Complaint Panel.

d. Waivers. If requested by the Board at any time during the application process, Applicant shall complete and sign health records waivers supplied by the Board to allow representatives of the Board to discuss Applicant’s case with and to obtain written evaluations

and reports and copies of all of Applicant's health and/or mental health records from her physician, mental health professional/therapist, counselor, or others from whom Applicant has sought or obtained treatment, support, or assistance.

6. IT IS FURTHER ORDERED that the Board may, at any regularly scheduled meeting following Applicant's application for licensure pursuant to paragraphs 4. and 5. above, take any of the following actions:

- a. Approve Applicant to apply for licensure;
- b. Approve Applicant to apply for licensure with limitations placed upon the scope of Applicant's practice and/or conditional upon further reports to the Board; or
- c. Deny Applicant's application for licensure upon her failure to meet the burden of proof.

Dated: Oct. 9, 2015

MINNESOTA BOARD OF
MARRIAGE AND FAMILY THERAPY



SHONDA CRAFT, Ph.D., LMFT
Board Vice-Chair