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| **IN THE MATTER OF** | * | **BEFORE THE MARYLAND** |
| **ANDREW CLINTON STEES, LCPC** | * | **STATE BOARD OF PROFESSIONAL** |
| **Respondent** | * | **COUNSELORS AND THERAPISTS** |
| **License Number: LC2914** | * | **Case Number: 2013-37** |

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## ORDER FOR SUMMARY SUSPENSION OF LICENSE TO PRACTICE CLINICAL PROFESSIONAL COUNSELING

The Maryland State Board of Professional Counselors and Therapists (the "Board") hereby **SUMMARILY SUSPENDS** the license of **ANDREW CLINTON STEES, LCPC** (the "Respondent"), License Number LC2914, to practice clinical professional counseling in the State of Maryland. The Board takes such action pursuant to its authority under Md. Code Ann., State Gov't § 10-226(c)(2009 Repl. Vol.), concluding that the public health, safety or welfare imperatively requires emergency action.

## INVESTIGATIVE FINDINGS

Based on information received by, and made known to the Board, and the investigatory information obtained by, received by and made known to and available to the Board, including the instances described below, the Board has reason to believe the following facts are true: [1]

### GENERAL FINDINGS

1. At all times relevant hereto, the Respondent was licensed to practice clinical professional counseling in the State of Maryland. The Respondent was originally licensed to practice clinical professional counseling in Maryland on September

[1] The statements regarding the Board's investigative findings are intended to provide the Respondent with notice of the basis of the summary suspension. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

25, 2008, under License Number LC2914. The Respondent's license is current until January 31, 2014.

2. At all times relevant hereto, the Respondent maintained an office for the purpose of providing clinical professional counseling

3. On or about May 16, 2013, the Board received a complaint from a behavioral health care provider ("Provider A")[2] in Maryland, who reported that one of her clients (the "Client") disclosed during treatment that she and the Respondent, who was her former professional counselor, had a sexual relationship while he was providing counseling services to her.

4. On or about May 22, 2013, the Client filed a formal complaint with the Board in which she disclosed additional details about her counseling and sexual relationship with the Respondent.

5. Based on these complaints, the Board opened an investigation of the Respondent.

6. In the course of the investigation, the Board's investigator obtained relevant documentary evidence, including but not limiting to, the Client's counseling record and text message exchanges between the Respondent and the Client. The Board's investigator also conducted interviews of the Client, the Client's husband and the Respondent.

[2] To ensure confidentiality, the names of individuals and facilities involved in this case are not disclosed in this document. The Respondent may obtain the names of all individuals and facilities referenced in this document by contacting the administrative prosecutor.

7. Board investigation determined that from 2010 to 2013, the Respondent, while providing counseling to the Client, engaged in sexual misconduct with her under the guise of therapeutic counseling.

8. Based on its investigative findings, the Board determined that the public health, safety, or welfare imperatively required that the Respondent's license to practice clinical professional counseling be summarily suspended.

**SPECIFIC FINDINGS**

9. The Client and her husband initially sought marriage counseling from the Respondent in February 2010, subsequent to her husband's transfer to another state for work-related reasons. The Respondent continued to provide marital counseling to the Client and her husband for a few sessions, after which he provided individual counseling to the Client.

10. Not long after the individual counseling sessions started, the Respondent began giving the Client a hug after each session. From then on, the Respondent gave the Client a hug and told her that he loved her after every counseling session with the exception of one session.

11. The Respondent then escalated his touching of the Client in subsequent sessions, all under the guise of treatment. The Respondent began suggesting that the Client allowed him to touch certain parts of her body, *i.e.* her upper chest and belly, with his hand, purportedly for the purpose of helping her release tension. The Client complied with the Respondent's request. The Respondent's physical touching then became a routine part of the Client's counseling sessions.

12. In or around March/April 2011, the Client told the Respondent during a counseling session that she had developed a crush on a coworker and felt guilty because she was married. The Respondent suggested that she "should go for it," stating that having sex with this coworker could be therapeutic. The Client did not follow through with the Respondent's advice.

13. In or around July 2011, the Client became pregnant and told the Respondent she was worried about her weight and the impending birth process. During a counseling session, the Respondent asked the Client what emotion she felt and she told him that she felt sadness in her chest. The Respondent then placed his hand on her upper chest and held it there. The Respondent continued to place his hand on the Client's chest during the next several sessions, again purportedly for a treatment-related purpose. Thereafter, the Respondent engaged in similar touching but progressively lowered his hand closer to her breast where in one instance she felt his fingers sliding inside her bra.

14. Toward the end of the Client's pregnancy, the Respondent began massaging the Client's back, arms and hands. The Respondent told the Client that the massages were outside of generally accepted therapeutic practices, but that his purpose was to help her.

15. In or around June/July 2012 after the Client gave birth, the Respondent, during one counseling session, suggested a new exercise during which he held the Client with her head close to his chest for a period time while they both sat on the floor facing each other. The Respondent again told the Client this form of exercise was

outside accepted therapeutic practices but explained that she would benefit from experiencing a physical connection with another person.

16. As a part of the exercise, the Respondent asked the Client where she felt warm. When the Client answered that it was her chest or her belly, the Respondent placed his hand and held it there. In her complaint, the Client admitted to being sexually aroused as a result of the exercises.

17. The Respondent's physical holding of the Client continued in the next several sessions. During one session, which involved a discussion of the Client's sexual feelings, the Respondent asked her whether she ever felt like making love to him in his office. The Client stated that she did.

18. From around the middle of 2012 to May 2013, the Respondent and the Client engaged once or twice per week in various forms of sexual activity, which included kissing, fondling of private body areas, sexual intercourse and other forms of sexual relations.

19. In or around early 2013, the Client began to feel that the Respondent was shortening their session-time together. In the complaint, the Client stated that the Respondent used to spend 90-to-120 minutes with her per session, but by early 2013, he was spending less than 45 minutes per session with her and speeding through their acts of sexual relations. In one instance when the Client arrived at the Respondent's office, she observed the Respondent hugging another female client and telling her that he loved her.

20. The Client stated in her complaint that she reached her "breaking point" on May 12, 2013, when she told her husband about her sexual relationship with the

Respondent and they contemplated ending their marriage. Two days later, on May 14, 2013, the Client went to an area health clinic to be screened for sexually transmitted diseases and told Provider A about her sexual relationship with the Respondent.

**BASIS FOR DISCIPLINARY CHARGES**

21. Based on the above investigative findings, the Board has a basis to charge the Respondent under the Maryland Professional Counselors and Therapists Act, Md. Code Ann., Health Occ. ("Health Occ.") §§ 17-101 *et seq.* Specifically, the Board has a basis to charge the Respondent with violating the following provisions of Health Occ. § 17-509:

(7) Makes a willful misrepresentation while counseling or providing therapy;

(8) Violates the code of ethics adopted by the Board;

(9) Knowingly violates any provision of this title;

(13) Violates any rule or regulations adopted by the Board; and

(16) Commits an act of immoral or unprofessional conduct in the practice of clinical or nonclinical counseling or therapy.

The underlying violations of the code of ethics and the rule or regulations adopted by the Board under Health Occ. § 17-509(8) and (13) include the following violations of Md. Code Regs. 10.58.03:

.04 Ethical Responsibility.

A. A counselor shall:

(11) Be familiar with and adhere to this chapter;

(14) Take reasonable precautions to protect clients from physical and psychological trauma.

B. A counselor may not:

(3) Enter into relationships that could compromise a counselor's objectivity or create a conflict of interest.

.05 The Counseling Relationship.

A. Client Welfare and Rights.

(2) A counselor may not:

(a) Place or participating in placing clients in positions that may result in damaging the interests and welfare of clients, employees, employers, or the public;

(d) Foster dependent counseling relationships.

B. Dual Relationships.

(1) A counselor shall:

(a) Avoid dual relationships with clients.

(b) Take appropriate measures, including but not limited to, informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs if a dual relationship cannot be avoided.

.09 Sexual Misconduct.

A. A counselor may not engage in sexual misconduct with a client or supervisee. Sexual misconduct includes but is not limited to:

(1) Inappropriate sexual language;

(2) Sexual exploitation;

(4) Sexual behavior; and

(5) Therapeutic deception.

B. Concurrent Sexual Relationships. A counselor may not engage in either consensual or forced sexual behavior with:

(1) A client.

F. Therapeutic Deception. A counselor may not:

(1) Engage in sexual activity with a client or an individual in a close relationship with a client, on the pretense of therapeutic intent or benefit;

(2) Represent to a client or individual in close personal contact with a client that sexual contact or activity by or with a counselor is consistent with or part of a client's therapy; and

(3) Suggest, recommend, or encourage a client to engage in sexually provocative act, including but not limited to:

(a) Sexual contact with a counselor;

(b) Genital stimulation by or of a client or counselor;

(c) Undressing, by or of a counselor in the presence of a client, or of a client in the presence of a counselor; and

(d) Discussion or disclosure of sexually provocative or erotic nature, not necessitated by treatment or treatment protocol.

10. Physical Contact.

A. A counselor engaging in nontraditional treatment modalities using physical contact with a client shall document in a client's record:

(3) A copy of the informed consent, signed and dated by the client and the counselor which addresses:

(a) The risks and benefits of the physical contact treatment modality;

(b) The objective or objectives and intended outcome or outcomes of the proposed treatment;

(c) Available alternative interventions; and

(d) A description of the physical contact which may be reasonably anticipated by a client in the course of the proposed treatment.

B. A counselor may not engage in a treatment modality involving physical contact if the risk of psychological harm to a client, as a result of the physical contact, has been assessed by a counselor to outweigh the possible benefits of the treatment, independent of the client's wishes.

## CONCLUSIONS OF LAW

Based upon the foregoing Investigative Findings, the Board concludes as a matter of law that the public health, safety, or welfare imperatively requires emergency action, pursuant to Md. Code Ann., State Gov't. § 10-226(c)(2)(2009 Repl. Vol.).

## ORDER

It is this 14th day of August, 2013, by a majority of the Board considering this case:

**ORDERED** that pursuant to the authority vested in the Board by Md. Code Ann., State Gov't. § 10-226(c)(2), the Respondent's license to practice clinical professional counseling in the State of Maryland is hereby **SUMMARILY SUSPENDED;** and it is further

**ORDERED** that the Respondent has the opportunity to appear before the Board for a post-deprivation show cause hearing. A request for a post-deprivation show cause hearing must be in writing and be made **WITHIN THIRTY (30) DAYS** of service of this Order. The written request should be made to: Tracey DeShields, Executive Director, Maryland State Board of Professional Counselors and Therapists, 4201 Patterson Avenue, Baltimore, Maryland 21215, with copies mailed to: K. F. Michael Kao, Assistant Attorney General, Health Occupations Prosecution and Litigation Division, Office of the Attorney General, 300 West Preston Street, Suite 201, Baltimore, Maryland 21201, and Ari Elbaum, Assistant Attorney General, Office of the Attorney General, 300 West

Preston Street, Suite 302, Baltimore, Maryland 21201, and it is further

**ORDERED** that if the Respondent fails to request a post-deprivation show cause hearing in writing, or if the Respondent requests a post-deprivation show cause hearing but fails to appear when scheduled, the Respondent's license will remain **SUSPENDED**; and it is further

**ORDERED** that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board his original clinical professional counselor's license LC2914, wallet card and wall certificate; and it is further

**ORDERED** that this is an Order of the Board, and as such, is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., State Gov't § 10-611 *et seq.*(2009 Repl. Vol.).

Carol A. Deel, LCMFT, LCPC
Board Chair
MD State Board of Professional Counselors
and Therapists