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CONNECTICUT
GEN. ASSEMBLY
HOUSE

PROCEEDINGS
1992

VOL. 35
PART 8
2455-2787

002597
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House of Representatives

Wednesday, April 22, 1992

for House Bill Number 5862, AN ACT CONCERNING
CONFIDENTIAL COMMUNICATIONS MADE TO MARITAL AND FAMILY
THERAPISTS, SOCIAL WORKERS, PSYCHIATRISTS AND
PSYCHOLOGISTS. Favorable Report of the Committee on
Judiciary.

DEPUTY SPEAKER POLINSKY:

Representative Cohen.

REP. COHEN: (15th)

Thank you, Madam Speaker. Madam Speaker, may this
item please be referred to the Committee on Public
Health.

DEPUTY SPEAKER POLINSKY:

Motion is to refer this item to the Committee on
Public Health. Is there objection? Without objection,
so ordered.

CLERK:

Page 11, Calendar 407, Substitute for House Bill
Number 5910, AN ACT CONCERNING THE ACCEPTANCE OF VOTER
REGISTRATION APPLICATIONS BY THE DEPARTMENT OF MOTOR
VEHICLES. Favorable Report of the Committee on
Government Administration and Elections.

DEPUTY SPEAKER POLINSKY:

Representative Cohen.

REP. COHEN: (15th)

Madam Speaker, may that item please be referred to

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4167-4511

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House of Representatives

Thursday, April 30, 1992

House Bill 5713, as Amended by "A", "B", "C",
"D" and "E"

Total Number Voting	143
Necessary for Passage	72
Those voting Yea	142
Those voting Nay	1
Those absent and not voting	8

SPEAKER BALDUCCI:

Bill as amended is passed. (gavel)

CLERK:

Page 17, top of the page, Calendar 406, substitute for House Bill 5862, AN ACT CONCERNING CONFIDENTIAL COMMUNICATIONS MADE TO MARITAL AND FAMILY THERAPISTS, SOCIAL WORKERS, PSYCHIATRISTS AND PSYCHOLOGISTS.

Favorable Report of the Committee on Public Health.

REP. MINTZ: (140th)

Mr. Speaker?

SPEAKER BALDUCCI:

Representative Mintz of the 140th.

REP. MINTZ: (140th)

Thank you Mr. Speaker. I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

SPEAKER BALDUCCI:

Question is on passage. Will you remark?

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REP. MINTZ: (140th)

Thank you Mr. Speaker. What Sections 1 and 2 of the bill accomplish is to give marriage and family therapists and social workers the same confidentiality that, between their clients and themselves, as with psychiatrists and psychologists. Sections 3 and 4, I believe there's an amendment coming that, won't be as friendly as I'm concerned, but we'll deal with Section 3 and 4. And I urge passage of the bill.

SPEAKER BALDUCCI:

Will you remark further on the bill?

Representative Ward of the 86th.

REP. WARD: (86th)

Thank you Mr. Speaker. Mr. Speaker, the Clerk has an amendment, bearing LCO3567, the Clerk would please call and I be permitted to summarize. I had asked that the Clerk

SPEAKER BALDUCCI:

Clerk, please call, prior to your summarization, LCO3567, designated House "A".

CLERK:

LCO3567, House "A", offered by Representative Ward, et al.

SPEAKER BALDUCCI:

Question is on summarization. Is there objection?

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Seeing none, Representative Ward.

REP. WARD: (86th)

Thank you Mr. Speaker. Members of the Chamber, what this amendment does is alters Lines 242 to 262, and 350 to 363. The file copy contained an exemption where one could receive psychiatric records if the individuals were found not guilty by reason of insanity, after having committed a homicide. This amendment changes that language. It says that you could only receive them if the person was found not guilty, after July 1, 1989.

And you could only request those records for a period of 6 years, after such finding by the court. And I move adoption of the amendment.

SPEAKER BALDUCCI:

Question is on adoption. Will you remark?

REP. WARD: (86th)

Yes, Mr. Speaker. Members of the Chamber, this is quite narrowly drawn change to the law with regard to the confidentiality of psychiatric records. It is strictly limited to those fact patterns, where the individuals records, as an individual has committed a homicide, has gone to trial, and been found not guilty by reason of insanity, or mental disease or mental defect under our Statutes. It will allow the victims

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immediate family then, to access those records.

And it would allow them to access the records for a period of 6 years. I will be frank with the Chamber in saying the initial genesis of the amendment is an attempt to address a problem for 1 particular family who suffered the tragedy of having a child killed on a city street while attending a sidewalk sale. That family's been granted by this General Assembly the right to bring a lawsuit, with regard to that, against the State of Connecticut.

By being unable to access the records, that right to bring the lawsuit is rendered meaningless. In the attempt to balance the interest of confidentiality of records and interests of families of the victim, I believe we strike that balance appropriately in this amendment. It provides a limited relief. There was concern expressed in the file copy that people could come back year after year after year to seek their records.

So we've drawn it to allow someone to only do that within a 6 year period. I believe it is fair, it is equitable and strikes a fair balance. And I urge the Chamber to support this amendment.

SPEAKER BALDUCCI:

Will you remark further on the amendment?

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Representative Tulisano of the 29th.

REP. TULISANO: (29th)

Mr. Speaker, I rise to oppose the amendment. Just as I have opposed what was in the file copy in Committee. And not without any empathy to the family of the individual, Representative Ward made relation to, because I did support and help develop the bill giving the right to sue. But the fact of the matter is, that it may be a useless gesture. First of all, we're trying to do something that is retroactive in nature. Secondly, the whole purpose of the confidentiality statutes, in dealing with psychiatric records, as the file, bill of the file copy itself, which deals with confidentiality begins to become less important.

And we take away the reason we are for confidentiality. If someone is found not guilty by reason of insanity, and thereafter is involved in a treatment program or involved in hospital care, there's no question. Most of us agree, I believe, that unless there is some cooperative effort with that individual, we run the risk of neither being addressing their illness and maintain, in my opinion, potentially dangerous individuals, ultimately when they do get out because we're not treating them.

I mean, any one of these individuals, although we're trying to address 1 problem, we may be exacerbating that problem in the future, because they will be reluctant to accept that treatment and to participate in it because clearly, those records may be available to somebody else and they will be subject to civil suit, etc., as individuals. I know that's not the intent of Representative Ward, it's the intent of number of individuals who would like to do something for this family.

But I do think the whole purpose of the file copy in the first instance, dealing with confidentiality, the whole purpose of the Statute generally, is obviated by such a proposal as this. Thank you Mr. Speaker.

SPEAKER BALDUCCI:

Will you remark further on the amendment?

Representative Fritz of the 90th.

REP. FRITZ: (90th)

Thank you Mr. Speaker. I stand to support the amendment. Jessica Short was a constituent of mine, and her family still remains constituents of mine. The person who perpetrated this crime was in Whiting Forensic Institute. He was already a murderer, he walked into the streets of Middletown, bought a hunting knife, and as that mother stood looking at articles at

a sidewalk sale, her child was stabbed to death in front of her. We saw what happened with Rodney King yesterday.

We saw the abuse he took and what happened. This, too, is similar. These parents have no recourse. This amendment will give them recourse under the law.

SPEAKER BALDUCCI:

Will you remark further on the amendment?

Representative Rennie of the 14th.

REP. RENNIE: (14th)

Thank you Mr. Speaker. I rise in favor of this amendment, and I think we ought to bear in mind the prosecutor, who will be having jurisdiction over this matter for many years to come, because at least every 2 years, the man who murdered Jessica Short will come before the Psychiatric Security Review Board. He has access to these records. These are not simply maintained in the hospital and no one else sees them. The prosecutor will see them, and what we're doing here is simply allowing the family to see them also.

And, I think we have to draw some distinctions between the public policies that cause us to keep certain records confidential, and may cause us, in this case, make them available to a family. This is someone who is going to be required to have treatment, because

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he has committed a murder. He has not been sent to prison. Instead, he is in our state mental hospital system. He's receiving different treatment. He is in a different class.

He is, in fact, many would argue that his treatment is far better at a state mental hospital than it would be in a state maximum security prison. And, because of that, we're going to treat him differently. And the way we do that, is allow the people that he has tormented and will torment for the rest of their lives, to see the medical reports and to learn how he was doing. And perhaps, if a law like this had been in effect before Jessica Short was murdered, that families would have had an opportunity to be more vigilant.

Families of previous victims would have known, and could have alerted officials to keep a closer eye on this person. Unfortunately, that wasn't the case. But we may indeed have an opportunity here, to prevent a tragedy in the future. And certainly in some small way, to mitigate the agony that that family endures each day. Thank you.

SPEAKER BALDUCCI:

Will you remark further on House "A"?

Representative Nystrom of the 46th.

REP. NYSTROM: (46th)

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Thank you Mr. Speaker. I rise in support of the amendment. Some of us in the House probably doesn't think the amendment goes far enough, but that's another battle for another day. It's very hard for families to be told that our law says an individual is not responsible for physical acts of violence committed against their family member. But that's what our law means to the families right now. At least this measure gives them some information about the individual.

Allows them to participate more in the process with the Psychiatric Security Review Board. And maybe helps the healing process as well. I would urge adoption.

SPEAKER BALDUCCI:

Further remarks on House "A"? Representative Mushinsky of the 85th.

REP. MUSHINSKY: (85th)

Thank you Mr. Speaker. I also rise in support of the amendment. As another Wallingford Legislator who worked with the Short Family, 2 years or 3 years ago when the incident occurred. In general, I would normally vote to keep psychiatric records confidential, because there is a therapeutic relationship we're trying to protect. But in this case, we have to weigh the interests of both sides. And if we keep it confidential in this case, we will be denying lee

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course to the Short Family.

And personally, I hope they sue the State. I hope they win. A large judgment will force the State to tighten their procedures on treatment of the dangerous mentally ill. So in the interest of fairness to the family and in tightening up the system, under which we keep dangerous mentally ill, I vote to make this special narrow exception to the law and I hope you will support me.

SPEAKER BALDUCCI:

Will you remark further on House "A"?
Representative Loffredo of the 33rd.

REP. LOFFREDO: (33rd)

Mr. Speaker, I also rise in favor of this amendment. This unfortunate incident that came about, came about in the Town of Middletown, a town which I represent. This unfortunate incident came about totally, not because of any wrongdoing of Jessica Short of her family, this particular incident, the loss of this life, this victimization came about because of some failure on the part of the State. Now we have allowed for a suit to take place, same time we are tying the hands and not allowing for appropriate important records to be disclosed.

This victimization deals with specific type of

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situation, the most horrendous we can think of. That dealing with the loss of life, homicide committed. I urge my members, my fellow colleagues, to support this amendment. Thank you.

SPEAKER BALDUCCI:

Will you remark further on House "A"?

Representative O'Rourke.

REP. O'ROURKE: (32nd)

Thank you Mr. Speaker. I also rise in support of this amendment. As someone who lives close to Middletown and represents part of Middletown, it's very hard to convey to people in the Chamber the horror that this tragedy has invoked in the last impression of the horror that has invoked our community. The City of Middletown has always been very proud of their Main Street Festival each year. But now no one could forget. Each summer, when we hold the Festival, the terrible tragedy of the Short Family and the attack from the patient from CVH.

Mr. Speaker, it's my sincere hope that this kind of tragedy will never occur again. And that this amendment would not only help the Short Family, but also push the State to have tighter controls at CVH and other mental hospitals, so that this kind of tragedy never happens again. I urge all of my colleagues, to

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please support the amendment. Thank you.

SPEAKER BALDUCCI:

Will you remark further on the amendment? If not, all those in favor of House "A", signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER BALDUCCI:

Opposed nay.

REPRESENTATIVES:

No.

SPEAKER BALDUCCI:

The ayes have it. (gavel) House "A" is adopted, ruled technical. Representative Stolberg, for what reason do you rise?

REP. STOLBERG: (93rd)

To comment on the bill sir.

SPEAKER BALDUCCI:

Wonderful. Will you remark further on the bill as amended? Representative Stolberg of the 93rd.

REP. STOLBERG: (93rd)

Thank you very much. Mr. Speaker, I have long held in high regard the professions indicated in this bill. Although in all of the discussion of the bill, I have not become convinced that this bill is warranted. I have not heard a list of cases that require legal

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confidentiality to be granted to marital and family therapists, or social workers. I think by extending legal confidentiality to large additional numbers of people, we put at risk our very legal system.

I certainly understand the lawyer client relationship, and the psychiatrist client relationship. And I can even envision a few instances where confidentiality might be warranted by marriage therapists. But to offer blanket confidentiality to entire new universes of individuals, I think compromises the potential effectiveness of our judicial system. And, therefore, I'm going to vote against the bill.

I haven't heard the case made and I will continue to listen on the floor, to see if the case is made. But if it's not made, I would urge the members of this Chamber to vote down the bill because of the potential damage it does to the efficaciousness of our entire Judicial System.

DEPUTY SPEAKER POLINSKY:

Thank you sir, will you remark further on this bill as amended? Will you remark further? Representative Mintz.

REP. MINTZ: (140th)

Thank you Madam Speaker. I rise, obviously in

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support of the bill. I think when, in our Statutes, we allow marriage and family therapists, and social workers to provide counseling to people. The only way that counseling works is if you know, if you know, that what

DEPUTY SPEAKER POLINSKY:

Representative Mintz. (gavel) This is going to be a very long day. And, we've got to treat each other with a little courtesy. I would ask that the outside conversations that are going on here be brought outside. Please bring your conversations out into the Lobby. Out into the Lobby please. I'm sorry Representative Mintz, please proceed.

REP. MINTZ: (140th)

Thank you Madam Speaker. When a client goes to a social worker or a family goes to a marriage and family therapist, there, I believe, that the only way that that counseling is going to be effective, and I think there's an expectation of this, that the conversations and the therapy that takes place behind that closed door, is confidential. Just like a psychiatrist, just like to psychologist. And I believe that's all we're doing, is making, we in our laws allow marriage and family therapists to provide counseling, and social workers to provide counseling.

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And if we want to make it effective, we have to provide them with this confidentiality. Thank you.

DEPUTY SPEAKER POLINSKY:

Thank you sir. Will you remark further on this bill as amended? Will you remark further?

Representative Winkler.

REP. WINKLER: (41st)

Thank you Madam Speaker. A question to Representative Mintz.

DEPUTY SPEAKER POLINSKY:

Please frame your question sir, ma'am.

REP. WINKLER: (41st)

Thank you. Representative Mintz, when this bill was referred to Public Health, the report that came from the Judiciary Committee said that one of the reasons for the bill was that the bill would also place a restriction on the use of the title, PSYCHOTHERAPIST. Is that, and I apologize I haven't been in the Chamber through all of the debate, so if this was addressed, I apologize. But could you answer that for me please?

REP. MINTZ: (140th)

Through you Madam Speaker, that was amended out in the Judiciary Committee. So if it was in the report of, the original proposed bill had restrictions on PSYCHOTHERAPISTS. This bill does not.

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REP. WINKLER: (41st)

Thank you.

DEPUTY SPEAKER POLINSKY:

Will you remark further on the bill as amended?
Will you remark further? If not, will all members
please take their seats. Staff and guests to the well
of the House. The machine will be opened.

CLERK:

The House of Representatives is voting by roll
call. Members to the Chamber please. Members, kindly
report to the Chamber. The House is taking a roll call
vote.

DEPUTY SPEAKER MARKHAM:

Have all members voted? Please check the roll call
machine to see that your vote is properly cast.
Machine will be locked. Clerk, please take a tally.
Announce the tally please. Clerk, announce the tally.

CLERK:

House Bill 5862, as Amended by House "A"

Total Number Voting	148
Necessary for Passage	75
Those voting Yea	131
Those voting Nay	17
Those absent and not voting	3

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DEPUTY SPEAKER MARKHAM:

Bill as amended is passed. (gavel)

CLERK:

Page 12, Calendar 240, substitute for House Bill 5671, AN ACT CONCERNING A STUDY OF THE REGIONALIZATION OF MUNICIPAL SERVICES.

Favorable Report of the Committee on GAE,
Government Administration and Elections.

REP. LOONEY: (96th)

Mr. Speaker?

DEPUTY SPEAKER MARKHAM:

Representative Looney of the 96th.

REP. LOONEY: (96th)

Yes, thank you Mr. Speaker. Mr. Speaker, I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

DEPUTY SPEAKER MARKHAM:

Question before the Chamber is the acceptance of the Joint Committee's Favorable Report and passage of the bill. Will you remark sir?

REP. LOONEY: (96th)

Yes, Mr. Speaker, thank you. What this bill does, Mr. Speaker, is to establish a 23 member commission, in which there would be 12 legislators and 11 others, variously appointed, to study and make recommendations

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Tuesday, May 5, 1992

next three days to take action on this item.

LAUGHTER

ACTING SPEAKER REP. TULISANO: (29th)

I'm sure Mr. Mintz will like that idea.

CLERK:

Please turn to Page 17, Calendar 406, Substitute for Senate Bill 5862, AN ACT CONCERNING CONFIDENTIAL COMMUNICATIONS MADE TO MARITAL AND FAMILY THERAPISTS, SOCIAL WORKERS, PSYCHIATRISTS AND PSYCHOLOGISTS. (As amended by House Amendment Schedule "A" and Senate Amendment Schedule "A").

Favorable Report of the Committee on Public Health.

REP. MINTZ: (140th)

Mr. Speaker.

ACTING SPEAKER REP. TULISANO: (29th)

Representative Mintz.

REP. MINTZ: (140th)

Thank you, Mr. Speaker. I move acceptance of the Joint Committee's Favorable Report and passage of the bill in concurrence with the Senate.

ACTING SPEAKER REP. TULISANO: (29th)

Will you remark?

REP. MINTZ: (140th)

Thank you, Mr. Speaker. Actually I'm very glad that your in the Chair for this bill.

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LAUGHTER

This bill deals with confidential communications between patients and marriage and family therapists and social workers and we added an amendment dealing with people who have been convicted of -- found not guilty of homicide by reason of insanity. We have a clean-up amendment on that. I'd ask the Clerk to call and I be allowed to summarize LCO4617.

ACTING SPEAKER REP. TULISANO: (29th)

The Clerk please call LCO4617.

CLERK:

LCO4617, Senate "A", offered by Senator Avallone.

ACTING SPEAKER REP. TULISANO: (29th)

Permission to summarize. Any objection?

Mr. Mintz.

REP. MINTZ: (140th)

Thank you, Mr. Speaker. What this amendment does is narrows those sections of the bill to make it clear that the communications that people will be able to obtain will only be available during the pendency of or the use in a civil action relating to those people found not guilty pursuant to 53a-13.

I move adoption.

ACTING SPEAKER REP. TULISANO: (29th)

The question is on adoption of Senate Amendment

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Schedule "A". Will you remark further?

REP. MINTZ: (140th)

Mr. Speaker, I'd like to yield to Representative Ward.

ACTING SPEAKER REP. TULISANO: (29th)

Mr. Ward, do you accept the yield?

REP. WARD: (86th)

Yes, I do, Mr. Speaker, and good morning to you, Mr. Speaker.

ACTING SPEAKER REP. TULISANO: (29th)

Good morning, Mr. Ward.

REP. WARD: (86th)

I also rise to support the amendment. It is a further narrowing really to provide protection to other people who might have been mentioned in the records because now you'll have to go through the court discovery process to get the records. It does solve, as we discussed in the early debate, the problem with regard to the Short family, but I would point out that it's not a Special Act limited to that. It's in limited circumstances for anyone who has a civil action brought where there has been the requisite finding of not guilty by reason of mental disease or defect.

So it is a law of general applicability by all means filed because of a particular case, a problem

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that we learned of, but it is of general applicability. I believe it is properly drawn narrowly so that it will not be overused or used where it's inappropriate and I support the amendment. Thank you, Mr. Speaker.

ACTING SPEAKER REP. TULISANO: (29th)

Will you remark further? Will you remark further on Senate "A"? If not, I'll try your minds. All those in favor signify by saying aye.

REPRESENTATIVES:

Aye.

ACTING SPEAKER REP. TULISANO: (29th)

All opposed.

REPRESENTATIVES:

Nay.

ACTING SPEAKER REP. TULISANO: (29th)

The ayes have it.

Senate "A" is adopted.

Will you remark? Will you remark? If not, staff and guests please come to the well of the House. The machine please be opened.

CLERK:

The House of Representatives is voting by roll call. Members to the Chamber please. The House is taking a roll call vote. Members to the Chamber.

ACTING SPEAKER REP. TULISANO: (29th)

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Have all the members voted? Are all your votes properly cast? Have all the members voted? Are your votes properly cast. The machine will be locked.

The Clerk please announce the tally.

CLERK:

House Bill 5862, as amended by House Amendment Schedule "A" and Senate Amendment Schedule "A", in concurrence with the Senate.

Total Number Voting	136
Necessary for Passage	69
Those voting Yea	134
Those voting Nay	2
Those absent and not Voting	15

ACTING SPEAKER REP. TULISANO: (29th)

The bill is passed.

The Clerk please call Calendar 522.

CLERK:

Please turn to Page 15, Calendar 522, Emergency Certified Bill, Senate Joint Resolution 40, RESOLUTION ADOPTING THE STATE OF CONNECTICUT CONSERVATION AND DEVELOPMENT POLICIES PLAN, 1992-1997.

REP. LOONEY: (96th)

Mr. Speaker.

ACTING SPEAKER REP. TULISANO: (29th)

Representative Looney.

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6866-7240
TRAILER SESSION

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House of Representatives

Monday, June 22, 1992

SPEAKER BALDUCCI:

The bill is passed.

REP. FRANKEL: (121st)

Mr. Speaker.

SPEAKER BALDUCCI:

Representative Frankel.

REP. FRANKEL: (121st)

Mr. Speaker, at this time I would move for the suspension of our rules for the immediate transmission to the Senate of this last item of business.

SPEAKER BALDUCCI:

Is there objection? Seeing none, it's so ordered.

Will the Clerk please call Substitute for House Bill 5862, File 637.

CLERK:

House Bill 5862, File No. 637, AN ACT CONCERNING CONFIDENTIAL COMMUNICATIONS MADE TO MARITAL AND FAMILY THERAPISTS, SOCIAL WORKERS, PSYCHIATRISTS AND PSYCHOLOGISTS. (As amended by House Amendment Schedule "A" and Senate Amendment Schedule "A").

Vetoed June 12, 1992.

SPEAKER BALDUCCI:

Representative Mintz of the 140th.

REP. MINTZ: (140th)

Thank you, Mr. Speaker. I move reconsideration of

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the bill.

SPEAKER BALDUCCI:

The question is reconsideration. Will you remark?
If not, Representative Frankel.

REP. FRANKEL: (121st)

Mr. Speaker, there is no debate on this item. At
this time I would move that when the vote is taken it
be taken by roll.

SPEAKER BALDUCCI:

The question is a roll call vote. All those in
favor signify by saying aye.

REPRESENTATIVES:

When the vote is taken it will be taken by roll.
Will you remark further on reconsideration of the bill?
If not, staff and guests to the well. Members please
be seated. The machine will be opened.

CLERK:

The House of Representatives is taking a roll call
vote. Members to the Chamber. The House is voting by
roll call. Members to the Chamber please.

SPEAKER BALDUCCI:

Have all the members voted? If all the members
have voted, the machine will be locked. The Clerk take
a tally. Representative Stolberg of the 93rd.

REP. STOLBERG: (93rd)

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Mr. Speaker, in the negative please.

SPEAKER BALDUCCI:

Representative Stolberg in the negative.

REP. FONFARA: (4th)

Mr. Speaker.

SPEAKER BALDUCCI:

Representative Fonfara of the 4th.

REP. FONFARA: (4th)

Thank you. I'd like to be recorded in the negative please.

SPEAKER BALDUCCI:

Representative Fonfara in the negative.

REP. NEWTON: (124th)

Mr. Speaker.

SPEAKER BALDUCCI:

Representative Newton of the 124th.

REP. NEWTON: (124th)

In the negative.

SPEAKER BALDUCCI:

Representative Newton in the negative.

SPEAKER BALDUCCI:

Representative Dillon of the 92nd.

REP. DILLON: (92nd)

In the affirmative.

SPEAKER BALDUCCI:

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Representative Dillon in the affirmative.

The Clerk please announce the tally.

CLERK: essentially did

Motion to Reconsider House Bill 5862.

Total Number Voting 143

Necessary for Reconsideration 72

Those voting Yea 114

Those voting Nay 29

Those absent and not Voting 8

SPEAKER BALDUCCI:

The motion to reconsider is passed.

Representative Mintz.

REP. MINTZ: (140th)

Thank you, Mr. Speaker. I move for repassage of
the bill.

SPEAKER BALDUCCI:

The question is repassage of the bill. Will you
remark? Representative Ward of the 80th.

REP. WARD: (86th)

86th, Mr. Speaker.

SPEAKER BALDUCCI:

86th.

REP. WARD: (86th)

Thank you, Mr. Speaker.

SPEAKER BALDUCCI:

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I thought I said that. Mr. Speaker, briefly, I think something should be put on the record. The veto message essentially did not address the underlying bill, but it dealt around an amendment that I sponsored along with four other members, Representative Fritz and others.

I believe the veto message misstates the law with regard to several areas. It indicates that the bill should not have retroactive effect because the Connecticut General Statutes 55-3, the case law is abundantly clear, frankly, including the case cited by the Governor, that it cannot have retroactive effect unless the legislature intends it to have so. We clearly intended it to have so. We said it applies to cases after 1989.

The Supreme Court of this state has specifically held that you can do that if you intend it to be so. The constitutional prohibition on retroactive deals with ex post facto criminal laws and has no bearing on what we're doing here today.

The other objection is to the fact that there is some distinction between those prior to and after 1989, there's a very rational basis for doing that. This is a very narrow exception. The records can only be obtained if there's a civil lawsuit. We logically

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applied it to 1989 because there is a two or three year statute of limitations for bringing a civil lawsuit. Therefore, it's reasonable from 1992 to reach back to 1989.

I would urge the Chamber to support the amendment. There's a rational basis for it. I think you all remember the bill from the Regular Session and it is a fair balancing of the interests at hand. The underlying bill is also worthy of support. Thank you, Mr. Speaker.

SPEAKER BALDUCCI:

Thank you. Further remarks on the bill?
Representative Stolberg of the 93rd.

REP. STOLBERG: (93rd)

Mr. Speaker, I urge the Chamber to seriously consider sustaining this veto. I don't want to comment on the specific case that was referred to largely brought about in the amendment to this bill. I have never believed and continue to oppose legislation affecting specific cases, particularly while they're still pending in court.

It is the underlying bill, however, that I would like to make one last comment on and that is with -- Mr. Speaker, could we have a little order? I can't hear very well.

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SPEAKER BALDUCCI:

We certainly may, Representative Stolberg. (Gavel)

REP. STOLBERG: (93rd)

Mr. Speaker, I have the utmost regard for family therapists and for psychologists. I think by extending confidentiality to a very large new universe of individuals, we are risking doing serious damage to our judicial system. Many of the same arguments could be used, for example, to extend confidentiality to teachers, to other large groups in our society and the more we extend confidentiality, the more we make it difficult, if not impossible, for the judicial system to seek prosecution when it is called for.

I have asked the proponents of this bill again and again and again for examples of the kinds of cases that require this bill and I have not even gotten a short list of those.

We are, however, infringing upon the rights of psychiatric patients and their privacy by passing this bill. So I would urge that the veto be sustained.

SPEAKER BALDUCCI:

Further remarks on the bill? Representative Fritz of the 90th.

REP. FRITZ: (90th)

Thank you, Mr. Speaker. I urge my colleagues to

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vote to override the veto because the gap is very narrow with regard to the confidentiality issue. it applies only to the victim's family and the window of opportunity is only for six years, and remember, in this case the State of Connecticut has given this family the right to sue. They say they have that right. This person was a client of the state, incarcerated at Whiting Forensic Institute --.

SPEAKER BALDUCCI:

Representative Fritz.

REP. FRITZ: (90th)

Was transferred to CVH. While a client there was never supposed to roam or move without a guard or an attendant, continued to be declassified to the point where he signed himself out and Jessica Short became the victim.

The Short family is the victim in this instance and the state has said they have the right to sue, but will not open the records to them.

I urge my colleagues to vote to override this veto. Thank you.

SPEAKER BALDUCCI:

Further remarks? Representative Varese of the 112th.

REP. VARESE: (112th)

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Thank you, Mr. Speaker. Mr. Speaker, it wasn't my intention to get up and talk on this particular bill, but I think something should be said. It seems in my mind at least, that there's a good part of this bill and not such a good part of this bill and the decision has to be made in which direction to go from there. I can certainly understand the concerns that the last Representative stated and also those of Representative Ward, but I have to concur with Representative Stolberg as far as the expansion of any additional confidentiality is concerned especially in regard to a broad base, going into the area of social work and I could see us here again next year going further in this area and I would think that for the process and for the system it's going to be detrimental overall if we go along with this particular bill and allow additional confidentiality to occur.

SPEAKER BALDUCCI:

Further remarks on the bill?

REP. MINTZ: (140th)

Mr. Speaker.

SPEAKER BALDUCCI:

If not -- Representative Mintz of the 140th.

REP. MINTZ: (140th)

Just very quickly. In terms of -- we are allowing

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marriage and family therapists and social workers to do mental health counseling. The confidentiality accrues to the patient. The patient can waive the confidentiality if the patient wants to. The patient can revoke the confidentiality. I just feel that if psychological mental health counseling is going to work, the people who are availing themselves of that, including families under marriage and family therapists, need to know that that counseling is going to be confidential and I would urge the override of this veto.

SPEAKER BALDUCCI:

Will you remark further?

REP. MUSHINSKY: (85th)

Mr. Speaker.

SPEAKER BALDUCCI:

Representative Mushinsky of the 85th.

REP. MUSHINSKY: (85th)

Thank you, Mr. Speaker. The veto message says that a delicate balance must be maintained between the rights of the victims and the state's duties to protect those under our care.

The problem is under current law without this bill we have an unbalanced system. The rights of the victims are superceded by the rights of the patients

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and if the Short Family cannot gain access to the records, the suit is much less likely to be successful. I personally feel the lawsuit is the most effective way to win permanent changes in the mental health system so that another tragedy cannot happen to any other family's child.

I hope you will support me in overriding the veto.

SPEAKER BALDUCCI:

Will you remark further? If not, staff and guests to the well. Members please be seated. The machine will be opened.

CLERK:

The House of Representatives is voting by roll call. Members to the Chamber. The House is voting by roll call. Members to the Chamber please.

SPEAKER BALDUCCI:

Have all the members voted? Have all the members voted and is your vote properly recorded? The machine will be locked. The Clerk take a tally.

Representative Chase of the 120th.

REP. CHASE: (120th)

In the affirmative, Mr. Speaker.

SPEAKER BALDUCCI:

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Representative Chase in the affirmative.

The Clerk please announce the tally.

CLERK: MINES FOR INFRACTION

House Bill 5862.

Total Number Voting 143

Necessary for Repassage

by 2/3rd 101

Those voting Yea 103

Those voting Nay 40

Those absent and not Voting 8

SPEAKER BALDUCCI:

The bill is passed.

REP. FRANKEL: (121st)

Mr. Speaker.

SPEAKER BALDUCCI:

Representative Frankel.

REP. FRANKEL: (121st)

Mr. Speaker, I would move the suspension of our rules for the immediate transmission to the Senate of this last item of business.

SPEAKER BALDUCCI:

Is there objection? Seeing none, so ordered.

Will the Clerk please call House Bill 5846, File 630.

CLERK:

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Yes, Senator O'Leary.

SENATOR O'LEARY:

There's one more bill we're going to do before we adjourn, on Page 20. Would the Clerk call Calendar 475?

THE CHAIR:

Thank you very much. Mr. Clerk.

THE CLERK:

Calendar Page 20, Calendar No. 475, File No. 462 and 637, Substitute for House Bill 5862, AN ACT CONCERNING CONFIDENTIAL COMMUNICATIONS MADE TO MARITAL AND FAMILY THERAPISTS, SOCIAL WORKERS, PSYCHIATRISTS AND PSYCHOLOGISTS. (As amended by House Amendment Schedule "A").

Favorable Report of the Committee on Public Health.

The Clerk is in possession of one amendment.

THE CHAIR:

Thank you very much. The Chair would recognize Senator Avallone.

SENATOR AVALLONE:

Yes, Madam President. I would move the Joint Committee's Favorable Report and adoption of the bill.

THE CHAIR:

In accordance with the --?

SENATOR AVALLONE:

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In accordance with the action of the House.

THE CHAIR:

Thank you very much. Mr. Clerk.

THE CLERK:

LCO4617, which will be designated Senate Amendment
Schedule "A". It's offered by Senator Avallone of the
11th District.

THE CHAIR:

Senator Avallone.

SENATOR AVALLONE:

Yes, Madam President. I would move the Joint
Committee's -- excuse me, I would move the motion and
request permission to summarize and waive its reading.

THE CHAIR:

Please proceed, Senator.

SENATOR AVALLONE:

Yes, this amendment would restrict the information
regarding the individuals who have been found not
guilty as a result of insanity and the information in
those files could be related under certain
circumstances and this amendment makes sure that those
circumstances are during the pendency and in the use of
in conjunction with a civil action that has been filed,
and for legislative intent, I want to make it crystal
clear that it is intended by this bill that the only

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way this information would be made available is in the use of a civil case which means the discovery rules would be in effect and therefore it would take a court order to be able to get this information out.

THE CHAIR:

Thank you very much. Would anybody else wish to remark? Senator Freedman.

SENATOR FREEDMAN:

Through you, to Senator Avallone, who would have access to this information under the court order?

THE CHAIR:

Senator Avallone.

SENATOR AVALLONE:

Through you, Madam President, that would be the subject of a court order. In other words, a Motion for Discovery of this information would be made. The individuals involved in the lawsuit would be notified. They would be able to object to this discovery. There would be an opportunity for the court to limit the orders, but that would be done through the court an order from the court would be necessary.

SENATOR FREEDMAN:

Thank you.

THE CHAIR:

Are there any further questions on Senate Amendment

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--? Senator Przybysz.

SENATOR PRZYBYSZ:

I would just like to thank Senator Avallone for drafting this amendment. I know that the way that it is drafted now meets many of the concerns of members of the Circle and so I want to thank personally Senator Avallone. Thank you.

THE CHAIR:

Thank you very much. Senator Mustone.

SENATOR MUSTONE:

Yes, Madam President. I too stand to thank Senator Avallone and also Representative Ward who was in the room in the Wallingford Delegation. This little girl was killed in my district and it was a very, very tragic case, but I do thank the Committee on Judiciary for bringing it forward this amendment which was very difficult to craft. Thank you, ma'am.

THE CHAIR:

Thank you very much. Senator Larson.

SENATOR LARSON:

Thank you, Madam President. I too would like to thank the Judiciary Committee. I had the opportunity to speak over the phone the other evening with the mother of the poor young girl whose life was taken and indeed want to commend the Judiciary for their action.

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THE CHAIR:

Thank you very much. Senator Robertson.

SENATOR ROBERTSON:

Thank you, Madam President. As long as everyone else is rising to thank Senator Avallone, I think if I might on behalf of Senator Aniskovich and I, both representing Wallingford, we truly appreciate it.

THE CHAIR:

Thank you very much. Would anybody else wish to remark? Are there any further remarks on Senate Amendment "A", LCO No. 4617? If not, please let me know your mind. All those in favor of LCO No. 4617, Senate Amendment "A" please signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

Opposed.

The ayes have it.

The amendment is adopted.

Senator Avallone.

SENATOR AVALLONE:

I have nothing further to --.

THE CHAIR:

Thank you very much. Would anybody else wish to remark on Substitute for House Bill 5862, Senate

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Calendar No. 475? If not, Mr. Clerk, make the necessary announcement for a roll call vote please.

THE CLERK:

An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber. An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

Thank you very much, Mr. Clerk. The issue before the Chamber is Senate Calendar No. 475, Substitute for House Bill No. 5862, as amended by Senate Amendment "A", LCO No. 4617. The machine is on. You may record your vote.

Have all Senators voted that wish to vote? Have all Senators voted that wish to vote? The machine is closed.

The result of the vote:

34 Yes

0 Nay

1 Absent

The bill passes.

Senator Avallone.

SENATOR AVALLONE:

Yes, Madam President. I made an announcement

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Have all Senators voted? Have all Senators voted?

The machine is closed.

The result of the vote:

33 Yea

3 Nay

0 Absent

The motion carries. The bill passes.

THE CLERK:

Substitute for House Bill 5862, File No. 462 and 637, AN ACT CONCERNING CONFIDENTIAL COMMUNICATIONS MADE TO MARITAL AND FAMILY THERAPISTS, SOCIAL WORKERS, PSYCHIATRISTS AND PSYCHOLOGISTS. (As amended by House Amendment Schedules "A" and Senate Amendment Schedule "A").

Public Act 92-225, which was vetoed by the Governor.

THE CHAIR:

Thank you very much. The Chair will recognize Senator Avallone.

SENATOR AVALLONE:

Can I stand in recess for just one second -- at ease, I'm sorry.

THE CHAIR:

Just one second?

SENATOR AVALLONE:

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Yes, or two or three.

THE CHAIR:

Three max. The Senate will stand at ease for three.

LAUGHTER

The Chair will recognize Senator Avallone.

SENATOR AVALLONE:

Thank you, Madam President. I would move for reconsideration.

THE CHAIR:

Thank you very much, Senator. Do you wish to remark on your motion?

SENATOR AVALLONE:

No.

THE CHAIR:

Thank you very much. Would anybody else wish to remark on Senator Avallone's motion to reconsider Substitute for House Bill No. 5862? Are there any further remarks? If not then, please let me know your mind. All those in favor of the motion to reconsider Substitute for House Bill No. 5862 please signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

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Opposed.

The ayes have it.

Senator Avallone, a motion a readopt.

SENATOR AVALLONE:

Readopt in concurrence with the action of the
House.

THE CHAIR:

Thank you very much, Senator. Would you wish to
remark any further?

SENATOR AVALLONE:

I believe that the bill was thoroughly debated
during the course of the year in the Regular Session.
I would just merely add that there are two parts of the
bill, as I understand it, which are potential concerns.
The first deals with the confidentiality of this
information to therapists in the other category.

I don't know that there is much objection to that.
It is the second part of the bill, which was an
amendment offered by myself that seems to have
addressed much of the concern and that it is a very,
very narrowly focused exception where certain
information can become available and lose the
confidentiality that we've talked about. That
amendment is very narrowly focused and what has always
been difficult for me on this bill is that what we are

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trying to protect in the first part of this bill is information which is important to be able to come out in certain very, very protected areas.

The people who will now have confidentiality are professionals. They are licensed. Their backgrounds are extensive and they truly are professionals and it is deemed important to give up some rights, potential rights of the public to know certain information in order for people to feel free to give up information and so they can be used for the betterment of that individual, perhaps families and others.

The other part of the bill really does the same thing. It eliminates one piece of information under very, very narrow circumstances. When we talk about actions after a criminal procedure where there has been a finding and then a civil suit is brought, certain people who bring -- only certain people can bring the civil action and have the right to obtain information, and also, the rules of evidence in a courtroom will decide whether or not the information should be released.

It isn't just that a civil suit is brought and just brought by a limited section of people. There still has to be a finding by a court that there is some reason to give up this information. It isn't just

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because the plaintiffs in the action want to have it. The court still must go through its procedures. So I believe that the amendment has been drafted as narrowly as possible so that the free dissemination of this kind of information is in fact not free dissemination of information, but extremely limited and extremely focused.

THE CHAIR:

Thank you very much, Senator Avallone. Would anybody -- yes, Senator Spellman.

SENATOR SPELLMAN:

Thank you, Madam President. I would like to associate myself with the remarks of Senator Avallone and also indicate some level of concern about a communication that was dispensed to all members of this Circle and all members of the General Assembly in regard to this piece of legislation by a lobbyist purporting to indicate that this legislation opened up to disclosure information as to other person and not the accused in regard to the civil action in which the disclosure is limited.

This particular piece of legislation could not be more narrowly crafted in regard to the potential use and the need for the use I think has been clearly demonstrated in regard to the incident that spawned

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this legislation, but I'm bothered by the fact that when a lobbyist who is otherwise respected by the Circle circulates information as to a piece of legislation, it's often believed and this is just patently not true, that this piece of legislation does not in any way authorize disclosure of information as to any other psychiatric patient other than the person accused of the crime and only for the limited purpose of a civil action initiated by the family of the accused.

So I want to make that very clear to the Circle and express my particular disappointment that a lobbyist would circulate that kind of misinformation to the General Assembly.

THE CHAIR:

Thank you very much, Senator. Senator Matthews.

SENATOR MATTHEWS:

Thank you, Madam President. I appreciate the remarks of Senator Spellman and Senator Avallone and I understand their argument that this particular amendment narrows the instance when it would be used quite decidedly. However, in discussions with the Psychiatric Review Board representatives, I've been told that this is actually not as narrow as it would appear.

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There are 50 people who are accused of homicide who are now -- who would be in a position to exercise this amendment if it were passed and I think that's a reason to give us some pause.

Also, in speaking not in a narrow focus, but in a general way, I think if we begin to allow confidentiality to be broached or breached, I think it sets a feeling to a patient that there may be another instance or another situation whereby the confidential nature of their discussions with the doctor would be open to review and I think once that begins to enter the mind of a patient, then I think we have perpetrated a tremendous difficult in that association with the patient and the physician.

THE CHAIR:

Thank you very much, Senator Matthews. Would anybody else wish to remark? Senator Przybysz.

SENATOR PRZYBYSZ:

Thank you, Madam President. I would stand in opposition to my good colleagues, Senators Spellman and Avallone. I had very serious reservations about this bill when we originally voted on it during the Regular Session. I reluctantly did vote for it then, but after reading the Governor's veto message, I think I go back to my original reasons and concerns about this bill.

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First of all, I think I am not convinced after reading Connecticut General -- Section of the General Statutes about the Connecticut General Statutes -- well, I'll find it -- 55-3, whether the original intent of this bill to apply retroactively is met. I have some concerns whether that will be met. We know the reason why this bill is before us because of the tragedy that occurred in Middletown with the Short family and I and everyone in this Circle certainly sympathized with them on the loss of their daughter.

However, I do believe that we are beginning a precedent here of taking away rights of certain people and the rights are those people who are judged mentally disabled or those who are judged not guilty of homicide by reason of mental disease or defect. We are taking away certain rights of these people.

Now they have committed a violent crime, we understand that, but they were judged innocent because of the mental defect that they possess. Let me say that if we begin taking away the rights of these people, I believe that we are on a path where we'll begin to take the rights away from other people.

We have precedent in this state regarding abuse cases within the Department of Children and Youth Services that do not allow records to be disclosed to

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anyone.

If we pass this bill, we will continue to chip away at these certain rights. I would ask the Circle to sustain the Governor's veto.

THE CHAIR:

Thank you very much, Senator Przybysz. Would anybody else wish to remark on Substitute for House Bill No. 5862? Are there any further remarks? If not, Mr. Clerk, would you please make the necessary announcement for a roll call vote.

THE CLERK:

An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber. An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

Thank you very much, Mr. Clerk. The issue is Senate Agenda #1, a motion to readopt Substitute for House Bill No. 5862. The machine is on. You may record your vote.

Have all Senators voted? Have all Senators vote?
The machine is closed.

The result of the vote:

26 Yea

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10 Nay
0 Absent

The motion carries. The bill is adopted.

Mr. Clerk, do you have any further business on your desk?

THE CLERK:

Madam President, there is two other bills. It was my understanding they are not to be called.

THE CHAIR:

All right, thank you. Senator Robertson.

SENATOR ROBERTSON:

Madam President, I would move reconsideration on Senate Agenda #1, House Bill 5148, Public Act 163.

THE CHAIR:

Thank you very much. You have before you a motion from Senator Robertson, a motion to reconsider House Bill No. 5148, File No. 532. Mr. Clerk, do you have anything to say about that? Do you want to call it?

THE CLERK:

Calling from Agenda #1, House Bill No. 5148, File No. 532, AN ACT CONCERNING CERTAIN PATIENTS IN NURSING HOMES WHICH HAVE TERMINATED THEIR MEDICAL PROVIDER AGREEMENTS.

Public Act 92-163, which was vetoed by the Governor.

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all courts are, are subject to going before this committee and I would only tell you as a member of the Trial Court, that there are many of my colleagues who almost look over their shoulder.

And the Chief Justice alluded to this. That judges should not have to make tough decisions while looking over their shoulder. And the morale is not high. And part of the reason is, I think, is an expectation of proliferation of complaints. And, I could only say that, that isn't healthy to make decisions of the nature that we do make with this kind of anxiety.

Certainly, the public must be served, this body must be made accessible to the public. And we're sure that those aspects of the bill are retained, that it will be. Chief Justice said we all have bad days, and I suspect that's true of everyone on this planet. I think ours on the bench are occasioned mostly, not by ingrained in temperance, but by a nature of the job, by the rapidity of decision making, without recess for reflection.

But through what the individual judge knows by the intense volume of cases in all courts. And by the very limited staff assistance that any of us, on a trial bench has. I don't make that as a complaint. Make that as a reason, sometimes, for some people having those bad days, and probably making some, something that might end up with at least an admonishment, but which isn't anything that is on the scale of 1 to 10, extremely serious.

It is with that sense that I appear before you and ask you, to consider those things when you do write this important bill. I'd answer any questions if any members if you wish.

REP. MINTZ: Thank you Judge. Any questions? Thank you very much.

JUDGE DAVID BARRY: Thank you.

REP. MINTZ: Felix Davis and than Amalia Figlewski.

FELIX DAVIS: Good afternoon ladies and gentlemen of the Judiciary Committee. I appreciate your time this afternoon. My name is Felix Davis, and I'm a

HB 5862

Representative of the Connecticut Association of Pastoral Psychotherapists. I would like to address Bill Number HB5862, concerning marital and family therapists, social workers and psychotherapists.

The primary purpose of this bill is to insure client or patient confidentiality. We feel that that is most appropriate. However, Section 3 of this particular bill, Lines 180 through 187, is designed specifically to restrict the use of the term "psychotherapist".

We see this as an effort to withdraw from general usage, and inclusive term that historically has been used by many to define their practice of mental health care, and to limit its application to specific interest groups. As a group of clinicians, we utilize the term "Pastoral Psychotherapist" to describe our advanced professional training in mental health care and treatment.

So the term psychotherapist, is important to our public definition, as professionals. The Pastoral Counseling Center of Manchester, which I've been the Director for the last 16 years, is a typical expression of Pastoral Psychotherapy. The Center is an Outpatient Psychiatric Clinic and Drug and Alcohol Treatment Facility. Licensed by the Department of Health Services of the State of Connecticut.

We have 9 psychotherapists on our staff, from a variety of clinical backgrounds. Including Pastoral Psychotherapy, Counseling Psychology, Educational Psychology, Marital and Family Therapy, Medicine and Psychiatry, all educationally qualified and professionally competent. Among us we hold advanced degrees, DMEN, MS, MA, MD, THM and PHD.

We service clients referred to us by physicians, attorneys, clergy, other social service agencies, other mental health facilities, hospitals, probation office, the Superior Court, DCYS, DMR, and others. We are Medicare and Medicaid providers. We do not turn people away for want of funds. Conforming the state law in good medical practice, we are required to write a progress note after each hourly session of therapy.

We are required to label that note as individual, family, or con-joint psychotherapy. If Section 3 of Bill HB5682 is passed, we'll find ourselves in the absurd position of labeling our work as Psychotherapy by Law, but forbidden by Law, to call ourselves Psychotherapists. We respectfully request the Judiciary Committee to delete from Bill Number HB5862, Section 3, Lines 180 through 187 for the following reasons.

One, in our view, this constitutes an improper use of language, infringement of free speech and misappropriation of public term. Two, it interferes with rights of other recognized professionals to do business in a fair and accepted manner and implied your stamp of trade. Three, it could unfairly benefit some to the exclusion to others, limiting competition, thus driving up the costs.

Four, it precludes the rights of several groups of established practitioners, freely to define themselves. Five, it is irrelevant to the primary intent of the bill. Six, if enforceable at all, I would seem costly and time consuming beyond any reasonable justification. Seven, in the original Greek, "psyche" means soul and "therapy" means healing. Hint, psychotherapy means the cure of souls.

This is neither a work nor a word that we dare allow to become the exclusive practice or property of anyone. I would like to add one other thought, we had expected a (inaudible) that Dr. William Zeller would be here this afternoon to testify in the same manner. I suspect he may not make it on time and so lose his place.

It is our understanding from talking with him briefly, that the American Psychiatric Association have considered these same actions some 15 years ago, and decided that it was not their privilege, or prerogative to capture this very specific word, and deny its use to other practitioners of psychotherapy. Thank you very much for your consideration. That concludes my comments.

REP. MINTZ: Let me ask you a few questions.

FELIX DAVIS: Surely.

REP. MINTZ: Do Pastoral Psychotherapists have the same protection that we're trying to afford to social workers and family and marital therapists?

FELIX DAVIS: Council of Psychotherapists are not, at this point, certified under the laws of the state. Although, we had hoped that they might be and are, at the present time, working on that. Our concern for confidentiality has its ancient roots in the confessional. So we tend to, we tend to follow the same guidelines, in general, as a group.

That are defined by the state. And in my own Center, which is governed by State Law, we are protected by these exact guidelines, yes.

REP. MINTZ: Through the Substance Abuse Counselors? Under what guidelines are you protected?

FELIX DAVIS: In my own particular center, anyone, we are licensed by the state, and we follow the rules and the (inaudible) of state law governing confidentiality and is protected.

REP. MINTZ: How's that?

FELIX DAVIS: It just is.

REP. MINTZ: My understanding is, the only practitioners counseling that is protected by confidentiality are psychiatrists and psychologists at this point.

FELIX DAVIS: Mr. Mintz, to the best of my knowledge, those of us who operate under, under the state laws, are reasonably protected.

REP. MINTZ: That's not true.

FELIX DAVIS: Okay, than I stand corrected.

REP. MINTZ: I mean, part of the problem is that people come to you and think there remarks to you are confidential, when in reality, there not.

FELIX DAVIS: We absolutely guarantee that.

REP. MINTZ: How can you guarantee that if you're subpoenaed into court and compelled to testify?

FELIX DAVIS: We would be compelled to testify under subpoena. But we guarantee confidentiality to the best of our ability.

REP. MINTZ: Okay.

FELIX DAVIS: This is to do with the early, the first part of the bill, primary focus of the bill. Which we have no problem.

REP. MINTZ: The other question I have is what do you think of someone who, is a licensed psychologist, or licensed psychiatrist, who loses his license

FELIX DAVIS: Uh huh

REP. MINTZ: to be a psychologist, and then hangs out his shingle as a psychotherapist. How do we deal with that issue?

FELIX DAVIS: I would be inclined to think that there might need to be some look at the laws that govern the licensure and disciplining. I would think that that might be a way to go. My concern, or our concern with Section 3 of this bill, is it's a bit of an (inaudible).

And it covers to many other possibilities. I can understand the need to prevent someone who has been disciplined by his or her professional group, or by the state guidelines. Opening up another rule break. I can appreciate that. But I think that that might be better handled through other means.

REP. MINTZ: In terms of, in terms of pastoral counseling

FELIX DAVIS: Uh huh

REP. MINTZ: is each pastoral counselor associated with a church, or they just have Doctors of Divinity?

FELIX DAVIS: Pastoral Counselors, those of us who are related to the American Association of Pastoral Counselors, have advanced degrees in one or more of

the mental health disciplines. We are required by professional training and credentialing to have supervision, that is extensive as the same kind of preparation for a licensed social worker for a marriage and family therapist. So that is who we are.

REP. MINTZ: So there is no association with a church itself. You're not a minister of a church, or

FELIX DAVIS: Most of us are or have been, or have a clergy background, yes.

REP. MINTZ: But at this point, most. What I'm trying, I wouldn't mind, people who go to their pastor

FELIX DAVIS: Yes

REP. MINTZ: the local pastor in the church or a temple, or whatever

FELIX DAVIS: Uh huh

REP. MINTZ: to get counseling. I wouldn't want to mess with that. But I'm just not sure people out there, earning a living as psychotherapists, who, one, not licensed by the state, there's no requirements that the state to protect the consumer at this point.

FELIX DAVIS: That may be so.

REP. MINTZ: Holding themselves out as psychotherapists, when, in reality, you may very well be qualified. But in the eyes of the state, there is no mechanism to show that to the consumer.

FELIX DAVIS: We'd be more than delighted if the state would certify us as they have done other groups.

REP. MINTZ: And go through a licensing procedure?

FELIX DAVIS: Yes of course, or a certification procedure, yes. As a matter of fact, we are before the legislature of a public health committee last year, in an effort to be included, along with others.

REP. MINTZ: Is that right?

FELIX DAVIS: But that is not our concern particularly today.

REP. MINTZ: My concern, in this Section, is that there are people have been disqualified from being a social worker or a substance abuse counselor, or any licensed to register profession in this state, who than get around the law

FELIX DAVIS: Uh huh

REP. MINTZ: by than saying that there just a psychotherapist. And you may, you may very well be qualified at the psychotherapist. I don't know, because I've never heard to you until you sat down before me.

FELIX DAVIS: We should tell you more about ourselves.

REP. MINTZ: So I don't know what you're qualifications are, and I don't think it's appropriate to take up the time of the committee at this point to go through all of that. But that's the concern that I have.

FELIX DAVIS: I appreciate that.

REP. MINTZ: Is that people who put out their shingles that have, you know, thrown out of one group

FELIX DAVIS: That's true

REP. MINTZ: and now they're saying their psychotherapists.

FELIX DAVIS: Well, there might be ways to close up some disciplinary measures in the laws that are already written. Some states even write omnibus laws to certify or license all practitioners and who must than meet certain qualifications.

REP. MINTZ: I suspect one, hmmm, one way we might do it is say, that if you lost your license, or been denied registration, than you can't call yourself a psychotherapist.

FELIX DAVIS: That makes sense to me.

REP. MINTZ: Do you have an Association that disciplines you?

FELIX DAVIS: Yes we do. I'm a member of the American Association of Pastoral Counselors, which is a National Organization and we have an Ethics Committee, we have a Code of Ethics, we have Standards for Membership and Standards for Progression through various levels of membership. I'm a Diplomate and we also can be disciplined by our own organization.

REP. MINTZ: And what happens if you are stripped of your membership in this association? Can you continue to hold yourself out as a pastoral psychotherapist, what would happen?

FELIX DAVIS: I certainly could not announce myself as a member of the Association in good standing, and therefore, qualified to do Psychotherapy under the (inaudible) of the American Association.

REP. MINTZ: Okay, I mean I would suggest that you check with your Legal Council, because I do not think you are protected. That's why there's social workers are here, and family and marriage counselors are here.

FELIX DAVIS: Uh huh.

REP. MINTZ: Because they are not, the only ones that are protected are the psychiatrists, and we just did the psychologists a few years ago. So

FELIX DAVIS: I certainly would support that protection.

REP. MINTZ: I mean, do you disclose to your clientele that you don't have this protection?

FELIX DAVIS: What, what in our office do, is to give to each of our clients a statement of their client rights. Included in which, is the statement of confidentiality.

REP. MINTZ: But that's not true.

FELIX DAVIS: Well, because I operate under the regulations of the Department of Health, it is true for my office. I'm not sure that it's necessarily true for all other counselors.

REP. MINTZ: Okay, okay. Representative Grabarz, you have a question?

REP. GRABARZ: Just quickly, because this is, actually sponsored the bill for licensure for the Pastoral Counselors last year. And, so I understand your perspective, however, this bill is to address those people who hold themselves out as psychotherapists, who for some reason or other by, our unqualified.

And, I think there's still a need to do that. What are the qualifications that belong to your organization?

FELIX DAVIS: To my organization?

REP. GRABARZ: Yes.

FELIX DAVIS: There's a basic clergy background required to begin with. Some experience in the life of the Church or Synagogue, as prior. Then there is an additional advanced degree, and one of the related mental health disciplines, a Masters in Counseling, a Doctor in Ministry and Psychology, the Ph.D. in Psychology.

REP. GRABARZ: How many of those people practicing Pastoral Psychotherapy, belong to your organization? Are there are a large number of people who call themselves Pastoral Psychotherapists who don't belong to your organization?

FELIX DAVIS: There are about 50 people in the State of Connecticut who belong in the organization and are practicing. There are between 2,000 and 3,000 across the country who belong in our practice. I don't believe that there would be many who are not qualified who would hang their shingles out as Pastoral Counselors, although I know that does

happen. And that was one of the reasons we sought certification in order to protect the public as well as ourselves from those who were not qualified.

REP. GRABARZ: I'm just wondering, maybe if there's some way we could include valid standing membership in your organization as part of the requirements of this, without having to go through. I mean, we're not going to get registration certification or license for you guys this year at all. And maybe no next year.

FELIX DAVIS: We're, we're not through with our effort.

REP. GRABARZ: No, I know that. I'm giving you a practical assessment. So many to solve the problem that we have, you know, obviously trying to protect interest of people who are legitimate practitioners, what perhaps most of us would refer to us as legitimate practitioners like yourself.

And the ability to provide this protection to the public as well. At least, in the use of this term. Has got to be someplace in there, and that's what I'm struggling to try to find.

FELIX DAVIS: Why couldn't there be some way in which those who are under disciplined, from their

REP. GRABARZ: Because than someone who has never belonged to an organization, like myself, who has never had any training or anything to just hang out a shingle myself, you know? People in my neighborhood, or let's just say, as a politician. People call me everyday asking me for advice. So, I retire from politics and hang out a shingle. And that's legitimate right now.

What we're trying to address with the use of this term, is to limit it to those people who've had some kind of training. So, it's a protection for the public as well. And that's why I'm saying

FELIX DAVIS: That might well be worth exploring. That is very different from those who have been, entered the inner circle of certification of licensure. There are numbers of us on the outside of that.

REP. GRABARZ: Right

FELIX DAVIS: Who would like to be on the inside of that quite happily.

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REP. GRABARZ: And what I'm saying, maybe there is some way in which we can expand that circle a little bit in this instance

FELIX DAVIS: Okay

REP. GRABARZ: to include you in without compromising what the intent of the legislation

REP. MINTZ: I know, I found out the other day, I mean, this bill has opened up a whole new realm for me. There's a group out there called psychoanalysts.

FELIX DAVIS: Oh yes.

REP. MINTZ: That aren't psychologists, that are psychiatrists, that go to institutes, who I'd never heard of before either that are very upset by this particular section. In my, my only concern is to make sure that people who are trained as psychotherapist, and haven't been thrown out for doing something wrong, use the term psychotherapist.

I can tell you the only reason we used this list in this section, was because these were the only groups that are licensed, or required to be registered by the State of Connecticut.

FELIX DAVIS: Uh huh. There are a lot of us knocking on the door.

REP. MINTZ: And it concerns me that people are going to counseling, thinking that their discussions with the counselor is confidential. Because my belief, it's the only way counseling works if it's confidential. That are in fact not confidential and thereby, undermining the whole process. So.

REP. GRABARZ: How old is your organization? The organization that you belong to?

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FELIX DAVIS: The American Association?

REP. GRABARZ: Yeah

FELIX DAVIS: I would get 35 to 40 years old, perhaps older.

REP. GRABARZ: Do they have a published list of members?

FELIX DAVIS: Oh yes. Oh yes.

REP. GRABARZ: So that there would be a way for the state to check up if we put this in there?

FELIX DAVIS: Yes.

REP. GRABARZ: Are there dues?

FELIX DAVIS: Yes.

REP. GRABARZ: How much are the dues?

FELIX DAVIS: I think I paid \$300 the last time I looked.

REP. GRABARZ: For life or for a year, or?

FELIX DAVIS: For a year.

REP. GRABARZ: For a year. We should be getting some of that action.

REP. MINTZ: That's why you put your bill on last year.

REP. GRABARZ: Thank you.

REP. MINTZ: Anyone else?

FELIX DAVIS: Thank you very much.

REP. MINTZ: Representative Nystrom.

REP. NYSTROM: Excuse me, just a couple of quick questions. If the law is passed as proposed, and I

think you mentioned a couple of other changes or improvements. If you were called to testify in a custody case, and you had been counseling one of the parties, would you show up to testify?

FELIX DAVIS: Mr. Nystrom, usually, when we testify, we need to have the permission of the parties involved. We have had instances, in the last 2 or 3 years in our office where, both parties were involved in a custody case, as you suggest. But only one had signed a release of information. The other, hostile party, had not.

Therapist showed up, and presented herself at that time. And was relieved from testimony by the judge at that time. So it does happen. We try to be very careful because this is terribly important to us.

REP. NYSTROM: If a party did not sign a release, yet in counseling it was the determination on your professional judgment that that individual in fact, dealing with the issue of custody, presented a danger to a child. Would you still, would you show up? Would you give testimony at that point? Or would you, as would provide confidentiality, protect that individuals statements made to you, know that that might put a child at risk?

FELIX DAVIS: I would be inclined, I'm just thinking hypothetically, I would seek the guidance of a judge I think at this point. And I would be inclined to rather probably to testify, if I felt the child was in danger. We get many referrals from DCYS and work with endangered children all the time. It's a very serious concern.

REP. NYSTROM: That concern is predominately the biggest concern I have about this proposed law. Confidentiality laws are many times thrown up because of blanket protection. And sometimes, the wrong party is protected by that. I appreciate your response. Thank you.

FELIX DAVIS: Thank you very much.

REP. MINTZ: Thank you. Oh, wait a minute.
Representative O'Neill.

REP. O'NEILL: I was wondering if I could explore with you the distinction that you drew between pastoral psychotherapist and, I think, when we were talking about, or mentioned, or perhaps Representative Mintz mentioned, ministers, rabbis, or priests, or other religious clergymen, basic members of the clergy who, I take it, do some of the same kinds of things in terms of counseling.

My impression when I see Pastoral Psychotherapists, somebody who is basically some sort of member of a religious organization, ordained minister or somebody like that, who also has some kind of background, a Degree in Psychology.

FELIX DAVIS: Uh huh.

REP. O'NEILL: Basically, that's my, when somebody asks me to define that, that's about what I would come up with. I'm trying to get a sense of, you know, people. For example, we took the word "psycho" out of this, and Representative Mintz has a problem, because he's worried about people walking in the door of a place that says, psychotherapists. And if we took the "psycho" off it just says therapists.

Because that's frequently how somebody would mention it. I was talking with my therapist, and we finally discovered the reason why I am the way I am is because of my kitten. I was 2 years old or something. That, it seems like, people in, counselor, counseling. It seems like, to some degree psychotherapists is just used in a very loose sense.

And, one, maybe part of the problem here is we don't really have a clear definition of what it's supposed to mean. I mean, I don't, other than that sort of. In the case of pastoral, somebody who has training in religion as an ordained minister authorized, has gone through, gotten a Doctor of Divinity or some kind of degree like that, and that also has some sort of other training or education at least on the other side.

I'm wondering, is there a definition of

psychotherapists, that is, cause I've looked through some of the materials here. And basically you're saying is, it means a lot of different things and no one really knows.

FELIX DAVIS: Webster defines it as treatment of the soul or treatment of the mental life, that's just a basic definition. It doesn't go very far or do very much.

REP. O'NEILL: A lot of people could fall into that general category.

FELIX DAVIS: It's a difficult term to deal with, but it's a very important one I think.

REP. O'NEILL: When, I mean, do you have, besides Webster's defi, I mean, for example, Webster would define demagogue as the leader of the people, with no negative connotation of being some sort of misleader or

FELIX DAVIS: I see

REP. O'NEILL: bad ruler. If you look at a dictionary definition, you'll see a lot of different things from what people, the connotation that words have acquired over the years. And I'm trying to get some sense, if we could define psychotherapists, in some way, so that it included people who are doing what you would consider, at least, to be legitimate vs. somebody who is just sort of, you know, a reader advisory, reading tea leaves or palms, numerologists. Cause they also are trying to help people solve their problems, and doing it from a completely different perspective of course.

FELIX DAVIS: Are you asking me to....

REP. O'NEILL: Yes, do you have, other than Websters, it relates to the soul.

FELIX DAVIS: I would be inclined to think it's one who has been trained to work with curer and treatment of emotional and mental problems, some sociological problems that deal with family. One who provides a service out of a background of training and

supervision and preparation to deal with a range of problems from situational, family, life issues, to certain kinds of mental illnesses. That's also very broad.

REP. O'NEILL: Uh huh.

FELIX DAVIS: The essence of it has to do with training and preparation.

REP. O'NEILL: If you were to pick, what kind of training. Is there in a generic sort of way we're talking about, like, at least a Masters Degree? Would that cover it? Or a Bachelors Degree is sufficient?

FELIX DAVIS: I think, for most kinds of credentialing and recognition, professional as well as state licensing credentialing, it has to be basic academic preparation and advanced degrees. At least at the Masters level.

REP. O'NEILL: Okay, so, any number of years you would have in mind before somebody could involve themselves in one of these?

FELIX DAVIS: Most programs would require the advanced degree, and the mental health discipline. They also require a certain amount of practice under supervision.

REP. O'NEILL: That's what I'm thinking of.

FELIX DAVIS: And many of us even (inaudible) in your own treatment. So that you have some idea of what's going on in you.

REP. O'NEILL: Any idea, if you were to pick a number.

FELIX DAVIS: Number?

REP. O'NEILL: of years of clinical experience? Let's call it.

FELIX DAVIS: What's emerging as I recall, and thinking about the bill and the state that covers social workers and marriage and family therapists at the present time. As I recall, this constituents about

2 hours beyond, 2 years, I'm not sure about the hundreds of hours. I think it's running about close up to 2,000 hours. There may be folks here that know these answers better than I do right at the moment.

It constitutes about 2 years work under supervision, numerous hours of actually therapy done and have that looked at with a sitting therapist who is supervising.

REP. O'NEILL: I mean

FELIX DAVIS: It's a fairly intensive program, that any professional ought to do with and to undergo in order to assume the right to sit in that chair.

REP. O'NEILL: And, but, you certainly wouldn't, just so we don't broaden this term so much, you wouldn't want somebody who just got a Bachelor's Degree in Psychology or something like that, to be out there calling themselves a psychotherapist?

FELIX DAVIS: No, in our office we would not consider you unless you had a Masters Degree.

REP. O'NEILL: In?

FELIX DAVIS: for employment.

REP. O'NEILL: But I mean, in what?

FELIX DAVIS: In, oh could be a Masters Degree in Counseling, Central gives a Masters in Science, in Counseling. They give a Masters in Marriage and Family Therapy. St. Joseph's gives that degree. There a Doctor of Ministry Degrees from various institutions that would qualify. There are Ph.D.'s in Educational Psychology or in Clinical Psychology. Any one of those would qualify.

REP. O'NEILL: Okay. Thank you.

REP. MINTZ: Representative, just for the record. You should know that we had Olar do some research on the term psychotherapists. And the only places it

appears in the statutes, in what a clinical psychologist can do, is perform psychotherapy. So it's not in our statutes very much. Thank you. Any other questions. Thank you.

FELIX DAVIS: Thank you very much.

REP. MINTZ: Amalia, and than Mahlon Gilbert.

AMALIA FIGLEWSKI: Good afternoon. My name is Amalia Figlewski, and I appear before you as a Representative of the Judicial Branch. I would like to speak briefly on several bills today. First House Bill HB5846, AN ACT CONCERNING FINES FOR FELONIES AND MISDEMEANORS AND THE PAYMENT BY MAIL OF FINES FOR INFRACTIONS AND CERTAIN SPEEDING VIOLATIONS.

Judicial Branch supports Sections 1 and 2 of the bill, which increases the maximum fines that may be imposed upon a conviction of a felony and misdemeanor. And believes that Section 3 and 4 may result in a reduction of workload in the GA courts by increasing the number of cases being processed via the Centralized Infractions Bureau.

We believe that the changes proposed in Sections 1 and 2 would be of substantial benefit in implementing the day fines project in that it makes fines more equitable. That is, the more severe the offense, the higher the fine. House Bill HB5847, AN ACT CONCERNING THE CONVERSION OF CERTAIN CORRECTIONAL FACILITIES TO RESTITUTION CENTERS.

We request that if this bill is given a favorable report, its provisions be clarified regarding the operational aspects as they pertain to the Office of Adult Probation in the Department of Corrections. The bill provides for the establishment of a residential restitution program by the Department of Correction.

However, it makes participation, in such program, a condition of probation. Questions arise regarding the jurisdiction over the defendants participating in such program. For example, if the center is

REP. MINTZ: Okay.

AMALIA FIGLEWSKI: Finally, if the committee would (SB 387) permit, there was a question that arose after Chief Justice Peters spoke concerning our position of the composition of the Judicial Review Council. And we would just like to clarify that we, our position is, we support it 55 composition. That is, 5 members of the public, 2 lawyers, 2 judges and 1 magistrate. Thank you.

REP. MINTZ: Thank you. Any questions? Thank you Amalia. Mahlon Gilbert. Did I say it right?

MAHLON GILBERT: That's the closest anyone has come.

REP. MINTZ: That's good.

MAHLON GILBERT: Thank you. Representative Mintz and members of the committee. I, too, wish to speak on bill HB5862, Section 3. And I appreciate your concern of trying to convertise in some form the understanding of the term psychotherapist. In 1980, the Psychotherapy Handbook, listed over 250 brands of this activity.

Each of these styles of psychotherapy deals with one or more aspects of the human personality. At the turn of the century, it was felt by psychology's founding fathers, that only medically trained personnel could adequately treat the psyche. Soon, this attitude changed to allow lay professionals entrance into the practice.

That is, non-physicians. An early colleague of Freud's, was a physician, Carl Jung, who wrote in 1933, an essay called, Problems of Modern Psychotherapy. He said, and I quote:

"Since the mind is common to mankind, it may seem to laymen that there could be only one psychology. So when many different ways of approaching the psyche are recommended, we may rest assured that none of them leaves with absolute certainty to the goal. The very number of present day psychologies amounts to a confession of perplexity. The difficulty of gaining access to the mind gradually is born upon us."

End quote. Sixty years later, we are even more perplexed by the variable nature of psyches hidden powers. Psychotherapy is such a broad and extensive field, precisely because, the psyche is a mysterious organ which no one has ever weighed, measured or seen. Psyche is in fact a Greek word, whose direct English Translation is soul. There are as many understandings, practices, and sciences of soul as there are psyche.

In our soft science of psychotherapy, there even is no unanimity on what to call the consumer. Various traditions use different words. Addict, client, patient, counselee, analysis and, or simply the person I'm working with. Over the course of this century, all of the best minds in Europe and America have not been able to define conformity when it comes to psychotherapy.

Psychotherapy is a pluralistic word and professional. Psychological wholeness can never be circumscribed by current, licensed psychotherapeutic styles. There is no universal concept as to what psychotherapy is all about. The truth is, we, psychotherapeutic professionals, need to utilize one another's unique fields of perspective and contribution in this healing art of psychotherapy that we serve.

I can understand the plight, because we ourselves, are in it and I think of my 15 year old daughter, who this year is going to be called, the same thing that my attorney likes to be called. She, however, will be a counselor in camp. I can understand, Representative Mintz, too, why psychoanalyst would be concern. They've gone through a very specialized and specifically defined school that is known as psychoanalysis.

However, there is no such specifically defined school that is known as psychotherapy.

REP. MINTZ: Thank you. Any questions? Thank you.
Yeah. Representative Grabarz.

REP. GRABARZ: Thank you. What should be the minimum approach to psychotherapy? For example, if Mrs. Torba, the psychic who operates in my neighborhood,

and purports to, through whatever natural or unnatural means, to guide someone through a particular like difficulty decided she wanted to be referred to as a psychotherapist. Should she?

MAHLON GILBERT: Well I think the minimum should be some kind of professional organization to which the consumer can apply questions and information as to the credentials require and the education and training and practice that this person purports to have.

REP. MINTZ: What if she forms a psychic, psychotherapy association that all the psychics around the country, and adhere to, and they set up standards and they, you know

: (inaudible)

REP. MINTZ: It may be, but that's the question that I asked.

MAHLON GILBERT: I don't mean to be flip, but I would say as a minimum requirement of all psychotherapists, there should be consciousness. However we are again, in this gray field. What does that mean? There are those who respectfully have been in the field of medically trained psychotherapy who have to some greater a degree, consciousness, and some have less consciousness than others to whom I would not be one to refer members of my own family.

That's why this is such a difficult term, trying to specify something that is within the whole realm of mystery.

REP. MINTZ: Okay, thank you. Anyone else?
Representative Nystrom.

REP. NYSTROM: Thank you. Sir.

MAHLON GILBERT: Yes. Sorry.

REP. NYSTROM: I'd like to ask you a similar question I did the previous person who testified, but I'll keep it short. Do you think that psychotherapy should be held accountable as other people are in

society reporting suspecting child abuse? Teachers? Whatever? We now have laws that require, when you suspect, you're supposed to report that.

If this law is passed, do you think that that concern should be addressed, and that, as the previous person testified, confidentiality, in that particular case may not be appropriate?

MAHLON GILBERT: Well I certainly stand for the health and welfare of all people. And, our number one task, like the medical community, is not to, in any way create harm and injury. And wherever we see that as a possibility, I think we have a moral obligation to do whatever it is we can to try to avoid any circumstance.

REP. NYSTROM: But how is that balanced with your concern for the confidentiality of your client? Would you be more specific?

MAHLON GILBERT: Um, in this case, the client is someone

REP. NYSTROM: Maybe someone who you were counseling, that through discussion, you suspect, either has a history or a tendency to harm a child. And you're aware, because of your discussion that there is a child involved in this individuals relationship, whether it's a parent or an uncle, or an estranged spouse. Where do you come down on the confidentiality issue at that point?

MAHLON GILBERT: Again, I come down on my professional understanding of whether I feel the same thing I would with someone who suggests that they're going to commit suicide. Whether I feel, in my relationship with this person, there is a threat, there is an imminent threat here that needs some kind of outside recognition.

REP. NYSTROM: So than you would, either report that to the appropriate authorities? Is that what you're saying? Or are you saying

MAHLON GILBERT: If there was a clear and certain danger to another person, yes.

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REP. NYSTROM: Thank you.

REP. MINTZ: Anyone else? Representative O'Neill.

REP. O'NEILL: Um, I'm looking for a standard. And I'm just wondering, do you know of any? Are you a pastoral, also? or not?

MAHLON GILBERT: Yes, I'm a Pastoral Psychotherapist.

REP. O'NEILL: Okay, do you know of anyone, any Pastoral Psychotherapist who has ever been sued by any of the persons that they have worked with?

MAHLON GILBERT: Ours is an International Organization, and yes there have been cases.

REP. O'NEILL: Do you carry Malpractice Insurance?

MAHLON GILBERT: Yes.

REP. O'NEILL: Okay. You buy this, I mean, in essentially the same way a doctor or lawyer or somebody else would.

MAHLON GILBERT: That's correct.

REP. O'NEILL: And they make, they require you to establish certain things before you get the insurance?

MAHLON GILBERT: That's right.

REP. O'NEILL: What kind of things do they ask for on the application?

MAHLON GILBERT: Well they want to know, first of all, we have to hold a certain level of certification in the professional organization to which we are annually reviewed. And the insurance company, itself, are you asking what kind of concerns do they have?

REP. O'NEILL: Yeah

MAHLON GILBERT: to protect themselves?

REP. O'NEILL: Well, when I fill out, I'm an attorney, when I fill out my malpractice, and it's getting increasingly lengthy now

MAHLON GILBERT: Right

REP. O'NEILL: If you ever did a closing involving a Saving and Loan Association, they now want to know every detail that ever went on in any of those transactions. This is something new, because they've been having these losses. But, they've always had lots of questions like, you know, do you do any tax work?

And if so, than explain in grave detail what it all is. Or how many secretaries do you have working or how many non-licensed personnel? Stuff like that. They ask lots and lots of questions that are more like, how you run your office. Kind of, and what kind of a business are you running there. What kind of practice are you operating. Those kind of questions I take it what they ask about.

MAHLON GILBERT: Yes. Specifically, there wanting to know, have you ever, as an applicant, been brought before a Judicial Review Board? Or, the professional board for some kind of professional mistreatment? Sexually, have you ever been engaged in any act with a client? That puts you at risk. That type of questions.

REP. O'NEILL: Okay. Thank you.

MAHLON GILBERT: Yes.

REP. MINTZ: Anyone else? Thank you. Ernie Harris and Dorothea Clark.

: (inaudible)

REP. MINTZ: And what did he say?

: (inaudible)

REP. MINTZ: Ernie Harris? Not here. Dorothea Clark.
Hi.

REP. WOLLENBERG: Are there any questions?

REP. BOLSTER: I don't really have a question, because Dorothea lives on the next street.

DOROTHEA CLARK: Yes.

REP. BOLSTER: and we've known each other since our children were very small. I just wanted to say, thank you for coming and testifying. Because I think, most of us don't think about this until it happens to somebody we know.

DOROTHEA CLARK: It's unbelievable.

REP. BOLSTER: Yeah.

DOROTHEA CLARK: Very frightening. Thank you all very much.

REP. WOLLENBERG: Dr. William Zeller.

DR. WILLIAM ZELLER: Good afternoon Mr. Chairman, I welcome the opportunity to be here. And, concerning Bill HB5862, the only portion of which I wish to speak to was in the last Section 3, Page 6. In which it attempted to delineate who were psychotherapists and who weren't. And I was concerned with the absence of the Pastoral Counselors as being a certified pastoral counselors as being included on this list.

In my own experience, I'll get a little biographical now. As Director of Medical Education, and of Training Programs at the Institute of Living for 27 years, and the main function of my work at the time was to train young doctors to become psychiatrists and know, all total I probably trained over 300. Also, as a Medical Staff Member there, treating patients. In 1960 was a founded National Organization, the American Association of Directors of Residency Training Programs.

Which was a broad, icteric approach including training programs in state hospitals, universities, all types of trainings in institutions. Since 1953, I've been a Senior Examiner of the American Board

of Psychology and Neurology, which conducts a certification examination 4 times a year for candidates, who've had specialized training, five years post residency training. In order to become certified and really get their tickets, as glorified psychotherapists, if you will.

For the American Psychiatric Association, I was active in committee work, serving first at the Ad Hoc Committee Religion and Psychiatry for 4 years. And then as Chairman of the Standing Committee for 4 years. And the Committee on Psychology for 4 years, Committee on Nursing for 4 years. And then beginning in 1978 - 1973, we formed a Task Force, because we were getting into all kinds of problems with interprofessional relationships.

Who could do what? And specifically, this emerged out of New York with the psychologist wanting to do psychotherapy on their own, and this was, you know, taking place. We were asked in reacting to this particular issue, and we studied this issue picking the best brains of all professions that we knew at that time. And in, about 1974, came up with a position statement regarding this matter.

And, psychiatrists sort of (inaudible) said, hey, look, historically Freud was a physician, therefore, we've gotten into it. Basically psychiatrists should differentiate organic from function brain disease and etc. It's a long story. But as we are concerned, anybody, any professional who is trained to do psychotherapy, but their own professional organization is fine. It's fine with us.

We don't want to compete in a hostile, aggressive way and then we go on to be very highly idealistic and say, let's continue to work elbow to elbow, like we've worked in years past and be friends. Take care, and be mindful of always the (inaudible) of our patients and clients and parishioners and so on. So, that's where it stood at that time. And, essentially, it hasn't changed.

Times have changed, economics have changed, third party payments have entered the picture. And maybe there's competitive aspects of all of this. But the safety and the welfare of the patient and the

skills and the qualifications of the therapists are still foremost. Now, it's also the duty of responsibility of each profession. First of all, who defines profession? The public does. The public knows what a doctor is.

What a lawyer is. Or a social worker is, so forth and so on. There newer kinds of counselors who are coming out and there is a lot of confusion as to who they are and what they do. But, they should, each profession should define themselves to the public, and ongoing public educational ways. Also, they should set their own standards, standards for training, for education, for research, for ethics and so forth.

And by and large, most professions, I would say, recognized professions are doing that. I've also served on the Boards of the Hartford Theological Seminary for over 10 years, and I was on the Founding Board of the West Hartford, Glastonbury, Pastoral Planning Counseling Clinic. It's accredited as a training center, to train pastors to become, develop their skills in the art, if we will of psychotherapy.

So that's the only point I wanted to make. I've been longwinded. I'm sorry that Pastoral Counselors are included in that last paragraph as being represented. But we feel that anybody who is licensed and/or certified, qualified, and demonstrated and has a ticket. And the means of watchdogging each other, certainly, should be included, be able to do that.

REP. MINTZ: Dr. the whole point of that was to make sure that people who lost their license and didn't have their ticket anymore, couldn't get into the game. And if we excluded some people who have tickets already and are being locked out, that was not the intent of it. Part of the problem was, we just didn't know who was out there.

DR. WILLIAM ZELLER: Yes.

REP. MINTZ: And if there are, you know, Representative Grabarz put in the bill to license pastoral counselors, you know, maybe that's the way we go. Thank you.

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DR. WILLIAM ZELLER: Yes indeed.

REP. MINTZ: Representative O'Neill.

REP. O'NEILL: Just before you leave. Because there's another aspect of this bill. And to the extent that we keep incorporating people, I was just wondering, if. Do all of these, would you say, that all of these people, the pastoral counselors, the psychotherapists and well as social workers, psychologists and psychiatrists, do they, in your opinion, need the same kind of confidentiality that psychiatrists and psychologist currently enjoy?

DR. WILLIAM ZELLER: I do.

REP. O'NEILL: You do. Thank you.

DR. WILLIAM ZELLER: Uh huh.

REP. MINTZ: Anyone else? Thank you. David Eaton.

DAVID EATON: Thank you Chair, for inviting me here and let me speak. I am a Pastoral Psychotherapist, and I want to depart from what I prepared, and simply say, that all the information that you're looking for is to, what a pastoral counseling specialist is, is available. And I'd be glad to provide that for the committee. And I want to say one thing.

That a Pastoral Psychotherapist provides therapy as a representative of a religious tradition or community, using the insights and principles or religion and theology and philosophy and the behavior sciences in working with individuals and couples and families and groups and institutions. Toward the achievement of wholeness and health.

An important ingredient, that makes Pastoral Psychotherapy different from other forms of treatment, is a conviction that life's crises and transitions are best met by both the wisdom of religious experience in teaching along with the knowledge in clinical skills of behavior sciences. That's what I wanted to make clear.

That the clinical aspects of Pastoral Psychotherapy are clear and are very high. I think that's all I wanted to say. And thank you.

REP. MINTZ: Any questions? Thank you. Linda Keller.

LINDA KELLER: Representative Tulisano, and members of the committee. My name is Linda Keller, I'm here to testify as a member of the Board of Directors of the Connecticut Association for Marriage and Family Therapy, in support of Bill Number HB5862. I am both a certified Marriage and Family Therapist and a Certified Independent Social Worker.

I am both pleased and privileged to be able to speak to this issue here today. The goal of psychotherapy to move our patients toward more functional, healthy lives. It is paramount that the therapeutic environment be a place where patients can explore all events, thoughts, or feelings that effect their lives. This is an absolute necessity if our clients are to feel sufficiently secure to move toward change.

The trustworthiness and integrity of the therapist has been strongly correlated with the therapeutic outcome. We teach this to our students and university and post graduate settings. Confidentiality is a cornerstone of our profession. It is also the expectation of our patients. There are occasions where certain aspects of the content of therapy need be shared.

As when a patient may be in danger to himself or others. However, basically, our patients want to know that they can trust their therapists to hold fast to the boundaries of personal testimony. This is not simply just a theoretical problem. The following examples from my own practice illustrate the relative of bill.

Mrs. P. was referred to me by her attorney. As well as suffering from psychodysthymia, a mood disturbance, she was experiencing considerable anxiety about her upcoming divorce. After 4 sessions, my client revealed to me that she was

having an affair. Her attorney informed me soon after of advising Mrs. P. to discontinue treatment with me in the belief that the opposing attorney might call me in to be deposed.

Mrs. P. chose not to begin again with a therapist, who could exercise the right of privileged communication, but to wait until after the divorce to consult with me again. However, it will be difficult for her to whether the divorce process without benefit of therapy, as well as put off treatment for what may be another year.

Mrs. K. has been seeing me for about 2 years. She is the mother in an explosive, sometimes violent family. She is planning to initiate divorce proceedings in September, after her youngest child goes off to college. She has terminated therapy, even though this is a time when she needs it most. She is concerned I might be called into court during the proceedings, and be forced to divulge things she perceives to be potentially damaging.

The irony of here, of course, is that I could still be subpoenaed, whether or not the therapy has been discontinued. Mr. and Mrs. H. consulted me for help with their aggressive anti-social son, and soon began to talk to me about their unhappy, abusive marriage. They divorced 3 years later, and each partner wanted me to testify against the other.

REP. TULISANO: We have, we have a real important question.

LINDA KELLER: Yes.

REP. TULISANO: When you get subpoenaed, what happens?

(Gap in cassette switching 3a to 3b)

LINDA KELLER: -- pull me in to testify against the other in terms of the abusiveness, when it was a mutually abusive marriage. And I was told by councils, by my own council, that the only choice that I had, was either not testify and go to jail, or to testify and probably be brought up against by malpractice charges, because it'd be a breach of confidentiality. Does that answer?

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REP. MINTZ: What did you do?

LINDA KELLER: In that case, I managed to convince the attorney...

REP. TULISANO: What would you do if you had one of those 2 choices?

LINDA KELLER: What would I do? If I was subpoenaed?

REP. TULISANO: Uh huh.

LINDA KELLER: I would appeal to the judge that this was against my Code of Ethics, that confidentiality is a tool of my trade

REP. TULISANO: Okay

LINDA KELLER: and that I am

REP. TULISANO: And he says, I'm the judge

LINDA KELLER: Uh huh

REP. TULISANO: You testify or you go to jail. What would you do? And you, is what do you think most of your all would do, not just you individually?

LINDA KELLER: I don't think I could answer in 3 seconds. I would have to really spend time with my conscience over that.

REP. TULISANO: Okay, thank you.

LINDA KELLER: I mean, I certainly would have tried to answer that question, if you think about it, before walking in there. The issue here, for me, is one of parody and one of freedom of choice. That there are 5 disciplines that are credentialled by the State of Connecticut to perform psychotherapy. And that two of those disciplines --

(Gap in cassette)

REP. MINTZ: Well, that is not true. It is not psychotherapy. There is no, the only definition

of, there is no definition of psychotherapy in the statutes, the only place where psychotherapy appears is under what licensed psychologists can do.

LINDA KELLER: Okay. There are licensed psychiatrists, licensed psychologists.

REP. MINTZ: This is,

LINDA KELLER: Certified marriage and family therapists, certified social workers, and I believe we've also left out the psychiatric nurses today, who are on that list of being credentialled by the state.

Two of those professions have the right of privilege communication. All have been credentialled by the state of Connecticut to do their work. Three of those disciplines do not have the right of privilege communications. I am speaking for marriage and family therapists this afternoon.

REP. MINTZ: I think the point that maybe Representative Tulisano's making, that you know, I've seen many newspaper reporters go to jail based in the principle of not divulging their

: first amendment without a statute.

REP. MINTZ: Without a statute. And, the question you know, I almost think that if you're willing to do it, that maybe we should protect you by statute, but you have to think about it. I mean, instead of making you go to jail, maybe we should protect you.

LINDA KELLER: Well, I think there is another side too. That if the therapist decides to testify, and if that therapist is then brought up on malpractice charges, there is the notariaty, those of us who practice in small communities, it affects our position and our standing in the community.

It puts us, albeit, between a rock and a hard place, and it doesn't let us serve our clients to the best of our ability.

REP. MINTZ: Anyone else, any.

LINDA KELLER: If I could, I just wanted to read the closing paragraph. I tried to keep it to 3 minutes.

REP. MINTZ: Go for it.

LINDA KELLER: Okay. Currently there are 5 disciplines credentialled, but only 2 of these have been extended the right of privileged communication. This bill addresses the issue of parody, and the issue of freedom of choice.

In that regard, I am here specifically to speak for certified marriage or family therapists. The thrust of the bill is to equalize this right of privilege, among all professions duly credentialled, and to make confidentiality so basic to the process, available to all its citizens with the right to select the credentialled practitioner of their own choosing.

REP. MINTZ: Thank you, any questions? Thank you. Jan Fontanella.

JAN FONTANELLA: Good afternoon members of the judiciary committee, my name is Jan Fontanella and I am President elect of the National Association of Social Workers, Connecticut Chapter, which represents over 3,100 members throughout Connecticut.

NASW supports passage of Raised HB5862, AN ACT CONCERNING MARITAL AND FAMILY THERAPISTS, SOCIAL WORKERS, AND PSYCHOTHERAPISTS. It is a strong consumer oriented bill with few guild elements. It can benefit all Connecticut citizens who utilize the services of a certified independent social worker.

It protects the rights of individuals who are being evaluated and treated by a certified social worker, and at the same time, includes the necessary exemptions for the justice system to gather essential information.

At any given time, certified independent social workers having met rigorous requirements to be state certified, are involved in the care of

thousands of Connecticut residents. They are entrusted with the personal confidences of their clients who expect that what they say, what goes into the social worker's records, and what the social worker knows, will remain strictly private.

Indeed, the social worker and the client relationship is built around mutual trust, and an understanding that confidentiality will be maintained. It is within this environment that clients feel free to express the most personal thoughts.

Providing the social worker with all the information necessary to effectively treat the person. However, when clients are informed that the social worker may be forced to disclose information without the person's consent, it creates a situation where the person may choose not to participate in needed treatment, or not to fully share all relevant information with the social worker for fear of future disclosure.

In essence, lack of privileged information of social worker records may discourage a person from seeking treatment or create a barrier between the client and the social worker. With the client selectively choosing the information to share, and the social worker treating the client without the full information needed to maximize the effectiveness of the treatment.

Related to the issue of protecting the therapeutic relationship, is the matter of consumer protection. Individuals seeking mental health services deserve the right to choose whether or not to allow disclosure of their mental health records.

Given the stigma, and misinformation that still exists regarding mental health care, we believe it is of the utmost importance that clients have the right to hold their mental health records and communication confidential.

Connecticut statutes already recognizes such consumer protection when the person is receiving

mental health services from a psychiatrist or a psychologist. This bill will simply extend this recognition to persons seeking similar mental health services from a certified social worker.

In 1990, certified social workers became eligible for direct third party payment. Since this time, thousands of Connecticut residents are selecting a certified social worker for mental health care. In doing so, they are expecting that their records and communication will be held confidential, at the same time an increasing number of people are having their mental care decisions determined through a managed health care program, where distinctions are not made between the various practitioners of mental health care.

For example, a person may be referred to a psychologist which allows for privileged information rights, or that same person may be referred to a certified social worker who cannot provide the person with the right of privilege.

In other words, the person does not have a choice to the provider. And based on the referral, may or may not have their mental health records protected. This bill will rectify this serious inequity.

Having discussed some of the key measures this bill will enact, let me point out where the bill clearly protects the public. First and foremost, it will not protect records and communications related to child, elderly, or disabled abuse and neglect.

Social Workers are mandated reporters, and the bill exempts such information from privilege. Secondly, it will not force a social worker to keep confidential client communication where the social worker determines that there is substantial risk of imminent physical injury.

REP. MINTZ: Excuse me, push your button.

REP. TULISANO: It is interesting what happens.
Because you're a mandated reporter,

JAN FONTANELLA: Right.

REP. TULISANO: and if we say, communications made to you by a client are privileged, you still have to report it?

JAN FONTANELLA: I'm not sure I understand.

REP. TULISANO: You're a mandated reporter,

JAN FONTANELLA: A mandated reporter.

REP. TULISANO: and client comes to you for treatment and finds out you, he or she was abused, or whatever, you have to report her? You would have to report her despite the fact that they are coming to you for treatment?

JAN FONTANELLA: When I work with children, I very clearly state that to a child, that if, I explain to them what the difference, what you know, what we say is private, but that if they tell me that someone is hurting them, that I have to, that I have to tell. And that is the law in the state of Connecticut.

REP. TULISANO: What if I grant you that privilege now, confidentiality, is it still the law in Connecticut you think?

JAN FONTANELLA: Yes.

REP. TULISANO: After the fact?

JAN FONTANELLA: Psychologists are also mandated reporters, even though they have privileged, they have privileged communication.

REP. TULISANO: It is a statutory rule of interpretation, it is whatever law that came last by effect, modified the other way so that if we change that reporting law now? Do you think psychologists report things where they feel they are violating their rules of confidentiality? Or will they go to jail?

JAN FONTANELLA: The psychologist that I have worked with, my understanding is that their code of ethics, they are permitted under, they would report it yes.

REP. TULISANO: Okay.

JAN FONTANELLA: The psychologists that I have worked with in Connecticut would report child abuse.

REP. MINTZ: And you disclose that up front?

JAN FONTANELLA: I specifically, my background is working with children, and with children it is something that I try to make, because they don't understand what confidentiality means, or they don't understand who is going to know.

Very often they will ask me, if things that they tell me will I tell other people? And, so I explain to them in terms that I think that they can understand that the one area, if I think they are going to hurt themselves, or if someone is hurting them.

REP. TULISANO: So you make it possible for them to make a choice, then it is not confidential, or to avoid what the whole purpose of the statute is. There is nothing wrong with that, don't misunderstand me. It is interesting how we work.

JAN FONTANELLA: I also talk to them in a way that the other thing that we, is that children, generally when they do tell you about being abused,

REP. TULISANO: They want you to tell.

JAN FONTANELLA: They want you to tell.

REP. TULISANO: They want you to tell.

JAN FONTANELLA: Exactly.

REP. TULISANO: But then when you explain it to them, they then have to make some decision whether or not they want, you want.

JAN FONTANELLA: Yes. The NASW code of ethics says that a social worker should respect the privacy of clients, and hold in confidence, all information

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obtained in the course of professional service. The social worker should share with others, confidence, as revealed by clients without their consent, only for compelling professional reasons.

Requiring social workers to disclose information without client consent, forces the social worker to violate their professional code of ethics and to take action which is contradictory to their client's wishes.

The intent of privileged communication laws for mental health practitioners is to encourage persons to participate in psychotherapy. However, this intent is not fulfilled if certain licensed and certified professionals receive the privilege, and others do not.

This bill achieves the intent of privileged communication and the bill's language for social workers is consistent with current statutory language for psychiatrists, which has long standing acceptance. Excuse me? Would I go to jail?

: Would you?

REP. TULISANO: How about another one, under the mandatory reporting act, some penalty for you, but if you really felt that would damage your client, and someone was trying to compel you or punish you for it, would you suffer the consequences?

JAN FONTANELLA: You mean and not report?

REP. TULISANO: Not so something that was required or mandated?

JAN FONTANELLA: In terms of child abuse, I can't think of any instance where it would benefit anyone not to report it.

REP. TULISANO: I've give you a hypothesis, I can't think of one either, but say there is something, the choice in your head was you do whatever the state or the judge tells you to do, or you will be, suffer some punishment and you believe that would violate your code of ethics and the mental health and well being of your client. What choice do you think you would make?

JAN FONTANELLA: Again, emphasizing if it were child abuse, I can't imagine that happening. Otherwise, I would probably go to jail.

REP. TULISANO: Hmm, okay. Is that it?

JAN FONTANELLA: Oh, I just wanted to, Robert Madden, who is a certified independent social worker, and also an attorney, is a member of the Connecticut Bar, is a Professor of Social Work at St. Joseph College and he gave you written testimony, and was unable to stay for the rest.

REP. MINTZ: Thank you. William Strand.

WILLIAM STRAND: Thank you Mr. Chairman, Representative Wollenberg, other members of the committee. I am President of the Connecticut Chapter of the Community Associations Institute. The Community Associations Institute is a national independent, non-profit organization, actively engaged in creating and operating successful community associations.

We are comprised of 5 interest groups, consisting of community associations, colleagues, developers, public officials, and property managers. I've passed out a position paper that I trust all of you have, rather than reading it in detail, I'd like to just go into a few of the highlights that the Connecticut Chapter has some concerns regarding Raised HB5877.

While recognizing concerns historically raised by lenders in connection with the super lien priority afforded to common expense assessments, the chapter respectively expresses reservations as to portions of Raised HB5877 which will have the effect of imposing unnecessary notice requirements upon associations, and ultimately reduce the amounts of their existing their super lien status.

The chapter also respectfully expresses concern as to many novel issues which will certainly be raised to the extent that the unit owner association are afforded the right to revive expired development rights.

MATTHEW H. PERLSTEIN: Thank you.

REP. WOLLENBERG: Is it Bertram Ibelle? Am I saying it wrong.

DR. BERTRAM IBELLE: Perfect. I've been called lots of things, but you got it right.

REP. WOLLENBERG: You're being called before 4:00, too, so that's something.

DR. BERTRAM IBELLE: I'm Dr. Bertram Ibelle, legislative chair for the Connecticut Psychological Association, here to speak in favor of Raised HB5862, AN ACT CONCERNING MARITAL AND FAMILY THERAPISTS, SOCIAL WORKERS AND PSYCHOTHERAPISTS.

I submitted some written testimony. What I would like to talk about here is that psychologists found ourselves in the same position that these professions are today. About 4 years ago, we discovered that what we thought was a pretty good confidentiality law gave us no protection whatsoever.

It was at that time that Representative Mintz helped us bring a bill before this Body here and it became law and we think it's a pretty good confidentiality statute.

The one before you today is of the same caliber and we feel that our sister professions should have the same ability to protect their patients' right of privacy.

I'd like to respond to a couple of the questions that were asked earlier. Unfortunately the questioners aren't here right now, but at least for the record. I was put in the position prior to our new confidentiality statute, of making a choice between being sued for malpractice and being held for contempt.

It's a very, very uncomfortable situation. Our code of ethics say that you must protect the patient's right of privacy. The court says you must respond. It so happened that I was seeing a couple and in order to produce the records for the

court, I had to get the signatures of both members. I got one signature. The other member was not available and I really sweat for a couple of weeks. And actually, on the day of the court proceeding, just a half an hour before I was called as a witness, I got the second signature and could release my records.

During that two week period, I had made my decision which was a difficult one. My decision was to stand by my ethics and take the chance on going to jail. I wouldn't like to see my colleagues in my profession or other similar professions put into that kind of situation.

Another question that was brought up had to do with reporting abuse. Now, in this particular statute and in the psychology statute, there are certain situations outlined where confidentiality does not hold. We agree with that. There's another statute on the books here in Connecticut that requires that we report instances of child abuse and elderly abuse. We have no question about that.

I think there are, that one must take into account the fact that some judgment must be used. If a client, a patient, what have you, tells you I have abused my child, he's got some reason to feel that way, you've got to recognize where this comes from. There are some people who are so guilt ridden, so compulsive, that to give the child a normal pat on the behind that brings some tears brings the person in saying I've abused my child. You have to make a decision as to how serious it is.

A question brought up by Representative Mintz a little earlier had to do with the therapist who loses his license. He can simply hang up his shingle and call himself a psychotherapist. That's quite true. He may lose his license as a psychologist, certification as a social worker, what have you, but he's far from out of business.

I was rather surprised when I saw this third section in this piece of legislation and I was rather pleased with it. One of the problems we

have is that anybody can go out and hang up a shingle and the public does not know who they're dealing with. Some way, some how, some day, we've got to get that kind of thing under better control.

I think one of the problems with licensing and certification in this particular State, has to do with the fact that we license or certify titles rather than practice. The title laws rather than practice and I think sometime in the future we've got to go toward practice laws.

So, in closing, we support this bill and trust that it will get through the Legislature.

REP. WOLLENBERG: Thank you. James Pzynski.

JAMES PZYNSKI: That's perfect. It doesn't happen that often, either. Good afternoon. My name is Jim Pzynski. I'm a property manager. I manage condominiums basically in Cromwell and am also a unit owner, and I'm here to speak for a few minutes on HB5877.

Three basic provisions of the bill managing of property managers, I am in total support of. I really see the need for something like that. I have no problems with it. Continuing education can do nothing but benefit the associations that property managers work for.

My biggest concern with the bill as presented now is the restrictions, more restrictions placed on associations as far as notification of mortgagees on liens. Typically what happens in a foreclosure for unpaid common charges, the common charges are already at a point of several hundred to between \$1,000 and \$2,000 when an association will institute a foreclosure. Whether or not the unit owner is paying the mortgage or not we really aren't aware of. In most cases, they probably try to do that and forget the association figuring nothing is going to happen.

If we have to notify the banks and give them 30 days' written notice prior to any action, it's certainly going to afford them time to initiate their own action before we can.

it as long as possible before they take title so they don't have to pay the common charges. I mean, that's what happens and it's not a good thing to happen for the associations.

REP. WOLLENBERG: I understand.

JAMES PZYNSKI: And as, that's about all I have to say, really.

REP. WOLLENBERG: Any questions? Thank you.

JAMES PZYNSKI: Thank you.

REP. WOLLENBERG: Les Strong. More Strong.

DR. LESLIE STRONG: Good afternoon, Representative Wollenberg, members of the Committee. My name is Dr. Leslie Strong, and I'm the immediate past president of the Connecticut Division of the American Association for Marriage and Family Therapy.

This organization is dedicated to promoting family interests and establishing standards for the training and regulation of marriage and family therapists. I also am on the faculty of a family therapy training institute at Bristol Hospital and am a Connecticut certified marriage and family therapist in private practice.

I'm here today to speak in support of HB5862, and I'll address three issues. First, confidentiality is a necessary condition for providing professional services.

Secondly, consumer protection. And thirdly, the interface between attorneys and marriage and family therapists.

Recent report from the Group for the Advancement of Psychiatry is observed at "among physicians the psychiatrist has a special need to maintain confidentiality". His or her capacity to help patients is completely dependent upon the patient's willingness and ability to talk freely. This makes it difficult, if not impossible for the

psychiatrist to function without being able to assure patients of confidentiality and indeed, privileged communications. The threat to secrecy blocks successful treatment.

As a profession, marriage and family therapy, recognizes the need for privilege in our code of ethics in section 2.1. A copy of our code, this green booklet, is included in the packets that we have made available to you.

To not have this protection under the law severely hinders marriage and family therapists in the practice of our profession and leaves clients unprotected from unwarranted intrusions into their privacy. Examples of this already have been offered by Linda Keller in her testimony as well as by Dr. Bert Ibelle.

I can offer two further examples to you. The first comes from the experience of Myrna Gayle. Myrna is a Connecticut certified marriage and family therapist and a social worker. Miss Gayle was subpoenaed to appear in court in 1980 following the completion of a course of treatment with a couple in her practice. She didn't have the necessary releases and thus argued under Judge Harry Hammer that she could not testify as this would place her in violation of her professional code of ethics.

Judge Hammer accepted her argument, stated that confidentiality is in fact one of the tools of her trade and thus must be protected. Secondly, Judge Hammer stated that the information the Court sought could be obtained by other means, specifically, a custody study in this particular situation.

Although Judge Hammer ruled in her favor, this was a very intimidating experience for Miss Gayle found herself caught between two attorneys, one armed with a subpoena and the other stating that if she complied with the subpoena she would be in violation of her professional code of ethics and he would file charges against her.

This incident gained national prominence and was described in the Newsletter of the National Association of Social Workers. Further information,

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including this news clipping is also included in the packet which I gather you don't have at this time but will have. It has been turned in to the Clerk of the Committee.

Dr. Ingeborg Helg had a similar experience just this past January. She was subpoenaed and asked to testify regarding a couple she had seen one year earlier for two sessions of premarital counsel and one session of marital therapy. Now in the process of a divorce, the wife was alleging that her husband, a man of near Eastern descent, had married her in order to obtain a green card. Her husband's attorney had subpoenaed Dr. Helg and asked her to testify that the couple was in love at the time of the marriage and thus the green card was not an issue.

Dr. Helg pleaded confidentiality to the attorney and was told immediately that she did not have the privilege in the State of Connecticut and thus could not support this claim. He went on to state that as a mental health provider without privilege, she could not bill the client for any time she might spend in court on the client's behalf.

Shortly after this conversation, the wife in this couple called Dr. Helg, stating that she was extremely upset through the divorce proceedings and wanted to schedule an appointment with her as quickly as possible. Dr. Helg responded that she was sitting with a subpoena on her desk at the time from the woman's husband and that under the circumstances she really could not see her. All that Dr. Helg could do under this situation, these circumstances, was to refer this patient to another therapist. Thus the therapy was disrupted.

The attorney for the husband later called and said that Dr. Helg's testimony would not be required. It was a rather harrowing experience, though, for Dr. Helg as it was for Myrna Gayle some years earlier.

Well, in both of these instances, therapist/client confidentiality was maintained. The threat exists nonetheless. The confidentiality will again be challenged and the client's right to privacy threatened as therapists are placed in the position of having to defend this code of ethics and perhaps

if ordered to testify, choose between complying with a court order or following their professional code of ethics and going to jail. The problem is far from academic. It certainly happens in everyday experience.

Finally, about the interface between attorneys and marriage and family therapists. Marriage and family therapists seek to work in a cooperative and conciliatory way with attorneys. When proper releases are signed, marriage and family therapists willingly provide information to attorneys, or again when attorneys request when a custody study or other evaluation be completed, marriage and family therapists willingly provide this service and make their professional opinion and viewpoints available to the court.

Our goal is not to impede the courts in any way, but rather to work cooperatively with attorneys within a shared frame of reference which protects the interest of clients, therapists and the State.

Finally, you should note that this law does not affect in any way our mandated duty to report suspected child abuse or elder abuse or our duty to warn when we believe that a client is a danger to him or herself or to others or any other mandate to report which might be promulgated by the State. Thank you for your consideration of this bill.

REP. WOLLENBERG: Are there any questions? Thank you very much, Les. William Pitman. Thomas Sweeney will be next.

WILLIAM PITMAN: Good afternoon, m Representative Wollenberg, members of the Committee. My name is William Pitman and I'm the chief of police of Shelton. I'm here to address the Committee to urge it to amend HB5845 which is AN ACT CONCERNING SERIOUS JUVENILE OFFENSES.

The proposed changes to Section 46-b120 have failed to include a statute which I think has a tremendous impact on the safety and well being of both our citizens and our youth today. And that section is 29-35 which prohibits the carrying of a pistol or revolver upon one's person without a permit.

001482

(NB.5862)



*American
Association
for
Marriage
and
Family
Therapy*

**AAMFT
Code
of
Ethics**

AAMFT Code of Ethics

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.013 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective August 1, 1991.

The AAMFT Code of Ethics is binding on Members of AAMFT in all membership categories, AAMFT Approved Supervisors, and applicants for membership and the Approved Supervisor designation (hereafter, AAMFT Member).

If an AAMFT Member resigns in anticipation of, or during the course of an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the Member attempted to resign during the investigation.

Marriage and family therapists are strongly encouraged to report alleged unethical behavior of colleagues to appropriate professional associations and state regulatory bodies.

Violations of this Code should be brought in writing to the attention of the AAMFT Ethics Committee, 1100 17th Street, NW, The Tenth Floor, Washington, DC 20036-4601, (telephone 202/452-0109).

Effective August 1, 1991.

001484

This Code is published by:

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1. Responsibility to Clients

Marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

1.1 Marriage and family therapists do not discriminate against or refuse professional service to anyone on the basis of race, gender, religion, national origin, or sexual orientation.

1.2 Marriage and family therapists are aware of their influential position with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, therapists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with clients. Sexual intimacy with clients is prohibited. Sexual intimacy with former clients for two years following the termination of therapy is prohibited.

1.3 Marriage and family therapists do not use their professional relationships with clients to further their own interests.

1.4 Marriage and family therapists respect the right of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise a client that a decision on marital status is the responsibility of the client.

1.5 Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

1.6 Marriage and family therapists assist persons in obtaining other therapeutic services if the therapist

is unable or unwilling, for appropriate reasons, to provide professional help.

1.7 Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

1.8 Marriage and family therapists obtain written informed consent from clients before videotaping, audiorecording, or permitting third party observation.

2. Confidentiality

Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard confidences of each individual client.

2.1 Marriage and family therapists may not disclose client confidences except: (a) as mandated by law; (b) to prevent a clear and immediate danger to a person or persons; (c) where the therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy (in which case client confidences may be disclosed only in the course of that action); or (d) if there is a waiver previously obtained in writing, and then such information may be revealed only in accordance with the terms of the waiver. In circumstances where more than one person in a family receives therapy, each such family member who is legally competent to execute a waiver must agree to the waiver required by subparagraph (d). Without such a waiver from each family member legally competent to execute a waiver, a therapist cannot disclose information received from any family member.

2.2 Marriage and family therapists use client and/or clinical materials in teaching, writing, and public presentations only if a written waiver has been obtained in accordance with Subprinciple 2.1(d), or when appropriate steps have been taken to protect client identity and confidentiality.

2.3 Marriage and family therapists store or dispose of client records in ways that maintain confidentiality.

3. Professional Competence and Integrity

Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Marriage and family therapists are in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) are no longer competent to practice marriage and family therapy because they are impaired due to physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

3.2 Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

3.3 Marriage and family therapists, as teachers, supervisors, and researchers, are dedicated to high standards of scholarship and present accurate information.

3.4 Marriage and family therapists remain abreast of new developments in family therapy knowledge and practice through educational activities.

3.5 Marriage and family therapists do not engage in sexual or other harassment or exploitation of clients, students, trainees, supervisees, employees, colleagues, research subjects, or actual or potential witnesses or complainants in investigations and ethical proceedings.

3.6 Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competence.

3.7 Marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.

3.8 Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

4. Responsibility to Students, Employees, and Supervisees

Marriage and family therapists do not exploit the trust and dependency of students, employees, and supervisees.

4.1 Marriage and family therapists are aware of their influential position with respect to students, employees, and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, therapists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with students, employees, or supervisees. Provision of therapy to students, employees, or supervisees is prohibited. Sexual intimacy with students or supervisees is prohibited.

4.2 Marriage and family therapists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

4.3 Marriage and family therapists do not disclose supervisee confidences except: (a) as mandated by law; (b) to prevent a clear and immediate danger to a person or persons; (c) where the therapist is a defendant in a civil, criminal, or disciplinary action arising from the supervision (in which case supervisee confidences may be disclosed only in the course of that action); (d) in educational or training settings where there are multiple supervisors, and then only to other professional colleagues who share responsibility for the training of the supervisee; or (e) if there is a waiver previously obtained in writing, and then such information may be revealed only in accordance with the terms of the waiver.

5. Responsibility to Research Participants

Investigators respect the dignity and protect the welfare of participants in research and are aware of federal and state laws and regulations and professional standards governing the conduct of research.

5.1 Investigators are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5.2 Investigators requesting participants' involvement in research inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Investigators are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, have impairments which limit under-

standing and/or communication, or when participants are children.

5.3 Investigators respect participants' freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid dual relationships with research participants that could impair professional judgment or increase the risk of exploitation.

5.4 Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

6. Responsibility to the Profession

Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities which advance the goals of the profession.

6.1 Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations.

6.2 Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

6.3 Marriage and family therapists who are the authors of books or other materials that are published or distributed cite persons to whom credit for original ideas is due.

6.4 Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

6.5 Marriage and family therapists participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

6.6 Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest.

6.7 Marriage and family therapists encourage public participation in the design and delivery of professional services and in the regulation of practitioners.

7. Financial Arrangements

Marriage and family therapists make financial arrangements with clients, third party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.

7.1 Marriage and family therapists do not offer or accept payment for referrals.

7.2 Marriage and family therapists do not charge excessive fees for services.

7.3 Marriage and family therapists disclose their fees to clients and supervisees at the beginning of services.

7.4 Marriage and family therapists represent facts truthfully to clients, third party payors, and supervisees regarding services rendered.

8. Advertising

Marriage and family therapists engage in appropriate informational activities, including those that enable laypersons to choose professional services on an informed basis.

General Advertising

8.1 Marriage and family therapists accurately represent their competence, education, training, and experience relevant to their practice of marriage and family therapy.

8.2 Marriage and family therapists assure that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television, and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services. Information could include: (a) office information, such as name, address, telephone number, credit card acceptability, fees, languages spoken, and office hours; (b) appropriate degrees, state licensure and/or certification, and AAMFT Clinical Member status; and (c) description of practice. (For requirements for advertising under the AAMFT name, logo, and/or the abbreviated initials AAMFT, see Subprinciple 8.15, below).

8.3 Marriage and family therapists do not use a name which could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name and do not hold themselves out as being partners or associates of a firm if they are not.

8.4 Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it (a) contains a material misrepresentation of fact; (b) fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or (c) is intended to or is likely to create an unjustified expectation.

8.5 Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

8.6 Marriage and family therapists make certain that the qualifications of persons in their employ are represented in a manner that is not false, misleading, or deceptive.

8.7 Marriage and family therapists may represent themselves as specializing within a limited area of marriage and family therapy, but only if they have the education and supervised experience in settings which meet recognized professional standards to practice in that specialty area.

Advertising Using AAMFT Designations

8.8 The AAMFT designations of Clinical Member, Approved Supervisor, and Fellow may be used in public information or advertising materials only by persons holding such designations. Persons holding such designations may, for example, advertise in the following manner:

- *Jane Doe, Ph.D., a Clinical Member of the American Association for Marriage and Family Therapy.*

Alternately, the advertisement could read:
Jane Doe, Ph.D., AAMFT Clinical Member.

- *John Doe, Ph.D., an Approved Supervisor of the American Association for Marriage and Family Therapy.*

Alternately, the advertisement could read:
John Doe, Ph.D., AAMFT Approved Supervisor.

- *Jane Doe, Ph.D., a Fellow of the American Association for Marriage and Family Therapy.*

Alternately, the advertisement could read:
Jane Doe, Ph.D., AAMFT Fellow.

More than one designation may be used if held by the AAMFT Member.

8.9 Marriage and family therapists who hold the AAMFT Approved Supervisor or the Fellow designation may not represent the designation as an advanced clinical status.

8.10 Student, Associate, and Affiliate Members may not use their AAMFT membership status in public information or advertising materials. Such listings on professional resumes are not considered advertisements.

8.11 Persons applying for AAMFT membership may not list their application status on any resume or advertisement.

8.12 In conjunction with their AAMFT membership, marriage and family therapists claim as evidence of educational qualifications only those degrees (a) from regionally accredited institutions or (b) from institutions recognized by states which license or certify marriage and family therapists, but only if such state regulation is recognized by AAMFT.

8.13 Marriage and family therapists may not use the initials AAMFT following their name in the manner of an academic degree.

8.14 Marriage and family therapists may not use the AAMFT name, logo, and/or the abbreviated initials AAMFT or make any other such representation which would imply that they speak for or represent the Association. The Association is the sole owner of its name, logo, and the abbreviated initials AAMFT. Its committees and divisions, operating as such, may use the name, logo, and/or the abbreviated initials, AAMFT, in accordance with AAMFT policies.

8.15 Authorized advertisements of Clinical Members under the AAMFT name, logo, and/or the abbreviated initials AAMFT may include the following: the Clinical Member's name, degree, license or certificate held when required by state law, name of business, address, and telephone number. If a business is listed, it must follow, not precede the Clinical Member's name. Such listings may not include AAMFT offices held by the Clinical Member, nor any specializations, since such a listing under the AAMFT name, logo, and/or the abbrevi-

ated initials, AAMFT, would imply that this specialization has been credentialed by AAMFT.

8.16 Marriage and family therapists use their membership in AAMFT only in connection with their clinical and professional activities.

8.17 Only AAMFT divisions and programs accredited by the AAMFT Commission on Accreditation for Marriage and Family Therapy Education, not businesses nor organizations, may use any AAMFT-related designation or affiliation in public information or advertising materials, and then only in accordance with AAMFT policies.

8.18 Programs accredited by the AAMFT Commission on Accreditation for Marriage and Family Therapy Education may not use the AAMFT name, logo, and/or the abbreviated initials, AAMFT. Instead, they may have printed on their stationery and other appropriate materials a statement such as:

The (name of program) of the (name of institution) is accredited by the AAMFT Commission on Accreditation for Marriage and Family Therapy Education.

8.19 Programs not accredited by the AAMFT Commission on Accreditation for Marriage and Family Therapy Education may not use the AAMFT name, logo, and/or the abbreviated initials, AAMFT. They may not state in printed program materials, program advertisements, and student advisement that their courses and training opportunities are accepted by AAMFT to meet AAMFT membership requirements.

001496

MYRNA R. GALE, ACSW
199 BEACON STREET
HARTFORD, CT. 06105
TELEPHONE (203) 233-7215

February 19, 1992

Sandra Rigazio-DiGilio, Ed.D.
President, CAMFT
School of Family Studies U-58
University of Connecticut
Storrs, Connecticut 06268

Dear Dr. Rigazio-DiGilio:

(HB 5867)

I am writing to support the need for legislation to provide confidentiality and privileged communication between therapist and client for marriage and family therapists. I am both a Connecticut Certified marriage and family therapist and a social worker. In 1980 I was subpoenaed to testify in a divorce case in which the custody of the minor children was at issue.

The case attracted considerable attention at the national level and was described in the NASW newsletter in February of 1981. Although I was ultimately excused by the judge from testifying, the judge could have decided against me, and I might have spent some days or weeks in jail defending my client's right to confidentiality.

I have enclosed the news account as I believe it helps to underscore the need for this legislation. What I no longer have are the many letters of support from marriage and family therapists and social workers throughout the country describing similar situations faced either by themselves or their colleagues.

Please call me if I can provide any further information which may be helpful in pursuing this legislation.

Sincerely,

Myrna R. Gale, ACSW

Myrna R. Gale, ACSW

cc: Paul Esposito
Barry Williams

Testimony on Raised Bill 5862 - Judiciary Committee

My name is Jan Fontanella, and I am president-elect of the National Association of Social Workers, Connecticut Chapter, which represents over 3100 members throughout Connecticut.

NASW supports passage of raised bill 5862, An Act Concerning Marital and Family Therapists, Social Workers, and Psychotherapists. It is a strong consumer-oriented bill, with few "guild" elements. It can benefit all Connecticut citizens who utilize the services of a certified independent social worker. It protects the rights of individuals who are being evaluated and treated by a certified social worker, and at the same time includes the necessary exemptions for the justice system to gather essential information.

At any given time certified independent social workers, having met the rigorous requirements to be state certified, are involved in the care of thousands of Connecticut residents. They are entrusted with the personal confidences of their clients who expect that what they say, what goes into the social worker's records, and what the social worker knows will remain strictly private. Indeed, the social worker and client relationship is built around mutual trust and an understanding that confidentiality will be maintained. It is within this environment that clients feel free to express their most personal thoughts, providing the social worker with all of the information necessary to effectively treat the person. However, when clients are informed that the social worker may be forced to disclose information without the person's consent, it creates a situation where the person may choose not to participate in needed treatment, or to not fully share all relevant information with the social worker in fear of future disclosure. In essence the lack of privileged information of social worker records often

discourages a person from seeking treatment or creates a barrier between the client and social worker, with the client selectively choosing the information to share and the social worker treating the client without the full information needed to maximize the effectiveness of the treatment.

Related to the issue of protecting the therapeutic relationship is the matter of consumer protection. Individuals seeking mental health services deserve the right to choose whether or not to allow disclosure of their mental health records. Given the stigma and misinformation that still exists regarding mental health care, we believe it is of the utmost importance that clients have the right to hold their mental health records and communications confidential. Connecticut statutes already recognize such consumer protection when the person is receiving mental health services from a psychiatrist or psychologist. This bill will simply extend this recognition to persons seeking similar mental health services from a certified social worker.

In 1990 certified social workers became eligible for direct third party payment. Since this time thousands of Connecticut residents are selecting a certified social worker for mental health care. In doing so they are expecting that their records and communication will be held confidential. At the same time an increasing number of people are having their mental health care decisions determined through a managed health care program where distinctions are not made between the various practitioners of mental health care. For example, a person may be referred to a psychologist which allows for privileged information rights or that same person may be referred to a certified social worker who cannot provide the person with the right of privilege. In other words the person does not have a choice as to the provider and

based on the referral may or may not have their mental health records protected. This bill will rectify this serious inequity.

Having discussed some of the key measures this bill will enact, let me point out where the bill clearly protects the public. First and foremost, it will not protect records and communications related to child, elderly or disabled abuse and neglect. Social workers are mandatory reporters and the bill exempts such information from privilege. Secondly it will not force a social worker to keep confidential client communication where the social worker determines that there is a substantial risk of imminent physical injury by the person to self or others.

The NASW Code of Ethics says that "The social worker should respect the privacy of clients and hold in confidence all information obtained in the course of professional service. The social worker should share with others confidences revealed by clients, without their consent, only for compelling professional reasons." Requiring social workers to disclose information without client consent forces the social worker to violate their professional code of ethics and to take action which is contradictory to their client's wishes.

The intent of privileged communications laws for mental health practitioners is to encourage persons to participate in psychotherapy. However this intent is not fulfilled if certain licensed and certified professionals receive the privilege and others do not. This bill achieves the intent of privileged communications and the bill's language for social workers is consistent with the current statutory language for psychiatrists, which has longstanding acceptance.

001500

CONNECTICUT SOCIETY FOR CLINICAL SOCIAL WORK, INC.

POST OFFICE BOX 8804, NEW HAVEN, CT 06532

TELEPHONE 203-389-2416

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March 18, 1992

Judiciary Committee
Connecticut State Legislature
Hartford, Connecticut

Dear Honorable Members of the Judiciary Committee:

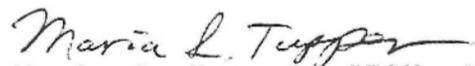
I am writing on behalf of the Board and the four hundred and thirty nine members of the Connecticut Society for Clinical Social Work.

We wish to express our support for Raised Bill 5862, An Act Concerning Marital and Family Therapists, Social Workers, and Psychotherapists. As an organization that is active in setting and maintaining the standards for clinical social work practice in Connecticut, we feel the passage of this bill is imperative. Because mental health records kept by social workers are currently unprotected, they can be subpoenaed into court without a client's consent. This is an assurance that residents of Connecticut deserve when they seek mental health services from a social worker. This consumer oriented bill would extend the assurance currently afforded clients of psychiatrists and psychologists to the clients of social workers. Without such legislation, we affect the right of freedom of choice in choosing a therapist and leave social workers' clients vulnerable to unnecessary outside intrusion.

Currently forty states and the District of Columbia have laws protecting the confidentiality and privacy of records of social workers. To be consistent with the standards set in our Social Work Code of Ethics, we ask that Connecticut become a state that participates in this necessary national standard.

Thank you all for your time and consideration of this issue.

Sincerely yours,



Maria S. Tupper, CISW, ACSW, BCD
President

001501

Testimony in favor of Raised Bill 5862 An Act Concerning Marital and Family Therapists, Social Workers and Psychotherapists

Judiciary Committee, 3/23/92

My name is Robert Madden. I am pleased to sit before you today to offer my support for Raised Bill 5862, An Act Concerning Marital and Family Therapists, Social Workers and Psychotherapists. I feel uniquely qualified to speak with you about this bill since I am both a Certified Independent Social Worker and a member of the Connecticut Bar. I currently teach in the Social Work Program at Saint Joseph College.

There is a common law maxim which says "the public has a right to every man's evidence." Our system of justice depends on the duty of each citizen to truthfully and completely testify when called upon by a court. Exceptions to this requirement have been carved out in the common law and later through statutes only where the overall interests of justice are served. The withholding of information from the court through these exceptions reflects the law's understanding of the special character of certain relationships.

The earliest of these privileged communications included attorney/client, husband/wife and clergy/communicant relationships. Later, privileges were extended to mental health workers. There is a rationality to the determination that this type of communications should be protected from forced disclosure. The most often used legal analysis is Wigmore's four pronged test.

I would like to briefly detail the four prongs and to analyze the appropriateness of extending the same concept of confidential communications to certified social workers and marriage/family therapists as currently exists for other mental health professionals. Wigmore's first prong asks whether the communication originates in the belief that it will not be disclosed. Communication between social workers and clients is clearly based on the security and trust which can only develop where there is a strong expectation of confidentiality. Without this expectation, sensitive or potentially damaging material would not be raised by clients.

The second prong considers whether the element of confidentiality is essential to the full and satisfactory maintenance of the relationship between the parties. Often the reason for seeking treatment is the assurance of confidentiality. Unlike other relationships, the sacred nature of the therapeutic alliance forms the basis of a client's willingness to take emotional risks necessary to growth and change, and thus is integral to the helping relationship.

Wigmore's third prong examines society's level of sanction of the relationship to determine if it is one that should be sedulously fostered. Psychotherapy services provided by social workers are heavily used by the public and are frequently paid for with public funds. Further, other mental health professionals providing analogous services have already been granted this level of sanction.

The fourth prong of Wigmore's test seeks to explore whether the need to protect the relationship from fear of disclosure is greater than the benefit to justice from obtaining testimony. The therapeutic relationship is an important source of assistance for person's struggling with a variety of problems and needs. Ensuring the confidentiality of therapeutic communications protects the consumers of these services from unwarranted intrusions and exposure of private facts in subsequent legal proceedings. Often this involves a fishing expedition by one side to uncover information which often is only tangentially related to the proceeding, but which may be used as a weapon to force concessions.

What, then is the damage involved in denying access to communications between therapist and client? If the information sought involves the client's mental status, the court may order its own evaluation. If the information relates to one of the exceptions in the statute, it will be released by the social worker. In other cases, the client may waive the right, allowing the worker to testify.

Critics will argue there will be times when social workers possess information that would be useful to their cases. This will undoubtedly occur, although much of the information will be available through other means of discovery. In the most egregious cases, courts may carve out exceptions and require the social worker to testify to specific relevant information, thus case law will help to maintain a balance of justice.

Without a guarantee of confidentiality, there is a lessened chance that clients will share sensitive information. Social workers and other psychotherapists enable clients to get help with issues which may otherwise remain hidden.

On the scales of justice the granting of a guarantee of confidentiality to the social work/client treatment relationship protects the very nature of the helping process without unduly burdening the job of the courts to issue equitable decisions. Raised Bill 5862 will accomplish this balance and eliminate the arbitrary disparity among the various disciplines providing these important services.

I urge you to support the passage of this Bill.

Robert G. Madden, C.I.S.W., J.D.
Assistant Professor of Social Work

Address: 259 Warsaw Street, Deep River, CT 06417 (526-9968)

Testimony of Leslie D. Strong, Ph.D.
Connecticut Association for Marriage and Family Therapy
Judiciary Committee
March 23, 1992

Senator Avallone, Representative Tulisano, and members of the Committee.

My name is Dr. Leslie Strong and I am the immediate Past President of the Connecticut Division of the American Association for Marriage and Family Therapy, Inc. This organization is dedicated to promoting family interests and establishing standards for the training and regulation of marriage and family therapists.

I also am on the faculty of the Family Therapy Training Institute (FTTI) at Bristol Hospital and am a Connecticut Certified marriage and family therapist in private practice in Glastonbury.

I am here today to speak in support of HB 5862. I will address four issues: The credentialing of marriage and family therapists, confidentiality as a necessary condition for providing professional services, consumer protection, and the interface between attorneys and marriage and family therapists with respect to therapist-client and attorney client privilege.

THE ISSUE OF COMPETENCY AND CREDENTIALING OF MARITAL AND FAMILY THERAPISTS

There is a growing trend, nationally and statewide, toward recognizing marital and family therapists as professionals competent to diagnose and treat nervous and mental disorders within the context of marital and family systems. The discipline has received federal recognition as one of the five core mental health professions. These include psychiatry, psychology, social work, nursing, and marriage and family therapy.

With regard to Connecticut, the requirements for State Certification include a minimum of two academic years of graduate study in individual, marriage and family theory, psychopathology, and therapy, and at least one year of supervised clinical practice, leading to a masters degree. Each candidate then must complete at least two years of supervised post degree experience before sitting for the qualifying examination. Further details are included in your packets.

CONFIDENTIALITY AS A NECESSARY CONDITION TO PROVIDING PROFESSIONAL SERVICES AS A MARRIAGE AND FAMILY THERAPIST

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A recent report from the Group for the Advancement of Psychiatry observed that:

Among physicians, the psychiatrist has a special need to maintain confidentiality. His/Her capacity to help his/her patients is completely dependent upon their willingness and ability to talk freely. This makes it difficult if not impossible for him/her to function without being able to

assure his/her patients of confidentiality and, indeed privileged communications. Threat to secrecy blocks successful treatment.

Our profession recognizes the need for privilege in our code of ethics in Section 2.1 which states that:

2.1 Marriage and family therapists cannot disclose client confidences to anyone, except: (1) as mandated by law; (2) to prevent a clear and immediate danger to a person or persons; (3) where the marriage and family therapist is a defendant in a civil, criminal or disciplinary action arising from the therapy (in which case client confidences may only be disclosed in the course of that action); or (4) if there is a waiver previously obtained in writing, and then such information may only be revealed in accordance with the terms of the waiver. In circumstances where more than one person in a family is receiving therapy, each such family member who is legally competent to execute a waiver must agree to the waiver required by sub-paragraph (4). Absent such a waiver from each family member legally competent to execute a waiver, a marriage and family therapist cannot disclose information received from any family member.

To not have this protection under the law severely hinders marriage and family therapists in the practice of their profession, and leaves clients unprotected from unwarranted intrusions into their privacy. Examples of this already have been offered by Linda Keller in her testimony.

Two further examples also may be offered. The first comes from the experience of Myrna Gale, a Connecticut Certified marriage and family therapist. Ms. Gale was subpoenaed to appear in court following the completion of a course of treatment with a couple in her practice. She did not have the necessary releases signed by her clients and thus argued before Judge Harry Hammer that she could not testify as this would place her in violation of her professional code of ethics. Judge Hammer accepted her argument stating that Confidentiality is in fact one of the "tools of her trade" and thus must be protected. Secondly, he stated that the information the court sought could be obtained by other means, specifically a custody study.

Although Judge Hammer ruled in her favor, this was a very intimidating experience, for Ms. Gale found herself caught between two attorneys, one armed with a subpoena and the other stating that if she complied with the subpoena, she would be in violation of her

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professional code of ethics and he would file charges against her. This incident gained national prominence and was described in the newsletter of the National Association of Social Workers. Further information, including the newsclipping, are included in your packet.

Dr. Ingaborg Haug had a similar experience this past January. She was subpoenaed and asked to testify regarding a couple she had seen one year ago for two sessions of premarital counseling and one session of marital therapy. Now in the process of a divorce, the wife was alleging, among other things, that her husband, a man of near eastern descent, had married her in order to obtain a green card. The husband's attorney had subpoenaed Dr. Haug and asked her to testify that the couple was in love at the time of the marriage and thus that the green card was not at issue. Dr. Haug pleaded confidentiality to the attorney and was immediately told that she did not have privilege in Connecticut and thus could not support this claim. He went on to state that as a mental health provider without privilege, she could not bill his client for any time she might spend in court on the client's behalf.

Shortly after this conversation, the wife called Dr. Haug stating that she was extremely upset and wanted to schedule an appointment as quickly as possible. Dr. Haug responded that she was sitting with a subpoena on her desk from the woman's husband and that under the circumstances she could not see her. All that Dr. Haug could do was to refer this patient to another therapist.

The attorney for the husband later called and said that Dr. Haug's testimony would not be required.

While in both of these instances, therapist-client confidentiality was maintained, the threat exists nonetheless that confidentiality will again be challenged and the clients right to privacy threatened as therapists are placed in the position of having to defend their code of ethics and perhaps, if ordered to testify, choose between complying with a court order or following their professional code of ethics. The problem is far from academic.

INTERFACE BETWEEN ATTORNEYS AND MARRIAGE AND FAMILY THERAPISTS

Marriage and family therapists seek to work in a cooperative and conciliatory way with attorneys. When proper releases are signed, marriage and family therapists willingly provide information to attorneys. Or again, when attorneys request that a custody study or other evaluation be completed, marriage and family therapists willingly provide this service and make their professional opinion and viewpoints available to the court. Our goal is not to impede the courts in any way, but rather to work cooperatively with attorneys within a shared frame of reference which protects the interests of clients, therapists and the state.

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Finally, you should note that this law does not affect in any way our mandated duty to report suspected child abuse, our duty to warn in the event we believe a client is a danger to himself/herself or to others, or any other mandate to report which might be promulgated by the state.

Thank you for consideration of this bill.

Mrs. P. was referred to me by her attorney. As well as suffering from Cyclothymia (a mood disturbance), she was experiencing considerable anxiety about her upcoming divorce. After four sessions, my client revealed she had been having an affair. Her attorney informed me soon after of advising Mrs. P. to discontinue treatment with me in the belief that the opposing attorney might call me in to be deposed. Mrs. P. chose not to begin again with a therapist who could exercise the right of privileged communication, but to wait until after the divorce to consult with me again. However, it will be difficult for her to weather the divorce process without benefit of therapy, as well as to put off treatment for what may be another year.

Mrs. K. has been seeing me for about two years. She is the mother in an explosive, sometimes violent family. She is planning to initiate divorce proceedings in September, after her youngest child goes off to college. She has terminated therapy, even though this is a time when she needs it most. She is concerned I may be called into court during the proceedings, and be forced to divulge things she perceives as potentially damaging. The irony here is that I could still be subpoenaed whether or not therapy has been discontinued.

Mr. and Mrs. H. consulted me for help with their aggressive, anti-social son, and to talk about their unhappy, abusive marriage. They divorced three years later, and each partner wanted me to testify against the other. After a period of difficult discussions with both attorneys, I managed to convince them that, if subpoenaed, my information could be equally damaging to both sides. Two years after the divorce, one of the spouses again attempted to bring me into court, this time to support accusations of abuse in what had really been a mutually abusive household. In seeking legal counsel, I was told of two choices: to testify and risk a malpractice suit for breach of confidentiality, or to refuse to testify and go to jail.

Currently, there are five disciplines credentialled by the State of Connecticut to perform psychotherapy, but only two of these have been extended the right of privileged communication. This bill addresses the issue of parity and the issue of freedom of choice. In that regard, I am here specifically to speak for Certified Marriage and Family Therapists. The thrust of the bill is to equalize this right of privilege among all professions duly credentialled to perform

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psychotherapy in the State, and to make confidentiality -- so basic to the therapeutic process -- available to all its citizens, with the right to select the credentialled practitioner of their own choosing.

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To: Judiciary Committee
From: The Rev. Dr. Felix M. Davis
The Connecticut Association of Pastoral Psychotherapists

March 23, 1992

Re: Bill No. 5862

As a representative of the Connecticut Association of Pastoral Psychotherapists I would like to address Bill No. 5862 concerning marital and family therapists, social workers and psychotherapists. The primary purpose of the bill is to insure client or patient confidentiality. That is appropriate. However, Section 3 (lines 180-187) is designed specifically to restrict the use of the term "psychotherapist." We see this as an effort to withdraw from general usage an inclusive term that historically has been used by many to define their practice of mental health care and to limit its application to specific interest groups. As a group of clinicians we utilize the term "pastoral psychotherapist" to describe our advanced professional training in mental health care and treatment. So the term "psychotherapist" is important to our public definition as professionals.

The Pastoral Counseling Center of Manchester, of which I have been the Director for sixteen years, is a typical expression of "pastoral psychotherapy." The Center is an out-patient psychiatric clinic and drug and alcohol treatment facility licensed by the Department of Health Services of the State of Connecticut. We have nine psychotherapists on our staff from a variety of clinical backgrounds including pastoral psychotherapy, counseling psychology, educational psychology, marital and family therapy, medicine and psychiatry, all educationally qualified and professionally competent. Among us we hold advanced degrees: D.Min., M.S., M.A., M.D., Th.M., and Ph.D. We service clients referred to us by physicians, attorneys, clergy, other social service agencies, other mental health facilities, hospitals, the Probation Office, the Superior Court, DCYS, DMR and others. We are Medicaid and Medicare providers. We do not turn people away for want of funds.

Conforming to state law and good medical practice we are required to write a progress note after each hourly session of therapy. We are required to label that note as "individual," "family" or "conjoint psychotherapy." If Section 3 of Bill No. 5862 is passed we will find ourselves in the absurd position of labeling our work as "psychotherapy" by law but forbidden by law to call ourselves "psychotherapists."

(continued)

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We respectfully request the Judiciary Committee to delete from Bill No. 5862, Section 3 (lines 180-187), for the following reasons:

1. In our view this constitutes an improper use of language, infringement of free speech and a misappropriation of a public term.
2. It interferes with the rights of other recognized professionals to do business in a fair and accepted manner, an implied restraint of trade.
3. It could unfairly benefit some to the exclusion of others, limiting competition, thus driving up the costs.
4. It precludes the right of several groups of established practitioners freely to define themselves.
5. It is irrelevant to the primary intent of the bill.
6. If enforceable at all, that would seem costly and time-consuming beyond any reasonable justification.
7. In the original Greek, psyche means soul and therapy means healing; hence, "psychotherapy" means the "cure of souls." This is neither a work nor a word that we dare allow to become the exclusive practice or property of anyone.

Thank you for your consideration.

Library #1 5862
Re: Sect. 3
Lines 180-191

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Mahlon B. Gilbert, D. Min.
Route 87
Columbia, CT. 06237

MEMBERS OF THE COMMITTEE:

In 1980 The Psychotherapy Handbook (R. Herink, ed., N.Y.: New American Library) listed over 250 brands of this activity. Each of these styles of psychotherapy deals with one or more aspects of the human personality. Many of these schools have claimed over the years to have found THE secret to mental health. Ofcourse, it has yet to be found.

I am here today as one representative of the Connecticut Association of Pastoral Psychotherapists. Our international organization is 30 years old and has the powers to set clinical standards, establish professional criteria, and provide levels of certification in this specialized field of pastoral psychotherapy.

At the turn of the century it was felt by psychology's founding fathers that only medically trained personnel could adequately treat the Psyche. Soon this attitude changed to allow "lay" professionals entrance to the practice, i.e., non-physicians.

An early colleague of Freud's was a physician Carl Jung who wrote in 1933 an essay called "Problems of Modern Psychotherapy". He said:

"Since the mind is common to mankind it may seem to the layman that there can be only one psychology....So, when many different ways of approaching the psyche are recommended, we may rest assured that none of them leads with absolute certainty to the goal, least of all those advocated in a fanatical way. The very number of present-day psychologies amounts to a confession of perplexity. The difficulty of gaining access to the mind is gradually borne in upon us." (Collected Works, XVI, pp.53,54.)

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Sixty years later we are even more perplexed by the variable nature of psyche's hidden powers!

Psychotherapy is such a broad and extensive field precisely because the Psyche is a mysterious 'organ' which no one has ever weighed, measured, or seen. "PSYCHE" is in fact a Greek word whose direct English translation is "SOUL". There are as many understandings, practices, and sciences of soul as there are of psyche.

In our soft-science of psychotherapy there even is no unanimity on what to call the 'consumer'. Various traditions use different words: "addict," "client", "patient", "counselee", "analysand", or simply "the person I'm with."

Over the course of this century all the best minds in Europe and America have not been able to define conformity when it comes to Psychotherapy. Psychotherapy is a pluralistic word and profession.

Psychological wholeness can never be circumscribed by a mere handful of current licensed psychotherapeutic styles. There is no universal concept as to what Psychotherapy is all about. There certainly cannot be a legislated claim as to which theory, school, or program of professional training will own the corner of psychotherapeutic 'truth'.

Of all people, hopefully we who are in the business of human development should be freed of our own petty, professional, power needs to wage turf wars! The truth is we psychotherapeutic professionals need to utilize one another's unique fields of perspective and contribution in this healing art of psychotherapy that we serve.

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Public Testimony of the Rev. Dr. David H. Eaton, D.Min., 464 Greenhaven Rd., Pawcatuck, Ct.; Member of the Connecticut Association of Pastoral Psychotherapists, and Diplomate in our International Association. Re: PUBLIC HEALTH COMMITTEE< MARCH 23, 1992.
RE: LEGISLATIVE BILL #5862., SEC. 3.

What is a Pastoral Psychotherapist? Such a person provides therapy as a representative of a religious tradition or community, using the insights and principles of religion, theology, philosophy, and the behavioral sciences in working with individuals, couples, families, groups and institutions, toward the achievement of wholeness and health. An important ingredient that makes Pastoral Psychotherapy different from other forms of treatment is the conviction that life's crises and transitions are best met by both the wisdom of religious experience and teaching, along with the knowledge and clinical skills of the behavioral sciences.

Psychotherapy in its broadest sense means "to heal." It is from the Greek which originally meant "service to the gods." The task of Pastoral Psychotherapy is to accompany the psyche of a person, who confides in him, on its dark journey to find the light. That is no easy task. There are no trite answers to the question of psychic suffering and its profound

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significance. Psychoneurosis must be understood, ultimately as the suffering of a psyche which has not discovered its meaning.

The Pastoral Psychotherapist knows that a fragmented person is looking for something that will give meaning and form to the confusion of his inner being. What do you do when you see all too clearly why a person is ill:

when you see that he has no love, only sexuality; no faith because he is afraid to grope in the dark; no hope because he is disillusioned by life; and no understanding because he has failed to read the meaning of his own existence? This realm of meaning, namely faith, hope, love, and understanding, is the primary material in the work of psychotherapy.

I have been acknowledged for over 35 years as being a Pastoral Psychotherapist by psychiatrists, physicians, psychologists, social workers, psychiatric nurses, substance abuse counselors, and fellow marriage and family therapists. Today after 35 years I continue to be a seasoned practitioner of psychotherapy, which I believe has been decisive in the well being of persons under my care. I carry with dignity and honor the designation of being a Psychotherapist.

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THE CONNECTICUT PSYCHOLOGICAL ASSOCIATION, INC.

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March 23, 1992

The Honorable Anthony V. Avallone
The Honorable Richard D. Tulisano
Co-Chairs, Judiciary Committee
Room 2500
Legislative Office Building
Hartford, CT 06106

Re: RB 5862

Dear Senator Avallone and Representative Tulisano:

I am Dr. Bertram Ibelle, Legislative Chair of the Connecticut Psychological Association, here to speak in favor of RB 5862, AN ACT CONCERNING MARITAL AND FAMILY THERAPISTS, SOCIAL WORKERS AND PSYCHOTHERAPISTS.

This is clearly a consumer-oriented bill designed to protect the rights to privacy of those seeking help from mental health professionals.

Psychotherapy and psychodiagnostic services cannot be effectively delivered unless the consumer has faith that sharing his or her inmost thoughts, feelings and details of personal history will be kept confidential by the service provider. The ethics of the relevant professional groups require the maintenance of such confidentiality. It is only fitting that statutes should bolster this ethical concern and prevent undue breach of privacy of communications between client and therapist.

The Connecticut Psychological Association urges passage of RB 5862, An Act Concerning Marital and Family Therapists, Social Workers and Psychotherapists.

Sincerely,

Bertram P. Ibelle, Ph.D.
CPA Legislative Chair

001518

CASSW CONNECTICUT ASSOCIATION OF SCHOOL SOCIAL WORKERS
1789 Main Street, Glastonbury, CT 06033
(203) 633-1193

March 17 1992

Steven Karp, MSW, Executive Director
National Assoc. Of Social Workers/Conn. Chapter
1800 Silas Deane Highway
Rocky Hill Ct. 06067

(HB 5862)

Dear Steve:

The Connecticut Association of School Social Workers, at it's Board of Directors meeting on February 9, 1992 voted to endorse "An Act Concerning Confidential Communications Between Social Worker and Client". Social workers in schools need the same protection that is provided to psychiatrists, and psychologists so that their clients can be assured of the privacy of their records. School Social Workers provide much of the evaluation and treatment that takes place in schools because of their clinical background and training and we therefore are vulnerable to unnecessary outside intrusion.

Sincerely,

Sally Wisniewski

Sally Wisniewski, ACSW, CISW
President, Connecticut Assoc. of
School Social Workers.