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MEETING MINUTES
FRIDAY, MAY 2, 2025 at 9:00AM

Teleconference

Nevada Board of Examiners
For Marriage & Family Therapists and Clinical Professional Counselors

500 N. Rainbow Boulevard, Suite 201
Las Vegas, NV 89107

Please Note: The Board may (a) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; (b) combine agenda items for consideration by the public body; and (c) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. (NRS 241.020, NRS 241.030).

Action by the Board on any item may be to approve, deny, amend, or table

1. Call to Order, Roll Call, Confirmation of Quorum. Meeting called to order at 9:01 AM.
 - Board members present: Sara Pelton, Marta Wilson, Jennifer Ross, Steve Nicholas, Jenny Stepp, Sheldon Jacobs
 - Board members not present: Lauri Perdue, John Nixon
 - Staff present: Joelle McNutt, Stephanie Steinhiser, Senior Deputy Attorney General Henna Rasul, Senior Deputy Attorney General Todd Weiss
 - Members of the public: Suzanne Edwards, Geralynn Goddard, Michael Kalish, Melanie Chapman, Michael Smith, Josh Reisman, Matthew Pfeiffer, Heidi Konsten, Khalileah Daniels, Daniel Giudici (Flynn Giudici Government Affairs), Amanda Henderson, John Nolan, Lidia Karina Gamarra-Hoff, Heather Phelps, Jennifer Vobis, Emilia Grisette, Dorothy Paul, Terri Jackson, Adrienne Renwick

Public comment is welcomed by the Board. Persons wishing to provide public comments remotely may access the meeting by telephone at (253) 215-8782 or through the electronic link posted on the agenda. Public comment will be limited to three (3) minutes per person and comments based on viewpoint will not be restricted. A public comment time will be available prior to any action items on the agenda and on any matter not specifically included on the agenda prior to adjournment of the meeting. At the discretion of the President, additional public comment may be heard when that item is reached. The President may allow additional time to be given a speaker as time allows and at his/her sole discretion. (NRS 241.020, NRS 241.030) Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment. (NRS 233B.126)

2. Public Comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

- No public comment.

3. Legislative Updates (Advisement)

- Daniel Giudici: I have a couple of updates for you all. Yesterday was the economic forum and it looks like the state is going to be short \$200 million dollars from what they anticipated for the biennium. So, any spending bills in this session are not likely to go through. SB78, the board consolidation bill, has been completely gutted. So, the amendment removes consolidation and B & I will be able to approve legislation. They also asked for 60 new positions and were only granted one that is tied to the general fund. There is also the other consolidation bill which is SB425. They are not going to consolidate as was the initial intention of SB 425. They hope to create support with backroom services. It will repeal the authority granted to B & I last session. We also have SB266 and that is for student loan repayment. I testified in support of AB450 and that was reciprocity legislation.

4. Discussion, recommendation, and possible action regarding review and approval of minutes from the February 28, 2025, meeting (For possible action)

- Motion to approve minutes from the February 28th meeting: 1st Jenny, 2nd Sheldon; Steve abstains; Motion approved.

5. Disciplinary hearing on Complaint and Notice of Hearing in the Matter of Geralynn Goddard, Case No. NV20MFT008. This agenda item may include review and consideration of a consent decree (For possible action)

- Jennifer: So, before we begin, is the respondent or respondent's counsel present?
- Josh Reisman: I am here representing the respondent. It's nice to meet you.
- Jennifer: It's nice to meet you. Ms. Goddard, I see you on screen. Thank you for being here.
- Josh Reiman: I also have with me my partner, Michael Kalish.
- Jennifer: Are there any preliminary matters that need to be addressed before we begin?
- Josh Reisman: There are. Respondent filed a motion in limine to exclude certain of petitioner's evidence because it's our position that that evidence is incompetent, irrelevant, highly prejudicial character evidence and uncorroborated hearsay including hearsay within hearsay. I'd like to argue that motion right now before this body.
- Henna: I would like to object to his motion because it's not permissible pursuant to NRS 622A.360 subsection two. It's not one of the motions that are contemplated. What Mr. Reisman is asking for can be accomplished at the time we're introducing the exhibits, and he can make his objections

clearly on the record at that time. The motion was late and the proper motion that could have been made with the arguments was he could have requested a continuance, and he didn't because that is actually what is allowable.

- Jennifer: I would like to hear from you, Todd. What might you add?
- Todd Weiss: We're talking speculatively about what she is or isn't going to testify to. I don't know how we could possibly limit testimony before we know what that testimony is going to be. I think those objections are more properly made at the time. As everyone should know in administrative proceedings, rules against hearsay are more relaxed than they are in a court of law. That's not to say that all hearsay is admissible because it's not. It's going to depend on factors such as: is what's being spoken about pertinent to the issues of the case? Is it corroborated any other way through documents or other witness testimony? Is it being asserted for the truth of the matter? Those are all factors that we have to consider at the time the testimony is being offered. So, my advice would be that we keep an eye on it and ask counsel to make his objections at the time any kind of inappropriate testimony, or what he believes is inappropriate, at the time and we can analyze and discuss and rule on it at that time. But I don't know how we could possibly limit testimony that we don't know exactly what it's going to be at this point because it hasn't been offered.
- Jennifer: Thank you so much for helping to clarify. I would like to go ahead and follow counsel's recommendation to hear your thoughts when we get to that item. This is an important clarification. We don't come in with any prior knowledge or information about what we're about to hear. Let's go ahead and move on to opening statements. Division counsel, you have the floor.
- Henna: Thank you Chair and members of the Board. I represent the state of Nevada in this matter and the state has filed a complaint to discipline Ms. Geralynn Goddard regarding her marriage and family therapist license. Ms. Goddard held a marriage and family therapy license in the state of Nevada at all times relevant to the complaint. As such, she was charged with certain serious responsibilities as specified in both the Marriage and Family Therapist Act and its corresponding regulations. The evidence will show that Ms. Goddard failed to meet these responsibilities, causing the complainant's husband to become dependent on her for the purposes of charging the couple over \$170,000. Both the complainant and her husband were Ms. Goddard's clients. Further, repeated requests were made by the clients both verbally and in writing from May 2016 through February 2020 for copies of their records as well as billing and payment records. These requests were never acknowledged.

The evidence will show that Ms. Goddard was in constant communication with the complainant regarding these requests. In addition is arguable whether or not the clients received a post diversion treatment plan discussed during a session. However, they were double charged for the session. Finally, the evidence will also show that Ms. Goddard caused the client's marriage to be in jeopardy by statement she made about the wife. Consequently, Ms. Goddard's failure has caused the potential for harm to her clients and has compromised public health and safety. The state has filed a complaint alleging that grounds of disciplinary action exist apart from any other compliance with the marriage and family therapy standards of conduct by Geralynn Goddard.

- The first allegation as alleged in the complaint states that Ms. Goddard committed unethical practices contrary to the interest of the public. The second allegation indicates that Ms. Goddard engaged in unprofessional conduct as determined by the Board. The third allegation states that Ms. Goddard used her relationship with a client to further her own personal, religious, political, or business interests. The fourth allegation states that Ms. Goddard failed to set and maintain

professional boundaries with clients, interns, and or persons with whom she works. The fifth allegation states that Ms. Goddard failed to prepare, and maintain, in a timely manner a record for each of her clients as listed in NAC 641A.243, subsection twelve. The sixth allegation states that Ms. Goddard failed to provide her clients with access to their records. The seventh allegation states that Ms. Goddard failed to comply with provisions of Chapter 641A of the NRS and NAC and all other applicable federal laws and regulations. And finally, the eighth allegation states that Ms. Goddard violated several ethics standards of the AAMFT Code of Ethics as delineated in the complaint. Ms. Goddard was given proper notice of this hearing. She and her attorney were sent the Complaint Notice of Hearing via certified mail and regular mail on March 18, 2025. Both certificates of service were received. I know there are going to be objections, but I'm just going to state, at this time I would like to submit all of the exhibits one through fourteen, if there are no exceptions. If there are, then we will take those objections at this time so that way it creates a clear record.

- Josh Reisman: I do have an objection.
- Henna: If you could state clearly, which exhibit?
- Josh Reisman: I have an objection to petitioner's Exhibit 12.
- Henna: Joelle, send Exhibit 12 to the Chair so she can rule on it.
- Joelle: Yes, sending Exhibit 12 to just the Chair.
- Josh Reisman: Once you have that exhibit in front of you, may I make my argument on that exhibit please?
- Jennifer: Yes. I have received it. Go ahead with that objection.
- Josh Reisman: Dr. Ross, they intend to use negative reviews of Geri Goddard from the internet that they obtained five years ago in February 2020. The reviews are from anonymous sources, and they aren't dated. Again, they're remote in time, they're devoid of any actual facts. They just contain conclusory allegations without any factual support. It is highly prejudicial and it's significantly more prejudicial than it is probative. So, none of these reviews meets the standard of admissibility because reasonably prudent people wouldn't rely on such hearsay within hearsay from anonymous people from potentially 20 years ago as persuasive evidence in conducting a hearing. So, I object to it, and it shouldn't be admitted.
- Jennifer: Thank you, Mr. Reisman. In reviewing the evidence, I tend to agree with this one. It's unfortunate that there is such a negative online presence. We can't control what people post on the internet about us. I would like to stick with what we know from the parties involved. Thank you. So, I don't know the proper terminology. Do we strike exhibit 12?
- Todd Weiss: Counsel, do you have any objections to any other exhibits or are you okay stipulating to the admission of the remaining exhibits? Do you have any objections to any exhibits other than exhibit 12?
- Josh Reisman: I believe that we're comfortable with stipulating to the remainder of petitioner's exhibits.

- Joelle: I will send the state's exhibits, excluding exhibit 12, to the Board now.
- Josh Reisman: The evidence will show that when Hammond Edwards first sought treatment from Geri Goddard, he was in crisis. He was battling severe substance abuse issues. He was involved in a volatile, abusive relationship with his now wife, Suzanne Edwards, the petition you're hearing. He was facing the serious consequences of a third DUI arrest, the consequences being a possible 10-year prison sentence. The evidence will show that Geri Goddard reasonably believed in her professional judgment that hands-on intensive dialectical behavior therapy or DBT was both warranted and necessary to address Hammond's severe underlying issues. Hammond was given the opportunity to participate in the felony DUI courts diversion program in an effort to avoid a lengthy prison sentence. The program lasted three years and involved rigorous court mandated therapy. The evidence will demonstrate that Hammond wanted Geri Goddard to serve as his therapist for the program and even petition the court to add additional therapy sessions with her to substitute for required AA meetings.

Geri treated Hammond for three years and nine months. The vast majority of that treatment was pursuant to and in compliance with the court mandated diversion program. The evidence will show that under Geri Goddard's therapeutic guidance, Hammond was able to graduate from the program. He avoided any disqualifying relapse, and he stayed out of prison. Notably, Hammond Edwards did not file this complaint. His wife Suzanne did. The evidence will demonstrate that Suzanne Edwards is controlling, and her abusive behavior contributed to Hammond's underlying issues. Geri Goddard recognized this, and she validated Hammond's concerns. Unfortunately, the evidence will also reveal that Suzanne Edwards filed this complaint out of resentment towards Ms. Goddard, not for any actual wrongdoing on Geri's part. At all times, Geri upheld her duty of care. She maintained clear boundaries, never exploited her role and acted solely in the patient's therapeutic interest. Any actions she took were consistent with DBT practice, the rigors of the felony DUI Court's mandated diversion program and the ethical standards of her profession. Geri Goddard complied fully with all legal and ethical requirements. I'd like to move at this time to submit all of our exhibits as well.

- HEARING PROCEEDS
- Jennifer: We have heard everything that we're going to hear as of this point and so I'll give the table now to Division council, Henna Rasul, to offer closing statements.
- Henna: Members of the Board, thank you for your time this morning and afternoon. I would just like to simply state that as seen and heard today, there is sufficient evidence to establish that Ms. Goddard is in violation of NRS 641A.310, NAC 641A.243 and NAC 641A.252 and the corresponding AAMFT Code of Ethics. Consequently, I would ask that the Board find Ms. Goddard guilty of counts one through eight as specified in the Complaint Notice of Hearing. Further, I ask that the Board take the following actions against Ms. Goddard. Recovery of attorney's fees and costs in the amount of \$9,709.94, as of yesterday, plus attorney fees and court reporter costs accrued today pursuant to NRS 622.400. The attorney's fees are at a rate of \$157.04 per hour. Report any actions taken by the Board to the NPDB reporting bank and any national data bank that is required by law, that would include the Nevada legislature. Six-month suspension to begin 14 days from the date of the order. During the suspension completion of 20 hours of Board approved CEUs in the following, five hours in clinical documentation and record keeping and fifteen hours in ethical decision-making and professional boundaries. Twelve-month probation at the conclusion of the suspension and then six months of monitored practice, which will include weekly meetings with a Board approved

supervisor. Meetings will emphasize ethical decision making and clinical note taking, no private practice and work in an agency setting only. Thank you.

- Josh Reisman: There are three years and nine months of treatment that are currently at issue and before this Board. I think based on the evidence that we've seen and what we've heard, that while a lot of mistakes may have been made along the way, I feel that we all can agree, or at least should agree, that the evidence suggests that at all times Ms. Goddard was acting in good faith. She was acting in compassion. She genuinely cared about her patients, tried her best, did the best she could throughout that entire period, had their best interests at heart, was trying to be open and honest with them. She was trying to be open and honest with the court and was in a difficult situation with difficult dynamics and, that while mistakes may very well have been made along the way, and I think Ms. Goddard now recognizes that and accepts responsibility for that and has learned a lot from this process and could learn a lot moving forward.

I don't think she acted with a malicious heart here and I don't think that has been proven by a preponderance of the evidence and I don't think the evidence shows that she was milking her clients, as the complainant has accused her of, that she was trying to create a dependent relationship that she acted in any way with any malice that she was doing this motivated by money and greed. I don't think any of that has been proven here. I think what has been shown is that a lot of mistakes were made along the way in almost four years of treatment, that records could have and should have been better kept that due to a lack of that record keeping unless you find that Ms. Goddard perjured herself or was lying to you, which I don't believe that the evidence suggests that in any way unless you believe that she perjured herself. The issue with the lack of record keeping, I'm not minimizing that in any way, is just that it doesn't make her case for her. In my profession. We call them CYA letters, and you don't have that in the file here. You don't have extensive descriptions of things, memorialization of things that would support her testimony today. But that doesn't mean that her testimony isn't truthful. It may mean that you don't have documentary evidence corroborating that testimony. But testimony under oath is just as persuasive, just as valid has just as much weight as documentary evidence if it's truthful and if you believe what she's saying and she's credible and based upon that testimony and the counter testimony that we heard, which I think is less credible, I don't believe you can find by preponderance of the evidence that Ms. Goddard was churning the bills, was milking the clients was doing it at agreed was treating unnecessarily. I think she did the best she could. I think she has learned from this process and will continue to learn, may need some further guidance that I'm sure you're prepared to give and require.

I think she's committed to doing her best. She's committed to her clients, she's committed to this profession, is willing to do what's necessary and what the Board deems appropriate, and I think she genuinely accepts responsibility for any missteps along the way. I know that there's a lot of documentation that the Board was hoping to see that thought should be there or might be there that would be helpful to it. If there's any, we did the best we could to provide the documentation that we thought was relevant and necessary. If there's anything specific that the Board would like us to go back and search our files and see before it renders a decision, I offer to do that. Otherwise, I just hope the Board takes into consideration that Geri acted, she truly believed in her heart of hearts, she was acting in the best interest of her client and with compassion and doing the right thing and was actually proud of the result. She feels she kept him out of jail and kept him sober and helped to keep him in his marriage and just did the best she could. But I don't believe that petitioners have met their burden of proof as to all of those counts. Certainly not the counts associated with excessive billing. The treatment was pursuant to the court ordered treatment. She complied with the

court and the court never objected to her qualifications. The court never found any issues with her performance here.

- Jennifer: Thank you very much Mr. Reisman. At this time, the hearing is now closed for Board deliberation. As a reminder to the Board, at this point we cannot request any additional information from either party. Starting with allegation of fact number one and working our way down then. All right then, starting with it is hereby alleged and charged as follows, that Geralynn Goddard was a dually licensed marriage and family therapist in the state of Nevada at all times relevant to this complaint. As a Board, do we believe this has been met? If so, we need a motion.
- Motion that allegation of fact number one has been proven: 1st Steve, 2nd Sheldon: No abstentions; Motion approved unanimously.
- Jennifer: Respondent was licensed as a marriage and family therapist on May 13, 1994.
- Motion that allegation of fact number two has been proven: 1st Steve, 2nd Sheldon: No abstentions; Motion approved unanimously.
- Jennifer: A complaint was received by the Board on or about April 5, 2020. So, for item three then we're looking at points A through E. The vote is not whether they are true, but the fact that the complaint was made.
- Motion that allegation of fact number three, including subsections A through E, has been proven: 1st Steve, 2nd Jenny: No abstentions; Motion approved unanimously.
- Jennifer: Now we go point by point through the counts. Looking at count one, the allegations contained in paragraphs one through three are hereby incorporated as if fully set forth herein. This conduct violated NRS 641A.310 (6), which states that the Board may suspend or revoke a license for any of the following reasons. Item six, committing unethical practices contrary to the interest of the public, as determined by the Board. So, any discussion at this point about whether we have reasonable proof that there has been unethical practice, contrary to the interest of the public?
- Todd Weiss: I know the Board members already well aware of this because I heard member Nicholas talk about earlier, but the standard is a preponderance of the evidence, which means more likely than not, 51% to 49%, that's what the Board has to find in order to find for any of these charges.
- Jennifer: Thank you for helping with the language, Todd. When I look at the interest of the public, I look at potential harm to clients, but I am wondering what y'all are thinking here.
- Jenny: To kick it off I do. I can go to the AAMFT Code of Ethics here and I'm pulling up a few sections here. Standard two, confidentiality. Section 2.3 is client access to records. There was some question and confusion about clients having access to the records. I'll scroll down. Section three, professional competence and integrity. I think 3.2. Pursuing appropriate consultation and training to ensure adequate knowledge of an adherence to applicable laws, ethics and professional standards. I think there were some places where the respondent fell short there. 3.5 Maintenance of records maintain accurate and adequate clinical and financial records in accordance with applicable law. So, I'd say those three standards jump out at me specifically with regard to this count.

- Motion that alleged violation of law number one has been proven: 1st Steve, 2nd Jenny: No abstentions; Motion passed unanimously.
- Jennifer: Moving on to count two, allegations contained in paragraphs one through six are hereby incorporated as if fully set forth herein. This conduct violated NRS 641A.310 (7), which states that the Board may suspend or revoke a license for the reason of unprofessional conduct, as determined by the Board. Therefore, respondent is subject to discipline. So unprofessional conduct, we've had lots of discussion about what that is. If there is no discussion or question as to whether count two is to be accepted, then I invite a motion.
- Motion that alleged violation of law number two has been proven: 1st Marta, 2nd Sheldon: No abstentions; Motion passed unanimously.
- Jennifer: Okay, moving on to count three. The allegations contained in paragraphs one through nine are hereby incorporated as fully set forth herein. The conduct violated NAC 641A.243 (3), which states that a marriage and family therapist, clinical professional counselor or intern shall not use his or her relationship with a client to further his or her own personal, religious, political, or business interests. I do expect that this one should take some discussion.
- Steve: I do agree with Ms. Goddard's attorney that she is compassionate, that she was not behaving with ill intent or malice. However, the expansion of the original client system into seemingly the individual of that couple predominantly is definitely a transition in roles and relationships. I do think that it is more likely than not that essentially equated into multiple streams of work and service and again, dutiful service. However, I think that it was a distortion from the original client system and therefore that probably helped her client, but it most certainly helped the therapist.
- Marta: I believe on this count that it meets the criteria of more likely than not. I think replacing the AA meetings, which increased the number of sessions per week to a DBT structure when the reason for being in the diversion program was for alcohol and an AA structure. There are so many AA groups, one group doesn't fit all. So, there's many that you can choose from, and AA is at no cost to the client and would've specifically addressed the reason the client was in the diversion program to begin with.
- Sara: I'm struggling with this one because we don't have Mr. Edwards' testimony, which might give us a little bit more insight. Marta makes a good point about the AA meetings.
- Jennifer: There's something in the language that implies an intent to manipulate or use a relationship and I'm not sure that I have heard anything that supports the implication of an intent and yet it did further the business interests, but I am hung up on that piece. Also Ms. Goddard's testimony that Mr. Edwards had requested this. And to your point, Sara, we don't know how that happened. We can argue that we don't always give clients what they ask for because we have clinical knowledge that would lead to further discussion about that. But again, that the intent is what I'm not sure about.
- Steve: Ms. Goddard did affirm that she billed for services that were not expressly described in the informed consent and that's problematic for me.

- Jennifer: You make a good point, Steve. The February 28th email in which Ms. Goddard had stated that there was a charge for a meeting requested by the psychiatrist that was an appropriate item to bill for and I think about if I charged clients for meetings that were requested by other people without checking with them on whether or not they wanted to pay me for that, I think some of my clients would not be very happy. I wonder how many of those such meetings there may have been.
- Jenny: To piggyback off of that, what we do have in the documentation is a credit card authorization that the clients would give a year by year credit card put on file and then that was up to the clinician to charge and to the point of it wasn't clear in the consent form and then it's just on file and then there wasn't a clear record of when the card was charged or not. That feels unethical.
- Sheldon: The numbers don't add up at all in terms of the amount of sessions that she was providing within the course of treatment and the dollar amount. It is not adding in terms of the number of sessions that were potentially or not potentially provided. So, I have an issue with that along with the documentation or lack thereof as well as the inconsistencies in the fee structure, what the clients were informed to be paying versus what they were actually paid. I mean that's also another issue for me as well.
- Motion that alleged violation of law number three has been proven: 1st Jenny, 2nd Sheldon: Sara opposes, No abstentions; Motion passed.
- Jennifer: Allegations contained in paragraphs one through twelve are hereby incorporated as fully set forth herein. This conduct violated NAC 641A.243 (4), which states that a marriage and family therapist, clinical professional counselor or intern shall set and maintain professional boundaries with clients, interns and persons with whom he or she works. Therefore, respondent is subject to discipline. Okay. We've talked a lot about boundaries. I think one of the things that really stands out to me, Steve, in your line of questioning was the point that we are in an area that is pretty well saturated with licensed mental health providers of all types. So, the option to refer out to collaborate care to make things less murky certainly was there.
- Sheldon: I think just to consult if you're unsure or something. If you get a sense that something just doesn't feel right, being able to consult about it, because I know sometimes private practice can feel very isolating, but I think it's important that you have peers that you can bounce things off of. I think that's important. I do agree that there were multiple opportunities here to seek guidance including reaching out to the Board. I know we talked about this in other situations.
- Jennifer: I want to bring up for the Board, there were multiple allegations that fall into this category. So, as we discuss and as we vote, just for the record, for us as a Board to be really clear on what evidence we do have to support the violation of boundaries versus some things that we would agree would be a boundary violation if we had direct evidence for it. There are some things that we don't have evidence to support and some things that we do. For myself, I'm thinking about some of the other things that were alleged that we don't know for certain. Are any of you of the opinion that there was not an obvious violation of professional boundaries?
- Jenny: One of the things that I've learned again and again is that when you're working as part of a multidisciplinary team in holistic care, you differentiate and document who's doing what. So typically, we would see in notes again that there would be some clarification of what the substance abuse counselor is doing, what the DBT therapist is doing, and the case manager is doing, what the

psychiatrist is doing. So that would've helped clear things up a little bit. So that's what I'm thinking about as far as boundaries.

- Motion that alleged violation of law number four has been proven: 1st Sheldon, 2nd Marta: No abstentions; Motion passed unanimously.
- Jennifer: The allegations contained in paragraphs one through fifteen are hereby incorporated as if fully set forth herein. This conduct violated NAC 641A. 243 (12), which states that a marriage and family therapist, clinical professional counselor or intern shall, based upon recognized knowledge and standards for the practice of marriage and family therapy or the practice of clinical professional counseling as applicable, shall prepare and maintain in a timely manner a record for each of his or her clients. You can all read there the inclusions that based on much of our discussion do include an assessment, plan of care, course of treatment, copies of all relevant documentation. We've had lots of discussion about this in the testimony. I don't have any doubt in my mind that unfortunately the lack of documentation is deeply problematic, especially given the amount of fees incurred by this couple.
- Motion that alleged violation of law number five has been proven: 1st Sheldon, 2nd Sara: No abstentions; Motion passed unanimously.
- Jennifer: Count six. Allegations contained in paragraphs one through eighteen are hereby incorporated. Conduct violated NAC 641A.243 (13), which states that a marriage and family therapist, clinical professional counselor or intern shall, with respect to a record prepared pursuant to subsection 12, for a client in the context of family couples or group therapy counseling, provide the client upon request with access to the client's record. The question was whether or not records were released in a timely manner. We have testimony that there was a period of time, three years or so maybe that the request was made, an allegation that that request was not honored. We've looked through so many materials now I'll have to go back and remind myself if we have evidence to demonstrate all of those requests over that period of time. What we do have are some text messages with our response that was, I think, just within minutes or so. Part of the problem though is that if there are no records to offer, then there is no release of records because they didn't exist to begin with. Open to discussion.
- Steve: While we did see evidence that there was an attempt to send what did exist, there wasn't verification that it was received, and I do not believe that that's incumbent on the clients to ensure receipt as much as on the treatment provider. We've already concluded that there is a dearth of records to provide as well as billing statements, et cetera. So yes, I do acknowledge that there was an attempt to send something, but reportedly it wasn't received and what could have been sent and received seemed to be inadequate.
- Jenny: I see the intent and can appreciate that for what it is. There was a further potential misstep and a breach of confidentiality if said records ended up somewhere else in someone else's hands. Putting that aside, it doesn't appear that this records request was satisfied.
- Motion that alleged violation of law number six has been proven: 1st Jennifer, 2nd Sheldon: No abstentions; Motion passed unanimously.
- Jennifer: Moving on to count seven. Allegations contained in paragraphs one through twenty-one are hereby incorporated. This conduct by violated NAC 641A.243 (15), which states that a marriage

and family therapist, clinical professional counselor or intern shall comply with the provisions of this chapter and chapter 641A of NRS and all of their applicable federal laws and regulations.

- Steve: Seeing as our Code of Ethics is embedded in statute; I believe that count seven has been met.
- Motion that alleged violation of law number seven has been proven: 1st Steve, 2nd Jennifer: No abstentions; Motion passed unanimously.
- Jennifer: Moving on to count eight. Allegations contained in paragraphs one through twenty-four are hereby incorporated this conduct violated NAC 641A.252 (4), which states that a violation of the provisions of the Code of Ethics adopted by reference pursuant to this section constitutes cause for disciplinary action. So, this is citing NAC 641A.252 (1a), referencing the AAMFT Code of Ethics in particular, sections 1.7, abuse of the therapeutic relationship, 1.9, a relationship beneficial to client, 2.3, client access to records and, 8.2, disclosure of financial policies. Do we need to take each of these AAMFT codes point by point?
- Todd Weiss: You don't need to vote on them separately.
- Steve: I do believe that 1.7 has been met as evidenced by the transition from couples therapy to concentrated individual therapy for Mr. Edwards.
- Sara: Even without Mr. Edwards' testimony, the withholding of the record proves that to me.
- Jennifer: As I'm looking at abusive power, I think in a very direct way, we think about malicious action and indirectly, I think not considering the power dynamic can also fall into an abuse of power. So, if there were any questions about billing or services or frequency or any of that, when you have somebody who's facing, I believe it was six to ten years in prison, it would be really hard to question what's being recommended to you. I think the absence of records makes it impossible to know whether the client was benefiting from the relationship. We didn't have evidence of progress or completion of goals or reduction of symptoms. I think we've essentially already voted on access to records, and we've talked lots about disclosure of financial policies. Any other thoughts from my colleagues on the Board?
- Steve: You bring up a terrific point about 1.9. At first, I was thinking that the evidence that we had that there was benefit is because Mr. Edwards successfully completed his DUI mandates. But that is a bit of information and there's a tremendous amount of assessment and progress that wasn't documented or at least brought to us. In addition to that, the original client system was a couple. So, I agree that 1.9 has been met as well.
- Jenny: I was thinking about how the client started out as the couple and at some point, when it turned into the individual counseling relationship, it actually, in some ways, seemed to harm the original couple that they ended up at odds with one another and there were even some allegations about abuse. So that to me just speaks to this 1.9 point.
- Jennifer: I really appreciated your thoughts and comments earlier about the way in which opposing counsel was discussing Mrs. Edwards and the really the language being used without anything to support it feels very harmful.

- Motion that alleged violation of law number eight has been proven: 1st Steve, 2nd Marta: No abstentions; Motion passed unanimously.
- Jennifer: This is the point that we move on to the recommendation for discipline. Henna, Will you please run us through your recommendations one more time?
- Henna: Recovery of attorney's fees and costs in the amount of \$9,709.94, as of yesterday, plus attorney fees and court reporter costs accrued today pursuant to NRS 622.400. The attorney's fees are at a rate of \$157.04 per hour. Report any actions taken by the Board to the NPDB reporting bank and any national data bank that is required by law, that would include the Nevada legislature. Six-month suspension to begin 14 days from the date of the order. During the suspension completion of 20 hours of Board approved CEUs in the following, five hours in clinical documentation and record keeping and fifteen hours in ethical decision-making and professional boundaries. Twelve-month probation at the conclusion of the suspension and then six months of monitored practice, which will include weekly meetings with a Board approved supervisor. Meetings will emphasize ethical decision making and clinical note taking, no private practice and work in an agency setting only.
- Sara: Is six months monitored practice after the 12 months of probation?
- Henna: No. During the 12 months of probation.
- Steve: During that six months of supervision, is there a frequency of supervision to be met?
- Henna: Six months of monitored practice, which would include weekly meetings with a Board approved supervisor. The meetings would emphasize ethical decision making and clinical notetaking.
- Jennifer: So, I'm trying to make sure I'm understanding the overlap. So, it's a six-month suspension, 12 months probation, and then the first six months of the probation is monitored practice, and then the following six months is still probation but no longer monitored?
- Henna: Correct and during the suspension period, that's when she would do the 20 hours of Board approved CEUs.
- Sheldon: Who do the fees go to? The Board?
- Henna: These are reimbursements to the Board. This is what our office has been billing the Board for. If you chose to impose a fine, that would not go to the Board. All the fines go to the Treasurer's office.
- Steve: I think that, in my opinion, these are very satisfactory terms. I think there's one consideration, an ethical consideration, of giving a window of referral. Should Ms. Goddard have a current caseload that would be appropriate?
- Henna: It is fourteen days from the date of the order, which I need to take time to prepare because that's also incorporated into the costs as well. So, it's not going to go into effect today. I intentionally made it as of the date of the order. I have 60 days to prepare that order.

- Sara: I'm looking at the CEUs. I feel like the clinical documentation, it's just not quite enough. So, I'm proposing raising that to 10 and then lowering the boundaries down to 10. So, it's still a total of 20, but I'd like to see a little bit more education on the clinical documentation intake process.
- Jenny: I strongly agree with that too. That would likely include updates on HIPAA, and the standard of care. I think that's highly relevant here.
- Steve: Are we suggesting that these 20 hours are in addition to the Board required hours so that these would not count toward renewal hours?
- Henna: Usually, it is.
- Jennifer: My understanding was that for the entire 12-month probationary period that Ms. Goddard would not be able to be in private practice, that full 12 months would be in an agency setting and then after the probational terms were met.
- Sara: I would like to see the private practice get set up for success when she comes back to it. So, I would really like to see that part get monitored, get policies and procedures in place for secure file transmission, a good intake process going, a good documentation flow. I think what I'm going to propose here is a 12-month probation with weekly supervision to take care of that monitoring. And I want to say private practice is okay with me. There are differences between agency group practices and solo practices.
- Jennifer: I don't disagree with that. I would then maybe add prior to entering into the probation, prior to bringing clients on, can the Board request a really solid business plan or practice plan before clients become involved?
- Sara: I like that. It sounds very intentional, and I think it would be in the best interest of the public to have that.
- Henna: Can you clarify what you are asking?
- Sara: So, 12 months of probation, private practice with weekly supervision as part of that monitoring and then adding Dr. Ross's suggestion of having a plan in place before private practice clients are onboarded approved by the Board.
- Henna: So, submit a plan to the Board for approval?
- Jennifer: That would include what types of documents will be kept and how where.
- Sara: The whole flow. The whole practice flow.
- Steve: So, when there's this transition period from when suspension ends, should the plan be in place for probation to start? So, I think the plan needs to happen before suspension ends and before probation starts because she would be practicing then.
- Sara: I think a six-month suspension would give her adequate time to get that in place. Those policies and procedures can get fine-tuned along the way. I mean, new things happen, new regulations occur, but I think having a good plan moving forward is the best way to go here.

- Sheldon: I'm in support of that plan.
 - Marta: I'm in support of it. Would that plan and the documents that would accompany the plan be sent to the Board? Or how would that look so that we can see it for a private practice setting?
 - Steve: Essentially this is paralleled to an internship proposal before an internship starts. So, before suspension's over, we would need that practice plan that articulates the things that she learned in the CEUs for practice plan when she comes into probation.
 - Henna: I would think that maybe it would be an agenda item prior to the probationary period.
 - Jennifer: That would be approved at a board meeting. Proposed discipline is as follows: \$9,709.94 in attorney's fees, plus attorney's fees for today at \$157.04 per hour, court reporter's fees, a six-month suspension beginning 14 days after the order is completed. At the end of six months suspension, Ms. Goddard will submit a practice plan and any relevant documentation to be heard at a Board meeting as an agenda item in order to begin the 12-month probation period. Once that 12-month probation begins, there is six months of monitored practice, which includes weekly supervision meetings with a supervisor approved by the Board. Private practice is okay. Ms. Goddard will report to all of the data banks, 20 hours of CEUs to be completed prior to the start of the probationary license to include 10 hours in documentation, confidentiality, HIPPA, 10 hours in ethics and boundaries, which do not count toward license renewal.
 - Motion to accept the stated disciplinary action for Ms. Goddard: 1st Marta, 2nd Sheldon: No abstentions; Motion passed unanimously.
6. Board consideration of Consent Decree in the matter of Michael Smith, Case No. NV24CPC006 (For discussion/possible action)
- This agenda item was stricken.
7. Board consideration of Consent Decree in the matter of Matthew Pfeiffer, Case No. NV24CPC002 (For discussion/possible action)
- Jennifer: We have Mr. Pfeiffer here, if you have questions. We have to keep our questions within the four corners of the document. So, any discussion or questions from the Board?
 - Jenny: It looks pretty straightforward to me, so I think I would move to approve it, but want to open up discussion if anybody else has anything to discuss.
 - Jennifer: I would maybe just like to check in with you, Mr. Pfeiffer. Even in the absence of any specific questions, if there is anything that you would like to say?
 - Matthew Pfeiffer: I just want to apologize to the Board, and particularly Joelle and the investigator for not being honest on my initial application and causing a yearlong investigation into me, which could have been avoided if I would've been honest in the first place. I feel bad about it, and I just wanted to express remorse to the Board. I apologize to the Board for my actions.

- Motion to accept the proposed consent decree as written: 1st Jenny, 2nd Sara: No abstentions; Motion approved unanimously.
8. Disciplinary Matter – Recommendation for Dismissal (For possible action)
- a. Case No. NV21MFT002
 - b. Case No. NV22CPC001
- Motion to dismiss Case Nos. NV21MFT002 and NV22CPC001: 1st Jennifer, 2nd Steve; No abstentions; Motion approved unanimously.
 -
9. Discussion regarding future agenda items and possible future meeting dates
- Joelle: Friday, June 20, 2025, for our next meeting. We should not have any hearings scheduled.
10. Board member comments
- Marta: I thank you so much for all the hard work that Henna, Stephanie and Joelle have done. As long as we were here today, they were there behind the scenes doing excellent work. We're very grateful to have a team like you guys. Absolutely grateful. I'll make one more just because I know everybody's thinking about it. We're so grateful for SB78 not going through as written and for SB425 amending what they were proposing. That just goes to the hard work of the Board office, our lobbyists and all of us putting our time and effort in being at that nine-hour meeting.
 - Joelle: AB66 looks good. I was at that hearing as well as Jen and there was overwhelming support. No testimony in opposition to adding MFTs to that student loan repayment program.
 - Sara: Dr. Ross was quoted in the Nevada Independent article about her testimony.
 - Jenny: Any updates on how AB163 is doing? The Counseling Compact
 - Joelle: I have heard that the Legislature is not approving compacts. Social work had a senate bill for a compact and that did not make it through committee so that is done. Ours is still alive because it's an assembly bill.

11. Public comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

- No public comment.

12. Adjournment

- Meeting adjourned at 4:43 PM.