

NO. 347541

COURT OF APPEALS OF THE
STATE OF WASHINGTON, DIVISION III

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COURT OF APPEALS
DIVISION III
STATE OF WASHINGTON
By _____

DARLENE A. TOWNSEND, PH.D.
Plaintiff/Appellant

V

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

DEFENDANT/RESPONDENT

APPELLANT'S OPENING BRIEF

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While I have often heard licensed attorneys say that a person who attempts to represent oneself is a “fool” There are circumstances which can require an individual to risk being a “fool” in an attempt to obtain justice for themselves; for their profession and for others in society. Today is such an occasion and I stand before you “pro se: on one’s own behalf “ in accordance with the Merriam-Webster definition of “my right to proceed” because Two Major Elements of Justice have previously been denied me and I now seek it again.¹

Attorneys sworn to the Washington State Bar and some state staff hired by the Department of Health, all being paid large the amounts of Washington tax payers’ dollars, have been unable to read and follow the Revised Code of Washington and therefore have erroneously prosecuted me in two successive cases with no consideration of the legal definition of my professional licensing status. One can only assume that their error resulted either due to ignorance or a lack of **“Integrity”**.

I offer the example of such characteristics in the renown life of Elie Wiesel, Nobel laureate who said “One person of integrity can make a difference” and in the life of my own father who raised me strictly in that belief and the philosophy that I must live a life of such integrity².

The Revised Code of Washington (RCW))is defined as “the, at least since 2009 has included the legal definition of the professional license I have held since 2001 as a Marriage and Family Therapist,”(MFT) which was the first year this license was

¹ Webster definition “Integrity: Soundness of and adherence to moral principle and character; uprightness; honesty.”¹

² One person of integrity can make a difference” quote from Elie Wiesel

recognized in Washington.³: Marriage and Family Therapist; first introduced in 1991. I had been licensed since 1988 under similar but the only other available titles covering my capabilities as a psychotherapist with a specialization in Marriage and Family Systems.⁴Further (WAC 246-810-010 (7) Because of a complete lack of knowledge and/or understanding of the law,RCW.225.020.8 on the part of staff of the Washington Department of Health (DOH) Mental Health treatment in the state of Washington. Under current law defines the Marriage and Family Therapist Program as RCW.225.020.8. Within DOH, there is a serious deficiency of understanding highly detrimental to RCW. 225.020.(8) For example: In September 2007, as a Mandated Reporter, Appellant was required to contact Child Protective Services to report observed abuse of two children in children- one boy age ten; diagnosed with Attention Deficit Disorder- and one boy age five; who was a suicidal selective mute. Personality Disordered husband, and his wife. DOH decided that by seeing the family members, filed a complaint against that essentially challenged actions Appellant took as a licensed Marriage and Family therapist. Appellant was charged in Case # M -2008-118544 and M 2010- 249 with "Level A Practice Below the Standard of Care".The DOH filed a complaint against that

³ Because of a complete lack of knowledge and/or understanding of RCW 225.020.8 on the part of all staff of the Washington Department of Health (DOH) Marriage and Family Program; RCW 225 020.(8) there is a serious deficiency highly detrimental to Mental Health treatment in the State of Washington

⁴. RCW.225.020.(8) "Marriage and family therapy means the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of relationships, including marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders. The practice of marriage and family therapy means the rendering of professional marriage and family therapy services to individuals, couples, and families, singly or in groups, whether such services are offered directly to the general public or through organizations, either public or private, for a fee, monetary or otherwise"

essentially challenged actions Appellant took as a licensed Marriage and Family Therapist. DOH applied the incorrect standard in that they did not acknowledge and essentially challenged actions Appellant took as a licensed Marriage and Family Therapist. This was against the fact that Appellant had taught graduate courses for several years in Family Systems at Washington State University and served as a Consultant to the National Council for Early Childhood Professional Recognition from 1976 through 1998 (Affidavitt 1(5/31/2015) and then was licensed as a MFT in 1996. The complaint in the DOH's action was resolved against me, again because of a lack understanding of my responsibilities and duties under my MFT licensed status. There was no acknowledgement whatsoever of RCW 225.020 . At this time I was being represented by an attorney while I had actively participated in the legislative process with other members of the Washington Association of Marriage and Family Therapists seeking to have our license defined in the RCW and had some hope that it had been finalized in law (as it actually had been as: RCW 225.020.8) neither my attorney nor DOH staff appeared to know of it, so I, unfortunately trusted the DOH staff to know current Law and signed an Agreed Order all terms of which were fulfilled and Probation was terminated in November 2012. The jury award, rendered in Spokane Superior Court, was noted in the Spokesman Review newspaper and stimulated ClientA to seek her fortune through suing me by contacting and following the Eskridge's path with the DOH process . She stated her intentions to obtain relief from her financial debts by acquiring Appellant's malpractice insurance monies. DOH has again interpreted the licensing law incorrectly and did not appropriately acknowledge my MFT licensing status.

ASSIGNMENTS OF ERROR

In her opening (Affidavit 5/30/2015) and in the December, 2014 in Case # M2014-663 perhaps in ignorance of RCW.225.020.(8) the DOH prosecuted Appellant a second time for "Treating multiple family members individually, causing role confusion and undermining therapeutic objectivity" labeling this "practicing below the standard of care" by ignoring the definition of my license: RCW225.020.8. AR-1-15

In her opening and at Hearing, Dr. Townsend assigned error to the Program's (Department of Health Marriage and Family Unit)-DOH failure to acknowledge the function and standards of care required by her License as a Marriage and Family Therapist, as elaborated in RC18.225-810-010(8): WAC 246-810-010 (7)&(14) which were set prior to 2009. Appellant conscientiously practiced within the standards of care required by this license. Instead DOH chose to evaluate her professional work only by the criteria of the LMHC (Licensed Mental Health Counselor) from which Appellant had herself removed her name in 2007 as it did not describe the full scope of her work.

In her opening and subsequent Affidavits . Appellant has detailed the diagnosis of Client A, (as a DSM-V: Axis II- Anti-social Personality Disorder: 301.7) commonly referred to as Psychopath or Sociopath whose dominant presenting symptoms are characterized by narcissism, habitual lying, serious deceit and manipulation often termed as "Conning " or "acting out".(5) The DOH Program utilized an Investigator in this case who established a personal relationship with this unstable woman by meeting with her eight times and never once meeting with Dr. Townsend as part of his investigation. He never ordered a second independent psychiatric evaluation of Client

A, as would have been appropriate. Although the Investigator was subpoenaed to the Hearing in July 2015, he failed to appear in response and a critical document of which he had taken custody: the "Release of Confidential Information to Dr. Matt Thompson, signed by Client A, on July 12,2011.

There is a history of a serious lack of knowledge within the DOH Program of the definition and characteristics of Anti-social Personality (5)and the ability of these persons to lie and deceive as they manipulate the time and resources of this State agency which is funded by taxpayer dollars.(5)

In July 12,2011, Client A, signed a "Release of Confidential Information" for Dr. Townsend to communicate with Dr. Matt Thompson, pediatrician, the results of Client B's Attention Deficit Disorder Evaluation and subsequent Treatment planning for one year . Seven months later, Client A,, as her personal financial debts had accumulated; her mental health symptoms decompensated, and she became erratic, hostile and threatening to Appellant in her sessions, as documented in her Case notes; It became necessary to refer her out to more specialized services and for her to be terminated from Appellant's service. She then sought out Dr.Thompson (Client B's pediatrician)and conned ("manipulated") him to join her in damaging Appellant's professional practice. As a skilled "Con" artist she convinced Dr. Thompson to telephone Dr. Townsend on February 12, 2012 and state clearly that he and Client A were going to sue Dr. Townsend to "get your license and insurance" (his exact words), (6)This action of Client A, bringing charges should have resulted in the Waiving of Privilege in her case in accordance with RCW 18.103.050, effective 2/12/2012. Appellant was then fully licensed as a Marriage and Family therapist under RC18.225-810-010(8): WAC

246-810-010 (7)&(The :”Expert Wittness” swore that she had not read Dr. Townsend’s case notes in Client A’s which contained the treatment plan and her statement that, after the first appointment she would be ‘on vacation’ for more than five weeks and criticized the delay in preparation of her ‘treatment plan ‘. This ‘expert witness’ falsely noted the amount of time which preceded the preparation of the treatment plan then noted her five week vacation plus her national holiday (AFPp.402) (Again it seems that the AAG has allowed an “Expert witness with deficient knowledge of Family Systems”).)

d) Both the “expert witness” and the AAG Defreyn repeatedly referred to Client A as a sexual abuse survivor and as having a history of brief unstable relationships. This was a patently false conclusion as there was no such history reported in her records, In addition to case notes where she reported lack of knowledge of any sexual abuse and the fact the she had been in a fifteen year “stable” marriage discounted the testimony of both the AAG Defreyn and the “Expert Witness”. (AR 1-471

(5) Personality disorder as defined as “An enduring pattern of inner experience and behavior that deviates markedly the expectations of the individual’s culture; and the enduring pattern. The enduring pattern is inflexible and pervasive across broad range of personal and social situations”. Diagnostic Statistic Manual IV P 707

(6) Coding: “The veracity of such persons cannot be accepted as valid as the characteristics or the disorder are inherently not credible: they will be habitual liars; dissembling, deceitful. blaming others and generally must be anticipated at be untruthful. Diagnostic Statistical Manual IV P. 705

E. Appellant had provided the Program with medical records documenting Appellant’s disabled status and, initially the Program had agreed to accommodate her with what the presiding officer termed “comfort breaks”in a Spokane ADA/compliant facility. However,

the Appellant quickly perceived from the interaction between the AAG and the Presiding officer an attitude of collegiality hostile to accommodation of disabled persons and an unwillingness to make provisions to accommodate a disability, For example, as the Appellant moved from one room to another at the Hearing in Spokane Valley, not in Spokane, in July, 2015, the Presiding Officer actually grabbed her by the left shoulder and pushed her, nearly causing her to fall from her crutches had she not been caught by her assistant. Training in ADA accommodation is seriously needed.

F. Appellant served pro se at the Administrative hearing which hindered her case in that she did not have the opportunity to address the highly harassing conduct of the AAG which was tolerated and supported by the Hearing Officer until the afternoon of the second day but Appellant persisted with functioning as the best **Pro se** she could under the prevailing hostile environment.⁵

FAMILY SYSTEM THEORIES

⁵ The parts of the record relevant to Appellant's request are:

- 1) Affidavit with Appendices filed May 31, 2015
- 2) Appeal of Initial Order with Appendices, filed October 20, 2015:
- 3) Petition for Judicial Review, February 2, 2016;
- 4) Declaration in Support of Petition for Judicial Review, filed February 2, 2016;
- 5) *Order on Termination of Probation, filed December 14, 2012;*
- 6) *AAMFT (American Association of Marriage and Family Therapists) Code of Ethics. Effective July 1, 2001;*
- 7) *Appellant Medical records 2012-2014*
- 8) *Hearing Transcript, July 21-22, 2015*
- 9) *Court Unpublished Opinion. filed August 24, 2016.*

The Family Systems Theoretical frameworks were receiving a great deal of continued research and as faculty member during these years at Washington State University from 1968-1985 , Appellant taught the Family Systems theory to graduate students for several years.. She was privileged to be mentored by Dr. Ivan Nye, then one of the most respected researchers in the Social Psychology field. Basically “Family Systems” sees the family unit as an organism which, seeks ‘equilibrium” or “homeostasis” in it’s search for social/health and survival. Trained Marriage and Family(MFT) therapists use techniques to assist family functioning. When one family member is not ‘functional’(healthy) that issue affects all the other members to some degree. For example in 2007-8 , as an MFT, licensed by the State of Washington, Appellant began to work with a family wherein the alcoholic father was unable to maintain employment; the wife was supporting the family; the couple had on three previous occasions filed for divorce; the eldest child (age 9-10) had failed a grade in school and the youngest child(age 5) who was a selective mute seriously threatening suicide. When there was sufficient evidence, Appellant was, by State Law, ‘mandated to report ’ the case to Child Protective Services(CPS) the staff of which first told Appellant client’s “house address was too nice in an expensive neighborhood” for there to be child abuse. (This was the second time in Appellant ’s career in Spokane that she had heard this from a CPS worker.)The children, terrified of the father’s anger; subject to his refusal to provide them food and not at the time protected by the mother refused to tell CPS workers about their abusive situation.

Lack of integrity in social institutions e.g. in the above referenced case: A. The Child Protective Service(CPS) worker, with no material reference to the case history, declared

the abuse report 'Unfounded'. This case worker, wrote a report to the Superior Court falsely declaring that she had "had a long conversation with the (AR371.p22) therapist"(Appellant) which confirmed the CPS report.

The Spokane Superior Court 'threw her entire report out 'ruling it all "hearsay" but her report was then submitted to the Appeals Court which failed to ascertain its veracity and accepted it. The DOH then used a copy of that same false report, apparently trusting that the Appeals Court had, indeed verified it against Appellant in Client A's case. B. Attorney #1 (Allyson) used the DOH sanctions against Appellant in an expensive lawsuit being covered by Appellant's malpractice insurance and that attorney lied to the Jury falsely telling them that Appellant had never taken case notes, therefore "there was no case record which would have revealed the abuse documented in the case record". The heartbreaking result was that two little boys, one suicidal, were left in the care of a highly abusive, suicidal father who was even failing to provide regular food to them. Another failure of integrity, C. At the time of the lawsuit, during which Attorney # 2, (Rekofke)was supposedly representing Appellant by using Appellant's insurance money to unnecessarily travel across the United States widely to obtain the records (which were all telephonically available) documenting the parent's three previous attempted divorce actions; then Attorney #2seriously demeaned Appellant's resume` (with Ph,D. and extensive professional history)) and subsequently strongly threatened and intimidated Appellant about the Trial Court process, i.e.: he stated "If you speak in the hearing, I will resign and you will be without a lawyer for the trial". Also Attorney #2 then "forgot" to instruct the Jury that the Court had " previously removed the requirement that

mandated reporters must report child abuse within a forty-eight hour window to maintain immunity”.

D.Appellant's DOH Case was being handled by Attorney#3 who stated at Hearing that she was not aware of the RCW:18.225(8) on Marriage and Family Therapists (MFTs), and that attorney recommended that Appellant negotiate and sign a settlement which was based on sanctions not relative to definition and performance of a Marriage and Family Therapist . All the terms of the settlement including Probationary status were fulfilled by Appellant. However, DOH neglectfully failed to remove that Status from the public record. The sanctions resulted in multiple serious consequences: i.e. Appellant being removed from the membership in the professional organizations:AAMFT and WAMFT; was then shunned by most colleagues in Spokane, with a resulting decrease in client referrals and loss of income.The sanctions resulted in multiple serious consequences: i.e. Appellant being removed from the membership in the professional organizations:AAMFT and WAMFT; was then shunned by most colleagues in Spokane, with a resulting decrease in client referrals and loss of income.The trial award of \$675,000 won by Attorney #1, was highly affected by the DOH's failure to correctly apply the performance standards stipulated by my MFT License status.

Any attempt to locate “Integrity” in the social/legal institutions described above as functioning in this case clearly fails: 1)Parents who fail parenting responsibilities; 2)publicly funded agency CPS which does not protect children and writes false reports; 3)publicly funded Department of Health which a) does not carry out their responsibility to observe the clearly stated rules of law as set forth in RCWs and WAC to protect the public; b) is unable to discern and restrain predatory Personality Disordered persons

from targeting professionals and therefore also is not protecting the public thereby violating due process.4)publicly funded Investigators with little to no experience in perceiving mentally ill persons as compared to healthy targets. Deficiency of Integrity is also found 5) in attorneys who violate whatever oaths they take to be admitted as an Officer of the Court by blatantly, unethically lying to the Court; failing to fully represent the clients who are paying them high fees; attorneys misrepresenting evidence as they, instead, manipulate the evidence in order to obtain large payments from professionals' malpractice insurance; the unethical attorneys who use publicity about winning these large payment cases to gain public fame and financial success; with no thought as to the damage and destruction they create for mental health professionals who are then no longer available to serve the mental health needs of the community. There is, herein, a very destructive societal system of lack of Integrity which can be seen as lacking homeostasis and as a corrosive element to the societal 'family'.

STATEMENT OF THE CASE

Examples of deficiency of Integrity also occur when Adjudicative Staff of DOH (AAG Defreyn and Presiding Officer, Villarreal; Health Law Judge) specifically instructs **Prose** to communicate with "Judge Villarreal at P.O Box 47849" and then sends a letter dated March 30,2015 changing the date of the hearing from June 24, 2015 with the letter supposedly signed by "a new judge Robert Ferguson.The parts of the record

relevant to Appellant's request are:

- 1)Affidavit with Appendices filed May 31, 2015
- 2.Appeal of Initial Order with Appendices, filed October 20, 2015:
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6) *AAMFT (American Association of Marriage and Family Therapists) Code of Ethics. Effective 7/1/2001*

7) *Appellant Medical records 2012-2014*

R.W. , Ferguson: whose address is listed as 7141 Cleanwater Drive SW, Olympia 98504-0109 delivered\sent) so the pro se, three hundred miles away, aware that elected Attorney General is Bob Ferguson but not knowing who this new judge in her case is, (VRP 7/15/15) express mails the entire package on time to whoever this new "Judge Robert Ferguson" is, at his Cleanwater address and is heartily laughed at by both Defreyn who in the midst of her giggles and laughter joined by Villarreal, manages to say "oh, I guess I picked up Ferguson's stamp by mistake however Ferguson's (whoever he is) name was not 'stamped' on the letter, but carefully typed. Then with no common courtesy, all the material, at great physical effort aggregated by, compiled and delivered by the (VRP 11/1) physically disabled Appellant is completely disregarded without informing the Appellant. Then in another puzzling letter signed by (typed) Robert Ferguson is sent to Appellant by Villarreal detailing how three carefully enumerated "notebooks" are to be created and presented at the Administrative Hearing on July 24. Villarreal had asked what accommodation was needed by Appellant's disability and Appellant replies "an ADA compliant building in Spokane which would include an elevator, if more than one floor. Appellant does not believe there is a single building in Spokane where she cannot get to a specific room within fifteen minutes from entrance; crutches and all; neither is there any office building where Appellant arrives at the building at 9:45 a.m. but there, the only signage indicates that DOH is up five floors on one of the extreme East Wings so , dragging two luggage carriers with all the large required notebooks behind her as she navigates her crutches down the very long halls with great physical effort, she finally arrives at the office labeled DOH and speaks to the receptionist who has absolutely no knowledge of where "Judge Villarreal " is holding his Hearing. She is willing to do some telephoning but cannot locate him, and finally tells Appellant to go back to the first floor. Appellant's assistant arrives to help with the luggage carriers and we unsuccessful search the first floor, until someone is able to direct us to a "hidden

room within a room (103) where the hearing is to be held. The three very large notebooks are physically presented to the Hearing Officer Villarreal and refused by him saying the disabled person is “tardy”(Hearing #VRP p7). Once again all the evidence is completely rejected. Once again, apparently with NO prior notice, all the evidence is contain will NOT be allowed to be utilized at the Hearing. Appellant is not even allowed to look at her own materials to check on the dates as Appellant is questioned by the AAG. This has the appearance of another “violation of due process” as well as an “arbitrary and capricious” decision. Despite his decision to refuse the materials he had requested be prepared and presented, during the Hearing, the Presiding Officer three times asks if Appellant has a copy of the document “Release of Consent signed by Client A to the Spokane School District Administration MDT” and three times Appellant tells the Villarreal “yes, it is here, would you like to see it?” yet, he refuses to physically accept the document. However It is present and had been is included in three locations in the Administrative record: 1)the Client A case notes; 2) the refused Pre-hearing documents and 3) the refused Hearing notebooks. (VRP p.204 Yet, later when this case is being heard in Superior Court, the AAG (Macejunas replacing Defreyn who had resigned June 24,2016 from this case(AR 7/27/2016, Ex.B). lies, tells the judge there exists “no such consent document“and the judge accepts this false information as fact. Makes a number of other statements which are both arbitrary and capricious such as the relationship between Defreyn and Villarreal cannot be “cozy”because “Defreyn left this case three years ago” (factually, Defreyn actually left the case June 24, 2016 about the time her marriage to Marc Defreyn: the DOH Director,of Legal Services, had been discovered in Public Records) claiming that Client A’s treatment plan was delayed without observing in the case record that client A came to her first appointment on April 8th, then notified Appellant that she would be on vacation out of town until June 17 VRP, AR,p.404) treatment plan would not be finalized on the basis of a single appointment. The statement was made repeatedly by both the AAGs and the Expert Witness that Client A was’ sexual abuse victim and a vulnerable person’ (5) when Client A had been in a stable marriage for fifteen years while actually being a Antisocial Personality— a danger to society!(VRP p.31 -38.0) How many times does an Appellant need to listen to DOH employees repeat these false claims until Appellant must believe that there has been a severe “Violation of Due Process” and that the DOH decision-makers

are "arbitrary and capricious? The sanctions resulted in multiple serious consequences: i.e. Appellant being removed from the membership in the professional organizations: AAMFT and WAMFT; was then shunned by most colleagues in Spokane, with a resulting decrease in client referrals and loss of income. The trial award of \$675,000 won by Attorney #1, was highly affected by the DOH's failure to correctly apply the performance standards stipulated by my MFT License status.

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- 5) Order on Termination of Probation, filed December 14, 2016
- 6) AAMFT (American Association of Marriage and Family Therapist Code of Ethics. Effective 7/1/2008 R.W.

5) Personality Disorder is defined as “An enduring pattern of inner experience and behavior that deviates markedly from expectations of the individual’s culture.; and the enduring pattern. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations. Diagnostic Statistical Manual IV p 8

Appellant is completely disregarded without informing Appellant that she will be disregarded. Then in another puzzling letter signed by (typed) Robert Ferguson is sent to Appellant by Villarreal detailing how three carefully enumerated “notebooks” are to be created and presented at the Administrative Hearing on July 24. Villarreal had asked what accommodation was needed by Appellant’s disability and Appellant replies “an ADA compliant building in Spokane which would include an elevator, if more than one floor. Appellant does not believe there is a single building in Spokane where she cannot get to a specific room within fifteen minutes from entrance; crutches and all; neither is there any office building where there is not food service within very close walking distance. Appellant is sent a letter from Defreyn saying that the Hearing will be held, not in Spokane, but in Spokane Valley at 10 a.m. in a very large new building in room 1500. Appellant arrives at the building at 9:45 a.m. but there, the only signage indicates that DOH is up five floors on one of the extreme East Wings so , dragging two luggage carriers with all the large

required notebooks behind her as she navigates her crutches down the very long halls with great physical effort, she finally arrives at the office labeled DOH and speaks to the receptionist who has absolutely no knowledge of where "Judge Villarreal " is holding his Hearing. She is willing to do some telephoning but cannot locate him, and finally tells Appellant to go back to the first floor. Appellant's assistant arrives to help with the luggage carriers and we unsuccessfully search the first floor, until someone is able to direct us to a "hidden room within a room (103) where the hearing is to be held. The three very large notebooks are physically presented to the Hearing Officer Villarreal and refused by him saying the disabled Appellant is tardy.(Hearing#VRPp.7)Once again, apparently with no notice all evidence contained in the notebooks will not be allowed to be utilized at the Hearing. Once again, apparently with no prior notice all the evidence the notebooks contain will NOT be allowed to be utilized at the hearing: how many times does an Appellant need to listen to DOH employees repeat these false claims until Appellant must believe that there has been a severe "Violation of Due Process" and that the DOH decision-makers are "arbitrary and capricious? Other examples of deficiency of Integrity occur when the Appellant writes to Judge Villarreal (AR 101-104) two weeks prior to the Pre-hearing sending Appellant's Memorandum, including her witness list which contained the resume` and a printed work history of Attorney Don Brockett who had asked to be an expert witness for the Appellant at the Hearing. Despite a handicapping crisis, Appellant was able to have the the Memorandum package arrive at the address specified by Defreyn at ten minutes after ten a.m. on the day of the (VRP 7/10,2015)Pre-hearing and Villarreal declared it "too late" and rigidly refused all the materials contained within. Further when Appellant sent a second letter, July 17 , 2015 asking to have the retired County Prosecutor

(Brockett) as an expert witness (VRP 7/152015, Appellant is told "I do not know who this witness is He is not part of the file. So it is obvious someone the Dr. Townsend has who this person is, to conduct any discovery. The request is noted...and denied". This

Witness , with whom Appellant has been associated for many years and had been subpoenaed by Appellant, was present in throughout the entire hearing on July 22-23 2015 and even personally introduced himself to Villarreal but was not allowed to testify.

d. This DOH“Expert” witness was seriously deficient in many facets of the case at hand.

e. The Expert witness testified that she had obtained her training in Family Systems at the program which Appellant reviewed as a National Consultant on Child Development in the past and which was not an accredited adult education/training program.

While the entirety of Appellant’s evidence was refused, apparently because the Appellant was misdirected to the hidden hearing room; all of Defreyn’s “notebook material”, which had never been sent to Appellant prior to the Hearing was allowed to be presented. All this decision-making by the Hearing Officer and the AAG has a strong air of “violating due process.” Also, again, this action has the strong appearance of being arbitrary and capricious. In contrast, despite having provided, many days June 26 and conduct during the hearing reveals herself to be seriously deficient in her knowledge of mental and physical terminology, concepts, legal and ethical practices as well as Washington State general medical/psychological laws and requirements on cross examination Defreyn is asked if she is knowledgable regarding (RCW.225.010 (8) which is read aloud in its entirety to her. She replies that she is not; appears puzzled, and gets up, walks away from her seat; takes out her I-Pad computer, looks it up confirming the RCW legitimacy and says nothing, Clearly she had no prior knowledge of the RCW definition of an MFT(AR1221,P205

INTEGRITY IS VIRTUALLY NON-EXISTENT IN A PSYCHOPATH

Initially, Client A presented as a somewhat quiet person seeking information on parenting, marital relations, workplace success, and problems originating from ‘Family of Origin’. She brought with her to each session, without introduction, her elementary

age-son, who was immediately recognizable to Appellant as an Autistic child, and Appellant instantly had serious questions and concerns as to why this child had not been diagnosed by his Pediatrician (Dr. Mathew Thompson) at least three years previously which would have been consistent with current medical practice.(AR401-408) As initially described in the sworn Affidavits beginning May 2015 and October 20, 2015, Client A was initially diagnosed as a “rule out” Axis II, although her primary verbal complaints were Axis I ”depression and anxiety” as well as various physical complaints including sexual inadequacy for which she was referred out to medical specialists. She “wonders if she has been sexually abused and asks Appellant to refer her to a hypnotist so she can find out”. Appellant explains that she is welcome to look for one, but Appellant does not have a local resource in whom she has confidence. Appellant is aware that research on “recovered memory” has been done but has not been given sufficient respect by psychological nor psychiatric professions to be utilized. In this case based on her frequent complaints about being in debt due to consistent financial mismanagement , Client A was repeatedly referred to non-profit consumer management services.; Client A signed and received a copy of each referral document. She reports conducting several “businesses” which never seemed to last long. One business was having “parties” at which she sold herbal essences and aromatherapy for medicinal purposes. When she requested assistance with finding an herbal “OTC antidepressant” instead of using a prescription.

This case was brought by ClientA who was diagnosed with Cluster B 301.7 Antisocial Personality (DSM IVp. 708: To quote from the DSM-IV: In the case of (ClientA) in addition to being well recognized by family, friends and co-workers utilized “Cons”.

Initially, in session, she used her “cons” to try to influence Appellant (AR37-86) against her mother from whom she frequently tried to obtain money and who was the primary care-giver to both her children by using extreme emotional language accompanied by ‘copious tears’ to convince the listener that the mother was harming her and needed to be in “her doghouse” (AR37-86) Then she tried to influence Appellant against her husband by using the ‘copious tears’ while telling Appellant the multiple ways in which the husband was extremely harming her emotionally and financially while she insisted that the husband begin to attend sessions to “work on their marriage” which was her “con” to get him in what she called “the (her) doghouse”. Every “con” was accompanied the ‘copious’ tears to demonstrate how severely she was being “wounded” and to try to engender emotions or tangible reactions from the listener on her behalf. She tried to use her “con” against her employer and co-workers and even her son (Client B). But, until her decision to proceed with a lawsuit against Appellant by reporting to Dr. Thompson and DOH , over eighteen months after leaving Appellant’ s practice, the other likely the most heartless “con” she played was when she had attended an evening “wine (alcohol) social” with workers from another agency. She came to her session the next week, again with ‘copious tears’ telling Appellant that she had been sexually harassed by a male from the other agency. Appellant suspecting that this was another of her “cons”, reacted only mildly and explained that she needed to report the described assault to the local police; she refused.

(ClientA)also was referred to the local sexual abuse counseling agency; she refused; but she did finally discuss it with the employing legal agencies’ human resource officers,

both of whom were female and who took her to lunch where she wept copiously: but she reported 'enjoying the lunch'(6)however, what really excited her was her report that she had gone home that night, cried and told her husband and **"he believed me"** she kept repeating happily for an extended period of time.

The behavioral symptoms displayed by and emotional symptoms reported by (ClientA) were seriously atypical of a sexual assault or abuse victim the causal factor.

The Axis II mental health conditions are highly hazardous to staff in the Department of Health because, if they are not securely trained to observe the characteristics and consult authorities, they can easily be misled and (as in this case) waste financial resources and do great harm.

In the case of (ClientA) she began carefully planning her money-making"con" in her typically manipulative manner: she decided by using her research on how the Eskridges had won such a large judgment; she would sue Appellant to get money to relieve her significant secret (from her husband)(AR1495) financial debt situation by creating by and ally with her son's pediatrician by first using the copious tears and accusing Appellant of an illegal act (prescribing) for ADHD, but when that did not work well, she substituted by telling him falsely that it was the Luminex being advised by Appellant for the child, but when that did not work, she admitted that she had administered the drug to the child, how ever she did get Thompson to communicate with DOH with DOH and he sent the child's records which did reveal the he was required ty FDA to change the child's medication to that "suggested" by the Appellant in the first place. Then he failed fo comply with the subpoena to appear the July 2015 hearing so he was not present to testify as to the rationale for his actions. All this decision-making

by the Hearing Officer and the AAG has a strong air of "violating due process." Also, again, this action has the strong appearance of being arbitrary and capricious.

In contrast, despite having provided, many days June 26 and July 17, 2015, prior to the Hearing, the resume` and other documents on the qualifications of a long-time professional colleague, Don Brockett, who wished to testify on behalf of Appellant as an expert witness; and that colleague was present throughout the entire Hearing; personally introduced himself to Villarreal; the Hearing Officer and AAG refused to acknowledge him; or to allow his testimony. (VRP During Hearing testimony on July 22, 2015). Once again, Brockett, who wished to testify on behalf of Appellant as an expert witness; and that colleague was present throughout the entire Hearing; personally introduced himself to Villarreal; the Hearing Officer and AAG refused to acknowledge him; or to allow his testimony. (VRP During Hearing testimony).

Conscientiously Appellant followed the AMFT code of Ethics. Questions need to be asked about the lack of Ethics of professionals such as a pediatrician Thompson, Psychologist, Dr. Pechous and two AAGs, plus a DOH 'expert' witness' who admitted she had not read the case and was unfamiliar the definition of a Marriage and Family Therapist;" of the initiation of the Case, and DOH Investigator which did not read two sworn Affidavits (5/15/ 14 and 11/15/14)carefully prepared with factual information and filed in this case at its inception. Apparently ClientA had not been "damaged"sufficiently to take prompt action as she did not file her DOH Complaint for another one and one half years. Her complaint reads that she realized Appellant had beneficially assisted her, but did not understand Appellant "turning against her". see AR 2. She terminated her therapy with Appellant and, in compliance with AAMFT ethical

standards Appellant sent her a termination letter referring her to several other competent therapists in the local geographical area and closed her case with a Termination Summary. Subsequently, as is typical of psychopaths/sociopaths Appellant received three different requests using three different pseudonym names with three different insurance companies asking Appellant to document Client A's "disability" in order for Client A to receive financial benefits. The psychopath's use of pseudonym is part of their pattern of "cons" as they appear to feel that, if their 'real name' is not attached to an action, they are avoiding responsibility for their "con". This relief of responsibility contributed to Client A's reaction at the end of the July 2016 Administrative Hearing, when the decision of the Administrative Officer was read apparently freeing Client A to make very ugly faces at Appellant during the entire time Appellant needed to leave the Hearing room. It was for this reason that Appellant petitioned Superior Court Judge Cooney to allow the use of Client A' real name only during Court Hearings, but to provide access to permit the public Court documents to refer to her only as "Client A". AAG Defreyn agreed with the Judge's Decision and Appellant was instructed to prepare her Brief with both appellations in such a manner that the 'naming' could be easily removed when the case was released for public view. Since Antisocial Personality is not a curable physical disability: All three file requests from the insurance companies under three different names were not positively complied with.

a) At one point Client A states she believes the Appellant's license is currently "on Probation" and Defreyn quickly falsely assures her that "that is true, Appellant is on Probation". Appellant tries to correct the erroneous information on the record, that

Probation had been completed more than three years previous, but Appellant 's words are not acknowledged by the AAG. (AR 1221-p.138ff,)

b) Defreyn, through her conduct during the hearing reveals herself to be seriously deficient in her knowledge of mental and physical health terminology, concepts, legal and ethical practices as well as Washington State and general medical/psychological laws and requirements on cross examination Defreyn is asked if she is knowledgeable regarding (RCW.225.010 (8) which is read aloud in its entirety to her. She replies that she is not; appears puzzled, and gets up, walks away from her seat; takes out her I-Pad computer, looks it up confirming the RCW legitimacy and says nothing, Clearly she had no prior knowledge of the RCW definition of an MFT. (AR 1221, pp205)

_____ INTEGRITY IS VIRTUALLY NON-EXISTENT IN A PSYCHOPATH

Initially, Client A presented as a somewhat quiet person seeking information on parenting, marital relations, workplace success, and problems originating from 'Family of Origin'. She brought with her to each session, without introduction, her elementary age-son, who was immediately recognizable to Appellant as an Autistic child, and Appellant instantly had serious questions and concerns as to why this child had not been diagnosed by his Pediatrician (Dr. Mathew Thompson) at least three years previously which would have been consistent with current medical practice.

(AR401-408)

As initially described in the sworn Affidavits beginning May 2015 and October 20, 2015, Client A was initially diagnosed as a "rule out" Axis II, although her primary verbal complaints were Axis I "depression and anxiety" as well as various physical complaints including sexual inadequacy for which she was referred out medical specialists. She

“wonders’ if she has been sexually abused and asks Appellant to refer her to a hypnotist so she can find out”. Appellant explains that she is welcome to look for one, but Appellant does not have a local resource in whom she has confidence. Appellant is aware that research on “recovered memory” has been done but has not been given sufficient research on “recovered memory” memory” has been done but has not been given sufficient respect by psychological nor psychiatric professions to be utilized. In this case based on her frequent complaints about being in debt due to consistent financial mismanagement , Client A was repeatedly referred to non-profit consumer management services.; Client A signed and received a copy of each referral document. She reports conducting several “businesses” which never seemed to last long, business was having ”parties” at which she sold herbal essences and aromatherapy for medicinal purposes. When she requested assistance with finding an herbal “OTC antidepressant” instead of using a prescription.

Client reveals that she only works outside the home a few hours a week and when she (7) is at home spends many hours reading romance novels and viewing taped pornographic(7) films she has taped. During these years she keeps Client B distanced from possible side effects of using from his father because she perceives his father’s illnesses and addictions have made the father an ‘unacceptable person’ who has ‘wounded her (AR PP164+)very badly. (She interprets to the AAG that “he is an Asperger” (which is false)

(7) Client A has been instructed, that supplements; such as interference with current prescription medication and are never to be used to be used to be used with children due to the possibility of side effects such as photo-sensitivity and interference with medication .

Client B has had exclusive time with her and has been sexualized had exclusive time with her and has been sexualized. She writes a letter to Appellant partially describing this experience. (VRP private correspondence, in file) Appellant observes that whenever she writes, she uses the colorful, exaggerated emotional (sexual) language her which comes easily to her and is typical of the 'romance' novels she reads. See Client A "DOH complaint" following,

2. Although ClientA is highly inconsistent with her decision making, once she acknowledges that there is "something wrong " with her son, whose school adaptation is very poor, and agrees that he needs therapy, Appellant refers the family to Dr. Liz Pechous (VRP 2/16/09) who specializes in evaluation for Autism . Appellant has been certain that Client B is an Asperger since first observing him and his inability communicate and now here he is touching his little sister's private parts. Surprisingly

for her, ClientA arranges for this and takes the child while Appellant (Ar 919+)strengthens the Parenting Education for both parents and seeks to strengthen Client B"s school adaptation. He is increasingly anxious, complaining in his sessions about his mother's "not liking his dad"; "her lying" and " being mean and angry all the time" to the point that: in session, he reports to Appellant the he "had to tell his grandparents how she lies and is so angry.".AR 103, VRP 9-12 12) As his anxiety

increases, he begins masturbating (“self-soothing” his genitals)almost continually. He continues to improve academically but continues a lack of focus at school. Appellant initiates involvement of the child’s teachers and both parents in the Attention Deficit Hyperactivity Deficit evaluation process which reveals a Positive diagnosis. In January 2011, Appellant also counsels both parents about Client B’s increasing anxiety and consequent masturbation; and Client B ’s interactions at school and reminds both parents of the need to meet with school officials in the “Multi-disciplinary Team Meeting “ (MDT) previously described to them by Dr. Pechous. Appellant reviews Appellant also stresses the need for there to be a calm consistency with clear expectations in their household, to reduce’s Client B’s anxiety and his need to ‘self-soothe’. They were also instructed that they needed to help him understand that masturbation needed to be a “private matter for him only in his bedroom.”

Client A had also taken responsibility to complete the Parent Evaluation Documents for the child’s ADHD evaluation and, after six months, finally brought them, completed, to a session on July 12, 2011, just as the family was leaving for their Oregon Coast vacation. Client A verbally asks Appellant to send the results to Client B’s pediatrician. This request is noted in the child’s case notes and then she signs a Release of Confidential Information to Dr. Matt Thompson on 7/12//11. She received a copy of the August 1, 2011 letter which was sent enclosed with a copy of the “Release of Confidential Information”, to Dr. Matthew Thompson sent to Thompson with the data describing the results (Client B’s) formal ADHD evaluation process completed by his parents, teachers and therapists; and a medication protocol adaptable to an elementary school schedule suggested by Appellant. Appellant did not (does not) prescribe

medication, however, as a professional she was specifically, currently trained in, as well as highly experienced, in observing the effects of the medications usually used for this condition, (ADHD). Because she reads regularly the medical research reports, she was aware that one of the medications (Metadate) was due to soon be taken off the market by the Federal Drug Administration because of negative side effects which she had also observed in her clients. Apparently Dr. Thompson was unaware of this research .

Therefore she suggested to Dr. Thompson that a more effective medication, Concerta, be used with Client B. Also included in the letter, also dated August 12, 2011 was an invitation to Dr. Thompson to communicate with Client B)'s therapist, Appellant, by telephone. This invitation was ignored.

Subsequently, Client A brought to show Appellant the prescription meds Dr. Thompson had prescribed for Client B Appellant witnessed that it was Metadate, the form of the medication not suggested by Appellant; known to have serious side effects; which was removed from the market by the FDA within six months after Thompson had prescribed and it already had been used for this child

As consequence, Client B experienced those negative side effects for several months.

November 2011 (AR37-86,87-92`)By now, Client A had become very immersed in an illicit extramarital affair and was spending the majority of her time and attention with her male friend, who was also married with his several small children, leaving the majority of the care of the (AR316) Client A's

children to her mother who criticized her for this pattern which the mothers named "neglect".

Appellant previously had shared with all her clients a copy of the Spokesman news article about the Eskridge case and all other clients except Client A shared empathy with her about it. Client A states that she overheard part of one of those conversations, but she had no empathy to share. Instead, she became preoccupied with finding out “how the Eskridges had gotten so much money” and directed “all her research” (AR303) to determining that process; often stating to Appellant in a threatening manner that that was what she was doing. Because she felt she had a solution to her personal financial problems: her law suit against Appellant; she decided it was time to get a divorce. Her husband, who had clearly stated, in session and in testimony at the Hearing July 23rd that his “entire marriage had consisted of fifteen years of a series of her ‘white lies” and a “tug of rope process in which she never ran out of rope” (personal control)_and that he was unaware of her deep financial debt until the divorce (note: another of her successful “con”s,)(AR1446p.65-96 ,AR1446 p.88) He was only too glad to agree to a divorce although he worried that she would try take the children from him which she did but did not succeed. In Family Systems terms, her extramarital affair redirected, Client A’s attention away from her critical anger and hostility toward her husband and, at Appellant’s encouragement, (Client B’s) father was now finally able to have his healthy, unhampered, caring interaction with the child. Regarding the emotion “remorse” there are no effective psychiatric treatments for Axis II diagnoses. with the possible

DEPARTMENT OF HEALTH INVESTGATION

Investigator James Hayes Investigator James Hays was assigned to the case of Client A and failed to personally contact most of the case witnesses. He only telephoned them for interview. Apparently he never contacted Client B’s actual classroom teacher who

reported observing the child's masturbation during class time and who met with Appellant to discuss managing the behavior appropriately and consistently. As initially described to the in Appellant's sworn Appendix filed with the Department of Health on approximately May 7, 2015 followed by the filing of two Addenda responding to the report of Jim Hays, Investigator Mr Hays reports meeting in person with Client A eight times and he accepted the responsibility of Custody of Case Notes for both (ClientA) and(client B);' however he failed to return to Appellant all the case notes and authorizations. Significantly a copy of the "Release of Confidential Information" signed by ClientA on July 12, 2011 to's Client B's pediatrician, Dr. Matthew Thompson 's 'disappeared' while in Mr. Hays' possession. ALL Phoenix Institute " Releases of Confidential Information were signed as being effective for one year, in this case from 7-12-2011 until 7-12, 2012. While a copy of the Release was sent to Dr. Thompson's office, a second authorization was written into the case, June 7.

6) As reported by Client B's father, in early January 2012 he observed Client A spending an inordinate amount of time searching through her counseling file until she reported to him "I found it. I have her now." He did not understand what she meant until she went to Dr. Thompson lying and slammed him that had told her to use OTC with the child. She also lied and initially told Dr.Thompson that Appellant OTC anti-depressant with the child which was the exact the opposite of advice clearly and repeated given by Appellant and documentd in the case notes. (AR1446 P.36)

7) The second letter (2-16-2012) to Dr. Thompson was sent after a Appellant received the hostile highly threatening, unsupported and unprofessional call from this physician in which he angrily verbally threatened me, stating "We are going to get your license and

insurance" (clearly intending to mean himself and Client A initiating a law suit). (This was the first time he and Appellant had ever talked and she was very startled at his uninformed and unprofessional threats. This was the act initiating and supported by Superior Court:. RCW 18.19.180 (4) .

8) A false verbal report by Client A who, apparently convincingly entirely misinterpreted the content of the "professional-team-building 'Dear Doctor'"letter describing results of evaluation/testing of six months prior and "suggesting" the use of an effective/ appropriate medication. In addition, Client A apparently lied and told Dr. Thompson that Appellant was telling Client A to give Client B an over-the-counter 'antidepressant' which (ClientA)had asked Appellant if she could use . Appellant had (AR137-9 , 1/4/09)told her emphatically "No" and had repeatedly again referred her to physician, as she had unsuccessfully attempted so many times, by explaining the potential harm to children given that substance

9) Client A did finally actually admit that she, herself had given the child the anti-depressant and had not discussed the child's symptoms with his M.D. Client A had repeatedly revealed a history of preferring to use Homeopathic "essential oils" which she sold as a business venture, for her family members instead of the physician-prescribed medications. 'She also failed to reveal

10) As Client A's plan to "sue" Appellant became solidified in Client A's mind, her Axis II behaviors intensified. Those behaviors had been very apparent since the beginning of her therapy with Appellant; her Conduct-Disordered History (AR406)was known and her failure to conform to social norms as well as impulsivity were very evident. Narcissism and lack of remorse over dividing her family surfaced as she confidently moved toward

divorce, apparently mistakenly believing that she would soon be wealthy, not need her husband's income and stating and believing that she could support her children alone with her mother as their caretaker.(AR p294)

11) Deceitfulness became her primary "modus operandi" as she lied to her child's pediatrician to falsely interpret Appellant's appropriate professional actions and as she lied to the State Investigator, Mr. Hays, whom she 'conned' with her lies and false interpretations of behavior of Appellant. Mr. Hays was negligent in not investigating with Appellant, the validity of (Client A)'s claims, or her actual Diagnosis. This is a Violation of Due Process. AR 10

12) After Client A. had filed for divorce and her ex-husband was attempting to de-clutter his home from her extensive habit of "hoarding", he telephoned Appellant stating that he was "amazed" to find so much "stuff" that Client A had pilfered from Appellant's office; including books, movies, toys, etc. He stated that he wanted to return it all to Appellant". Appellant asked him to also look for the one (possibly two) costumes Appellant thought Client A might have taken. For his convenience Appellant called them "Dresses". He found one hanging in Client B's closet.

13) On the occasion of client B's Father returning the materials pilfered from the Phoenix Institute by Client A to Appellant, he revealed to Appellant that he had discovered that Client A was having an illicit extramarital affair by observing her conduct late at night in the proximity of her new apartment. Appellant's only response to his revelation was to quietly say "Oh" and change the subject to the materials being returned: several books; one 'overdue' costume, some videos for children. He said he had seen a mailed envelope to Client A on the table and asked about it. Appellant

simply told him it was a "Termination" letter. There was NO discussion of the letter's content; there was no mention of any diagnosis. He simply said "he did not want to know any more." No further communication was exchanged. Appellant NEVER revealed the extramarital affair to Client A's husband, her own behavior observed by him informed him.

14) Clinical Diagnoses: Mr. Hays and/or Client A have accused Appellant of revealing 'my final specific diagnosis of a personality disorder of Client A to her husband.' Mr. Hays had custody of the case notes and in his eight meetings with her he apparently allowed Client A free access to them all. Appellant has always made it a policy with Axis II patients that Appellant does not discuss an Axis II Personality Disorder diagnosis with them, or anyone else, including spouses, although, if appropriate, Appellant will note such a disorder in her Progress Notes. The only time as (RCW 18.225.105(5)) Appellant ever discusses an Axis II is if a client directly asks her because they have had that diagnosis revealed previously by a professional. Client A often asked Appellant if her diagnosis was 'this or that' because "my friends told me I was a manic-depressive" etc., etc." But, in general Appellant coded her as "Adjustment Disordered" (309.28). Appellant had consistently followed the policy of RCW 18.225.105 (5)

AMERICANS WITH DISABILITIES ACT

Immediately upon receipt of the charging documents in Case #16-02-0043-6 Appellant informed the DOH that she was Physically Disabled and unable to travel. From James Hays, Investigator, forward in the DOH process I discovered that DOH employees had

NO capability, understanding or training in meeting ADA needs: from understanding physical needs such as accessible structure, access to available nutrition, water, warmth, sanitary facilities, to appropriate time scheduling, including “comfort breaks”; The DOH staff with whom I have interacted do not even demonstrate basic human compassion.

Although I am in considerable pain most of the time I function pretty well until a “Health Law Judge” (Villarreal) strongly grabs me from behind by my left shoulder “throwing me off balance” trying to re-direct me as I am leaving a room to go to a permitted “comfort break” Appellant had asked that the Hearing be scheduled for four days because there were so many scheduled witnesses and Client A testified for a day and a half’ as she requires a great deal of attention; but the Presiding Officer refused and scheduled only two days. Then directing us in a “Hitler- like verbal fashion” he only allowed ten minutes “comfort breaks”—As a disabled female it takes me more than ten minutes just to get another part of the building to go the bathroom—that is not even enough time to wash one’s hands! When I asked for twenty minutes, Villarreal refused my request .When all food sources are more than a mile away, one hour for lunch is barely enough time for a disabled person like me to get myself to the parking lot, much less to drive to a restaurant; struggle to get out of my car and into a restaurant, then get served, to get to back to my car and drive back to the building, then get back into the building and back to meeting the room!!. And that is not even considering the stressful effort it takes to manage all that mobility within one hour. When, in the afternoon of the second day of the hearing, I began to have “chest pain(angina) requiring prescription medication (Nitroglycerin) I asked to approach the Hearing Officer in order to explain the need to

use such medication, but the Hearing Officer refused to permit me to speak to him. I felt that I clearly was being treated in a very discriminatory fashion and that the terms of the ADA had no meaning for either the Presiding Officer or the AAG who subsequently wrote extensively her opinion that I am not disabled. (AE P30) She never presented her CV showing that she earned an M.D. to qualify her to write such a document. Integrity here! No, DOH does not observe ADA.

APPEARANCE OF IMPROPRIETY

As a well trained psychotherapist Appellant is highly skilled in observing human non-verbal communication. Webster defines "Nepotism as undue patronage bestowed or favoritism shown on the basis of family relationship, as in business and politics." In the very early interaction (Pre-hearing telephone conference) with the Hearing Officer (Villarreal) and the Assistant Attorney General (AAG) Defreyn on this case, Appellant became aware of an unusual degree of collegiality between Villarreal and Defreyn, As time went on Defreyn demonstrated a rude, markedly antagonistic attitude toward Appellant which appeared to Appellant as unprofessional. Although I am a highly skilled, intelligent professional, there was no question but that both the Hearing Officer and particularly the AAG were resentful and impatient at having to work with a **pro se**. particularly in the 'god-forsaken land of Spokane' ! Their negative feelings were palpable and can be clearly seen in hostile, uninformed writing of Ms. Defreyn's document: "Findings of fact, Conclusions of Law and Final Orders" as well as her seemingly subtle fashion of sending correspondence with just enough lack of full information to cause a **pro se** delay. There is/was no perceptible tolerance for or understanding of a constitutional right for an individual whose livelihood had been unjustly taken from them

by DOH to seek justice on their own. The deficiencies created in such an environment contribute to a "Violation of Due Process": i.e. refusing all evidence presented, including a Consent Release signed on 1/12/11 by the complainant to the Spokane School District Administration for a Multidisciplinary team meeting on behalf of Client B and attempted to be submitted before and at pre-hearing and three times at Hearing; refusing expert witnesses whose work history and resume` had been sent to the Hearing Officer at 10:10 a.m: on the day of the Pre-hearing and duplicated a second time on July 17th as well as brought to the Hearing on July 21-22,2016.. The expert witness personally introducing himself to the Hearing Officer and a copy of his documentation having been sent prior to and the person being present at the Hearing while the Hearing Officer refused to acknowledge him leaving the Appellant without any expert witness; refusing all relevant material plus discriminating against a disabled person creating a serious deficiency and virtually insures that there will not be an possibility of "Appearance of Fairness". Between the excuses of apparent delays in mail communication in the Olympia DOH office and the 'Arbitrary and Capricious' Decision making in the Hearing Rooms and other locations of decision making in this case "Due Process' was excised from this case.

After the Hearing, which was held July 22-23,2015 it was pointed out through discovery of Public Records by Appellant that AAG Defreyn is married to the DOH Director of the Legal Services, (AR 7/27/2016, Ex.B) Marc Defreyn. Also unknown to Appellant, it was learned that, like Villarreal (VRP24ff) Defreyn had for many years, been a Hearing Examiner in the Adjudicative Services Unit with its close relationship to the Office of Legal Services. There appears to be at least an appearance of nepotism,; Adjudicative

Services Unit, the unit which provided the Presiding Officer, (VRPp26,1,) which, by its nature conducts the specter of Unfairness and lacks Integrity. WAC246-10-113 requires a "Good Faith (VP 27,10) standard of compliance as a constitutional right in the conduct of Adjudicative Proceedings. There is a need for both intelligence and wisdom in human services. Perhaps someday Department of Health professionals will be able to utilize both, but in the present case there are significant deficits. Under the U.S. Americans with Disabilities Act and subsequent state regulations the Disabled have right to be free of discrimination and expect Good Faith practice as well as attitude. WAC246-10-113.

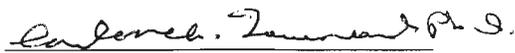
Although it is prohibited to make inquiries as to the condition of disability, Appellant voluntarily fully disclosed her medical conditions to the DOH and the Program on more than one occasion, yet was met with both disregard and harmful discriminatory disbelief. (VRP-1/7/16p.8 of 30)

CONCLUSION

Drive the father/son relationship apart, delaying what healthy development the child might be able to achieve. When the MFT first met the school-age son he was very nearly a selective mute; A Marriage and Family Therapist, no matter where the health care professional encounters the group, analyzes the strength and weaknesses of each member of the entity and strives to develop the most achievable optimum path to equilibrium, or homeostasis, not only for the whole, but for each member of the unit. In the current case, a very mentally ill wife/mother initially sought attention for her mental health needs. But she had learned how to cope within the family using characteristics of her diagnosis: self-interest and power to inflict pain and harm on others through

mother's (Client A) survival skills were beyond psychological-psychiatric treatment although she may have achieved a few skills. However, she does remain a significant danger to others in the community. The father/husband with support and education became a healthy, caring "dad" fully able to parent and to care for and guide both children to healthy boundaries, academic achievement and strong self-esteem in the half-time custody arrangement he was able to achieve; and he was strong enough to use his emotional stability to show his children healthy caring for their mother. The MFT observed that he is capable of possibly achieving a healthy second marriage. The Autistic "little boy," Client B still has some challenges to meet in life although his intellect will assist him as will the three-plus years of skill-building one-on one-therapy provided by Appellant giving him skills in recognizing emotions in himself and in others. Yes. research has shown that trained Marriage and Family Therapy, if recognized and left to function by the Department of Health without punitive interference is highly effective. In Summary: DOH filed a complaint against me in 2007 that essentially challenged actions I took as a licensed Marriage and Family Therapist. The DOH applied an incorrect standard in that they did not acknowledge the lawful scope of my practice as a MFT. The psychopathic complainant in the current DOH's action filed a complaint against me which has been used against me, again because of a misinterpretation of my responsibilities and duties under my MFT status as defined by law. In the current case the department has again misinterpreted and/or failed to understand and acknowledge my lawful licensed MFT status and shows itself lacking in capability to understand psychological disorders.. I am appealing these prior decisions and asking the Appeals court to take all steps necessary to completely reinstate my worthy

licensed status as a Marriage and Family Therapist. Once again, the Department also has shown itself unable to discern serious Personality Disorder cases and in the interest of societal safety needs to cease spending tax payer dollars on futile prosecution. Perhaps it would be more effective if health care scientists were evaluating the cases instead of attorneys. There is also the very real possibility that a percentage of DOH staff members may be functioning with Personality Disorders and are, themselves, a danger to the public.



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FILED

COURT OF APPEALS: WASHINGTON, COUNTY OF SPOKANE

FEB 22 2018

DARLENE A. TOWNSEND, PH.D.

Plaintiff/Appellant

v.

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)

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No.16-02-00443-6

Court of Appeals: **No: 347541**

Division III APPEALS COURT OF

WASHINGTON, COUNTY OF SPOKANE

COURT OF APPEALS
DIVISION III
STATE OF WASHINGTON
By _____

CERTIFICATE OF SERVICE

I, DARLENE A. TOWNSEND, declare under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct:

That on Wednesday Feb 21, 2018; in a timely manner, I caused true and correct copy of the foregoing to be document filed with the Division III APPEALS COURT OF WASHINGTON, COUNTY OF SPOKANE : Motion for Extension

to the ATTORNEY GENERAL OF WASHINGTON:
AGRICULTURE AND HEALTH DIVISION
7141 CLEARWATER DRIVE S., W.
P.O. BOX 40109
OLYMPIA, WASHINGTON 98504-0109

POSTAGE PREPAID ON DATE: 2/21/18

DATE AND PLACE: 2/21/2018 Spokane, Washington



signature

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DARLENE A. TOWNSEND, PH.D.:
PRO SE
2803 EAST ELEVENTH AVENUE
SPOKANE, WA 99202-4306
Phone: 509 536 0843