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JANICE K. BREWER
Governor

TOBI ZAVALA
Interim Executive Director

MEMORANDUM

TO: Rules Subcommittee
FROM: Donna Dalton
DATE: 6/11/2014
RE: Meeting documents for 6/12/2014

Following you will find the documents we'll be reviewing at the rules subcommittee meeting on 6/12/2014. The first several attachments address testing for Counseling and Substance Abuse. The majority of the meeting will be spent discussing clinical supervision. You'll see many of the examples we reviewed previously from other states, along with two reports ASWB sent us. The AZ Council for Human Service Providers submitted some draft language, and at the end of the document is feedback that was received on the curriculum changes discussed at our previous meeting.

ATTACHMENT A Data and information on the NCE and NCMHCE exams
ATTACHMENT B NBCC information on Tricare requirements
ATTACHMENT C Statistics on NBCC pass rates for the NCE exam
ATTACHMENT D Proposed and current LPC/LAC exam rule R4-6-502
ATTACHMENT E Information on IC&RC ADC exam
ATTACHMENT F Information on IC&RC AADC exam
ATTACHMENT G Information on NCAC Level 1 exam
ATTACHMENT H Information on NCAC Level II exam
ATTACHMENT I Current and Proposed Substance Abuse exam rule R4-6-704
ATTACHMENT J ASWB memo on supervision requirements
ATTACHMENT K Excerpt from ASWB Model Practice Act addressing supervision
ATTACHMENT L AZCHSP proposed language for supervision rules
ATTACHMENT M ASWB data on distance supervision
ATTACHMENT N Kansas examples
ATTACHMENT O Oregon examples
ATTACHMENT P Texas examples
ATTACHMENT Q Grand Canyon University feedback on proposed counseling curriculum
ATTACHMENT R Mohave Community College feedback on proposed substance abuse curriculum

ATTACHMENT

A

| States | Exam (s) used | Licenses | Licenses |
|--|---------------|--------------|---------------|
| <i>ONLY SEND APPLICANTS FOR NCE</i> | | | |
| ALABAMA | NCE | LPC ALC | |
| ALASKA | NCE | LPC | |
| ARIZONA | NCE | LPC LAC | |
| COLORADO | NCE | LPC | |
| DISTRICT OF | NCE | LPC | |
| HAWAII | NCE | LMHC | |
| MARYLAND | NCE | LCPC | |
| MICHIGAN | NCE | LPC | |
| MISSISSIPPI | NCE | LPC | |
| MISSOURI | NCE | LPC | |
| NEW JERSEY | NCE | LPC LAC | |
| OKLAHOMA | NCE | LPC | |
| TEXAS | NCE | LPC | |
| WEST VIRGINIA | NCE | LPC | |
| <i>HIGHER LEVEL LICENSE TAKES HIGHER EXAM</i> | | | |
| NEBRASKA | NCE or NCMHCE | LMFT-NCE | CPC-NCMHCE |
| IDAHO | NCE / NCMHCE | LPC-NCE | LCPC-NCMHCE |
| ILLINOIS | NCE / NCMHCE | LPC-NCE | LCPC-NCMHCE |
| KANSAS | NCE / NCMHCE | LPC-NCE | LCPC-NCMHCE |
| MAINE | NCE / NCMHCE | LPC-NCE | LCPC-NCMHCE |
| INDIANA | NCE or NCMHCE | LMHCA-NCE | LMHC-NCMHCE |
| NORTH DAKOTA | NCE / NCMHCE | LPC/LAPC-NCE | LPCC-NCMHCE |
| MINNESOTA | NCE or NCMHCE | LPC-NCE | LPCC-NCMHCE |
| NEW MEXICO | NCE / NCMHCE | LPMHC-NCE | LPCMHC-NCMHCE |
| SOUTH DAKOTA | NCE / NCMHCE | LPC-NCE | LPCMHC-NCMHCE |
| TENNESSEE | NCE / NCMHCE | LPC-NCE | LPCMHS-NCMHCE |
| ARKANSAS | NCE / NCMHCE | LAC-NCE | LPC-NCMHCE |
| OHIO | NCE / NCMHCE | PC-NCE | PCC-NCMHCE |
| <i>TAKES EITHER EXAM</i> | | | |
| UTAH | NCE / NCMHCE | CMHC ACMHC | |
| VERMONT | NCE / NCMHCE | LCMHC | |
| PENNSYLVANIA | NCE or EMAC | LPC | |
| WYOMING | NCE or EMAC | LPC LAT | |
| CONNECTICUT | NCE or NCMHCE | LPC | |
| GEORGIA | NCE or NCMHCE | LPC APC | |
| IOWA | NCE or NCMHCE | LMHC | |
| KENTUCKY | NCE or NCMHCE | LPCC | |
| LOUISIANA | NCE or NCMHCE | LPC | |
| MONTANA | NCE or NCMHCE | LCPC | |
| NORTH CAROLINA | NCE or NCMHCE | LPC | |
| OREGON | NCE or NCMHCE | LPC | |
| SOUTH CAROLINA | NCE or NCMHCE | LPC | |
| WASHINGTON | NCE or NCMHCE | LMHC | |
| WISCONSIN | NCE or NCMHCE | LPC | |
| <i>ONLY TAKE NCMHCE</i> | | | |
| CALIFORNIA | NCMHCE | LPCC | |
| FLORIDA | NCMHCE | LMHC | |
| MASSACHUSETTS | NCMHCE | LMHC | |
| NEVADA | NCMHCE | LCADC-NCMHCE | CPC-NCMHCE |
| NEW HAMPSHIRE | NCMHCE | LCMHC | |
| NEW YORK | NCMHCE | LMHC | |
| RHODE ISLAND | NCMHCE | LMHC | |
| VIRGINIA | NCMHCE | LPC | |
| 8 STATES only take NCMHCE | | | |
| 13 STATES require NCMHCE for Clinical Counselors | | | |

National Clinical Mental Health Counseling Examination (NCMHCE)

NCMHCE Registration for Military Health Systems
NCMHCE Preparation Guide Order Form

The National Clinical Mental Health Counseling Examination (NCMHCE) is an examination managed by NBCC. The examination consists of 10 simulated clinical mental health counseling cases that are designed to sample a broad area of competencies, not merely the recall of isolated facts. The cases assess clinical problem-solving ability, including identifying, analyzing, diagnosing and treating clinical issues. Each case is divided into approximately five to eight sections that are classified as either information gathering or decision-making. The areas covered by the exam are listed here.

Working counselors with completed master's degrees who wish to test for state counselor licensure should go to the State Boards Map and select your state to see what exam your state requires and how to register.

This examination is also required by NBCC for the Certified Clinical Mental Health Counselor (CCMHC) credential.

The National Counselor Examination for Licensure and Certification® (NCE)

The NCE is used for two purposes: national counselor certification and state counselor licensure. The purpose of the NCE is to assess knowledge, skills, and abilities viewed as important for providing effective counseling services. The NCE is designed to be general in nature. It is intended to assess cognitive knowledge which should be known by all counselors regardless of their individual professional specialties.

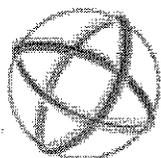
Satisfactory performance on the National Counselor Examination (NCE®) is one of the criteria used by NBCC to identify professionals who may be eligible to become a National Certified Counselor (NCC). Many states also use the NCE for state credentialing (LPC, LAPC, LPGC, etc).

Currently enrolled graduate students who are applying for the NCC certification will be registered for the NCE by NBCC. For more information, see the welcome page for graduate students.

Working counselors with completed master's degrees who want to test for state counselor licensure should go to the State Boards Map and select their state to see what exam is required and how to register for it.

ATTACHMENT

B



NATIONAL BOARD FOR CERTIFIED COUNSELORS

TRICARE Requirements for Professional Counselors

TRICARE is the health care program for military personnel and their families. For more than a decade, NBCC, in coalition with other counseling organizations, advocated for independent practice authority for counselors under TRICARE and elimination of the requirement for counselors to obtain physician referral and supervision when serving TRICARE beneficiaries, a burdensome requirement not placed on other mental health professions.

The effort encompassed several bills and two federally mandated studies, including the Institute of Medicine's *Provision of Mental Health Counseling Services under TRICARE*. Success was achieved when the National Defense Authorization Act (NDAA) for Fiscal Year 2011 directed the Department of Defense (DoD) to establish requirements for counselor independent practice. In December 2011, DoD released an interim final rule establishing these requirements. Credentialing for the newly created provider category—TRICARE Certified Mental Health Counselor (TCMHC)—began mid-2012 and is administered by the TRICARE regional contractors Health Net Federal Services for TRICARE North, Humana Military for TRICARE South, and TriWest Healthcare Alliance for the West region.

Resources

Interim Final Rule—TRICARE Certified Mental Health Counselors

Public Law 110-181 (2008)

Public Law 111-383 (2011)

Institute of Medicine

NCMHCE Registration Form for Military Health Systems

NCE Registration Form for Professional Counselors Serving Military Health Systems

GR Updates Regarding TRICARE

Spring 2013 Update

Fall Update 2011

Spring Update 2011

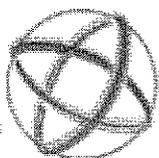
July 2010 Update

May 2010 E-mail

Fall Update 2009

National Board for Certified Counselors and Affiliates, Inc. 3 Terrace Way Greensboro, NC 27403 Contact
NBCC

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NATIONAL BOARD FOR CERTIFIED COUNSELORS

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Resources

Interim Final Rule—TRICARE Certified Mental Health Counselors
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 Institute of Medicine
 NCMHCE Registration Form for Military Health Systems
 NCE Registration Form for Professional Counselors Serving Military Health Systems

GR Updates Regarding TRICARE

Spring 2013 Update

NBCC reminds all NCCs about the deadline for meeting the transition requirements to become a TRICARE Certified Mental Health Counselor (TCMHC). The transition period ends December 31, 2014, and individuals planning to qualify under the less-stringent transition requirements must do so by that date.

During the transition period, a counselor can obtain the TCMHC classification with a mental health counseling degree from a program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP) and passage of the National Counselor Examination for Licensure and Certification (NCE) or a non-CACREP mental health counseling degree and a passing score on the National Clinical Mental Health Counseling Examination (NCMHCE).

Beginning on January 1, 2015, an individual must pass the NCMHCE and possess a degree from a mental health counseling program accredited by CACREP.

More information can be found at www.nbcc.org/TRICARE.

During the transition period from December 27, 2011, to December 31, 2014, recognition as a CMHC requires the following:

- A state license for independent practice in mental health counseling issued by the jurisdiction in which the individual is practicing. In jurisdictions with two or more licenses allowing for differing scopes of independent practice, the licensed mental health counselor may only practice within the scope of the license he or she possesses.
- A master's degree or higher from a mental health counseling education and training program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP) and a passing score on the National Counselor Examination for Licensure and Certification (NCE),

OR

- A master's or higher-level degree from a mental health counseling education and training program from either a CACREP-accredited program or a regionally accredited institution, and a passing score on the National Clinical Mental Health Counseling Examination (NCMHCE).
- A minimum of two years of post-master's degree supervised mental health counseling practice that includes at least 3,000 hours of supervised clinical practice and 100 hours of face-to-face supervision. Required supervision must be provided by a mental health counselor who is licensed for independent practice in mental health counseling in the jurisdiction in which he or she is practicing and must be conducted in a manner that is consistent with the American Mental Health Counselors Association guidelines for supervision.

Beginning January 1, 2015, recognition as a CMHC requires the following:

- Possession of a state license for independent practice in mental health counseling issued by the jurisdiction in which the individual is practicing. In jurisdictions with two or more licenses allowing for differing scopes of independent practice, the licensed mental health counselor may only practice within the scope of the license he or she possesses.
- Possession of a master's degree or higher from a mental health counseling education and training program accredited by CACREP.
- A passing score on the NCMHCE or its successor as determined by TRICARE.
- A minimum of two years of post-master's degree supervised mental health counseling practice that includes at least 3,000 hours of supervised clinical practice and 100 hours of face-to-face supervision. Required supervision must be provided by a mental health counselor who is licensed for independent practice in mental health counseling in the jurisdiction in which he or she is practicing and must be conducted in a manner that is consistent with the AMHCA guidelines for supervision.

The regulations are the culmination of over a decade of lobbying by NBCC, the American Counseling Association (ACA) and the American Mental Health Counselors Association (AMHCA). These efforts previously led to several stand-alone bills to provide counselors with independent practice rights, as well as language in multiple defense authorizations. Congress mandated two independent reports to study the issue: a 2005 RAND report and 2009 report by the Institute of Medicine. The initiative finally achieved congressional approval when language was included in the Fiscal Year 2011 National Defense Authorization Act (NDAA), which was signed by the president on January 7, 2011. The law directed the secretary of defense to issue regulations granting counselors independent practice authority by June 20, 2011. While the DoD missed the deadline, regulations were released before the end of 2011, completing a long and hard-fought effort to grant counselors the same practice rights as the other mental health disciplines under TRICARE.

To facilitate the participation of counselors in the military health system, NBCC has created a new registration option for the NCMHCE and is considering a similar process for the NCE. (See "Helping NCCs Meet New TRICARE Requirements," page 9.) Interested candidates can obtain more information at www.nbcc.org/Exams.

The original release of the interim final rule in the Federal Register can be viewed at www.federalregister.gov/articles/2011/12/27/2011-33109/tricare-certified-mental-health-counselors#p-3. The TRICARE rule was put into effect immediately; however, TRICARE did accept comments through the end of February 2012. NBCC recommended rule revisions to improve the requirements and increase access to the qualified counselors.

While the rule is currently in effect, TRICARE has informed NBCC that it will take two or more months to modify internal policies and structures to begin credentialing counselors as CMHCs. Counselors interested in independent practice should contact the appropriate regional contractor to determine timing and process, as only TRICARE can determine eligibility. Your region can be found on TRICARE's Web site at <http://tricare.mil/mybenefit/home/overview/Regions/RegionsUS>.

Fall Update 2011

Spring Update 2011

July 2010 Update

May 2010 E-mail

Fall Update 2009

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ATTACHMENT

C

Pass Rate by University – Arizona 2013

| University | Total | Failed | Pass |
|---------------------------|-------|--------|------|
| ARGOSY U/PHOENIX | 2 | | 2 |
| ARIZONA STATE U | 1 | | 1 |
| CAPELLA U | 2 | | 2 |
| GRAND CANYON U | 11 | 1 | 10 |
| NORTHERN ARIZONA U-TUCSON | 3 | | 3 |
| Not Listed | 19 | 1 | 19 |
| OTTAWA U-AZ | 4 | 1 | 3 |
| PRESCOTT C | 1 | | 1 |
| U OF PHOENIX | 3 | | 3 |
| WALDEN U | 1 | | 1 |
| | 48 | 3 | 45 |

Pass Rate by Race – Arizona 2013

| Ethnic Origin | Total | Failed | Pass |
|----------------------|--------------|---------------|-------------|
| African American | 7 | 2 | 5 |
| Asian American | 1 | | 1 |
| Caucasian | 32 | 1 | 31 |
| Hispanic | 2 | | 2 |
| Multi-Cultural | 1 | | 1 |
| Native American | 2 | | 2 |
| Other | 3 | | 3 |
| | 48 | 3 | 45 |

Pass Rate by Gender – Arizona 2013

| Gender | Total | Failed | Pass |
|---------------|--------------|---------------|-------------|
| Female | 40 | 3 | 37 |
| Male | 8 | | 8 |
| | 48 | 3 | 45 |

2013 NCE Pass Rate for First Time/Repeat Examinees – Arizona

| <u>Attempt Status</u> | <u>Total</u> | <u>Failed</u> | <u>Passed</u> |
|-----------------------|--------------|---------------|---------------|
| First Time | 47 | 3 | 44 |
| Repeat | 1 | | 1 |
| TOTAL | 48 | 3 | 45 |

ATTACHMENT

D

LPC/LAC EXAM PROPOSED

R4-6-502. Examination

- A. The counseling credentialing committee approves the following licensure examinations for an applicant for associate counselor:
1. National Board for Certified Counselors/National Counselor Exam for Licensure and Certification (NCE), and
 2. Commission on Rehabilitation Counselor Certification.
- B. The counseling credentialing committee approves the following licensure examinations for an applicant for professional counselor:
1. National Board for Certified Counselors/National Clinical Mental Health Counseling Exam (NCMHCE), and
 2. Commission on Rehabilitation Counselor Certification.
- C. Applicants for associate counselor and professional counselor licensure shall receive a passing score on an approved licensure examination.
- D. An applicant shall pass an approved examination within 12 months after the date of service of the written deficiency notice described in R4-6-302(D)(6). An applicant shall not take an approved examination more than twice during the 12-month testing period.
- E. If an applicant does not receive a passing score on an approved licensure examination within the 12 months referenced in subsection (D), the agency shall close the applicant's file with no recourse to appeal. To receive further consideration for licensure, the applicant shall submit a new application and fee.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2).

LPC/LAC EXAM CURRENT

R4-6-502. Examination

- A. The counseling credentialing committee approves the licensure examinations of the following organizations:
 - 1. National Board for Certified Counselors,
 - 2. Commission on Rehabilitation Counselor Certification, and
- B. Applicants for associate counselor and professional counselor licensure shall receive a passing score on an approved licensure examination.
- C. An applicant shall pass an approved examination within 12 months after the date of service of the written deficiency notice described in R4-6-302(D)(6). An applicant shall not take an approved examination more than twice during the 12-month testing period.
- D. If an applicant does not receive a passing score on an approved licensure examination within the 12 months referenced in subsection (C), the agency shall close the applicant's file with no recourse to appeal. To receive further consideration for licensure, the applicant shall submit a new application and fee.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2).

ATTACHMENT

E

The mandatory **60 day** waiting period cannot be waived under any circumstances.

Examination Content

The 2008 IC&RC Alcohol and Drug Counselor Job Analysis identified **eight** performance domains for the IC&RC Alcohol and Drug Counselor Examination:

1. Clinical Evaluation
2. Treatment Planning
3. Referral
4. Service Coordination
5. Counseling
6. Client, Family & Community Education
7. Documentation
8. Professional & Ethical Responsibilities

Within each performance domain are several identified tasks that provide the basis for questions in the examination.

The TAP 21 Competencies and the 12 Core Functions are contained within the domains.

Candidates will note that the final 13 questions on the exam all relate to a single case study, which is presented with those questions in the end of the exam.

Following is a brief outline of the domains and the tasks that fall under each domain.

Domain 1: Clinical Evaluation

Weight on Exam: 16%

Associated Tasks:

- Demonstrate effective verbal and non-verbal communication to establish rapport.
- Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.
- Assess client's current situation, including signs and symptoms of intoxication and withdrawal, by evaluating observed behavior and other available information to determine client's immediate needs.
- Administer the appropriate screening and assessment instruments specific to the client's age, developmental level, culture, and gender in order to obtain objective data to further assess client's current problems and needs.

- Obtain relevant history and related information from the client and other pertinent sources in order to establish eligibility and appropriateness to facilitate the assessment process.
- Screen and assess for physical, medical, and co-occurring disorders that might require additional assessment and referral.
- Interpret results of data in order to integrate all available information, formulate diagnostic impressions, and determine an appropriate course of action.
- Develop a written summary of the results of the assessment in order to document and support the diagnostic impressions and treatment recommendations.

Domain 2: Treatment Planning

Weight on Exam: 13%

Associated Tasks:

- Discuss diagnostic assessment and recommendations with the client and concerned others to initiate an individualized treatment plan that incorporates client's strengths, needs, abilities, and preferences.
- Formulate and prioritize mutually agreed upon problems, immediate and long-term goals, measurable objectives, and treatment methods based upon assessment findings for the purpose of facilitating a course of treatment.
- Use ongoing assessment and collaboration with the client to review and modify the treatment plan to address treatment needs.

Domain 3: Referral

Weight on Exam: 7%

Associated Tasks:

- Identify client needs which cannot be met in the current treatment setting.
- Match client needs with community resources considering client's abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status to remove barriers and facilitate positive client outcomes.
- Identify referral needs differentiating between client self-referral and direct counselor referral.
- Explain to the client the rationale for the referral to facilitate the client's participation with community resources.

- Continually evaluate referral sources to determine effectiveness and outcome of the referral.

Domain 4: Service Coordination

Weight on Exam: 7%

Associated Tasks:

- Identify and maintain information about current community resources in order to meet identified client needs.
- Communicate with community resources concerning relevant client information to meet the identified needs of the client.
- Advocate for the client in areas of identified needs to facilitate continuity of care.
- Evaluate the effectiveness of case management activities through collaboration with the client, treatment team members, and community resources to ensure quality service coordination.
- Consult with the client, family, and concerned others to make appropriate changes to the treatment plan ensuring progress toward treatment goals.
- Prepare accurate and concise screening, intake, and assessment documents.

Domain 5: Counseling

Weight on Exam: 22%

Associated Tasks:

- Develop a therapeutic relationship with clients, families, and concerned others in order to facilitate self-exploration, disclosure, and problem solving.
- Educate the client regarding the structure, expectations, and limitations of the counseling process.
- Utilize individual and group counseling strategies and modalities to match the interventions with the client's level of readiness.
- Continually evaluate the client's level of risk regarding personal safety and relapse potential in order to anticipate and respond to crisis situations.
- Apply selected counseling strategies in order to enhance treatment effectiveness and facilitate progress towards completion of treatment objectives.

- Adapt counseling strategies to match the client's needs including abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
- Evaluate the effectiveness of counseling strategies based on the client's progress in order to determine the need to modify treatment strategies and treatment objectives.
- Develop an effective continuum of recovery plan with the client in order to strengthen ongoing recovery outside of primary treatment.
- Assist families and concerned others in understanding substance use disorders and utilizing strategies that sustain recovery and maintain healthy relationships.
- Document counseling activity to record all relevant aspects of treatment.

Domain 6: Client, Family, and Community Education

Weight on Exam: 10%

Associated Tasks:

- Provide culturally relevant formal and informal education that raises awareness of substance use, prevention, and recovery.
- Provide education on issues of cultural identity, ethnic background, age, sexual orientation, and gender in prevention, treatment, and recovery.
- Provide education on health and high-risk behaviors associated with substance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted infections, hepatitis, and other infectious diseases.
- Provide education on life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills.
- Provide education on the biological, medical, and physical aspects of substance use to develop an understanding of the effects of chemical substances on the body.
- Provide education on the emotional, cognitive, and behavioral aspects of substance use to develop an understanding of the psychological aspects of substance use, abuse, and addiction.
- Provide education on the sociological and environmental effect of substance use to develop an understanding of the impact of substance use on the affected family systems.

- Provide education on the continuum of care and resources available to develop an understanding of prevention, intervention, treatment, and recovery.

Domain 7: Documentation

Weight on Exam: 11%

Associated Tasks:

- Protect client's rights to privacy and confidentiality according to best practices in preparation and handling of records, especially regarding the communication of client information with third parties.
- Obtain written consent to release information from the client and/or legal guardian, according to best practices and administrative rules, to exchange relevant client information with other service providers.
- Document treatment and continuing care plans that are consistent with best practices and applicable administrative rules.
- Document client's progress in relation to treatment goals and objectives.
- Prepare accurate and concise reports and records including recommendations, referrals, case consultations, legal reports, family sessions, and discharge summaries.
- Document all relevant aspects of case management activities to assure continuity of care.
- Document process, progress, and outcome measurements.

Domain 8: Professional and Ethical Responsibilities

Weight on Exam: 14%

Associated Tasks:

- Adhere to established professional codes of ethics and standards of practice in order to promote the best interests of the client and the profession.
- Adhere to jurisdictionally-specific rules and regulations regarding best practices in substance use disorder treatment in order to protect and promote client rights.
- Recognize individual differences of the counselor and the client by gaining knowledge about personality, cultures, lifestyles, gender, sexual orientation, special needs, and other factors influencing client behavior to provide services that are sensitive to the uniqueness of the individual.

- Continue professional development through education, self-evaluation, clinical supervision, and consultation in order to maintain competence and enhance professional effectiveness.
- Identify and evaluate client issues that are outside of the counselor's scope of practice and refer to other professionals as indicated.
- Advocate for populations affected by substance use and addiction by initiating and maintaining effective relations with professionals, government entities, and communities to promote availability of quality services.
- Apply current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.

Total number of examination questions: 150

Total Number of pretest questions: 25

Total time to complete the examination, Paper & Pencil: 3 ½ hours

Total time to complete the examination, Computer Based: 3 hours

Sample Questions

The questions on the IC&RC Alcohol and Drug Counselor Examination were developed from the tasks identified in the 2008 Alcohol and Drug Counselor Job Analysis. Multiple sources were utilized in the development of questions for the exam. Each question is linked to one of the Job Analysis task statements as listed above.

The questions on the examination are multiple-choice with four (4) choices: A, B, C, and D. There is only one correct or best answer for each question. Carefully read each question and all the choices before making a selection. Choose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question since the number of questions answered correctly will determine your final score. There is no penalty for guessing.

Following are sample questions that are similar to those you will find in the exam.

1. Client education on HIV and other sexually transmitted diseases:

- A. is only done at the request of the client.
- B. should be given in specialty groups to those clients that are considered "high risk" to protect confidentiality.
- C. should be contracted out to a physician or professional medical personnel who have expertise in this area.
- D. is important information to incorporate in the treatment process of every client.

ATTACHMENT

F

The mandatory 60 day waiting period cannot be waived under any circumstances.

Examination Content

The 2008 Advanced Alcohol & Drug Counselor Job Analysis identified ten performance domains for the IC&RC Advanced Alcohol & Drug Counselor Examination:

1. Clinical Evaluation
2. Treatment Planning
3. Referral
4. Service Coordination
5. Counseling
6. Client, Family & Community Education
7. Documentation
8. Professional & Ethical Responsibilities
9. Research Design, Analysis & Utilization
10. Clinical Supervision

The TAP 21 Competencies and the 12 Core Functions are contained within the domains.

Candidates will note that the final 13 questions on the exam all relate to a single case study, which is presented with those questions in the end of the exam.

Within each performance domain are several identified tasks that provide the basis for questions in the examination. Following is the outline of the tasks that fall under each domain.

Domain 1: Clinical Evaluation

Weight on exam: 12%

Associated Tasks:

- Establish rapport by demonstrating effective verbal and non-verbal communication.
- Discuss with the client the rationale, purpose, and procedures associated with the assessment process to facilitate client understanding and cooperation.
- Assess client's current situation, including signs and symptoms of intoxication and withdrawal, by evaluating observed behavior and other available information in order to determine client's immediate needs.
- Administer the appropriate screening and assessment instruments specific to the client's age, developmental level, culture, and gender.

- Using interview techniques, gather and document relevant biopsychosocial information from the client and/or concerned others.
- Screen for physical, medical, and co-occurring disorders that might require referral for additional assessment.
- Formulate both initial and principle diagnosis(es) based on the signs and symptoms of impairment, withdrawal, and co-occurring disorders by interpreting observable behavior, laboratory data, and results of interview and assessment to determine the most appropriate level of care.
- Develop a comprehensive written summary based on the results of a biopsychosocial assessment performed by an advanced counselor and/or a multidisciplinary team.

Domain 2: Treatment Planning

Weight on exam: 10%

Associated Tasks:

- Explain and discuss with the client and concerned others the results of a comprehensive biopsychosocial assessment performed by an advanced counselor and/or a multidisciplinary team.
- Formulate and prioritize mutually agreed upon problems, immediate and long-term goals, measurable objectives, and treatment methods and resources based upon assessment findings.
- Collaborate with the client in reviewing and modifying the treatment plan.
- Apply pharmacological knowledge by incorporating substance specific and co-occurring disorder data.

Domain 3: Referral

Weight on exam: 6%

Associated Tasks:

- Recognize conditions that are outside the counselor's expertise that indicate the need for additional services.
- Identify referral needs; differentiating between client self-referral and direct counselor referral.
- Match client needs with community resources by considering client's abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.

- Facilitate the client's participation with community resources by explaining the rationale for referral.
- Determine effectiveness and outcome of referrals by ongoing evaluation.

Domain 4: Service Coordination

Weight on exam: 7%

Associated Tasks:

- Establish and maintain community contacts by developing ongoing relationships with community leaders and other service providers.
- Match community resources with client needs in order to improve the effectiveness of treatment by considering cultural and lifestyle characteristics of clients.
- Advocate for the client's best interests by negotiating with appropriate systems.
- Ensure quality service coordination by evaluating the effectiveness of service coordination through collaboration with the client, treatment team members, and community resources.
- Consult with the client, family, professionals, and community resources, eliciting alternative views, in order to ensure the best continuum of care.

Domain 5: Counseling

Weight on exam: 20%

Associated Tasks:

- Educate the client regarding the structure, expectations, and limitations of the counseling process.
- Develop a therapeutic relationship with clients, families, and concerned others in order to facilitate self-exploration, disclosure, behavior change, and problem solving.
- Utilize individual and group counseling strategies and modalities to match the interventions with the client's level of readiness.
- Continually evaluate the client's level of risk regarding personal safety and potential relapse in order to anticipate and respond to crises.
- Enhance treatment effectiveness by applying appropriate counseling strategies in order to facilitate progress towards completion of treatment objectives.

- Adapt counseling strategies to match the client's needs; including abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
- Apply pharmacological knowledge to the implementation of selected counseling strategies by incorporating substance-specific and biopsychosocial information.
- Monitor the client's progress by evaluating the effectiveness of counseling strategies; including crisis events, to determine the need to modify treatment.
- Develop an effective continuum of care plan; problem-solving with the client in order to strengthen ongoing recovery.
- Assist families and concerned others in understanding substance use and/or co-occurring disorders and in utilizing strategies that sustain recovery and maintain healthy relationships.
- Document all relevant aspects of treatment.

Domain 6: Client, Family, and Community Education

Weight on exam: 8%

Associated Tasks:

- Provide culturally relevant formal and informal education that raises awareness and knowledge of substance use, prevention, and recovery; including self-help, peer, and other support resources available in the community.
- Provide education on issues of cultural identity, ethnic background, age, sexual orientation, and gender in prevention, treatment, and recovery.
- Provide education on health and high-risk behaviors associated with substance use; including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted infections, hepatitis, and other infectious diseases.
- Provide education on life skills, such as stress management, relaxation, communication, assertiveness and refusal skills, relevant to substance use and substance use disorders.
- Provide education on the biological, medical, and physical aspects of substance use in order to develop an understanding of the effects of chemical substances on the body.
- Provide education on the cognitive, emotional, and behavioral aspects of substance use in order to develop an understanding of the psychological aspects of substance use and substance use disorders.

- Provide education on the sociological and environmental effects of substance use in order to develop an understanding of the impact of substance use on the affected family system.
- Provide education on the continuum of care and resources available in order to develop an understanding of prevention, intervention, treatment, and recovery.
- Inform clients, concerned others, professionals, and the community about the biopsychosocial effects of psychoactive substances in accordance with current pharmacological literature in order to raise awareness, increase knowledge, and effect behavior change.
- Educate clients, concerned others, professionals, and the community about the impact of co-occurring disorders on both the individual and the community.

Domain 7: Documentation

Weight on exam: 10%

Associated Tasks:

- Protect client's rights to privacy and confidentiality according to best practices in preparation and handling of records; especially regarding the communication of client information with third parties.
- Obtain informed written consent to release information from the client and/or legal guardian, according to best practices and administrative rules.
- Prepare accurate and concise screening, intake, assessment, and discharge documents.
- Document treatment and continuing care plans that are consistent with best practices and applicable administrative rules.
- Document client's progress in relation to treatment goals and objectives.
- Prepare accurate and concise reports and records; including recommendations, referrals, case consultations, legal reports, and family sessions.
- Document all relevant aspects of service coordination activities.
- Document process, progress, and outcome measurements.

Domain 8: Professional and Ethical Responsibilities

Weight on exam: 13%

Associated Tasks:

- Adhere to established professional codes of ethics and standards of practice in order to promote the best interests of the client and the profession.
- Adhere to jurisdictionally-specific rules and regulations regarding best practices in substance use disorder treatment in order to protect and promote client rights.
- Recognize counselor and client differences by gaining knowledge about personality, cultures, lifestyles, gender, sexual orientation, special needs, and other factors that influence client behavior.
- Recognize personal biases, feelings, concerns, and other issues in order to minimize interference from these variables in the counseling process.
- Continue professional development through self-evaluation, clinical supervision, consultation, and educational opportunities.
- Identify and evaluate patient issues that are outside of the counselor's scope of practice and refer to appropriate professionals.
- Advocate for populations affected by substance use and substance use disorders by initiating and maintaining effective relations with professionals, government entities, and communities.
- Engage in and apply current counseling and psychoactive substance use research literature to improve client care and enhance counselor's professional development.
- Assess personal life choices and circumstances with the willingness to change behavior and seek assistance as appropriate by maintaining an awareness of present interests and problems.
- Protect the integrity of the profession and best interests of clients by identifying, reporting, and advocating for the impaired professional.
- Protect the integrity of the profession and best interests of clients by identifying and reporting unethical practices.

Domain 9: Research Design, Analysis, and Utilization

Weight on exam: 5%

Associated Tasks:

- Apply research findings to program development and clinical practice by integrating new information into existing programs.
- Develop procedures and measures to monitor program efficacy.
- Use program data and outcome measures to incorporate changes into the program design.

Domain 10: Clinical Supervision

Weight on exam: 9%

Associated Tasks:

- Create a safe environment that supports self-exploration and that is conducive to the counselor's professional development.
- Establish a supervisory relationship with clinical staff and/or interns by conducting periodic, face-to-face supervisory sessions.
- Adapt supervisory strategies to match the counselor's needs; including abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
- Assess the individual strengths and weaknesses of the counselor by reviewing education, experience, and counseling activities.

Total number of examination questions: 150

Total Number of pretest question: 25

Total time to complete the examination, Paper & Pencil: 3 ½ hours

Total time to complete the examination, Computer Based: 3 hours

Sample Questions

The questions on the IC&RC Advanced Alcohol and Drug Counselor Examination were developed from the tasks identified in the 2008 Advanced Alcohol and Drug Counselor Job Analysis. Multiple sources were utilized in the development of questions for the exam. Each question is linked to one of the job analysis task statements as listed above.

The questions on the examination are multiple-choice with four (4) choices: A, B, C, and D. There is only one correct or best answer for each question. Carefully read each question and all the choices before making a selection. Choose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more

ATTACHMENT

G

ABOUT NAADAC

MEMBERSHIP

EDUCATION

RESOURCES

ADVOCACY

AFFILIATES

CERTIFICATION

CONFERENCES

PROVIDERS

WORKFORCE DEVELOPMENT

NATIONAL CERTIFIED ADDICTION COUNSELOR, LEVEL I (NCAC I)

A voluntary national certification intended for professionals working within addiction-related disciplines who wish to demonstrate their skills gained through years of supervised work experience.

**Download the NCAC I Certification
Application and Instructions**
**Download the NCAC I Handbook for
Candidates**

Why should you obtain the NCAC I Certification?

- Take the first step to greater promotions and salary enhancements by obtaining a nationally recognized credential.
- Demonstrate to employers and clients your commitment to quality care by verifying through certification the skills you have developed through years of work experience.
- The NCAC I credential reflects an endorsement of the highest ethical standards for addiction professionals.
- The demand for Substance Use Disorder counselors is expected to grow by 35% within the next 10 years.

Eligibility Requirements

- Current state certification/licensure as a Substance Use Disorder counselor.
- Three years' full-time or 6,000 hours of supervised experience as a Substance Use Disorder counselor.
- Documentation of credential/licensing renewal training/education hours that has been submitted to your state credentialing/licensing board within the past four years.
- Passing score on the national examination for Level I.

Application Requirements

- Documentation of current state certification/licensure as a Substance Use Disorder counselor.
- Three years' full-time or 6,000 hours of supervised experience as a Substance Use Disorder counselor. The three years need not be consecutive.
- Written verification of competency in all skill groups verified by a supervisor or other health care professionals who have personally observed the candidate's Substance Use Disorder counseling work.
- Documentation of credential/licensing renewal training/education hours that has been submitted to your state credentialing/licensing board within the past four years.
- Submission of a signed and dated statement that the candidate has read and subscribes to the NAADAC/NCC AP Code of Ethics.
- Received a passing score on the NCAC Level I written examination within four years of this application.
- A copy of your grade sheet must be attached.

- Payment of non-refundable application/certification review fee.

Certification Costs

- \$195 (\$95 for NAADAC members)
- Full list of costs and fees

Examination Details

The written national credentialing examination is tailored to test the applicant on his or her projected knowledge based on experience, education and training. The following skill groups are evaluated in the examination, and an applicant for national certification should be well versed in each of these topic areas:

1. treatment admission (screening, intake and orientation)
2. clinical assessment
3. ongoing treatment planning
4. counseling services (individual, group, family, crisis intervention and client education)
5. documentation
6. case management
7. discharge and continuing care
8. legal, ethical and professional growth issues

The National Certified Addiction Counselor, Level I (NCAC I) written examination consists of 250 multiple-choice, objective questions with a total testing time of four hours. The examination tests candidates' knowledge in the areas of counseling practice (40%), pharmacology of psychoactive substances (30%), the theoretical base of counseling (15%) and professional issues related to Substance Use Disorder treatment (15%).

If you have previously taken a certification exam at the state level, you may be able to use these scores towards national level certification. See *Use of the NAADAC Test at the State Level on Testing* for more information.

ATTACHMENT

H

NCAC II

Member Sign-In

ABOUT NAADAC**MEMBERSHIP****EDUCATION****RESOURCES****ADVOCACY****AFFILIATES****CERTIFICATION****CONFERENCES****PROVIDERS****WORKFORCE DEVELOPMENT****NATIONAL CERTIFIED
ADDICTION COUNSELOR,
LEVEL II (NCAC II)**

A voluntary national certification intended for professionals working within addiction-related disciplines wishing to demonstrate their specialized addiction treatment skills gained through supervised work experience and specific undergraduate course work.

**Download the NCAC II Certification
Application and Instructions**

**Download the NCAC II Candidate
Handbook**

**Why should you obtain the NCAC II
Certification?**

- Position yourself for career advancement and increased salary potential.
- Distinguish yourself from practitioners who lack specialized addiction treatment training.
- Enable yourself to provide more in-depth and intensive care; expose yourself to new and challenging treatment experiences.
- Demonstrate your commitment to developing an excellence in addiction treatment practice.

- The demand for Substance Use Disorder counselors is expected to grow by 35 percent within 10 years.

Eligibility Requirements

- A Bachelor's Degree from a regionally accredited institution of higher learning.
- Current state certification/licensure as a Substance Use Disorder counselor.
- Five years full-time or 10,000 hours of supervised experience as a Substance Use Disorder counselor.
- 450 contact hours of education and training in Substance Use Disorder or related counseling subjects, including six hours of ethics training and six hours of HIV/AIDS training. All non-Bachelor's Degree-related trainings must have taken place within the last six years. (Note: One undergraduate college credit is equivalent to 10 contact hours.)
- Passing score on the NCAC II written examination within four years of application.

Application Requirements

- Copy of a Bachelor's Degree transcript from a regionally accredited institution of higher learning.
- Documentation of current state certification/licensure as a Substance Use Disorder counselor.
- Five years full-time or 10,000 hours of supervised experience as a Substance Use Disorder counselor.
- Written verification of competency in all skill groups verified by a supervisor or other health care professionals who have personally observed the candidate's Substance Use Disorder counseling work.
- Documentation of 450 contact hours of education and training in Substance Use

Disorder or related counseling subjects, including six contact hours of ethics training and six contact hours of HIV/AIDS training in the last six years.

- Submission of a signed statement that the candidate has read and subscribes to the NAADAC Code of Ethics.
- Received a passing score on the NCAC Level II written examination within four years of this application.
- A copy of your examination grade sheet.
- Payment of non-refundable application/certification review fee

Certification Costs

- \$195 (\$95 for NAADAC members)
- Full list of costs and fees

Examination Details

The written national credentialing examination is tailored to test the applicant on his or her projected knowledge based on experience, education and training. The following skill groups are evaluated in the examination, and an applicant for national certification should be well versed in each of these topic areas:

1. treatment admission (screening, intake and orientation)
2. clinical assessment
3. ongoing treatment planning
4. counseling services (individual, group, family, crisis intervention and client education)
5. documentation
6. case management
7. discharge and continuing care
8. legal, ethical and professional growth issues

The National Certified Addiction Counselor, Level II (NCAC II) written examination consists of 250 multiple-choice, objective questions with a total testing time of four hours. The examination tests

candidates' knowledge in the areas of counseling practice (25%), pharmacology of psychoactive substances (25%), the theoretical base of counseling (25%) and professional issues related to Substance Use Disorder treatment (25%).

If you have previously taken a certification exam at the state level, you may be able to use these score towards national level certification. See *Use of the NAADAC Test at the State Level* on Testing for more information.

Testing Schedule

Examinations are given nationwide (and abroad) on a monthly basis. Application deadlines are the first of the month for testing the first weekend of the following month. Locate a Testing Center in Your Area

| Application Deadline | 2014 Examination Dates (Saturday/Sunday) |
|-----------------------------|---|
| January 1st | February 1st & 2nd |
| February 1st | March 1st & 2nd |
| March 1st | April 5th & 6th |
| April 1st | May 3rd & 4th |
| May 1st | June 7th & 8th |
| June 1st | July 5th & 6th |
| July 1st | August 2nd & 3rd |
| August 1st | September 6th & 7th |
| September 1st | October 4th & 5th |
| October 1st | November 1st & 2nd |
| November 1st | December 6th & 7th |
| December 1st | January 3rd & 4th |

Suggested Test Preparation Materials

ATTACHMENT

I

SUBSTANCE ABUSE EXAM CURRENT RULE

R4-6-704. Examination

- A. ~~The substance abuse counseling credentialing committee~~ Board approves the following licensure examinations:
 - 1. International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse, and
 - 2. Level II or higher examinations offered by the National Association of Alcoholism and Drug Abuse Counselors.
- B. An applicant for substance abuse technician, associate substance abuse counselor and independent substance abuse counselor licensure shall receive a passing score on an approved licensure examination.
- C. Applicants shall pass an approved examination within 12 months after the date of service of the written deficiency notice described in R4-6-302(D)(6). An applicant shall not take an approved examination more than twice during the 12-month testing period.
- D. If an applicant does not receive a passing score on an approved licensure examination within the 12 months referenced in subsection (C), the Board ~~agency~~ shall close the applicant's file with no recourse to appeal. To receive further consideration for licensure, an applicant shall submit a new application and fee.

SUBSTANCE ABUSE EXAM PROPOSED RULES

R4-6-704. Examination

- A.** The Board approves the following licensure examinations for an applicant for substance abuse technician licensure:
 - 1. International Certification Reciprocity Consortium/Alcohol and Drug Counselor exam, and
 - 2. Level I or higher examinations offered by the National Association of Alcoholism and Drug Abuse Counselors.

- B.** The Board approves the following licensure examinations for an applicant for associate substance abuse counselor and independent substance abuse counselor licensure:
 - 1. International Certification Reciprocity Consortium/Advanced Alcohol and Drug Counselor exam, and
 - 2. Level II or higher examinations offered by the National Association of Alcoholism and Drug Abuse Counselors.

- C.** An applicant for substance abuse technician, associate substance abuse counselor and independent substance abuse counselor licensure shall receive a passing score on an approved licensure examination.

- D.** Applicants shall pass an approved examination within 12 months after the date of service of the written deficiency notice described in R4-6-302(D)(6). An applicant shall not take an approved examination more than twice during the 12-month testing period.

- E.** If an applicant does not receive a passing score on an approved licensure examination within the 12 months referenced in subsection (C), the Board shall close the applicant's file with no recourse to appeal. To receive further consideration for licensure, an applicant shall submit a new application and fee.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2).

ATTACHMENT

J



MEMORANDUM

To: Arizona Board of Behavioral Health Examiners
Donna Dalton, Assistant Director

From: Association of Social Work Boards
Jennifer Henkel, Member Services Senior Manager, jhenkel@aswb.org
Cara Sanner, Regulatory Specialist, csanner@aswb.org

Date: May 27, 2014

Re: Supervision requirements

Thank you for your inquiry to ASWB regarding several issues related to supervision requirements. In particular you were interested in information about supervision agreements/plans/contracts (plans), how supervision takes place in other jurisdictions and policies around distance supervision. It was difficult to narrow down a few suggested states for you to review because no one state has requirements pertaining to each of the areas for which you are reviewing. As a result we've reviewed supervision requirements for all of the states and identified ten that require an agreement between the supervisor and supervisee. For each of these states we've included information about supervision plan requirements, how supervision is to take place, and the use of distance supervision. We've also included links to associated statutes, regulations, supervision forms, etc. Information is provided on pages 4–20, use the hyperlinks in the table of contents on page 3 to help navigate through the document.

Supervision Plans

As noted, all of the states identified in this document require a supervision plan. The majority provide a form for use by the supervisor/supervisee. There are three ways in which the document is typically completed. The supervision plan is prepared by the applicant and supervisor and preapproved by the board; or the plan is completed by the supervisor and submitted to the board upon start of supervision; or the completed supervision plan is included with the licensing candidates' application. Links to supervision plans are included for each of the states where a form is provided. Some states have much more detailed requirements than others, these include: California, Idaho, Kansas, Kentucky and Texas.

How does clinical supervision take place?

In order to provide as much detail as possible about supervision requirements and how supervision is to occur between a supervisor and supervisee, listed on the following page are the requirements found across all the cited jurisdictions. No one state has details or requirements in all these areas. If you navigate through the document you can see who has more detailed requirements, to determine if you want to review the regulations for more information.

- The total number of hours of experience under supervision required. Within this total, requirements are further detailed, such as:
 - A breakout of hours by types of clinical practice experience required
 - The number of direct client contact hours required
 - The number of direct clinical supervisor contact hours
 - Number of “face to face” hours required
 - Number of distance learning hours allowed, with explanation of approvable formats, if applicable
 - Number of hours allowed in group supervision, if applicable, including maximum group size, and total number of groups a supervisor may supervise at one time
- The minimum time, maximum time and “absolute maximum time under any circumstances” in which supervision requirements must be fulfilled.
- Requirement for a supervision plan which outlines the responsibilities of both parties, the goal of supervision, what happens when the relationship is terminated, whether or not the plan must be pre-approved, etc.
- Requirements for supervisor minimum qualifications, supervisor pre-approval, initial training, on-going continuing education, reporting, etc.

ASWB Model Social Work Practice Act speaks to supervised practice in the following:

Section 304. Qualifications for Licensure by Examination as a Clinical Social Worker:

“(5) Has completed supervised practice approved by the Board, or demonstrated to the Board’s satisfaction that experience in the practice of clinical social work meets or exceeds the minimum supervisory requirements of the Board.”

Distance supervision

The majority of states included in this document manage distance supervision by either prohibiting it, or allowing it only if it meets selected criteria. Many states not included here do not specify how the direct clinical hours must be accrued i.e. individual/group supervision and face to face/distance supervision are not addressed in regulations, therefore they are neither expressly allowed or prohibited. This is the case with Kentucky.

Of the states selected, four prohibit the use of distance mediated tools, requiring supervision to occur face to face: Alabama, Arkansas, Idaho, Maryland.

Increasingly states are allowing live video conferencing as a face to face format for supervision.

Distance mediated tools are acceptable as long as they are interactive and in real time. This allows the use of technology that provides real-time, visual contact among the individuals involved i.e. the use of computer internet technologies to live stream communication with audio and visual tools. Examples are included below, specific language is included in the document under the distance supervision heading for a particular state:

- California
- Iowa – Supervisee must request pre-approval
- Kansas
- Mississippi – Only 25% of direct clinical hours
- Texas – Formats must be stated in plan, and plan is pre-approved

Table of Contents

| | |
|--|-------------------------------------|
| Alabama | 4 |
| Supervision plan..... | 4 |
| How will clinical supervision take place?..... | 4 |
| Distance supervision | 4 |
| Arkansas | 4 |
| Supervision plan..... | 4 |
| How will clinical supervision take place?..... | 5 |
| Distance supervision | 5 |
| California | 5 |
| Supervision plan..... | 5 |
| How will clinical supervision take place?..... | 6 |
| Distance supervision | 8 |
| Idaho | 8 |
| Supervision plan..... | 8 |
| How will clinical supervision take place?..... | 9 |
| Distance supervision | 10 |
| Iowa | 10 |
| Supervision plan..... | 10 |
| How will clinical supervision take place?..... | 11 |
| Distance supervision | 11 |
| Kansas | 11 |
| Supervision plan..... | 12 |
| How will clinical supervision take place?..... | 12 |
| Distance supervision | 13 |
| Maryland | 13 |
| Supervision plan..... | 14 |
| How will clinical supervision take place?..... | 14 |
| Distance supervision | 14 |
| Kentucky | 14 |
| Rules regarding supervision: http://www.lrc.ky.gov/kar/201/023/070.htm | 14 |
| Supervision plan..... | 15 |
| How will clinical supervision take place?..... | 15 |
| Mississippi | 16 |
| Supervision plan..... | 17 |
| How will clinical supervision take place?..... | 17 |
| Distance supervision | 18 |
| Texas | 18 |
| Supervision plan..... | 18 |
| How will clinical supervision take place?..... | 20 |
| Distance supervision | Error! Bookmark not defined. |

Alabama

Statute: Title 34, Chapter 30: <http://alisondb.legislature.state.al.us/acas/ACASLoginie.asp>

Rules: http://www.socialwork.alabama.gov/asbswe_rules.htm

Supervision plan

Supervision rules: <http://www.socialwork.alabama.gov/pdfs/850-X-3%20NewSupervision.pdf>

“A contract must be negotiated between the supervisor and supervisee and is subject to the approval of the Board. A copy of the contract shall be provided to the Board, or, in the alternative, documentation signed by both parties which shall at a minimum include documentation of the following terms of the agreement:

- (a) The methods of supervision to be provided;
- (b) The type of social work practice to be supervised;
- (c) Hours; and
- (d) Termination conditions.

(4) If supervision is terminated by either party, the supervisor is responsible for completing the termination forms within 30 days and forwarding to the Board for review. The supervisor shall certify the total number of supervised hours at termination.”

How will clinical supervision take place?

Summary:

- Total required: 24 months within a 36 month period
- Direct clinical supervisor contact: 96 hours
- Direct client contact: Not specified
- Minimum frequency: 4 hours per month
- Maximum frequency: Not addressed
- Face to face supervision: 100% or 96 hours
- Individual or group supervision allowed; maximum group size or number of groups at one time per supervisor not provided
- Supervision plan required
- LCSW can supervise or LCSW-PIP (if out of agency); No further requirements for supervisors

“(2) A minimum of four (4) hours per month of “face-to-face” post-master’s supervision for 24 months within a 36 month period is required for LCSW applicants.”

Distance supervision

Not addressed in statute or rule

Arkansas

Statute and rules: http://www.arkansas.gov/swlb/laws_regs.html

Supervision plan

[http://www.arkansas.gov/swlb/pdfs/supervision_plan .pdf](http://www.arkansas.gov/swlb/pdfs/supervision_plan.pdf)

Form provided; required information includes:

- The plan must be submitted within 60 days of the start of supervision:
- Supervisee contact and employment information including their work schedule and whether or not their supervisor is employed at same agency.
- Supervisor contact and employment information
- Supervision schedule: Date, format (individual or group), number of sessions, hours and hours in group, and the method of supervision.
- Supervision process: supervisees work setting, clients served, duties and responsibilities including treatment methods used, and five goals for supervision.

How will clinical supervision take place?

Summary:

- Total required: 4000 hours or 2 years post degree
- Direct clinical supervisor contact: 104 hours
- Direct client contact: Not specified
- Minimum frequency: 1 hour per week
- Maximum frequency: Not addressed
- Face to face supervision: 100% or 104 hours
- Group: 50% or 52 hours allowed with a maximum of 4 supervisees per group
- Supervision plan required
- Supervisor: LCSW; No further requirements for supervisors with the exception of areas of supervisor accountability identified: Client; agency providing services; legal and regulatory requirements; ethical standards of the profession; acceptance of professional responsibility for the social work; services provided by the supervisee.

“An applicant for LCSW licensure must submit documentation of two years post-graduate LCSW supervised experience. The supervision must include an average of one hour per week of direct contact with the LCSW supervisor. Group supervision is acceptable as long as there are no more than four in the group and it does not constitute more than one-half of the total supervision requirement. For the purposes of LCSW supervision, two-years is equivalent to 4,000 hours.”

Distance supervision

Not addressed in statute or rule

California

Statute and rules: <http://www.bbs.ca.gov/pdf/publications/lawsregs.pdf>

Supervised experience: http://www.bbs.ca.gov/pdf/forms/lcs/lcs_exp_chart.pdf

Supervision plan

<http://www.bbs.ca.gov/pdf/forms/lcs/supplan.pdf>

Form provided; required information includes:

- Supervisee contact information
- Supervisor contact and employment information
- Description of employment setting

- Description of goals and objectives

“§1870.1. SUPERVISOR PLAN

(a) On and after January 1, 1999, all associate clinical social workers and licensed clinical social workers or licensed mental health professionals acceptable to the board as defined in Section 1874 who assume responsibility for providing supervision shall develop a supervisory plan that describes the goals and objectives of supervision and shall complete and sign under penalty of perjury the “Supervisory Plan”, (form no. 1800 37A-521, revised 3/10), hereby incorporated by reference.

(b) This supervisory plan shall be completed by each supervisor providing supervision and the original signed plan shall be submitted by the associate clinical social worker to the board upon application for licensure”

“§4996.23. SUPERVISED POST-MASTER'S EXPERIENCE CRITERIA EFFECTIVE JANUARY 1, 2002

(d) The supervisor and the associate shall develop a supervisory plan that describes the goals and objectives of supervision. These goals shall include the ongoing assessment of strengths and limitations and the assurance of practice in accordance with the laws and regulations. The associate shall submit to the board the initial original supervisory plan upon application for licensure.”

How will clinical supervision take place?

Summary:

- Total required: 3200 hours post degree over 2-6 years (see below for detailed listing of types of hours to be earned)
- Direct clinical supervisor contact: 104 hours
- Direct client contact: 750 hours
- Minimum frequency: 1 hour per week individual; 2 hours per week group; 1 hour of direct supervisor contact is required for any week in which more than 10 hours of face-to-face psychotherapy is performed
- Maximum frequency: 5 hours per week
- Face to face supervision (includes live video conferencing): 100% or 96 hours
- 50% or 52 hours of group supervision allowed; maximum group size is eight supervisees; number of groups at one time per supervisor not provided
- Supervision plan required
- Supervisor: LCSW required for 1700 hours; up to 1500 allowed under LMHP; detailed requirements for supervisors, see below.

“Minimum 2,000 hours REQUIRED; Minimum 750 hours of performing face-to-face; individual or group psychotherapy is REQUIRED as part of this 2,000 hours. One hour of direct supervisor contact is required for any week in which more than 10 hours of face-to-face psychotherapy is performed for each setting in which experience is gained. Minimum 52 weeks REQUIRED, 13 of which must be supervised by a LCSW. Group supervision (not more than eight (8) supervisees in the group). One hour of direct supervisor contact is required for a minimum of 104 weeks. No more than five hours of supervision may be credited during any single week.”

“Any person supervising an associate clinical social worker registered with the board (hereinafter called “supervisor”) within California shall comply with the requirements set forth below.

(a) Prior to the commencement of any therapy or supervision, the supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 3/10, form#1800 37A-522), hereby incorporated by reference, which requires that:

(1) The supervisor possesses and will maintain a current valid California license as a licensed clinical social worker or a licensed mental health professional acceptable to the Board as specified in Section 1874.

(2) The supervisor has been so licensed in California or in any other state for a total of at least two (2) years prior to commencing any supervision.

(3) The supervisor has and will maintain a current license in good standing and will immediately notify the associate of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or any lapse in licensure, that affects the supervisor's ability or right to supervise.

(4) The supervisor has practiced psychotherapy or provided direct supervision of associates, or marriage and family therapist interns or trainees who perform psychotherapy for at least two (2) years within the last five (5) years immediately preceding supervision.

(5) The supervisor has had sufficient experience, training and education in the area of clinical supervision to competently supervise associates.

(A) Persons licensed by the board who provide supervision shall have a minimum of fifteen (15) contact hours in supervision training obtained from a state agency or approved continuing education provider. This training may apply towards the approved continuing education requirements set forth in Sections 4980.54, 4996.22, and 4999.76 of the Code. The content of such training shall include, but not be limited to:

(i) Familiarity with supervision literature through reading assignments specified by course instructors;

(ii) Facilitation of therapist-client and supervisor-therapist relationships;

(iii) Evaluation and identification of problems in therapist-client and supervisor-therapist relationships;

(iv) Structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;

(v) Knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and

(vi) The practice of clinical social work, including the mandated reporting laws, and knowledge of ethical and legal issues.

(6) The supervisor knows and understands the laws and regulations pertaining to both supervision of associates and the experience required for licensure as a clinical social worker.

(7) The supervisor shall do all of the following:

(A) Ensure that the extent, kind and quality of clinical social work performed by the associate is consistent with the training and experience of the person being supervised.

(B) Review client/patient records and monitor and evaluate assessment and treatment decisions of the associate clinical social worker.

(C) Monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served.

(D) Ensure compliance with all laws and regulations governing the practice of clinical social

work.

(8) The supervisor and the associate shall develop the "Supervisory Plan" as described in Section 1870.1. The associate shall submit the original signed plan for each supervisor to the board upon application for licensure.

(9) The supervisor shall provide the associate with the original, signed "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 3/10, form #1800 37A-522), prior to commencement of any supervision. The associate shall provide the board with the original signed form for each supervisor upon application for licensure.

(10) A supervisor shall give at least one (1) week's written notice to an associate of the supervisor's intent not to sign for any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

(11) The supervisor shall complete an assessment of the ongoing strengths and limitations of the associate. The assessments shall be completed at least once a year and at the completion or termination of supervision. A copy of all assessments shall be provided to the associate by the supervisor.

(12) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

Distance supervision

A definition is not provided in statute or rule, however per the following statement live video conferencing is acceptable for face to face supervision:

"(6) Notwithstanding paragraph (2), an associate clinical social worker working for a governmental entity, school, college, or university, or an institution that is both a nonprofit and charitable institution, may obtain the required weekly direct supervisor contact via live two-way videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is preserved."

Idaho

<http://adminrules.idaho.gov/rules/current/24/1401.pdf>

Supervision plan

<http://ibol.idaho.gov/IBOL/SWO/Forms/SWO%20Clinical%20Supervision%20Plan%20Application.pdf>

"a. Develop a plan for supervision that must be reviewed and approved by a designated Board member prior to commencement of supervision.

b. Complete a minimum of three thousand (3,000) hours of supervised social work experience. The hours shall be accumulated in not less than two (2) years but in not more than five (5) years unless an extension is approved by the Board for good cause shown."

Form provided; required information includes (as excerpted from document referenced above):

- Applicant: identifies you, your place of employment and your work schedule.
- Supervisor(s): identifies your supervisor(s) and their contact information.
- Clinical Supervision: indicates if your place of employment is providing your supervision or if you are contracting supervision outside your place of employment. If your supervision is by

your employer the board wants to know how it will be separate from administrative supervision. What will be the format of your supervision and the number of hours of supervision you will receive each month?

- Supervision Information: This section is to answer the questions: Where, who and what of clinical work.
- Work setting(s): (Where), identifies where you are working both by name (ABC Behavioral Health, XYZ Psychiatric Hospital), and by industry (mental health clinic, hospital, state agency etc).
- Clients served: (Who), Identifies your client population by their most common identifiable characteristics.
- Include common presenting problems, age, gender, socio-economic status or any other information that will help the board in understanding the clients you serve.
- Duties and responsibilities: (What), Identifies your clinical work. What are you doing in providing DSM-5, TR diagnosis? Is this your duty alone or in consultation? Identify assessments you are to be conducting.
- Treatment methods utilized should include both format (individual, group, couples, families, etc.) and technique (DBT, Play therapy, CBT, Gestalt, etc). Please be aware that some of your job responsibilities may not count toward the three thousand hours required to complete clinical supervision.
- Five goals for supervision: You and your approved supervisor will determine areas of professional growth, personal awareness or skills that will assist you in increasing your clinical competence.
- Methods of supervision: Your supervisor will indicate the methods of supervision to be utilized.
- Agency Director Signature: This provides you and the board written record that the agency director is aware and supports your efforts to perform supervised clinical social work services.
- Signatures: You and your clinical supervisor will need to have your signatures notarized.
- If you have questions about the application we recommend you contact the Idaho Board of Social Work
- Examiners prior to submission.

How will clinical supervision take place?

Summary:

- Total required: 3000 hours post degree over 2-5 years
- Specific clinical practice requirement: 1250 hours in assessment, clinical diagnosis, and psychotherapy; no more than a maximum of nine hundred hours of client-centered advocacy, consultation, and evaluation
- Direct clinical supervisor contact: 100 hours
- Direct client contact: 1750 hours
- Minimum frequency: Not specified
- Maximum frequency: Not specified
- Face to face supervision: 100% or 100 hours
- 50% or 50 hours of group supervision allowed (see formula to calculate time allowed per supervisee per group); maximum group size is six supervisees; number of groups at one time per supervisor not provided.

- Supervision plan required
- Supervisor: LCSW required for 50% of hours; up to 50% allowed from Psychologist, Psychiatrist, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist
- Supervisors must register:
<http://ibol.idaho.gov/IBOL/SWO/Forms/SWO%20Clinical%20Supervisor%20Registration%20Form.pdf>
- Supervisors must file reports every six months:
<http://ibol.idaho.gov/IBOL/SWO/Forms/SWO%20Supervisor%20Report%20Form.pdf>

“b. Complete a minimum of three thousand (3,000) hours of supervised social work experience. The hours shall be accumulated in not less than two (2) years but in not more than five (5) years unless an extension is approved by the Board for good cause shown.”

“a. Supervision must be consultative-teaching supervision which is directed toward enhancement and improvement of the individual’s social work values, knowledge, methods, and techniques
A minimum of one hundred (100) hours of the required supervision must be face-to-face contact with the supervisor and must occur on a regular and on-going basis. (4-4-13)

i. A supervisee may count in full all time in a supervisory session where the ratio of supervisor to supervisees does not exceed one (1) supervisor to two (2) social workers. All one hundred (100) hours may be earned in such a one (1) to two (2) setting. (4-4-13)

ii. Group supervision may count for no more than fifty (50) hours of face-to-face contact. Group supervision may count only where the ratio of supervisor to supervisees does not exceed one (1) supervisor to six (6) supervisees, and the allowable countable time shall be prorated by the following formula: total session minutes divided by total supervisees, multiplied by two (2) equals the maximum allowable countable time per supervisee for the session. i.e. a supervisee attending a one (1) hour group supervisory session consisting of six (6) supervisees shall be allowed twenty (20) minutes of group supervision credit (60 minutes/6 supervisees x 2 = 20 minutes).”

Distance supervision

Not addressed in statute or rules

Iowa

Statute: <https://www.legis.iowa.gov/DOCS/ACO/IC/LINC/Chapter.154C.pdf>

Rules: <https://www.legis.iowa.gov/docs/ACO/chapter/645.280.pdf>

Supervision plan

<http://www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=A9B16CB1-E694-47CE-80ED-D3FE4725FB50>

“280.6(3) To meet the requirements of the supervised professional practice, the supervisor must:

d. Establish and maintain a plan throughout the supervisory period.

(1) Such a plan must be kept by the supervisor for a period of two year”

Form provided; required information includes:

- Supervisee contact and employment information

- Supervisor contact information, attestation that requirements for supervisors have been met.
- Description of employment setting, supervision dates, frequency of supervision
- Description of goals and objectives

How will clinical supervision take place?

Summary:

- Total required: 4000 hours post degree over 2-6 years
- Direct clinical supervisor contact: 110 hours
- Minimum frequency: Not specified
- Maximum frequency: Not specified
- Face to face supervision: 100% unless exception granted by board
- ~55% or 60 hours of group supervision allowed; maximum group size is six supervisees; number of groups at one time per supervisor not provided.
- Supervision plan required
- Supervisor: LISW required with at least 4000 hours of practice experience after receipt of license; Supervisor requirements described further below:

“280.6(3) To meet the requirements of the supervised professional practice, the supervisor must:

- a. Be an Iowa-licensed independent social worker as specified in rule 645—280.3(154C). An individual licensed in another state and providing supervision for an Iowa LISW candidate must be licensed at a level equivalent to Iowa’s LISW level.
- b. Have a minimum of 4,000 hours of practice earned over a period of three years of practice beyond receipt of a license to practice independent social work in Iowa or the equivalent license from another state. This requirement shall apply to all supervised professional practices that commence on or after July 1, 2013.
- c. Complete at least 6 hours of training in social work practice supervision or one social work master level course in supervision. This requirement shall apply to all supervised professional practices that commence on or after July 1, 2013.”

Distance supervision

Distance supervision is allowed if prior permission is obtained and the system utilized is in real-time, with visual and audio interaction.

“645—280.6(154C) Supervised professional practice for the LISW.

280.6(1) The supervised professional practice shall:

- d. Be obtained in the following manner:
 - (1) Face-to-face meetings between the supervisor and the supervisee unless the board has granted an exception allowing for an alternate form of supervision, upon written request of the applicant.
 - (2) Supervision by electronic means is acceptable if:
 1. The system utilized is an interactive, real-time system that provides for visual and audio interaction between the licensee and the supervisor; and
 2. The first two meetings are face to face and in person”

Kansas

Statute and rules: http://www.ksbsrb.org/statutes_regs/sws-rbook.html

Supervision plan

http://www.ksbsrb.org/pdf/LSCSW_super_trainplan.pdf

Form provided; required information includes:

- Supervisee contact and education information
- Supervision setting
- Supervision training plan detailed list of required information including goals and objectives, use of DSM IV, services provided to clients, etc.
- Supervisor contact and license information
- Information regarding the supervisory relationship

“102-2-8 Supervision

(3) Each licensee supervising one or more nonlicensed persons who participate in the delivery of social work services shall develop a written agreement. The agreement shall consist of specific goals and objectives, the means to attain the goals, and the manner in which the goals relate to the overall objective for supervision of the nonlicensed social work service provider. The licensee shall maintain the following documentation associated with the written agreement:

(A) A copy of the written agreement signed by both the licensee and the nonlicensed person;

(B) a summary of the types of clients and situations dealt with at each supervisory session;

(C) a written explanation of the relationship of the goals and objectives of supervision to each supervisory session; and

(D) the length of time spent in each supervisory session.”

How will clinical supervision take place?

Summary:

- Total required: 4000 hours post degree over 2-6 years
- Direct clinical supervisor contact: 150 hours
- Direct client contact: 1500 hours
- Minimum frequency: 1 hour per 20 hours practice
- Maximum of 2 hours per 20 hours practice
- Face to face or video conferencing allowed
- Group: 50% or 75 hours allowed; group size or maximum number of groups per supervisor not specified.
- Supervision plan required
- Supervisor: LCSW with two years of experience after receiving license
- Information for supervisors: <http://www.ksbsrb.org/pdf/Supervision%20final.pdf>
- Social work supervisor exam: <http://www.ksbsrb.org/pdf/SWexam.pdf>
- Supervision and supervisor requirements: http://www.ksbsrb.org/pdf/statutes_regs/102-2-8.pdf

“(D) has completed as part of or in addition to the requirements of subsection (c) not less than two years of postgraduate supervised professional experience in accordance with a clinical supervision plan approved by the board of not less than 4,000 hours of supervised professional experience including at least 1,500 hours of direct client contact conducting psychotherapy and assessments with individuals, couples, families or groups and not less than 150 hours of clinical supervision, including not less than 75 hours of person-to-person individual supervision, integrating diagnosis and treatment of mental disorders with use of the American psychiatric association's diagnostic and statistical manual:
(3) Notwithstanding any other provision of this subsection, a licensed master social worker who has provided to the board an acceptable clinical supervision plan for licensure as a specialist clinical social worker prior to the effective date of this act shall be licensed as a specialist clinical social worker under this act upon completion of the requirements in effect for licensure as a specialist clinical social worker at the time the acceptable training plan is submitted to the board.”

“(3) Supervisor qualifications. To qualify as a supervisor, a licensed specialist clinical social worker shall fulfill these requirements:

(A) Have practiced as a specialist clinical social worker, in a position that included assessment, diagnoses, and psychotherapy, for two years beyond the date of clinical licensure. This requirement shall apply to each individual commencing a new supervisory relationship on or after April 15, 2009;

(B) have, in full or in part, professional responsibility for the supervisee's practice of social work or delivery of social work services;

(C) not have a dual relationship with the supervisee;

(D) not be under sanction from a disciplinary proceeding, unless this prohibition is waived by the board for good cause shown by the proposed supervisor;

(E) have knowledge of and experience with the supervisee's client population;

(F) have knowledge of and experience with the methods of practice that the supervisee employs;

(G) have an understanding of the organization and administrative policies and procedures of the supervisee's practice setting; and

(H) be a member of the staff for that practice setting or meet the requirements of paragraph (d)(4).”

Distance supervision

“(5) Supervisory duties. Each social work practice supervisor shall perform these duties:

(A) Meet in person or by videoconferencing according to K.A.R. 102-2-12(c)(4) with the supervisee for clinical supervision throughout the postgraduate supervised professional experience at a ratio of a minimum of one hour of clinical supervision for every 20 hours of direct, face-to-face client contact, with a maximum of two hours of supervision allowed for each 20 hours of clinical social work practice to be counted toward licensure requirements;”

Maryland

Statute and rules: <http://dhmh.maryland.gov/bswe/Docs/Regs/10.42.08Supervision.pdf>

Supervision plan

<http://dhmh.maryland.gov/bswe/Docs/Supervision/contractualAgree2014.pdf>

<http://dhmh.maryland.gov/bswe/Docs/Supervision/SupervisionRegistrationForm.pdf>

Form provided; required information includes:

- Reiteration of supervision requirements
- Responsibilities and expectations unique to the teaching style of the supervisor and the learning style and training needs of the supervisee
- Frequency and duration of supervision
- Termination
- Responsibilities of the supervisor and supervisee

“B. Additional Responsibilities. In addition to the requirements under §A of this regulation, the supervisor for advanced licensure shall:

- (1) Have filed with the Board the supervisory registration form;
- (2) Have a license that is unencumbered and without restrictions or conditions due to the disciplinary action for the 5 years preceding supervisor status;
- (3) Have been approved as a supervisor by the Board; and
- (4) Have established and maintained a written contract for advanced licensure to provide supervision with the supervisee.”

How will clinical supervision take place?

Summary:

- Total required: 3000 hours post degree within 2 years
- Direct clinical supervisor contact: 144 hours
- Direct client contact: 1500 hours
- Minimum frequency: 3 hours per month
- Maximum: Not included
- Face to face required
- Group: 50% or 72 hours allowed; maximum group size is six supervisees, maximum number of groups per supervisor not specified.
- Supervision plan required
- Supervisor: LCSW/C accountable to the employer through an employment contract
- The social work supervisor must be qualified per COMAR 10.42.08.04A. and meet additional requirements in COMAR 10.42.08.04B. in order to supervise candidates for advanced licensure.

Distance supervision

Not allowed, all supervision must be done in person.

Kentucky

Statute and rules: <http://www.lrc.ky.gov/kar/201/023/070.htm>

Rules regarding supervision: <http://www.lrc.ky.gov/kar/201/023/070.htm>

Supervision plan

See contract for Clinical Social Work Supervision: <http://bsw.ky.gov/forms/Pages/superforms.aspx>

Form required, content includes:

"Section 4. Contract for Clinical Social Work Supervision. The Contract for Clinical Social Work Supervision required by KRS 335.080(3) and 335.100(3) shall contain:

- (1) The name and license number of the supervisee;
- (2) The name and license number of the supervisor of record;
- (3) The name and license number of other supervisors;
- (4) The agency, institution, or organization where the experience will be received;
- (5) A detailed description of the nature of the practice including the type of:
 - (a) Clients which will be seen;
 - (b) Therapies and treatment modalities which will be used including the prospective length of treatment; and
 - (c) Problems which will be treated;
- (6) The nature, duration, and frequency of the supervision, including the:
 - (a) Number of hours of supervision per week;
 - (b) Amount of group and individual supervision; and
 - (c) Methodology for transmission of case information;
- (7) The conditions or procedures for termination of the supervision;
- (8) A statement that:
 - (a) The supervisor of record understands that he shall be held accountable to the board for the care given to the supervisee's clients;
 - (b) The certified social worker is an employee of an agency, institution, or organization, and has Social Security and income tax deducted from his salary; and
 - (c) The supervisor of record and other supervisors meet the criteria established in Section 3(1) through (4) of this administrative regulation;
- (9) An individualized job description that:
 - (a) Describes in detail how the requirements of Sections 6 and 7 of this administrative regulation will be met; and
 - (b) Is on office or agency letterhead and is signed by the executive director, the agency director, or the individual who heads the office; and
- (10) A copy of each supervisor's supervisory training certificate attached to the contract for clinical social work supervision."

How will clinical supervision take place?

Summary:

- Total required: 3080 hours within 2 years (full-time) or 3 years (part-time)
- Direct clinical supervisor contact: 200 hours
- Direct client contact: 1248 hours
- Minimum frequency: 2 hours every 2 weeks of practice
- Maximum: Not included
- Group: 50% or 100 hours allowed; maximum group size is six supervisees, maximum number of groups per supervisor not specified.
- Supervision plan required
- Supervisor: LCSW with 3 years post license experience
- Supervisor requirements described below

“Section 3. Supervision. (1) A supervisor shall be a licensed clinical social worker who:

(a) Provides supervision to a certified social worker pursuant to KRS 335.080(3) and 335.100(3);

(b) Does not have:

1. An unresolved citation filed against him by the board;
2. A suspended or probated license; or
3. A previous or existing personal relationship with a supervisee; and

(c) Has:

1. Been in the practice of clinical social work for three (3) years following licensure as a licensed clinical social worker; and

2. Completed a board-approved three (3) hour training course on supervisory practices and methods for licensed clinical social workers relating to the requirements in KRS Chapter 335 and this administrative regulation.

(2) Supervisory experience obtained in Kentucky with a supervisor who has not completed the course required by (1)(c)2 of this section shall not be approved by the board.

(3) The supervisory training course shall be completed every licensure period to maintain supervisory status with the board.

(4) A licensed clinical social worker shall not serve as a supervisor of record for more than six (6) certified social workers with whom he has a contract to be held accountable to the board at the same time.

(5) An applicant receiving supervision outside of Kentucky shall demonstrate that his or her supervisor has been in the practice of clinical social work for a period of three (3) years following licensure as a clinical social worker or its equivalent effective at the time of the supervision.

(6) To be recognized as a supervisor, a licensed clinical social worker who meets the requirements of this section shall submit a written request to become a supervisor in Kentucky along with a copy of the supervisory training certificate.”

“ Section 6. Experience under Supervision. Experience under supervision shall consist of:

(1) At least sixty (60) percent of the required experience in a direct client-professional relationship;

(2) Direct responsibility for a specific individual or group of clients; and

(3) Broad exposure and opportunity for skill development with a variety of dysfunctions, diagnoses, acuity 12

Distance Supervision

Not included in rule or statute.

Mississippi

Statute and rules:

[http://www.swmft.ms.gov/swmft/web.nsf/webpageedit/swPage_swPage_swliSub/\\$FILE/SOCIAL%20WORK%20LICENSURE%20INFORMATION.pdf?OpenElement](http://www.swmft.ms.gov/swmft/web.nsf/webpageedit/swPage_swPage_swliSub/$FILE/SOCIAL%20WORK%20LICENSURE%20INFORMATION.pdf?OpenElement)

Supervision plan

Application to enter supervision contract:

[http://www.swmft.ms.gov/swmft/web.nsf/webpageedit/FormsPage_FormsPage_supappl/\\$FILE/APPLICATION%20FOR%20CONTRACT%20FOR%20LCSW%20SUPERVISION.pdf?OpenElement](http://www.swmft.ms.gov/swmft/web.nsf/webpageedit/FormsPage_FormsPage_supappl/$FILE/APPLICATION%20FOR%20CONTRACT%20FOR%20LCSW%20SUPERVISION.pdf?OpenElement)

Form provided to request permission to enter supervision contract, an outline for the content of the contract is provided. Required content includes:

- Orientation: purpose and goals of supervision, agency profile
- Professional development: knowledge, skills, values, administration, policy, research
- Practice context: application of theory, commitment to learning and service, practice priorities, responsibilities to clients, to agency and community.

“LCSW Level: An applicant for LCSW designation must be a current LMSW in good standing who has completed the Supervision process as outlined in Part 1902, Chapter 2, Rule 2.3 as verified by Board records, and must submit to the Board:

- a. An Initial application for LCSW license;
- b. Supervision Plan and Contract for Supervision as outlined by the MS Board of Examiners for Social Workers in the LMSW Guide for Supervision;”

How will clinical supervision take place?

Summary

- Total required: A minimum of 24 months and may not exceed 36 consecutive months
- Direct clinical supervisor contact: 100 hours
- Direct client contact: 1000 hours
- Minimum frequency: 1 hour per week
- Maximum: Not included
- Group: 25% or 25 hours allowed; maximum group size is five supervisees, maximum number of groups per supervisor not specified.
- Supervision plan required
- Supervisor: LCSW with 2 years post license experience, must be preapproved and complete 16 hour supervision course and receive 2 hours of continuing education in supervision each renewal period. Limited to 5 supervisees at one time.
- Supervisor requirements described here:
[http://www.swmft.ms.gov/swmft/web.nsf/webpageedit/swPage_swPage_psrSub/\\$FILE/PROFESSIONAL%20SUPERVISION%20REQUIREMENTS%20FOR%20LCSW%20LICENSURE.pdf?OpenElement](http://www.swmft.ms.gov/swmft/web.nsf/webpageedit/swPage_swPage_psrSub/$FILE/PROFESSIONAL%20SUPERVISION%20REQUIREMENTS%20FOR%20LCSW%20LICENSURE.pdf?OpenElement)
- Supervision/supervisor forms available here:
http://www.swmft.ms.gov/swmft/web.nsf/webpages/FormsPage_FormsPage?OpenDocument

“a minimum of two years of verifiable practice at the LCSW level,

b. completion of a Board approved supervision course for a minimum of sixteen (16) hours and receive two (2) hours continuing education in supervision during each biennial renewal period.”

"6. The LCSW Supervisor may provide supervision utilizing the following acceptable modes:

a. Individual supervision shall mean a maximum of two (2) supervisees meeting with one supervisor;
b. Group supervision shall mean a maximum of five (5) supervisees meeting with one supervisor.
c. The supervisee having a minimum of one hour per week face-to-face supervision with the LCSW supervisor for a minimum of one hundred (100) hours. The supervision period must be for a minimum period of twenty-four (24) months and may not exceed thirty-six (36) consecutive months. Supervisees may receive up to four (4) hours credit for developing the supervision plan collaboratively with their prospective supervisor"

"d. During the supervision period, the LMSW must complete a minimum of one-thousand (1,000) hours of face-to-face client contact. For LMSW candidates seeking an Advanced LCSW, the "client/client system" is defined as the organization, group, or system with which the candidate works;"

"e. Evaluations should document personal growth and improvement in specific areas from one evaluation period to the next evaluation period. Written evaluations from the supervisor must be submitted to the Board for review at six month intervals and approved by the Board before beginning the next six (6) month supervision and evaluation period. A copy of each evaluation must be maintained in the LCSW"

Distance supervision

A minimum of 75% or 75 hours of face to face supervision is required. Up to 25% or 25 hours using electronic means is allowable as long as "there is direct, interactive, live exchange between the supervisor and supervisee or provided that communication is verbally or visually interactive between the supervisor and the supervisee."

"For supervisors and supervisees who are not employed within the same agency, there must be a written plan approved by the Board to address how the LCSW Supervisor will insure that the face-to-face supervision is observed or carried out. Such face-to-face supervision must include on-site visits to the supervisees practice location at least once per six (6) month supervision period;

Supervision may include alternate means of supervision by audio or audiovisual electronic device provided there is direct, interactive, live exchange between the supervisor and supervisee or provided that communication is verbally or visually interactive between the supervisor and the supervisee. No more than one-fourth (1/4) of the required hours may be by alternate means to direct face-to-face contact for a total of twenty-five (25) hours;"

Texas

Supervision plan

The Clinical supervision plan is provided here, including a scripted step by step process for initiating supervision between the supervisor and supervisee:

http://www.dshs.state.tx.us/socialwork/sw_reference.shtm

Form provided; required information includes:

- Plan required for each location of practice by the supervisee, requires pre-approval
- New plan must be submitted for approval if there is a change
- Supervisee contact and employment information including work schedule
- Supervisor contact and employment information
- Clinical supervision schedule: number of sessions each month, to occur as individual or group and hours for each
- Supervision process: work setting, clients served, supervisees responsibilities and treatment methods used, goals for supervision, multi-modality methods of supervision
- Attachments: official job description on agency letterhead and a letter from the agency approving an outside supervisor if supervision not done by agency staff.

“§781.404 (11.P)A supervisor is responsible for developing a well-conceptualized supervision plan with the supervisee, and for updating that plan whenever there is a change in agency of employment, job function, goals for supervision, or method by which supervision is provided.”

“(13.C.c) A licensee who submits one of the following: a Clinical Supervision Plan, a Non-Clinical Supervision Plan, or a Board-Ordered Supervision Plan, to the board for approval, shall receive a written response from the board of either approval or deficiency related to the plan. If no written response is received by the licensee within four weeks of submission of the plan, it is the responsibility of the licensee who has submitted the plan to follow-up with the board office related to receipt and/or status of the plan within 60 days of submission. If written approval or deficiency is sent to the last known address of the licensee, a board response related to acceptance of the plan shall be considered to have been sent. Supervision and supervised experience hours are not acceptable to meet minimum requirements towards licensure or specialty recognition or to satisfy the terms of a board order if not accrued under a board-approved plan without explicit authorization from the board.”

“§781.406.(A.C.1) The applicant must further document the appropriate supervision plan and verification form, both approved by the board, for each practice location. If any elements described in the supervision plan change, including but not limited to work hours, full- or part-time work status, location of supervision, or name of supervisor, the applicant must submit the appropriate verification form within 30 days of the change or supervision termination. The applicant must submit a new, complete supervision plan for board approval within 30 days of beginning the new supervision agreement.”

“§781.806 (2.J) Supervision of the Licensee's Practice. Within (example: 30) days of the effective date of this order, the licensee shall submit to the board for its prior approval the name and qualifications of three proposed supervisors. Each proposed supervisor shall be licensed in good standing and be a board-approved supervisor with expertise in the licensee's field of practice. The supervisor must review and maintain a copy of the board order and must ensure that the supervisory content relates to the licensee's rehabilitation and fitness for practice. The supervisor shall submit to the board quarterly written reports (or other time periods the board may specify), verifying that the supervisor and supervisee have met together in the same geographical location to engage in required supervision of at least one hour per week (or other time periods the board may specify), in individual face-to-face meetings, and including an evaluation of the licensee's performance. The licensee will bear all supervision costs and is responsible for assuring that the required reports are filed in a timely fashion.

The licensee shall give the supervisor access to the licensee's fiscal and client records. The supervisor shall be independent, with no current or prior business, professional or personal relationship with the licensee. The licensee shall not practice until the board has approved the designated supervisor and so notified the licensee. If the supervisor ceases supervision, the licensee shall not practice until the board has approved a new supervisor. The supervisor and licensee shall inform the board in writing within 10 business days of supervision termination, or any substantive change to the supervision plan; these changes are subject to the board's approval. Board-ordered supervision shall comply with relevant requirements of §781.404 of this title (relating to Recognition as a Board-approved Supervisor and the Supervision Process) as well as all other laws and rules."

How will clinical supervision take place?

Summary:

- Total required: 3000 hours post degree within 2-4 years
- Direct clinical supervisor contact: 100 hours
- Direct client contact: Not included
- Minimum frequency: 1-2 hours per week
- Maximum: 10 hours per week
- Individual or group supervision is acceptable
- Group supervision: maximum allowable hours, and maximum group and maximum number of groups per supervisor not specified.
- Supervision plan required
- Supervisor: LCSW
- Supervisor requirements and forms available here:
http://www.dshs.state.tx.us/socialwork/sw_superstatus.shtm

Distance learning

Face to face or distance learning formats are acceptable, however they must be stated in the supervision plan which is pre-approved.

"§781.404 Recognition as a Board-approved Supervisor and the Supervision Process (12.D) The board considers supervision toward licensure or specialty recognition to be supervision which promotes professional growth. Therefore, all supervision formats must encourage clear, accurate communication between the supervisor and the supervisee, including case-based communication that meets standards for confidentiality. Though the board favors supervision formats in which the supervisor and supervisee are in the same geographical place for a substantial part of the supervision time, the board also recognizes that some current and future technology, such as using reliable, technologically-secure computer cameras and microphones, can allow personal face-to-face, though remote, interaction, and can support professional growth. Supervision formats must be clearly described in the supervision plan, explaining how the supervision strategies and methods of delivery meet the supervisee's professional growth needs and ensure that confidentiality is protected. The plan must be approved by the board."

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agency administrator to obtain supervision of agency clients outside the agency setting.

- (9) A plan for supervision must be established and maintained throughout the supervisory period. Such plan must be submitted to the Board along with the application by the licensee for independent status. The Board reserves the right to preapprove and audit such plans. Plans must include:
- (i) The purpose of supervision
 - (ii) Process to be used in supervision, i.e., timing, skills
 - (iii) Learning objectives
 - (iv) Professional growth
 - (v) Intervention processes
 - (vi) Plans for documentation
 - (vii) Ethics and values
 - (viii) Evaluation
- (10) An evaluation of the supervisee in accordance with the plan shall be submitted to the regulatory body every six months and the records will be retained for three years.

Regulations - Practice of Clinical Social Work

Pursuant to Article III, Section 304(6)(a), all candidates for licensure as a Clinical Social Worker shall have practiced Clinical Social Work in a supervised setting under requirements and parameters set by the Board. The Board declares such parameters to be as follows:

- (1) *Supervised Practice Required.* To be eligible for licensure as a Clinical Social Worker a candidate must possess an LMSW and thereafter obtain 3000 hours of supervised clinical social work practice over a minimum two-year and maximum four-year period. Under any circumstances, the 3000 hours of experience must be completed within eight (8) years from the date of initial application for Clinical Practice recognition. Of these 3000 hours, at least 100 hours of direct clinical supervision is required. Such 100 hours must be equitably distributed throughout a minimum of a two-year period, and no more than 50 hours can be provided in group supervision.

In conjunction with the responsibilities (section 6) and areas of supervisory accountability (section 7), boards are encouraged to consider the quality of supervision in relation to the number of supervisees under the responsibility of one supervisor. Although there is no specific recommended ratio of supervisees per supervisor in the ASWB Model Social Work Practice Act or Regulations, ASWB suggests that Boards consider the context where supervision is taking place. Factors should include whether the supervisor is in the same agency as the supervisee, the geographic distance between the supervisor and supervisee, additional job responsibilities and work load of the supervisor, current personal circumstances of the supervisor, and other concerns that may affect the overall quality of the supervisor/supervisee relationship. The overall goal for supervision is professional growth and development. Boards should use many factors, including the number of supervisees under the supervision of one supervisor, as the benchmark for considering whether a plan for supervision is approved.

Group supervision may be composed of no more than six supervisees per group. The Board maintains the authority to review extraordinary circumstances relevant to the time parameters of supervised practice.

- (2) Type of clinical supervision required. Clinical supervision must be in face to face meetings between the supervisor and the supervisee unless the Board has granted an exception allowing for an alternate form of supervision.
- (3) Documentation of clinical supervision. A plan for clinical supervision must be filed with the Board at the beginning of a period of supervision. If a supervisory change is made, notice of the end of the supervision and a termination evaluation, completed by the supervisor, must be submitted to the Board within 30 days.
- (4) Setting of clinical supervision. If clinical supervision is not provided within the agency of employment, the supervisee must obtain written release from the agency administrator to obtain clinical supervision of agency clients outside the agency setting.
- (5) An individual providing supervision shall be licensed as a clinical social worker.
- (6) The clinical supervisor is responsible for supervision within the following content areas:
 - (i) Clinical skills.
 - (ii) Practice management skills.
 - (iii) Skills required for continuing competence.
 - (iv) Development of professional identity.
 - (v) Ethical practice.
 - (vi) Cultural competency
- (7) The areas of clinical supervisory accountability shall include:
 - (i) Client care.
 - (ii) Knowledge of relevant agency policy and procedure.
 - (iii) Legal and regulatory requirements.
 - (iv) Ethical standards of the profession.
 - (v) Professional responsibility for social work services provided by the supervisee.
 - (vi) Documented assessment of the supervisee's competence to practice independently.
- (8) Qualifications to become an Approved Clinical Supervisor. Supervision can be provided only by clinical supervisors preapproved by the regulatory body.
 - (i) The regulatory body shall maintain a list of approved clinical supervisors in good standing.
 - (ii) Requirements for registration on this list include a master's degree from an approved social work program, a minimum of 4500 hours of clinical practice, earned over a period of three years following clinical licensure, three years of experience following licensure in the required category and completion of graduate course work in supervision in an Approved Social Work Program or completion of an Approved Program of

Continuing Education in supervision. Three hours of continuing education in supervision is required per licensure renewal period to maintain registration.

(9) *A plan for clinical supervision must be developed by the supervisor and the applicant with the board's approval, and submitted to the board. The Board reserves the right to preapprove and audit such plans. Plans must include:*

- (i) The purpose of supervision*
- (ii) Process to be used in supervision, i.e., timing, skills*
- (iii) Learning objectives*
- (iv) Professional growth*
- (v) Intervention processes*
- (vi) Plans for documentation*
- (vii) Ethics and values*
- (viii) Evaluation*

(10) *An evaluation of the supervisee in accordance with the plan shall be submitted to the regulatory body every six months, and the records will be retained for three years.*

Section 307. Examinations.

(a) Any examination for licensure required under this Act shall be administered to applicants often enough to meet the reasonable needs of candidates for licensure. The Board shall be ultimately responsible for determining the content and subject matter of each examination and the time, place, and dates of administration of the examination. If applicable, the Board may confer with and rely upon the expertise of an examination entity in making such determinations.

Section 307(a). Examinations.

Consistent with the legal principles pertaining to delegation of authority outlined in Comments to Sections 213(a)(4), the language of Article III Section 307 empowers the board with the responsibilities for the content and subject matter of each examination and the time, place and date of administration. As further stated, the statutory authority recognizes that the board may, through rule-making and/or policy, rely upon the expertise of an examination entity in making such determinations. Statutorily placing the ultimate authority with the board addresses the legal mandate that the board makes such determinations, but also recognizes the authority of the board to rely upon the expertise of ASWB in the exam development and administration processes. For legal reasons, ASWB does not recommend that the statutes specifically reference any outside private organization, but rather authorize the board to make such determinations while recognizing the potential necessity to consult with the examination entity. For legal and practical reasons, statutorily empowering the board with such ultimate authority emphasizes the importance of board attendance and participation in the ASWB Delegate Assembly and on relevant ASWB committees where association members are exposed to the exam development process and statistical analyses pertaining to content and defensibility of the programs. See Comment to Section 213(a)(4).

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ARIZONA COUNCIL OF HUMAN SERVICE PROVIDERS COMMENTS

BBHE RULES ON SUPERVISED WORK EXPERIENCE

Proposal for language:

NEW R4-6-2 Registry of Approved Supervisors

A. The Board shall maintain a registry of individuals approved to provide supervision consistent with the specific provisions of statute and Articles 4, 5, 6 and 7. To provide supervision for licensure purposes a person must be on the registry.

B. Application and Qualifications

1. An applicant for the registry shall complete and submit an application on a board approved form to the Board. On approval by the Board the applicant's supervisory status shall be effective for four years from the date of issuance.

2. An applicant shall have been licensed in Arizona in the professional discipline for a period of two years.

3. Have completed at least 12 hours of supervision training in the following categories:

- a. The role and responsibility of the clinical supervisor.**
- b. The skills sets necessary to provide oversight and guidance to a supervisee who diagnoses, creates treatment plans and treats clients.**
- c. The concepts of supervision methods and techniques; and**
- d. Evaluation of a supervisee's ability to plan and implement clinical assessment and treatment processes.**

The hours of supervision training cannot have been taken before the applicant has received an independent license.

4. Applicant shall have successfully pass the law and rules examination established by the Board.

5. Applicant shall not have had any disciplinary action taken by the Board in the five previous years. The time shall run from the completion of any probation or conditions of discipline.

C. Renewal of registry status shall require:

1. Completion of 6 hours of continuing supervision training in the

categories provided in subsection 3 of this rule or the holding at the time of renewal of a current certification or designation in any of the following:

a. National Board for Certified Counselors/Center for Credentialing and Education (NBCC/CCE) Approved Clinical Supervisor Certificate.

b. International Certification and Reciprocity Consortium ("IRC") Clinical Supervisor certification, or

c. American Association of Marriage and Family Therapists Clinical Member with Approved Supervisor designation.

2. Maintenance of discipline free status.

D. Providing supervision for the purposes of licensing without having met the requirements of this rule or meeting the other requirements of supervision shall constitute unprofessional conduct.

E. Individuals on the registry may provide supervision to the following:

1. Individuals seeking independent licensure in the professional discipline and category of license as the supervisor.

2. Others?

F. Supervision provided prior to _____ shall be valid for consideration of licensing provided it meets the requirements in effective at the time the supervision was provided.

NEW R4-6-2 Approval of Supervisors Not Licensed by the Board

A. An individual may seek approval of the Board for supervision to be provided by other mental health professionals by filing an application prescribed by the Board.

B. A mental health professional, not licensed by the Board may qualify as a supervisor provided they meet the following qualifications:

1. Hold a current license in Arizona under Title 32, Arizona Revised Statutes and have practiced for more than three years as a physician licensed pursuant to Chapter 13 or 17 with a certification in psychiatry, a psychologist licensed pursuant to Chapter 19.1 or a nurse practitioner licensed and certified pursuant to Chapter 15 with a certification in mental health.

2. Have completed training required pursuant Rule 4-6-2__, subsection

B.3.

NEW R4-6-2 Supervisory Training Plan and Documentation

A. Within thirty days of initiating supervision, each supervisor and supervisee shall enter into a supervisory training plan and submit the completed plan to the board.

B. The plan shall include the following:

- 1. The name and license number of the supervisor and supervisee.**
- 2. The name and address of the agency at which supervision shall be provided.**
- 3. A summary of the services to be provided by the supervisor and supervisee.**
- 4. The supervisee's informed consent for the supervisor to discuss supervision or performance issues with the supervisee's clients, the supervisee's other professional supervisors or employment supervisors, the board or any other individuals or entity to which either the supervisor or supervisee is professionally accountable.**
- 5. Provisions for notifying clients that the supervisee is practicing under supervision and the limits of client confidentiality within the supervision process.**
- 6. Certification that no conflict of interest exists between the supervisor and supervisee.**

C. The supervisee shall notify the board if there is a disruption in the supervisory relationship and submit a new training plan within thirty days of the break.

D. Every six months following the initiation of supervision, the supervisor shall submit to the Board the following documentation regarding the supervisee:

- 1. The date and length of each supervisory meeting a. The date and duration of each clinical supervision session;**
- 2. A comprehensive clinical description of topics discussed during each clinical supervision session. Identifying information regarding clients is not required;**
- 3. Beginning on July 1, 2006, the name and signature of the individual receiving clinical supervision;**

- 4. The name, signature, and telephone number of the clinical supervisor and the date signed;**
 - 5. Whether clinical supervision occurred on a group or individual basis;**
 - 6. Certification that no conflict of interest exists between the supervisee and the supervisee's clients**
 - 7. A evaluation of the progress of the supervisee.**
- E. The supervisor is obligated to maintain legible, accurate, complete and signed supervision notes and must be able to produce such documentation for the board if requested.**

R4-6-210 . Supervision Requirements - General

In addition to the specific supervision requirements contained in Articles 4, 5, 6, and 7:

- 1. A supervisor shall not provide supervision to an immediate family member or an individual with whom the supervisor has a dual relationship unless permission has been obtained by the Board prior to supervision.**
- 2. A supervisee may not acquire supervised work experience in a professional setting which the supervisee operates or manages or in which the supervisee has an ownership interest.**
- 3. Supervised work experience acquired as an independent contractor must include the following:**
 - a. The supervisee has entered into a written contract to provide services for a behavioral health entity;**
 - b. The supervisee is paid by the contracting behavioral health entity and receives no payment directly from clients;**
 - c. The supervisee provides services to clients who are advised in writing that they are clients of the contracting behavioral health entity.**
 - d. The written contract between the contracting behavioral health entity and the supervisee provides that the supervisee is required to comply with the contracting behavioral health entity's clinical policies and procedures, including its code of ethics and record-keeping procedures; and**
 - e. The written contract between the contracting behavioral health entity and the supervisee provides that all client**

records belong to the contracting behavioral health entity and remain the contracting behavioral health entity's property at the termination of the contract between the contracting behavioral health entity and the supervisee.

4. Beginning on January 1, 2006, the Board shall not accept work experience acquired after December 31, 2005, by an unlicensed professional practicing under an exemption provided in A.R.S. § 32-3271.

R4-6-211 . Direct Supervision Requirements

A. In addition to the specific supervision requirements contained in Articles 4, 5, 6, and 7:

1. A direct supervisor must be self employed or an independent contractor for or employed by the same entity as the supervisee.
2. An individual shall provide direct supervision to a maximum of 15 supervisees at the same time.

B. An applicant may submit a written request to the appropriate academic review committee for an exemption from the requirement of subsection (A)(2). The academic review committee shall review the exemption request and the direct supervisor's other job responsibilities to determine whether the direct supervisor can provide an appropriate level of direct supervision to more than 15 supervisees at the same time. The academic review committee shall not grant an exemption request for more than 30 supervisees.

R4-6-212. Clinical Supervision Requirements

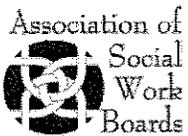
A. An individual shall provide clinical supervision to a maximum of 15 supervisees at the same time.

B. An applicant may submit a written request to the appropriate academic review committee for an exemption from the requirement of subsection (A). The academic review committee shall review the exemption request and the clinical supervisor's other job responsibilities to determine whether the clinical supervisor can provide an appropriate level of clinical supervision to more than 15 supervisees at the same time. The academic review committee shall not grant an exemption request for more than 30 supervisees.

- C. No more than 25 percent of the clinical supervision hours required for licensure as a professional counselor, marriage and family therapist, social worker, or substance abuse counselor may be acquired telephonically.**
- D. Clinical supervision acquired telephonically shall not be accepted for a communication lasting less than 30 minutes.**
- E. To be approved by the Board, clinical supervision of an applicant shall include all of the following:**
 - 1. A review of ethical and legal requirements applicable to the supervisee's practice, including unprofessional conduct as defined in A.R.S. § 32-3251(12);**
 - 2. Monitoring of the supervisee's activities to verify the supervisee is providing services safely and competently;**
 - 3. Verification that the supervisee provides clients with appropriate written notice of clinical supervision, including the name and telephone number of the supervisee's clinical supervisor;**
 - 4. Documentation written, maintained and submitted to the Board by the clinical supervisor for a minimum of seven years as required in rules.**
 - 5. Monitoring of the supervisee's clinical documentation through ongoing compliance review to ensure that the supervisee maintains adequate written documentation.**
- G. Effective July 1, 2006, an applicant must receive a minimum of 10 hours of clinical supervision obtained during direct observation or a review of audiotapes or videotapes by the clinical supervisor of the supervisee while the supervisee is providing treatment and evaluation services to a client.**
- H. An applicant may submit clinical supervision hours from a maximum of four clinical supervisors.**
 - I. Clinical supervision may include both individual and group supervision. Group clinical supervision hours shall not exceed individual supervision hours.**

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ASWB Administrators' Listserv Summary
Distance supervision using live video conferencing

Dee Ramer
 Florida Board of Clinical Social Work, Marriage & Family Therapy & Mental Health Counseling
Dee_ramer@doh.state.fl.us

Florida is revisiting their definition of face to face, as it relates to requirements for post-masters supervised experience. It is currently defined as "physically in the same room". Does your jurisdiction allow live video conferencing (e.g. Skype, Facetime, Google Hangouts, etc.) for meeting supervision requirements? If you do, do you have any special requirements when the supervision/experience is accrued using technology rather than being physically in the same room? For example, do you require pre-approval, is there a limit on the number of supervision hours that can be accrued in this manner, etc.

Response Summary:

- (8) Yes – Required direct supervision hours can be conducted via distance supervision
 - (5) Supervision by electronic means only if interactive and in real-time IA, MN, MO, TX, VA
 - (1) Supervisor utilizes video/audio recordings of client sessions and client files SK
 - (1) 50% of direct supervision hours can be obtained through distance supervision including live video conferencing (must verify security measures) KS
 - (1) 60% of direct supervision hours can be obtained through distance supervision; type of technology not mentioned WA

- (2) No, with exception –Requests to conduct direct supervision hours using distance learning media are considered on a case by case basis NV, OK

- (2) No – Required direct supervision hours cannot be conducted via distance supervision AK, NC

Individual responses:

| | |
|---------------------|---|
| Arkansas | 2 |
| Iowa..... | 2 |
| Kansas | 2 |
| Minnesota | 2 |
| Missouri..... | 3 |
| Nevada | 3 |
| North Carolina..... | 3 |
| Oklahoma..... | 4 |
| Saskatchewan | 4 |
| Texas | 4 |
| Virginia | 4 |
| Washington..... | 5 |

Arkansas

Ruthie Bain, Arkansas Social Work Licensing Board
ruthie.bain@arkansas.gov

Arkansas does not allow video conferencing for supervision.

Iowa

Tony Alden, Iowa Board of Social Work
Tony.Alden@idph.iowa.gov

Iowa allows supervision via Skype or similar system:

IAC 645-280.6(1)

(2) Supervision by electronic means is acceptable if: The system utilized is an interactive, real-time system that provides for visual and audio interaction between the licensee and the supervisor; and The first two meetings are face to face and in person.

Kansas

Leslie Allen, Kansas Behavioral Sciences Regulatory Board
leslie.allen@bsrb.state.ks.us

We do require that they provide proof of the security measures when they submit their clinical training plan. The training plan must be pre-approved before they begin accruing hours for the clinical license.

Here is what is found in our regulation regarding videoconferencing: Participate in a minimum of 100 supervisory meetings consisting of not less than 150 hours of clinical supervision. A minimum of 75 hours of the 150 required hours of supervision shall be individual supervision, of which at least 50 hours shall be obtained in person. The remainder of the 150 required hours may be obtained in person or, if confidentiality is technologically protected, by videoconferencing. Each applicant using videoconferencing shall provide written verification of the technological security measure implemented. The supervision shall integrate the diagnosis and treatment of mental disorders with the use of the diagnostic and statistical manual of mental disorders specified in K.A.R. 102-2-14. A maximum of two hours of supervision shall be counted for each 20 hours of clinical social work practice.

Minnesota

Kate Zacher-Pate, State of Minnesota Board of Social Work
social.work@state.mn.us

Minnesota allows the following types of supervision and specifies limitations, including "eye-to-eye electronic media, while maintaining visual contact". Non-clinical scope of practice requires 100 hours of supervision over 4000 hours of practice; clinical scope of practice requires 200 hours of supervision in no less than 4000, and no more than 8000 hours, for the LICSW license.

Subd. 3.Types of supervision.

Of the 100 hours of supervision required under subdivision 1:

- (1) 50 hours must be provided through one-on-one supervision, including: (i) a minimum of 25 hours of in-person supervision, and (ii) no more than 25 hours of supervision via eye-to-eye electronic media, while maintaining visual contact; and
- (2) 50 hours must be provided through: (i) one-on-one supervision, or (ii) group supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic media, while maintaining visual contact. The supervision must not be provided by e-mail. Group supervision is limited to six supervisees.

Missouri

Tom Reichard, State Committee for Social Workers
tom.reichard@pr.mo.gov

Missouri allows it as long as the ethical standards for confidentiality are maintained and the communication is verbally and visually interactive between the supervisor and the supervisee

Nevada

Kim Frakes, Board of Examiners for Social Workers
besw@govmail.state.nv.us

In Nevada, our Board requires in person supervision for a minimum of 1 hr. per week. On occasion for our rural postgraduate supervised programs (internship program) our Board had approved a "different schedule" upon the intern successfully taking and passing their clinical examination which occurs about midway through the internship process. The different schedule may include supervision via electronic means such as Skype (or something similar). The interns and his/her supervisor must request this variation in supervision in writing as stipulated above.

North Carolina

Micki Lilly, North Carolina Social Work Certification and Licensure Board
[mswboard@asheboro.com](mailto:mwboard@asheboro.com)

As it relates to the supervision requirement for LCSWA licensees working toward independent licensure (LCSW), NC regulations require 1 hour of "in-person, face-to-face" clinical supervision for every 30 hours of clinical social work practice. Supervision communicated through the use of technology (internet, phone, etc.) would not be acceptable toward satisfying this requirement. There are no prohibitions against providing supervision through technology beyond the mandated in person supervision; however, social work standards are applicable, so practitioners would be expected to protect confidentiality, etc.

We will be revisiting this mandate within the next year and it will be open for public comment so this may change.

Oklahoma

James Marks, Oklahoma State Board of Licensed Social Workers
james.marks@oswb.ok.gov

Oklahoma's policy:

675:1-1-1.1. Definitions

For purposes of this title, the following words and terms shall have the following meaning unless the context clearly indicates otherwise:

"Educational supervision" means face to face interaction between the supervisor and supervisee. Face to face supervision does not include interaction through electronic means unless said interaction is approved by the Board on a case by case basis prior to the supervision.

Saskatchewan

Alison MacDonald, Saskatchewan Association of Social Workers
ed.registrar.sasw@accesscomm.ca

We have just approved a policy that will allow distance supervision as long as the supervisor has access to video/audio recordings of client sessions and client files. Given some of our very remote communities and very new standards with regard to supervision we felt this would be necessary.

Texas

Sarah Faszholz, Texas State Board of Social Work Examiners
Sarah.Faszholz@dshs.state.tx.us

Texas Administrative Code includes:

§781.404 Recognition as a Board-approved Supervisor and the Supervision Process

(D) The board considers supervision toward licensure or specialty recognition to be supervision which promotes professional growth. Therefore, all supervision formats must encourage clear, accurate communication between the supervisor and the supervisee, including case-based communication that meets standards for confidentiality. Though the board favors supervision formats in which the supervisor and supervisee are in the same geographical place for a substantial part of the supervision time, the board also recognizes that some current and future technology, such as using reliable, technologically-secure computer cameras and microphones, can allow personal face-to-face, though remote, interaction, and can support professional growth. Supervision formats must be clearly described in the supervision plan, explaining how the supervision strategies and methods of delivery meet the supervisee's professional growth needs and ensure that confidentiality is protected. The plan must be approved by the board.

Virginia

Sarah Goergen, Virginia Board of Social Work
Sarah.georgen@dhp.virginia.gov

Virginia recently modified the Regulations to include the use of technology in supervision for licensure. "Face-to-face supervision" means the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision or the use of technology that provides real-time, visual contact among the individuals involved.

There are no special requirements or pre-approval needed. We look to the supervisors to ensure that the Regulations are followed as outlined.

Washington

Mariama Gondo, Washington State Mental Health Counselors, Marriage and Family Therapists, and Social Workers Advisory

Mariama.gondo@doh.wa.gov

The state of Washington does not specify the means of technology that can be used for distance supervision. We also do not define distance supervision, but we define one-to-one supervision as face-to-face meeting. We limit distance supervision to a total of 60 supervision hours. I believe we may want to enhance these requirements as the times change, but we do not currently have a timeline for that. Below is the language within our rules.

WAC 246-809-320

Education requirements and supervised postgraduate experience.

(b) Licensed independent clinical social worker. Successful completion of a supervised experience requirement. The experience requirement consists of a minimum of four thousand hours of experience, of which one thousand hours must be direct client contact, over a three-year period supervised by a licensed independent clinical social worker, with supervision of at least one hundred thirty hours by a licensed mental health practitioner. Of the total supervision, seventy hours must be with an independent clinical social worker; the other sixty hours may be with an equally qualified licensed mental health practitioner. Sixty hours must be in one-to-one supervision and seventy hours may be in one-to-one supervision or group supervision. Distance supervision is limited to sixty supervision hours.

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102-3-7a. Professional postgraduate supervised experience requirement to be licensed as a clinical professional counselor.

In order to be approved by the board for licensure as a clinical professional counselor, the applicant's postgraduate supervised professional experience of professional counseling shall meet all of the following standards.

(a) Except as provided in subsection (b), clinical supervision shall be provided throughout the entirety of the postgraduate supervised professional experience at a ratio of one hour of clinical supervision for each 15 hours of direct client contact, specified as follows:

- (1) At least 50 hours of one-on-one, individual supervision occurring with the supervisor and supervisee in the same physical space;
- (2) at least 100 hours of supervision with one supervisor and no more than six supervisees in the same physical space, except when not practical due to an emergency or other exigent circumstances, at which time person-to-person contact by interactive video or other telephonic means maintaining confidentiality shall be allowed; and
- (3) at least two separate clinical supervision sessions per month, at least one of which shall be one-on-one, individual supervision.

(b) Each applicant with a doctor's degree in professional counseling shall complete a minimum of one-half of the postgraduate supervised professional experience requirements as follows:

- (1) At least 25 hours of one-on-one, individual supervision occurring with the supervisor and supervisee in the same physical space;
- (2) at least 50 hours of supervision with one supervisor and no more than six supervisees in the same physical space, except when not practical due to an emergency or other exigent circumstances, at which time person-to-person contact by interactive video or other telephonic means maintaining confidentiality shall be allowed; and
- (3) at least two separate supervisory sessions per month, one of which shall be one-on-one, individual supervision.

(c) The clinical supervisor of a person attaining the 4,000 hours of postgraduate supervised professional experience required for licensure as a clinical professional counselor, at the time of providing supervision, shall meet one of the following qualifying provisions:

- (1) The clinical supervisor shall be a clinical professional counselor who is licensed in Kansas or is registered or licensed in another jurisdiction and who has practiced as a clinical professional counselor for two years beyond the supervisor's licensure date.
- (2) If a licensed clinical professional counselor is not available, the clinical supervisor may be a person who is qualified by educational coursework and degree for licensure as a clinical professional counselor in Kansas and who has at least five years of postgraduate professional experience in clinical professional counseling.
- (3) If a licensed clinical professional counselor is not available, the clinical supervisor may be a person who is licensed at the graduate level to practice in one of the behavioral sciences, and whose authorized scope of practice permits the independent practice of counseling, therapy, or psychotherapy. The qualifying individual shall not have had less than two years of clinical practice beyond the qualifying licensure date at the time the individual provided the clinical supervision.

(d) In addition to the requirements of subsection (c), each clinical supervisor shall meet these requirements:

- (1) Have professional authority over and responsibility for the supervisee's clinical functioning in the practice of professional counseling;
- (2) not have a dual relationship with the supervisee;
- (3) not be under any sanction from a disciplinary proceeding, unless this prohibition is waived by the board for good cause shown by the proposed supervisor;
- (4) have knowledge of and experience with the supervisee's client population;
- (5) have knowledge of and experience with the methods of practice that the supervisee employs;
- (6) have an understanding of the organization and the administrative policies and procedures of the supervisee's practice setting; and
- (7) be a staff member of the supervisee's practice setting or meet the requirements of subsection (e).

(e) If a qualified clinical supervisor is not available from among staff in the supervisee's practice setting, the supervisee may secure an otherwise qualified clinical supervisor outside the practice setting if all of the following conditions are met:

- (1) The supervisor has a solid understanding of the practice setting's mission, policies, and procedures.
- (2) The extent of the supervisor's responsibility for the supervisee is clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan.
- (3) The responsibility for payment for supervision is clearly defined.
- (4) If the supervisee pays the supervisor directly for the supervision, the supervisor maintains responsibility to the client and to the practice setting.

(f) Each professional counseling clinical supervisor shall perform the following duties:

- (1) Provide oversight, guidance, and direction of the supervisee's clinical practice of professional counseling by assessing and evaluating the supervisee's performance;
- (2) conduct supervision as a process distinct from personal therapy, didactic instruction, or professional counseling consultation;
- (3) provide documentation of supervisory qualifications to the supervisee;
- (4) periodically evaluate the supervisee's clinical functioning;
- (5) provide supervision in accordance with the clinical supervision training plan;
- (6) maintain documentation of supervision in accordance with the clinical supervision training plan
- (7) provide the documentation required by the board when a supervisee completes the postgraduate supervised professional experience. The supervisor shall submit this documentation on board-approved forms and in a manner that will enable the board to evaluate the extent and quality of the supervisee's professional experience and assign credit for that experience;
- (8) provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and the supervisee; and
- (9) ensure that each client knows that the supervisee is practicing professional counseling under supervision.

(g) Clinical supervision training plan. Each supervisor and supervisee shall develop and co-sign a written clinical supervision training plan on forms provided by the board at the

beginning of the supervisory relationship. The supervisee shall submit this plan to the board for and shall receive board approval of the plan before any supervised professional experience hours can begin to accrue. This plan shall clearly define and delineate the following items:

- (1) The supervisory context;
- (2) a summary of the anticipated types of clients and the services to be provided;
- (3) the format and schedule of supervision;
- (4) a plan for documenting the following information:
 - (A) The date of each supervisory meeting;
 - (B) the length of each supervisory meeting;
 - (C) a designation of each supervisory meeting as an individual or group meeting;
 - (D) a designation of each supervisory meeting as conducted in the same physical space or otherwise, in the case of emergency; and
 - (E) an evaluation of the supervisee's progress under clinical supervision;
- (5) a plan for notifying clients of the following information:
 - (A) The fact that the supervisee is practicing professional counseling under supervision;
 - (B) the limits of client confidentiality within the supervisory process; and
 - (C) the name, address, and telephone number of the clinical supervisor;
- (6) the date on which the parties entered into the clinical supervision training plan and the time frame that the plan is intended to encompass;
- (7) an agreement to amend or renegotiate the terms of the clinical supervision training plan, if warranted, including written notification of these changes to the board office, as provided in subsection (h);
- (8) the supervisee's informed consent for the supervisor to discuss supervision or performance issues with the supervisee's clients, the supervisee's other professional counseling or employment supervisors, the board, or any other individual or entity to which either the supervisee or the supervisor is professionally accountable; and
- (9) a statement signed by each supervisor and supervisee acknowledging that each person has read and agrees to the postgraduate supervised professional experience requirements set forth in this regulation.

(h) All changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board.

(Authorized by K.S.A. 74-7507; implementing K.S.A. 65-5804a; effective April 17, 1998; amended Aug. 4, 2000; amended July 7, 2003; amended Aug. 13, 2004.)

KANSAS LISAC

102-7-6. Professional postgraduate supervised experience requirement for a clinical addiction counselor. For each applicant for licensure as a clinical addiction counselor, the postgraduate supervised professional experience of addiction counseling shall meet all of the following requirements:

(a) The postgraduate supervised professional experience of addiction counseling shall consist of 4,000 hours of professional experience, including 1,500 hours of direct client contact conducting substance abuse assessments and treatment.

(b) Except as provided in subsection (c), clinical supervision shall be provided throughout the entirety of the postgraduate supervised professional experience at a ratio of one hour of clinical supervision for each 20 hours of direct client contact, specified as follows:

(1) At least 50 hours of one-on-one, individual clinical supervision occurring with the supervisor and supervisee in the same physical space;

(2) at least 100 hours of clinical supervision with one supervisor and no more than six supervisees, which may be obtained in person or, if confidentiality is technologically protected, person-to-person contact by interactive video or other telephonic means; and

(3) at least two separate clinical supervision sessions per month, at least one of which shall be one-on-one individual supervision.

(c) Each applicant with a doctor's degree in addiction counseling or a related field as defined in K.A.R. 102-7-1(s) shall be required to complete, after the doctoral degree is granted, at least one-half of the postgraduate supervised professional experience requirements as follows:

(1) At least 25 hours of one-on-one, individual clinical supervision occurring with the supervisor and supervisee in the same physical space;

(2) at least 50 hours of clinical supervision with one supervisor and no more than six supervisees, which may be obtained in person or, if confidentiality is technologically protected, person-to-person contact by interactive video or other telephonic means; and

(3) at least two separate clinical supervision sessions per month, at least one of which shall be one-on-one individual supervision.

(d) The clinical supervisor of each person attaining the 4,000 hours of postgraduate supervised professional experience required for licensure as a clinical addiction counselor shall meet one of the following requirements while the individual is providing supervision:

(1) The clinical supervisor shall be a clinical addiction counselor who is licensed in Kansas or is certified or licensed in another jurisdiction and, on and after January 1, 2014, who has engaged in the independent practice of clinical addiction counseling, including the diagnosis and treatment of substance use disorders, for at least two years beyond the supervisor's certification or licensure date as a clinical addiction counselor.

(2) If a licensed clinical addiction counselor is not available, the clinical supervisor may be a person who is certified or licensed at the graduate level to practice in one of the behavioral sciences and whose authorized scope of practice permits the diagnosis and treatment of mental disorders independently. The qualifying individual shall have had at least two years of clinical professional experience beyond the date of the supervisor's certification or licensure.

(e) In addition to the requirements of subsection (d), each clinical supervisor shall meet the following requirements:

(1) Have professional authority over and responsibility for the supervisee's clinical functioning in the practice of addiction counseling;

(2) not have a harmful dual relationship with the supervisee;

- (3) not be under any sanction from a disciplinary proceeding, unless the board waives this prohibition for good cause shown by the proposed supervisor;
- (4) have knowledge of and experience with the supervisee's client population;
- (5) have knowledge of and experience with the methods of practice that the supervisee employs;
- (6) have an understanding of the organization and the administrative policies and procedures of the supervisee's practice setting; and
- (7) be a member of the practice setting staff or meet the requirements of subsection (f).
- (f) If a qualified clinical supervisor is not available from among staff in the supervisee's practice setting, the supervisee may secure an otherwise qualified clinical supervisor outside the practice setting if all of the following conditions are met:
 - (1) The supervisor has an understanding of the practice setting's mission, policies, and procedures.
 - (2) The extent of the supervisor's responsibility for the supervisee is clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan.
 - (3) The responsibility for payment for supervision is clearly defined.
 - (4) If the supervisee pays the supervisor directly for the supervision, the supervisor maintains responsibility for the client and to the practice setting.
- (g) Each clinical supervisor shall perform the following duties:
 - (1) Provide oversight, guidance, and direction for the supervisee's clinical practice of addiction counseling by assessing and evaluating the supervisee's performance;
 - (2) conduct supervision as a process distinct from personal therapy, didactic instruction, or addiction counseling consultation;
 - (3) provide documentation of supervisory qualifications to the supervisee;
 - (4) periodically evaluate the supervisee's clinical functioning;
 - (5) provide supervision in accordance with the clinical supervision training plan;
 - (6) maintain documentation of supervision in accordance with the clinical supervision training plan;
 - (7) provide the documentation required by the board when the supervisee completes the postgraduate supervised professional experience. The supervisor shall submit this documentation on board-approved forms and in a manner that will enable the board to evaluate the extent and quality of the supervisee's professional experience and assign credit for that experience;
 - (8) provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and the supervisee; and
 - (9) ensure that each client knows that the supervisee is practicing addiction counseling under supervision.
- (h)(1) In order for an applicant for a clinical addiction counselor license to obtain credit for hours accrued before August 1, 2011 toward the required 4,000 hours of clinical supervision, the applicant shall provide an attestation that the clinical supervision occurred in accordance with a plan that meets the following conditions:
 - (A) The supervision was scheduled and formalized.
 - (B) The supervision included review and examination of cases.
 - (C) Assessment of the supervisee's competencies was addressed by the supervisor.
- (2) The attestation shall be signed by one of the following:
 - (A) The supervisor, if available; or

(B) if the supervisor is not available, another person who was in the supervisee's practice setting with knowledge of the supervisee's clinical supervision.

(i) For supervision hours accrued on and after August 1, 2011, each supervisor and supervisee shall develop and cosign a written clinical supervision training plan on forms provided by the board at the beginning of the supervisory relationship. The supervisee shall submit an official position description and the training plan to the board and shall receive board approval of the plan before any supervised professional experience hours for clinical licensure can begin to accrue. This plan shall clearly define and delineate the following items:

- (1) The supervisory context, which shall include the purpose of supervision;
 - (2) a summary of the anticipated types of clients and the services to be provided, as evidenced by the supervisee's official position description;
 - (3) a plan that describes the supervision goals and objectives and the means to attain and evaluate progress towards the goals;
 - (4) the supervisor's responsibilities;
 - (5) the supervisee's responsibilities;
 - (6) the format and schedule of supervision;
 - (7) a plan for documenting the following information:
 - (A) The date of each supervisory meeting;
 - (B) the length of each supervisory meeting;
 - (C) a designation of each supervisory meeting as an individual or group meeting;
 - (D) a designation of each supervisory meeting as conducted in the same physical space or by another means as specified in paragraph (b)(2);
 - (E) the 4,000 hours of postgraduate supervised clinical addiction counseling experience, which shall include specifically documenting the 1,500 hours of direct client contact conducting substance abuse assessments and treatment; and
 - (F) an evaluation of the supervisee's progress under clinical supervision;
 - (8) a plan to address and remedy circumstances in which there is a conflict between the supervisor and the supervisee;
 - (9) a plan to notify clients of the following information:
 - (A) The fact that the supervisee is practicing addiction counseling under supervision;
 - (B) the limits of client confidentiality within the supervisory process; and
 - (C) the name, address, and telephone number of the clinical supervisor;
 - (10) the date on which the parties entered into the clinical supervision training plan and the time frame that the plan is intended to encompass;
 - (11) an agreement to amend or renegotiate the terms of the clinical supervision training plan, if warranted, including written notification of these changes to the board office, as provided in subsection (j);
 - (12) the supervisee's informed consent for the supervisor to discuss supervision or performance issues with the supervisee's clients, the supervisee's other addiction counseling or employment supervisors, the board, or any other individual or entity to which either the supervisee or the supervisor is professionally accountable; and
 - (13) a statement signed by each supervisor and supervisee acknowledging that each person has read and agrees to the postgraduate supervised professional experience requirements specified in this regulation.
- (j) All changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on

which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board.

(Authorized by K.S.A. 2010 Supp. 74-7507, as amended by L. 2010, ch. 45, §15; implementing L. 2010, ch. 45, §4, as amended by 2011 HB 2182, §12; effective, T-102-7-1-11, July 1, 2011; effective, T-102-10-27-11, Oct. 27, 2011; effective Jan. 20, 2012.)

SAM BROWNBACK
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BEHAVIORAL SCIENCES REGULATORY BOARD
FILING OF CLINICAL SUPERVISION TRAINING PLAN

In order to begin accruing hours and working toward the LCPC you must submit a training plan for pre-approval to the Board.

- There is no fee to file a Clinical Supervision Training Plan.
- The Clinical Supervision Training Plan needs to be completed by you and your supervisor(s).
- You and your supervisor(s) will need to read the statutes and regulations prior to completing the training plan. Please see K.A.R. 102-3-7a, for the supervision requirements for a clinical license. All statutes and regulations may be found on our website www.ksbsrb.org
- **You must attach an official job description with your training plan.**
- You must receive approval, in writing, from the Board before you may begin counting supervision hours.
- Supervision requirements may not be finished in less than two years.
- You will be notified in writing by the Board office within 30 days regarding approval of your training plan. If you have not received notification within 30 days, please contact the board office.
- Once the training plan has been approved you must keep the Board up to date with any changes. Any changes to the approved training plan must be submitted **within 45 days of the change** or the hours accrued during that time period will not be counted.

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BEHAVIORAL SCIENCES REGULATORY BOARD

**Clinical Supervision Training Plan
Professional Counselors**

You must be fully licensed (not temporarily licensed) as an LPC to be eligible to submit a clinical training plan.

Please answer **ALL** questions. The form needs to be filled out completely, and legibly.
The supervisee shall complete sections I and II.
The supervisee together with the supervisor(s) shall complete sections III and VI.
The supervisor(s) shall complete sections IV and V.

I. Information regarding supervisee: [Completed by supervisee]

Name _____ Email _____

Home Phone _____ Cell Phone _____
(Optional)

Home Address _____

City, State, Zip _____

License number _____ Issue date _____ Expiration date _____

Name of your clinical training plan supervisor _____

Name of 2nd clinical training plan supervisor (if applicable) _____

II. Information regarding the Supervision Setting: [Completed by supervisee]

Name of Agency and address where you will be participating in the supervised work experience.

Agency _____

Address _____

City, State, Zip _____

Phone _____ Your Title in this supervised setting? _____

You are required to attach a copy of your official position description to your training plan.

III. Information regarding Supervision Training Plan:
[Completed by supervisee and supervisor(s) together]

Please provide answers to questions 1 through 18 on a separate sheet of paper:

1. Will you be using the DSM IV in diagnosing clients?
2. Please list some specific diagnoses you expect to treat.
3. What are the anticipated types of clients to whom you will be providing services?
4. What services will you be providing to clients?
5. What are some theories of psychotherapy you plan to use in treating clients?
6. What dates are expected to be covered with the Supervision Training Plan?
(Training plan must be approved by the board before post graduate hours can begin to be accrued.)
7. List your clinical supervision goals and briefly describe how you will attain those goals. Be sure to review the definition of clinical professional counseling and incorporate into your goals. [See K.A.R. 102-3-1a (e)] **Also, include goals that relate to diagnosis and treatment of mental disorders. Include a description that specifies how you will meet the requirement to provide 1500 hours of psychotherapy and assessment.**
8. Outline your supervisor's responsibilities in relation to these goals and objectives.
9. Outline your responsibilities in relation to these goals and objectives.
10. Describe your plan and your supervisor's plan for the documentation of the date, length, method, content, and format of each supervisory meeting and your progress toward the learning goals.
11. Answer the following questions regarding your supervision:
 - a. Describe the schedule for supervision.
 - b. What is the ratio of supervision to direct client contact that you will receive?
 - c. How many supervision hours will be individual?
 - d. Will you receive group supervision? If so, how many supervision hours will be done in group? Also, how many supervisees will be in the group?
 - e. What is the total number of supervision hours you will you complete?
12. Describe the plan for documenting your progress toward meeting the required 4000 hours of supervised clinical experience.
13. Describe the plan for documenting your progress toward meeting the required 1500 hours of direct face to face client contact providing psychotherapy and assessment services.
14. Describe the plan for evaluating your progress in supervision. Periodic written evaluations are encouraged.
15. Describe the plan for notifying the clients that you are practicing under supervision, the limits of confidentiality under supervision, and the name and contact information for your supervisor.
16. Describe the process for renegotiating this plan if warranted, including the need to submit all changes to the board office **within 45 days of the change.**
17. Describe the process for remediating conflicts between yourself and your supervisor.
18. Describe the contingency plans for emergency supervision, missed supervision sessions, and supervision while your supervisor is unavailable. Be sure to include a backup supervisor.

The supervisor(s) shall complete sections IV, V, and VI.
[If there is more than one supervisor each supervisor must complete all three sections.]

IV. Information regarding supervisor: [Completed by supervisor(s)]

Name _____ Email _____

Agency _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

License Type _____ License Number _____ Issue date _____ Expiration date _____

Were you licensed at the clinical independent level in a state prior to Kansas? Yes _____ No _____

If yes, state of licensure _____ License type _____

Issue date _____ Expiration date _____

Have you practiced clinical professional counseling for a minimum of two years? Yes _____ No _____

If not, you are not eligible to be a clinical supervisor.

Are you currently under disciplinary investigation, sanction, or practice limitation or any other adverse action imposed by a state credentialing board or professional organization? Yes _____ No _____

If yes, please explain fully in an attached, signed statement.

V. Information regarding the supervisory relationship: [Completed by supervisor(s)]

Please read K.A.R. 102-3-7a prior to answering the following questions.

1. **Per K.A.R. 102-3-7a(d)(1)** – Do you have professional authority and responsibility for the supervisee's clinical functioning in the practice of clinical professional counseling? Yes _____ No _____

2. Do you have a dual relationship with the supervisee? Yes _____ No _____

3. Do you have knowledge of and experience with the supervisee's client population? Yes _____ No _____

4. Do you have knowledge of and experience with the methods of practice that the supervisee will employ? Yes _____ No _____

5. Do you have an understanding of the organization and administrative policies and procedures of the supervisee's practice setting? Yes _____ No _____

6. Are you a staff member of the practice setting? Yes _____ No _____

If not, please answer the following five questions:

A. Do you have a solid understanding of the practice setting's mission, policies, and procedures? Yes _____ No _____

B. Is the extent of your responsibility for the supervisee clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan? Yes _____ No _____

C. Is the responsibility for payment of supervision clearly defined? Yes _____ No _____

D. Is the supervisee paying the supervisor directly for supervision? Yes _____ No _____

E. Do you maintain responsibility to the client and the practice setting? Yes _____ No _____

7. Will you perform the following?

A. Provide oversight, guidance, and direction of the supervisee's clinical practice of clinical professional counseling by assessing and evaluating the supervisee's performance? Yes _____ No _____

B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or professional counseling consultation? Yes _____ No _____

C. Provide documentation of supervisory qualifications to the supervisee? Yes _____ No _____

D. Periodically evaluate the supervisee's clinical functioning? Yes _____ No _____

E. Provide supervision in accordance with the clinical supervision training plan? Yes _____ No _____

F. Maintain documentation of supervision in accordance with the clinical supervision training plan? Yes _____ No _____

G. Provide the documentation required by the board when a supervisee completes the postgraduate supervised professional experience? Yes _____ No _____

H. Provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and supervisee. Yes _____ No _____

I. Ensure that the each client knows that the supervisee is practicing clinical professional counseling under supervision? Yes _____ No _____

8. Do you have a thorough knowledge and understanding of BSRB statutes and regulations regarding the requirements of post graduate supervision for the supervisee's profession? Yes _____ No _____

9. Will the supervisee be involved in the process of diagnosing clients? Yes _____ No _____

**** If your answer is yes, please describe how.**

10. Will the supervisee, under your direction, be providing psychotherapy to the clients?
** If your answer is yes, please describe how. Yes _____ No _____

VI. Supervisor's and Supervisee's Attestation:

We, the undersigned supervisee and supervisor, acknowledge that we have both read and agree to all aspects of this plan, and have read and understand the post graduate supervised work experience requirements set forth in regulations. We attest, to the best of our knowledge, that this plan meets the training requirements as outlined in statute and regulation, including the requirements for the provision of psychotherapy and assessment as well as the required supervision. We also attest that the forgoing information constitutes an accurate and honest description of the duties to be performed by the supervisee.

Additionally, the supervisee hereby gives consent to the supervisor to discuss supervision or performance issues with the supervisee's clients, other professionals in the practice setting, the Board, or any other individual to whom either is professionally accountable.

Signature of Supervisee Date

Signature of Supervisor Date

You should receive a written response regarding your clinical training plan from the board office within 30 days. If you have not received a response within 30 days from submission, please contact the board office.

Attention supervisors, for additional information regarding clinical supervision, please see the website at: www.ksbsrb.org

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BEHAVIORAL SCIENCES REGULATORY BOARD

**Training Plan Amendment – New/Additional Work Site
Professional Counselors**

This form should only be used if you have an approved training plan on file with the BSRB and you have changed employment or are adding an additional work site.

I. Information regarding supervisee:

Name _____ LPC Number _____
Home Address _____
City, State, Zip _____ Home Phone _____
Cell Phone _____ Email _____
(Optional)

II. Information regarding the supervision setting:

Name of Agency and address where the supervisee will be participating in the supervised work experience.

Agency _____
Address _____
City, State, Zip _____ Phone _____
Title of supervisee's position in this supervised setting? _____

III. Information regarding supervisor:

A. Name of your clinical supervisor: _____
B. Is this your previously approved supervisor for your clinical training plan? Yes _____ No _____
If "NO," you will also need to complete the Training Plan Amendment form for a new supervisor.

IV. Information regarding the new/additional employment setting:

A. Please specify whether this is a new work site or an additional work site? _____
B. End date of employment from previously approved training plan: _____
C. Date new/additional employment began: _____
D. Please submit a copy of the supervisee's new official position description with this amendment.

E. Will the supervisee be involved in the process of diagnosing clients? Yes _____ No _____
If answer is yes, please describe how.

F. Will the supervisee, under the direction of the supervisor, be providing psychotherapy to the clients?
Yes _____ No _____
If answer is yes, please describe how.

Please provide answers to the following questions on a separate sheet of paper:

1. Will the supervisee be using the DSM IV in diagnosing clients?
2. Please list some specific diagnosis the supervisee is expected to treat.
3. What are the anticipated types of clients to whom the supervisee will be providing services?
4. What services will the supervisee be providing to clients?
5. What are some theories of psychotherapy the supervisee plans to use in treating clients?
6. Describe the plan for notifying the clients that the supervisee is practicing under supervision, the limits of confidentiality under supervision, and the name and contact information for the supervisor.
7. Please provide any additional changes on a separate sheet of paper.

V. Supervisors and Supervisees Attestation

We, the undersigned supervisee and supervisor, acknowledge that we have both read and agree to all aspects of this amended training plan, and have read and understand the post graduate supervised work experience requirements set forth in regulations. We attest, to the best of our knowledge, that this plan meets the training requirements as outlined in statute and regulation, including the requirements for the provision of psychotherapy and assessment as well as the required supervision. We also attest that the forgoing information constitutes an accurate and honest description of the duties to be performed by the supervisee.

Additionally, the supervisee hereby gives consent to the supervisor to discuss supervision or performance issues with the supervisee's clients, other professionals in the practice setting, the Board, or any other individual to whom either is professionally accountable.

Signature of Supervisor

Date

Signature of Supervisee

Date

You should receive a written response regarding your clinical training plan from the board office within 30 days. If you have not received a response within 30 days from submission, please contact the board office.

**Attention supervisors, for additional information regarding clinical supervision, please see the website at:
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BEHAVIORAL SCIENCES REGULATORY BOARD

**Training Plan Amendment – New/Additional Supervisor
Professional Counselors**

This form should only be used if you have an approved training plan on file with the BSRB and you are changing supervisors or adding an additional supervisor.

I. Information regarding supervisee: (To be completed by supervisee)

Name _____ LPC Number _____

Home Address _____

City, State, Zip _____ Home Phone _____

Cell Phone _____ Email _____
(Optional)

Work Agency _____

Is this your previously approved worksite for your clinical training plan? Yes _____ No _____

If "NO," you will also need to complete the Training Plan Amendment form for a new worksite.

Please specify whether this is this a new or an additional supervisor? _____

Date to begin supervision: _____

End date, if applicable, with previous supervisor: _____

If the new supervisor you have chosen is **not** a Licensed Clinical Professional Counselor please provide answers for the following two questions:

1. Why did you choose this individual to provide your clinical supervision?
2. What steps have you taken to seek out supervision within your own profession?

II. Information regarding new supervisor: [To be completed by supervisor(s)]

Name _____

Address _____ work or home

Address _____

Phone _____ Email _____

Professional credentials: Degree _____ Conferred on _____

License type and Number _____ State _____

Initial issue date of license _____ Expiration date _____

Does this license authorize the supervisor to practice independently? Yes _____ No _____

Have you practiced clinical professional counseling for a minimum of two years beyond the date your clinical license was issued? Yes _____ No _____

If you answered "No," you are not eligible to be a clinical supervisor.

Are you currently under disciplinary investigation, sanction, or practice limitation or any other adverse action imposed by a state credentialing board or professional organization? Yes _____ No _____

If you answered "Yes," please explain fully in an attached, signed statement.

III. Information regarding the supervisory relationship: [To be completed by Supervisor(s)]

Please read K.A.R. 102-3-7a before answering the following questions.

1. Per K.A.R. 102-3-7a(d)(1) – Do you have professional authority and responsibility for the supervisee's clinical functioning in the practice of clinical professional counseling? Yes _____ No _____

2. Do you have a dual relationship with the supervisee? Yes _____ No _____

3. Do you have knowledge of and experience with the supervisee's client population? Yes _____ No _____

4. Do you have knowledge of and experience with the methods of practice that the supervisee will employ? Yes _____ No _____

5. Do you have an understanding of the organization and administrative policies and procedures of the supervisee's practice setting? Yes _____ No _____

6. Are you a staff member of the practice setting? Yes _____ No _____

If not, please answer the following four questions:

A. Is your responsibility for the supervisee clearly defined in terms of client cases to be supervised, their role in personnel evaluation within the practice setting? Yes _____ No _____

B. Is the responsibility for payment of supervision clearly defined? Yes _____ No _____

C. Is the supervisee paying the supervisor directly for supervision? Yes _____ No _____

D. Do you maintain responsibility to the client and the practice setting? Yes _____ No _____

7. Will you perform the following?

A. Provide oversight, guidance, and direction of the supervisee's clinical practice of clinical professional counseling by assessing and evaluating the supervisee's performance? Yes _____ No _____

B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or professional counseling consultation? Yes _____ No _____

C. Provide documentation of supervisory qualifications to the supervisee? Yes _____ No _____

D. Periodically evaluate the supervisee's clinical functioning? Yes _____ No _____

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BEHAVIORAL SCIENCES REGULATORY BOARD

**Training Plan Amendment – New/Additional Supervisor
Professional Counselors**

This form should only be used if you have an approved training plan on file with the BSRB and you are changing supervisors or adding an additional supervisor.

I. Information regarding supervisee: (To be completed by supervisee)

Name _____ LPC Number _____

Home Address _____

City, State, Zip _____ Home Phone _____

Cell Phone _____ Email _____
(Optional)

Work Agency _____

Is this your previously approved worksite for your clinical training plan? Yes _____ No _____

If "NO," you will also need to complete the Training Plan Amendment form for a new worksite.

Please specify whether this is this a new or an additional supervisor? _____

Date to begin supervision: _____

End date, if applicable, with previous supervisor: _____

If the new supervisor you have chosen is **not** a Licensed Clinical Professional Counselor please provide answers for the following two questions:

1. Why did you choose this individual to provide your clinical supervision?
2. What steps have you taken to seek out supervision within your own profession?

II. Information regarding new supervisor: [To be completed by supervisor(s)]

Name _____

Address _____ work or home

Address _____

Phone _____ Email _____

Professional credentials: Degree _____ Conferred on _____

License type and Number _____ State _____

Initial issue date of license _____ Expiration date _____

Does this license authorize the supervisor to practice independently? Yes _____ No _____

Have you practiced clinical professional counseling for a minimum of two years beyond the date your clinical license was issued? Yes _____ No _____

If you answered "No," you are not eligible to be a clinical supervisor.

Are you currently under disciplinary investigation, sanction, or practice limitation or any other adverse action imposed by a state credentialing board or professional organization? Yes _____ No _____

If you answered "Yes," please explain fully in an attached, signed statement.

III. Information regarding the supervisory relationship: [To be completed by Supervisor(s)]

Please read K.A.R. 102-3-7a before answering the following questions.

1. Per K.A.R. 102-3-7a(d)(1) – Do you have professional authority and responsibility for the supervisee's clinical functioning in the practice of clinical professional counseling? Yes _____ No _____

2. Do you have a dual relationship with the supervisee? Yes _____ No _____

3. Do you have knowledge of and experience with the supervisee's client population? Yes _____ No _____

4. Do you have knowledge of and experience with the methods of practice that the supervisee will employ? Yes _____ No _____

5. Do you have an understanding of the organization and administrative policies and procedures of the supervisee's practice setting? Yes _____ No _____

6. Are you a staff member of the practice setting? Yes _____ No _____

If not, please answer the following four questions:

A. Is your responsibility for the supervisee clearly defined in terms of client cases to be supervised, their role in personnel evaluation within the practice setting? Yes _____ No _____

B. Is the responsibility for payment of supervision clearly defined? Yes _____ No _____

C. Is the supervisee paying the supervisor directly for supervision? Yes _____ No _____

D. Do you maintain responsibility to the client and the practice setting? Yes _____ No _____

7. Will you perform the following?

A. Provide oversight, guidance, and direction of the supervisee's clinical practice of clinical professional counseling by assessing and evaluating the supervisee's performance? Yes _____ No _____

B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or professional counseling consultation? Yes _____ No _____

C. Provide documentation of supervisory qualifications to the supervisee? Yes _____ No _____

D. Periodically evaluate the supervisee's clinical functioning? Yes _____ No _____

- E. Provide supervision in accordance with the clinical supervision training plan? Yes _____ No _____
- F. Maintain documentation of supervision in accordance with the clinical supervision training plan? Yes _____ No _____
- G. Provide the documentation required by the board when a supervisee completes the postgraduate supervised professional experience? Yes _____ No _____
- H. Provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and supervisee. Yes _____ No _____
- I. Ensure that the each client knows that the supervisee is practicing clinical professional counseling under supervision? Yes _____ No _____

8. Do you have a thorough knowledge and understanding of BSRB statutes and regulations regarding the requirements of post graduate supervision for the supervisee's profession? Yes _____ No _____

9. Have you read the supervisee's previously approved training plan? Yes _____ No _____

10. Do you agree to provide supervision in accordance with the supervisee's previously approved training plan? Yes _____ No _____

IV. Supervisor and Supervisee Attestation

We, the undersigned supervisee and supervisor, acknowledge that we have both read and agree to all aspects of this plan, and have read and understand the post graduate supervised work experience requirements set forth in regulations. We attest, to the best of our knowledge, that the original training plan and this amendment meets the training requirements as outlined in statute and regulation, including the requirements for the provision of psychotherapy and assessment as well as the required supervision. We also attest that the previously submitted information constitutes an accurate and honest description of the duties to be performed by the supervisee.

Additionally, the supervisee hereby gives consent to the supervisor to discuss supervision or performance issues with the supervisee's clients, other professionals in the practice setting, the Board, and any other individual to whom either is professionally accountable.

Signature of Supervisor

Date

Signature of Supervisee

Date

You should receive a written response regarding your clinical training plan from the board office within 30 days. If you have not received a response within 30 days from submission, please contact the board office.

Attention supervisors, for additional information regarding clinical supervision, please see the website at:
www.ksbsrb.org

ATTACHMENT

0

Board of Licensed Professional Counselors and Therapists



[Return to Home Page](#)

[About Us](#)

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[Law & Rules](#)

[Information Resources](#)

[Performance Measures](#)

[Guidelines & Publications](#)

[Forms](#)

[Continuing Education](#)

[Apply for License](#)

[Online Change of Address](#)

[OBLPCT A to Z](#)

SUPERVISORS of REGISTERED INTERNS

[GUIDELINES & REQUIREMENTS](#)

[CLIENT CONTACT HOURS](#)

[PLAN APPROVAL](#)

[CLINICAL EXPERIENCE SITE](#)

[ELEMENTS OF SUPERVISION](#)

[OTHER INFORMATION](#)

[EXPECTATIONS](#)

[SUPERVISION TYPE & FREQUENCY](#)

[HOURS](#)

GUIDELINES & REQUIREMENTS

The mission of the Board of Licensed Professional Counselors and Therapists is consumer protection by the regulation of licensed counselors and therapists and those persons working toward licensure.

Regulation of persons working toward licensure is accomplished by allowing applicants to register as interns while gaining the supervised work experience required for licensure. Registration requires the applicant to be working under an Approved Plan for Supervision. The Plan assures an adequate level of supervision by a trained supervisor, and allows the Board to monitor progress through Six-Month Evaluation Reports filed by the supervisor.

This guide is to assist those supervisors as they provide supervision to help an intern qualify for licensure. Oregon Administrative Rules governing supervisor qualifications are contained in [OAR 833, Division 130](#). Registered intern administrative rules are contained in [OAR 833, Division 50](#).

PLAN APPROVAL

- The Approved Plan is an agreement between the Board, the Supervisor, and Registered Intern. The purpose of this agreement is to enhance the applicant's professional development while meeting the licensing requirements, keeping in mind the responsibilities toward clients and the profession.
- The Board accepts supervisors from related fields: social work, psychology, and psychiatry. Supervisors are required to become familiar with the requirements of this Board.
- Approved supervisors must hold at least a master's degree in a mental health field, have a current active Oregon license in a mental health field, and have at least 30 clock hours of clinical supervisor training.

ELEMENTS OF SUPERVISION

- Supervision encourages responsible provision of services, promotes the welfare and best interests of clients, fosters refinement of skills, and promotes personal and professional development.
- Supervision must involve discussions case notes, charts, records, and available audio or video tapes. The review should evaluate the appropriateness of the services to clients and the supervisee's therapeutic skill. Supervision must occur in a professional setting, one on one with the supervisee, or privately with a small group of other supervisees. Supervision should include:
 - setting goals, responsibilities, practical arrangements
 - licensing requirements -- laws, rules
 - personal management of time
 - strategies of clinical decision-making prioritizing responsibilities
 - professional relationships, coordinating with other professionals and staff
 - ethical and cultural consideration
- Evaluation of practice should include:
 - diagnosis, assessment and identification of presenting problems
 - application ethics
 - research methods
 - knowledge of human behavior and/or social environment
 - termination of clinical relationships
 - methods for maintaining clinical/professional boundaries
 - treatment planning
 - therapeutic interventions or treatment approaches

EXPECTATIONS

By signing the Plan for Supervised Clinical Experience, you have agreed to:

- Provide supervision that meets the licensing standards for level and type of supervision
- Share responsibility with intern for establishing and maintaining a good recordkeeping system, that will be available if requested by the Board.
- File timely six month evaluation reports that include: total actual number of direct client contact hours, number of cch that were done by telephone; total number of hours of individual supervision, number of hours of individual supervision provided by phone; and number of hours of group supervision.
 - Reports need to be received by the board within 30 days following the reporting period.
 - Reports are to be submitted on forms provided to the intern for your use.
- Seek clarification or consultation from the Board regarding requirements, conflicts coming out of the plan/supervision.
- Notify the Board if your business address, phone number change, or license status changes.
- Notify the Board in a timely fashion if the plan is changed, interrupted or is terminated.

HOURS

Client Contact Hours are defined as counseling/therapy hours, where the intern provides clinical counseling or therapy directly to a client (individual, couple, family, group). Distance counseling hours should be counted in the same way as face-to-face hours.

Related activities that are **not considered direct client contact hours** include: related client services or professional activities such as case management, advocacy, administration of programs, casual/social contact, casual client interaction in milieu therapy, research, receiving supervision; instruction or teaching; training; or participating in discussion groups, counseling by correspondence.

Group Supervision involves supervision of 2-6 individuals. The leader must maintain role.

Group supervision should not be claimed where: more than six supervisees are in the group, the group includes non-counselor staff members, is consultation from another mental health professional, or may be considered a quality review or peer review group.

Group supervision is counted the same as individual supervision -- one hour in group supervision equals one hour of supervision.

Concurrent Supervision means the supervision must be taking place within the same general timeframe (week or two) of the client contact hours. Supervision should be regularly scheduled, not sporadic.

Level of Supervision. There must be a total of no less than two hours of supervision per month. At least three hours of supervision each month in which an intern accrued 46 or more direct client contact hours. If a supervision session is missed, then it should be made up or additional supervision time added to the next meeting to compensate. Failure to maintain the required level of supervision means the client contact hours for that month will not be accepted due to inadequate supervision.

CLIENT CONTACT HOURS

NUMBER AND DEFINITION OF CLIENT CONTACT HOURS

LPC Intern – 2,400 total hours:
• Up to 400 pre-degree CCH.

LMFT Intern Method – 2,000 total hours:
• All must be accumulated post-degree, per date on transcript.

At least 1,000 hours must be providing therapy to couples or families

CLINICAL EXPERIENCE SITE

The clinical experience work site may include community based agencies, institutions, schools, and private practice. Work experience may be either paid or unpaid employment.

OTHER INFORMATION

Supervision does not need to be on-site or come from within the same agency. Interns may purchase appropriate supervision by contracting with a supervisor.

Supervisors are accountable for the supervisee's actions.
Supervisors are expected to know and abide by *this* Board's Code of Ethics.

A supervisor may not be a spouse, relative by blood or marriage, a person of close personal relationship, or former therapist.

SUPERVISION TYPE & FREQUENCY

Effective January 1, 2009:

- At least 50% of the minimum required number of supervision hours must be individual supervision, 1-to-1.
 - For example, if you have 45 client contact hours **during a month**, you must have at least 2 hours of supervision in that month. Of that two hours, at least 1 hour must be individual supervision.
 - If you have 46 or more client contact hours **during a month**, you must have at least 3 hours of supervision. Of that 3 hours, at least 1.5 hours must be individual supervision.
- You may have as many hours of supervision as you wish as long as you meet the minimum. We encourage you to get as much supervision as available -- individual and group.
- Up to 75% of supervision may occur through electronic means such as videoconferencing.

Supervision must take place in the same calendar month as the client contact hours discussed. Supervision meetings must be no less than one hour. If longer, they must be extended in half-hour increments. Extra supervision hours from one supervisor may not be "carried over" for credit, either into the future or into another site where the supervision level was not adequate.

SUPERVISION AND CLIENT CONTACT HOURS ARE MEASURED ON A MONTHLY BASIS. IF THE LEVEL OF SUPERVISION IS NOT ADEQUATE DURING A MONTH, ALL CLIENT CONTACT HOURS ACCUMULATED DURING THAT MONTH ARE DISALLOWED

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Agencies A to Z
Oregon Administrative Rules
Oregon Revised Statutes
Oregon - an Equal Opportunity Employer
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Adobe Reader, or equivalent, is required to view PDF files. Click the "Get Adobe Reader" image to get a free download of the reader from Adobe.





✱ The Oregon Administrative Rules contain OARs filed through January 15, 2014 ✱

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BOARD OF LICENSED PROFESSIONAL COUNSELORS AND THERAPISTS

DIVISION 130

REGISTERED INTERN SUPERVISOR REQUIREMENTS

833-130-0010

Registry Established

(1) Effective September 1, 2010, the Board will establish a Supervisor Registry that consists of licensed professional counselors and licensed marriage and family therapists.

(2) The Board may approve placement of a licensee on the Supervisor Registry if the licensee is a Supervisor Candidate or an Approved Supervisor.

(3) Registered interns pursuing licensure will be encouraged to find qualified supervisors from the registry.

Stat. Auth.: ORS 675.705 - 675.835
Stats. Implemented: ORS 675.705 - 675.835
Hist.: BLPCT 5-2010, f. 6-15-10, cert. ef. 7-1-10

833-130-0020

Placement on Supervisor Registry

Licenses wishing to be placed on the Supervisor Registry must submit a request on forms provided by the Board.

Stat. Auth.: ORS 675.705 - 675.835
Stats. Implemented: ORS 675.705 - 675.835
Hist.: BLPCT 5-2010, f. 6-15-10, cert. ef. 7-1-10

833-130-0030

Registry Renewal

A licensee who wishes to remain on the Supervisor Registry must complete the following every 5 years:

- (1) Complete a renewal form provided by the Board;
- (2) Successfully pass the Board's law and rules exam; and
- (3) Obtain at least 5 clock hours of supervision-related training.

Stat. Auth.: ORS 675.705 - 675.835
Stats. Implemented: ORS 675.705 - 675.835
Hist.: BLPCT 5-2010, f. 6-15-10, cert. ef. 7-1-10

833-130-0040

Supervisor Candidates

(1) Supervisor Candidates must work toward meeting the requirements of an Approved Supervisor. If after five years as a Supervisor Candidate, the candidate has not met Approved Supervisor requirements, the candidate may no longer supervise registered interns.

(2) To qualify as a Supervisor Candidate, a licensee must meet the following requirements:

(a) Be licensed in Oregon as a professional counselor or as a marriage and family therapist;

(b) Complete 30 hours of supervision training;

(c) Receive supervision during supervisor candidacy from a board-approved supervisor;

(d) Successfully complete all requirements to qualify as an Approved Supervisor within five years;

(e) Successfully pass the Board's law and rules exam; and

(f) Be free of Board disciplinary action.

(3) Supervisors of marriage and family therapist interns must also have supervision training that includes systems components.

Stat. Auth.: ORS 675.705 - 675.835

Stats. Implemented: ORS 675.705 - 675.835

Hist.: BLPCT 5-2010, f. 6-15-10, cert. ef. 7-1-10

833-130-0050

Approved Supervisors

(1) To qualify as an Approved Supervisor, a licensee must meet the following requirements:

(a) Be licensed in Oregon for at least 3 years as a professional counselor or marriage and family therapist; or

(b) Have an active Oregon license as a professional counselor or marriage and family therapist and be an Approved Supervisor through American Association for Marriage and Family Therapy or the NBCC Center for Credentialing and Education, or be an American Association of Pastoral Counselors diplomate.

(2) Before placement on the Supervisor Registry, a licensee must also:

(a) Complete 30 hours of supervision training;

(b) Successfully pass the Board's law and rules exam;

(c) Be free of Board disciplinary action;

(d) Provide the Board with documentation of at least 12 hours of supervision by a Board Approved Supervisor within the past 2 to 5 years. The licensee may have up to two Approved Supervisors, and both Approved Supervisors must complete an evaluation. Approved supervision may include one on one or group supervision of not more than 6 supervisees; and

(e) Document a minimum of 100 hours between 2 and 5 years of experience supervising at least two registered interns or student interns from Board-Approved Oregon graduate programs.

(3) Supervisors of marriage and family therapist interns must also have supervision training that includes systems components.

Stat. Auth.: ORS 675.705 - 675.835

Stats. Implemented: ORS 675.705 - 675.835

Hist.: BLPCT 5-2010, f. 6-15-10, cert. ef. 7-1-10

833-130-0060

Current and former supervisors

(1) As of September 1, 2010, Licensed Professional Counselors and Licensed Marriage and Family Therapists may be placed on the Supervisor Registry as Approved Supervisors if they have:

(a) A current, active license in Oregon as a professional counselor or as a marriage and family therapist;

(b) Within the last five years.

(A) A minimum of three years supervising graduate students, registered interns, or counselors or therapists;

(B) Passed the Board's law and rules exam; and

(C) Are free of disciplinary action from the Board; and

(c) Completed 30 clock hours of supervision training.

(2) Current supervisors of registered interns who are operating under an approved clinical experience plan on September 1, 2010, may complete the plan without meeting requirements for placement on the registry.

Stat. Auth.: ORS 675.705 - 675.835

Stats. Implemented: ORS 675.705 - 675.835

Hist.: BLPCT 5-2010, f. 6-15-10, cert. ef. 7-1-10

833-130-0070

Supervisors Not on the Registry

(1) Licensed Professional Counselors or Licensed Marriage and Family Therapists who wish to supervise interns registered with the Board must meet the following requirements:

(a) Have a current, active license in Oregon as a professional counselor or as a marriage and family therapist;

(b) Been licensed as a professional counselor or marriage and family therapist in Oregon for at least 3 years or have national supervisor certification by the National Board of Certified Counselors Center for Credentialing and Education, the American Association of Marital and Family Therapists, or as a diplomate of the American Association of Pastoral Counselors;

(c) Complete 30 hours of supervision training;

(d) Successfully pass the Board's law and rules exam; and

(e) Are free of disciplinary action from the Board.

(2) Other mental health professionals may serve as supervisors of registered interns if they meet the following requirements:

(a) Have a current, active license in Oregon as a mental health professional;

(b) Have been licensed in Oregon as a mental health professional for at least 3 years;

(c) Complete 30 hours of supervision training;

(d) Successfully passed the Board's law and rules exam; and

(e) Are free of disciplinary action from his or her state licensing board.

(3) Supervisors of marriage and family therapist interns must also have supervision training that includes systems components.

Stat. Auth.: ORS 675.705 - 675.835

Stats. Implemented: ORS 675.705 - 675.835

Hist.: BLPCT 5-2010, f. 6-15-10, cert. ef. 7-1-10

833-130-0080

Supervisor Registry Appeal Process

(1) LPC and LMFT supervisor applicants denied placement on the registry may appeal the decision if the denial was based on discipline imposed by the Board.

(2) During review of the appeal, the Board will consider:

(a) Type of violation and imposed discipline;

(b) The passage of time since the violation and discipline;

(c) Whether discipline was corrective, punitive or both;

(d) Compliance with imposed discipline;

(e) Results of national health care database search;

(f) Whether behavior resulted in harm to clients;

(g) Previous complaints resulting in discipline;

(h) Results of criminal background check; and

(j) Any other information the board finds relevant.

Stat. Auth.: ORS 675.705 - 675.835 & 676.150 - 676.405
Stats. Implemented: ORS 675.705 - 675.835 & 676.150 - 676.405
Hist.: BLPCT 6-2010, f. 12-13-10, cert. ef. 1-1-11

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BOARD OF LICENSED PROFESSIONAL COUNSELORS AND THERAPISTS

DIVISION 30

REQUIREMENTS FOR LICENSED PROFESSIONAL COUNSELOR

833-030-0011

Educational Requirements for Licensure as a Professional Counselor

To qualify for licensure as a professional counselor under ORS 675.715(2), an applicant must hold one of the following:

- (1) A graduate degree in counseling received from a program approved by the Council for Accreditation of Counseling and Related Educational Programs (CACREP);
- (2) A graduate degree in counseling received from a program approved by the Council on Rehabilitation Education (CORE);
- (3) A graduate degree determined by the Board to be comparable in both content and quality by meeting the academic and training program standards for graduate degrees set out in OAR 833 division 60; or
- (4) A graduate degree determined by the Board to meet a majority of the graduate degree standards defined in OAR 833 division 60 and the degree coursework standards set forth in OAR 833, division 60, including additional graduate training as set forth in OAR 833, division 60 that together meet the graduate degree standards of graduate academic coursework related to a degree in counseling.

Stat. Auth.: ORS 675.785 - 675.835 & 676.160 - 676.180

Stats. Implemented: ORS 675.785 - 675.835

Hist.: BLPCT 1-2010, f. & cert. ef. 1-5-10

833-030-0021

Experience Requirements for Licensure as a Professional Counselor

- (1) To qualify for licensure as a professional counselor under ORS 675.715(3) and 675.720, an applicant must have completed the equivalent of three years of full-time supervised clinical counseling experience that consisted of no less than 2,400 supervised direct client contact hours of counseling. The supervised counseling experience must be:
 - (a) Completed in Oregon prior to June 30, 2002;
 - (b) Completed in another state or country prior to application;
 - (c) Completed while a registered intern with the Board;
 - (d) Up to 400 hours of supervised direct client contact completed during the clinical portion of the qualifying graduate degree program; or
 - (e) Any combination of hours completed as indicated in (a), (b), (c) and (d).
- (2) Direct client contact hours for applicants seeking the professional counselor license, may be comprised of pre-degree hours plus post-degree hours.
- (3) Direct client contact hours must have been face to face with a client or clients and/or contact via electronic communication consistent with OAR 833 division 90.

Stat. Auth.: ORS 675.785 - 675.835 & 676.160 - 676.180
 Stats. Implemented: ORS 675.785 - 675.835
 Hist.: BLPCT 1-2010, f. & cert. ef. 1-5-10; BLPCT 3-2010, f. 4-30-10, cert. ef. 5-3-10

833-030-0031**Supervision of Direct Client Contact Hours**

(1) For those applying for licensure through the direct or reciprocity methods, supervision must satisfy the following requirements:

- (a) Taken place within the same calendar month as the completed direct client contact hours;
- (b) Been provided by someone other than a spouse or relative by blood or marriage or a person with whom the applicant has or had a personal relationship;
- (c) Been the result of a professional relationship between a qualified supervisor and a counselor. Such relationship involves discussions based on case notes, charts, records, and available audio or visual tapes. The supervisee presents assessments and treatment plans for the clients being seen. The supervisor focuses on the appropriateness of the plans and the supervisee's therapeutic skill. In contrast to consultation, the supervisor has the authority to direct treatment plans. In contrast to therapy, the supervisor will identify counter-transference issues and develop a plan for the supervisee to work through those issues independently;
- (d) Total no less than two (2) hours of supervision for months where 45 or less direct client contact hours are completed; or total no less than three (3) hours of supervision for months where 46 or more direct client contact hours are completed; and
- (e) Been conducted in a professional setting, face to face, one to one, except:
 - (A) Up to 75 percent of the individual supervision hours may have been by electronic communication; and
 - (B) Up to 50 percent of the supervision may have been received in a group setting, which:
 - (i) Included no more than ten (10) supervisees for supervision taking place before July 1, 1998 or six (6) supervisees for supervision on or after July 1, 1998;
 - (ii) Where the leadership did not shift from one supervisor to another; and
 - (iii) Was not a staff or team meeting, intensive training seminar, discussion group, consultation session, or quality assurance or review group.

(2) The supervisor, at the time of supervision must have:

- (a) Three years of post-graduate clinical experience as a licensed mental health professional; and
- (b) 30 clock hours of training in supervision theory and practice through post-master's workshops or post-master's graduate level academic coursework for any supervision hours provided after June 30, 1992.

(3) The supervisor at the time of supervision also must have:

- (a) Been a National Certified Counselor (NCC), Certified Clinical Mental Health Counselor (CCMHC), Certified Rehabilitation Counselor (CRC), or Certified Career Counselor (CCC); or
- (b) Held a license as a professional counselor in the State of Oregon or held an Oregon or other state certification or licensure judged comparable by the Board, such as standard school counselors or psychologist associates or those state-licensed as clinical psychologists, clinical social workers, and marriage and family therapists.

(4) In lieu of sections (2) and (3) the supervisor at the time of supervision may have been an approved supervisor through American Association for Marriage and Family Therapy, the Center for Credentialing and Education, or the American Association of Pastoral Counselors.

Stat. Auth.: ORS 675.785 - 675.835 & 676.160 - 676.180
 Stats. Implemented: ORS 675.785 - 675.835
 Hist.: BLPCT 1-2010, f. & cert. ef. 1-5-10; BLPCT 3-2010, f. 4-30-10, cert. ef. 5-3-10

833-030-0041**Examination Requirement for Licensure as a Professional Counselor**

(1) All applicants for licensure as a professional counselor must pass an examination consisting of two separate sections: a competency section and an Oregon law and rules section.

(2) To qualify for licensure as a professional counselor under ORS 675.715(5), an applicant must pass one of the following competency examinations within 10 years from the date of

REQUEST FOR PLACEMENT ON SUPERVISOR REGISTRY

Your Name: _____

Agency Name: _____

Location Address: _____

Mailing Address: _____

City / State / Zip _____

Telephone: _____ E-mail: _____

A. SUPERVISION EXPERIENCE (List registered interns, graduate students, counselors, or therapists you have supervised in the last five years.)

| Name of Supervisee: | Dates of Supervision | LPC | LMFT |
|---------------------|----------------------|-----|------|
| | | | |
| | | | |
| | | | |
| | | | |

B. NATIONAL SUPERVISOR CREDENTIAL:

Certification Title _____ Issuing organization _____

Certification No. _____ Original issue date _____ Expiration date _____

C. SUPERVISION TRAINING: Completed 30 clock hours of **post-masters training** in supervision theory and practice through master's workshops or post-master's graduate level academic coursework. List coursework, workshops or seminars.

| Title of class / workshop / seminars | Sponsor of program | Date taken | # clock hours |
|--------------------------------------|--------------------|------------|---------------|
| | | | |
| | | | |
| | | | |

If you wish to supervise LMFT interns, please list graduate-level training in systemic theory and approach to couples and families issues:

FORM #7: INTERN SUPERVISED CLINICAL EXPERIENCE PLAN

- As part of your Initial Application, attach a **Professional Disclosure Statement** (PDS) for *each* employer/practice. Plans will not be approved until the PDS(s) are received.
- For Intern Plan Change Requests, adding or removing supervisors, attach a revised **Professional Disclosure Statement** for each employer/practice.

Applicant/Intern Name: _____ LPC intern LMFT intern

1. SETTING – Location(s) applicant/intern’s employer/practice site:

LOCATION 1

Agency Name: _____
Location Address: _____
Mailing Address or PO Box: _____
City / State / Zip: _____
Telephone: _____
E-mail: _____

LOCATION 2

Agency Name: _____
Location Address: _____
Mailing Address or PO Box: _____
City / State / Zip: _____
Telephone: _____
E-mail: _____

2. SUPERVISION REQUIRED

Supervision is required every month. The minimum level of supervision depends on the number of hours accrued in a month. If the number of client contact hours in any given month is less than 46 hours, then the minimum supervision requirement is two (2) hours, with a minimum of one (1) hour of individual supervision. If the number of client contact hours in any given month is 46 hours or more, then the minimum supervision requirement is three (3) hours of supervision, with a minimum of one and a half (1^{1/2}) hours of individual supervision. You can exceed the minimum level of supervision per month. If you do not meet minimum monthly supervision requirements, then the client contact hours for the month will not be approved.

Provide a brief description of clients and counseling activities to be performed. Activities must include assessment, diagnosis and treatment of your clients:

3. CLINICAL SUPERVISOR INFORMATION -- TO BE COMPLETED BY PROPOSED SUPERVISOR

Supervisor:

Name: _____

Business Address: _____

Phone: _____

E-mail: _____

Supervisor's Mental Health Graduate Degree(s):

School: _____ Degree: _____ Issued _____

School: _____ Degree: _____ Issued _____

How long have you known the applicant/intern? _____ years _____ months Describe pre-existent relationship.

Are you related to the applicant/intern? Yes No

Have you ever been disciplined by any regulatory board? Yes No

If applicant/intern is seeking registration as a MFT intern, please list graduate-level training in systemic theory and approach to couples and families issues:

Supervisor's Clinical Experience in counseling or marriage & family therapy:

Number of years licensed in Oregon: _____

Approved Supervisor/Candidate on the OBLPCT Supervisor Registry (LPC/LMFT only): Yes No

Supervisor's State License / National Credential:

| | | |
|---------------------|--|------------------------------------|
| License Title | | Issued by [state or national org.] |
| License No | | |
| Original issue date | | Expiration date |

| | | |
|---------------------|--|------------------------------------|
| License Title | | Issued by [state or national org.] |
| License No | | |
| Original issue date | | Expiration date |

4. SUPERVISION TRAINING.

Completed 30 clock hours of **post-masters training** in supervision theory and practice through workshops, or academic coursework, or completed the necessary requirements to be an AAMFT approved supervisor, NBCC approved clinical supervisor, or an APCA diplomate. List coursework, workshops, seminars, or national accreditation:

| Title of class / workshop / seminars National Accreditation | Sponsor of program | Date taken | No. of clock hrs |
|--|--------------------|------------|---------------------|
| | | | |
| | | | |
| | | | |

SUPERVISOR AGREES TO:

Supervision:

- Ensure compliance with Board's current Oregon Administrative Rules.
- Provide ongoing, clinical supervision in a professional setting.
- Ensure that supervision of the supervisee is face-to-face; up to 75% of the supervision hours may be conducted through electronic means.
- Discuss and review case notes, charts, records, and available audio or video for all clients with the registered intern.
- Review and closely supervise the registered intern and all problem cases, providing special attention to assessments, diagnosis, treatment planning, ongoing case management, emergency intervention, record keeping, and termination.
- Focus on the appropriateness of the treatment plans and monitor the appropriateness of clients served based on the applicant/intern's therapeutic skill. Direct the applicant/intern to refer clients who fall beyond their level of competence.
- Maintain confidentiality of all client and supervisory materials.
- Review the Oregon licensing laws (ORS 675.705 – 675.835), administrative rules (OAR 833), and Code of Ethics (OAR 833, Division 100) with registered intern.
- Seek timely clarification/consultation from the Board if there are any problems or conflicts between commitments to agency, administrative supervisor, and client or other conflicts relating to the authority, or shared responsibility for fulfilling the responsibilities under this Plan.

Reporting:

- Establish and maintain a record-keeping system to track the direct client contact and supervision hours. Supervisor will be prepared to provide supporting documentation verifying the accuracy of information reported, if requested by Board.
- Ensure that the Six-month Registered Intern Supervisor Evaluation and Reported Hours are submitted to the Board within one-month of the end of the reporting period.
- Notify the Board of any changes to supervisor's business address and phone number or change in credential status.
- **Notify the Board of any interruption or proposed termination of the plan.**

REGISTERED INTERN AGREES TO:

- Abide by the Code of Ethics for Counselors and Therapists as specified in OAR 833, Division 100 and Oregon law and rules for LPCs and LMFTs.
- Distribute Professional Disclosure Statements to clients at the onset of therapeutic services.
- Establish and maintain a record keeping system to track the direct client contact and supervision hours.
- Submit requests to change or modify the "Work Plan" to Board prior to implementing changes.
- Ensure supervisor has authority to review all records, determine appropriateness of records, direct referrals of inappropriate clients, determine caseload, and report to Board.

TERMINATION OF INTERN REGISTRATION

Approval of this Plan may be terminated for failing to obtain **prior approval** of the Board for changes in plan terms: place of practice[s]; supervisor[s], including license/certification status; and level of supervision.

Registration as an intern may be terminated for the following reasons

- Failure to file a replacement plan within 90 days of the termination of supervisor.
- Failure to file a replacement plan within 90 days of the termination of a place of practice/employment.
- Failure to submit a Registered Intern Six-Month Supervisor Evaluation & Hours Report.
- Failure to notify or file a replacement plan after placing internship on a 90-day hold.
- Failure to renew registration.
- Voluntary resignation or withdrawal of application.
- Exceeding five years from initial date of registration.

CERTIFICATION / SIGNATURES

I certify that the information provided in this document is true and correct to the best of my knowledge. I agree to follow the provisions set forth in this plan. I understand my responsibilities. I understand that knowingly making a false statement in connection with this proposed plan may result in disciplinary action. I have been given a copy of this Intern Supervised Work Plan, Pages 1 - 4.

Signature of Applicant

Date

Signature of Clinical Supervisor

Date

Instructions for Submitting Completed Form

- Provide copies of this form for all signatories.
- Submit this form, with original signatures and a Professional Disclosure Statement for each work location.
- Mail to: Oregon Board of Licensed Professional Counselors & Therapists, 3218 Pringle Rd SE, #250 Salem, OR 97302-6312

For Board Use Only

Effective Date: ____ / ____ / ____ End Date: ____ / ____ / ____

Registration No: **R** Board approval: _____

**REGISTERED INTERN SIX-MONTH
SUPERVISOR EVALUATION & HOURS REPORT**

Registered Intern: _____ OBLPCT Registration #: _____

Six-Month Reporting Period From: _____ through _____
Month/Year Month/Year

Supervisor: _____

SUPERVISOR EVALUATION

Has Intern passed National Competency Examination (NCE, NCMHCE, CRC, AMFTRB, etc...) _____
Y N

What theory base or therapy underlies the intern's practice? _____

Does the intern demonstrate an understanding of assessment, diagnosis and
treatment planning? _____
Y N

If not, please describe how you are addressing the lack of understanding? _____

Is the Intern gaining experience in the diagnosis of mental disorders? _____
Y N

If not, please describe how you are addressing the lack of experience? _____

Is the Intern distributing a Professional Disclosure Statement at onset of counseling? _____
Y N

Does the Intern understand Oregon's laws and rules regulating LPCs and LMFTs? _____
Y N

Do you routinely discuss the above with emphasis on the OAR Code of Ethics? _____
Y N

Please evaluate the intern's strengths and weaknesses at the present time:

Please describe the Intern's professional growth in the last six months:

Please describe the Intern's goals for professional growth in the next six months:

Do you have any concerns regarding this Intern being licensed? _____
Y N

Is this Intern competent and practicing at an acceptable standard within the profession as a
whole?

REPORTED HOURS

Report # _____

| DATES | DIRECT CLIENT CONTACT HOURS | | SUPERVISION HOURS | | | |
|------------------------------|--|---------------------------------------|---|--|--------------------------|---------------------------------|
| | (A) Total Direct Client Contact Hours, including telephone & electronic | (B) LMFT Interns Couples & Family* | (C) Individual In-Person Supervision | (D) Individual Electronic Supervision | (E) Group Supervision | (C, D + E) SUPERVISION TOTAL |
| EXAMPLE: May, 2001 | 42 | 12 | 2 | 1 | 2.5 | 5.5 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

*Number of Reportable Couples and Family hours (LMFT Only)

SIGNATURES

Supervisor Signature: _____ Date: ____/____/____

Printed Name: _____

Supervisor Signature: _____ Date: ____/____/____

Printed Name: _____

Intern Signature: _____ Date: ____/____/____

⇒ Intern E-Mail address: _____

OFFICE USE ONLY

Notes: _____

Disposition: _____ / ____/____ _____
 Evaluator Date Approved Hours

INTERN PLAN CHANGE REQUEST

Intern Name _____ LPC LMFT

Effective Date of Change: _____ Intern Number(s): R _____

I. CHANGE IN PLACE OF PRACTICE:

Attach revised PDS to this form (Supervisor(s) must sign below signifying knowledge of change)

Practice to Delete: _____

Practice to Add: [Requires new or revised Professional Disclosure Statement for approval]

New Practice Name: _____

Address: _____

Telephone(s) _____ E-Mail _____

Beginning Date of **this** employment: _____ Job Title: _____

Describe client population and your duties _____

II. CHANGE IN SUPERVISOR:

(Supervisor(s) must sign below signifying knowledge of change)

Change in Supervisor[s] – **Attach Form #7 and revised PDS to this form**

How many supervisors in your current "approved" plan? _____

Are you?

Replacing Existing Supervisor

Adding a Supervisor

Removing a Supervisor

Other _____

Current supervisor(s) _____ Supervisor _____ Supervisor _____

New supervisor(s) _____ Supervisor _____ Supervisor _____

Acknowledgment of Plan Change:

Intern Signature _____

Supervisor Signature _____

Mail to: OBLPCT, 3218 Pringle Rd. SE, # 250, Salem, OR 97302-6312

Questions? [503] 378-5499 or E-Mail lpct.board@state.or.us

OFFICE USE ONLY

Plan Change Approved? [] YES [] Tentative [] NO Initial / Date _____

Six-Month Reporting Period: _____ to _____

Professional Disclosure Statement

Jane Smith, LPC
2121 Any Drive
Anytown, OR 97111
(503) 222-2424
jane.smith@sample.org

**LICENSEE
SAMPLE**

Philosophy and Approach: I believe that everyone can reach an optimum state of health. I employ an eclectic approach with a strong reliance on cognitive-behavioral aspects. . .

Formal Education and Training: I hold a master's degree in counseling from Portland State University. Major course work included human growth and development with an emphasis on adolescent adjustment, and group dynamics. . .

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. To maintain my license I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.

Fees: Examples: 1) My fee is \$. . . per hour, 2) The agency charges. . . or 3) Attached is a sliding scale of fees.

As a client of an Oregon licensee, you have the following rights:

- * To expect that a licensee has met the qualifications of training and experience required by state law;
- * To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- * To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100);
- * To report complaints to the Board;
- * To be informed of the cost of professional services before receiving the services;
- * To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me;
- * To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at
3218 Pringle Rd SE, #250, Salem, OR 97302-6312 Telephone: (503) 378-5499
Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT

For additional information about this counselor or therapist, consult the Board's website.

Professional Disclosure Statement
Jane Smith, Registered LPC Intern
2121 Any Drive
Anytown, OR 97111
(503) 222-2424
jane.smith@sample.org

REGISTERED
INTERN
SAMPLE

Philosophy and Approach: I believe that everyone can reach an optimum state of health. I employ an eclectic approach with a strong reliance on cognitive-behavioral aspects. . .

Formal Education and Training: I hold a master's degree in counseling from the University of Oregon. Major course work included human growth and development with an emphasis on adolescent adjustment, group dynamics. . .

As an Intern registered with the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. As an intern, I am supervised by George Public, a licensed marriage and family therapist, which I will be happy to explain.

Fees: Examples: 1) My fee is \$. . . per hour, 2) The agency charges. . . or 3) Attached is a sliding scale of fees.

As a client of an Oregon registered intern, you have the following rights:

- * To expect that a licensee has met the qualifications of training and experience required by state law;
- * To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- * To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100);
- * To report complaints to the Board;
- * To be informed of the cost of professional services before receiving the services;
- * To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me;
- * To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at
3218 Pringle Rd SE, #250, Salem, OR 97302-6312 Telephone: (503) 378-5499
Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT

For additional information about this intern, consult the Board's website.

PROFESSIONAL DISCLOSURE STATEMENT REQUIREMENTS/INSTRUCTIONS

License applicants must submit a Professional Disclosure Statement for Board approval. All licensees and interns must give their clients a Board-approved PDS prior to the performance of counseling / therapy services unless you provide crisis response or have a waiver from the Board.

Create your own statement adding whatever you like but make sure the necessary information in the checklist below is included. If you have more than one practice, the statement should include information regarding all practices, or you may submit a separate PDS for each practice.

Any time your information changes, you must revise your PDS and send a copy to the Board for approval. The Board office will contact you only if the new statement is not approved.

CHECKLIST: PDS REQUIRED ELEMENTS

- ✓ **Counselor/therapist/intern name, business name, address, and telephone number.** Although not required, you may want to include email and website addresses.
- ✓ **Philosophy and approach** to counseling; include the statement that you will abide by the Code of Ethics for counselors and therapists adopted by this Board.
- ✓ **Formal training and education** – highest relevant degree, subject, school granting degree, and major course work.
- ✓ **Continuing education or supervision requirements**
 - Licensees**: indicate that as a licensee you are required to participate in continuing education.
 - Interns**: Continuing education is not required for interns. Instead, indicate that as a registered intern you are under supervision and include your supervisor's name.
- ✓ **Client Bill of Rights** from the Code of Ethics.
- ✓ **Fees** – This is what the client will be charged regardless of who sets the fees. Give dollar amounts or a dollar range. Attach a sliding fee policy if relevant.
- ✓ **Statement about finding additional information about licensees and interns** (see sample PDS)
- ✓ **Board name, address, telephone number, and email address:**

Board of Counselors and Therapists
3218 Pringle Rd SE #250, Salem, OR 97302-6312
(503) 378-5499
Email: lpct.board@state.or.us
Website: www.oregon.gov/OBLPCT

It is not required, but you may want to include information about your custodian of record in your professional disclosure statement.



Oregon

Theodore R. Kulongoski, Governor

State Board of Clinical Social Workers

3218 Pringle Road SE, Suite 240

Salem, OR 97302-6310

(503) 378-5735

1-866-355-7050

Fax: (503) 373-1427

E-mail: Oregon.bcsw@state.or.us

<http://oregon.gov/bcsw>

August 17, 2009

[REDACTED]

Dear [REDACTED]

The Board is happy to inform you that your Plan of Supervision for Clinical Social Work Associate was approved at its **August** meeting. Your Plan dates are **August 11, 2009 through August 11, 2014**. Your Evaluation Reports are due in the month of **February and August**. Your Associate certification number is **A2514**.

Your certificate (a standard state-issued 8 1/2 by 3 1/2) will be valid until **October 31, 2010**. Enclosed is a wall certificate suitable for framing. Certification is done on a yearly basis (birth month). Renewals are sent to the last address on record. It is your responsibility to keep this office informed in writing of any changes in your name and address.

PLAN CHANGES: Plan changes or modifications require prior approval by the Board and will be reviewed under the current rules. The following items would constitute a change in your Plan: Change in employment, supervisor (individual and/or group), work hours, face-to-face client hours, extended plan dates, adding individual and/or group supervision, and an increase or decrease in your hours. It is important that you communicate with the Board anything that is a deviation from your original approved Plan. There are special forms to use for Plan changes; call the Board office and request a set or go to our website (<http://www.oregon.gov/BCSW>).

EVALUATION REPORTS -- Instructions and a set of Six-month Evaluation Report forms are included with this mailing. Please give your supervisor a copy of your Plan and the set of Evaluation Report forms. Keep good records of your face-to-face hours and work hours. These will be reported on the Evaluation Report forms.

If you have any questions, please feel free to call the Board office.

Sincerely,

Sancha D. Alley
Administrative Specialist II

SDA:sa
Enclosures

ATTACHMENT

P

[<<Prev Rule](#)

Texas Administrative Code

[Next Rule>>](#)**TITLE 22****EXAMINING BOARDS****PART 34****TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS****CHAPTER 781****SOCIAL WORKER LICENSURE****SUBCHAPTER D****LICENSES AND LICENSING PROCESS****RULE §781.402****Clinical Supervision for LCSW and Non-Clinical Supervision for LMSW-AP and Independent Practice Recognition**

(a) A person who has obtained a temporary license may not begin the supervision process toward independent non-clinical practice or independent clinical practice until the regular license is issued.

(b) An LMSW who plans to apply for the LCSW must:

(1) within 30 days of initiating supervision, submit to the board one clinical supervisory plan for each location of practice for approval by the board or executive director/designee;

(2) submit a current job description from the agency in which the social worker is employed with a verification of authenticity from the agency director or his or her designee on agency letterhead. In order for a plan to be approved, the position description or other relevant documentation must demonstrate that the duties of the position are clinical as defined in this chapter;

(3) submit a separate supervision verification form for each location of practice to the board for approval within 30 days of the end of each supervisory plan with each supervisor. If the supervisor does not recommend that the supervisee is eligible to examine for LCSW, the supervisor must indicate such on the clinical supervision verification form and provide specific reasons for not recommending the supervisee. The board may consider the supervisor's reservations as it evaluates the supervision verification submitted by the supervisee;

(4) submit a new supervisory plan within 30 days of changing supervisors or practice location; and

(5) submit an application for re-categorizing his/her licensure to Licensed Clinical Social Worker.

(c) An LMSW who plans to apply for the advanced practitioner specialty recognition must:

(1) submit one non-clinical supervisory plan for each location of practice to the board for approval by the board or executive director/designee within 30 days of initiating supervision;

(2) submit a current job description from the agency in which the social worker is employed with a verification of authenticity from the agency director or his or her designee on agency letterhead. In order for a plan to be approved, the position description must demonstrate that the duties of the position are social work;

(3) submit a separate supervision verification form for each practice location to the board for approval within 30 days of the end of each supervisory plan with each supervisor. If the supervisor does not recommend that the supervisee is eligible to examine for advanced practice specialty recognition, the supervisor must indicate such on the non-clinical supervision verification form and

provide specific reasons for not recommending the supervisee. The board may consider the supervisor's reservations as it evaluates the supervision verification that the supervisee submits;

(4) submit a new supervisory plan within 30 days of changing supervisors or practice location; and

(5) upon completing and submitting documentation of the required non-clinical supervision, the LMSW must apply for the advanced practitioner specialty recognition.

(d) An LBSW or an LMSW who plans to apply for the Independent Practice Recognition must:

(1) submit one supervisory plan to the board for each location of practice for approval by the board or executive director/designee within 30 days of initiating supervision;

(2) submit a current job description from the agency in which the social worker is employed with a verification of authenticity from the agency director or his or her designee on agency letterhead or submit a copy of the contract or appointment under which the LBSW or LMSW intends to work, along with a statement from the potential supervisor that the supervisor has reviewed the contract and is qualified to supervise the LBSW or LMSW in the setting;

(3) submit a separate supervision verification form for each practice location to the board within 30 days of the end of each supervisory plan with each supervisor. If the supervisor does not recommend that the supervisee is eligible for independent practice recognition, the supervisor must provide specific reasons for not recommending the supervisee. The board may consider the supervisor's reservations as it evaluates the supervision verification that the supervisee submits; and

(4) submit a new supervisory plan within 30 days of changing supervisors or practice location.

(e) A licensee who is required to be supervised as a condition of initial licensure, continued licensure, or disciplinary action must:

(1) submit one supervisory plan for each practice location to the board for approval by the board or executive director/designee within 30 days of initiating supervision;

(2) submit a current job description from the agency in which the social worker is employed with a verification of authenticity from the agency director or his or her designee on agency letterhead or submit a copy of the contract or appointment under which the licensee intends to work, along with a statement from the potential supervisor that the supervisor has reviewed the contract and is qualified to supervise the licensee in the setting;

(3) ensure that the supervisor submits reports to the board on a schedule determined by the board. In each report, the supervisor must address the supervisee's performance, how closely the supervisee adheres to statutes and rules, any special circumstances that led to the imposition of supervision, and recommend whether the supervisee should continue licensure. If the supervisor does not recommend the supervisee for continued licensure, the supervisor must provide specific reasons for not recommending the supervisee. The board may consider the supervisor's reservations as it evaluates the supervision verification the supervisee submits; and

(4) notify the board immediately if there is a disruption in the supervisory relationship or change in practice location and submit a new supervisory plan within 30 days of the break or change in practice location.

(f) An LBSW or an LMSW who has been approved for a probationary license under supervision while participating in the AMEC program must follow the application and supervision requirements in §781.413 of this title (relating to Alternate Method of Examining Competency (AMEC) Program).

Source Note: The provisions of this §781.402 adopted to be effective January 27, 2011, 36 TexReg 242

[Next Page](#)

[Previous Page](#)

[List of Titles](#)

[Back to List](#)

[HOME](#) | [TEXAS REGISTER](#) | [TEXAS ADMINISTRATIVE CODE](#) | [OPEN MEETINGS](#) | [HELP](#) |

[<<Prev Rule](#)

Texas Administrative Code

[Next Rule>>](#)**TITLE 22****EXAMINING BOARDS****PART 34****TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS****CHAPTER 781****SOCIAL WORKER LICENSURE****SUBCHAPTER D****LICENSES AND LICENSING PROCESS****RULE §781.403****Independent Practice Recognition (Non-Clinical)**

(a) An LBSW or LMSW who seeks to obtain board approval for the specialty recognition of independent non-clinical practice shall meet requirements and parameters set by the board in §781.401 of this title (relating to Qualifications for Licensure).

(b) An individual supervising an LBSW for independent non-clinical practice recognition shall be an LBSW recognized for independent non-clinical practice; an LMSW recognized for independent non-clinical practice; an LMSW-AP; or an LCSW. The supervisor shall be board-approved.

(c) An individual supervising an LMSW for the independent non-clinical practice recognition shall be board-approved and shall be an LMSW recognized for independent non-clinical practice, an LMSW-AP, or an LCSW.

(d) A person who has obtained only the temporary license may not begin supervision until the board issues a regular license.

(e) The board may use the Internal Revenue Service (IRS) guidelines developed in 1996 to demonstrate whether a professional is an independent contractor or an employee. These guidelines revolve around the control an employer has in an employer-employee relationship, in which the employer has the right to control the "means and details" by which services are performed.

(1) Behavioral control. The employer can control the employee's behavior by giving instructions about how the work gets done rather than simply looking at the end products of work. The more detailed the instructions, the more control the employer exercises. An employer requiring that employees be trained for the job is also an example of behavioral control, though contractors may also go through training.

(2) Financial control. The employer determines the amount and regularity of payments to employees. A contractor is typically paid when he/she completes the work, and the contractor usually sets a timeframe for completing the work. The most important element of financial control is that a contractor has more freedom to make business decisions that affect the profitability of his/her work. A contractor, for instance, may invest in renting an office or buying equipment, while the employee does not. While employees are usually reimbursed for job-related expenses, the contractor may or may not be reimbursed, but lack of reimbursement usually signals that a worker is independent. An independent contractor often makes his or her services available to other potential clients, while an employee does not.

(3) Relationship of the parties. The intent of the relationship is significant. The relationship is usually outlined in the written contract and gives one party more control than the other. If a company gives a worker employee benefits, the worker is an employee. The ability to terminate the relationship is another evidence of control in the relationship. If the employer-employee relationship

appears to be permanent, it denotes an employee, not contractor, relationship. If a worker performs activities that are a key aspect of the company's regular business, that denotes an employee status.

(f) An LBSW or LMSW who plans to apply for the specialty recognition of non-clinical independent practice shall follow procedures set out in §781.402 of this title (relating to Clinical Supervision for LCSW and Non-Clinical Supervision for LMSW-AP and Independent Practice Recognition).

(g) An LBSW or LMSW may practice independently when the LMSW or LBSW holds the independent practice specialty recognition, or when under a supervision plan for independent practice that has been approved by the board.

Source Note: The provisions of this §781.403 adopted to be effective January 27, 2011, 36 TexReg 242

[Next Page](#)

[Previous Page](#)

[List of Titles](#)

[Back to List](#)

[HOME](#) | [TEXAS REGISTER](#) | [TEXAS ADMINISTRATIVE CODE](#) | [OPEN MEETINGS](#) | [HELP](#) |

<<Prev Rule

Texas Administrative Code

Next Rule>>

| | |
|----------------------|---|
| <u>TITLE 22</u> | EXAMINING BOARDS |
| <u>PART 34</u> | TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS |
| <u>CHAPTER 781</u> | SOCIAL WORKER LICENSURE |
| <u>SUBCHAPTER D</u> | LICENSES AND LICENSING PROCESS |
| RULE §781.404 | Recognition as a Board-approved Supervisor and the Supervision Process |

(a) Types of supervision include:

(1) administrative or work-related supervision of an employee, contractor or volunteer that is not related to qualification for licensure, practice specialty recognition, a disciplinary order, or a condition of new or continued licensure;

(2) clinical supervision of a Licensed Master Social Worker in a setting in which the LMSW is providing clinical services; the supervision may be provided by a Licensed Professional Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Licensed Clinical Social Worker or Psychiatrist. This supervision is not related to qualification for licensure, practice specialty recognition, a disciplinary order, or a condition of new or continued licensure;

(3) clinical supervision of a Licensed Master Social Worker, who is providing clinical services and is under a board-approved supervision plan to fulfill supervision requirements for achieving the LCSW; a Licensed Clinical Social Worker who is a board-approved supervisor delivers this supervision;

(4) non-clinical supervision of a Licensed Master Social Worker or Licensed Baccalaureate Social Worker who is providing non-clinical social work service toward qualifications for independent non-clinical practice recognition; this supervision is delivered by a board-approved supervisor;

(5) non-clinical supervision of a Licensed Master Social Worker who is providing non-clinical social work service toward qualifications for the LMSW-AP; this supervision is delivered by a board-approved supervisor;

(6) supervision of a probationary Licensed Master Social Worker or Licensed Baccalaureate Social Worker providing non-clinical services by a board-approved supervisor toward licensure under the AMEC program; or

(7) board-ordered supervision of a licensee by a board-approved supervisor pursuant to a disciplinary order or as a condition of new or continued licensure.

(b) A person who wishes to be a board-approved supervisor must file an application and pay the applicable fee.

(1) A board-approved supervisor must be actively licensed in good standing by the board as an LBSW, an LMSW, an LCSW, or be recognized as an Advanced Practitioner (LMSW-AP), or hold the equivalent social work license in another jurisdiction. An individual whose licensure status is emeritus may not serve as a board-approved supervisor. The person applying for board-approved status must have practiced at his/her category of licensure for two years. The board-approved

supervisor shall supervise only those supervisees who provide services that fall within the supervisor's own competency.

(2) The board-approved supervisor is responsible for the social work services provided within the supervisory plan.

(3) The board-approved supervisor must have completed a supervisor's training program acceptable to the board.

(4) The board-approved supervisor must complete three hours of continuing education every biennium in supervision theory, skills, strategies, and/or evaluation.

(5) The board-approved supervisor must designate at each license renewal that he/she wishes to continue board-approved supervisor status.

(6) The board-approved supervisor must submit required documentation and fees to the board as listed in §781.316 of this title (relating to Fees).

(7) When a licensee is designated a board-approved supervisor, he or she may perform the following supervisory functions.

(A) An LCSW may supervise clinical experience toward the LCSW license, non-clinical experience toward the Advanced Practitioner specialty recognition, non-clinical experience toward the Independent Practice Recognition (non-clinical), a licensee under probationary initial or continued licensure, board-ordered probated suspension, and probationary license holders under the AMEC program.

(B) An LMSW-AP may supervise non-clinical experience toward the Advanced Practitioner specialty recognition; non-clinical experience toward the non-clinical Independent Practice Recognition; a licensee under probationary initial or continued licensure; board-ordered probated suspension for non-clinical practitioners; and probationary license holders under the AMEC program.

(C) An LMSW with the Independent Practice Recognition (non-clinical) who is a board-approved supervisor may supervise an LBSW's or LMSW's non-clinical experience toward the non-clinical Independent Practice Recognition; an LBSW or LMSW under probationary initial or continued licensure; an LBSW or LMSW (non-clinical) under board-ordered probated suspension; and a probationary license holder under the AMEC program; however, an LMSW who does not hold the independent practice recognition may only supervise probationary license holders under the AMEC program in an employment setting.

(D) An LBSW with the non-clinical Independent Practice Recognition who is a board-approved supervisor may supervise: an LBSW's non-clinical experience toward the non-clinical Independent Practice Recognition; an LBSW under probationary initial or continued licensure; an LBSW under board-ordered probated suspension; and a probationary LBSW license holder under the AMEC program; however, an LBSW who does not hold the independent practice recognition may only supervise probationary license holders under the AMEC program in an employment setting.

(8) On receiving the licensee's application to be a board-approved supervisor, as well as fee and verification of qualifications, the board will issue a letter notifying the licensee that the licensee is a board-approved supervisor.

(9) The approved supervisor must renew the approved supervisor status in conjunction with the biennial license renewal. The approved supervisor may surrender supervisory status by documenting the choice on the appropriate board renewal form and subtracting the supervisory renewal fee from the renewal payment. If a licensee who has surrendered supervisory status desires to regain supervisory status, the licensee must reapply and meet the current requirements for approved supervisor status.

(10) A supervisor must maintain the qualifications described in this section while he or she is providing supervision.

(11) A board-approved supervisor who wishes to provide any form of board-approved or board-ordered supervision must comply with the following.

(A) The supervisor is obligated to keep legible, accurate, complete, signed supervision notes and must be able to produce such documentation for the board if requested. The notes shall document the content, duration, and date of each supervision session.

(B) A social worker may contract for supervision with written approval of the employing agency. A copy of the approval must accompany the supervisory plan submitted to the board.

(C) A board-approved supervisor may not charge or collect a fee or anything of value from his or her employee or contract employee for the supervision services provided to the employee or contract employee.

(D) Before entering into a supervisory agreement, the supervisor shall be aware of all conditions of exchange with the clients served by her or his supervisee. The supervisor shall not provide supervision if the supervisee is practicing outside the authorized scope of the license. If the supervisor believes that a social worker is practicing outside the scope of the license, the supervisor shall make a report to the board.

(E) A supervisor shall not be employed by or under the employment supervision of the person who he or she is supervising.

(F) A supervisor shall not be a family member of the person being supervised.

(G) A supervisee must have a clearly defined job description and responsibilities.

(H) A supervisee who provides client services for payment or reimbursement shall submit billing to the client or third-party payers which clearly indicates the services provided and who provided the services, and specifying the supervisee's licensure category and the fact that the licensee is under supervision.

(I) If either the supervisor or supervisee has an expired license or a license that is revoked or suspended during supervision, supervision hours accumulated during that time will be accepted only if the licensee appeals to and receives approval from the board.

(J) A licensee must be a current board-approved supervisor in order to provide professional development supervision toward licensure or specialty recognition, or to provide board-ordered supervision to a licensee. Providing supervision without having met all requirements for current, valid board-approved supervisor status may be grounds for disciplinary action against the supervisor.

(K) The supervisor shall ensure that the supervisee knows and adheres to the Code of Conduct and Professional Standards of Practice of this chapter.

(L) The supervisor and supervisee shall avoid forming any relationship with each other that impairs the objective, professional judgment and prudent, ethical behavior of either.

(M) Should a supervisor become subject to a board disciplinary order, that person is no longer a board-approved supervisor and must so inform all supervisees, helping them to find alternate supervision.

(N) The board may deny, revoke, or suspend board-approved supervisory status following a fair hearing for violation of the Act or rules, according to the department fair hearing rules. Continuing to supervise after the board has denied, revoked, or suspended board-approved supervisor status, or after the supervisor's supervisory status expires, may be grounds for disciplinary action against the supervisor.

(O) If a supervisor's board-approved status is expired, suspended, or revoked, the supervisor shall refund all supervisory fees the supervisee paid after the date the supervisor ceased to be board-approved.

(P) A supervisor is responsible for developing a well-conceptualized supervision plan with the supervisee, and for updating that plan whenever there is a change in agency of employment, job function, goals for supervision, or method by which supervision is provided.

(Q) All board-approved supervisors shall have taken a board-approved supervision training course by January 1, 2014 in order to renew board-approved supervisor status. The board recognizes that many licensees have had little, if any, formal education about supervision theories, strategies, problem-solving, and accountability, particularly LBSWs who may supervise licensees toward the IPR. Though some supervisors have functioned as employment supervisors for some time and have acquired practical knowledge, their practical supervision skills may be focused in one practice area, and may not include current skills in various supervision methods or familiarity with emerging supervisory theories, strategies, and regulations. Therefore, the board values high-quality, contemporary, multi-modality supervision training to ensure that all supervisors have refreshed their supervisory skills and knowledge in order to help supervisees practice safely and effectively.

(12) A board-approved supervisor who wishes to provide supervision towards licensure as an LCSW or towards specialty recognition in Independent Practice (IPR) or Advanced Practitioner (LMSW-AP), which is supervision for professional growth, must comply with the following.

(A) Supervision toward licensure or specialty recognition may occur in one-on-one sessions; in a combination of individual and group sessions; or in board-approved combinations of supervision in the same geographical location, supervision via audio and visual web technology, and other electronic supervision techniques.

(B) Supervision groups shall have no fewer than two members and no more than six.

(C) Supervision shall occur in proportion to the number of actual hours worked, with a base line of one hour of supervision for every 40 hours worked. If the supervisee works full-time, supervision shall occur on average at least twice a month and for no less than four hours per month; if the supervisee works part-time (at least 20 hours per week), supervision shall occur on average at least

once a month and no less than two hours per month. Supervisory sessions shall last at least one hour and no more than two hours per session. No more than 10 hours of supervision may be counted in any one month, or 30-day period, as appropriate, towards satisfying minimum requirements for licensure or specialty recognition.

(D) The board considers supervision toward licensure or specialty recognition to be supervision which promotes professional growth. Therefore, all supervision formats must encourage clear, accurate communication between the supervisor and the supervisee, including case-based communication that meets standards for confidentiality. Though the board favors supervision formats in which the supervisor and supervisee are in the same geographical place for a substantial part of the supervision time, the board also recognizes that some current and future technology, such as using reliable, technologically-secure computer cameras and microphones, can allow personal face-to-face, though remote, interaction, and can support professional growth. Supervision formats must be clearly described in the supervision plan, explaining how the supervision strategies and methods of delivery meet the supervisee's professional growth needs and ensure that confidentiality is protected. The plan must be approved by the board.

Cont'd...

[Next Page](#)

[Previous Page](#)

[List of Titles](#)

[Back to List](#)

[HOME](#) | [TEXAS REGISTER](#) | [TEXAS ADMINISTRATIVE CODE](#) | [OPEN MEETINGS](#) | [HELP](#) |

FORM III - Instructions and Form

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS
Clinical Supervision Instructions and Clinical Supervision Plan
(for the requirements towards LCSW licensure by an LMSW)

Instructions

In order to most efficiently and effectively document and provide verification of minimum qualifications for licensure as an LCSW related to supervised clinical experience and supervision, the Texas State Board of Social Worker Examiner (board), recommends adherence to the following steps. These steps serve to reduce the number of individuals who hold an LMSW license, who aspire to or who are currently working towards fulfilling minimum requirements for licensure as an LCSW, who encounters problems getting a Clinical Supervision Plan approved by the board. They also serve to reduce the number who encounters problems in verification requirements and lack board approval related to all the clinical supervised experience and supervision hours towards fulfilling minimum requirements for licensure as an LCSW in which he/she has already engaged.

Step 1. The LMSW Supervisee (or more accurately, at this point in the process, the potential Supervisee) (henceforth referred to as "Supervisee") initiates contact with one or more board-approved supervisor(s) related to engaging in board-approved supervision towards satisfaction of minimum requirements towards licensure as an LCSW. A list of board-approved supervisors is available on the board's website at: http://www.dshs.state.tx.us/socialwork/sw_rosters.shtm.

The Supervisee identifies a potential LCSW board-approved Supervisor (henceforth referred to as Supervisor) who may be available to engage in professional growth supervision (as opposed to board-ordered, remediation or monitoring supervision) related to the Supervisee meeting the minimum requirements for supervised experience and supervision towards licensure as an LCSW.

Step 2. The potential Supervisor and Supervisee shall read/re-read the "Rules Relating to the Licensing and Regulation of Social Workers" (rules), which are located in Title 22, Texas Administrative Code (TAC), Chapter 781. In particular, the Supervisor and Supervisee should study "Subchapter D: Licenses and Licensing Process." This is available on pp. 23-37 of the rules.

The rules are available on the board's website at: http://www.dshs.state.tx.us/socialwork/sw_rules.shtm. The board recommends that all licensees re-read the law and rules governing social work practice in their entirety at least once per year and recommends that each licensee check the board's website at least once per quarter to stay abreast of new information, information about rule changes, and information about the board and its meetings.

Step 3. The potential Supervisor shall specifically review the law and rules relating to social work practice, the supervision process, and clinical supervision to determine if she/he is appropriate to provide the requested supervision. The Supervisor shall determine if she/he has met minimum requirements as a board-approved supervisor, if she/he has received verification of board-approval of supervisor status, and if she/he has maintained the supervisor status through renewal of the license and status, if applicable.

It is the responsibility of both the Supervisor and the Supervisee to determine that the Supervisor is board-approved, and the supervisor status is current, prior to initiation of supervision. Individuals may check licensure and board-approved supervisor status on the board's website at:
http://www.dshs.state.tx.us/socialwork/sw_search.shtm.

Step 4. The potential Supervisor and Supervisee shall read and study "Licensing 101 for the Supervision Process."

Licensing 101 for the Supervision Process

The source document for the rules (and the official version, if there is a discrepancy between the version on the board's website and the version on the Secretary of State's website) is available on the Texas Secretary of State's website at: <http://www.sos.state.tx.us/tac/>. On the Secretary of State's webpage for the Texas Administrative Code (TAC), click on the link on the top right, under "Points of Interest" for "View the current *Texas Administrative Code*." On the webpage which opens following the click on "View the current *Texas Administrative Code*," click on "Title 22 Examining Boards." On that new page, scroll down the page, and click on "Part 34 Texas State Board of Social Worker Examiners." Then click on "Chapter 781 Social Worker Licensing." This will reveal the relevant subchapters for easy navigation.

Questions about the rules governing the practice of social work are an ideal topic for discussion between Supervisor and Supervisee. It is the responsibility of each licensee to be familiar with the law and rules governing practice and to practice within those requirements. Ignorance is not a valid defense for failing to meet minimum requirements.

A licensee is expected to seek formal professional consultation, as appropriate, when she/he has a question about a practice issue, a particular practice area, or an ethical dilemma. Board staff and board members may, as a courtesy, provide some direction about where to find particular content in the law and rules, but neither the board staff nor the individual board members can provide formal professional consultation, unless the issue is specifically addressed in law, rule, or board policy, or unless the opinion is the official opinion of the board and/or of its committees, as evidenced by a majority vote. [A board staff or member, *separate from her/his role as a board or staff member*, may provide professional consultation if it is appropriate within the individual's professional competency. The individual seeking professional consultation should not assume that the staff or board member is acting as an agent of the board in providing the consultation.]

A licensee or applicant for licensure should seek professional consultation for issues which are not directly addressed in the law, rules, and policy from such sources as an expert in the particular practice or ethical area, evidence-based research on the subject, social work educational resources, a professional association, legal counsel, and/or another appropriate source. The board's staff members and individual board members, separate from the formal work of the board in its meetings and committee meetings, do not and cannot provide legal advice to licensees. Legal counsel for the board serves to facilitate the work of the board rather than the work of individual licensees.

Individual licensees should seek legal counsel through an attorney of their choosing. The board, as an agency of the State of Texas, cannot recommend an appropriate attorney. Licensees should seek professional consultation to locate an appropriate attorney, if required. Accessing legal consultation when appropriate should be considered a regular part of a licensee's cost of doing business.

Individual board-approved supervisors are required to engage in a supervision process which is in compliance with the law, rules, and policies of the board, as well as which is consistent with the current, generally accepted standards of practice in social work supervision. As a result of the requirement for current knowledge and skills in supervision theory, methods, and practices, board-approved supervisors are now required to engage in a minimum of three hours of continuing education directly related to supervision for each biennial licensure renewal. All board-approved supervisors, if they did not have to provide verification of completion of a board-approved supervisor training course to gain board-approved supervisor status, are required to provide documentation of completion of a 40 hour course on supervision to the board office prior to January 1, 2014. Supervisors should study all of the law and rules related to practice and particularly focus on 22 TAC §781.402 "Clinical Supervision for LCSW and Non-Clinical Supervision for LMSW-AP and Independent Practice Recognition," as well as 22 TAC §781.404 "Recognition as a Board-approved Supervisor and the Supervision Process."

Frequently, social work educational institutions do not include comprehensive training of students on the law and rules governing social work practice or on supervision and the supervision process towards licensure as a part of required curricula for graduation with a degree in social work. Social work educational institutions must meet the minimum requirements of the Council on Social Work Education (CSWE). These minimum requirements do not generally require a demonstration of competency by the student in the licensing laws and rules as required by each state or jurisdiction's licensing board in order to confer a degree in Social Work. Social work licensing and social work education are two very different disciplines with very different requirements.

The law and rules governing social work practice are different from jurisdiction to jurisdiction, so anyone who practices outside of the jurisdiction of her/his licensure or who practices with clients who are located outside of the jurisdiction of the license, should be familiar with and comply with the requirements of each relevant jurisdiction. Every licensee is required to practice within the relevant law and rules governing her/his practice, regardless of whether her/his formal social work education included comprehensive training on licensing

requirements. The law and rules governing the practice of social work are ideal subjects for discussion between Supervisor and Supervisee.

An LMSW who intends to engage or who is engaging in board-approved supervision towards fulfillment of minimum requirements for licensure as an LCSW *should not rely solely* on the knowledge gained in a social work educational institution to teach the law and rules governing practice and governing the licensing process. The board is the entity designated by the Texas Legislature to establish and enforce licensing requirements, and licensees generally must engage in self-study, completely independent of formal social work education, of the law and rules throughout their social work career to become knowledgeable about licensing and practice accordingly.

For clarification, some LMSWs believe that they will obtain LCSW licensure within 24 months of engaging in board-approved supervision under a board-approved supervision process and make mental or logistical plans related to practice based on this assumption. In fact, it is *impossible* for an LMSW to obtain an LCSW license within 24 months following commencement of supervision because there is processing time required by board staff related to applications for licensure. An LMSW should expect the process to obtain an LCSW license to be a minimum of four to six weeks following completion of and submission to the board office of all LCSW licensure fees and requirements. For LMSWs who submit an application form, fee, and all other appropriate attachments for licensure as an LCSW, who are then determined by the board office to not have met minimum requirements for LCSW licensure, the process will be longer, depending on the nature of the application deficiency. Individuals will be informed in writing of application deficiencies.

Finally, the board office generally and primarily communicates with licensees and applicants via US mail; there are some exceptions. For this reason, it is *imperative* that the licensee at all times has her/his correct mailing address, contact information, and employment information on file with the board. An individual may check the mailing address which the board has on file by conducting an online verification of her/his licensure, which is available here: www.dshs.state.tx.us/socialwork/sw_search.shtm. A written notification to the board of a change of address or other information should be submitted to the board office within 30 days of the change. An individual licensee is required to know about and comply with all reporting requirements of the board, which are available in the board's rules and on the board's website.

Similarly, an LMSW who is practicing under a board-approved Clinical Supervision Plan *is required to submit* a Clinical Supervision Verification Form (Form V) within 30 days of changing the practice location or substantively changing the supervision process or social work practice as described and approved in writing by the board in the initial Clinical Supervision Plan. (This includes the requirement to submit a verification form within 30 days if practice at the location is disrupted for 30 days or more, for any reason, including in the case of a medical leave). The board will notify an LMSW *in writing*, generally within six to eight weeks, of its approval or of a deficiency, when a Clinical Supervision Plan has been received by the board for consideration for approval.

The board generally recommends that Clinical Supervision Plans be submitted via certified US mail to provide the Supervisee with verification of timely submission, in case the plan fails to reach its appropriate destination at the board office. Individuals should take care to indicate the complete and correct address of the board, *including the mail code*, when submitting information to the board. Also, due to the volume of materials submitted by approximately 20,000 licensees, as well as applicants for licensure and a wide variety of others, sometimes materials are accidentally misplaced. It is the responsibility of the LMSW who submits the Clinical Supervision Plan to the board to follow-up with the board office if a written notification of approval or of deficiency is not received within eight weeks. If a written notification of approval, indicating the board-approved supervisor, the board-approved location of practice, and the board-approved start date of supervision, is not sent by the board, the plan is not approved.

To clarify: The plan *is specific* to the supervisor, the location of practice listed, and it has a board-approved start date which is indicated on the written verification from the board of approval. Many individuals have more than one board-approved Clinical Supervision Plan on file with the board office because they practice in multiple locations. Ignorance of the law and rules is not a valid defense to the board. The board generally will not waive minimum requirements for licensure because the individual was not aware, through self-study of the law and rules, of the requirements, even upon appeal.

All licensees must comply with the minimum requirements as specified by the board. While all board-approved supervisors are legally required to know and abide by the law and rules, a Supervisee should not rely solely on a Supervisor to teach them about the minimum requirements for licensure. All professionals who are recognized by the State of Texas as having met minimum requirements toward professional licensure or certification are expected to engage in self-study of the law and rules, to demonstrate compliance with minimum requirements, and to seek professional consultation when appropriate.

If a Supervisee believes that her/his supervisor has failed to provide supervision consistent with the board's law or rules, the Supervisee may file an Ethics Complaint against the Supervisor. Additional information is available on the board's website at: http://www.dshs.state.tx.us/socialwork/sw_complaint.shtm. Any licensee may have an Ethics Complaint filed against her/him at any time. This is considered to be a regular cost of doing business as a licensed professional who is recognized by the state. The primary purpose of the board is to *protect the public from harm* related to inappropriate or unethical practice of social work in the State of Texas.

Step 5. The potential Supervisor and Supervisee shall review the job description(s) of the experience of the Supervisee to be supervised to determine if the supervised experience meets minimum requirements as "clinical" as defined by the board in its rules. Clinical social work is defined in the rules at 22 TAC §781.102(12) and includes "using specialized clinical knowledge and advanced skills to assess, diagnose, and treat mental, emotional, and behavioral disorders, conditions, and addictions... Treatment methods may include but are not limited to, providing individual, marital, couple, family, and group psychotherapy. Clinical social

workers are qualified and authorized to use the Diagnostic and Statistical Manual of Mental Disorders (DSM), the International Classification of Diseases (ICD), Current Procedural Terminology (CPT) codes, and other diagnostic classification systems in the assessment, diagnosis and other practice activities. The practice of clinical social work is restricted to either a Licensed Clinical Social Worker, or a Licensed Master Social Worker under clinical supervision in employment or under a clinical supervision plan.”

More information about the scopes of practice of the different categories of social work licensure are available in 22 TAC §781.202 “The Practice of Social Work.” Most importantly, the supervised experience must demonstrate that the LMSW will be competent, upon completion of the Clinical Supervision Plan, to provide the abovementioned practice activities without supervision.

The simplest way to determine if a job description meets the minimum requirements for developing competency in clinical social work is to ask: Will this individual, based on social work experience in this job, be competent to provide psychotherapy in independent practice upon completion of the supervised experience? Although equating clinical social work with psychotherapy is a controversial and complicated issue, strictly for the purposes of the licensing and regulation of social work, what separates the scope of practice of an LMSW and an LCSW is competency *without supervision* in using specialized clinical knowledge and advanced skills to assess, diagnose, and treat mental, emotional, and behavioral disorders, conditions, and addictions, and treatment methods may include but are not limited to, providing individual, marital, couple, family, and group psychotherapy.

After reviewing many job descriptions, the board has identified some social work practice areas which, unless it can be demonstrated to the appropriate committee of the board through formal appeal that this particular experience is fundamentally different than others, are not sufficiently “clinical” are: medical social work outside of a behavioral health setting; school social work; as well as work in case management, Employee Assistance Programs, and utilization review. While almost all social work practice has some clinical elements to it, not all supervised master’s level social work practice can reasonably be expected to result in professional competency in use of the advanced clinical skills which are restricted by the board to LCSWs and to LMSWs under clinical supervision.

For those for whom their job is not sufficiently “clinical,” the board has provided a remedy. An LMSW whose job description is not sufficient to be approved by the board for a Clinical Supervision Plan on its own merits may submit, in conjunction with the original Clinical Supervision Plan specific to the “non-clinical” job, a separate, supplemental Clinical Supervision Plan, which describes a minimum of four hours per week of clinical experience, as defined by the board’s rules, in the same or another setting with the same supervisor.

In the case of submission of a supplemental Clinical Supervision Plan, not only is an official job description on agency letterhead specific to the supplemental experience required as an attachment but also a letter is required from the agency executive or designee on agency letterhead which describes: (1) how many hours per week the potential Supervisee will work; (2) the clinical duties to be performed by the potential Supervisee; and (3) authorization by the agency for the potential Supervisee to engage in the work under the clinical supervision of the Supervisor (who must be specifically named).

When a supplemental plan is submitted, the original plan shall be submitted as an attachment. In this case, if approved by the board, the supervised experience hours at the "primary" job as well as the "supplemental" job(s) may be counted towards fulfilling minimum requirements for licensure as an LCSW. It is the ultimate responsibility of the Supervisor to ensure that the Supervisee has developed the appropriate competency in clinical social work as defined by the board in the course of all the supervised experience to be qualified and authorized by the board to perform clinical assessment, diagnosis, and treatment of mental health conditions, as outlined in the DSM, ICD, CPT codes, and other diagnostic classification systems, without supervision in independent practice.

Step 6. The potential Supervisee and Supervisor shall formally discuss the creation of a formal supervision relationship, including but not limited to such things as:

- confirmation of the Supervisor's board-approved supervisor status, of which the most timely is to use the "Find a Licensee" function on the board's website at www.dshs.state.tx.us/socialwork. Follow links to "Live Online Search," "Verification," and "Public License Search;"
- an evaluation of each person's knowledge and understanding of the laws and rules governing the professional practice of social work, especially as it relates to the minimum requirements for licensure as an LCSW and the supervision process;
- a second evaluation of the job description and the conditions of the Supervisee's employment or pro bono experience, to determine if the Supervisee is practicing within the board's authorized scope of practice and whether the Supervisor is qualified to provide the supervision;
- if the Supervisee provides services for payment or reimbursement, evaluation of all conditions of exchange with the clients served by the Supervisee, to determine whether the conditions of exchange are appropriate as well as to determine whether the Supervisee clearly identifies her/his licensure category and the fact that the Supervisee is under supervision in all billing documents to clients or third parties for payment;
- a discussion of potential contemporary, multi-modality supervision formats and methods, as well as supervision goals;
- a discussion of client confidentiality as it relates to the supervision process;
- a determination of whether both parties consent to engage in a formal supervision process towards licensure as an LCSW; and

- the development of a well-conceptualized supervision plan, including an ongoing process to regularly review and update the supervision process and plan, particularly whenever there is a change in the Supervisee's agency of employment or practice; job function; goals for supervision; method by which supervision is provided; or supervisor.

Step 7. The Supervisor is responsible to create and implement an appropriate supervision process based on contemporary knowledge and skills related to social work supervision. Supervision towards licensure as an LCSW shall comply with the minimum requirements in relevant law and rule, including but not limited to 22 TAC §781.404(b)(12).

Step 8. The Supervisee, in conjunction with the Supervisor, submits Form III "Clinical Supervision Plan" with all relevant attachments to the board for consideration for approval. The Supervisee may (but is not required to) submit the Clinical Supervision Plan via certified US mail to provide evidence of timely submission if an error in delivery or processing occurs.

All LMSWs who submit Clinical Supervision Plans are required to submit the official job description(s) on agency letterhead of the experience to be supervised to accompany the Clinical Supervision Plan. The Clinical Supervision Plan Instructions comprise the first 12 pages of this document. The Clinical Supervision Plan (Form III) comprises pages 13-15. Only pages 13-15 must be/should be submitted to the board along with all required attachments.

The board-approved supervisor may be employed by or under contract with the agency to provide supervision, or alternately, may practice professional social work "outside" of the agency. If the board-approved supervisor is not employed by or under contract with the agency to provide supervision towards licensure, the Supervisee is required to obtain and submit with the Clinical Supervision Plan a letter from the agency executive or her/his designee on agency letterhead which authorizes the Supervisee to engage in supervision with the outside Supervisor.

Step 9. Within four weeks of receipt of the Clinical Supervision Plan, the board office will review the documents submitted and send a *written* confirmation of approval of the Clinical Supervision Plan, including all the specific board-approved details contained in that plan, including location of practice and start date, or alternately, will send a written notice of deficiency, to the address on file for the Supervisee.

The Supervisor and Supervisee may wish to establish a timeline by which the Supervisee will contact the board office if written notification of approval or deficiency of the Clinical Supervision Plan(s) is/are not received by the Supervisee within four to eight weeks of submission. Ultimately, the Supervisee is responsible to follow-up with board staff on the status of the submitted plan if written notification of board-approval or deficiency is not received within eight weeks.

Step 10: The Supervisor and Supervisee engage in supervised clinical experience and supervision under a board-approved plan. Both the Supervisor and the Supervisee shall appropriately document each supervision session, including but not limited to the date, duration, and topic. Both shall maintain these records.

Both the Supervisor and Supervisee shall ensure that the supervised clinical experience and supervision are consistent with the board rules. Both shall follow the law and rules governing practice. The Supervisor shall ensure that the Supervisee knows and adheres to the Code of Conduct and Professional Standards of Practice of the board's rules.

All licensees, within 30 days of a change of mailing address, contact information, or employment, all shall make a written report to the board of the change.

The Supervisor and the Supervisee shall seek formal professional consultation as needed. The board recommends that each access the board's website on at least a quarterly basis to stay abreast of critical information, including changes to the board's rules.

Step 11. During the course of board-approved supervision, the Supervisor and Supervisee shall review the plan periodically to make sure the plan is up-to-date and continues to be appropriate. In the case where there is a change after board-approval of a plan in such things as the practice description or location, or the supervision process or goals, the Supervisee shall submit a new Clinical Supervision Plan for board approval which reflects the changes to the original, board-approved plan.

In this case, where there is a substantive change, and a new Clinical Supervision Plan is required to be submitted for approval of the new details, the Supervisee and Supervisor shall also submit a Clinical Supervision Verification Form for the experience under the previous plan within 30 days of the change to "close out" the old plan. When a Clinical Supervision Verification Form, which should relate to *one and only one* specific Clinical Supervision Plan, is submitted to and received by the board office, the Clinical Supervision Plan related to work at that location of practice with that start date is closed by the board office.

Continued supervised experience and supervision may only be considered acceptable to the board towards minimum requirements for licensure after a plan has been closed under certain circumstances. The Supervisee and Supervisor should not assume that continued work will be acceptable to the board. Acceptance generally requires formal approval of the appropriate committee of the board.

Step 12: When all minimum requirements have been met related to supervised clinical experience and supervision, the Supervisee, in conjunction with the Supervisor, shall submit a Clinical Supervision Verification Form to the board for approval within 30 days of completion of the supervision process. The board may require submission of additional documentation related to supervised experience and

supervision to accompany the verification form. The board will notify the Supervisee in writing when additional documentation is required.

The board generally recommends that the Supervisee and Supervisor consider continuing the supervision process until board acceptance of all the minimum requirements have been confirmed, in case it is determined that not all minimum requirements have been met, and documentation of additional hours is required.

To help determine if all minimum requirements related to supervised clinical experience and supervision have been met, review the law and rules, and the following questions may provide a guide (this is *not* comprehensive of all requirements):

- (1) Did I submit a Clinical Supervision Plan within 30 days of commencing supervised experience and supervision?
- (2) Did I receive a letter of approval for the plan, specifying the location of practice, the supervisor, and the board-approved start date within eight weeks of submitting the plan to the board?
- (3) Did my supervision sessions last a minimum of one hour each?
- (4) When I am calculating minimum requirements, am I only counting whole months (at least 30 days) of supervision and supervised experience? (Partial months will not be accepted).
- (5) Have I engaged in at a minimum an average of one supervision session per 30-40 hours of supervised clinical experience?
- (6) Do I have documentation of a minimum of 3,000 hours of supervised experience which meets the minimum requirements of the board?
- (7) Did my supervision sessions occur throughout the course of the minimum of 3,000 hours of supervised clinical experience (or was it disproportionately distributed across the experience)?
- (8) Have I engaged in supervision and supervised experience for a minimum of 24 months under one or more board-approved plan(s), regardless of the number of supervised experience hours accrued?
- (9) Have I engaged in and met all minimum requirements related to supervision and supervised experience in no more than 48 months?
- (10) Do I have documentation of a minimum of 100 hours of supervision with my board-approved supervisor which meets the minimum requirements of the board?
- (11) Do I have documentation of an average of two supervision sessions per month for full-time work or one per month for part-time work?
- (12) Was my licensure active and in good standing throughout the course of supervision?
- (13) Was my Supervisor's license and board-approved supervisor status active and in good standing throughout the course of the supervision?
- (14) Did my Supervisor have a formal disciplinary action taken against her/him by the board during the period of supervision?

- (15) Have I confirmed that my name, contact information, and employment information are current with the board now and have been throughout the period of supervision?
- (16) Have I confirmed that my supervised experience and supervision was consistent with what was described in the board-approved plan? If not, did I submit a new plan and a verification form within 30 days of the change(s)?
- (17) Have I submitted a separate Clinical Supervision Verification form for each plan and location of practice?
- (18) Have both I and my Supervisor maintained documentation of supervised experience and supervision, in case additional information is requested by the board?
- (19) If I submitted a supplemental Clinical Supervision Plan to accommodate the board's minimum requirements for "clinical" supervised experience, did I attach a cover sheet with both the materials and forms for the supplemental experience as well as the primary experience?

Step 13: Once all minimum requirements have been met, the Supervisee may submit an application for licensure as an LCSW with all appropriate documentation and fees. Board approval of the application or identification of a deficiency will occur in writing. If the application materials are acceptable, the board shall authorize the Supervisee to register for and take the Association of Social Work Board's (ASWB) Clinical Examination. Once the application has been approved as meeting all minimum requirements for licensure, including passage of the ASWB Clinical Examination, the license certificate will be issued and mailed for delivery generally within approximately two weeks.

FORM III

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS

Clinical Supervision Plan

(for the requirements towards LCSW licensure by an LMSW)

Supervisee Last Name: _____ First Name: _____ Middle Name: _____

Please refer to the law and rules governing social work practice for all information related to licensure. The law and rules are available on the board's website at: <http://www.dshs.state.tx.us/socialwork/>.

Important information about forms:

- Submission of a Clinical Supervision Plan (Form III) does not ensure acceptance of the plan by the board. Acceptance is verified by a letter mailed to the supervisee at the mailing address on file with the board.
- A separate Clinical Supervision Plan (Form III) *must be submitted* to the board for approval for *each location of practice*. Similarly, upon completion of supervision, a separate Clinical Supervision Verification (Form V) must be submitted for each board-approved Clinical Supervision Plan (Form III) in effect. Combining all locations of practice into one Clinical Supervision Plan (Form III) or Verification (Form V) is *not* acceptable to the board.
- Submission of a Clinical Supervision Verification (Form V) does *not* ensure that the board will accept the verification of supervised experience *as submitted*. The Verification (Form V) must be submitted *within 30 days* of completion of the supervision and must meet all criteria required by the board.
- A new Clinical Supervision Plan (Form III) must be submitted for approval when *any change occurs* in the conditions of supervision as approved by the board in the original, approved Clinical Supervision Plan (Form III) (such as who the supervisor is, number of hours worked, location of practice, etc.). This must be submitted *within 30 days* of the change, as must a Verification (Form V) for the experience accrued under the original, approved Clinical Supervision Plan (Form III).
- If the board approves the Plan (Form III), the supervisee will receive a written confirmation in the mail. If a written confirmation is not received, then the plan is not approved.

Question 1: Does this plan reflect a supplemental plan to the original plan which did not meet minimum "clinical" requirements? Have I attached the original Clinical Supervision Plan with all required attachments, as well as the separate, supplemental Clinical Supervision Plan with all required attachments? Yes No

Question 2: Does this plan reflect only a change in supervisor? Yes No

I. Supervisee Information

Name: _____ License Category and Number: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Is supervision related to the clients from this business? Yes No

Work schedule: Full time (30hrs/wk) or more Part time (Hours per week _____)

II. Board-approved Supervisor Information

Name: _____ License Category and Number: _____
Business Name: _____
Business Address: _____
Business Phone: _____ Are you a board-approved supervisor? Yes No

III. Clinical Supervision Schedule

Beginning Date of Supervision: _____ (Supervision may begin up to 30 days before the plan is submitted for approval. The board office shall approve a start date no more than 30 days prior to the board's receipt of the plan. If board-approval is not granted, no creditable experience can be gained.)

Supervision Format: Individual Group Combination

Supervision Sessions per Month: _____ Hours Individual + _____ Hours Group = _____ Total Hours/Month

IV. Supervision Process

Describe the supervisee's work setting(s):

Describe the clients served:

Describe the supervisee's duties and responsibilities, including treatment methods utilized:

Formulate six goals for the supervision:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Multi-modality methods of supervision, based on contemporary knowledge and skills of supervision, to be used:

V. Attachments to Include with Supervision Plan

- Official Job Description on agency letterhead (Official job description must reflect that duties are clinical as defined in applicable rules)
- If supervision of agency-based clients is done with a supervisor who practices outside of the agency setting and is not under contract with the agency to provide supervision, a letter from the agency executive or designee on agency letterhead approving the outside supervision with the specific supervisor must be attached.

VI. Comments

VII. Affidavit of Understanding and Signatures

I hereby certify that I have received and reviewed a copy of regulations pertaining to supervision for specialty recognition in the state of Texas. I understand that I must observe and comply with the supervision guidelines set forth in the rules.

Under penalties of perjury, I declare and affirm that the statements made in the supervision plan, including accompanying statements, are true, complete and correct. I understand that any false or misleading information in, or in connection with my supervision plan may be cause for denial or loss supervision time received and/or loss of licensure. **(Supervision may begin up to 30 days before the plan is submitted for approval. If approval is not granted, no creditable experience can be gained.)**

Supervisee Signature _____ Date _____
 Supervisee Name
 Printed _____

Supervisor Signature _____ Date _____
 Supervisor Name
 Printed _____

Submit to: Texas State Board of Social Worker Examiners, P.O. Box 149347, Mail Code 1982 Austin, Texas 78714-9347. Consider submission by certified US mail.



PRIVACY NOTIFICATION
 With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

DSHS Publication Number: F77-13400 Rev. 3/12

ATTACHMENT

Q



Grand Canyon University's Proposal for AZBBHE

R4-6-501 LPC/LAC Curriculum

R4-6-501. Curriculum

Grand Canyon University would like to suggest changing the phrase "is limited to providing" throughout each of the content area curriculum rules to "the primary purpose of which is to provide".

C.1. Professional Orientation and Ethical Practice – one three-semester credit hour course in studies ~~that are limited to providing the primary purpose of which is to provide~~ a broad understanding of professional counseling ethics, legal standards, and responsibilities including:

c. History and philosophy of the counseling profession ~~from an ethics standpoint.~~

C.4.b. *We want to avoid diversity and gender playing a role in career development. Suggestions include:*

Interralationships among and between work, family, and other life roles and factors in career development, including the need to avoid discriminatory stereotyping.

OR

Exploring the dynamics of career development as it relates to employment, family, and other life roles.

C.4.c. *Add clarification of what is meant by specific populations? Suggestion:*

Psychotherapy and career counseling processes, techniques, and resources for a variety of populations.

C.5.a. Counselor and client characteristics and behaviors that influence helping processes, which could include age, gender and ethnic differences, verbal and nonverbal behaviors, and personal characteristics, ~~orientations~~ belief systems, and skills.

C.6. Group Work – one three-semester credit hour course in studies that ~~are limited to providing the primary purpose of which is to provide~~ a broad understanding of group development, group dynamics, group counseling theories, group counseling methods and skills, and other group work approaches. Studies in this area shall include all of the following:

a. Principles of group dynamics, which could include group process components, ~~developmental stage theories~~ stages of group development, and group members' roles and behaviors.

d. Group counseling methods, which could include group counselor ~~orientations and behaviors~~ theoretical orientation, ethical standards, appropriate selection criteria and methods, and methods of evaluation of effectiveness.

C.2.9. Sufficient semester credit hour courses in any of the following counseling related elective subjects to equal the semester credit hour course requirements of subsections (A0 and (C):

I. Trauma

~~l. m.~~ Additional or advanced courses in any required curriculum category listed in subsection (C).

C.3.10. Supervised Counseling Practicum, Field Work Experience, or Internship – A supervised counseling practicum, field work experience, or internship shall provide for the development of counseling skills under supervision. The counseling practicum, field work experience, or internship must include a minimum of 700 clock hours and 240 direct client contact hours in a professional counseling setting. The counseling practicum, field work experience, or internship must provide the opportunity for the student to perform all the activated that a regularly employed professional counselor would be expected to perform. Counseling practicum, field work experience, or internship services must be under the direction and supervision of a faculty member and an onsite supervisor approved by the college or university.

~~CD.~~ To receive credit towards licensure, core content area subject matter prescribed in subsection (C) that is embedded or contained in another course, must be demonstrated to be present in greater than ~~75~~50% of the course.

~~DE.~~ To receive credit towards licensure, an applicant shall complete each course described in this section with a C or better.

~~EE.~~ To be applicable towards curriculum requirements, a course taken before an application is accepted into a master or higher degree program must be accepted as equivalent by the degree granting institution ~~shall be used by the applicant to meet as part of the master or higher degree requirements.~~

~~IJ.~~ Beginning on Current Date ~~January 1, 2007~~, an application who does not meet all curriculum requirements is ineligible for licensure.

ATTACHMENT

R



Gmail

Input on content areas for Substance Abuse Counselor curriculum

1 of 1 pages

Lori A. Howell [REDACTED]
To: Donna Dalton <donna.dalton@azbbhe.us>

Thu, May 22, 2014 at 9:42 AM

Hi Donna,

We had finals here and I saw there wasn't a meeting closely scheduled, so I gave myself time to prepare feedback. Hopefully, I haven't missed the window.

I have been poring through these documents to find what exactly my discomfort is with the seven content areas so that I may provide proper feedback, and I think I have it. I recognize the Committee did not see my recommendation to include a counseling component to the higher licensure levels as required, yet I must pursue this again for all levels, for as I review the seven content areas I do not see the counseling component anywhere. I see the IC&RC exam has 22% related to counseling and the Advance IC&RC has 20% of its questions related to counseling, as well. While many of the Associated Tasks can be covered in the seven content areas provided, there are still many aspects which are not covered, such as basic and necessary counseling skills in which we engage the client and models of counseling. To include this in the Models of Treatment/Relapse Prevention would be too much in one content area (course).

I respectfully provide two recommendations/options to the Committee:

1. Add another content area specifically for counseling, where the students may learn engagement and listening and a few models of counseling. In Models of Treatment, those models studied will be substance abuse and treatment, recovery and relapse specific, as I read that defined content area. I recognize I advocated to cap requirements; however, adding one more course would still keep the AA to 59—63 hours.
2. Adding individual or basic counseling skills, to the Group Work content area. It would be most appropriate in this content area than any other. TAP 21 groups Individual Counseling; Group Counseling; and Families, Couples, and Significant Others in Practice Dimension V. (Counseling)

Thank-you for your time and consideration,

Lori Howell