



BOARD OF BEHAVIORAL SCIENCES
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MEETING NOTICE

Consumer Protection Committee January 17, 2006

10:00 a.m. – 2:00 p.m.
Junipero Serra State Building
320 W. Fourth Street
7th Floor Conference Room
Los Angeles, CA 90013

- I. Introductions
- II. Strategic Plan Goal #3 – Promote Higher Professional Standards Through Rigorous Enforcement and Public Policy Changes - Report on Progress
 - A. Objective 3.1 -- Complete Revisions for Continuing Education Laws by December 31, 2006.
 - B. Objective 3.2 -- Establish a Standard to Measure Quality of Continuing Education by June 30, 2007.
 - C. Objective 3.3 -- Complete 12 Substantive Changes in Laws and Regulations by January 1, 2008.
 - D. Objective 3.4 – Advocate for Five Laws that Protect the Privacy of Client/Therapist Relationships by December 31, 2010.
 - E. Objective 3.5 – Provide Four Educational Opportunities for Division of Investigation (DOI) and The Office of the Attorney General (AG) Regarding the Board of Behavioral Sciences (BBS) and It's Licensees by June 30, 2008
 - F. Objective 3.6 – Reduce time in which BBS cases are investigated and processed by DOI and AG by 30% by June 30, 2010.
 - G. Objective 3.7 – Complete Annual Review of Examination Program and Report the Results at a Public Meeting.
- III. Discuss and Possibly Investigate Feasibility of Tiered, Multiple or Specialty Social Work Licensure as Practiced in Other States
- IV. Update on Supervision Survey for Marriage and Family Therapists (MFT) Interns and Associate Clinical Social Workers (ACSW)
- V. Discuss and Possibly Consider Allowing MFT Supervision Via Video Conferencing
- VI. Discuss and Possibly Recommend BBS Sponsor Legislation for Fictitious Business Names for Licensed Clinical Social Workers

VII. Discuss Title 16, Division 18, California Code of Regulations (CCR) Section 1833.1 Requirements for Supervisors

VIII. Select Dates for Future Committee Meetings

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Items will be considered in the order listed. Times are approximate and subject to change. Action may be taken on any item listed on the Agenda.

THIS AGENDA AS WELL AS BOARD MEETING MINUTES CAN BE FOUND ON THE BOARD OF BEHAVIORAL SCIENCES WEBSITE AT www.bbs.ca.gov

NOTICE: The meeting facilities are accessible to persons with disabilities. Please make requests for accommodations to the attention of Mona Maggio at the Board of Behavioral Sciences, 1625 North Market Blvd., Suite S200, Sacramento, CA 95834, Telephone (916) 574-7841 no later than one week prior to the meeting. If you have any questions please contact the Board at (916) 574-7830.

Consumer Protection Committee
January 17, 2006

Agenda Item I

Introductions

Board of Behavioral Sciences

Memorandum

To: Consumer Protection Committee

Date: January 17, 2006

From: Mona C. Maggio
Assistant Executive Officer

Telephone: (916) 574-7841

Subject: **Introduction of the Committee**

The Consumer Protection Committee was formed as part of a reorganization of the Board's committees. Each of the Board committees now has express responsibility for overseeing specific goals in the strategic plan recently adopted by the board as well as a general jurisdiction.

This committee is responsible for Goal #3 in the Strategic Plan -- Promote Higher Professional Standards Through Rigorous Enforcement and Public Policy Changes

The Board's committees are composed as follows:

Consumer Protection Committee

Chair - Howard Stein
Judi Johnson
Bob Gerst

Policy and Advocacy Committee

Chair - Bob Gerst
Karen Pines
Ian Russ
Peter Manoleas

Communications Committee

Chair – Karen Pines
Joanie Walmsley
Peter Manoleas

Budget and Efficiency Committee

Chair – Victor Law
Donna DiGiorgio

Consumer Protection Committee
January 17, 2006

Agenda Item II

Strategic Plan Goal #3 – Promote Higher Professional Standards Through
Rigorous Enforcement and Public Policy Changes
Report on Progress

Board of Behavioral Sciences

Memorandum

To: Consumer Protection Committee

Date: January 17, 2006

From: Mona C. Maggio
Assistant Executive Officer

Telephone: (916) 574-7841

Subject: Strategic Plan Goal #3 - Report on Progress

Goal #3 – Promote higher professional standards through rigorous enforcement and public policy changes.

Objective 3.1 -- **Complete Revisions for Continuing Education Laws by December 31, 2006.**

Background

The Board’s strategic plan identifies the need to “Complete Revisions for Continuing Education Laws by December 31, 2006.”

Update

The Board approved regulations that would allow the issuance of citations and fines to continuing education providers. Staff prepared and delivered the Notice, Initial Statement of Reasons, and Economic and Fiscal Impact Statement to the Office of Administrative Law. The regulations will be noticed on January 20, 2005. The public comment period will end on March 6, 2006.

Board staff will continue to monitor changes regarding the continuing education law and will bring any issues to the attention of the Policy and Advocacy Committee.

Objective 3.2 -- **Establish a Standard to Measure Quality of Continuing Education by June 30, 2007.**

Background

The Board’s strategic plan identifies the need to ensure high professional standards for Marriage and Family Therapists (MFT) and Licensed Clinical Social Workers (LCSW). In an effort to meet this objective, the board must develop a way to measure the quality of continuing education (CE) courses and thereby establish a minimum standard that all CE courses must meet to be or continue to be approved as a Board of Behavioral Sciences (BBS) approved provider.

Update

Staff has identified the basic tasks to begin researching this objective. Staff will meet in the next 60 days to discuss the data collection from other six identified entities (BAR Association, California Association of

Marriage and Family Therapists (CAMFT), California Society for Clinical Social Work (CSCSW), National Association of Social Workers (NASW), UC Davis Continuing Medical Education, American Association of State Social Work Boards (AASWB) and DCA boards and bureaus). Once the data is collected and analyzed, staff will determine recommendations for the Board to consider in determining uniform standards for CE.

Objective 3.3 --

Complete 12 Substantive Changes in Laws and Regulations by January 1, 2008.

Background

The Board's strategic plan identifies the need to "Complete 12 substantive changes in laws and regulations by January 1, 2008."

Update

The Board has recently approved a number of substantive changes to the Licensed Educational Psychologist law, including:

- Continuing education
- Scope of practice
- Licensing requirements
- Unprofessional conduct

An author has been found to introduce these changes in legislation. We expect the bill to be introduced in early 2006 and if passed, to take effect January 1, 2007.

The Board has also approved several substantive regulatory changes, currently in process and expected to be complete by mid-2006:

- Citation and fine – Increase maximum fine to \$5,000 for specified violations
- Citation and fine of continuing education providers
- Delegation to Executive Officer ability to compel psychiatric evaluation

Objective 3.4 --

Advocate for Five Laws that Protect the Privacy of Client/Therapist Relationships by December 31, 2010.

Background

The Board's strategic plan identifies the need to "Advocate for five laws that protect the privacy of client/therapist relationships by December 2010."

Update

Board staff will monitor legislation and identify any that has the potential to protect the privacy of client/therapist relationships beginning with the 2006 legislative season. Any such legislation will be analyzed and brought before the Policy and Advocacy Committee who will make a recommendation to the Board whether to support the bill and when needed, suggest amendments.

Objective 3.5 --

Provide Four Educational Opportunities for Division of Investigation (DOI) and The Office of the Attorney General (AG) Regarding the Board of Behavioral Sciences (BBS) and It's Licensees by June 30, 2008.

Background

Team members identified the educational opportunities as training for DOI investigators and the Deputy Attorneys General regarding the Board's scope of authority, licensee scope of practice and the necessary requirements to conduct investigations and prosecute cases. The training will be conducted by the Executive Officer, representatives from the Department of Justice and the Board's Enforcement Unit.

Current Status:

All team members will be attending a portion of the Board of Registered Nursing investigator training at the end of January 2006, and two team members have been assigned to attend PowerPoint training on February 28, 2006. A team meeting is pending in February 2006, to re-evaluate task due dates and resources.

Additionally, the Executive Officer and Assistant Executive Officer met with Kathryn Door, Chief and Bill Holland, Deputy Chief of DOI in November and December 2005 to discuss the investigation process, timelines, and how Board staff can assist DOI in expediting cases.

Objective 3.6 --

Reduce time in which BBS cases are investigated and processed by DOI and AG by 30% by June 30, 2010.

Background

Cases sent to DOI for formal investigation take an average of 9 months to one year for completion. The Administrative Hearing process averages another year for a proposed decision to be rendered and come before the Board. It is the goal of this objective to shorten the processing time for investigation and prosecution of cases to meet the Board's mandate to protect the public health, safety and welfare.

Status

On December 20, 2005, the EO and AEO met with DOI and the DCA budget team to discuss DOI billing process and the difficulty DOI is having in the recruitment of investigators. DOI currently has 15 vacancies, which is hindering its ability to process investigations in a timely manner. The EO and AEO met with the Chief and Deputy Chief of DOI on December 27, 2005 to further discuss the processing time for BBS cases, DOI workload and the BBS training program for DOI and the AG.

Staff will continue to monitor the processing times of both agencies. Staff are in the process of creating a training manual and PowerPoint presentation for the training session to be held in late Fall 2006.

Objective 3.7 --

**Complete Annual Review of Examination Program
and report the Results at a Public Meeting.**

Background/Status

Staff met with the Office of Examination Resources (OER) on January 10, 2006 to discuss the Board's current examination program, pass rates, examination development workshops and the examination vendor Thompson/Prometric. A Board Meeting is scheduled for January 27, 2006 in Sacramento for the sole purpose of discussing the examination process.

Consumer Protection Committee
January 17, 2006

Agenda Item III

Discuss and Possibly Investigate Feasibility of Tiered, Multiple or Specialty
Social Work Licensure as Practiced in Other States

State of California

Memorandum

To: Consumer Protection Committee

Date: January 17,
2006

From: Christy Berger
Legislation Analyst

Telephone: (916) 574-7847
Extension:

Subject: Multi-Level Social Work Licensure

Background

Social work is very broad field that provides social workers with the possibility of entering many different types of jobs. Many enter the social work profession with no intent to practice psychotherapy. Common jobs performed by social workers such as administrator, case manager, adoptions worker, or protective services worker, do not require the practice of psychotherapy.

However, many who enter or wish to enter these non-clinical jobs in California may find themselves needing to obtain a clinical license, the only type offered in California. Many employers use the LCSW license as a screening tool or as an indicator of competency, and require it for employment or to remain in a job after a set number of years. The employee would then be required to obtain a clinical job in order to gain hours of experience toward their LCSW.

Because of the large variety of types of jobs in the social work profession, many other states offer several different types of social work licenses. An overview of the types of licenses offered in other states, the licensing requirements of other states, and the Association of Social Work Boards (ASWB) Model Practice Act is provided below.

Discussion

Licensure Models

All 50 states license or certify clinical social workers for independent practice. 40 states license or certify social workers at a master's level. Some states allow these master's level social workers to practice independently, some do not. Some states do allow them to provide clinical social work, but only under supervision. Some states do not allow them to provide clinical services at all.

36 states license or certify social workers at the Bachelor's level. Bachelor's social workers are required to work under supervision and may not provide clinical social work services.

Not included in the table below are license types offered in two or fewer states, such as Social Work Manager, Administrator, or Technician.¹

Summary of Social Work License Types	
Number of States	License or Certification Type
50	Clinical Social Worker (independent practice)
40	Other MSW Level Social Worker
36	Bachelor Level Social Worker
6	Social Worker (AA/AS or high school level)

Attachment A is a copy of the database that has been compiled which includes license types, required exam types, minimum degree required, and experience requirements for each state and D.C.

National Examination

36 states that issue a license for the practice of independent clinical social work, including the District of Columbia, require the ASWB Clinical examination, and 15 allow either the Clinical or the Advanced Generalist examination.ⁱⁱ The differences between the Clinical and Advanced Generalist examinations are negligible. Both contain 150 scoreable items. The Advanced Generalist examination focuses 4% less on clinical issues (total of content areas I, III and IV), 3% more on Research (area IX) and a 6% more on Service Delivery (area X) than the Clinical examination. See Attachment B for the examination outlines.

ASWB Model Practice Act

The ASWB Delegate Assembly developed a model practice act, adopted in 1997, in order to provide a guide to regulation informed by a national perspective. It was developed with the underlying belief that consumers and social workers would be better served by state laws having a large proportion of uniform national elements, including similar titles.ⁱⁱⁱ

The main features of the ASWB Model Practice Act are as follows.

Licensure Levels

- **LICENSED BACCALAUREATE SOCIAL WORKER (LBSW)**
Basic requirements: BSW, no experience, ASWB Bachelor's examination.
scope of practice: Includes the application of social work theory, knowledge, methods, ethics and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations and communities. It is a basic generalist practice that includes assessment, planning, intervention, evaluation, case management, information and referral, counseling, supervision, consultation, education, advocacy, community organization, and the development, implementation, and administration of policies, programs and activities.

- **LICENSED MASTER SOCIAL WORKER (LMSW)**
Basic requirements: MSW, no experience, ASWB Master's examination.
scope of practice: Includes that of the BSW, and additionally requires the application of specialized knowledge and advanced practice skills in those areas and includes treatment planning, implementation and evaluation, and research. May include the practice of clinical social work under clinical supervision.

- **LICENSED CLINICAL SOCIAL WORKER (LCSW)**
Basic requirements: MSW, 2 years post-degree supervised experience, ASWB Clinical examination.
scope of practice: Defined as a specialty within the practice of Master's Social Work and requires the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations and communities.

Requires the application of specialized clinical knowledge and advanced clinical skills in the areas of assessment, diagnosis and treatment of mental, emotional, and behavioral disorders, conditions and addictions. Treatment methods include the provision of individual, marital, couple, family and group counseling and psychotherapy. May include private practice and the provision of clinical supervision.

Independent and Private Practice

- Independent Practice: Possible at all levels of licensure, after appropriate supervision, as established by the board. Defined as employment outside a supervised/agency setting, with accountability.
- Private Practice: Possible only at the LCSW licensure level. Defined as the provision of clinical social work services in exchange for direct payment or third-party reimbursement.

Enforcement

- Defines a code of conduct, standards of practice, and grounds for denial or disciplinary action
- Requires social workers to report other social workers whose actions are putting the public at risk
- Encourages boards to participate in the ASWB Disciplinary Action Reporting System, a national databank that allows boards to review licensure candidates for past disciplinary actions from other jurisdictions.

Other Features

- Defines continuing education requirements at all levels of licensure.
- Defines inter-state transparency requirements
- Addresses the complexities of multi-level licensure

Attachments

References

1 Association of Social Work Boards. Retrieved July 2005 from <http://aswbdata.powerlynxhosting.net/cgi-bin/LawWebRpts2DLL.dll/EXEC/0/03h9scc1qqo53m1fok3mr16v0cww>.

2 Association of Social Work Boards. Retrieved July 2005 from <http://aswbdata.powerlynxhosting.net/cgi-bin/LawWebRpts2DLL.dll/EXEC/0/03h9scc1qqo53m1fok3mr16v0cww>.

3 Association of Social Work Boards. Retrieved July 2005 from www.aswb.org/members_101_intro.shtml.

STATE	ASWB Exam Implemented	License Types	Acronym	Exam Type Required	Min. Degree Req.	Exp. Req.
Alabama	1986	Private Independent Practice Certification	LCSWPIP	None	MSW	2 yrs Post
		Licensed Certified	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed Bachelor	LBSW	Bachelors	BSW	0
Alaska	1990	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	0
Arizona	1986	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters, AG, or Clinical	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors, Masters, AG or Clinical	BSW	0
Arkansas	1986	Licensed Certified	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
California	1991-1999	Licensed Clinical	LCSW	State	MSW	2 yrs Post
		Associate Clinical	ASW	N/A	MSW	0
Colorado	1985	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	1 yr/2yrs Post
		Licensed SW	LSW	Masters or Advanced Generalist or Clinical	MSW	0
Connecticut	1986	Licensed Clinical	LCSW	Clinical	MSW	3000 hrs Post
Delaware	1983	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
DC	1988	Licensed Independent Clinical	LICSW	Clinical	MSW	3000 hrs Post
		Licensed Independent	LISW	Advanced Generalist	MSW	3000 hrs Post
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed Associate	LSWA	Bachelors	BSW	0
Florida	1984	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified Master	CMSW	Masters	MSW	2 yrs Post
Georgia	1986	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	3 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
Hawaii	1995	Licensed SW	LSW	Masters	MSW	0
		Licensed Clinical	LCSW	Clinical	MSW	0
		Licensed Bachelor	LBSW	Bachelors	BSW	3000 hrs Post
Idaho	1983	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Master Independent	LMSWI	Masters	MSW	2 yrs Post
		Master SW	LMSW	Masters	MSW	0
		Independent SW	SWI	Bachelors	BSW	2 yrs Post
		Social Worker	SW	Bachelors	BSW	0
Illinois	1993	Licensed Clinical	LCSW	Clinical	DSW	2000 hrs Post
		Licensed Clinical	LCSW	Clinical	MSW	3000 hrs Post
		Licensed SW	LSW	Masters	MSW	0
		Licensed SW	LSW	Masters	BSW	3 yrs Post
Indiana	1993	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed SW	LSW	Masters	MSW	0

		Licensed SW	LSW	Masters	BSW	2 yrs Post
Iowa	1996	Licensed Independent	LISW	Clinical	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Bachelor	LBSW	Bachelors	BSW	0
Kansas	1986	Specialist Clinical	LSCSW	Clinical	MSW	2 yrs Post
		Master SW	LMSW	Masters	MSW	0
		Baccalaureate SW	LBSW	Bachelors	BSW	0
Kentucky	1986	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified SW	CSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
		Licensed SW	LSW	Bachelors	BA	2 yrs Post
Louisiana	1983	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	3 yrs Post
		Graduate SW	LGSW	Masters	MSW	0
		Registered SW	RSW	Bachelors	BSW/BA/BS	0
Maine	1986	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
		Licensed SW	LSW	Bachelors	BA/BS	3200 hrs
		Certified SW - Independent	CSW-IP	Clinical	MSW	2 yrs Post
		Licensed SW - Conditional	LSX	None	BA/BS	2 yrs Post
		Licensed Master SW - Clinical Conditional	LMSW-CC	Masters	MSW	2 yrs Post
Maryland	1983	Licensed Certified - Clinical	LCSW/C	Clinical	MSW	2 yrs Post LGSW
		Licensed Certified	LCSW	Advanced Generalist	MSW	2 yrs Post LGSW
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed Associate	LSWA	Bachelors	BSW	0
Massachusetts	1985	Licensed Associate	LSWA	Associate	AA	0
		Licensed Associate	LSWA	Associate	BA/BS	0
		Licensed Associate	LSWA	Associate	HS Diploma	4 yrs Post
		Licensed Associate	LSWA	Associate	75 sem./1000 qtr. hrs.	0
		Licensed SW	LSW	Bachelors	BSW	0
		Licensed SW	LSW	Bachelors	BA/BS	2 yrs
		Licensed SW	LSW	Bachelors	75 sem./1000 qtr. hrs.	5 yrs
		Licensed SW	LSW	Bachelors	60 sem/80 qtr hrs.	6 yrs
		Licensed SW	LSW	Bachelors	HS Diploma	10 yrs
		Licensed Certified	LCSW	Masters	MSW	0
		Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
Michigan	2004	Licensed Master Social Worker	LMSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Bachelor Social Worker	LBSW	Bachelors	BSW	2 yrs Post
		Social Worker	SW	Bachelors	MSW	0
		Social Service Technician	SST	None	AA	0
		Social Service Technician	SST	None	75 sem./1000 qtr. hrs.	0
		Social Service Technician	SST	None	HS Diploma	1 yr
Minnesota	1990	Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
		Licensed Independent	LISW	Advanced Generalist	MSW	2 yrs Post
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
Mississippi	1989	Licensed Certified	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0

Missouri	1993	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Provisional Licensed Clinical	PLCSW	Clinical or Advanced Generalist	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	3000 hrs Post
		Provisional Baccalaureate	PBSW	Bachelors	BSW	0
Montana	1985	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
Nebraska	1989	Licensed Mental Health Practitioner	LMHP	Clinical	MSW	3000 hrs Post
		Certified Master	CMSW	Clinical or Advanced Generalist	MSW	3000 hrs Post
		Certified SW	CSW	None	BSW	0
Nevada	1988	Licensed Clinical	LCSW	Clinical	MSW	3000 hrs Post
		Licensed Independent	LISW	Advanced Generalist	MSW	3000 hrs Post
		Licensed SW	LSW	Bachelors	BSW	0
		Licensed SW	LSW	Bachelors	BA	3000 hrs Post
New Hampshire	1984	Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
New Jersey	1994	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed SW	LSW	Masters	MSW	0
		Certified SW	CSW	None	BSW	0
		Certified SW	CSW	None	BA/BS	1600 hrs (prior to 1995)
New Mexico	1990	Licensed Independent	LISW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	0
New York	1983	Licensed Master	LMSW	Masters	MSW	0
		Licensed Clinical	LCSW	Clinical	MSW	3 yrs Post
North Carolina	1986	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified Master	CMSW	Masters	MSW	0
		Certified SW	CSW	Bachelors	BSW	0
		Certified SW Manager	CSWM	Advanced Generalist	BSW	2 yrs Post
North Dakota	1984	Licensed Independent Clinical	LICSW	Clinical	MSW	4 yrs Post
		Licensed Certified	LCSW	Masters or Advanced Generalist or Clinical	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
Ohio	1986	Licensed Independent	LISW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed SW	LSW	Bachelors	BSW	0
		Registered SW Assistant	SWA	None	AAS	0
Oklahoma	1983	Licensed Associate	LSWA	Bachelors	BSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed SW - Administration	LSW	Advanced Generalist	MSW	2 yrs Post
		Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed SW	LSW	Advanced Generalist	MSW	2 yrs Post
Oregon	1991	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Clinical Associate	CSWA	None	MSW	0
Pennsylvania	1990	Licensed Clinical	LCSW	Clinical	MSW	3 yrs Post or 3600 hrs.
		Licensed SW	LSW	Masters	MSW	0
Rhode Island	1985	Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
		Licensed Clinical	LCSW	Masters	MSW	0

South Carolina	1989	Licensed Independent - Advanced Practice	LISW-AP	Advanced Generalist	MSW	2 yrs Post
		Licensed Independent - Clinical Practice	LISW-CP	Clinical	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	0
South Dakota	1984	Private Independent Practice	CSW-PIP	Clinical or Advanced Generalist	MSW	2 yrs Post
		Certified SW	CSW	Masters	MSW	0
		Social Worker	SW	Bachelors	BSW	0
		Social Worker	SW	Bachelors	BA	2 yrs Post
		Social Work Associate	SWA	Associate	AA	0
Tennessee	1985	Licensed Clinical - Independent Practitioner	LCSW	Clinical	MSW	2 yrs Post
		Certified Master	CMSW	None	MSW	0
Texas	1986	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed Master - Advanced Practice	LMSW-AP	Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	0
Utah	1984	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified SW	CSW	Masters	MSW	0
		Social Service Worker	SSW	Bachelors	BSW	0
		Social Service Worker	SSW	Bachelors	BA	1 yr
Vermont	1983	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
Virginia	1983	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed SW	LSW	Bachelors	BSW	2 yrs Post
		Licensed SW	LSW	Bachelors	MSW	0
Washington	1989	Licensed Independent Clinical	LICSW	Clinical	MSW	3 yrs Post
		Licensed Advanced	LASW	Clinical or Advanced Generalist	MSW	2 yrs Post
West Virginia	1986	Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
		Licensed Certified	LCSW	Advanced Generalist	MSW	2 yrs Post
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
Wisconsin	1994	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified Independent	CISW	Advanced Generalist	MSW	2 yrs Post
		Certified Advanced Practice	CAPSW	Masters	MSW	0
		Certified SW	CSW	Bachelors	BSW	0
Wyoming	1989	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Certified SW	CSW	Bachelors or Masters	BSW	0

ADVANCED GENERALIST EXAMINATION CONTENT OUTLINE

<u>Content Area</u>	<u>Items</u>
I. Human Development and Behavior in the Environment	10%
A. Theories and models	
B. Human growth and development	
C. Family functioning	
II. Issues of Diversity	5%
III. Assessment, Diagnosis, and Intervention Planning	24%
A. Social history	
B. Use of assessment instruments	
C. Problem identification	
D. Effects of the environment on client behavior	
E. Impact of life stressors on systems	
F. Evaluation of client strengths and weaknesses	
G. Evaluation of mental and behavioral disorders	
H. Abuse and neglect	
I. Indicators of danger to self and others	
J. General assessment issues	
K. Intervention planning	
IV. Direct and Indirect Practice	16%
A. Theories	
B. Methods and processes	
C. Intervention techniques	
D. Intervention with couples and families	
E. Intervention with groups	
F. Intervention with communities	
V. Communication	7%
A. Communication principles	
B. Communication techniques	
VI. Relationship Issues	5%
A. Concepts of social worker - client relationship	
B. Effects of social and psychological factors	
VII. Professional Values and Ethics	12%
A. Values and ethics	
B. Confidentiality	
C. Self-determination	
VIII. Supervision and Professional Development	3%
IX. Practice Evaluation and the Utilization of Research	4%
A. Data collection	
B. Data analysis and utilization	
X. Service Delivery	11%
A. Service delivery systems and processes	
B. Effects of policies, procedures, and legislation	
C. Methods of social work advocacy	
D. Interdisciplinary collaboration	
XI. Administration	3%
A. Management	
B. Human resource management	
C. Financial management	

CLINICAL EXAMINATION CONTENT OUTLINE

<u>Content Area</u>	<u>Items</u>
I. Human Development and Behavior in the Environment	22%
A. Theories of human development and behavior	
B. Human development in the life cycle	
C. Human behavior	
D. Impact of crises and changes	
E. Family functioning	
F. Addictions	
G. Abuse and neglect	
II. Issues of Diversity	6%
A. Effects of culture, race, and/or ethnicity	
B. Effects of sexual orientation and/or gender	
C. Effects of age and/or disability	
III. Diagnosis and Assessment	16%
A. Assessment	
B. Information gathering	
C. Diagnostic classifications	
D. Indicators of abuse and neglect	
E. Indicators of danger to self and others	
IV. Psychotherapy and Clinical Practice	16%
A. Intervention theories and models	
B. The intervention process	
C. Treatment planning	
D. Intervention techniques	
E. Intervention with couples and families	
F. Intervention with groups	
V. Communication	8%
A. Communication principles	
B. Communication techniques	
VI. The Therapeutic Relationship	7%
A. Relationship theories	
B. Relationship practice	
VII. Professional Values and Ethics	10%
A. Value issues	
B. Legal and ethical issues	
C. Confidentiality	
VIII. Clinical Supervision, Consultation, and Staff Development	4%
A. Social work supervision	
B. Consultation and interdisciplinary collaboration	
C. Staff development	
IX. Practice Evaluation and the Utilization of Research	1%
A. Evaluation techniques	
B. Utilization of research	
X. Service Delivery	5%
A. Policies and procedures of service delivery	
B. Processes of service delivery	
XI. Clinical Practice and Management	5%
A. Advocacy	
B. Finance	
C. Management and human resource issues	

Consumer Protection Committee
January 17, 2006

Agenda Item IV

Update on Supervision Survey for Marriage and Family Therapists
(MFT) Interns and Associate Clinical Social Workers (ACSW)

Board of Behavioral Sciences

Memorandum

To: Consumer Protection Committee

Date: January 17,
2006

From: Mona C. Maggio
Assistant Executive Officer

Telephone: (916) 574-7841

Subject: Supervision Survey for Interns and Associate Clinical Social Workers

Background

In 2005, the Board addressed concerns regarding the quality and nature of candidates' supervision experience. To gain a better understanding of supervised experience and preparedness for licensure, staff developed and distributed a survey to IMF and ASW candidates to obtain this basic information.

Enclosed for the Committee's review is a copy of the instrument sent to IMF and ASW candidates. Staff has stopped distributing the survey to IMF candidates but will continue to send to ASW candidates until 300 responses are received. Staff determined that finely grained questions, those that have seven to eight potential responses, require several hundred responses in order to obtain sufficient data for analysis.

Attachments

- Response rate chart
- Survey

Consumer Protection Committee
January 17, 2006

Agenda Item V

Discuss and Possibly Consider Allowing MFT Supervision Via Video
Conferencing

- Minimum of one hour of one-on-one, individual, face-to-face supervisor contact per week for a minimum of 52 weeks. (1833(b)(2))
- An average of at least one hour of direct supervisor contact is required in each setting for: (4980.43(c))
 - Every five hours of client contact (Trainees).
 - Every ten hours of client contact (Interns).
- Supervision must include: (1833(b))
 - Evaluating assessment, diagnosis, and treatment decisions.
 - Monitoring and evaluating the ability to provide services at the site(s) where he or she will be practicing.
 - Monitoring and evaluating the ability to provide services to the particular clientele being served.
- Supervisors must ensure that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised. (4980.43(b), 1833(b), 1833.1(a)(8))
- Supervisors must monitor and evaluate the extent, kind, and quality of counseling performed by: (1833(b), 1833.1(a)(9))
 - Direct observation.
 - Review of audio or video tapes of therapy.
 - Review of progress and process notes and other treatment records.
 - By any other means deemed appropriate by the supervisor.
- Supervisors must address with the intern or trainee the manner in which emergencies will be handled. (1833.1(a)(10))
- Supervisors must evaluate non-private practice sites where experience will be gained to determine whether the site provides experience within the scope of practice. (1833.1 (e))

Setting Requirements

- In a private practice setting, a supervisor must be either: (4980.43(f)(4))
 - Employed by and practice at the same site as an intern's employer.
 - An owner or shareholder.
- Trainees, interns, and applicants may only perform services where their employers regularly conduct business. This may include other locations if the services are performed under the direction and control of their employer and supervisor. (4980.43(j))
- A supervisor in a MFT corporation must be actively engaged in performing professional services at and for the corporation. (4980.45(b))
- When an intern employed in a private practice is supervised by someone other than the employer, the supervisor must be employed by and practice at the same site(s) as the intern's employer. (1833(d)(1))

Development of MFT Supervision Law

Prior to 1977, there was very little direction provided to supervisors, interns, or trainees regarding supervision or supervisory responsibility. Over the years, more responsibility was incrementally placed on the supervisor to ensure that the intern or trainee was working in an appropriate setting, receives adequate supervision, and that proper care was provided to the supervisee's clients.

In 1977, Section 4980.40 was added and stated in part, "All experience shall be at all times under the supervision of the supervisor who shall, with the person being supervised, be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for the compliance of all laws, rules, and regulations governing the practice of marriage, family, and child counseling." (Stats. 1977, Ch. 1244) Unfortunately, no background

information is available. However, this provides a window into the initial development of supervision law.

In 1986, a bill was passed (Ch. 1365) that directed the board to develop regulations pertaining to supervisors and supervision. In 1989, the board held a number of public hearings on the subject. At the time, approximately 25% of applicants were losing hours of experience for such reasons as working in inappropriate settings, without the correct supervision, and outside the scope of practice. Additionally, the Board had a number of disciplinary actions pending against trainees, interns and supervisors for issues related to unlicensed practice. As a result of these hearings, CAMFT sponsored legislation (SB 224), and later, the Board proposed regulations (Section 1833.1).

Senate Bill 224

SB 224 (Stats. 1990, Ch. 1086), amended Section 4980.43 to specify that an intern employed by a private practice or professional corporation must be under the direct supervision of an appropriate licensee, who must be employed by and practice at the same site as the intern's employer.

When a version of this bill did not specify that the supervisor must be employed by and practice at the same site as the intern's employer, Deputy Attorney General Earl Plowman in a letter dated June 29, 1990, expressed concern that the proposed language could be used to justify some type of remote arrangement, or could "diffuse responsibility to an unacceptable degree."

Section 1833.1

Section 1833.1 became effective January 1, 1991, and specified requirements for supervisors, including:

- Signing a supervisor responsibility statement
- Taking reasonable steps to ensure that a trainee or intern:
 - Properly assesses and examines the client
 - Implements an appropriate treatment plan
 - Acts within the scope of practice and his/her own competence.
- Monitoring the quality of psychotherapy performed by the intern or trainee by:
 - Direct observation
 - Audio or video recording
 - Review of progress and process notes or records
 - By any other means deemed appropriate by the supervisor

Assembly Bill 1885

In 1992, the Board held a number of public workshops in order to address the issue of off-site supervision. Recommendations made by the work groups included the following:

- Allow off-site experience for registrants in exempt settings provided that:
 - A supervisor evaluates and approves the site
 - Off-site services rendered are services normally rendered by the agency
 - A specific ratio of supervisor contact to hours of client contact is required
 - An emergency protocol is established which assures access to a qualified supervisor
 - Access to live data from therapy is available

A number of individuals also commented that the quality, regularity, and frequency of the supervision and the adequacy of the training experience are more important than where supervision takes place.

To obtain clarification of current law at the time, the Board obtained a legal opinion (July 23, 1992), which stated the following:

“In light of the sensitive nature of the practice of psychotherapy, it is inconceivable that the legislature, in enacting the statute in question (Section 4980.43), contemplated that it was acceptable for unlicensed persons in training to be supervised so loosely that they could be sent to any location or facility operated by a third party, solely because their employer had a contract with that third party and pursuant to contract regularly conducted business at a place operated by the third property.”

“In summary then, the law requires that an intern or trainee practice in such a manner so as to be effectively supervised in the performance of conduct which would otherwise be unlicensed practice. It is clear that there is a distinction between an MFCC intern employed in a private practice setting and an intern or trainee directly employed by a nonprofit and charitable corporation, school, hospital, or governmental entity. These institutions may regularly and routinely offer therapy services at more than one office or physical location maintained by the employer for such a purpose and as such, supervised experience gained by interns and trainees at such locations would be contemplated, and acceptable for qualifying experience.”

After taking public comment and the legal opinion into consideration, the Board sponsored AB 1885 (Stats. 1993, Ch. 1054) which added the following language to Section 4980.43:

- Trainees and interns shall only perform services at the place where their employer regularly conducts business, *which may include performing services at other locations, so long as the services are performed pursuant to the direction and under the control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision.*
- A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting.
- An intern shall receive an average of at least one hour of direct supervisor contact for every 10 hours of client contact in each setting.

Sections 1833 and 1833.1

In 1996, the Board held another series of workshops and meetings to consider the adequacy of experience and supervision requirements. The Board stated that there had been, “...an increasing number of complaints against interns which contained allegations of client harm which resulted from inadequate supervision on the part of the supervisor.” The resulting regulations were designed to:

- Make specific provisions of AB 1885.
- Expand the direct relationship between the number of hours worked and the supervision received by requiring, during each week and for each work setting in which experience is claimed, one hour of individual, face-to-face supervision, or two hours of face-to-face group supervision. (1833(b)(1))
- Further establish the supervisor’s responsibilities including:
 - Monitoring and evaluating the ability of the intern or trainee to provide services at the site(s) where he or she will be practicing and to the particular clientele being served. (1833 (b))
 - Addressing with the intern or trainee the manner in which emergencies will be handled. (1833.1(a)(10))
 - Evaluating non-private practice site(s) where experience will be gained toward licensure to determine whether:
 - The site(s) provides experience within the scope of practice.
 - The experience is in compliance with all requirements. (1833.1 (e))

Assembly Bill 2552

Most recently, AB 2552 (Stats. 2004, Ch. 204), a CAMFT-sponsored bill, was passed. It allows an MFT intern working in private practice to obtain supervision and count hours when the private practice supervisor is unavailable due to vacation or illness. Existing law at the time made no provision for this situation, leaving it subject to interpretation.

Other States

Related MFT supervision laws in other states are presented on the following page. States were selected for their proximity to California, or for having a population size comparable to California.

MFT SUPERVISION LAWS IN OTHER STATES

State	Supervision via Videoconferencing Allowed?	What Must Supervision Involve?
Arizona	<p>Yes – Video or teleconferencing</p> <ul style="list-style-type: none"> • May count for a maximum of 25% of supervision hours. • Must last longer than 30 minutes to count. 	<p>Supervision must consist of:</p> <ul style="list-style-type: none"> • Monitoring to verify services are provided safely and competently. • Verification that clients are provided with written notice that he or she is under supervision and supervisor's name. • Monitoring of clinical documentation to it is adequate. <p><i>Effective July 1, 2006, a minimum of 10 hours of supervision must be received during direct observation or a review of audiotapes or videotapes while providing treatment and evaluation to a client.</i></p> <p>The supervisor must document the following:</p> <ul style="list-style-type: none"> • The date and duration of each supervision session. • Clinical topics discussed during each supervision session. <p>Additionally, the supervisor must be employed by the same entity as supervisee.</p>
Florida	No	<p>Supervision must consist of face-to-face contact during which:</p> <ul style="list-style-type: none"> • The intern apprises the supervisor of the diagnosis and treatment of each client. • Cases are discussed. • The supervisor provides oversight and guidance in diagnosing, treating and dealing with clients. • The supervisor evaluates the intern's performance. <p>Supervision must include a focus on raw data from clinical work, such as written clinical materials, direct observation and video and audio recordings.</p>
Nevada	No	<p>Supervision must include one or more of the following:</p> <ul style="list-style-type: none"> • Meetings where videotapes or audiotapes are reviewed; • Therapy sessions in which the supervisor participates; • Therapy sessions in which the supervisor observes the session from a location where the supervisor is neither seen nor heard; or • The presentation of a case by the intern and a discussion by the supervisor of the proper management and treatment of the case.
New York	No	<p>Supervised experience must consist of in-person contact between the supervisee and supervisor during which:</p> <ul style="list-style-type: none"> • The supervisor is apprised of the assessment and treatment of each client. • The supervisee's cases are discussed with the supervisor. • The supervisor provides oversight and guidance in the application of theory and techniques to assist in developing skills necessary to practice.
Oregon	No, but telephone supervision acceptable for up to 10% of individual supervision hours.	<p>Supervision sessions must be conducted face to face, one to one and consists of:</p> <ul style="list-style-type: none"> • Discussions based on case notes, charts, records, and available audio or visual tapes. • Supervisee presentation of assessments and treatment plans • Discussions of the appropriateness of treatment plans and the supervisee's therapeutic skill. • Supervisor identification of countertransference issues and development of a plan for the supervisee to work through those issues independently.
Texas	No	Supervision sessions must be conducted face-to-face.
Washington	No	Supervision sessions must be conducted one-on-one.

AAMFT Approved Supervisors

AAMFT approved supervisors typically supervise those who are seeking AAMFT clinical membership, but are also asked to supervise individuals seeking MFT licensure. Supervision of marital and family therapy is expected to include face-to-face supervision, and focuses on raw data from a supervisee's practice, which is available to the supervisor through a combination of direct live observation, co-therapy, written clinical notes, audio and video recordings, and live supervision. Supervisors are responsible for an initial screening to evaluate the supervisee's knowledge in a number of areas, and for ensuring that the supervisee has actually completed the clinical and supervision hours reported.

Board of Psychology (BOP)

The BOP requires applicants who are gaining hours of experience toward licensure as a psychologist to have a minimum of one hour per week of face-to-face supervision. The primary supervisor must be:

- Employed by the same work setting.
- Available to the supervisee 100% of the time the supervisee is accruing hours of experience. This availability may be in-person, by telephone, by pager or by other appropriate technology.

Primary supervisors are required to:

- Ensure that a plan is in place to protect the client in the event a client crisis or emergency occurs during any time the supervisor is not physically present at the site.
- Ensure that the supervisee thoroughly understands the plan in the event of a crisis or emergency. (1387)
- Monitor the welfare of the supervisee's clients
- Monitor the performance and professional development of the supervisee. (1387.1)

Recommendation

Should the Committee decide to recommend allowing supervision to occur via an electronic medium, the following would need to be considered:

- Change to 4980.43(b) which requires all applicants, trainees, and interns to at all times be under supervision.
- Change to 4980.45(b) which requires a supervisor in a MFT corporation to be actively engaged in performing professional services at and for the corporation.
- Change to 1833(d)(1) which requires, in a private practice setting, that the supervisor be employed by and practice at the same site(s) as the intern's employer (when the supervisor is not the employer).
- Establish a definition of "face-to-face contact" which includes the use of electronic means.
- Establish a structure to allow supervisors to perform the required monitoring of the extent, kind, and quality of counseling. For example, ensure that treatment records are available to the supervisor in a secure electronic format.
- Establish a maximum amount of electronic supervision. Other supervision methods are more established and proven and should remain the primary source.
- Consider allowing only for interns. Trainees generally need to be more closely supervised.

Consider also allowing for associate clinical social workers.

Consumer Protection Committee
January 17, 2006

Agenda Item VI

Discuss and Possibly Recommend BBS Sponsor Legislation for Fictitious
Business Names for Licensed Clinical Social Workers

Consumer Protection Committee
January 17, 2006

Agenda Item VII

Discuss Title 16, Division 18, California code of Regulations (CCR)
Section 1833.1 Requirements for Supervisors

Board of Behavioral Sciences

Memorandum

To: Consumer Protection Committee

Date: January 17,
2006

From: Mona C. Maggio
Assistant Executive Officer

Telephone: (916) 574-7841

Subject: **Discuss Title 16, Division 18, California Code of Regulations (CCR) Section 1833.1 Requirements for Supervisors**

Background

As part of the Marriage and Family Therapist examination application evaluation process, an evaluator must verify that supervisors meet the supervision requirements found in Business and Professions Code (BPC) section 4980.40(f) and CCR Section 1833.1 as defined below.

In November 2005, staff denied a portion of an applicant's supervised clinical hours as the supervisor did not meet the requirement to be licensed in California for two years. Upon receipt of this information, the supervisor emailed the Board requesting an exception to the supervision requirement. This request is based on the fact that the supervisor is licensed in New York as a psychologist and has been licensed as a psychologist in California for one year. The supervisor contends that if both she and the applicant were both currently working in New York, the Board would count the supervised clinical hours towards the California license criteria. However, this statement is not applicable to this situation, as the applicant did not earn her clinical hours in New York while being supervised by a New York licensed psychologist.

Applicable Law

Section 4980.40 (f) requires that a marriage and family therapist (MFT), licensed clinical social worker (LCSW), psychologist (PSY) or physician who is board certified in psychiatry supervise an MFT Intern. To be eligible to supervise an MFT Intern, the licensee must have been licensed for at least two years and have a current, valid license in good standing.

Section 1833.1 requires the supervisor possess and maintains a current valid California license as either a marriage, family, and child counselor, licensed clinical social worker, licensed psychologist, or physician who is certified in psychiatry as specified in Section 4980(f) of the Code and has been so licensed in California for at least two years prior to commencing any supervision, or

Section 1833.1 (A) provides supervision only to trainees at an academic institution that offers a qualifying degree program as specified in Section 4980.40(a) of the Code; and

(B) Has been licensed in California as specified in Section 4980.40 (f) of the Code, and in any other state, for a total of at least two years prior to commencing any supervision.

Issues for Consideration

California law does not provide for the Board to grant an exception to the supervision requirement; however, this issue is brought before the committee per the specific request of the individual in the aforementioned case.

Should the Board consider allowing individuals licensed in California as MFT, LCSW, PSY, or physician for less than two years, and who presently hold a current and valid license in another state permission to supervise MFT Interns? If so, should it be extended to ASW supervisors?

It should be noted that Board staff has not identified a need for a change to the supervision requirement. The Board's evaluators' state that on very rare occasion, an applicant's supervisor will not meet the California license requirement.

Attachment

Email from the clinical psychologist requesting exception.

"Rosenbluth, Susan
Susan.Rosenbluth@
med.va.gov"

To: Paul_Riches@dca.ca.gov
cc:
Subject: supervision

10/11/2005 02:11 PM

Dear Dr. Riches,

I am a Clinical Psychologist and currently Director of the Addictions Treatment Clinic at the West Los Angeles VA Healthcare System. Brenda Buckner, MA, who is a member of our clinical staff, is working toward her MFT license and needs to document her supervised hours. She provides individual and group psychotherapy to the veterans in our clinic under my supervision.

I have been licensed in the State of New York since January of 1994 (#11986-1). In addition, I hold a license to practice in CA since February of this year (#SY #20139). (I moved to California one year ago. Thus, I am licensed to practice and supervise in both states.

Ms. Buckner has informed me that the Board will not accept her supervised hours toward her license requirements because I have not been licensed in CA for a full two years. I ask that you review this particular situation and make an exception in her case since the time of my licensure in CA does not reflect my experience as a psychologist.

Moreover, I've learned that Ms. Buckner would be able to apply her clinical hours under my supervision to her California MFT license were we both currently working in New York!

Debbie Flewellyn, MFT Evaluator, felt the board would be unable to make exception to the laws and regulations since section 4980.40.(f) and section 1833.1(a)(1) state that a supervisor who is supervising another toward the MFT licensure must be licensed for two years in California.

Obviously, it makes no sense in this case. Will you please bring this issue before the next Board meeting for review.

Thank you,

Susan Rosenbluth, Ph.D.
10 478- 3711 x42917

Consumer Protection Committee
January 17, 2006

Agenda Item VIII

Select Dates for Future Committee Meetings

Board of Behavioral Sciences

Memorandum

To: Consumer Protection Committee

Date: January 17, 2006

From: Mona C. Maggio
Assistant Executive Officer

Telephone: (916) 574-7841

Subject: Future Meeting Dates

In the interest of easing scheduling for both committee members and public participants, it would be useful to set future meeting dates for the committee. Meetings should occur approximately halfway between regularly scheduled board meetings. The following dates would establish a regular meeting on the last Wednesday of the relevant months except December. That meeting is proposed to occur in early January. This scheduling would be less likely to interfere with holiday vacations.

Meetings will occur in various locations much as board meetings are held in various locations around the state to maximize opportunities for public participation.

Proposed Committee Meeting Dates

2006 Board Meeting Dates

Wednesday, March 22, 2006
Wednesday, June 21, 2006
Wednesday, September 20, 2006
Wednesday, January 10, 2007

May 18 – 19, 2006
August 17 – 18, 2006
November 16 – 17, 2006
To Be Determined

Action Requested

Review the proposed meeting dates for Committee Member availability. Select alternate date(s) if necessary.

Attachment

2006 calendar
