



Board of
Behavioral
Sciences

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MEETING NOTICE

Consumer Protection Committee October 5, 2007

Waterfront Hotel
10 Washington Street
Oakland, CA 94607
(800) 729-3638

By Teleconference From
Law Offices of Victor Perez
1304 W. Center Avenue
Visalia, CA 93291
(559) 625-2626

1:00 p.m. – 4:00 p.m.

- I. Introductions
- II. Review and Approve July 20, 2007 Consumer Protection Committee Meeting Minutes
- III. Review and Discussion of Supervision Rules for Associate Clinical Social Workers
- IV. Discussion and Possible Action to Recommend Acceptance of Experience in Supervision Groups for Continuing Education Credit
- V. Review and Possible Action to Propose Clarifying Rules Regarding Group Supervision
- VI. Discussion and Possible Action to Recommend Rulemaking Changes Regarding Exceptions to Continuing Education Requirements
- VII. Review Enforcement Program Statistics
- VIII. Discussion of Concerns Regarding Language Usage on Sample Examination Items
- IX. Public Comment for Items Not on the Agenda
- X. Suggestions for Future Agenda Items



Arnold Schwarzenegger
Governor

State of California
State and Consumer
Services Agency
Department of
Consumer Affairs

Public Comment on items of discussion will be taken during each item. The Chairperson will determine time limitations. Due to the convenience of the presenters, items may be heard out of the order listed on the Agenda. 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 Christina Kitamura at the Board of Behavioral Sciences, 1625 N. Market Boulevard, Suite S-200, Sacramento, CA 95834, or by phone at 916-574-7835, no later than one week prior to the meeting. If you have any questions please contact the Board at (916) 574-7830.

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To: Consumer Protection Committee

Date: September 25, 2007

From: Christy Berger
Legislation Analyst

Telephone: (916) 574-7847

Subject: **Review and Discussion of Supervision Rules for Associate Clinical Social Workers**

This item has been deferred to the January 2008 meeting.

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Tena M. Nelson, Ph.D., LCSW
7381 Corinthian Way
Riverside, CA 92506

July 28, 2007

Board of Behavioral Sciences
1625 North Market Blvd., Ste. S-200
Sacramento, CA 95834

Attn: Renee Lonner, LCSW
✓Joan Walmeley, LCSW

Re: Proposed Supervision Changes

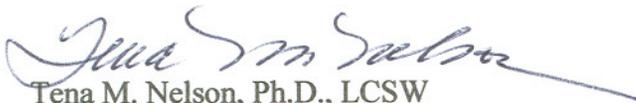
Dear Mss. Wameley and Lonner;

I understand that the Consumer Protection Committee at their meeting of July 20 recommended the number of supervisees for a supervisor in a private practice setting be limited to two (2) Associate Social Workers or interns. This letter is to request you vote against this proposed change.

Although at first glance this recommendation has some intuitive logic, that is, to make regulations between MFT and ASW candidates similar, I believe that it can have negative consequences to the consumer and the profession. There is a growing need in California for skilled clinical social workers and correspondingly a growing need for clinical social work supervisors. This demand is occurring in both the private and in the public sectors. I believe it would be potentially harmful to the consumer and the profession to restrict the provision of quality supervision in view of the growing need for clinical social workers. Living and practicing in Riverside County, I am aware that this is even more a critical issue in California's suburban and rural areas where there are few clinical social workers and supervisors. Therefore, ASWs should be allowed to pursue and receive quality supervision whether in a private practice setting or in the agency setting. Further, any abuses could be managed through the complaint process.

"Don't fix it if it isn't broken." Allow practitioners to obtain the best supervision without further restriction, vote against the 2 supervisee limit.

Sincerely,


Tena M. Nelson, Ph.D., LCSW

CC: Paul Riches, Executive Officer, BBS
Janlee Wong, MSW, Executive Director, NASW

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Action

Determine whether accountability groups / peer review participation can be accepted as CE by the Board.

Attachments

- A. Specifications for Clinical Consultation Groups
- B. Sample Group Operational Plan
- C. CCR, Article 8, Continuing Education Requirements for MFT and LCSW

**California Society for Clinical Social Work
Professional Development Committee**

CLINICAL CONSULTATION GROUPS

Purpose

To provide affordable clinical consultation and education to members of the California Society for Clinical Social Work.

This program is differentiated from the New Professionals Mentorship Program. It is focused on clinical case consultation whereas the mentorship program deals primarily with career and other professional development issues. Clinical consultation is further differentiated from clinical supervision as it is a voluntary activity focused on the clinical education of the consultee, rather than a mandatory process that determines the nature of client care and evaluates the performance of the supervisee.

Method

Groups of no more than six consultees will be formed to meet in modules of six 1 and 1/2-hour sessions with a predetermined frequency, allowing each participant an opportunity to present at least one case for discussion and clinical consultation.

Exact parameters of each group are to be determined by the consultant who will prepare an operational plan (see attached) to be approved by the Professional Development Committee.

Consultation groups may elect to continue for additional modules of six sessions. Should some participants elect not to continue, their slots may be refilled with new participants but only on a full module basis.

Costs

Costs will be set at \$30.00 per session per participant (\$180.00 for the series per participant). Participants will be expected to pay in advance for the entire module of six sessions as they would for taking a course. Payments are to be made to the California Society for Clinical Social Work. Income from these fees will be disbursed as follows: \$25.00 per session per participant (\$150.00 for the series per participant) to reimburse the consultants and \$5.00 per participant per session (\$30.00 for the series per participant) to the California Society for Clinical Social Work for administrative costs.

General Learning Objectives

- Greater case presentation skills
- Increased clinical objectivity
- Enhancement of use of professional self
- Expanded "hands-on" application of clinical theory in practice
- Augmented sensitivity to ethical issues

(Continued on back)

Clinical Consultation Groups

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Consultants

All persons applying to be a consultant will be certified by the Professional Development Committee.

Mentors who elect to conduct consultation groups will be expected to also continue to be available as mentors.

Current protégés may not simultaneously participate in consultation groups conducted by their mentors.

Consultation Group Operational Plan and Evaluation

Consultants will be expected to submit plans for each consultation group. Such plans should include the focus of the projected group's activity (learning objectives), criteria for who should attend (i.e. level of professional development, etc.), the location and frequency of meetings, and a verification of the consultant's expertise in the focus area of the consultation activity.

Consultants should submit a report of the outcome of each module of six sessions that includes an evaluation and, if applicable, a new plan for continuation of the group activity for an additional six-session module.

Credits

Continuing education credits will be issued for participation. An educational plan with qualified learning objectives and evaluation methodology will be required for each consultation group module. Hours spent in this activity cannot be used by license candidates as hours of supervision.

Administration

The program will be administrated by the Professional Development Committee of the California Society for Clinical Social Work. Staff duties will be carried out by the Society office and designated volunteers.

Arrangements between the California Society for Clinical Social Work, consultants leading the clinical consultation groups and the group participants will be documented in a letter of agreement that spells out the nature of the program and the conditions of participation.

**CALIFORNIA SOCIETY FOR CLINICAL SOCIAL WORK
Professional Development Committee**

CLINICAL CONSULTATION GROUP PROGRAM

GROUP OPERATIONAL PLAN

Date of Application _____ Phone: (_____) _____

Name of Group _____

Name of Consultant _____

Office Location for Meetings: _____

Frequency of Meetings _____ Time of Meetings _____

Proposed Start Date for Six-Session Module _____

Number of Group Participants (Maximum 6) _____

Minimum Acceptable Number of Participants _____

New Group Continuation of Existing Group

If continuation, number of participant slots to be filled _____

Focus of the Consultation Group _____

Specific Learning Objectives:

- 1. _____
- 2. _____
- 3. _____

Consultant's Verification of Applicable Expertise (for new groups only)

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SAMPLE

CALIFORNIA SOCIETY FOR CLINICAL SOCIAL WORK
Mentorship and Professional Development Committee

CLINICAL CONSULTATION GROUP PROGRAM

GROUP OPERATIONAL PLAN

Date of Application 10.21.03 Phone: (916) [REDACTED]

Name of Group Working with Couples

Name of Consultant [REDACTED]

Office Location for Meetings: 1300 University Dr #6 Menlo Park

Frequency of Meetings 2nd a month Time of Meetings Thursday 12:15-1:45

Proposed Start Date for Eight-Session Module 1.8.04

Number of Group Participants (Maximum 8) 6

Minimum Acceptable Number of Participants 4

New Group Continuation of Existing Group

If continuation, number of participant slots to be filled _____

Focus of the Consultation Group _____

See attached description

Specific Learning Objectives:

1. See attached sheet
2. _____
3. _____

Consultant's Verification of Applicable Expertise (for new groups only)

See attached sheet

WORKING WITH COUPLES: A CLINICAL CONSULTATION GROUP

FOCUS: Increasing competency and confidence in working with couples through discussion of clinical material presented by participants and theoretical concepts presented by the consultant.

OBJECTIVES:

1. Provide a paradigm for understanding relationship difficulties that has relevance for multiple theoretical orientations.
2. Learning to use this understanding to make decisions about therapeutic interventions.
3. Increase ability to use countertransference reactions to increase clinical effectiveness.

EXPERTISE:

1. I have been in practice for 30+ years doing individual and couple therapy and case consultation.
2. I have been a member of the voluntary clinical faculty in the Stanford University Department of Psychiatry and Behavioral Sciences since 1974. In that capacity I have supervised MSW, PHD and MFT interns, led consultation groups and been a discussant at clinical case conferences.
3. From 1980-82 I directed an outreach program in the middle schools. I supervised the MSW and MFT interns and was a fieldwork instructor for UC Berkeley and San Jose State University Schools of Social Work.
4. I have been a member of the Ethics and Standards Committee for the Society for more years than I can count.
5. I love clinical teaching.

ARTICLE 8. CONTINUING EDUCATION REQUIREMENTS FOR MARRIAGE AND FAMILY THERAPISTS AND LICENSED CLINICAL SOCIAL WORKERS

§1887. DEFINITIONS

As used in this article:

(a) A continuing education "course" means a form of systematic learning at least one hour in length including, but not limited to, academic studies, extension studies, lectures, conferences, seminars, workshops, viewing of videotapes or film instruction, viewing or participating in other audiovisual activities including interactive video instruction and activities electronically transmitted from another location which has been verified and approved by the continuing education provider, and self-study courses.

(b) A "self-study course" means a form of systematic learning performed at a licensee's residence, office, or other private location including, but not limited to, listening to audiotapes or participating in self-assessment testing (open-book tests that are completed by the member, submitted to the provider, graded, and returned to the member with correct answers and an explanation of why the answer chosen by the provider was the correct answer).

(c) A continuing education "provider" means an accredited or approved school, or an association, health facility, governmental entity, educational institution, individual, or other organization that offers continuing education courses and meets the requirements contained in this article.

(d) A "renewal period" means the two-year period which spans from a license's expiration date to the license's next expiration date.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

History

1. New article 8 (sections 1887-1887.12) and section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).
2. Editorial correction of article heading (Register 98, No. 9).
3. Amendment of subsections (a) and (b) filed 1-16-2003; operative 2-1-2003 pursuant to Government Code section 11343.4 (Register 2003, No.3).
4. Change without regulatory effect amending article heading filed 4-25-2005 pursuant to section 100, title 1, California Code of Regulations (Register 2005, No. 17).

§1887.1. LICENSE RENEWAL REQUIREMENTS

(a) Except as provided in Section 1887.2, a licensee shall certify in writing, when applying for license renewal, by signing a statement under penalty of perjury that during the preceding renewal period the licensee has completed thirty-six (36) hours of continuing education credit as set forth in Sections 4980.54 and 4996.22 of the Code.

(b) A licensee who falsifies or makes a material misrepresentation of fact when applying for license renewal or who cannot verify completion of continuing education by producing a record of course completion, upon request by the board, is subject to disciplinary action under Sections 4982(b) and 4992.3(b) of the Code.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

History

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).

§1887.2. EXCEPTIONS FROM CONTINUING EDUCATION REQUIREMENTS

(a) An initial licensee shall complete at least eighteen (18) hours of continuing education, of which no more than six (6) hours may be earned through self-study courses, prior to his or her first license renewal.

(b) A licensee is exempt from the continuing education requirement if their license is inactive pursuant to Sections 4984.8 and 4997 of the Code.

(c) A licensee may submit a written request for exception from the continuing education requirement for any of the reasons listed below. The board will notify the licensee, within thirty (30) working days after receipt of the request for exception, whether the exception was granted. If the request for exception is denied, the licensee is responsible for completing the full amount of continuing education required for license renewal. The board shall grant the exception if the licensee can provide evidence, satisfactory to the board, that:

(1) For at least one year during the licensee's previous license renewal period the licensee was absent from California due to military service;

(2) For at least one year during the licensee's previous license renewal period the licensee resided in another country; or

(3) During the licensee's previous renewal period, the licensee or an immediate family member, where the licensee has primary responsibility for the care of that family member, was suffering from or suffered a disability. A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. The disability must be verified by a licensed physician or psychologist with special expertise in the area of the disability. Verification of the disability must include:

(A) the nature and extent of the disability;

(B) an explanation of how the disability would hinder the licensee from completing the continuing education requirement; and

(C) the name, title, address, telephone number, professional license or certification number, and original signature of the licensed physician or psychologist verifying the disability.

Note: Authority Cited: Sections 4980.54, 4980.60, 4990.14, and 4996.22, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

History

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).

2. Change without regulatory effect amending subsection (b) filed 4-19-99 pursuant to section 100, Title 1, California Code of Regulations (Register 99, No. 17).

§1887.3. CONTINUING EDUCATION COURSE REQUIREMENTS

(a) A licensee shall accrue at least thirty-six (36) hours of continuing education courses as defined in Section 1887.4. A licensee may accrue no more than twelve (12) hours of continuing education earned through self-study courses during a single renewal period.

(b) Pursuant to Section 29 of the Code, a licensee who started graduate study prior to January 1, 1986, shall take a continuing education course in the detection and treatment of alcohol and other chemical substance dependency during their first renewal period after the adoption of these regulations. The course shall be at least seven (7) hours in length and its content shall comply with the requirements of Section 29 of the Code. This is a one-time requirement for those licensees specified above.

Equivalent alcohol and other chemical substance dependency courses taken prior to the adoption of these regulations, or proof of equivalent teaching or practice experience, may be submitted to the board upon request in lieu of this requirement; however, this coursework or experience shall not be credited as hours towards the continuing education requirements.

(c) Pursuant to Section 32 of the Code, a licensee shall take a continuing education course in the characteristics and methods of assessment and treatment of people living with human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) during their first renewal period after the adoption of these regulations. The course shall be at least seven (7) hours in length and its content shall comply with the requirements of Section 32 of the Code. This is a one-time requirement for all licensees.

Equivalent HIV and AIDS courses taken prior to the adoption of these regulations, or proof of equivalent teaching or practice experience, may be submitted to the board upon request in lieu of this requirement; however, this coursework or experience shall not be credited as hours towards the continuing education requirements.

(d) Any person renewing his or her license on and after January 1, 2004 shall have completed not less than six (6) hours of continuing education in the subject of law and ethics for each renewal period. The six (6) hours shall be considered part of the thirty-six (36) hour continuing education requirement.

(e) If a licensee teaches a course, the licensee may claim credit for the course only one time during a single renewal period, receiving the same amount of hours of continuing education credit as a licensee who attended the course.

(f) A licensee may not claim the same course more than once during a single renewal period for hours of continuing education credit.

(g) A licensee who takes a course as a condition of probation resulting from disciplinary action by the board may not apply the course as credit towards the continuing education requirement.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 29, 32, 4980.54 and 4996.22, Business and Professions Code.

History

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).
2. New subsection (d) and subsection relettering filed 12-4-01; operative 1-1-2002 pursuant to Government Code section 11343.4 (Register 2001, No. 49).

§1887.4. CONTINUING EDUCATION COURSE CONTENT

(a) A provider shall ensure that the content of a course shall be relevant to the practice of marriage and family therapy or clinical social work and meet the requirements set forth in Sections 4980.54 and 4996.22 of the Code. The content of a course shall also be related to direct or indirect patient/client care.

(1) Direct patient/client care courses cover specialty areas of therapy (e.g., theoretical frameworks for clinical practice; intervention techniques with individuals, couples, or groups).

(2) Indirect patient/client care courses cover pragmatic aspects of clinical practice (e.g., legal or ethical issues, consultation, recordkeeping, office management, insurance risks and benefits, managed care issues, research obligations, supervision training).

(b) A provider shall ensure that a course has specific objectives that are measurable.

(c) Upon completion of a course, a licensee shall evaluate the course through some type of evaluation mechanism.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

History

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).
2. Change without regulatory effect amending subsection (a) filed 4-25-2005 pursuant to section 100, title 1, California Code of Regulations (Register 2005, No. 17).
3. Change without regulatory effect amending subsection (a) filed 10-18-2005 pursuant to section 100, title 1, California Code of Regulations (Register 2005, No. 42).

§1887.5. HOURS OF CONTINUING EDUCATION CREDIT

(a) One hour of instruction is equal to one hour of continuing education credit.

(b) One academic quarter unit is equal to ten (10) hours of continuing education credit.

(c) One academic semester unit is equal to fifteen (15) hours of continuing education credit.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

History

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).

§1887.6. CONTINUING EDUCATION PROVIDERS

A continuing education course shall be taken from:

(a) an accredited or approved postsecondary institution that meets the requirements set forth in Sections 4980.54(f)(1) or 4996.22(d)(1) of the Code; or

(b) a board-approved provider with a valid, current approval as provided in Section 1887.7.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

History

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).

§1887.7. BOARD-APPROVED PROVIDERS

(a) A continuing education provider must meet the board's course content and instructor qualifications criteria, as provided under this article, to qualify to become a board-approved provider.

(b) A continuing education provider shall submit a completed Continuing Education Provider Application (form no. 37A-633, new 5/97), hereby incorporated by reference, remit the appropriate fees, and obtain a continuing education provider number from the board to become a board-approved provider.

(c) A provider approval issued under this section shall expire on the last day of the twenty-fourth month after the approval issue date. To renew an unexpired provider approval, the provider shall, on or before the expiration date of the approval, pay the two-year renewal fee set forth in Section 1816 of these regulations.

A provider approval which is not renewed by the expiration date may not be renewed, restored, reinstated, or reissued thereafter, but the provider may apply for a new approval.

(d) Board-approved provider status is non-transferable.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

History

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).
2. Change without regulatory effect amending subsection (b) filed 4-19-99 pursuant to section 100, Title 1, California Code of Regulations (Register 99, No. 17).

§1887.8. REVOCATION AND DENIAL OF BOARD-APPROVED PROVIDER STATUS

(a) The board may revoke its approval of a provider or deny a provider application for good cause. Good cause includes, but is not limited to, the following:

(1) a provider is convicted of a felony or misdemeanor offense substantially related to the activities of a board-approved provider;

(2) a provider, who is a licensee of the board, fails to comply with any provisions of Chapters 13 and 14 of the Business and Professions Code or Title 16, Division 18 of the California Code of Regulations; or

(3) a provider makes a material misrepresentation of fact in information submitted to the board.

(b) After a thorough case review, should the board decide to revoke or deny its approval of a provider, it shall give the provider written notice setting forth its reasons for revocation or denial. The provider may appeal the revocation or denial in writing, within fifteen (15) days after receipt of the revocation or denial notice, and request a hearing with the board's designee. The revocation is stayed at this point.

Should the board's designee decide to uphold the revocation or denial, the provider may appeal the decision of the board's designee in writing, within seven (7) days after receipt of the decision of the board's designee, and request a hearing with a continuing education appeals committee appointed by the board chairperson. The hearing will take place at the next regularly scheduled board meeting, provided the appeal is received before the meeting is noticed to the public. It is at the discretion of the board's designee whether to stay the revocation further.

The continuing education appeals committee shall contain three board members, one public member and two members representing two of the three license types regulated by the board. The decision of the continuing education appeals committee is final.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

History

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).

§1887.9. COURSE ADVERTISEMENTS

A provider shall ensure that information publicizing a continuing education course is accurate and includes the following:

- (a) the provider's name;
- (b) the provider number, if a board-approved provider;
- (c) the statement "Course meets the qualifications for _____ hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences";
- (d) the provider's policy on refunds in cases of non-attendance by the registrant; and
- (e) a clear, concise description of the course content and objectives.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

History

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).
2. Change without regulatory effect amending subsection (c) filed 4-25-2005 pursuant to section 100, title 1, California Code of Regulations (Register 2005, No. 17).

§1887.10. COURSE INSTRUCTOR QUALIFICATIONS

(a) A provider shall ensure that an instructor teaching a course has at least two of the following minimum qualifications:

- (1) a license, registration, or certificate in an area related to the subject matter of the course. The license, registration, or certificate shall be current, valid, and free from restrictions due to disciplinary action by this board or any other health care regulatory agency;
- (2) a master's or higher degree from an educational institution in an area related to the subject matter of the course;
- (3) training, certification, or experience in teaching subject matter related to the subject matter of the course; or
- (4) at least two years' experience in an area related to the subject matter of the course.

(b) During the period of time that any instructor has a healing arts license that is restricted pursuant to a disciplinary action in California or in any other state or territory, that instructor shall notify all approved continuing education providers for whom he or she provides instruction of such discipline before instruction begins or immediately upon notice of the decision, whichever occurs first.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54, 4982.15 and 4996.22, Business and Professions Code.

History

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).
2. Amendment redesignating first paragraph as subsection (a) and former subsections (a)-(d) as new subsections (a)(1)-(4), adding new subsection (b) and amending NOTE filed 8-17-99; operative 9-16-99 (Register 99, No.34).

§1887.11. RECORDS OF COURSE COMPLETION

Upon completion of a course, a provider shall issue a record of course completion to a licensee (e.g., letters of verification of attendance, certificates, gradeslips, transcripts) containing the following information:

- (a) name of licensee and license number or other identification number;
- (b) course title;
- (c) provider name and address;
- (d) provider number, if a board-approved provider;
- (e) date of course;
- (f) number of hours of continuing education credit; and
- (g) signature of course instructor, provider, or provider designee.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

History

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).

§1887.12. LICENSEE AND PROVIDER COURSE RECORDS

(a) A licensee shall maintain records of course completion for a period of at least two (2) years from the date of license renewal for which the course was completed.

(b) A provider shall maintain records related to continuing education courses for a period of at least four (4) years.

Records shall include:

- (1) syllabi for all courses;
- (2) the time and location of all courses;
- (3) course advertisements;
- (4) course instructors' vitae or resumes;
- (5) attendance rosters with the names and license numbers of licensees who attended the courses;
- (6) sign-in sheets; and

(7) records of course completion issued to licensees who attended the courses.

(c) The board may audit the course records of a provider to ensure compliance with the board's continuing education requirements.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections s4980.54 and 4996.22, Business and Professions Code.

History

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).

hour segments. The Committee directed staff to revise the proposal in light of this information. The revised proposal would permit group supervision to be administered in segments lasting a minimum of one hour, as long as the total group supervision provided is two hours per week.

Recommendation

The Committee is asked to review and consider the proposed language and recommend that it go to the Board for review and approval.

Attachments

Revised Proposed Language-LCSW
Revised Proposed Language-MFT

**BOARD OF BEHAVIORAL SCIENCES
MODIFIED PROPOSED LANGUAGE
GROUP SUPERVISION – LCSW**

Modifications shown in ~~double strikethrough~~ or double underline.

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

The experience required by subdivision (c) of Section 4996.2 shall meet the following criteria:

(a) All persons registered with the board on and after January 1, 2002, shall have at least 3,200 hours of post-master's degree supervised experience providing clinical social work services as permitted by Section 4996.9. At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of a licensed mental health professional acceptable to the board as defined by a regulation adopted by the board. This experience shall consist of the following:

(1) A minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling.

(2) A maximum of 1,200 hours in client-centered advocacy, consultation, evaluation, and research.

(3) Of the 2,000 clinical hours required in paragraph (1), no less than 750 hours shall be face-to-face individual or group psychotherapy provided to clients in the context of clinical social work services.

(4) A minimum of two years of supervised experience is required to be obtained over a period of not less than 104 weeks and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed.

(5) Experience shall not be credited for more than 40 hours in any week.

(b) "Supervision" means responsibility for, and control of, the quality of clinical social work services being provided. Consultation or peer discussion shall not be considered to be supervision.

(c) (1) Prior to the commencement of supervision, a supervisor shall comply with all requirements enumerated in Section 1870 of Title 16 of the California Code of Regulations and shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" form.

(2) Supervised experience shall include at least one hour of direct supervisor contact for a minimum of 104 weeks. ~~In addition, an associate shall receive an average of at least one hour of direct supervisor contact for every week in which more than 10 hours of face to face psychotherapy is performed in each setting experience is gained. No more than five hours of supervision, whether individual or group, shall be credited during any single week. Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, and of the 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker. For purposes of this section, "one hour of direct supervisor contact" means one hour of face to face contact on an individual basis or two continuous hours of face to face contact in a group of not more than eight persons receiving supervision.~~

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group.

(4) An associate shall receive an average of at least one hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting experience is gained. No more than five hours of supervision, whether individual or group, shall be credited during any single week.

(5) Group supervision shall be provided in a group of not more than eight supervisees and shall be provided in segments lasting no less than one continuous hour.

(6) Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, and of the 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker

(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.

(e) Experience shall only be gained in a setting that meets both of the following:

(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(2) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.

(f) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.

(g) Employment in a private practice as defined in subdivision (h) shall not commence until the applicant has been registered as an associate clinical social worker.

(h) A private practice setting is a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, a licensed psychologist, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(i) If volunteering, the associate shall provide the board with a letter from his or her employer verifying his or her voluntary status upon application for licensure.

(j) If employed, the associate shall provide the board with copies of his or her W-2 tax forms for each year of experience claimed upon application for licensure.

(k) While an associate may be either a paid employee or volunteer, employers are encouraged to provide fair remuneration to associates.

(l) Associates shall not do the following:

(1) Receive any remuneration from patients or clients and shall only be paid by his or her employer.

(2) Have any proprietary interest in the employer's business.

(m) An associate, whether employed or volunteering, may obtain supervision from a person not employed by the associate's employer if that person has signed a written agreement with the employer to take supervisory responsibility for the associate's social work services.

(n) Notwithstanding any other provision of law, associates and applicants for examination shall receive a minimum of one hour of supervision per week for each setting in which he or she is working.

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**BOARD OF BEHAVIORAL SCIENCES
MODIFIED PROPOSED LANGUAGE
GROUP SUPERVISION – MFT**

Modifications shown in ~~double strikethrough~~ or double underline.

§4980.43. PROFESSIONAL EXPERIENCE; INTERNS OR TRAINEES

(a) Prior to applying for licensure examinations, each applicant shall complete experience that shall comply with the following:

(1) A minimum of 3,000 hours completed during a period of at least 104 weeks.

(2) Not more than 40 hours in any seven consecutive days.

(3) Not less than 1,700 hours of supervised experience completed subsequent to the granting of the qualifying master's or doctor's degree.

(4) Not more than 1,300 hours of experience obtained prior to completing a master's or doctor's degree. This experience shall be composed as follows:

(A) Not more than 750 hours of counseling and direct supervisor contact

(B) Not more than 250 hours of professional enrichment activities excluding personal psychotherapy.

(C) Not more than 100 hours of personal psychotherapy. The applicant shall be credited for three hours of experience for each hour of personal psychotherapy.

(5) No hours of experience may be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction and becoming a trainee except for personal psychotherapy.

(6) No hours of experience gained more than six years prior to the date the application for licensure was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (b) of Section 4980.40 shall be exempt from this six-year requirement.

(7) Not more than 1000 hours of experience for direct supervisor contact and professional activities.

(8) Not more than 500 hours of experience providing group therapy or group counseling.

(9) Not more than 250 hours of experience administering and evaluating psychological tests of counselees, writing clinical reports, writing progress notes, or writing process notes.

(10) Not more than 250 hours of experience providing counseling or crisis counseling on the telephone.

(11) Not less than 500 total hours of experience in diagnosing and treating couples, families, and children.

(b) All applicants, trainees, and registrants shall be at all times under the supervision of a supervisor who shall 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 compliance with all laws, rules, and regulations

governing the practice of marriage and family therapy. Supervised experience shall be gained by interns and trainees either as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by interns or trainees as an independent contractor.

(c) Supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

(1) 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.

(2) Each individual supervised after being granted a qualifying degree shall receive an average of at least one hour of direct supervisor contact for every 10 hours of client contact in each setting in which experience is gained.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two continuous hours of face-to-face contact in a group ~~of not more than eight persons.~~

(4) Group supervision shall be provided in a group of not more than eight supervisees and shall be provided in segments lasting no less than one continuous hour.

~~(4)~~ (5) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation. The 5-to-1 and 10-to-1 ratios specified in this subdivision shall be applicable to all hours gained on or after January 1, 1995.

(d) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(C) Is not a private practice owned by a licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(2) Experience may be gained by the trainee solely as part of the position for which the trainee volunteers or is employed.

(e) (1) An intern may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(2) An applicant shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (d), until registered as an intern.

(3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.

(4) Except for periods of time during a supervisor's vacation or sick leave, an intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee enumerated in subdivision (f) of Section 4980.40. The supervising licensee shall either be employed by and practice at the same site as the intern's employer, or shall be an owner or shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.

(5) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.

(f) Except as provided in subdivision (g), all persons shall register with the board as an intern in order to be credited for postdegree hours of supervised experience gained toward licensure.

(g) Except when employed in a private practice setting, all postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctor's degree and is thereafter granted the intern registration by the board.

(h) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(i) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. Trainees and interns shall have no proprietary interest in the employer's business.

(j) Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred by those trainees, interns, or applicants for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(k) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

§1833. EXPERIENCE

(a) In order for experience to qualify under Section 4980.40(f) of the Code, it must meet the following criteria:

(1) It must have been gained in accordance with Sections 4980.42 through 4980.45 of the Code and the regulations contained in this article.

(2) Experience shall not be credited for more than forty (40) hours in any week.

(3) No more than five hundred (500) hours of experience will be credited for providing group therapy or group_counseling.

(4) No more than two hundred fifty (250) hours of experience will be credited for administering and evaluating psychological tests of counselees, writing clinical reports, writing progress notes, or writing process notes; except that for any person who enrolled in a qualifying degree program prior to January 1, 1990, no more than five hundred (500) hours of experience may be credited for such activities.

(5) For any person who enrolls in a qualifying degree program on or after January 1, 1990, no more than two hundred fifty (250) hours of experience will be credited for actual time spent counseling or crisis counseling on the telephone.

(6) For any person who enrolls in a qualifying degree program on or after January 1, 1990, not less than five hundred (500) total hours of experience shall have been gained in diagnosing and treating couples, families, and children.

(b) The term "supervision", as used in this article, includes ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the person being supervised; reviewing client/patient records, monitoring and evaluating assessment, diagnosis, and treatment decisions of the intern or trainee; 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; and ensuring compliance with laws and regulations governing the practice of marriage and family therapy. Supervision shall include that amount of direct observation, or review of audio or video tapes of therapy, as deemed appropriate by the supervisor. Supervision shall be credited only upon the following conditions:

(1) During each week in which experience is claimed and for each work setting in which experience is gained, an applicant shall have at least one (1) hour of one-on-one, individual, face-to-face supervisor contact or two (2) continuous hours of face-to-face supervisor contact in a group of not more than eight (8) persons receiving supervision. No more than five (5) hours of supervision, whether individual or group, shall be credited during any single week.

(2) The applicant shall have received at least one (1) hour of one-on-one, individual, face-to-face supervisor contact per week for a minimum of fifty-two (52) weeks.

(3) Any experience obtained under the supervision of a spouse, relative, or domestic partner shall not be credited toward the required hours of supervised experience. Any experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal or business relationship which undermines the authority or effectiveness of the supervisor shall not be credited toward the required hours of supervised experience.

(4) In a setting which is not a private practice, the authorized supervisor may be employed by the applicant's employer on either a paid or a voluntary basis. If such employment is on a voluntary basis, a written agreement must be executed between the supervisor and the organization, prior to commencement of supervision, in which the supervisor agrees to ensure that the extent, kind, and quality of counseling performed by the intern or trainee is consistent with the intern or trainee's training, education, and experience, and is appropriate in extent, kind, and quality. The agreement shall contain an acknowledgment by the employer that the employer:

(A) Is aware of the licensing requirements that must be met by the intern or trainee and agrees not to interfere with the supervisor's legal and ethical obligations to ensure compliance with those requirements; and

(B) Agrees to provide the supervisor access to clinical records of the clients counseled by the intern or trainee.

(c) Professional enrichment activities may be credited toward the experience requirement as specified in this article and by Section 4980.43(d)(1) of the Code.

(1) No more than two hundred fifty (250) hours of verified attendance, with the approval of the applicant's supervisor, at workshops, seminars, training sessions, or conferences directly related to marriage and family therapy will be credited.

(2) No more than one hundred (100) hours of psychotherapy, which will be triple counted, received as specified in Section 4980.43(d)(2) of the Code, will be credited.

(d) Experience gained by interns and trainees shall be subject to the following conditions, as applicable:

(1) When an intern employed in 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.

(2) A trainee shall not perform services in a private practice.

(3) Interns and trainees may only perform services as employees or volunteers and not as independent contractors.

(e) Effective January 1, 1991, trainees and interns shall maintain a log of all hours of experience gained toward licensure. The log shall be in the form specified below and shall be signed by the supervisor on a weekly basis. An applicant shall retain all logs until such time as the applicant is licensed by the board. The board shall have the right to require an applicant to submit all or such portions of the log as it deems necessary to verify hours of experience.

[See Barclays Official California Code of Regulations for original illustration]

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- Clarify that other reasonable accommodations may be provided rather than a complete exception for persons with a disability or medical condition

This will avoid the need for staff to evaluate whether a person has a disability or medical condition. Staff will instead be able to focus on whether the requested accommodation is reasonable given the disability or medical condition, which is consistent with recommended practice in evaluation of requests for reasonable accommodations.

In addition, the following changes were made:

- Created a form for the physician or psychologist's verification of the mental or physical disability or medical condition
- Included the form names and numbers in the regulation

Recommendation

The Committee is asked to review the modified proposed language and forms and recommend that the Board pursue these changes through the regulatory process.

Attachments

- A. Modified Proposed Language
- B. Related Statute
- C. Revised "Request for Continuing Education Exception – Licensee Application" Showing Modifications
- D. Revised "Request for Continuing Education Exception – Licensee Application"
- E. New "Request for Continuing Education Exception –Verification of Disability or Medical Condition"

**BOARD OF BEHAVIORAL SCIENCES
MODIFIED PROPOSED LANGUAGE
Title 16, California Code of Regulations**

Modifications shown in ~~double strikethrough~~ or double underline.

Amend §1887.2. as follows:

§1887.2. Exceptions from Continuing Education Requirements for Good Cause

(a) An initial licensee shall complete at least eighteen (18) hours of continuing education, of which no more than six (6) hours may be earned through self-study courses, prior to his or her first license renewal.

(b) A licensee is exempt from the continuing education requirement if ~~their~~ his or her license is inactive pursuant to Sections 4984.8 and 4997 of the Code.

(c) A licensee may submit a ~~written~~ request for exception from or reasonable accommodations for the continuing education requirement, on a form entitled "Request for Continuing Education Exception," Form No. 1800 37A-635 (New 9/07), for any of the reasons listed below. The request must be submitted to the board at least sixty (60) days prior to the expiration date of the license. The board will notify the licensee, within thirty (30) working days after receipt of the request for exception or reasonable accommodation, whether the exception or accommodation was granted. If the request for exception or accommodation is denied, the licensee is responsible for completing the full amount of continuing education required for license renewal. If the request for exception or accommodation is approved, it shall be valid for one renewal period. ~~The board shall grant the exception if the licensee can provide evidence, satisfactory to the board, that:~~

(1) The board shall grant an exception if the licensee can provide evidence, satisfactory to the board, that:

~~(1) (A)~~ (A) For at least one year during the licensee's previous license renewal period the licensee was absent from California due to military service; or,

~~(2) (B)~~ (B) For at least one year during the licensee's previous license renewal period the licensee resided in another country; ~~or~~

~~(3) (2)~~ (2) The Board may grant a reasonable accommodation if, During For for at least nine months the one year during the licensee's previous license renewal period, the licensee or an immediate family member, including a domestic partner, where the licensee has is the primary responsibility for the care of caregiver for that family member, was suffering from or suffered had a physical or mental disability or medical condition as defined in Section 12926 of the Government Code. A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, sitting, standing, lifting, reaching, sleeping, thinking, concentrating and interacting with others. An impairment is substantially limiting if it prohibits or significantly restricts an individual's ability to perform a major life activity as compared to the ability of the average person in the general population to perform the same activity. The physical or mental disability or medical condition must be verified by a licensed physician or psychologist with special expertise in the area of the physical or mental disability or medical condition. Verification of the physical or mental disability or medical condition must include: be submitted by the licensee on a form entitled "Request for Continuing Education Exception – Verification of Disability or Medical Condition," Form No. 1800 37A-636 (New 9/07).

~~(A) the nature and extent of the disability;~~

~~(B) an explanation of how the disability substantially limits one or more major life activities;~~

~~(B) (C) an explanation of how the disability would hinder the licensee from completing the continuing education requirement given that such courses can be completed in the classroom, online or via home study; and~~

~~(C) (D) the name, title, address, telephone number, professional license or certification number, and original signature of the licensed physician or psychologist verifying the disability.~~

Note: Authority Cited: Sections 4980.54, 4980.60, ~~4990.14~~ 4990.20, and 4996.22, Business and Professions Code; Sections 12944 and 12926, Government Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

Related Statute
Government Code § § 12926 and 12944

12926. As used in this part in connection with unlawful practices, unless a different meaning clearly appears from the context:

(a) "Affirmative relief" or "prospective relief" includes the authority to order reinstatement of an employee, awards of backpay, reimbursement of out-of-pocket expenses, hiring, transfers, reassignments, grants of tenure, promotions, cease and desist orders, posting of notices, training of personnel, testing, expunging of records, reporting of records, and any other similar relief that is intended to correct unlawful practices under this part.

(b) "Age" refers to the chronological age of any individual who has reached his or her 40th birthday.

(c) "Employee" does not include any individual employed by his or her parents, spouse, or child, or any individual employed under a special license in a nonprofit sheltered workshop or rehabilitation facility.

(d) "Employer" includes any person regularly employing five or more persons, or any person acting as an agent of an employer, directly or indirectly, the state or any political or civil subdivision of the state, and cities, except as follows:

"Employer" does not include a religious association or corporation not organized for private profit.

(e) "Employment agency" includes any person undertaking for compensation to procure employees or opportunities to work.

(f) "Essential functions" means the fundamental job duties of the employment position the individual with a disability holds or desires. "Essential functions" does not include the marginal functions of the position.

(1) A job function may be considered essential for any of several reasons, including, but not limited to, any one or more of the following:

(A) The function may be essential because the reason the position exists is to perform that function.

(B) The function may be essential because of the limited number of employees available among whom the performance of that job function can be distributed.

(C) The function may be highly specialized, so that the incumbent in the position is hired for his or her expertise or ability to perform the particular function.

(2) Evidence of whether a particular function is essential includes, but is not limited to, the following:

(A) The employer's judgment as to which functions are essential.

(B) Written job descriptions prepared before advertising or interviewing applicants for the job.

(C) The amount of time spent on the job performing the function.

(D) The consequences of not requiring the incumbent to perform the function.

(E) The terms of a collective bargaining agreement.

(F) The work experiences of past incumbents in the job.

(G) The current work experience of incumbents in similar jobs.

(g) "Labor organization" includes any organization that exists and is constituted for the purpose, in whole or in part, of collective bargaining or of dealing with employers concerning grievances, terms or conditions of employment, or of other mutual aid or protection.

(h) "Medical condition" means either of the following: (1) Any health impairment related to or associated with a diagnosis of cancer or a record or history of cancer.

(2) Genetic characteristics. For purposes of this section, "genetic characteristics" means either of the following:

(A) Any scientifically or medically identifiable gene or chromosome, or combination or alteration thereof, that is known to be a cause of a disease or disorder in a person or his or her offspring, or that is determined to be associated with a statistically increased risk of development of a disease or disorder, and that is presently not associated with any symptoms of any disease or disorder.

(B) Inherited characteristics that may derive from the individual or family member, that are known to be a cause of a disease or disorder in a person or his or her offspring, or that are determined to be associated with a statistically increased risk of development of a disease or disorder, and that are presently not associated with any symptoms of any disease or disorder.

(i) "Mental disability" includes, but is not limited to, all of the following:

(1) Having any mental or psychological disorder or condition, such as mental retardation, organic brain syndrome, emotional or mental illness, or specific learning disabilities, that limits a major life activity. For purposes of this section:

(A) "Limits" shall be determined without regard to mitigating measures, such as medications, assistive devices, or reasonable accommodations, unless the mitigating measure itself limits a major life activity.

(B) A mental or psychological disorder or condition limits a major life activity if it makes the achievement of the major life activity difficult.

(C) "Major life activities" shall be broadly construed and shall include physical, mental, and social activities and working.

(2) Any other mental or psychological disorder or condition not described in paragraph (1) that requires special education or related services.

(3) Having a record or history of a mental or psychological disorder or condition described in paragraph (1) or (2), which is known to the employer or other entity covered by this part.

(4) Being regarded or treated by the employer or other entity covered by this part as having, or having had, any mental condition that makes achievement of a major life activity difficult.

(5) Being regarded or treated by the employer or other entity covered by this part as having, or having had, a mental or psychological disorder or condition that has no present disabling effect, but that may become a mental disability as described in paragraph (1) or (2).

"Mental disability" does not include sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from the current unlawful use of controlled substances or other drugs.

(j) "On the bases enumerated in this part" means or refers to discrimination on the basis of one or more of the following: race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

(k) "Physical disability" includes, but is not limited to, all of the following:

(1) Having any physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss that does both of the following:

(A) Affects one or more of the following body systems: neurological, immunological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine. (B) Limits a major life activity. For purposes of this section:

(i) "Limits" shall be determined without regard to mitigating measures such as medications, assistive devices, prosthetics, or reasonable accommodations, unless the mitigating measure itself limits a major life activity.

(ii) A physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss limits a major life activity if it makes the achievement of the major life activity difficult.

(iii) "Major life activities" shall be broadly construed and includes physical, mental, and social activities and working.

(2) Any other health impairment not described in paragraph (1) that requires special education or related services.

(3) Having a record or history of a disease, disorder, condition, cosmetic disfigurement, anatomical loss, or health impairment described in paragraph (1) or (2), which is known to the employer or other entity covered by this part.

(4) Being regarded or treated by the employer or other entity covered by this part as having, or having had, any physical condition that makes achievement of a major life activity difficult.

(5) Being regarded or treated by the employer or other entity covered by this part as having, or having had, a disease, disorder, condition, cosmetic disfigurement, anatomical loss, or health impairment that has no present disabling effect but may become a physical disability as described in paragraph (1) or (2).

(6) "Physical disability" does not include sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from the current unlawful use of controlled substances or other drugs.

(l) Notwithstanding subdivisions (i) and (k), if the definition of "disability" used in the Americans with Disabilities Act of 1990 (Public Law 101-336) would result in broader protection of the civil rights of individuals with a mental disability or physical disability, as defined in subdivision (i) or (k), or would include any medical condition not included within those definitions, then that broader protection or coverage shall be deemed incorporated by reference into, and shall prevail over conflicting provisions of, the definitions in subdivisions (i) and (k).

(m) "Race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation" includes a perception that the person has any of those characteristics or that the person is associated with a person who has, or is perceived to have, any of those characteristics.

(n) "Reasonable accommodation" may include either of the following:

(1) Making existing facilities used by employees readily accessible to, and usable by, individuals with disabilities.

(2) Job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.

(o) "Religious creed," "religion," "religious observance," "religious belief," and "creed" include all aspects of religious belief, observance, and practice.

(p) "Sex" includes, but is not limited to, pregnancy, childbirth, or medical conditions related to pregnancy or childbirth. "Sex" also includes, but is not limited to, a person's gender, as defined in Section 422.56 of the Penal Code.

(q) "Sexual orientation" means heterosexuality, homosexuality, and bisexuality.

(r) "Supervisor" means any individual having the authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or the responsibility to direct them, or to adjust their grievances, or effectively to recommend that action, if, in connection with the foregoing, the exercise of that authority is not of a merely routine or clerical nature, but requires the use of independent judgment.

(s) "Undue hardship" means an action requiring significant difficulty or expense, when considered in light of the following factors:

(1) The nature and cost of the accommodation needed.

(2) The overall financial resources of the facilities involved in the provision of the reasonable accommodations, the number of persons employed at the facility, and the effect on expenses and resources or the impact otherwise of these accommodations upon the operation of the facility.

(3) The overall financial resources of the covered entity, the overall size of the business of a covered entity with respect to the number of employees, and the number, type, and location of its facilities.

(4) The type of operations, including the composition, structure, and functions of the workforce of the entity.

(5) The geographic separateness, administrative, or fiscal relationship of the facility or facilities.

12944. (a) It shall be unlawful for a licensing board to require any examination or establish any other qualification for licensing that has an adverse impact on any class by virtue of its race, creed color, national origin or ancestry, sex, age, medical condition, physical disability, mental disability, or sexual orientation, unless the practice can be demonstrated to be job related.

Where the commission, after hearing, determines that an examination is unlawful under this subdivision, the licensing board may continue to use and rely on the examination until such time as judicial review by the superior court of the determination is exhausted.

If an examination or other qualification for licensing is determined to be unlawful under this section, that determination shall not void, limit, repeal, or otherwise affect any right, privilege, status, or responsibility previously conferred upon any person by the examination or by a license issued in reliance on the examination or qualification.

(b) It shall be unlawful for a licensing board to fail or refuse to make reasonable accommodation to an individual's mental or physical disability or medical condition.

(c) It shall be unlawful for any licensing board, unless specifically acting in accordance with federal equal employment opportunity guidelines or regulations approved by the commission, to print or circulate or cause to be printed or circulated any publication, or to make any non-job-related inquiry, either verbal or through use of an application form, which expresses, directly or indirectly, any limitation, specification, or discrimination as to race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, sex, age, or sexual orientation or any intent to make any such limitation, specification, or discrimination. Nothing in this subdivision shall prohibit any licensing board from making, in connection with prospective licensure or certification, an inquiry as to, or a request for information regarding, the physical fitness of applicants if that inquiry or request for information is directly related and pertinent to the license or the licensed position the applicant is applying for. Nothing in this subdivision shall prohibit any licensing board, in connection with prospective examinations, licensure, or certification, from inviting individuals with physical or mental disabilities to request reasonable accommodations or from making inquiries related to reasonable accommodations.

(d) It is unlawful for a licensing board to discriminate against any person because the person has filed a complaint, testified, or assisted in any proceeding under this part.

(e) It is unlawful for any licensing board to fail to keep records of applications for licensing or certification for a period of two years following the date of receipt of the applications.

(f) As used in this section, "licensing board" means any state board, agency, or authority in the State and Consumer Services Agency that has the authority to grant licenses or certificates which are prerequisites to employment eligibility or professional status.

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STATE OF CALIFORNIA
**REQUEST FOR CONTINUING EDUCATION
EXCEPTION—LICENSEE APPLICATION**
1800 37A-208-635 (NEW 08/06 9/07)

BOARD OF BEHAVIORAL SCIENCES
1625 NORTH MARKET BLVD., SUITE S200, SACRAMENTO, CA
95834
TELEPHONE: (916) 574-7830 TDD: (916) 322-1700
WEB SITE ADDRESS: <http://www.bbs.ca.gov>

This form must be received by the Board at least sixty (60) days prior to the expiration date of the license.

READ REVERSE SIDE INSTRUCTIONS BEFORE COMPLETING THIS FORM

Any unanswered item will cause this request to be incomplete. Incomplete requests will not be processed.

For Office Use Only:

Date Received _____

Date Approved _____ Denied _____

Date of Audit (if applicable) _____

Enforcement Approval Yes No Date: _____

(Please type or print clearly in ink)

PART 1 - To be completed by applicant/licensee

NAME: Last First Middle

BUSINESS TELEPHONE:

RESIDENCE TELEPHONE:

ADDRESS OF RECORD: Number and Street

City

State

Zip Code

*SOCIAL SECURITY NUMBER:

LICENSE NUMBER:

RENEWAL PERIOD REQUESTING EXCEPTION FOR:

REASON FOR EXCEPTION: (Check one box only)

- Health** (Complete Part 2) **Health-Family** (Complete Part 2) **Military** (submit proof) **Out of Country** (submit proof)

PART 2 - To be completed by licensee to explain ~~illness~~ medical condition or disability.

Please attach extra sheets if necessary.

1. Provide a detailed description of the disability or medical condition and an explanation as to how the disability or medical condition interferes with limits one or more major life activities: including the licensee's ability to complete 36 hours of Continuing Education through classroom/seminar attendance, home study, Internet courses over a two year period. Please attach additional sheets, if necessary.

Approximate date disability began: _____ disability is Temporary Permanent

If temporary, approximate date licensee will be able to continue his/her Continuing Education: _____

Is licensee limited in working in his/her licensed capacity? Yes No

If yes, please explain limitations: _____

2. Attach completed "Request for Continuing Education Exception – Verification of Disability or Medical Condition", Form No. 37A-636 (New 9/07).

3. What type of accommodation are you requesting?

- Total Exception from the Continuing Education Requirements - By checking this box you are certifying that for at least one year during your previous license renewal period you were prevented from completing the CE requirements due to one of the following: (a) total physical and/or mental disability; or, (b) total physical and/or mental disability of an immediate family member, including a domestic partner, where you were the primary caregiver for that family member.**
- Request to Complete all Continuing Education Hours via Self-Study By checking this box you are certifying that for at least one year during your previous license renewal period you were prevented from completing the interactive CE requirements due to one of the following: (a) physical and/or mental disability or medical condition; or, (b) physical and/or mental disability or medical condition of an immediate family member, including a domestic partner, where you were the primary caregiver for that family member.**

4. Explain how another accommodation would allow you to comply with the continuing education requirements:

5. What is your current employment setting? Private Practice: outside home in-home Agency/Facility Other:

6. If you are not currently practicing, are you aware that you have the option to renew the license with an "inactive" status? Yes No

Attending Physician's/Psychologist's Name	License Number	Business Telephone	
Attending Physician's/Psychologist's Address	City	State	Zip Code

I declare under penalty of perjury under the laws of the State of California that ~~I have read and understand the foregoing and that I meet all of the criteria stated herein and~~ all the information that I have submitted on this form and on any accompanying attachments is true and correct. Providing false information or omitting required information are grounds for disciplinary action.

Date

Signature of Licensee

Date

Signature of Physician/Psychologist

~~*Business and Professions Code Sections 4982(b) and 4992.3(b) gives the board the right to refuse issuance of any registration or license, or to suspend or revoke the registration or license of any registrant or licensee if the applicant secures the registration or license by fraud, deceit, or misrepresentation on any application for registration or licensure submitted to the board.~~

Certifying on your renewal form that you have either completed the required hours of continuing education or been granted an exception from the continuing education requirements prior to receiving the approved exception may constitute a violation of Business and Professions Code Sections 4982(b) and 4992.3(b).

**See "Notice of Collection of Personal Information" (over)*

(OVER)

EXCEPTIONS FROM THE CE REQUIREMENT

Notice of Collection of Personal Information: The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4980.54 and 4996.22, and Title 16 California Code of Regulations (CCR) Section 1887.2 for the purpose of determining eligibility for a "good cause" exception to the Board's continuing education (CE) requirements. Submission of your social security number is voluntary. Submission of other personal information, such as name, license number and medical history, is mandatory. The Board cannot process your request for exception to the continuing education requirements unless you provide all of the other requested personal information on this form. We make every effort to protect the personal information you provide us. However, the information may be transferred to other governmental and enforcement agencies, or provided in response to a court order or subpoena. You have a right of access to records containing personal information about you maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the California Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Public Records Request Coordinator at the following address or telephone number: 1625 North Market Blvd., Suite S200, Sacramento, CA 95834 or (916) 574-7830.

~~Section 1887.2(c) of the California Code of Regulations outlines three reasons for which the board will grant exception and the board's procedure for processing those requests.~~

Exception Regulation, 16 CCR Section 1887.2(c)

(c) A licensee may submit a ~~written~~ request for exception from or reasonable accommodations for the continuing education requirement, ~~on a form prescribed by the board, entitled, "Request for Continuing Education Exception," Form No. 1800 37A-635 (New 9/07),~~ for any of the reasons listed below. The request must be submitted to the board at least sixty (60) days prior to the expiration date of the license. The board will notify the licensee, within thirty (30) working days after receipt of the request for exception, whether the exception or accommodation was granted. If the request for exception or accommodation is denied, the licensee is responsible for completing the full amount of continuing education required for license renewal. If the request for exception or accommodation is approved, it shall be valid for one renewal period. ~~The board shall grant the exception if the licensee can provide evidence, satisfactory to the board, that:~~

(1) The board shall grant the exception if the licensee can provide evidence, satisfactory to the board, that:

~~(1)(A)~~ (A) For at least one year during the licensee's previous license renewal period the licensee was absent from California due to military service;

~~(2)(B)~~ (B) For at least one year during the licensee's previous license renewal period the licensee resided in another country; or

~~(3)(2)~~ (2) The Board may grant a reasonable accommodation if, For for at least one year during the licensee's previous license renewal period, the licensee or an immediate family member, including a domestic partner, where the licensee has is the primary responsibility for the care of caregiver for that family member, was suffering from or suffered had a physical or mental disability or medical condition as defined in Section 12926 of the Government Code. A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, sitting, standing, lifting, reaching, sleeping, thinking, concentrating, and interacting with others. An impairment is substantially limiting if it prohibits or significantly restricts an individual's ability to perform a major life activity as compared to the ability of the average person in the general population to perform the same activity. The physical or mental disability or medical condition must be verified by a licensed physician or psychologist with special expertise in the area of the physical or mental disability or medical condition. Verification of the physical or mental disability or medical condition must include: be submitted by the licensee on a form entitled, "Request for Continuing Education Exception – Verification of Disability or Medical Condition," Form No. 1800 37A-636 (New 9/07).

~~(A) the nature and extent of the disability~~

~~(B) an explanation of how the disability substantially limits one or more major life activities;~~

~~(B) (C) an explanation of how the disability would hinder the licensee from completing the continuing education requirement given that such courses can be completed in the classroom, on line, or via home study; and~~

~~(C) (D) the name, title, address, telephone number, professional license or certification number, and original signature of the licensed physician or psychologist verifying the disability;~~

How to Request Exception

To request an exception, complete the form on the reverse side and submit it to the board, along with sufficient proof. The board will accept any documentation establishing the validity of your request, including military orders that demonstrate service outside California, or a passport or visa showing the dates you resided ~~out of country~~ out of the country, or a doctor's note. The board may accept a written statement from your physician or psychologist in lieu of completing Part 2, provided that the statement provides all of the information requested in Part 2 of the verification form and includes all of the following: the name, title, address, telephone number, professional license number, and original signature of the physician or psychologist providing the verification. **Please remember that the documentation must supply all of the information required by Section 1887.2(c).** After the board's review, you will be notified whether your request was granted.

Exceptions Cannot be Granted Before the Fact

The board can only grant exceptions when provided with proof that you have met the minimum criteria outlined in Section 1887.2(c). You may request exception after the situation has occurred, or during the situation as long as you have met the minimum criteria. *For example, if your license expiration date is July 31, ~~2006~~ 2010, and you are going to live out of the country from May ~~2005~~ 2009 through November ~~2006~~ 2010, you can submit your request for exception due to living out of the country for one year any time after May ~~2006~~ 2010.*

Renewal Application

Please send in your request for exception prior to submitting your renewal application. Courtesy renewal applications are mailed out 90 days prior to the expiration date. It takes 30 business days to process an application for exception. ***Do not submit your renewal application until you have received a written decision regarding your request for exception. If your request is denied, you will be required to complete the mandatory coursework and hours of continuing education prior to renewing your license in an active status. The Board MUST receive your request for exception at least sixty (60) days PRIOR to the expiration date of the license in order for the exception to be considered.***

If you have any questions, please contact the board's CE program at (916) 574-7830.

EXCEPTIONS FROM THE CE REQUIREMENT

Notice of Collection of Personal Information: *The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4980.54 and 4996.22, and Title 16 California Code of Regulations (CCR) Section 1887.2 for the purpose of determining eligibility for a “good cause” exception to the Board’s continuing education (CE) requirements. Submission of your social security number is voluntary. Submission of other personal information, such as name, license number and medical history, is mandatory. The Board cannot process your request for exception to the continuing education requirements unless you provide all of the other requested personal information on this form. We make every effort to protect the personal information you provide us. However, the information may be transferred to other governmental and enforcement agencies, or provided in response to a court order or subpoena. You have a right of access to records containing personal information about you maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the California Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Public Records Request Coordinator at the following address or telephone number: 1625 North Market Blvd., Suite S200, Sacramento, CA 95834 or (916) 574-7830.*

Exception Regulation, 16 CCR Section 1887.2(c)

(c) A licensee may submit a request for exception from or reasonable accommodations for the continuing education requirement, on a form entitled “Request for Continuing Education Exception,” Form No. 1800 37A-635 (New 9/07), for any of the reasons listed below. The request must be submitted to the board at least sixty (60) days prior to the expiration date of the license. The board will notify the licensee within thirty (30) working days after the receipt of the request for exception, whether the exception or accommodation was granted. If the request for exception or accommodation is denied, the licensee is responsible for completing the full amount of continuing education required for license renewal. If the request for exception or accommodation is approved, it shall be valid for one renewal period.

(1) The board shall grant an exception if the licensee can provide evidence, satisfactory to the board, that:

(A) For at least one year during the licensee’s previous license renewal period the licensee was absent from California due to military service; or,

(B) For at least one year during the licensee’s previous license renewal period the licensee resided in another country.

(2) The board may grant a reasonable accommodation if, for at least one year during the licensee’s previous license renewal period, the licensee or an immediate family member, including a domestic partner, where the licensee is the primary caregiver for that family member, had a physical or mental disability or medical condition as defined in Section 12926 of the Government Code. The physical or mental disability or medical condition must be verified by a licensed physician or psychologist with expertise in the area of the physical or mental disability or medical condition. Verification of the physical or mental disability or medical condition must be submitted by the licensee on a form entitled “Request for Continuing Education Exception –Verification of Disability or Medical Condition,” Form No. 1800 37A-636 (New 9/07).

How to Request Exception

To request an exception, complete the form on the reverse side and submit it to the board, along with sufficient proof. The board will accept any documentation establishing the validity of your request, including military orders that demonstrate service outside California or a passport or visa showing the dates you resided out of the country. The board may accept a written statement from your physician or psychologist in lieu of completing Part 2 of the verification form, provided that the statement provides all of the information requested in Part 2 of the form and includes all of the following: the name, title, address, telephone number, professional license number, and original signature of the physician or psychologist providing the verification. **Please remember that the documentation must supply all of the information required by Section 1887.2(c) above.** After the board’s review, you will be notified whether your request was granted.

Exceptions Cannot be Granted Before the Fact

The board can only grant exceptions when provided with proof that you have met the minimum criteria outlined in Section 1887.2(c). You may request exception after the situation has occurred, or during the situation as long as you have met the minimum criteria. *For example, if your license expiration date is July 31, 2010, and you are going to live out of the country from May 2009 through November 2010, you can submit your request for exception due to living out of the country any time after May 2010.*

Renewal Application

Please send in your request for exception prior to submitting your renewal application. Courtesy renewal applications are mailed out 90 days prior to the expiration date. It takes 30 business days to process an application for exception. **Do not submit your renewal application until you have received a written decision regarding your request for exception. If your request is denied, you will be required to complete the mandatory coursework and hours of continuing education prior to renewing your license in an active status. The Board MUST receive your request for exception at least sixty (60) days PRIOR to the expiration date of the license in order for the exception to be considered.**

If you have any questions, please contact the board’s CE program at (916) 574-7830.

STATE OF CALIFORNIA
**REQUEST FOR CONTINUING EDUCATION
 EXCEPTION—VERIFICATION OF DISABILITY OR
 MEDICAL CONDITION**
 1800 37A-636 (NEW 9/07)

BOARD OF BEHAVIORAL SCIENCES
 1625 NORTH MARKET BLVD., SUITE S200, SACRAMENTO, CA
 95834
 TELEPHONE: (916) 574-7830 TDD: (916) 322-1700
 WEB SITE ADDRESS: <http://www.bbs.ca.gov>

This form must be received by the Board at least sixty (60) days prior to the expiration date of the license.

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM
Any unanswered item will cause this request to be incomplete. Incomplete requests will not be processed.

For Office Use Only:

Date Received _____
 Date Approved _____ Denied _____
 Date of Audit (if applicable) _____
 Enforcement Approval Yes No Date: _____

(Please type or print clearly in ink)

Part 1 - To be completed by applicant/licensee

*NAME: Last		First	Middle
BUSINESS TELEPHONE:		RESIDENCE TELEPHONE:	
ADDRESS OF RECORD: Number and Street		City	State Zip Code
*SOCIAL SECURITY NUMBER:	LICENSE NUMBER:	RENEWAL PERIOD REQUESTING EXCEPTION FOR: _____/_____/_____ TO ____/____/_____	

REASON FOR EXCEPTION: (Check one box only)

Health (Complete Part 2) **Health-Family** (Complete Part 2)

Part 2 – To be completed by attending physician/psychologist

1. Provide a description of the physical or mental disability or medical condition and an explanation as to how the disability or medical condition limits one or more major life activities, including the licensee's ability to complete 36 hours of continuing education over a two-year period through classroom/seminar attendance, home study, Internet courses. Please attach additional sheets if necessary.

2. Approximate date disability/medical condition began: _____ Disability/medical condition is Temporary Permanent
 If temporary, approximate date licensee will be able to resume his/her continuing education: _____

3. Is licensee limited in working in his/her licensed capacity? Yes No
 If yes, please explain limitations: _____

Attending Physician's/Psychologist's Name	License Number	Business Telephone	
Attending Physician's/Psychologist's Address	City	State	Zip Code

I declare under penalty of perjury under the laws of the State of California that all the information I have submitted on this form and on any accompanying attachments is true and correct. Providing false information or omitting required information are grounds for disciplinary action.

 Date

 Date

 Signature of Licensee

 Signature of Physician/Psychologist

EXCEPTIONS FROM THE CE REQUIREMENT

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Exception Regulation

- (c) A licensee may submit a request for exception from or reasonable accommodations for the continuing education requirement, on a form entitled “Request for Continuing Education Exception,” Form No. 1800 37A-635 (New 9/07), for any of the reasons listed below. The request must be submitted to the board at least sixty (60) days prior to the expiration date of the license. The board will notify the licensee within thirty (30) working days after the receipt of the request for exception, whether the exception or accommodation was granted. If the request for exception or accommodation is denied, the licensee is responsible for completing the full amount of continuing education required for license renewal. If the request for exception or accommodation is approved, it shall be valid for one renewal period.
- (1) The board shall grant an exception if the licensee can provide evidence, satisfactory to the board, that:
 - (A) For at least one year during the licensee’s previous license renewal period the licensee was absent from California due to military service; or,
 - (B) For at least one year during the licensee’s previous license renewal period the licensee resided in another country.
 - (2) The board may grant a reasonable accommodation if, for at least one year during the licensee’s previous license renewal period, the licensee or an immediate family member, including a domestic partner, where the licensee is the primary caregiver for that family member, had a physical or mental disability or medical condition as defined in Section 12926 of the Government Code. The physical or mental disability or medical condition must be verified by a licensed physician or psychologist with expertise in the area of the physical or mental disability or medical condition. Verification of the physical or mental disability or medical condition must be submitted by the licensee on a form entitled “Request for Continuing Education Exception –Verification of Disability or Medical Condition,” Form No. 1800 37A-636 (New 9/07).

How to Request Exception

To request an exception, complete the form on the reverse side and submit it to the board, along with sufficient proof. The board will accept documentation establishing the validity of your request, including military orders that demonstrate service outside California or a passport or visa showing the dates you resided out of the country. The board may accept a written statement from your physician or psychologist in lieu of completing Part 2 of the verification form, provided that the statement provides all of the information requested in Part 2 of the form and includes all of the following: the name, title, address, telephone number, professional license number, and original signature of the physician or psychologist providing the verification. **Please remember that the documentation must supply all of the information required by Section 1887.2(c) above.** After the board’s review, you will be notified whether your request was granted.

Exceptions Cannot be Granted Before the Fact

The board can only grant exceptions when provided with proof that you have met the minimum criteria outlined in Section 1887.2(c). You may request exception after the situation has occurred, or during the situation as long as you have met the minimum criteria. *For example, if your license expiration date is July 31, 2010, and you are going to live out of the country from May 2009 through November 2010, you can submit your request for exception due to living out of the country any time after May 2010.*

Renewal Application

Please send in your request for exception prior to submitting your renewal application. Courtesy renewal applications are mailed out 90 days prior to the expiration date. It takes 30 business days to process an application for exception. **Do not submit your renewal application until you have received a written decision regarding your request for exception. If your request is denied, you will be required to complete the mandatory coursework and hours of continuing education prior to renewing your license in active status. The Board MUST receive your request for exception at least sixty (60) days PRIOR to the expiration date of the license in order for the exception to be considered.**

If you have any questions, please contact the board's CE program at (916) 574-7830.

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BOARD OF BEHAVIORAL SCIENCES
Overview of Enforcement Activity

Fiscal Years	02/03	03/04	04/05	05/06	06/07	07/08*
Complaints / Cases Opened						
Complaints Received	514	560	626	801	910	207
Criminal Convictions Received	384	383	384	455	452	89
Total Complaints Received	898	943	1010	1256	1362	296
Investigations Opened	25	11	25	44	32	1
Cases Sent to AG	41	17	25	55	42	2
Filings						
Citations Issued	24	19	63	160	191	19
Accusations Filed	17	22	17	29	37	2
Statement of Issues (SOI's) filed	4	4	2	1	5	0
Temporary Restraining Order	0	0	0	0	0	0
Interim Suspension Orders	0	1	0	1	0	0
Withdrawals/Dismissals						
Accusations Withdrawn or Dismissed	1	0	1	1	4	0
SOI's Withdrawn or Dismissed	1	0	0	0	0	0
Declined by the AG	7	3	1	3	4	0
Disciplinary Decision Outcomes						
Revoked	4	10	4	7	7	0
Revoked, Stayed, Susp & Probation	2	1	2	0	6	1
Revoked, Stayed, Probation	6	5	2	4	9	0
Surrender of License	7	7	7	9	6	0
Suspension	0	0	0	0	0	0
Susp., Stayed, Susp & Prob	0	0	0	0	0	0
Susp., Stayed Probation	1	0	0	0	0	0
Susp & Prob Only	0	0	0	0	0	0
License Probation Only	0	0	0	0	0	0
Reprimand / Repeval	1	0	0	0	0	0
Other Decisions	0	0	0	0	1	0
Total Decisions	21	23	15	20	29	1
Decisions (By Violation Type)						
Fraud	1	0	1	0	1	1
Health & Safety	0	0	1	2	0	0
Sexual Misconduct	5	5	5	5	2	0
Competence / Negligence	2	9	2	2	0	0
Personal Conduct	7	3	4	7	18	0
Unprofessional Conduct	4	4	2	4	8	0
Unlicensed Activity	0	0	0	0	0	0
Other	0	0	0	0	0	0
Violation of Probation	2	2	0	0	0	0

* Fiscal Year Period: 7/1/07 through 08/31/07.

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

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Staff is currently working with the Office of Examination Resources to produce study guides for candidates. These study guides will include sample items that better represent the items in the examinations. The study guides are expected to contain a minimum of two sample items per content area, and to be published in spring of 2008.

Staff wishes to thank Dr. Taubman and NASW for their interest and participation in this issue.

Attachments

- A. Letter from Dr. Taubman
- B. Attachments from Dr. Taubman
- C. Examination Handbook Excerpts (Standard Written and Clinical Vignette)

Stan Taubman, PhD
1635 Solano Ave.
Berkeley, CA 94707

May 9, 2007

Paul Riches, Executive Officer
Board of Behavioral Sciences
1625 North Market Blvd., Suite S-200
Sacramento, CA 95834

Dear Mr. Riches:

I am writing to request an opportunity to appear before the Consumer Protection Committee at its forthcoming June 27, 2007 meeting in Sacramento.

Over the past two years I have notified the DCA regarding three errors in subsequent editions of the BBS's LCSW Candidate Handbooks. All of these errors were contained in sample exam questions related either to DSM diagnosis or to treatment planning. (A detailed summary of my findings is attached.)

Although I teach classes regarding these topics at the University of California, School of Social Welfare and have been a practicing LCSW for over 30 years, I do not rely on that specific background to support the points made in this submission. These errors have been readily recognized by ASW's to whom I have spoken. Furthermore, evidence pointing to these errors can be readily found in the DSM manual and in various MSW level social work texts.

I assure you that these issues are in no way esoteric or academic matters, but fundamental to the safe, effective and independent practice of clinical social work.

These errors indicate a potential consumer protection issue. If the BBS uses similar procedures to develop actual exam questions as are used to develop these publicly available sample exam questions, then candidates giving correct answers may be restrained from practice in California, and those who give incorrect answers may be admitted to practice. Unfortunately, copies of retired questions from actual exams are not available for similar public review.

Please advise me as to how I should proceed to be entered on the Committee's agenda for this forthcoming meeting. I have been in consultation with Janlee Wong of the NASW on this matter, who would also like to participate. He has suggested that a presentation or response by the Office of Examination Resources would also be instructive at such a meeting.

Thank you for your assistance.

Sincerely,

cc: Renee Lonner; Joan Walmsley; Mona Maggio; Janlee Wong

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**AN ANALYSIS OF ERRORS CONTAINED IN
DEPARTMENT OF CONSUMER AFFAIRS
LCSW EXAM MATERIALS**

by
Stan Taubman, PhD, LCSW
May 8, 2007

INTRODUCTION

Over the past two years the Department of Consumer Affairs has been notified regarding three errors in various editions of the BBS's LCSW Candidate Handbooks. These errors, related to treatment planning and DSM diagnosis, were contained in sample examination questions related either to DSM diagnosis or to treatment planning. A detailed summary is contained in this document.

The public relies on the Department of Consumer Affairs and Board of Behavioral Sciences to evaluate the level of knowledge and skills of LCSW candidates, and to determine their ability to practice safely, effectively, and independently.

It would be most unfortunate if the errors contained in these three Candidate Handbooks reflect similar errors in the actual examination.

Proper treatment planning is one of the most important issues in effective clinical social work practice. This point is supported by decades of counseling and psychotherapy outcome studies. It is also reflected by the almost 200% increase in the proportion of LCSW Standard Written Exam questions devoted to the subject of Treatment Plan Development in the Board's post-December 2005 Content Outline changes.

Accurate diagnosis is often the basis for proper treatment planning. This is evidenced by the fact that the research supporting most evidence based practice models has sought the model's efficacy with clients of a particular diagnosis.

The errors cited in this document were identified only because they were made public in Candidate Handbooks. The Association of Social Work Boards, like the California Board of Psychology, makes available to the public questions that have been used in previous examinations. This provides some degree of public oversight. Questions from actual DCA license examinations are not made public, thereby missing this opportunity for constructive feedback from the profession.

In view of these findings more careful oversight of DCA license exam question validity is needed with meaningful opportunities for public review.

Stan Taubman, PhD, LCSW, 1635 Solano Ave., Berkeley, CA 94707 (510) 845-7650

**CANDIDATE HANDBOOK ERROR #1
For Examinations April 1, 2004 and Later
(Written Clinical Vignette Examination)**

REGARDING PLANNING FOR INTERVENTION AND THERAPY

CONFUSING GOALS WITH INTERVENTIONS

On page 5 a sample exam question asks "What are the initial goals of treatment in the case in the accompanying EXHIBIT?" This is followed by four possible answers...

- A. - Referral for couples counseling
 - Referral for psychiatric medication
 - Reduction of depressive symptoms
 - Monitor for potential danger to self and others
- B. - Reduce marital conflict
 - Reduction of symptoms
 - Referral for religious counseling
 - Monitor for potential need for Tarasoff warning
- C. - Reduce marital conflict
 - Reduction of symptoms
 - Referral for psychiatric medication
 - Monitor for potential danger to self and others
- D. - Referral for legal consultation
 - Referral for psychiatric medication
 - Normalize dissolution of relationships
 - Monitor for potential danger to self and others

The error is that social work "goals of treatment" refer to client outcomes that are being pursued (e.g. "participate in psychiatric evaluation" or "safety of client and others"), not to the social worker's interventions (e.g. "referral for psychiatric medication" or "monitor for potential danger to self and others").

State Department of Mental Health quality assurance and program reviewers consistently make this distinction between goals (client outcomes) and the practitioner's interventions in their reviews of clinical documentation at County Mental Health Departments.

For decades the social work literature has also distinguished between goals and interventions, in view of the implications of this distinction for clinical outcome

effectiveness. Here are several examples.

FROM “DIRECT SOCIAL WORK PRACTICE” a commonly used social work text by Dean Hepworth, et al.

“Goals specify what clients wish to accomplish and are utilized as a means to facilitate the desired outcomes...Inherent in goals are desired changes in clients’ life situations...

FROM “GENERALIST SOCIAL WORK PRACTICE” a commonly used social work text by Karla Miley, et al.

“As the beginning step in constructing action plans, workers and clients clarify goals.... Workers ensure that clients formulate goals in positive terms, stating what clients want and will be doing rather than what they don’t want or will be avoiding....Social workers guide clients to state goals “in a linguistically positive form, that is in terms of what the client will be doing or thinking, rather than what they will not be doing or thinking”.

DICTIONARY.COM DEFINITION

n 1: the state of affairs that a plan is intended to achieve and that (when achieved) terminates behavior intended to achieve it; "the ends justify the means" [syn: end] [syn: finish, destination]

CANDIDATE HANDBOOK ERROR #2
For Examinations December 1, 2005 and Later
(Standard Written Examination)

REGARDING TREATMENT PLAN DEVELOPMENT

CONFUSING OBJECTIVES WITH INTERVENTIONS

On page 5 of this Candidate Handbook each of the four answer options in example item #10 describes a social worker's **intervention**, although the stem of the question asks "What should be the immediate short-term **objective** of therapy with this client?" Answer B is identified as correct. However, although it is the best of the four interventions listed, it is not a "short-term objective. In other words, it is the best of four incorrect answers.

Whereas the Clinical Vignette Exam Candidate Handbook error (Error #1 cited above) confuses "goals" with interventions, the Standard Written Exam Candidate Handbook confuses "short-term objectives" with interventions.

Again, the social work literature has consistently distinguished between objectives and interventions, in view of the implications of this distinction for clinical outcome effectiveness. Here are several examples.

FROM "SOCIAL WORK PRACTICE" by Louise C. Johnson and Stephen J. Yanca.

"Care must be taken to express the objectives in terms of the behavioral outcome desired rather than of how the goal will be reached. In other words, receiving a service is not a goal but rather a task designed to meet a need or achieve the goal or objective....Objectives should be specific, concrete, and measurable. Goal statements are usually broader and more general than objectives." (p. 293-294)

"The goal is the overall, long-range expected outcome of the endeavor. Because of the complexity of the overall plan, this goal is usually reached only after intermediate goals or objectives have been attained." (p. 292)

Johnson and Yanca's points are fundamental principles of social work treatment planning, and can be found in almost any social work practice textbook.

FROM "SOCIAL WORK PRACTICE: A CRITICAL THINKER'S GUIDE" by Eileen Gambrill, PhD of the UC Berkeley School of Social Welfare.

"Objectives should be achievable, relevant..., and measurable." (p. 256) All of her examples are statements of client outcomes (how the client will be different). As examples she lists...

- Brian will take his medication three times each day
- Brian will address his mother politely (not call his mother negative names...)"
- Brian will not physically threaten his parents
- Mrs. Ryan will take a 30 minute walk every day

None of Gambrill's examples described the social worker's interventions in support of such client outcomes.

Elsewhere Gambrill states "Coach clients to think in terms of desired outcomes related to problems. Help them discover *personalized objectives* (steps *they* can take to resolve concerns)." (p. 255) (The italics replicate Gambrill's own emphasis.)

FROM WEBSTER'S NEW WORLD DICTIONARY

Objective is defined as "Something aimed at or striven for." None of the alternative definitions refers to actions (interventions) taken in pursuit of the "aimed at" or "striven for" state.

TREATMENT GOALS/OBJECTIVES AS THE PRODUCT OF A THERAPIST/CLIENT NEGOTIATION

Another problem with the Candidate Handbook treatment planning sample questions (both Errors #1 and #2) is that both questions assume that the social worker should be deciding what the goals or objectives should be. Neither sample question refers to the client's purpose, preferences, intentions, or decisions. This is contrary to social work ethical principles regarding client self-determination.

NASW CODE OF ETHICS

Standard 1.02 SW's respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify **their goals**. (emphasis added)

If that standard leaves too much room for interpretation, consider the more explicit California Welfare and Institutions Code which states....

CALIFORNIA WELFARE AND INSTITUTIONS CODE

Sec. 5600.2 To the extent resources are available, public mental health services in this state should be provided to priority target populations in systems of care that are client-centered, culturally competent, and fully accountable, and which include the following factors:

(a) Client-Centered Approach....Persons with mental disabilities: (1) Retain all the rights, privileges, opportunities, and responsibilities of other citizens unless specifically limited by federal or state law or regulations. (2) Are the **central and deciding figure**, except where specifically limited by law, **in all planning for treatment** and rehabilitation based on their individual needs. (emphasis added)

SOCIAL WORK PRACTICE LITERATURE

This principle is well established in the social work practice literature. For example, under the heading "Negotiating Goals and a Contract" Dean H. Hepworth, et al. (Direct Social Work Practice: Theory and Skills) state "Generally, after collaborating in the exploration process, social workers and clients share common views about which results or changes are desirable or essential....Even involuntary clients can often choose the order in which goals are addressed or participate in the process of making that choice." (pp. 51 & 52) Elsewhere the authors state "Goals specify what clients wish to accomplish and are instrumental in facilitating achievement of desired outcomes." (p. 314) This principle is associated with "client empowerment" and is seen as especially important when working with client's of cultures other than one's own.

Similarly, in "SOCIAL WORK PRACTICE: A CRITICAL THINKER'S GUIDE" Eileen Gambrill states that social workers should "Focus on outcomes that are important to clients and significant others. People won't be interested in pursuing outcomes that do not interest them." (p. 258)

Similar points are made about both objectives and goals in most social work practice texts.

COMMUNITY STANDARD OF PRACTICE

The points made above are not only well established in law, ethics, and clinical practice literature, but are recognized in the community standard of practice as well.

The author has provided training on the subject of treatment planning to staff of community mental health service systems and their contractor agencies in Los Angeles, San Francisco, San Mateo, Alameda, Butte, Marin, Solano, Sonoma, Monterey, San Luis Obispo, Stanislaus, and other counties. Audiences typically range in size from 30 to 120 clinical clinicians, representing the range from pre-licensure to seasoned practitioners. These are typically multidisciplinary audiences, but usually the largest professional group represented are clinical social workers. The author has also presented similar workshops

to social workers employed in a variety of fields of practice throughout the state.

A questionnaire presented to these audiences early in the training program contains the following two multiple choice questions, among others.

1. A treatment plan objective is clinically meaningful if...
 - a. **it describes how the client will be different as a result of some effort**
 - b. it describes what the staff will do
 - c. it refers to the intervention techniques that the staff will use
 - d. it is acceptable to County EPSDT chart reviewers

2. A treatment plan objective is clinically meaningful if...
 - a. it is acceptable to the staff member, whether or not it is acceptable to the client
 - b. it is acceptable to the client, whether or not it is acceptable to the staff member
 - c. it is initiated by the client, not by the staff member
 - d. **the client and staff can both really agree with it**

A review of participants' clinical records usually reveals that they sometimes have difficulty applying these principles in a specific case, or integrating these principles with other principles. However, the audiences are almost unanimous (consistently 90% to 100%) in recognizing the correct principle. They understand that the answers bolded above are the correct answers. It is only in my first semester MSW practice classes at UC Berkeley that many of these neophyte social workers will choose answers B or C for question #1, or will choose answers A, B or C for question #2.

Although these two questions would not be suitable as license exam questions they demonstrate that the practice principles asserted in the clinical literature, ethical standards, and law, as cited above, are also commonly recognized as valid in the practice community. In contrast, the text of the Candidate Handbooks' sample questions was contrary to these principles.

CANDIDATE HANDBOOK ERROR #3
For Examinations Effective June 1, 2006
(Written Clinical Vignette Examination)

REGARDING DIAGNOSTIC FORMULATION

**FAILURE TO RECOGNIZE SIGNS OF PANIC DISORDER
AND ANXIETY DISORDER DUE TO A MEDICAL CONDITION**

On page 6 an exhibit describes a 61 year old woman as follows:

Roberta is a 61-year old, single, chief librarian who was recently hospitalized for congestive heart failure. She is referred by her physician due to excessive crying, insomnia, and irritability. Roberta complains of waking up at night in a cold sweat and having chest pain. She states, "I feel very alone and worry about my health and having to retire. I don't know where I would get the money to live on or to pay for medical insurance if I get sick again. I am too old, and it is just too difficult to go on."

A sample exam question then asks "What diagnoses **should be considered** in the case presented in the accompanying EXHIBIT?" (bolding added for emphasis)

The answer **designated as correct** was A which states...

- A. - Major Depressive Disorder
- V code Phase of Life Problem
- Mood Disorder due to a General Medical Condition
- Adjustment Disorder with Mixed Anxiety and Depressed Mood

One of the answers **designated as incorrect** was D which states...

- D. - Major Depressive Disorder
- Panic Disorder
- V code Phase of Life Problem
- Anxiety Disorder due to a Medical Condition

The error is that the diagnoses listed in answer D are no less likely to account for the symptoms in the exhibit than are the diagnoses listed in answer A. In some respects D is a better answer.

MAJOR DEPRESSIVE DISORDER AND V CODE PHASE OF LIFE PROBLEM

It is true that the client could have either a Major Depressive Disorder or a V code Phase of Life Problem. Both diagnoses are listed under both answers A and D.

PANIC DISORDER

The client also could have a Panic Disorder. Her "waking up at night in a cold sweat and having chest pain" could be the manifestation of a panic attack. Panic attack symptoms include "sweating," "chest pain," and "chills" (DSM IV TR, p. 432). The panic attacks of a panic disorder can occur during sleep. "Panic Disorder may also cause abrupt awakenings from deep NREM sleep accompanied by fearfulness..." (DSM IV TR, p. 638).

It's true that these panic symptoms might not indicate a Panic Disorder if the individual ONLY had panic symptoms during sleep, but the vignette doesn't state that they only occur during sleep.

Fundamentally, if a person sleeps 8 hours per day, in other words one third of the time, it would not be surprising that a person with Panic Disorder would have some of their unexpected panic attacks during sleep.

Even if these were situationally bound or situationally predisposed attacks during sleep, this is consistent with the DSM IV TR description of Panic Disorder which states "Situationally bound and situationally predisposed attacks are frequent in Panic Disorder..." (DSM IV TR, p. 431). Similarly, "...although the diagnosis of Panic Disorder definitionally requires that at least some of the Panic Attacks be unexpected, individuals with Panic Disorder frequently report also having situationally bound or situationally predisposed attacks." (DSM IV TR, p. 431) In any case Panic Attacks that occur during sleep are no more situationally bound than are Panic Attacks that occur during wakefulness.

The fact is that individuals such as the person in the exhibit, who have panic symptoms during sleep might have a Panic Disorder, so a Panic Disorder "should be considered" as a possible diagnosis for this vignette.

ANXIETY DISORDER DUE TO A MEDICAL CONDITION

The individual in the exhibit clearly presents with the possibility of clinically significant, diagnosable anxiety, as evidenced by the fact that even answer A refers to Adjustment Disorder with Mixed Anxiety and Depressed Mood. Before giving that diagnosis, however, a clinical social worker would need to first rule out the possibility of any other Axis I disorder that could account for either the anxiety symptoms or the depression symptoms. (See criterion C for Adjustment Disorder, DSM IV TR, p. 683)

Anxiety Disorder due to a General Medical Condition should be considered in view of the fact that congestive heart failure can cause some of the symptoms described in the exhibit, and is even listed in the DSM IV TR (p. 478) as one of the medical conditions that can cause an anxiety disorder.

TRIVIAL VARIATIONS IN NOMENCLATURE

It is true that the relevant DSM IV TR diagnosis is referred to as "Anxiety Disorder Due to... (indicate the General Medical Condition" and the word "General" is not included in answer D. If the Board considered this clinically meaningless variation to be the basis for identifying answer D as the incorrect answer, then it would have to take the same position on answer A. Answer A refers to "V code Phase of Life Problem" but that terminology does not appear in the DSM IV TR. The DSM IV TR does not have a category called "V codes" and the closest diagnosis to the one listed in answer A is "V62.89 Phase of Life Problem" (DSM IV TR, p. 42)

It is true that clinical social workers and other practitioners commonly refer to "V codes" but they also commonly refer to disorders "due to a medical condition".

BEST OF TWO CORRECT ANSWERS

If the diagnoses listed in both A and D are all diagnoses which should be considered, perhaps one option is a better answer than the other. In view of the fact that answer D's Anxiety Disorder due to a General Medical Condition needs to be ruled out before giving a diagnosis of answer A's Adjustment Disorder with Anxiety and Depressed Mood (see criterion C for Adjustment Disorder, DSM IV TR, p. 683), D is a better answer.

CONCLUDING REMARKS REGARDING THIS DIAGNOSTIC ERROR

It is clear that the inclusion of Generalized Anxiety Disorder renders answers B and C incorrect, since the exhibit does not refer to the characteristic symptoms of this disorder. However, the exhibit does present characteristic symptoms of the diagnoses in answers A and D, even though it does not present a conclusive description of symptoms for any of the disorders in answers A or D. Both answers A and D contain a trivial variation from the DSM IV TR nomenclature. Since both answers contain diagnoses which "should be considered" for the individual described in the exhibit, answer D is a better answer because it contains a diagnosis which must be considered and ruled out prior to giving one of the diagnoses listed in answer A.



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Licensed Clinical Social Worker Standard Written Examination

CANDIDATE HANDBOOK FOR EXAMINATIONS JUNE 1, 2007 OR LATER



PSI licensure:certification
3210 E Tropicana
Las Vegas, NV 89121
www.psiexams.com

implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

EXAMINATION ITEMS

The LCSW Standard Written examination contains no fewer than 175 multiple-choice items. The examination may contain additional items for the purpose of pre-testing (up to 25 nonscoreable items). Pre-testing allows performance data to be gathered and evaluated before items become scoreable in an examination. These pre-test ("experimental") items, distributed throughout the examination, WILL NOT be counted for or against you in your score, and will not be identified to you.

All of the scoreable items in the Standard Written examination have been written and reviewed by LCSWs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, are supported by reference textbooks, and have been pre-tested to ensure statistical performance standards are met.

There is only one correct answer for each item. The 'incorrect' answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no 'trick' questions in the examination.

You will have 4 hours to take this examination.

EXAMPLE STANDARD WRITTEN EXAMINATION ITEMS

The following are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires the candidate to select the correct answer from among the four options provided.

1. A woman seeks counseling after her 19-year-old adolescent was arrested for driving under the influence. The client reports the incident upset her so badly she has been having difficulty sleeping and has not been able to go to work. What strategy should be used in providing treatment for this client?
 - a. Provide the client with an opportunity to discuss feelings about the adolescent's actions.
 - b. Focus on the immediate tasks the client must perform to achieve equilibrium.
 - c. Encourage the client to use social support networks to assist in coping.
 - d. Refer the client to an Al-Anon family support group.
2. Why should role reversal be used in couples counseling?
 - a. To reinforce the autonomy of the two partners.
 - b. To reinforce the established roles of each partner.
 - c. To increase lighthearted interplay between partners.
 - d. To increase empathy and understanding between partners.
3. Which of the following factors should be included in the assessment of a client from a culture that is different from the therapist's?
 - a. Evaluation of socioeconomic variables, determination of any culturally-related issues, and determination of level of acculturation.
 - b. Evaluation of socioeconomic variables, consultation from traditional healers, and administration of psychometric tests.
 - c. Evaluation of mental status, determination of any culturally-related issues, and administration of psychometric tests.
 - d. Evaluation of mental status, consultation from traditional healers, and determination of level of acculturation.
4. A middle-aged couple comes to therapy shortly after their last child married. They both share that they are not as close as they used to be and complain of depression and irritability. How should a family therapist treat these clients?
 - a. By recommending clients reevaluate their relationship and consider separation.
 - b. By assisting clients to focus on their relationship and evolve in their new roles.
 - c. By reassuring clients that this is a normal reaction and feelings will resolve naturally.
 - d. By encouraging clients to remain active in their children's lives and enjoy their freedom.
5. In which of the following situations should involuntary hospitalization be initiated?
 - a. A person indicates a plan and intent to cause self-harm.
 - b. A person demonstrates failure to provide shelter.
 - c. A person refuses necessary medical treatment.
 - d. A person states an intent to kill his boss.
6. Which of the following family members should be identified as the scapegoat using a systems approach?
 - a. Child who mediates negative family processes.
 - b. Child who is identified as the source of the problem.
 - c. Parent who rationalizes spouse's absence from work due to alcohol.
 - d. Parentified child who assumes responsibility for maintaining family functioning.
7. An 11-year-old client ran away from home after setting a fire in his parent's garage. In addition, he has been threatening his peers with a knife. What diagnosis is indicated for this client?
 - a. Conduct disorder
 - b. Disruptive behavior disorder
 - c. Oppositional defiant disorder
 - d. Childhood disintegrative disorder
8. Which of the following situations would constitute malpractice?
 - a. An HIV-positive client infects a partner and the therapist did not warn.
 - b. An involuntary client disagrees with the treatment plan and the therapist will not make changes.
 - c. An alcoholic client in recovery begins drinking again after the therapist uses confrontation in the therapy session.
 - d. A depressed client following the treatment plan commits suicide when the therapist cancels multiple appointments with no backup plan.
9. 42-year-old divorced male client is being seen for depression caused by a recent breakup with his fiancée. During a therapy session, he states he has mailed letters to his daughters telling them that he loves them. He also thanks the therapist for the help, but states he is resigned to

his feelings and he will not be returning for any more therapy. How should the therapist proceed?

- a. Convince the client that treatment is still needed.
- b. Refer for intensive outpatient treatment to monitor depression.
- c. Evaluate for plan, intent, and means to carry out suicide attempt.
- d. Work with the client to resolve the emotional crisis that he is facing.

10. A mother brings her 10-year-old daughter to therapy after an unfounded abuse investigation was conducted on the girl's father. Since the investigation, the child has been afraid to sleep in her own room, is very demanding of her parents, and continues to have nightmares that her father is being taken away. What should be the immediate short-term objective of therapy with this client?

- a. Encourage the client to forget the incident because it was unfounded.
- b. Assist the client to explore her emotions and fears about the incident.
- c. Instruct the parents to set firm limits on the client's bedtime behavior.
- d. Refer the client to a psychiatrist for a medication evaluation.

Correct Answers: 1-B, 2-D, 3-A, 4-B, 5-A, 6-B, 7-A, 8-D, 9-C, 10-B

LICENSED CLINICAL SOCIALWORKER

Standard Written Examination Plan (Outline)

Content Area	# of Questions	Area %
I. Biopsychosocial Assessment	40	23
A. Assessing for Risk		
B. Assessment of Client Readiness and Appropriateness of Treatment		
C. In-Depth Assessment		
1. Comprehensive Exploration of Symptoms		
a. psychological factors		
b. cultural/personal factors		
2. Comprehensive Evaluation of Problem		
a. social-environmental history		
b. medical and developmental history		
c. history of substance use/abuse		
3. Comprehensive Evaluation of Inter- and Intra-personal Resources		
II. Diagnostic Formulation	10	6
III. Treatment Plan Development	19	11
A. Identify/Prioritize Objectives, Goals and Methods of Treatment		
B. Integrate/Coordination Concurrent Treatment Modalities and Adjunctive Resources		
C. Monitoring, Evaluation and Revision of Treatment Plan		
IV. Resource Coordination	16	9
A. Service Identification and Coordination		
B. Client Advocacy and Support		
V. Therapeutic Interventions	70	40
A. Crisis Intervention		
B. Short-Term Therapy		
C. Therapy for Children and Adolescents		
D. Therapy for Adults (Individual and Group)		
E. Therapy for Couples		
F. Therapy for Families		
G. Managing the Therapeutic Process		
VI. Legal Mandates	9	5
A. Protective Issues/Mandated Reporting		
B. Professional Conduct		
VII. Ethical Standards	11	6

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PSI licensure:certification
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ESTABLISHING THE PASSING STANDARDS

The LCSW written examinations measure knowledge and skills required for LCSW practice, and represents a standard of performance that LCSW SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Written Clinical Vignette examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on minimum competence criterion that are defined in terms of the actual behaviors that qualified LCSWs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of LCSW SMEs also consider other factors that would contribute to minimum acceptable competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple-choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the Board applies the same minimum competence standards to all licensure candidates.

Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new examination version is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

EXAMINATION ITEMS

The LCSW Written Clinical Vignette examination consists, on the average, of 5 to 7 clinical vignettes with typically 4 to 7 multiple-choice questions associated with each vignette for a total of 30 multiple-choice questions.

The examination may also contain additional questions for the purpose of “pre-testing” (up to 10 nonscoreable questions). Pre-testing allows performance data to be gathered and evaluated before items become scoreable in an examination. These pre-test questions, distributed throughout the examination, WILL NOT be counted for or against you in your score and will not be identified to you.

All of the scoreable items in the Written Clinical Vignette examination have been written and reviewed by LCSWs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, and have been evaluated to ensure statistical performance standards are met.

The multiple-choice items evaluate candidate knowledge, skills, and abilities in the following content areas: Bio-Psychosocial Assessment; Diagnostic Formulation; Treatment Plan Development; Resource Coordination; Therapeutic Interventions; Legal Mandates; Ethical Standards for Professional Conduct; and Human Diversity as it impacts the therapeutic process.

The clinical vignettes describe clinical cases reflective of the types of clients and presenting problems consistent with entry-level practice. Clinical vignettes provide candidates with the opportunity to demonstrate their ability to integrate and apply professional knowledge and clinical skills.

The exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted.

The main differences between a clinical vignette item and a standard multiple choice item found on the LCSW Standard Written examination is that a clinical vignette may contain a series of items related to the same vignette, and the possible answers are longer and more complex, listing a sequence of actions or describing a process of applying knowledge.

You will have 2 hours to take this examination.

IT IS IMPORTANT TO FAMILIARIZE YOURSELF WITH THE COMPUTER FUNCTIONS PRIOR TO BEGINNING THE EXAMINATION.

EXAMPLE CLINICAL VIGNETTE

To follow is an example of the format and structure of items you may encounter during the examination. The following “Exhibit (Vignette)” item is an example of the type of clinical vignettes candidates may encounter in the examination.

This clinical vignette has two corresponding multiple-choice items. Each multiple-choice item requires the examinee to select the correct answer from among the four options (A-D) provided.

There is only one correct answer for each multiple-choice item. The ‘incorrect’ answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no ‘trick’ questions in the examination.

EXHIBIT (Vignette)

Roberta is a 61-year-old, single, chief librarian who was recently hospitalized for congestive heart failure. She is referred by her physician due to excessive crying, insomnia, and irritability. Roberta complains of waking up at night in a cold sweat and having chest pain. She states, “I feel very alone and worry about my health and having to retire. I don’t know where I would get the money to live on or to pay for medical insurance if I get sick again. I am too old, and it is just too difficult to go on.”

1. What diagnoses should be considered in the case presented in the accompanying EXHIBIT?
 - A. Major Depressive Disorder
V code Phase of Life Problem
Mood Disorder due to a General Medical Condition
Adjustment Disorder with Mixed Anxiety and Depressed Mood
 - B. Generalized Anxiety Disorder
Mood Disorder due to a General Medical Condition
Panic Disorder
Major Depressive Disorder
 - C. Anxiety Disorder due to a Medical Condition
Adjustment Disorder with Mixed Anxiety and Depressed

- D. Mood Generalized Anxiety Disorder V code Phase of Life Problem
- E. Major Depressive Disorder Panic Disorder V code Phase of Life Problem Anxiety Disorder due to a Medical Condition

Answer: A

2. Which of the following factors presented in the case in the accompanying EXHIBIT require immediate assessment in order to evaluate risk?
- A. Coping skills
Mental status
Suicide potential
Social support system
 - B. Mental status
Medical history
Suicide potential
Co-morbid conditions
 - C. Coping skills
Suicide potential
Stage of life
Social support system
 - D. Medical history
Suicide potential
Stage of life
Co-morbid conditions

Answer: A

3. What client factors will have the greatest impact on the initial treatment interventions considered by the therapist in the case presented in the accompanying EXHIBIT?
- A. Roberta's current and past coping skills Roberta's willingness to engage in treatment Roberta's acceptance of the need for supportive care services
Roberta's acceptance of a referral for medication evaluation
 - B. Severity of Roberta's depression
Roberta's compliance with her medical regimen
Roberta's ability to engage in activities outside of her job
Roberta's receptiveness to a referral for disability benefits
 - C. Roberta's degree of social isolation Severity of Roberta's depression
Roberta's current and past coping skills Roberta's willingness to engage in treatment
 - D. Roberta's degree of social isolation
Roberta's compliance with her medical regimen
Roberta's acceptance of a referral for medication evaluation
Roberta's acceptance of the need for supportive care services

Answer: C

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