



Board of
Behavioral
Sciences

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MEETING NOTICE

Licensing and Examination Committee June 14, 2010

Department of Consumer Affairs
El Dorado Room
1625 North Market Blvd.
2nd Floor North, Room 220
Sacramento, CA 95834

9:00 a.m. – 12:00 p.m.

- I. Introductions
- II. Review and Approval of the April 12, 2010 Meeting Minutes
- III. Update on Review of Professional Clinical Counselor National Examination; Presentation by Dr. Tracy Montez
- IV. Discussion and Possible Action on Accepting Degrees in Couples and Family Therapy under Business and Professions Code Section 4980.36 and 4980.37
- V. Discussion and Possible Action Regarding Revising the Board's Examination Process for Marriage and Family Therapists and Clinical Social Workers
- VI. Overview of the Best Practices Guide in the Use of Videoconferencing with Supervision; Presentation by Kathy Cox, Ph.D., Patty Hunter, and Jeff Layne, California State University, Chico
- VII. Suggestions for Future Agenda Items
- VIII. Public Comment for Items Not on the Agenda

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

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

NOTICE: The meeting facilities are accessible to persons with disabilities. Please make requests for accommodations to the attention of Marsha Gove at the Board of Behavioral Sciences, 1625 N. Market Boulevard, Suite S-200, Sacramento, CA 95834, or by phone at 916-574-7861, no later than one week prior to the meeting. If you have any questions, please contact the Board at (916) 574-7830.



Arnold Schwarzenegger
Governor
State of California
State and Consumer
Services Agency
Department of
Consumer Affairs

**Licensing and Examination Committee
Meeting Minutes
April 12, 2010
DRAFT**

Department of Consumer Affairs
El Dorado Room
1625 North Market Blvd.
2nd Floor North, Room 220
Sacramento, CA 95834

Via Teleconference
30622 Via Pared
Thousand Palms, CA 92276

Members Present:

Elise Froistad, MFT Member, Chair
Mona Foster, Public Member
Christine Wietlisbach, Public Member
Janice Cone, LCSW Member

Staff Present:

Kim Madsen, Executive Officer
Tracy Rhine, Assistant Executive Officer
Christy Berger, MHSA Manager
Marsha Gove, Examination Analyst
Paula Gershon, Program Manager
Roseanne Helms, Legislative Analyst
Sean O'Connor, Outreach Coordinator
Sandra Wright, Examination Analyst

Members Not Present

None

Guest List:

Dr. Tracy Montez, Applied Measurement
Services
Guest list on file

Elise Froistad, Committee Chair, called the meeting to order at 9:30 a.m. Marsha Gove called roll, and a quorum was established.

I. Introductions

Committee members, staff, and audience members introduced themselves.

II. Current Status of Licensed Professional Clinical Counselor Gap Analysis Project Presented by Dr. Tracy Montez

Dr. Tracy Montez, Applied Measurement Services, LLC, (AMS) provided a summary of her progress to date on the gap analysis. Beginning in January 2010, contact was made with the National Board for Certified Counselors (NBCC). After confidentiality issues were addressed, AMS was provided with various examination-related documents, including a

job-analysis report for the NBCC Professional Counselor examination and profession. Dr. Montez reported she was in the process of reviewing those documents.

Dr. Montez explained that the first phase of the project is a gap analysis comparing the Licensed Professional Clinical Counselor profession to the Licensed Clinical Social Worker and Marriage and Family Therapist professions, looking for meaningful differences. Dr. Montez indicated it is understood that differences exist between the three professions. The purpose of the gap analysis is to determine whether or not those differences are related to public health and safety and whether an exam needs to be created to measure those competencies. She reported having completed a workshop with licensed clinical social worker subject matter experts studying the various exam plans to determine the types of competencies being tested. Another similar workshop involving marriage and family therapist subject matter experts was scheduled at the end of April. Dr. Montez noted that absent unforeseen delays, the results of the initial phase of the project would be presented at the May Board Meeting.

III. Discussion and Possible Action Regarding Revising the Board's Examination Program

Ms. Froistad reported that this issue has been discussed previously by the Committee. At the January 2010 Board Meeting, the full Board and other meeting participants discussed Committee recommendations relating to restructuring the examination process. Specifically, the Committee recommended requiring Marriage and Family Therapist (MFT) Interns and Associate Clinical Social Workers (ASW) to complete and pass an examination on California law and ethics, the test to consist of legal and ethical questions that a recent program graduate would reasonably be expected to know. Subsequent to passing the law and ethics examination, applicants who had completed all education and experience requirements would complete and pass a second test consisting primarily of practice-oriented and vignette questions.

Ms. Froistad noted that implementation of the recommended changes was an issue of concern. She deferred to Sean O'Connor, Board of Behavioral Sciences, for suggested solutions to the problem.

Mr. O'Connor noted two areas of concern pertaining to implementation of the new examination program. First, requiring an applicant to pass the law and ethics examination in the first year of registration would presumably mean that individuals who did not pass that test would not be eligible for renewal of their registration. Given that many employment settings expect a current registration in order for unlicensed therapists to provide services to clients, the Committee's proposed examination requirement could result in a mental health workforce issue. Additionally, an applicant cannot gain hours of supervised work experience required for licensure unless the individual holds a valid registration. Therefore, the proposed change could impact an applicant's timely completion of the licensing process. Secondly, a concern was identified regarding how the proposed changes would impact individuals who are already in the examination process.

Mr. O'Connor presented the Committee with proposed modifications to the original recommendations discussed at the January 2010 Board Meeting. He reviewed the various scenarios that had been developed for successful implementation of the recommended changes.

An open discussion was held among meeting participants regarding the proposed changes.

Clarification was requested and provided regarding various facets of the proposals. Points of discussion included the requirements to renew the registration; the consequences of not passing the law and ethics examination within the proposed three years; the continuing education necessary in order to re-take the law and ethics exam; how the requirement to pass the law and ethics exam would impact individuals who are currently registered; and how individuals whose registration has been automatically cancelled due to not passing the law and ethics examination could qualify for a new registration.

IV. Public Comments for Items not on the Agenda

There were no public comments for items not on the agenda.

Ms. Madsen announced that the next Licensing and Examination Committee meeting is scheduled June 7, 2010 in Sacramento.

The meeting was adjourned.

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To: Licensing and Examination Committee Members **Date:** June 3, 2010

From: Tracy Rhine **Telephone:** (916) 574-7830
Assistant Executive Officer

Subject: Professional Clinical Counselor Licensure Examination Update

Senate Bill 788 (Wyland), Chapter 619, Statutes of 2009 created the Licensed Professional Clinical Counselor Act which requires the Board of Behavioral Sciences (Board) to license and regulate Licensed Professional Clinical Counselors (LPCCs).

Business and Professions Code Section 4999.52 requires every applicant for licensure as a professional clinical counselor to take an examination that measures knowledge and abilities demonstrably important to the safe, effective practice of the profession. This section of law requires the Board to evaluate various national examinations in order to determine whether they meet the prevailing standards for the validation and use of licensing and certification tests in California.

The Board has contracted with Dr. Tracy Montez, Applied Measurement Services, LLC (AMS) to perform the analysis necessary to determine if any national examination meets the standards required by law.

Attachment

Updated Status Letter from Dr. Tracy Montez, AMS

Applied Measurement Services, LLC

May 28, 2010

California Department of Consumer Affairs
Board of Behavioral Sciences
Attn: Kim Madsen, Executive Officer
1625 N. Market Blvd., Ste. S-200
Sacramento, CA 95834

Dear Mrs. Madsen:

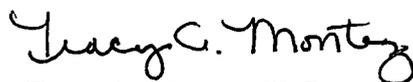
In response to your request, an update of the consulting services to assist with examination-related evaluations for the Licensed Professional Clinical Counselor profession is being provided. This requested update is for the Board of Behavioral Sciences Licensing and Examination Committee Meeting to be held June 14, 2010 in Sacramento, California.

Applied Measurement Services, LLC (AMS) continues to have communications with the National Board for Certified Counselors (NBCC) Shawn O'Brien, Vice President, Center for Credentialing and Education, and other subject matter experts associated with this project.

AMS is in the process of reviewing the NBCC National Counselor Examination (NCE) and the National Clinical Mental Health Counselor Examination (NCMHCE) to determine whether they meet prevailing standards for fair, valid and legally defensible licensure examinations. Further, their suitability for use as a licensure requirement for Licensed Professional Clinical Counselors in California is being evaluated.

Pending no delays in receiving timely responses for requested information from the NBCC, AMS plans to provide another progress report to the Board of Behavioral Sciences at their July 28-29, 2010 Board Meeting in Sacramento, California. The July progress report is expected to present the results of the review and assessment of the NCE and NCMHCE.

Sincerely,



Tracy A. Montez, Ph.D.
President

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To: Licensing and Examination Committee Members **Date:** June 3, 2010

From: Rosanne Helms **Telephone:** (916) 574-7830
Legislative and Regulatory Analyst

Subject: **Consideration of “Couple and Family Therapy” Degree Title**

Background

Alliant International University has asked the Board to consider seeking legislation that changes the Business and Professions Code (BPC) to accept degrees in “Couple and Family Therapy.” This change would reflect a growing trend to acknowledge a greater diversity of relationships with which Marriage and Family Therapists (MFTs) work.

BPC Sections 4980.36(b) and 4980.37(b) currently state that to qualify for a license or registration, applicants shall possess a doctor’s or master’s degree in one of the following:

- Marriage, family, and child counseling;
- Marriage and family therapy;
- Psychology;
- Clinical psychology;
- Counseling psychology; or,
- Counseling with an emphasis in either marriage, family and child counseling, or marriage and family therapy.

Previously, the Counseling degree was stated as “Counseling with an emphasis in either marriage, family and child counseling, or social work with an emphasis in clinical social work.” This was changed with SB 724, Chapter 728, Statutes of 2001.

The remainder of the degree titles has been in place since at least 1986.

Other Programs with the “Couple and Family Therapy” Degree Title

Several other programs nationwide have Coalition on Accreditation for Marriage and Family Therapy Education (COAMFTE) accredited graduate programs awarding **degrees titled** “Couple and Family Therapy” or “Couples and Family Therapy.” They are as follows:

- University of Maryland
- North Dakota State University
- Ohio State University
- University of Oregon
- Drexel University

Additional COAMFTE-accredited programs **named** “Couple and Family Therapy” or “Couples and Family Therapy” include:

- Iowa State University
- University of Rhode Island
- Antioch University Seattle

Note: This list was provided by Alliant International University and is based on information obtained from the programs’ web sites, March-April 2010.

Recommendation

Conduct an open discussion regarding the acceptance, as a qualifying degree for MFT licensure, degrees in Couple and Family Therapy. If this Committee decides to propose the inclusion of the new degree title, recommend to the Board that staff draft language and introduce Board sponsored legislation.

Attachment

Letter, Alliant International University

April 16, 2010

Dear Board of Behavioral Sciences,

Marriage and family therapy programs around California and across the continent are beginning to change class titles and even program titles to be more inclusive. Because MFTs do not work solely with marital relationships, programs are frequently replacing the word "marital" (or "marriage") with "couple" in the names of classes, degrees, and the programs themselves.

Some of the most respected and prestigious COAMFTE-accredited programs in the country have changed the name of the degree they offer, in order to reflect this greater diversity of relationships with which students are trained to work. Ohio State, the University of Maryland, and North Dakota State are three examples of programs widely considered to be on the cutting edge of MFT research and practice, who have changed their degree titles to "Couple and Family Therapy."

BBS regulations allow for such degree titles to be accepted for California MFT licensure when the degree comes from out of state. However, current language prohibits programs in California from a similar respect for diversity. California MFT programs are precluded from changing their degree titles to be more inclusive of the many kinds of diverse nonmarital relationships with which MFTs work. Chapter 13 Sections 4980.36 and 37 of the California Business and Professions Code states (emphasis added): "(a) Applicants shall possess a doctor's or master's degree [...] in marriage, family, and child counseling, marriage and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy."

Out-of-state degrees, including those under different names, may be recognized by the BBS if they are "substantially the equivalent" of requirements in California law (4980.80). This allows for degrees from universities like Ohio State, Maryland, North Dakota State, and others to be accepted. However, the lack of recognition for "couple and family therapy" degrees earned *within* the state ensures that California programs will not be on the leading edge of recognizing the diverse couple and family constellations treated by MFTs in the state.

At this time, we respectfully request the BBS seek legislation that changes the Business and Professions Code to accept degrees in "Couple and Family Therapy" awarded by accredited or approved degree programs within the state of California as meeting the educational requirements for MFT licensure, presuming such degrees meet all other standards in the law.

Regards,



Benjamin Caldwell, PsyD, MFT

On behalf of the systemwide faculty of the MFT programs at Alliant International University
San Diego, Irvine, Los Angeles, and Sacramento, CA

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To: Licensing and Examination Committee Members **Date:** June 3, 2010

From: Sean O'Connor **Telephone:** (916) 574-7830
Board of Behavioral Sciences

Subject: **Potential Modifications to Proposed Examination Process Re-Structure**

Background

At the January 23, 2010 Board meeting, Board members, staff, and the audience discussed the implementation of recommendations from the Examination Program Review Committee (Committee) relating to restructuring the Board's examination process. The Committee recommended requiring Marriage and Family Therapist (MFT) Interns and Associate Clinical Social Workers (ASW) complete and pass an examination on California Law and Ethics. The framework of this examination would consist of legal and ethical issues that a recent program graduate would be reasonably expected to know. The Committee's proposed modifications were also discussed at the April 12, 2010 Licensing and Examination Committee meeting and the May 7, 2010 Board meeting.

After passage of the Law and Ethics Exam, the Committee recommended that, as a condition of licensure after reaching eligibility (i.e. completing all supervised experience and education requirements), applicants would complete and pass a new Standard Written Examination (New Standard). The framework of the New Standard would consist of practice-oriented and vignette questions with some law and ethics questions integrated as well.

Implementation Concerns

Upon discussion among staff, Board members, and stakeholders at the April 12, 2010 Licensing and Examination Committee meeting and at the May 7, 2010 Board meeting, staff has identified several key issues:

1. *Requirement to Pass the Law and Ethics Exam in the First Year of Registration* – Originally, the Committee made passing of the new Law and Ethics Exam mandatory in the first renewal period. Since this is mandatory, staff presumed someone who did not pass the examination would not be eligible for renewal. This could potentially create a mental health workforce issue.

Many employment settings require a current registration in order to see clients, including county, school, and non-profit settings. Because insurance reimbursement requirements require a client be seen by registered or licensed individuals, this will force many registrants out of practice. The Board

will likely face harsh criticism for disrupting continuity and access to care and eliminating the livelihood of mental health professionals from consumer and professional advocacy groups.

Furthermore, registrants cannot gain supervised work experience hours towards license requirements under an expired registration, so the ability to complete the licensing process in a timely manner would be affected should an individual be required to pass an examination before renewing a registration number.

2. *Integration of New Exam Structure with Individuals Currently in the Licensing and Examination Process* – The implementation of the Committee’s recommendations requires significant changes to the current exam structure. Upon implementation, BBS registrants and applicants will be at different stages of the process, and the BBS will need to ensure fair treatment for those caught “in-between” the new structure and the old.
3. *Calculation of “Six-Year Rule” for Examination Eligibility* – Currently, the date the Board receives an application for examination eligibility determines the statute of limitations for qualifying supervised work experience. With one minor exception, all hours of supervised work experience must be earned in the most recent six years preceding the Board’s receipt of an application for examination eligibility. Under current requirements, once approved for examination eligibility, an applicant only needs to take a licensing examination once a year to maintain eligibility.

Because the proposed restructure of the examination process requires one examination at the beginning of the licensing process (California Law and Ethics) and another at the conclusion of meeting all education and supervised experience requirements (New Standard), the proposed examination restructure must include a revision of the application of the six-year rule.

4. *Relevance of Seven-Year Limit Currently Applied to the Existing Standard Written Examination* – Currently, law requires an applicant pass the Clinical Vignette Examination (the second examination required under current law) within seven years of passing the current Standard Written Examination (the first examination required under current law). If an individual cannot comply with this requirement, he or she will be required to again pass the current standard written examination. The proposed modification will need to address how this seven-year requirement will apply in the proposed restructure.

Solutions Proposed at the May 7, 2010 Board Meeting

Staff presented the following solutions at the May 7, 2010 Board meeting. These proposed changes are included for historical purposes, and discussion of modifications to these proposed changes is included in the final section of the memo.

First, registrants will be *required* to take the Law and Ethics Examination each year in order to renew their registration number until successful completion of this examination. If the registrant does not successfully complete the Law and Ethics Examination before the end of his or her third year of registration, the registration number will automatically be cancelled. The individual will be required to prove completion of the Law and Ethics Examination before the Board will issue another registration number to the individual.

Second, registrants who do not pass the Law and Ethics Examination within the first year of registration will be required to complete an 18-hour law and ethics course in order to be eligible to take the examination in their second year of registration. This requirement would apply to the third year of registration as well if an individual cannot pass the Law and Ethics Examination in the second year of registration. Like any pre-licensure educational requirement, the law and ethics course could be taken through a Board-approved continuing education provider; county, state, or governmental entity; or a college or university. For an example of how the proposed solution would affect new registrants after implementation, please see Scenario 1 of Attachment A. The requirement to pass the Law and Ethics Examination within a three-year

period can also be applied to individuals currently registered with the Board. Please see Scenario 2 of Attachment A for an example.

For individuals who are currently in the examination process but not registered with the Board, after implementation of the proposed examination structure, the Law and Ethics Examination would replace the current Standard Written Examination, and the New Standard would replace the current Clinical Vignette Examination. For examples, please refer to Scenarios 3 and 4 of Attachment A.

Third, in order to implement some form of statute of limitations to hours of supervised work experience, the six-year rule relating to acceptable hours of supervised work experience would now be calculated based upon the date the Board receives an application for examination eligibility for the New Standard. Upon an individual's completion of the education and experience required for New Standard examination eligibility, he or she could apply for eligibility and, upon the Board's approval, become eligible to take the New Standard. Similar to requirements under current law, continued examination eligibility would be contingent on the individual taking the New Standard each year until successfully passing it.

Potentially, an individual could qualify for the New Standard prior to passing the Law and Ethics Examination. Recall that an individual can retain a registration number for up to three years without successfully passing the Law and Ethics Examination. Since supervised experience requirements for MFTs and LCSWs can be met in less than three years, a person could conceivably be taking the Law and Ethics Examination and the New Standard at the same time. In order to qualify for licensure, an individual would have to successfully complete both examinations, but the restructure eliminates the traditional examination sequencing (e.g. Standard Written Examination followed by the Clinical Vignette Examination) existing under current law.

An application of a rule similar to the current seven-year limit in existing law would be applied to the New Standard Written Examination, meaning if an individual does not successfully complete the Law and Ethics Examination within seven years of passing the New Standard Written Examination, the applicant would have to pass the New Standard Written Examination again in order to be license eligible. An application of this seven year limit to the Law and Ethics Examination would penalize those individuals who pass the Law and Ethics Examination in the first registration period but take six years to gain the required supervised work experience hours.

Modifications to Solutions Proposed at the May 7 Board Meeting

At the May 7, 2010 Board meeting, Board-contracted psychometrician Dr. Tracy Montez raised a concern regarding the potential of an individual being dually eligible to take the Law and Ethics Examination and the New Standard. In order to address this concern, staff recommends requiring an individual successfully pass the Law and Ethics Examination prior to being able to take the New Standard Written Examination. Upon completion of the required supervised work experience, an individual could submit an application to qualify for the New Standard Written Examination. If the individual had yet to pass the Law and Ethics examination, that eligibility would be put on hold until successful completion of the Law and Ethics Examination. Similar to rules currently in effect for examinees, the individual's qualifying supervised work experience would be "locked-in" provided that the person takes one examination a year until successfully completing both.

This modification addresses a previously raised concern relating to the calculation of the "six-year rule" (see #3 above) and prevents a person from taking the Law and Ethics Examination and New Standard simultaneously, as was proposed at the May 7, 2010 Board meeting. Please see Scenario 5 in Attachment A for an example

Furthermore, preservation of the seven-year rule relating to examination attempts can also be achieved by requiring an individual pass the New Standard within seven-years of his or her first attempt. If this does not occur, the individual's eligibility to take the New Standard Written Examination would be put on hold, and the Board would require the individual pass the current version of the Law and Ethics Examination before eligibility will be re-established.

Recommendation

Conduct an open discussion on the proposed modifications to require Board registrants to complete and pass an examination on California Law and Ethics and the New Standard Written Examination, and, if approved, direct staff to draft language and initiate Board-sponsored legislation.

Attachment

Sample Scenarios for Implementation of Proposed Examination Restructure

Attachment A - Sample Scenarios for Implementation of Proposed Examination Restructure

Scenario 1. New Registrants after Implementation of Proposed Structural Changes (Implementation 1/2012). Individual is issued a registration number on 1/7/2012.

Year	2012	2013	2014	2015
Years Registered	0	1	2	3
Registrant Action	Individual is registered with the BBS on 1/7/2012.	Individual does not pass the examination by the expiration date of 1/31/2013.	Individual does not pass the examination by the expiration date of 1/31/2014.	Individual does not pass the examination by the expiration date of 1/31/2015.
Outcome	<p>The individual's initial registration is due to renew on 1/31/2013.</p> <p>The individual is also eligible to take the BBS Law and Ethics Exam.</p> <p>The individual must take the examination in each renewal period until passing to be eligible for renewal.</p> <p>If the individual does not pass the Law and Ethics Exam by 1/31/2013, he or she must complete a remedial 18-hour law and ethics course from a university, CE provider, or county, state, or governmental entity in order to take the exam in the next renewal cycle.</p>	<p>The individual must submit a copy of his or her certificate proving completion of the 18-hour law and ethics course in order to take an exam in this renewal period.</p>	<p>The individual must submit a copy of his or her certificate proving completion of the 18-hour law and ethics course in order to take an exam in this renewal period.</p>	<p>Because the individual has not passed the Law and Ethics Exam by the end of his or her third year of registration, the registration is now automatically cancelled.</p> <p>Before issuance of a new registration number, this individual must pass the Law and Ethics Exam.</p>

Scenario 2. Current registrants after Implementation of Proposed Structural Changes (Implementation 1/2012). Individual was issued a registration number on 1/7/2010.

Year	2012	2013	2014	2015
Years Registered	2	3	4	5
Registrant Action	Individual is due to renew registration number on 1/31/2012.	Individual does not pass the examination by the expiration date of 1/31/2013.	Individual does not pass the examination by the expiration date of 1/31/2014.	Individual does not pass the examination by the expiration date of 1/31/2015.
Outcome	<p>With the renewal notice for the 1/31/2012 expiration date, the individual receives notification of the new BBS Law and Ethics Exam.</p> <p>The individual is also automatically eligible to take the BBS Law and Ethics Exam.</p> <p>The individual must take the examination in each renewal period until passing to be eligible for renewal.</p> <p>If the individual does not pass the BBS Law and Ethics Exam by 1/31/2013, he or she must complete a remedial 18-hour law and ethics course from a university, CE provider, or county, state, or governmental entity in order to take the exam in the next renewal cycle.</p>	<p>The individual must submit a copy of his or her certificate proving completion of the 18-hour law and ethics course in order to take an exam in this renewal period.</p>	<p>The individual must submit a copy of his or her certificate proving completion of the 18-hour law and ethics course in order to take an exam in this renewal period.</p>	<p>Because the individual has not passed the Law and Ethics Exam by the end of his or her third year of registration after the implementation of the new Law and Ethics exam, the registration is now automatically cancelled.</p> <p>Before applying for a new registration number, this individual must pass the Law and Ethics Exam.</p>

Scenario 3. Non-Registered Exam Candidates Who Have Yet to Pass the Old Standard Written Examination after Implementation of Proposed Structural Changes (Implementation 1/2012). Individual took and failed the Old Standard Written Examination on 3/1/2011.

Year	2012	2013
Years Registered	N/A	N/A
Registrant Action	Individual must take an exam by 3/1/2012 to maintain examination eligibility. Individual does not take Old Standard by its sunset date of 12/31/2011.	Individual takes the BBS Law and Ethics Exam on 2/1/2012 and passes the examination.
Outcome	<p>Individual is automatically eligible for the Law and Ethics examination.</p> <p>Individual must take the Law and Ethics examination by 3/1/2012 to maintain examination eligibility.</p> <p>If the individual does not take the Law and Ethics examination by 3/1/2012, the examination eligibility will be abandoned.</p>	<p>The individual is automatically eligible for the New Standard Written Examination.</p> <p>The individual must attempt the New Standard Examination by 2/1/2013. If he or she does not take the exam by this date, examination eligibility will be abandoned.</p>

Scenario 4. Non-Registered Exam Candidates Who Have Passed the Old Standard Written Examination before Implementation of Proposed Structural Changes (Implementation 1/2012). Individual took and passed the Old Standard Written Examination on 12/1/2011.

Year	2012	2013
Years Registered	N/A	N/A
Registrant Action	Individual passes Old Standard on 12/1/2011, prior to the sunset date of 12/31/2011.	Individual takes the New Standard Written Exam on 2/1/2012 and fails the examination.
Outcome	<p>Individual must take New Standard Written Exam by 12/1/2012 to maintain examination eligibility.</p> <p>The individual is automatically eligible to take the New Standard Written Exam.</p> <p>If the individual does not take the New Standard Written Exam by 12/1/2012, the examination eligibility will be abandoned.</p>	<p>The individual must now re-take the New Standard Written Examination by 2/1/2013. If he or she does not take the exam by this date, examination eligibility will be abandoned.</p> <p>From this point forward, current exam rules of taking the exam once a year to maintain eligibility apply.</p>

Scenario 5. Individual Completes All Supervised Experience Requirements Prior to Passing Law and Ethics Examination and Applies for Eligibility to Take the New Standard Written Examination

Year	2014	2015	2016	2017
Years Registered	2	3	4	5
Registrant Action	<p>Individual is due to renew registration number on 1/31/2014.</p> <p>Individual has met all supervised work experience requirements, and applies for eligibility for New Standard Written Exam.</p> <p>Individual has yet to pass Law and Ethics Exam.</p>	<p>Individual does not pass the Law and Ethics examination by the expiration date of 1/31/2015.</p>	<p>Individual does not pass the Law and Ethics Exam in this year.</p>	<p>Individual passes the Law and Ethics Exam on February 2, 2017.</p>
Outcome	<p>The individual is granted a conditional eligibility for the New Standard Written Exam. Prior to official eligibility being granted for the New Standard Written Exam, the individual must pass the BBS Law and Ethics Exam.</p> <p>The individual must take the Law and Ethics Exam in each renewal period until passing to be eligible for renewal and maintain conditional eligibility for the New Standard Written Exam.</p> <p>The individual must submit a copy of his or her certificate proving completion of the 18-hour law and ethics course in order to take an exam in this renewal period.</p>	<p>Because the individual has not passed the Law and Ethics Exam by the end of his or her third year of registration, the registration is now automatically cancelled.</p> <p>Before issuance of a new registration number, this individual must pass the Law and Ethics Exam.</p> <p>In order to continue conditional eligibility to take the New Standard Written Exam, the individual must take the Law and Ethics Exam during this year.</p>	<p>Before issuance of a new registration number, this individual must pass the Law and Ethics Exam.</p> <p>In order to continue conditional eligibility to take the New Standard Written Exam, the individual must take the Law and Ethics Exam during this year.</p>	<p>After passing the Law and Ethics examination, the individual can now re-register with the BBS.</p> <p>Eligibility to take the New Standard Written Examination is granted.</p> <p>In order to maintain eligibility to take the New Standard Written Examination, this individual must take this examination by February 2, 2018.</p>

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To: Licensing and Examination Committee Members **Date:** June 2, 2010
From: Christy Berger **Telephone:** (916) 574-7834
Manager/MHSA Coordinator
Subject: Overview of the Best Practices Guide in the Use of Videoconferencing with
Supervision; Presentation by Kathy Cox, Ph.D., Patty Hunter, and Jeff Layne,
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Marriage and Family Therapist Interns (IMF) and Associate Clinical Social Workers (ASW) are required to obtain a minimum of one hour of direct supervision per week (the same will be required of Professional Clinical Counselor Interns (PCI)). The law had previously required that all such supervision be provided in person

In 2009, the Board sponsored legislation allowing all hours of supervision for IMFs to be provided by live videoconference when the supervisee is providing services in a governmental, educational, or non-profit and charitable organization, and for ASWs and PCIs, up to 30 hours of supervision provided via this method. This legislation was signed and took effect January 1, 2010. The Board is has proposed in its 2010 omnibus legislation (SB 1489) to make the law for ASWs and PCIs consistent with Marriage and Family Therapy law allowing unlimited supervision hours to be gained via live videoconference.

The use of videoconferencing is expected to make supervision more available in underserved areas of the state where there is often a lack of licensed therapists and even fewer that provide supervision. This method may also increase access to supervision in a specialty area. Because of the challenges inherent in providing supervision using this method and the complexities in technology, the Board recognized a need to provide guidance and support to supervisors who are considering providing supervision through videoconferencing.

In December 2009, the Board contracted with CSU Chico to develop a guide to best practices in this area, addressing both the technology and the variety of factors involved in supervising someone from a distance and how to manage issues that arise. This guide was developed with funding from the Mental Health Services Act.

Staff is requesting Committee member and public feedback and suggestions regarding the content of this guide.

Attachment

The Use of Videoconferencing in Supervision: A Best Practices Guide – to be mailed/posted as a supplemental item the week of June 7th.

(DRAFT #3)

The Use of Videoconferencing in Supervision

A Best Practices Guide

California Board of Behavioral Sciences

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Project funded by the Mental Health Services Act (Proposition 63)

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Introduction

Drawing from the literature on clinical supervision, as well as interviews with seasoned clinical supervisors in the fields of social work and marriage and family therapy, this report seeks to identify the key components of effective supervisory practice. An emphasis is placed on factors that should be considered when conducting supervision via videoconferencing. It is anticipated that the use of various video technologies for providing supervision to novice clinicians will increase over the next decade and beyond. While this practice may offer expanded opportunities for Associate Clinical Social Workers (ASW), Marriage and Family Therapist (MFT) interns and Licensed Professional Clinical Counselor (LPCC) interns to meet the California Board of Behavioral Sciences requirements for supervision, it also presents with new difficulties and challenges. This guide is intended to support the application of the critical elements of high quality clinical supervision to this emerging practice involving distance education and training.

Background and Supervision-Related Laws (to be developed by BBS)

Recommendations for Best Practices for Supervision with Videoconferencing

Establishing a Supervisory Alliance

Overview

Clinical supervision can be considered a form of “relationship-based education and training” (Milne, 2007, p. 439). Thus, it is of paramount importance that clinical supervisors establish a climate of trust with their supervisees. They need to provide a safe place for novice clinicians to “share and struggle with concerns, weaknesses, failures, and gaps in skill” (Munson, 2002, p.12). Further, they need to create a level of emotional safety that will allow interns to acknowledge issues of counter-transference, vicarious trauma, and other forms of workplace stress. By building a trusting relationship and a strong supervisory alliance with their practicing clinicians, supervisors set the foundation for the development of clinical competencies (Falander & Shafranske, 2004; Kadushin & Harkness, 2002).

Alliance Issues and Videoconferencing

Supervision via videoconferencing, by its very nature, involves a more distant relationship between the supervisor and supervisees than face-to-face supervision. Clinical supervisors who are new to this practice may find it difficult to “tune in” to the challenges faced by supervisees, when meeting on a remote basis. However, supervisors experienced in the use of this technology claim that over time they are able to tune in to more subtle communication and non verbal behaviors of the supervisee and a supervisory alliance is formed. It is recommended as a best practice that one or more initial in-person meetings between the supervisor and supervisee be held to jump-start the relationship building process, development of the learning/supervision contract and establishing protocol for use of the technology. It is also recommended that face-to-face supervisory sessions occur periodically throughout the supervisory relationship in addition to the supervision meetings held through video conferencing. Additional forms of technology may also be used to supplement videoconferencing and mitigate limitations that the distance may impose; email, web-ex meetings, on line discussions, and phone conferences to name a few.

Another factor that impacts the development of supervisory alliance through video conferencing is the quality of the audio-visual equipment used. When lower quality equipment is used, video movement appears jerky and there may be several seconds of delay between the time when one person speaks and the other person hears what is said. This reduces the *emotional bandwidth* of the supervisory process, or the “amount of emotional understanding, contact, and support that can be transmitted” (Panos, Panos, Cox, Roby, & Matheson, 2002, p. 429). Technology related challenges could result in loss of non-verbal information, limited bonding between supervisor and supervisee and the supervisory relationship taking longer to form (Hara, Bonk, & Angeli, 2000). With higher- end technological systems, such difficulties are much less likely to interfere with verbal or non-verbal communication in supervisory sessions. Recommended best practice is that the technology picture size be large enough and clear enough to provide for eye contact and a maximum amount of observable emotional and physical nuance.

Contracting for Supervision

Overview

Formality and structure are also key elements of effective clinical supervision (Coleman, 2003), as are clearly articulated expectations (Munson, 2002). Thus, best practice as it relates to supervision involves the use of a written contract between the supervisor and supervisee that outlines how and when supervision will occur, what is expected of each in preparation for supervisory sessions, and how supervision time will be utilized, tracked, documented, and evaluated. Additional components that may be added to this contract include clarification regarding the parameters of confidentiality and the nature of the supervisor-supervisee relationship. Additionally, Milne (2009) emphasizes the importance of supervisees being informed of the values-base that the supervisor will bring to the supervisory process (e.g. respect, empowerment, commitment to life-long learning, valuing of social work ethics, and cultural competency, etc.).

Contracting for Supervision via Videoconferencing

Recommended best practice is a review of the supervisory contract in a face-to-face initial meeting between the supervisor and supervisee. If this is not possible, the process of contracting for supervision could be accomplished through the use of telephone, teleconferencing or videoconferencing along with the faxing or mailing of signed documents. Either way, it is critical that supervisees have the opportunity to ask questions and receive needed clarification prior to committing to a supervisory agreement. When videoconferencing is newly initiated, it is particularly important that procedures be identified for maintaining privacy during supervisory sessions and obtaining technical support, as needed. Finally, the availability of the clinical supervisor for consultation outside of the regularly scheduled supervisory sessions should be clearly documented, with contact information provided.

Assessing the Learning Needs of Supervisee

Overview

An assessment of the learning needs of supervisees at the start of supervision contributes to an empirical approach in which needs inform goals and progress toward these goals is closely monitored. The format for this needs assessment ranges from an informal

discussion of desired competencies to a formal assessment using one or more structured inventories or rating scales. Falender and Shafranske (2004) advance a competency based approach to supervision that provides some guidance for supervisors in conducting this assessment. First, broadly defined competencies are identified based on the clinical service requirements of the setting and contemporary clinical practice. Next, the measurable units of the competency are defined that form the basis of performance requirements. For example, if the intake interview is identified as a required area of competence, the specific abilities required include “listening skills, knowledge of diagnostic formulation, risk assessment, diversity awareness, and interpersonal skills”(p. 23).

An assessment of the learning style of the supervisee also contributes to high quality supervision. Neil Fleming (2001) defines learning style as an individual's characteristic and preferred ways of taking in and giving out information. He proposes the use of the VARK Inventory (www.vark-learn.com) for assessing the extent to which the learner has an instructional preference that is visual (V), aural (A), Read/Write (R), or kinesthetic (K). Visual learners are said to prefer charts, diagrams, and other spatial configurations, while aural learners prefer lectures and discussion. Read/write learners prefer lists, books and articles, while kinesthetic learners like hands-on approaches. As applied to clinical supervision, knowledge of learning styles can guide the use tools and activities that are tailored to the preferences of the supervisee. For example, the use of genograms and flow charts may benefit the supervisee who leans toward visual learning, while brief didactic presentations and verbal processing of clinical issues may be more useful for an aural learner. When group supervision is provided, it may be important to utilize a blend of methods in recognition of the varied learning style preferences of group members.

Additionally, a best practice recommendation includes an assessment of the both the supervisor and supervisee's technology proficiency and participation in training that will facilitate successful use of videoconferencing.

Assessment of Learning Needs and Supervision via Videoconferencing

Discussion of the supervisees' learning needs and styles can take place in an initial face-to-face meeting with the supervisor or during a videoconferencing session. When written inventories or rating scales are used for this assessment, they will ideally be provided to the supervisee in advance of this meeting. This will allow the novice clinician time to the

review and complete the documents and formulate questions and ideas about how this assessment might inform the process of supervision. During this discussion, the supervisor should consider ways to adapt the supervisory process to the learning style and needs of the supervisee(s). This might entail the incorporation of visual and kinesthetic learning activities, in addition to auditory processes. It is important that both supervisor and supervisees recognize that foresight is necessary when using written material, visual charts, or pictorial representations to enhance verbal discussion (e.g. genograms, eco-grams, written vignettes), as they will need to be emailed or faxed prior to each supervisory session.

Developing a Learning Plan

Overview

Following the assessment of learning needs, the supervisor and supervisee should collaborate to develop a learning plan. Best practice would recommend that this collaboration occur in a face to face meeting. This plan will ideally include goals and objectives for the clinician, as well as activities that will be performed to meet those objectives. According to Milne (2009), the best supervisory goals are SMARTER (specific, measurable, achievable, realistic, time-phased, evaluated, and recorded). Learning activities that should be documented on the plan may be those performed inside or outside of the supervision sessions. Activities that take place during supervisory sessions might include: on-going case review; case presentations; role plays; review of process recordings, audio taped or video-taped sessions and/or online video vignettes, etc. Those that take place outside of the meeting include shadowing experienced or licensed clinicians, co-facilitating therapeutic sessions, and/or performing solo clinical activities that are observed or recorded.

The Learning Plan and Supervision via Videoconferencing

Along with contracting for supervision, the development of the supervisee's learning plan will ideally occur in an initial face-to-face meeting with the supervisor prior to the onset of videoconferencing sessions. If this is not possible, the learning plan may be created via video communication. Either way, it is vitally important that the supervisor create an atmosphere that is conducive to a collaborative goal-setting process. This is key in empowering supervisees to engage in self-directed learning. Secondly, it is helpful for the supervisor who is utilizing videoconferencing as a primary medium for supervision to

have a clear understanding of the clinically oriented learning opportunities available to the intern within the remote service setting. For example, if a supervisee is expected to become competent in conducting suicide risk assessments, shadowing others in the process of carrying out this function may be critical to their skill development in this area. If such opportunities are not available at the site where the supervisee is employed, they may need to be created at other locations within or outside of the employing organization.

Facilitating Learning

Overview

The facilitation of learning through supervision is a complex process. A variety of teaching methods are available to the supervisor that Milne (2009) suggests fall into three main categories. Behavioral methods, referred to as “enactive” include the opportunity to observe and rehearse strategies to be used with clients. Cognitive methods are often called “symbolic” and involve discussion, verbal prompting, questioning, feedback and instruction. Finally, visual methods are sometimes called “iconic”. They include the use of live supervision and video modeling of clinically appropriate behavior and interactions.

Effective clinical supervisors also recognize the importance of modeling professional ethics throughout the process of supervision. By exemplifying appropriate and ethical behaviors, they utilize the supervisory relationship as an important teaching tool (American Board of Examiners in Clinical Social Work, 2004). Supervisors must be aware of the impact of their authority on the supervisee and maintain appropriate boundaries within the context of their supervisory relationship. In this way, they promote a parallel process that furthers clear boundaries between the supervisee and their clients.

Facilitating Learning Through Videoconferencing

Cognitive methods for facilitating learning are well suited to the use of video conferencing for supervision (e.g. discussion of cases, questioning regarding alternative strategies for assessment or intervention, etc.). Enactive methods may also be easily incorporated, through role-plays of clinical interactions and interventions (behavioral rehearsal). Some iconic methods may be used outside of the supervisory session, including the assignment to observe online video vignettes. Methods that may be less

available to supervisors utilizing computer based videoconferencing include live supervision and feedback based on direct observation of the intern's practice. In lieu of these learning activities, it may be especially important to utilize role-play in supervisory sessions and the review of audio or video recordings of live clinical sessions performed by the supervisee. In doing so, the supervisor provides a well-rounded process for the advancement of supervisee learning and clinical competence.

Monitoring Supervisee's Progress toward Goals

Overview

Clinical supervisors and their supervisees share responsibility for the quality of services provided to clients. Furthermore, supervisors can be held liable in certain circumstances in which the supervisee is negligent, causing harm to the client served. More specifically, direct liability can be charged against the supervisor who assigns a task to the supervisee who is ill prepared to perform it. Thus, it is vitally important that supervisors monitor the professional functioning of the clinicians they supervise. It is expected that any practice of the supervisee that presents a threat to the health and welfare of the client will be identified and remedied (Coleman, 2003). Methods for monitoring clinician performance include direct observation of practice and review of documented assessments and case notes written by the supervisee.

Monitoring Within the Context of Supervision Via Videoconferencing

The clinical supervisor utilizing video conferencing as the primary modality for supervision may have limited options for monitoring the practice of supervisees. It is important that some form of *in vivo* supervision arrangements be made to monitor the supervisee's performance, such as the supervisor reviewing video taped sessions of the supervisee working with a client, or on-site managers or other licensed clinicians performing on-going documentation review and/or direct observation of the supervisee's performance. It is important that lines of communication be established between the clinical supervisor and any other professionals who are managing the supervisee or monitoring their practice. Toward this end, it is common for clinical supervisors who work from external or remote sites to be asked to submit regular reports to the manager of the supervisee regarding their progress toward learning goals. Also important is the routine monitoring of clinical hours performed by the ASW, MFT or LPCC intern, as well as the supervisory hours received. This information is documented on the Weekly

Summary of Hours of Experience (MFT interns only) and the Experience Verification Logs (ASWs, MFT and LPCC interns) that are submitted to the Board of Behavioral Sciences.

Evaluating the Supervisory Process

Overview

It is important that clinical supervisors routinely evaluate the effectiveness of their supervisory practice, as well as the supervisee's growth in utilizing supervision (American Board of Examiners in Clinical Social Work, 2004). This evaluation might begin with a review of the documentation pertaining to supervision provided. This documentation should ideally note the date and duration of supervisory sessions and outlines of the content, including "questions and concerns, progress toward learning goals, recommendations and resources" (Coleman, 2003). Evaluation of the supervisory process should proceed with discussion with the supervisee(s) about the ways in which they have benefited from supervision and/or challenges they have encountered in utilizing it successfully. Additionally, this evaluation might incorporate the use of a measurement tool, completed by supervisee(s), aimed at assessing the effectiveness of clinical supervision. In his *Handbook of Clinical Social Work Supervision*, Munson (2002) offers the Supervision Analysis Questionnaire (SAQ) – a tool that could be utilized or adapted for this purpose.

Evaluating Supervision Conducted Through Videoconferencing

When clinical supervision is conducted via videoconferencing, it is important that an evaluation of its effectiveness focus not only on the content of sessions and interpersonal processes but also on the adequacy of technology used. If technical difficulties are repeatedly encountered it can severely disrupt the learning experience for supervisees. If this is found to be a concern, additional technical support may be needed or an upgrade to higher quality audio-visual equipment.

Advantages and Disadvantages of using videoconferencing for supervision

Advantages

Reduces stress and time involved in traveling to supervision

Provides access to supervision expertise that might otherwise be unavailable

Access to supervision empowers professionals and ensures good standards of care are maintained

Cognitive and Enactive methods for facilitating learning in supervision are well suited for videoconferencing

The use of videoconferencing for supervision may enhance a supervisee's confidence with technology and encourage the use of technology to enhance their practice outside of supervision

The distance relationship often encourages supervisors to provide supervisees with more options for consultation and feedback outside of the scheduled supervision time which can result in the supervisee being able to receive feedback more often with practice situations requiring consultation

The lack of ability to view written documents using videoconferencing means that documents are shared ahead of time and both the supervisee and supervisor are then able to prepare questions and items for discussion regarding these documents ahead of time

Disadvantages

Start up costs for a room-based videoconferencing system that provides a better quality of bandwidth can be prohibitive for small agencies

Lack of access to training and ongoing support for the use of technology

Remote relationship may require a longer period of time for the supervisory relationship to develop

The use of videoconferencing may limit the learning methods used during supervisory sessions due to lack of ability to view written materials

Remote distance from supervisee may prohibit opportunities for live supervision and limited options for monitoring the practice of supervisees

The use of inadequate audio-visual equipment can pose increased security risks and potential breach of confidentiality

Selecting a Videoconferencing Medium

Today, videoconferencing can be defined as connecting two or more locations at the same time utilizing cameras, microphones, monitors and a network. Videoconferencing can be computer-based or involve more expensive room-based systems.

Computer-based videoconferencing solutions are inexpensive and easy to set up if a high bandwidth connection and a computer are already available. Examples of computer-based videoconference software include: Skype, Oovoo, SightSpeed, Adobe Connect Now, WebEx and many others. The features available vary by product but many allow multiple participant connections, file sharing, white board sharing, and 128-bit security encryption.

Creating a room-based videoconference experience is more expensive to set up, with each room requiring an investment of \$20,000 to \$100,000. If the investment in technology has already been made, this high-end technology can be a good videoconference solution. It is important to note computer-based systems and room-based systems cannot interconnect.

Videoconferencing has evolved as an Internet tool for home and business use. Today there are many options available for two-way videoconference communication. Selecting the appropriate videoconference system or software depends on many factors, including: number of simultaneous users, budget, end user knowledge, security requirements and available bandwidth. When considering a videoconference solution from a vendor it is important to consider a vendor's product security, user interface, customer service, long-term company viability and pricing models.

Selecting or recommending a videoconferencing solution will always be a moving target. Vendors are constantly updating software features, changing privacy policies, modifying pricing, considering mergers and listening to end users with ever changing needs. In this section we will review a few solutions currently available and provide a matrix to allow an opportunity for future evaluation of videoconferencing software. In this section we will review a few computer-based videoconference solutions currently available and provide a matrix in the appendix with additional product details.

Adobe Connect Now

Adobe Connect Now is free videoconferencing software that allows three users to connect. Users can share files, desktops and a whiteboard. The interface is simple and intuitive. It is limited to three simultaneous users.

Adobe Connect Pro

Adobe Connect Pro is very similar to Adobe Connect Now. There is a monthly fee. In addition to the features included in Adobe Connection Now, Pro allows up to 100 simultaneous users. According to the Adobe website the United State military is utilizing the software.

MegaMeeting

MegaMeeting is a web-based videoconference application and that is user friendly. The product offers many of the same features as the Adobe Connect videoconference software. It doesn't run on the Windows 7 operating system. Pricing is based on individual seats and is more expensive than Adobe Connect Pro.

Oovoo

The reviews for this videoconferencing application were not very good. Most reviews focused on a poorly designed user interface and pop-up ads. Based on these factors this product is not recommended.

SightSpeed

SightSpeed offers many of the same features as the Adobe Connect videoconference software. The author tested this software and found the computer response time to be very slow and the program does not offer file sharing. SightSpeed is a division of Logitech, which manufactures computer peripherals.

Skype

Skype is free software that allows two users to videoconference. The software does not provide an option for multiple users in the same meeting. It does allow screen and file sharing. The literature suggests that security is an issue and that the software is more vulnerable hacking.

Best Practices for Computer-based Videoconferencing

The following recommendations are considered best practice for the use of computer based videoconferencing:

Meeting Etiquette

Establish meeting norms to create an environment where efficient and effective discussion can occur. Agree to protect the supervision time by not taking phone calls, sending emails or allowing co-workers to disrupt the supervision time. Establish an agenda prior to the meeting, arrive prepared and on time.

Connect with Participants

The videoconferencing window, where one can see the other participants, should be placed near the camera to ensure that as participants look into the camera they appear to be making direct eye contact with the other participant. It can be distracting for participants to be looking at a videoconference window located near the base of their computer monitor when the camera is located on the top of his or her monitor.

Consider Lighting and Background

Most videoconference software allows for a preview of the image originating from the local computer. Use the preview image to adjust lighting so that your image is clearly visible to other participants. In order not to disrupt other co-workers with lighting adjustments and to insure confidentiality is important to conduct the supervisory sessions in a room where the participant is the sole occupant. It is important to continue to make adjustments until your image is not too bright or dark. If window lighting cannot be adjusted, strategically adding a desk lamp may improve the lighting.

The background of the video image can be very distracting. Anything that is continuously moving, like a novelty clock, should be relocated to an area out of camera range.

Audio Quality

The quality of the audio coming from each participant can make or break a videoconference. A headset with a microphone will reduce the possibility of audio being retransmitted and creating a continuous echo or annoying feedback. It may be necessary to change audio settings in the Control Panel - Sounds and Audio Devices Properties – Voice Tab to allow the microphone to work the first time. Most videoconferencing software will utilize a setup wizard to test the headset and microphone. Using desktop speakers and a web camera microphone are not recommended by most videoconference software providers.

It is important find a headset that will fit comfortably. Finding a headset with an adjustable, flexible band is important. Read online product reviews and purchase the right one for you.

Computer-based videoconferencing for group supervision may require a supervisor to transmit to a small group at a single site. The supervisees may use individual audio speakers instead of headphones. Testing the audio setup prior to the first meeting is recommended. The supervisor may experience audio echo. If this occurs the group may need to mute their microphone when the supervisor is speaking. This will eliminate the audio echo received by the supervisor.

Computer-based Two-way Videoconferencing Security

Securing client information is extremely important. HIPAA and the Sarbanes-Oxley Act of 2002 require that medical providers secure all electronic data associated with customers. This includes videoconferences (<http://communication.howstuffworks.com/how-video-conferencing-security-works.htm>). Limit the client identity information that is shared and change names and identifying details of cases discussed during a videoconference. Some computer-based videoconferencing products are more secure than other products. SightSpeed and Oovoo utilize peer-to-peer computing to transmit videoconference signals across the Internet. Other products like MegaMeeting, Skype and Adobe Connect use hosted videoconference servers and 128 bit encryption to make connections between participants

secure. The hosted services are more secure than the peer-to-peer services. Currently no computer-based videoconferencing is completely hacker proof. The likelihood of a hacker accessing a useable portion of a hosted 128 bit encrypted videoconference is unlikely. It is important for videoconference users to maintain an up-to-date virus checker to verify their computer remains uncompromised. Consulting with a local Information Technologist to insure security measures are in place on participant computers is recommended.

Best Practices for Room-based Videoconferencing

Room based videoconferencing systems can be expensive to install, maintain and operate and may be cost prohibitive for supervisors and or supervisees. Modifying and equipping a room for videoconferencing can range from \$20,000 to \$100,000 per room. Supervisors and supervisees may want to research local agencies or companies to determine if any pre existing systems exist in their locale. If participants have free access to previously installed videoconference rooms this may make this form of videoconferencing supervision accessible. The following recommendations are considered best practice for the use of room based videoconferencing:

Meeting Etiquette

Establish meeting norms to create an environment where efficient and effective discussion can occur. Agree to protect the supervision time by not taking phone calls, sending emails or allowing co-workers to disrupt the supervision time. Establish an agenda prior to the meeting, arrive prepared and on time.

Audio

Mute your microphone when you are not speaking. This will minimize the possibility of audio echoing and creating feedback. Also remember there will be a one second delay in the audio as it is being transmitted; therefore it is common for participants from two sites to “speak-over” each other making it difficult for either participant to be understood. Only one person should speak at a time.

Speak to the Camera

Look at the camera when speaking. Looking away from the camera can make participants wonder what is distracting the speaker.

Non-Verbal Communication

Keep in mind participants may be more focused on nonverbal communication than they are in a face-to-face meeting. Many first time participants consider a two-way videoconference meeting as a passive activity just like watching television. Every meeting should be considered an active experience. Be aware of non verbal behavior.

Canceling Meetings

The use of two-way videoconference rooms can be labor intensive for the videoconference administrator and the technical staff. If a meeting is canceled, notify the videoconference administrator so the room can be used for other meetings.

Room-based Two-way Videoconferencing Security

There are fewer security risks involved in utilizing a room-based two-way videoconference system. If the video signal is transmitted via IP (Internet Protocol) it will travel over the Internet. It is possible the signal could be intercepted, but highly unlikely.

Participants should be aware of the audio volume in the room. The audio should be adjusted to insure someone in the hallway or a nearby office could not overhear the conversation.

If the videoconference signal is monitored in another room or location by a technician measures should be taken to train the technician about the importance of confidentiality and secure the location to limit the exposure of the content of the supervisory sessions.

Best Practices applicable for computer and room-based Videoconferencing

Accessible technology support at both sites

Agreed upon plan/follow-up actions should technology fail

Periodic scheduled in-person meetings

Established agreed upon method for review of clinical documentation

Instruction/introduction to use of technology to include basic trouble-shooting and procedures to involve technology assistance

Frequent and on-going assessment of the technology as well as the supervisory process

Potential Ethical Concerns

Quality

The success of videoconferencing supervision can be dependent on the sophistication of the videoconferencing system selected. While bandwidth is defined as the amount of information that can be communicated via a fiber optic network, emotional bandwidth refers to the amount of emotional understanding, contact and support that can be transmitted (Panos, Panos, Cox, Roby, & Matheson, 2000). High end systems for videoconferencing may require an investment of several thousand dollars, but insure sufficient emotional, visual and auditory content is transmitted. According to Mahue, Whitten, and Allen (2001) most telehealth programs have a common transmission rate of 384-786 Kbps. Computer based, two-way videoconferencing is a low cost videoconferencing option, typically operating at 128 Kbps. However the quality can be much poorer due to the fact that the audio is typically much less clear and there is a small delay that occurs after one person speaks and before the other one hears what is said. Movement can also appear jerky, and the speakers appear in a relatively small screen on the monitor compared to a full screen with a room based system. The ethical concern lies in whether or not the videoconferencing equipment being used provides for proper communication to occur between the supervisor and supervisee to ensure quality supervision. It is the supervisor's responsibility to ensure that the videoconferencing equipment is fully functional and that the supervisee has received adequate training in how to use the equipment.

Quantity

Current videoconferencing technology does allow for increased accessibility to supervision. Supervisees that may live in diverse geographical regions will have access to supervision that logistics may have previously prevented. Access to discussions that allow reflection on issues or factors that impact the supervisee's practice can lead to decreased feelings of isolation and enhance their supervisory experience. The ethical issue that needs consideration is whether or not supervision provided solely through the use of technology is adequate for the demands of a particular supervisee and their respective clinical responsibilities. It is important to evaluate whether local or on-site supervision, in addition to supervision provided via videoconferencing should be provided.

Cultural Competence

Preparing supervisees to be culturally competent is an important ethical practice concern for supervisors. If the supervisee is practicing with a population that the supervisor may have limited expertise working with, it is important to consider supplementing the supervision provided via videoconferencing with additional on site supervision that would provide the necessary local expertise. While the supervisee may not have a licensed professional in their agency to provide the necessary licensure supervision, there may be a local professional that does have expertise in working with the population being served by that agency. Access to this expertise could greatly enhance the supervisee's cultural competence. As needed and at pre arranged times the supervisor, supervisee and on site local expert could be concurrently on screen during a videoconference supervisory session to discuss the supervisee's progress in this area.

Security and Confidentiality

Security and confidentiality are additional ethical concerns in the use of videoconferencing for supervision. Protocols will need to be established to ensure confidentiality. Specifically, supervisors and supervisees will need to monitor the location of the supervisory sessions and the auditory privacy of the session. Measures should be taken to provide for client confidentiality by using initials or codes rather than identifying information to describe clients during supervision (Panos, Panos, Cox, Roby, & Matheson, 2000). Additionally as part of informed consent and as regulated by HIPAA, supervisees will need to notify clients of their intent to discuss the client's

health-related information with their supervisor and the measures that will be taken to ensure their privacy (U.S. Department of Health and Human Services, Office of the Secretary, 2000). Supervisors and Supervisees should make every effort to reduce security risks by using secure or closed networks and encryption programs, as well as check to see that system managers are updating virus scan programs (Wood, Miller, & Hargrove, 2005). Supervisors and supervisees will need to continuously monitor both the risks that result from people and the risks that result from technology to ensure ethically sound practice while using videoconferencing for supervision.

Liability and Insurance Coverage

Supervisors should ensure that their supervisees have professional liability coverage. Supervisors have an ethical responsibility to ensure that clients served by the supervisee have access to resources should problems occur as the result of inappropriate actions by the supervisee. The licensure process allows for monitoring of professional conduct and has processes in place to hold licensees accountable for professional behavior. However, clients may also seek compensation in civil court for perceived harm and it is important for supervisees to be protected by malpractice policies.

Should a supervisor be considering using videoconferencing to provide supervision to a supervisee in another state, it would be important for the supervisor and supervisee to research the state laws pertaining to supervision and practice in that state. Individual states differ in their definition of practice and their regulations regarding supervision.

Group Supervision Best Practices

Group supervision is defined as the regular meeting of a group of supervisees with a designated supervisor or supervisors, with the purpose of monitoring the quality of their work and to further their understanding of themselves, of the clients with whom they work and of service delivery in general. These supervisees are aided in achieving these goals by their supervisor(s) and by their feedback from and interactions with each other. (Bernard & Goodyear, 2004). The literature on the use of group supervision with computer based videoconferencing and room based videoconferencing is scant. The following advantages include

Advantages

- Reduces stress and time involved in traveling to supervision
- Provides a supportive atmosphere for peers to share anxieties and normalize
- Supervisee benefits from feedback and input from peers in addition to supervisor
- Group supervision can promote communication between supervisees working in fields of practice and providing services in remote locations reducing isolation of providers of services
- Group supervision provides exposure to a broader range of clients and life experiences that other supervisees bring to the group
- Provides more opportunity to use role playing and other action techniques for supervision

Disadvantages

- Group supervision not as likely to mirror the dynamics of the supervisee's work with clients as in individual supervision
- Group dynamics can consume valuable supervision time
- Subtle non verbal behavior and eye contact can be challenging to observe consequently the accuracy of communication can be compromised
- Disruptions in the flow of communication due to delay in transmission or losing connections can cause confusion if participants are at multiple sites

Best Practice Recommendations

- Establish group rules that encourage trust and safety
- Containment – equal sharing time for supervisees

- Confidentiality – parameters, security issues with audio-visual technology
- Meeting time, attendance, expectations
- Identify adjunctive communication methods; email, on line discussions
- establishing a structure for each meeting

Issues to Keep in Mind when Using Group Supervision: (Bogo & Globerman, 2004)

Supervisee anxiety regarding exposing their practice to their peers – can work for them and can work against them. (Needs to be mitigated by peer feedback that is helpful rather than critical)

Group supervision can provide more socio emotional support and enriched learning about group process while individual supervision is more conducive to revealing vulnerabilities, learning how to relate to clients and developing self awareness. (Walter & Young, 1999)

Important to consider pre existing factors: previous experience with each other, pre existing relationship, supervisee's level of competence and skill as a group member, and the supervisors ability as a group facilitator.

Group facilitator needs to:

- Model expected group behavior (risk taking and providing well-framed feedback are particularly important to the model)
- Promote group norms – intervening when necessary to support group norms, clarifying expectations, insure safety of members who take risks, etc.
- Facilitate group interaction – containing members who monopolize the discussion, helping to establish respectful alliances with all group members,

encouraging open communication about issues between group, not playing favorites, addressing conflict openly.

- Consider how evaluation will be handled for supervisees who are participating in the group; they may be less likely to express conflict due to a fear of being judged negatively by their supervisor.
- Set clear expectations how the group will operate – the process for deciding who will present, how much time will be allotted for each student, how will feedback be given, group norms and behavior expectations.

In addition to the best practices mentioned above, group supervision through the use of videoconferencing should also include the key components of high quality supervision previously identified, a technology system that best meets the needs of a group model of supervision and continuous monitoring of ethical concerns that arise with the use of videoconferencing and supervision.

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Addendum – Matrix for Computer-based Videoconference Systems

Videoconference Software Applications Reviewed

Product	Cost	Number of concurrent users	Security	Website	Notes
Adobe Connect Pro	\$45-55 per month for one host and 100 participants	100	Videoconferences hosted on Adobe's secure servers	http://www.adobe.com/products/acrobatconnectpro/	More participant functionality than Connect Now
Adobe Connect Now	Free	3	Videoconferences hosted on Adobe's secure servers	http://www.adobe.com/acom/connectnow/	Limited to three seats simple user interface
MegaMeeting	\$15 per seat, per month	100	Videoconferences hosted on MegaMeeting's servers	http://www.megameeting.com/	Any number of seats can be purchased
SightSpeed	\$20 per seat, per month	9	Uses a Peer to Peer connection across the internet and therefore does not provide high-level security.	http://www.sightspeed.com/	Software seemed to slow down computer operations
oovoo	\$14.95 per month	4	Uses a Peer to Peer connection across the internet and therefore does not provide high-level security.	http://www.oovoo.com/	Poor reviews and pop-up ads.
Skype	Free	2	Uses a Peer to Peer connection across the internet and therefore does not provide high-level security.	http://www.skype.com/	Limited to two seats

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