



Board of
Behavioral
Sciences

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MEETING NOTICE

Licensing and Examination Committee September 13, 2010

Department of Consumer Affairs
Sacramento Room
1625 North Market Blvd.
3rd Floor South, Room 306
Sacramento, CA 95834

Teleconference:
1104 Ridgefield
Carson City, NV 89706

10:00 a.m. – 1:00 p.m.

- I. Introductions
- II. Review and Approval of the June 14, 2010 Meeting Minutes
- III. 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
- IV. Discussion and Possible Action Regarding Expiration of Clinical Experience Hours Gained More Than Six years Prior to Licensure Application
- V. Discussion and Possible Action Regarding Revising the Board's Examination Process for Marriage and Family Therapists and Clinical Social Workers
- VI. Discussion and Possible Action Regarding the National Counselor Examination and the National Clinical Mental Health Counselor Examination
- VII. Future Meeting Dates
- VIII. Suggestions for Future Agenda Items
- IX. 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
June 14, 2010
DRAFT**

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

Members Present:

Elise Froistad, MFT Member, Chair
Mona Foster, Public Member
Christine Wietlisbach, Public Member

Staff Present:

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

Members Not Present

Janice Cone, LCSW Member

Guest List:

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

Elise Froistad, Committee Chair, called the meeting to order at 9:00 a.m. Marsha Gove called roll, and a quorum was established.

I. Introductions

Committee members, staff, and audience members introduced themselves.

II. Review and Approval of the April 12, 2010 Meeting Minutes

Ms. Madsen noted a correction necessary to page three (3), section four (4), specifically to change the meeting date from 6/7/10 to 6/14/10.

Mona Foster moved to approve the Licensing and Examination Committee minutes, as amended. Christine Wietlisbach seconded. The Committee voted 3-0 to adopt the minutes.

III. Update on Review of Professional Clinical Counselor National Examination; Presentation by Dr. Tracy Montez

Dr. Montez reported that the first phase of the contract, writing of a professions analysis, was completed in May 2010. She indicated that the second phase of the project is to evaluate the two examinations offered by the National Board for Certified Counselors, in terms of national testing standards and to the extent the examinations would be suitable for California's use in the regulation of Licensed Professional Clinical Counselors. Dr. Montez anticipated presenting the findings from her review of the examinations at the July 2010 Board Meeting.

IV. Discussion and Possible Action on Accepting Degrees in Couples and Family Therapy Under Business and Professions Code Sections 4980.36 and 4980.37

Rosanne Helms, Legislative Analyst for the Board, reported that a request had been received from Ben Caldwell, MFT, on behalf of Alliant International University, asking the Board to consider seeking legislation to accept degrees titled "Couple and Family Therapy" as appropriate for licensure as a Marriage and Family Therapist (MFT). She indicated that the requested change would reflect a growing trend to recognize the diversity of relationships with which MFTs work. Ms. Helms provided a list of degrees currently considered by the Board as acceptable for MFT licensure. She noted that with one exception, the acceptable degree titles have been in place since at least 1986. She also provided a list of educational institutions nationwide which currently either confer a degree titled "Couple and Family Therapy" or "Couples and Family Therapy," or have a program named "Couple and Family Therapy" or "Couples and Family Therapy."

Ms. Helms noted that the recommendation to the Committee was to conduct an open discussion regarding acceptance, as a qualifying degree for MFT licensure, degrees in Couple and Family Therapy. If the Committee's decision is to propose inclusion of the degree title, recommend to the Board that staff draft language and introduce Board-sponsored legislation.

The matter was opened for discussion by meeting participants.

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), noted that the association does not have issue with including the degree title, Couple(s) and Family Therapy, as acceptable for licensure as an MFT.

Dean Porter, California Coalition for Counselor Licensure (CCCL), commented that the national accrediting body for Licensed Professional Clinical Counselors (LPCC) suggests that Marriage, Couple and Family Counseling would be the name of a degree that is accredited or considered acceptable for licensure as an LPCC.

Ms. Froistad expressed concern about removing the word "marriage" from the degree title. Ms. Rhine noted that nothing was being removed from the list of qualifying degrees, but rather a new degree title was being added as acceptable. Ms. Froistad stated she liked Ms. Porter's idea that a good name for the degree would be Marriage, Couple and Family Counseling, if the name were to be changed.

Discussion ensued about the title that would best describe the type of therapy provided by an MFT.

Ms. Rhine commented that Ms. Porter's comment pertained to LPCCs. She stated her understanding that Mr. Caldwell's request was based on the awareness that various schools are conferring the degree in question, but students who earn that degree currently cannot qualify for licensure by the Board because the degree is not listed as acceptable in the MFT laws; hence, the need for discussion by the Board. She stated her understanding that the degree in Couple and Family Therapy is clearly within the scope of practice of an MFT.

Ms. Madsen added that current law is written in such a manner that the Board does not have the latitude to accept degree titles other than those listed in statute. Both she and Ms. Rhine indicated that a degree in Couple and Family Therapy was definitely within the scope of practice for an MFT. Candidates would still be required to meet the same educational and experience requirements.

Ms. Riemersma commented that the request was to add a new degree title, not to change the title of the profession as the profession is recognized. She expressed that many would claim that couple and family therapy or counseling is an attempt to keep in mind diverse or non-traditional relationships while still recognizing individuals who are married. She noted that if the course content is to remain the same, there did not seem to be a problem in allowing a degree with a different title.

Christine Wietlisbach moved that the Committee recommend to the full Board to direct staff to draft language adding the degree title of Couple and Family Therapy to the Board's list of acceptable degrees. Mona Foster seconded. The Committee voted 3-0 to pass the motion.

V. Discussion and Possible Action Regarding Revising the Board's Examination Process for Marriage and Family Therapists and Clinical Social Workers

Sean O'Connor, Board of Behavioral Sciences, reported that the issue of revising the examination process for MFTs and LCSWs had been discussed by the previous Examination Program Review Committee, and twice by the full Board at its January and May 2010 meetings. He indicated that a staff recommendation was made at the May 2010 meeting to move away from the current requirement that involves passing both a standard written and a clinical vignette examination after having gained the necessary hours of supervised experience. In summary, the suggested new process would require registrants to take a law and ethics examination upon registering with the Board, and then a practice exam upon completion of the required hours of qualifying work experience.

Mr. O'Connor referred meeting participants to sample scenarios that had been developed to reflect the possible ins and outs of the proposed examination restructure.

Mr. O'Connor reported that in researching the proposed change, he and Ms. Rhine had uncovered a problem. He explained that under the current examination structure where two examinations are required at the end of the process, there is an easy stopping point for calculating when a candidate's hours of experience are too old. He described the process currently in use for determining hours of experience that qualify an individual for examination, stating that the valid hours are determined by counting back six-years from the date the application for licensure is received. In moving away from the requirement that both examinations be completed after the requisite hours of experience are earned,

the problem arises that a person could possibly gain their hours of experience during the first two years of registration, but not pass the law and ethics examination. The candidate would feasibly be qualified to take the second (Standard Written) examination before having successfully completed the first (law and ethics) examination. The new process could feasibly be unfair to candidates who earned the required hours of experience during the first three years of registration, but were unsuccessful in passing the law and ethics examination during that time.

Mr. O'Connor reported that in order to address these concerns, staff proposed to tie the six-year period currently used when an individual applies for examination eligibility to the proposed new Standard Written practice exam. He provided as an example the scenario where a candidate gains all hours of experience by the end of the third year of registration but has not yet passed the law and ethics examination. The candidate would apply to the Board for eligibility to the practice examination. The hours of experience would be calculated six years back from the time the candidate meets the requirements for admission to that examination, and if all requirements were met the candidate would be qualified to sit for the examination. In such cases, the candidate would technically be qualified to take both the law and ethics and New Standard practice exams.

Ms. Froistad asked for clarification regarding the six-year time frame referenced by Mr. O'Connor. He explained the time-frame he was discussing pertains to determining when hours of experience are too old to qualify a candidate for the licensure exam. He noted that under the current structure, once a candidate is approved to take the examination, he or she could continue to take the test indefinitely and the hours of experience would continue to be valid as long as the candidate tested at least once at year until both examinations are passed. When asked why the current process could not remain in place, Mr. O'Connor responded that the proposed change served to do the same thing by locking in place the hours of experience earned by a candidate. If at the time the candidate submits the application for examination the law and ethics examination has not yet been passed, the eligibility for the second examination would be in locked in place. Once the candidate passes the law and ethics examination, he or she would automatically be eligible to take the practice exam.

Dr. Montez commented that the expectation is there will be very few candidates who experience the situation described by Mr. O'Connor. The criteria for passing the law and ethics examination would be based on the expectation of what a candidate would know upon graduation, when they have not yet begun to earn supervised hours of experience. Dr. Montez commented that there is an underlying assumption that the knowledge that is achieved by passing the first law and ethics examination is a building block for passing the new standard practice examination. She also made note of the importance of preserving exposure and examination security issues, indicating it would not be appropriate to allow a candidate repeated access to the examinations. She repeated the expectation that the situation being discussed would be minimal in terms of the candidate population being affected.

Ms. Froistad broached the subject of removing the time frame during which a candidate is required to take the law and ethics examination and simply require that that test be passed before the candidate takes the practice test. Mr. O'Connor responded that doing so would be a departure from the original recommendation of the Exam Program Review Committee. Discussion ensued. Ms. Rhine commented that when talking about basic law and ethics, it was appropriate to implement a time frame in order to ensure consumer protection.

Ms. Riemersma stated that CAMFT is concerned with the limitation of registration to three years, and noted that many interns are employed in exempt settings where no registration is required. She indicated that there was no concern with requiring remedial coursework each year of candidates who have not been successful in passing the law and ethics examination. She presented various possible reasons that a candidate might not pass the examination in three years. Ms. Riemersma added that changing the registration period from a possible six years to a possible three years would necessitate changes to several statutes, and would serve to make the licensure requirements confusing. She encouraged the Board to allow the six-year registration period to remain in place, and if restricting the length of the registration to three years was found necessary, limit that restriction to interns who are employed in private practice settings.

Ms. Wietlisbach asked if the law and ethics examination is a standard jurisprudence examination. Ms. Madsen confirmed that it is. Discussion continued. Dr. Montez indicated that the examination is always being monitored and evaluated. If there are any concerns or issues the examination can be stopped or other steps taken to address those concerns.

Ms. Rhine asked Ms. Riemersma for clarification of her intent when she spoke about allowing the six-year time frame to remain in place. Ms. Riemersma confirmed that she meant allowing the registrant to take the examination throughout the life of the first registration, if necessary. The registrant would be allowed the full six years to complete the law and ethics exam, and would not be limited to only three years. At the end of the six years the candidate who has not yet passed the law and ethics examination would not be allowed to obtain a new registration. Mr. O'Connor confirmed that whether the registration time frame is three years or six years, the remedial education component would be required of candidates who fail the law and ethics examination during registration.

Ms. Froistad confirmed that the current proposal would allow a registrant to take the law and ethics examination immediately upon becoming registered. If the examination is not passed during the first year of registration, the registrant would be required to complete a remedial 18-hour law and ethics course. **A remedial course in law and ethics would be required of the registrant each time the law and ethics examination is attempted and failed. If after three years the registrant still has not passed the test, the registration would be cancelled and the individual would have to pass the exam before a new registration could be obtained.** Discussion continued. Mr. O'Connor noted that a significant number of registrants do not complete the required hours of experience during the first three years of registration.

Ms. Madsen commented that the current process toward licensure involves an individual gaining the requisite degree and then applying for registration from the Board. The Board has no way to ensure that the graduate has an understanding of basic law and ethics. The concern is that over time there have been disciplinary cases against registrants, the core of which involved basic law and ethics. In order to address the issue and provide consumers with assurance that the registrants, while not fully licensed, have a basic understanding of the law and ethics regulating the profession, the Committee developed the idea of a law and ethics examination at the beginning of registration.

Mr. O'Connor confirmed that registrants must take the law and ethics exam once a year until passed, but the exam can be taken twice a year if the candidate so chooses.

Rebecca Gonzales, NASW, asked for and was provided clarification regarding the current statute pertaining to the six-year time frame pertaining to hours of experience.

Discussion continued and included subjects such as the availability of data to indicate the success rate for candidates who have taken the examination after being out of school for five or six years. Mr. O'Connor indicated that at the present time no such information is readily available. Discussion also touched briefly on the proposed 18 hours of remedial education required of candidates who do not pass the law and ethics exam.

Ms. Riemersma commented that a registrant who does not pass the law and ethics examination is no more dangerous to the public in years four through six of registration than they are in years one through three, because the individual continues to work under the guidance and control of a supervisor. She noted again that private practice is a different situation.

Ms. Froistad commented about the need for at least a registration in order to bill for therapeutic services under the Mental Health Services Act.

Dr. Montez spoke in response to an earlier comment about requiring interns to pass the examination prior to earning supervised hours. She stated that while that would be the ideal, testing standards call for the balancing of public safety with fairness. She expressed that the proposed three-year limitation on the registration, pending passing of the law and ethics exam, was an attempt at balancing public protection with not standing in the way of the candidate becoming licensed. Dr. Montez noted that while consumer protection is always the priority, consideration must be given to other issues as well. She again asserted that the three-year recommendation was an effort to provide a good balance.

Discussion continued. Mr. O'Connor commented that if the Board were to adopt the three-year recommendation, there would be three years before any registration would be cancelled due to not passing the law and ethics examination. That time frame could be used to monitor and evaluate the exam performance. If problems were found that required revision of the law, there would be time to do so.

Ms. Wietlisbach asked about the number of individuals working under supervised registration who violate the laws and ethics. Ms. Riemersma noted that there are a fair number of pre-licensed individuals who face disciplinary action, though the number is less than for fully licensed individuals. Ms. Madsen commented that while supervision adds a layer of protection, supervision is not a guaranteed assurance that the individual under supervision will not violate the laws or regulations.

Mr. Wong commented that the proposed changes would have an impact on counties, many of which employ registrants, and asked if input had been received from the county agencies. He spoke about the personnel requirements in the counties, and noted that often an unlicensed individual is required to maintain a current registration with the Board in order to provide mental health services. He noted that terminating a registration after three years would result in a personnel action on the part of the county and could serve to limit access to and availability of services. Mr. O'Connor added that if an individual is not registered and therefore cannot bill for services, county revenues could be impacted. He noted that reducing the life of a registration from six years to three years could present a workforce issue.

Discussion continued. Ms. Froistad expressed support for the idea of using the initial three-year period to monitor and evaluate the exam and make changes as necessary. Dr. Montez commented that if the Committee decided to move forward with the recommendations as proposed, it would be important to communicate to the Board that the exam must be monitored because then problems could be addressed before any become workforce issues. Mr. O'Connor voiced his support for Mr. Wong's suggestion that the Board engage in conversation with county agencies in an effort to avoid the potential workforce problems.

Discussion touched on the ongoing availability of Mental Health Services Act (MHSA) funding. Mr. O'Connor and Mr. Wong both commented about the proposed use of mental health funds to offset other financial concerns in the state. Mr. Wong indicated that doing so would require extensive legislative action and was not likely to happen at the present time. He also touched briefly on the impact of the recession on mental health services funds. Ms. Riemersma and Ms. Madsen also commented about mental health services funds.

Ms. Rhine suggested that the Committee direct staff to begin drafting language for potential Board-sponsored legislation, to be presented at the next Board Meeting for consideration. She asked for direction from the committee regarding the language; whether to go with the recommendation as presented in Mr. O'Connor's report, or be given options for consideration.

Elise Froistad moved that the Committee direct staff to:

- **draft language reflecting a three-year time limit on registration pending successful completion of the law and ethics examination, and language reflecting a six-year time frame.**
- **Engage in conversation with counties and other stakeholders regarding the potential impact of a three-year time limit.**
- **Monitor the exam performance from the onset.**
- **Direct that staff gather data regarding the number of registrants who complete the required hours of supervised experience during the first three years of registration.**

Christine Wietlisbach seconded. The Committee voted 3-0 to pass the motion.

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

The item was tabled until a future Committee meeting due to the absence of the scheduled presenters.

VII. Suggestions for Future Agenda Items

No agenda items were suggested.

VIII. Public Comments for Items not on the Agenda

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

The meeting was adjourned at 9:56 a.m.

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To: Licensing and Examination Committee Members **Date:** September 1, 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,
California State University, Chico

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 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 of practice. 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 in partnership with the California Department of Mental Health.

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

**The Use of Videoconferencing in
Supervision of MFT Interns, Associate
Clinical Social Workers, and LPCC
Interns
A Best Practices Guide**

California Board of Behavioral Sciences, 2010

Developed by the following CSU Chico faculty members:

Patty Hunter, LCSW

Kathleen Cox, PhD, LCSW

Jeffrey Layne

Kristin Worman, MSW

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This guide was funded by the Mental Health Services Act (MHSA) in partnership with the California Department of Mental Health and the Board of Behavioral Sciences

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 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

Legislation to permit marriage and family therapist (MFT) interns and associate clinical social workers (ASWs) to gain supervision via videoconferencing was signed by the Governor in 2009 and took effect January 1, 2010. Supervision provided via videoconferencing has not been permitted in the past. However, the legislation was introduced in response to requests from stakeholders, especially those who work in public mental health or in rural areas where supervision can be difficult to obtain.

Under these new provisions, videoconferencing is considered the same as face-to-face direct supervisor contact. It is only permitted for MFT interns or ASWs working in a government entity, a school, college, university, or an institution that is both nonprofit and charitable. It is not permitted for students who have not yet completed their degree or those who have not yet registered with the Board of Behavioral Sciences as an MFT intern or an ASW. Additionally, it is not allowed in a private practice setting or other setting not explicitly permitted in the code.

The following sections of the Business and Professions Code (BPC) address supervision as well as videoconferencing:

- **MFT Interns:** BPC §4980.43(c) states that, effective January 1, 2010, supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting. According to Paragraph 2 of the same section, “an individual supervised after being granted a qualifying degree shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of client contact is gained in each setting. No more than five hours of supervision, whether individual or group, shall be credited during any single week.”

BPC §4980.43(c)(6) addresses the issue of videoconferencing: “an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.”

- **ASWs:** BPC §4996.23(c)(3) states that “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 in which experience is gained.” BPC §4996.23(c)(7) allows for “an associate clinical social worker working for a governmental entity, school, college, or university, or an institution that is both a nonprofit and charitable institution, may obtain the required weekly direct supervisor contact via live two-way videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is preserved.”¹
- **LPCC Interns:** BPC §4999.46(f)(1) and (2) state that supervision “shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting...an intern shall receive an average of at least one hour of direct supervisor contact for every 10 hours of client contact in each setting².” Additionally, BPC §4999.46(f)(4) states:

¹ BPC §4996.23(c)(5) contradicts this code by limiting direct supervisor contact via videoconferencing to up to 30 hours only. However, the Board is sponsoring a bill (SB 1489) that would delete this provision.

² The Board-sponsored omnibus bill (SB 1489), proposes to amend this as follows: “An intern shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting in which experience is gained.”

“an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable, may obtain up to 30 hours of the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.”³

As videoconferencing is a new mode for providing supervision, a number of special considerations must be taken by supervisors. This guide is intended to assist supervisors in determining those considerations and provides resources for further inquiry.

Recommendations for Best Practices in Supervision with Videoconferencing

Establishing a Supervisory Alliance

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

³The Board has sponsored legislation that would change this section (SB 1489), which would allow LPCC interns to obtain all the required weekly direct supervisor contact via videoconferencing.

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, develop of the learning/supervision contract and establish 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 videoconferencing. Additional forms of technology may also be used to supplement videoconferencing and mitigate limitations that the distance may impose, including email, web-ex meetings, on line discussions, and phone conferences.

Another factor that impacts the development of supervisory alliance through videoconferencing 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. The recommended best practice is for the technology picture size is large enough and clear enough to provide for eye contact and a maximum amount of observable emotional and physical nuance.

Contracting for Supervision

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 (such as respect, empowerment, commitment to life-long learning, valuing of social work ethics, and cultural competency,).

Contracting for Supervision via Videoconferencing

The recommended best practice when contracting for supervision is to review 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 the Supervisee

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, which 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 of tools and activities that are tailored to the preferences of the supervisee.

For example, the use of genograms and flow charts may benefit a 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 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 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, ecomograms, written vignettes), as they will need to be emailed or faxed prior to each supervisory session.

Developing a Learning Plan

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 will 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

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 videoconferencing for supervision (such as discussion of cases and questioning regarding alternative strategies for assessment or intervention). 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 as well as 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 the Supervisee's Progress Toward Goals

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 videotaped 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 Forms (ASWs, MFT and LPCC interns) that are submitted to the Board of Behavioral Sciences.

Evaluating the Supervisory Process

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 outline 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 or an upgrade to higher quality audio-visual equipment may be needed.

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.
- There may be 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 computer-based videoconference solutions currently available and provide a matrix in Addendum 1 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 whiteboard⁴. 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 Connect Now, Pro allows up to 100 simultaneous users. According to the Adobe website, the United States military is utilizing the software.

MegaMeeting

MegaMeeting is a user-friendly web-based videoconference application. 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 it 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 reviews, 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.

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

⁴ A "whiteboard" is a collaborative space on the Internet in which participants can write and draw on a shared space resembling an actual dry-erase board. Allows sharing of a variety of data (pictures, sketches, spreadsheets etc.) in an information window as part of videoconferencing system. Also called a smartboard or electronic whiteboard.

sharing. The literature suggests that security is an issue and that the software is more vulnerable to hacking.

Best Practices for Computer-based Videoconferencing

The following recommendations are considered best practices 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 look 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.

Lighting and Background

Most videoconference software allows for the user to preview the image on screen. 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 ensure confidentiality, it is important to conduct the supervisory sessions in a solitary room. 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 use a setup wizard to test the headset and microphone. It is important to find a headset that will fit comfortably with an adjustable, flexible band. Read online product reviews and purchase the right setup 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 and a microphone 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. Participants should limit the client identity information shared, using only initials or codes instead of client names and changing identifying details of cases discussed during a videoconference. Participants may also reduce security risks by using secure or closed networks, encryption programs, and consistently updating virus scan programs (Wood, Miller, & Hargrove, 2005). Individual videoconference vendors may also be able to recommend additional security measures.

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. However, 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 ensure 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 and arrive on time. Look at the camera when speaking. Looking away from the camera can make participants wonder what is distracting the speaker.

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.

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. 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 the location should be secured to limit the exposure of the content of the supervisory sessions.

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

Best Practices for Computer and Room-based Videoconferencing

- Accessible technology support at both sites
- Agreed upon plan/follow-up actions should technology fail
- Periodically 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 for technical 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 ensure 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 who 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 the supervision experience. The ethical issue in question is whether or not supervision provided solely through the use of technology is

adequate for the demands of a particular supervisee and his or her clinical responsibilities. It is important to evaluate whether additional local or on-site supervision 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 has limited expertise working with, it is important to consider supplementing the supervision with additional on-site supervision that would provide the necessary local expertise. While the supervisee may not have a licensed professional in his or her agency to provide the necessary licensure supervision, there may be a local professional who does have expertise working with the population served by a particular 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 session to discuss the supervisee's progress in this area.

Security and Confidentiality

Security and confidentiality are additional ethical concerns to consider 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. When considering using videoconferencing to provide supervision to a supervisee located in another state, it is important for the supervisor and supervisee to first research that state's laws pertaining to supervision and practice.

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 work and to further the supervisee's understanding of themselves, of the clients with whom they work and of service delivery in general. 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. However, the advantages and disadvantages may include the following:

Advantages

- 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
- Reduces stress and time involved in traveling to supervision and conserves resources

Disadvantages

- Group supervision is less likely to mirror the dynamics of the supervisee's work with clients as is 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
- Establish a structure for each meeting

Issues to Keep in Mind with Group Supervision

(Bogo & Globerman, 2004)

Supervisee anxiety related to exposing their practice to their peers can work for them and can work against them. This 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). Additionally, it is important to consider all of the following potential pre-existing factors in group supervision:

- Previous experience with each other
- Pre-existing relationships
- The supervisee's level of competence and skill as a group member

- The supervisor's ability as a group facilitator

The group facilitator can be most effective by:

- Modeling expected group behavior (risk-taking and providing well-framed feedback are particularly important to the model)
- Promoting group norms – intervening when necessary to support group norms, clarifying expectations, ensure safety of members who take risks, etc.
- Facilitating 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.
- Considering 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.
- Setting clear expectations how the group will operate – the process for deciding who will present, how much time will be allotted for each student, how feedback will be given, group norms and behavior expectations.

In addition to the best practices mentioned above, group supervision through the use of videoconferencing should include a technology system that best meets the needs of a group model of supervision.

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DRAFT

Addendum 1: 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

March, April and May 2010

Addendum 2: Additional Resources

American Telemedicine Association

<http://www.americantelemed.org>

California Telemedicine and eHealth Center (CTEC)

<http://www.cteconline.org/>

Center for Connected Health

<http://www.connected-health.org/>

Center for Telehealth and E-Health Law

<http://www.telehealthlawcenter.org/>

Mobile Health Watch

<http://www.mobilehealthwatch.com/>

Telehealth: A Model for Clinical Supervision in Allied Health

Miller, T.W., et. al. (2003)

Internet Journal of Allied Health Sciences and Practice

<http://ijahsp.nova.edu/articles/1vol2/miller.pdf>

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To: Licensing & Exam Committee

Date: September 1, 2010

From: Rosanne Helms
Legislative/Regulatory Analyst

Telephone: (916) 574-7897

Subject: LCSW Experience Hour Requirements

Background

At the Policy and Advocacy meeting on April 9, 2010, Mr. Herbert Weiner, an Associate Clinical Social Worker (ASW), requested the Board re-examine the requirement that hours of experience an ASW gains toward licensure must be gained within a six-year time frame. He cited his difficult experience in gaining those hours within that time frame, citing his age (71), and cutbacks related to the economic recession as primary reasons for his difficulty.

Specifically, the section of law Mr. Weiner is referring to is Business and Professions (B&P) Code Section 4996.23 (a)(4), which states that "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."

A similar requirement is in place for those seeking MFT, LEP, and LPCC licenses.

History

The six-year timeframe requirement for ASW experience has been in effect since at least 1992. In 1998, B&P Code Section 4996.20 stated that "For persons applying for licensure on or after January 1, 1992, this experience shall have been gained in not less than two nor more than six years and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed. The board may credit experience gained more than six years prior to the date on which an application was filed upon a showing of good cause or where the applicant is licensed and currently practicing in another state." The provision of crediting experience gained more than six years prior to an applicant date based on good cause was no longer effective as of January 1, 1999.

Intent

The intent of the six year timeframe is likely twofold. First, it assures that those applying for licensure are up-to-date with current issues and trends in their field. Second, it provides an incentive for licensure, rather than remaining employed as a registrant for an unlimited amount of time.

Trends

In July 2008, BBS conducted a study of its licensing processes based on data for all 2002, 2003, and 2004 graduates that registered with the Board. Below is a table that shows the time (in years) involved from graduation to license, and from registration application submission to license, for three graduating classes. It shows that, for those graduating classes, it typically takes approximately 3 to 4 years for an ASW or Marriage and Family Therapy Intern (IMF) to obtain a license once they have submitted their registration application. On average, it takes slightly longer for an ASW to obtain licensure than it does for an IMF.

Table 1: Average Years from Graduation to License and Registration Application Submission to License

Timeframe (in years)	2002 Grads		2003 Grads		2004 Grads	
	ASW	IMF	ASW	IMF	ASW	IMF
Grad to License	4.55	4.25	3.99	3.72	3.4	3.21
Registration Application Submission to License	4.13	4.04	3.66	3.55	3.09	3.06

This data, however, does not take into account the possibility of more severe recent effects on time to licensure that may be due to the current economic downturn. The Board's ASW/LCSW evaluators were asked if, over time, they have noticed any recent trends of ASWs having more difficulty gaining the needed experience hours within the six-year time frame.

One evaluator noted that while it may be too soon to tell, she had been hearing more often that it is difficult to find a job or find a job with a supervisor. She also noted, however, that many employers want their ASW employees to obtain a license within 4 to 6 years, and some ASWs are at risk of losing their jobs if not licensed within a certain time frame.

This observation that it may be difficult to find a job with a supervisor echoes a concern raised by Mr. Weiner, as he noted he was especially having difficulty obtaining the required hours of experience under a Licensed Clinical Social Worker (LCSW). Given current economic conditions, the question of whether it is more difficult to gain hours of supervision under a specific type of practitioner may become a concern.

One possible reason for the difficulty some ASWs are experiencing may be due to stricter requirements on their experience hours. Of the required 3,200 hours of post-master's degree supervised experience providing clinical social work, at least 1,700 of these hours must be gained under the supervision of a licensed clinical social worker (B&P Code §4996.23(a)). This specific requirement of ASWs is not required of IMFs.

Recommended Action

Conduct an open discussion regarding the potential difficulty of gaining hours of supervision under a specific type of practitioner. Specifically, the feasibility of the requirement that ASWs be required to gain 1,700 of their experience hours under the supervision of a licensed clinical social worker, given current economic conditions, should be examined.

Attachments

Letter from Mr. Herbert Weiner

Copy of Mr. Weiner's testimony before the Policy & Advocacy Committee on April 9, 2010

Herbert J. Weiner MSW Ph.D.
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May 5, 2007

Ms. Kim Madsen
Executive Officer
Board of Behavioral Sciences
1625 North Market Road, Suite S-200
Sacramento, California
95834

Dear Ms. Madsen:

I wish to thank the Policy Committee for their support and appreciation of my April 9, 2010 presentation in San Francisco on the problems of the six year time frame for accrual of hours for licensure for the Licensed Clinical Social Worker specialization. In addition to the problem of equity for Associate Social Workers, there is the question of providing the adequate number of clinicians, including LCSWs, to meet the mental health needs of this State, notably individuals who present a danger to themselves and/or others.

This letter inquires as to what the next steps will be to rectify the above inequity. The questions and concerns that I wish to present are as follows:

- Will BBS present this problem to the State legislature or will it, on its own accord, initiate action as an agency?
- What is the reasoning behind B&P Code 4996.23? Why does the six year time frame for accrual of, the required 3200 hours, specified by this regulation, exist? How is such a time frame in conformity with professional standards or needs of the BBS, profession and practice?
- What significant parties should be contacted about this matter? I would like the names of those in the State Legislature who address such matters, as well as other related agencies, organizations and schools of social work.
- Have other individuals been similarly affected by the six year time frame? Because of the difficulty in attaining internships, this problem may not be a unique case.

I greatly appreciate clarification of the above, because the six year time frame has greatly interfered with my desire to be licensed as a LCSW.

Any assistance or advice that you can provide will be greatly appreciated and welcome.

I look forward to your response and thank you for your assistance.

Very truly yours,

Herbert J. Weiner

cc: Renee B. Lonner, LCSW

Testimony before the Board of Behavioral Sciences' Policy Committee
April 9, 2010

Honorable Members of This Committee:

The problem that I wish to bring to your attention is one that affects me, but may affect others as well.

I registered my first internship with the Board of Behavioral Sciences in April 2004, six years ago to this month. Presently, I have not accumulated the required 3200 hours in the six year time frame, and will begin losing credit for my hours of 2004 beginning this month. This forces me to accrue additional hours to fulfill the State's requirements.

The Board can legitimately ask as why these hours were not completed. There are three major factors in my case. Firstly, I am 71 years of age; institutions and agencies favor younger interns. This is ageism writ large and clear. My 36 years in a public social services agency working with the physically and mentally impaired, a Masters Degree in Social Work, a Ph.D. in Clinical Psychology, and three recent internships with favorable evaluations clearly show that my age is not an obstacle but an asset. You should be asking if such prejudice applies to others who are older. This prejudice has been confirmed by other professionals in the field.

Secondly, the recession of the economy and lack of funds have also affected availability. It has been hard for me to secure internships, due to this. In between internships, I had to wait 10 months in the six year time frame. Two of my internships have been under Marriage Family Therapy supervisors which does not detract from my excellent learning experience with them. But now I must have supervision under Licensed Clinical Social Workers. This further complicates the finding of available internships, as the six year time frame nullifies the required hours of internship accrued under my first internship which was under LCSW supervision.

Thirdly, the hours of two internships were limited to 10 hours weekly which limited accrual of hours within the six year limitation. This is not the fault of the supervisors who had many to supervise in addition to other responsibilities.

I do not regret my learning experience, which perfected my clinical skills under three competent, supportive supervisors. I do regret the lack of accreditation for my experience.

In better economic times and greater mental health resources, accruing required hours would not constitute such a problem. Now this does. In my opinion, the Board should revise its policy and standards for accrual to reflect present social and economic circumstances.

In addition to problems of equity, there are broader societal concerns. Recently, a man from San Jose, identified as mentally disturbed, opened fire on Pentagon police, resulting in his being shot to death, Shouldn't this man have received treatment to prevent such a tragedy? He fell through the cracks, undoubtedly due to lack of resources, and paid for this neglect with his life.

There are, to be sure, others like this unfortunate gentleman. They walk the streets in emotional pain, constituting a danger to themselves and/or others. A mission of the Board of Behavioral Sciences is to protect the consumer of mental health services against abuse in the clinical setting. Shouldn't it also be responsible for protecting the public by provision of adequate numbers of clinicians? This is a homeland security issue.

The six year rule will make me unavailable for provision of services for a longer period of time. Are others in my position and predicament? I am more than willing to work with severely disturbed individuals, but am impeded by this requirement.

Please reexamine this rule which harms clinical candidates and flies in the face of public interest and homeland security.

Respectfully submitted,

Herbert J. Weiner
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To: Licensing and Exam Committee Members

Date: September 2, 2010

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: Exam Re-Structure Overview

At its board meeting on July 28, 2010, the Board of Behavioral Sciences (Board) directed staff to draft proposed legislative language to implement a re-structure of the examination process. The proposed exam re-structure would change the exam process for applicants seeking Marriage and Family Therapist (MFT) and Clinical Social Worker (LCSW) licensure on or after January 1, 2012. The major components of the exam re-structure are highlighted below.

Exam Overview

- Effective January 1, 2012, applicants for MFT and LCSW licensure shall pass two exams: a California law and ethics examination (law and ethics exam) and a clinical examination (clinical exam). These new exams replace the standard written and the clinical vignette exams currently in place.

Law and Ethics Exam

- A new registrant with the Board would be required to take the law and ethics exam. This exam must be taken within the first year of registration with the Board.
- If the law and ethics exam is not passed within the first renewal period, the registrant must complete a 12 hour law and ethics course in order to be eligible to take the exam in the next renewal cycle. The exam must be re-taken in each renewal cycle until passed. In addition, in each year the exam is not passed, the 12 hour law and ethics course must be taken to establish examination eligibility.
- According to current law, a registration cannot be renewed after six years. If a registrant's registration expires, he or she must pass the law and ethics exam in order to obtain another registration number.

Clinical Exam

- Once a registrant has completed all supervised work experience, completed all education requirements, and passed the law and ethics exam, he or she may take the clinical exam. This exam must be passed within seven years of an individual's first attempt. If it is not passed within this timeframe, the individual's eligibility to further attempt the exam is placed on hold. He or she must then pass the current version of the law and ethics exam before re-establishing eligibility to take the clinical exam.

Registrants in the Exam Process Pre-2012

- As of January 1, 2012, applicants who have previously taken and passed the standard written exam must now take the clinical exam to be eligible for licensure.
- As of January 1, 2012, applicants who have previously taken and failed to pass the standard written exam must now pass both the law and ethics exam and the clinical exam.
- As of January 1, 2012, applicants who had previously taken and failed to pass the clinical vignette exam must now pass the clinical exam.
- As of January 1, 2012, applicants who had obtained eligibility for the standard written exam but had not yet taken the exam must now take the law and ethics exam and the clinical exam.

Exam Fees

- For ASWs, the fee for the law and ethics exam is one hundred dollars (\$100). The fee for the clinical exam is a maximum of one hundred fifty dollars (\$150). These are the same as the exam fees currently in place for ASWs. The fee for application for exam eligibility will remain the same.
- For IMFs, the fee for the law and ethics exam is one hundred dollars (\$100). The fee for the clinical exam is one hundred dollars (\$100). These are the same as the exam fees currently in place for IMFs. The fee for application for exam eligibility will remain the same.

Recommendation

Recommend that the Board sponsor legislation to re-structure the exam process and authorize staff to make any non-substantive changes to the proposed language.

Attachment

Attached is a general language framework for submission to Legislative Counsel so that they may begin drafting the proposed changes in bill form.

EXAM RE-STRUCTURE AMENDMENTS - LCSW

§XXX. EXAMINATION PROCESS (FOR ASSOCIATE SOCIAL WORKER REGISTRANTS ON OR AFTER JANUARY 1, 2013)

- (a) Effective January 1, 2013, applicants for Clinical Social Worker licensure shall pass two examinations as prescribed by the Board
 - 1. A California law and ethics examination; and
 - 2. A clinical examination.
- (b) Upon registration with the Board, an Associate Social Worker registrant shall, within the first year of registration, take an examination on California law and ethics.
- (c) A registrant may only take the clinical examination upon meeting all of the following requirements:
 - 1. Completing all required supervised work experience;
 - 2. Completing all education requirements;
 - 3. Passage of the California law and ethics examination.

§4992.1. ELIGIBILITY FOR EXAMINATION; EXAMINATION RECORD RETENTION; SEVEN YEAR LIMITATION ON WRITTEN EXAMINATION

- (a) Only individuals who have the qualifications prescribed by the board under this chapter are eligible to take the examination.
- (b) Every applicant who is issued a clinical social worker license shall be examined by the board.
- (c) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.
- (d) The board shall not deny any applicant, whose application for licensure is complete, admission to the standard written examination, nor shall the board postpone or delay any applicant's standard written examination or delay informing the candidate of the results of the standard written examination, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.
- (e) If an applicant for examination who has passed the standard written examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical vignette written examination for licensure, but may withhold the results of the examination or notify the applicant that licensure will not be granted pending completion of the investigation.
- (f) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the standard written or clinical vignette written examination permission to retake either examination pending completion of the investigation of any complaint against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, or the applicant has been denied in accordance with subdivision (b) of Section 485.
- (g) On or after January 1, 2002, no applicant shall be eligible to participate in a clinical vignette written examination if his or her passing score on the standard written examination occurred more than seven years before.

- (h) The provisions of this section shall become inoperative on December 31, 2012.

§4992.1. CLINICAL EXAMINATION- ELIGIBILITY FOR EXAMINATION; EXAMINATION RECORD RETENTION; SEVEN YEAR LIMITATION ON CLINICAL EXAMINATION

- (a) Only individuals who have the qualifications prescribed by the board under this chapter are eligible to take the clinical examination.
- (b) Every applicant who is issued a clinical social worker license shall be examined by the board.
- (c) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.
- (d) The board shall not deny any applicant, whose application for licensure is complete, admission to the clinical examination, nor shall the board postpone or delay any applicant's clinical examination or delay informing the candidate of the results of the clinical examination, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.
- (e) If an applicant for examination who has passed the California law and ethics examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical examination for licensure, but may withhold the results of the examination or notify the applicant that licensure will not be granted pending completion of the investigation.
- (f) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination or the clinical examination permission to retake either examination pending completion of the investigation of any complaint against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, or the applicant has been denied in accordance with subdivision (b) of Section 485.
- (g) Effective January 1, 2013, the clinical examination must be passed within seven years of an applicant's initial attempt.
- (h) No applicant shall be eligible to participate in the clinical examination if he or she fails to obtain a passing score on the clinical examination within seven years from his or her initial attempt. If the applicant fails to obtain a passing score within seven years of initial attempt, he or she must obtain a passing score on the current version of the California law and ethics examination in order to eligible to retake the clinical examination.
- (i) The provisions of this section shall become operative on January 1, 2013.

§4996.1. ISSUANCE OF LICENSE

The board shall issue a clinical social worker license to each applicant who qualifies pursuant to this article and successfully passes a board administered written or oral examination or both examinations. An applicant who has successfully passed a previously administered written examination may be subsequently required to take and pass another written examination. The provisions of this section shall become inoperative on December 31, 2012.

§4996.1. ISSUANCE OF LICENSE

Beginning January 1, 2013, the board shall issue a clinical social worker license to each applicant who qualifies pursuant to this article and successfully passes a California law and ethics examination and a clinical examination. An applicant who has successfully passed a previously administered written examination may be subsequently required to take and pass another written examination.

§XXX EXAMINATION PROCEDURE FOR APPLICANTS WHO HAVE EXAMINATION ELIGIBILITY PRIOR TO JANUARY 1, 2013

- (a) Applicants who had previously taken and passed the Standard Written exam must also obtain a passing score on the clinical examination in order to be eligible for licensure.
- (b) Applicants who had previously failed to obtain a passing score on the standard written examination must obtain a passing score on the California law and ethics examination and the clinical examination.
- (c) Applicants who had previously failed to obtain a passing score on the clinical vignette examination must obtain a passing score on the clinical examination.
- (d) Applicants who had obtained eligibility for the standard written examination must take the California law and ethics examination and the clinical examination.
- (e) The provisions of this section shall become operative effective January 1, 2013.

§4996.3. LICENSING AND EXAM FEES

- (a) The board shall assess the following fees relating to the licensure of clinical social workers:
 - (1) The application fee for registration as an associate clinical social worker shall be seventy-five dollars (\$75).
 - (2) The fee for renewal of an associate clinical social worker registration shall be seventy-five dollars (\$75).
 - (3) The fee for application for examination eligibility shall be one hundred dollars (\$100).
 - (4) The fee for the standard written examination shall be a maximum of one hundred fifty dollars (\$150). The fee for the clinical vignette examination shall be one hundred dollars (\$100).
 - A. An applicant who fails to appear for an examination, after having been scheduled to take the examination, shall forfeit the examination fees.
 - B. The amount of the examination fees shall be based on the actual cost to the board of developing, purchasing, and grading each examination and the actual cost to the board of administering each examination. The written examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.
 - (5) The fee for rescoring an examination shall be twenty dollars (\$20).
 - (6) The fee for issuance of an initial license shall be a maximum of one hundred fifty-five dollars (\$155).

- (7) The fee for license renewal shall be a maximum of one hundred fifty-five dollars (\$155).
 - (8) The fee for inactive license renewal shall be a maximum of seventy-seven dollars and fifty cents (\$77.50).
 - (9) The renewal delinquency fee shall be seventy-five dollars (\$75). A person who permits his or her license to expire is subject to the delinquency fee.
 - (10) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars (\$20).
 - (11) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars (\$25).
- (b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.
- (c) The provisions of this section shall become inoperative on December 31, 2012.

§4996.3. LICENSING AND EXAM FEES

- (a) The board shall assess the following fees relating to the licensure of clinical social workers:
- (1) The application fee for registration as an associate clinical social worker shall be seventy-five dollars (\$75).
 - (2) The fee for renewal of an associate clinical social worker registration shall be seventy-five dollars (\$75).
 - (3) The fee for application for examination eligibility shall be one hundred dollars (\$100).
 - (4) The fee for the clinical examination shall be a maximum of one hundred fifty dollars (\$150). The fee for the California law and ethics examination shall be one hundred dollars (\$100).
 - A. An applicant who fails to appear for an examination, after having been scheduled to take the examination, shall forfeit the examination fees.
 - B. The amount of the examination fees shall be based on the actual cost to the board of developing, purchasing, and grading each examination and the actual cost to the board of administering each examination. The written examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.
 - (5) The fee for rescoring an examination shall be twenty dollars (\$20).
 - (6) The fee for issuance of an initial license shall be a maximum of one hundred fifty-five dollars (\$155).
 - (7) The fee for license renewal shall be a maximum of one hundred fifty-five dollars (\$155).
 - (8) The fee for inactive license renewal shall be a maximum of seventy-seven dollars and fifty cents (\$77.50).
 - (9) The renewal delinquency fee shall be seventy-five dollars (\$75). A person who permits his or her license to expire is subject to the delinquency fee.
 - (10) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars (\$20).

(11) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars (\$25).

(b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.

(c) The provisions of this section shall become operative on January 1, 2013.

§4996.4. FEE FOR REEXAMINATION

An applicant who fails a standard or clinical vignette written examination may within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all required fees. The provisions of this section shall become inoperative on December 31, 2012.

§4996.4. REEXAMINATION: CLINICAL EXAMINATION

Effective January 1, 2013, an applicant who fails the clinical examination may within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all required fees.

§XXX REEXAMINATION: LAW AND ETHICS EXAM

- (a) An applicant and registrant must obtain a passing score on a board administered law and ethics examinations in order to qualify for licensure.
- (b) A registrant must participate in a board administered law and ethics examination prior to his or her registration renewal.
- (c) If an applicant fails the California law and ethics exam, he or she may re-take the examination, upon payment of the required fees, without further application except for as provided in subdivision (d). If a registrant fails to obtain a passing score on the law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operate date of this section, he or she must complete at least a twelve (12) hour course in California law and ethics, in order to be eligible to participate in the California law and ethics examination. Registrants must only take the twelve hour California law and ethics course once during a renewal period. The twelve (12) hour law and ethics course required by the section must be taken through a Board-approved continuing education provider, a county, state or governmental entity, or a college or university.
- (d) The law and ethics exam must be passed before the Board will issue a subsequent registration number.
- (e) The provisions of this section shall become operative January 1, 2013.

**§4996.28. ASSOCIATE CLINICAL SOCIAL WORKER; REGISTRATION EXPIRATION;
RENEWAL**

- (a) Registration as an associate clinical social worker shall expire one year from the last day of the month during which it was issued. To renew a registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:
- (1) Apply for renewal on a form prescribed by the board.
 - (2) Pay a renewal fee prescribed by the board.
 - (3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken by a regulatory or licensing board in this or any other state, subsequent to the last renewal of the registration.
 - (4) Beginning January 1, 2013, participate in the California law and ethics exam pursuant to Section XXX.
- (b) A registration as an associate clinical social worker may be renewed a maximum of five times. When no further renewals are possible, an applicant may apply for and obtain a new associate clinical social worker registration if the applicant meets all requirements for registration in effect at the time of his or her application for a new associate clinical social worker registration. An applicant issued a subsequent associate registration pursuant to this subdivision may be employed or volunteer in any allowable work setting except private practice.

EXAM RE-STRUCTURE AMENDMENTS - MFT

§XXX. EXAMINATION PROCESS (FOR MARRIAGE AND FAMILY THERAPY INTERNS ON OR AFTER JANUARY 1, 2013)

- (a) Effective January 1, 2013, applicants for marriage and family therapy licensure shall pass two examinations as prescribed by the Board
 - 1. A California law and ethics examination; and
 - 2. A clinical examination.
- (b) Upon registration with the Board, a marriage and family therapy intern shall, within the first year of registration, take an examination on California law and ethics.
- (c) A registrant may only take the clinical examination upon meeting all of the following requirements:
 - a. Completing all required supervised work experience;
 - b. Completing all education requirements;
 - c. Passage of the California law and ethics examination.

§4980.40. QUALIFICATIONS

To qualify for a license, an applicant shall have all the following qualifications:

- (a) Meet the educational requirements of Section 4980.36 or both Sections 4980.37 and 4980.41, as applicable.
- (b) Be at least 18 years of age.
- (c) Have at least two years of experience that meet the requirements of Section 4980.43.
- (d) Pass a board administered written or oral examination or both types of examinations, except that an applicant who passed a written examination and who has not taken and passed an oral examination shall instead be required to take and pass a clinical vignette written examination.
- (e) Not have committed acts or crimes constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of a crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.
- (f) The provisions of this section shall become inoperative on December 31, 2012.

§4980.40. QUALIFICATIONS

To qualify for a license, an applicant shall have all the following qualifications:

- (a) Meet the educational requirements of Section 4980.36 or both Sections 4980.37 and 4980.41, as applicable.
- (b) Be at least 18 years of age.

- (c) Have at least two years of experience that meet the requirements of Section 4980.43.
- (d) Effective January 1, 2013, successfully pass a California law and ethics examination and a clinical examination. An applicant who has successfully passed a previously administered written examination may be subsequently required to take and pass another written examination.
- (e) Not have committed acts or crimes constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of a crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.
- (f) The provisions of this section shall become operative on January 1, 2013.

§4980.50. EXAMINATION; ISSUANCE OF LICENSE; EXAMINATION RECORD RETENTION; SEVEN YEAR LIMITATION ON WRITTEN EXAMINATION

- (a) Every applicant who meets the educational and experience requirements and applies for a license as a marriage and family therapist shall be examined by the board. The examinations shall be as set forth in subdivision (d) of Section 4980.40. The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine. The board shall examine the candidate with regard to his or her knowledge and professional skills and his or her judgment in the utilization of appropriate techniques and methods.
- (b) The board shall not deny any applicant, who has submitted a complete application for examination, admission to the licensure examinations required by this section if the applicant meets the educational and experience requirements of this chapter, and has not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.
- (c) The board shall not deny any applicant, whose application for licensure is complete, admission to the standard written examination, nor shall the board postpone or delay any applicant's standard written examination or delay informing the candidate of the results of the standard written examination, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.
- (d) If an applicant for examination who has passed the standard written examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical vignette written examination for licensure, but may withhold the results of the examination or notify the applicant that licensure will not be granted pending completion of the investigation.
- (e) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the standard written or clinical vignette written examination permission to retake either examination pending completion of the investigation of any complaints against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Sections 11503 and 11504 of the Government Code, respectively, or the applicant has been denied in accordance with subdivision (b) of Section 485.
- (f) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

- (g) On or after January 1, 2002, no applicant shall be eligible to participate in a clinical vignette written examination if his or her passing score on the standard written examination occurred more than seven years before.
- (h) An applicant who has qualified pursuant to this chapter shall be issued a license as a marriage and family therapist in the form that the board may deem appropriate.
- (i) The provisions of this section shall become inoperative on December 31, 2012.

§4980.50. EXAMINATION; ISSUANCE OF LICENSE; EXAMINATION RECORD RETENTION; SEVEN YEAR LIMITATION ON WRITTEN EXAMINATION

Effective January 1, 2013, the following shall apply:

- (a) Every applicant who meets the educational and experience requirements and applies for a license as a marriage and family therapist shall be examined by the board. The examinations shall be as set forth in subdivision (d) of Section 4980.40. The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine. The board shall examine the candidate with regard to his or her knowledge and professional skills and his or her judgment in the utilization of appropriate techniques and methods.
- (b) The board shall not deny any applicant, who has submitted a complete application for examination, admission to the licensure examinations required by this section if the applicant meets the educational and experience requirements of this chapter, and has not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.
- (c) The board shall not deny any applicant, whose application for licensure is complete, admission to the clinical examination, nor shall the board postpone or delay any applicant's clinical examination or delay informing the candidate of the results of the clinical examination, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.
- (d) If an applicant for examination who has passed the California law and ethics examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical examination for licensure, but may withhold the results of the examination or notify the applicant that licensure will not be granted pending completion of the investigation.
- (e) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination or the clinical examination permission to retake either examination pending completion of the investigation of any complaints against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Sections 11503 and 11504 of the Government Code, respectively, or the applicant has been denied in accordance with subdivision (b) of Section 485.
- (f) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.
- (g) Effective January 1, 2013, the clinical examination must be passed within seven years of an applicant's initial attempt.
- (h) No applicant shall be eligible to participate in the clinical examination if he or she fails to obtain a passing score on the clinical examination within seven years from his or her initial attempt. If the applicant fails to obtain a passing score within seven years of initial

attempt, he or she must obtain a passing score on the current version of the California law and ethics examination in order to eligible to retake the clinical examination.

- (i) An applicant who has qualified pursuant to this chapter shall be issued a license as a marriage and family therapist in the form that the board may deem appropriate.

§XXX EXAMINATION PROCEDURE FOR APPLICANTS WHO HAVE EXAMINATION ELIGIBILITY PRIOR TO JANUARY 1, 2013

- (a) Applicants who had previously taken and passed the Standard Written exam must also obtain a passing score on the clinical examination in order to be eligible for licensure.
- (b) Applicants who had previously failed to obtain a passing score on the standard written examination must obtain a passing score on the California law and ethics examination and the clinical examination.
- (c) Applicants who had previously failed to obtain a passing score on the clinical vignette examination must obtain a passing score on the clinical examination.
- (d) Applicants who had obtained eligibility for the standard written examination must take the California law and ethics examination and the clinical examination.
- (e) The provisions of this section shall become operative effective January 1, 2013.

§4984.01. INTERN REGISTRATION; DURATION; RENEWAL

- (a) The marriage and family therapist intern registration shall expire one year from the last day of the month in which it was issued.
- (b) To renew the registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:
 - (1) Apply for renewal on a form prescribed by the board.
 - (2) Pay a renewal fee prescribed by the board.
 - (3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken against him or her by a regulatory or licensing board in this or any other state subsequent to the last renewal of the registration.
- (c) The registration may be renewed a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a new intern registration if the applicant meets the educational requirements for registration in effect at the time of the application for a new intern registration. An applicant who is issued a subsequent intern registration pursuant to this subdivision may be employed or volunteer in any allowable work setting except private practice.
- (d) This section shall become inoperative on December 31, 2012.

§4984.01. INTERN REGISTRATION; DURATION; RENEWAL

- (a) The marriage and family therapist intern registration shall expire one year from the last day of the month in which it was issued.

- (b) To renew the registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:
 - (1) Apply for renewal on a form prescribed by the board.
 - (2) Pay a renewal fee prescribed by the board.
 - (3) Participate in the California Law and ethics examination pursuant to Section XXX each year until successful completion of this examination.
 - (4) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken against him or her by a regulatory or licensing board in this or any other state subsequent to the last renewal of the registration.
- (c) The registration may be renewed a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a new intern registration if the applicant meets the educational requirements for registration in effect at the time of the application for a new intern registration and passes the California law and ethics examination described in Section XXX. An applicant who is issued a subsequent intern registration pursuant to this subdivision may be employed or volunteer in any allowable work setting except private practice.
- (d) The provisions of this section shall become operative on January 1, 2013.

§4984.7. LICENSING AND EXAM FEES SCHEDULE

- (a) The board shall assess the following fees relating to the licensure of marriage and family therapists:
 - (1) The application fee for an intern registration shall be seventy-five dollars (\$75).
 - (2) The renewal fee for an intern registration shall be seventy-five dollars (\$75).
 - (3) The fee for the application for examination eligibility shall be one hundred dollars (\$100).
 - (4) The fee for the standard written examination shall be one hundred dollars (\$100). The fee for the clinical vignette examination shall be one hundred dollars (\$100).
 - A. An applicant who fails to appear for an examination, after having been scheduled to take the examination, shall forfeit the examination fee.
 - B. The amount of the examination fees shall be based on the actual cost to the board of developing, purchasing, and grading each examination and the actual cost to the board of administering each examination. The examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.
 - (5) The fee for rescoring an examination shall be twenty dollars (\$20).
 - (6) The fee for issuance of an initial license shall be a maximum of one hundred eighty dollars (\$180).
 - (7) The fee for license renewal shall be a maximum of one hundred eighty dollars (\$180).
 - (8) The fee for inactive license renewal shall be a maximum of ninety dollars (\$90).
 - (9) The renewal delinquency fee shall be a maximum of ninety dollars (\$90). A person who permits his or her license to expire is subject to the delinquency fee.
 - (10) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars (\$20).
 - (11) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars (\$25).

- (b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.
- (c) The provisions of this section shall become inoperative on December 31, 2012.

§4984.7. LICENSING AND EXAM FEES SCHEDULE

- (a) The board shall assess the following fees relating to the licensure of marriage and family therapists:
 - (1) The application fee for an intern registration shall be seventy-five dollars (\$75).
 - (2) The renewal fee for an intern registration shall be seventy-five dollars (\$75).
 - (3) The fee for the application for examination eligibility shall be one hundred dollars (\$100).
 - (4) The fee for the clinical examination shall be one hundred dollars (\$100). The fee for the California law and ethics examination shall be one hundred dollars (\$100).
 - A. An applicant who fails to appear for an examination, after having been scheduled to take the examination, shall forfeit the examination fee.
 - B. The amount of the examination fees shall be based on the actual cost to the board of developing, purchasing, and grading each examination and the actual cost to the board of administering each examination. The examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.
 - (5) The fee for rescoring an examination shall be twenty dollars (\$20).
 - (6) The fee for issuance of an initial license shall be a maximum of one hundred eighty dollars (\$180).
 - (7) The fee for license renewal shall be a maximum of one hundred eighty dollars (\$180).
 - (8) The fee for inactive license renewal shall be a maximum of ninety dollars (\$90).
 - (9) The renewal delinquency fee shall be a maximum of ninety dollars (\$90). A person who permits his or her license to expire is subject to the delinquency fee.
 - (10) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars (\$20).
 - (11) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars (\$25).
- (b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.
- (c) The provisions of this section shall become operative on January 1, 2013.

§4984.72. FAILED EXAMINATION; REEXAMINATION; NEW APPLICATION REQUIREMENT

An applicant who fails a standard or clinical vignette written examination may within one year from the notification date of that failure, retake the examination as regularly scheduled without further application upon payment of the fee for the examination. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all requirements in effect on the date of application, and pays all required fees. The provisions of this section shall become inoperative on December 31, 2012.

§4984.72. REEXAMINATION: CLINICAL EXAMINATION; NEW APPLICATION REQUIREMENT

Effective January 1, 2013, an applicant who fails the clinical examination may within one year from the notification date of that failure, retake the examination as regularly scheduled without

further application upon payment of the fee for the examination. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all requirements in effect on the date of application, and pays all required fees. The provisions of this section shall become operative on January 1, 2013.

§XXX REEXAMINATION: LAW AND ETHICS EXAM

- (a) An applicant and registrant must obtain a passing score on a board administered law and ethics examinations in order to qualify for licensure.
- (b) A registrant must participate in a board administered law and ethics examination prior to his or her registration renewal.
- (c) If an applicant fails the California law and ethics exam, he or she may re-take the examination, upon payment of the required fees, without further application except for as provided in subdivision (d). If a registrant fails to obtain a passing score on the law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operate date of this section, he or she must complete at least a twelve (12) hour course in California law and ethics, in order to be eligible to participate in the California law and ethics examination. Registrants must only take the twelve hour California law and ethics course once during a renewal period. The twelve (12) hour law and ethics course required by the section must be taken through a Board-approved continuing education provider, a county, state or governmental entity, or a college or university.
- (d) The law and ethics exam must be passed before the Board will issue a subsequent registration number.
- (e) The provisions of this section shall become operative January 1, 2013.

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Licensing and Exam Committee Members

Date: September 2, 2010

From: Tracy Rhine
Assistant Executive Officer

Telephone: (916) 574-7847

Subject: Professional Clinical Counselor Licensure Examination Update

Background

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. Dr. Montez presented the findings of her initial audit at the July 28, 2010 Board meeting.

Previous Board Action

At its July 28, 2010 meeting the Board accepted the recommendation made by Dr. Montez to *not* adopt a National Counselor Examination for the purpose of LPCC licensure in California, at this time. The Board directed staff to begin the process of developing a licensure examination for LPCC applicants. Dr. Montez has continued to work with the National Board for Certified Counselors (NBCC) to address the concerns presented to the Board on the two examinations offered by NBCC.

Attachment

- A. Updated Status Letter from Dr. Tracy Montez, AMS
- B. An Assessment of the NBCC National Counselor and National Clinical Mental Health Counselor Examinations, AMS, July 2010

Applied Measurement Services, LLC

August 31, 2010

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

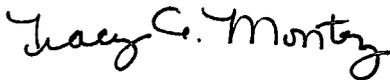
Dear Ms. Madsen:

Applied Measurement Services, LLC (AMS) concluded its assessment of the National Board for Certified Counselors (NBCC) National Counselor Examination (NCE) and the National Clinical Mental Health Counseling Examination (NCMHCE) and presented a report at the Board of Behavioral Sciences (Board) July 28, 2010 Board meeting.

The purpose of the assessment was to determine whether the NCE and NCMHCE 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 was evaluated. AMS recommended that the Board not adopt the NBCC examinations at this time. Several issues of concern were presented in closed session due to confidentiality parameters outlined in the NBCC Confidentiality/Ownership Agreement.

Since the July Board meeting, AMS has communicated those issues of concern to the NBCC. Steps are being taken to address those concerns. Further updates will be provided at future Board and Licensing and Examination Committee meetings.

Sincerely,



Tracy A. Montez, Ph.D.
President

Applied Measurement Services, LLC

April 29, 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 Ms. Madsen:

The purpose of this letter is to notify the Board of Behavioral Sciences (BBS) that Applied Measurement Services, LLC (AMS) has completed the first phase of the contract to assist with examination-related evaluations for the Licensed Professional Counselor / Licensed Professional Clinical Counselor.

Attached is a public progress report presenting the results of the professions analysis and associated recommendation. These results and the associated recommendation will be discussed at the May 7, 2010 BBS board meeting in Irvine.

Based on the professions analysis, AMS recommends that the BBS *not* adopt a separate examination requirement for Licensed Clinical Social Workers and Marriage and Family Therapists seeking to be grandparented as Licensed Professional Clinical Counselors. This recommendation is based on applicants meeting the education and training requirements and that the counselors adhere to their respective scopes of practice and competence as outlined in the BBS Statutes and Regulations.

Sincerely,



Tracy A. Montez, Ph.D.
President

An Analysis of the
Licensed Clinical Social Worker,
Marriage and Family Therapist and
Licensed Professional Counselor
Professions

Performed for the
California Department of Consumer Affairs
Board of Behavioral Sciences

Performed by Applied Measurement Services, LLC

April 29, 2010

PUBLIC PROGRESS REPORT

Chapter 1: Introduction

Licensing boards and bureaus within the Department of Consumer Affairs are required to ensure that examination programs used in the California licensure process are in compliance with psychometric guidelines and legal standards. The public must be reasonably confident that an individual passing a licensing examination has the requisite knowledge and skills to competently and safely practice in the respective profession.

In January 2010, the Department of Consumer Affairs Board of Behavioral Sciences (hereafter referred to as "Board") contracted with Applied Measurement Services, LLC (AMS) to assist with examination-related evaluations for the Licensed Professional Counselor (LPC). The first phase, a professions analysis, concluded April 29, 2010.

Specifically, AMS provided the following services: (a) determined whether significant differences exist between the LPC and Licensed Clinical Social Worker (LCSW) professions by comparing the national LPC occupational analysis to the California LCSW occupational analysis; (b) determined whether significant differences exist between the LPC and Marriage and Family Therapist (MFT) professions by comparing the national LPC occupational analysis to the California MFT occupational analysis; (c) prepared for and conducted interviews to obtain input related to the differences between the LPC and LCSW professions and the LPC and MFT professions; (d) prepared a confidential report providing the results of the analyses, feedback received from the interviews, and recommendations; and, (e) met with Board management to present the results and recommendations associated with grandparenting LCSWs and MFTs into the LPC profession.

The results of the professions analysis and associated recommendations will be presented at the May 7, 2010 Board meeting. This progress report provides those results.

During the first phase, AMS worked primarily with Kim Madsen, Executive Officer and Tracy Rhine, Assistant Executive Officer from the Board. AMS received and reviewed reports and reference materials provided by Shawn O'Brien, Vice President, Center for Credentialing and Education, National Board for Certified Counselors (NBCC). AMS also downloaded materials from relevant websites (see the Reference section of the *final* report for a complete listing).

Finally, these services were conducted according to professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (Standards)*¹ and *Business and Professions Code section 139* (see the *Examination Validation Policy*)².

¹ American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (1999). *Standards for Educational and Psychological Testing*. Washington, DC: American Educational Research Association.

² California Department of Consumer Affairs. (2004). *Examination Validation Policy*. Sacramento, CA: California Department of Consumer Affairs.

Chapter 2: Information-Gathering

After discussions with Board management to confirm expectations associated with the scope of services and identify contacts from the NBCC, AMS began the process of gathering information about the LCSW, MFT and LPC professions for comparison purposes.

For the first phase of the contracted project, AMS reviewed several pertinent documents and reports including, for example, the following:

- Statutes and Regulations relating to the Practice of Professional Clinical Counseling, Marriage and Family Therapy, Educational Psychology, Clinical Social Work (Statutes);
- LCSW examination plan (see Appendix A for an abbreviated version);
- MFT examination plan (see Appendix B for an abbreviated version);
- National Counselor Examination (NCE) content outline (see Appendix C for a public version);
- National Clinical Mental Health Counseling Examination (NCMHCE) content outline;
- NBCC documents and reports;
- Coursework syllabi from California Masters of Social Work programs;
- A Competency-Based Curriculum in Community Mental Health for Graduate Social Work Students report from the California Social Work Education Center (CalSWEC);
- California Council of Community Mental Health Agencies: Recommendations to the California Board of Behavioral Sciences Regarding Marriage and Family Therapy Curriculum; and,
- DACUM Competency Profile for MFT produced by the California Community College Economic and Workforce Development Program Health Initiative.

Next, interviews and meetings were conducted to discuss the history associated with the passage of Senate Bill 788 (Wyland, Chapter 619, Statutes 2009) and the similarities and differences among the three professions. Participants in the interviews and meetings included individuals involved in the regulatory process associated with SB788 and subject matter expert LCSWs, MFTs, and LPCs (i.e., licensed in states other than California such as Florida, Texas, and Virginia).

The goal of the information-gathering process was twofold. First was to determine whether significant differences exist between the LPC and LCSW professions, and whether significant differences exist between the LPC and MFT professions. And second, to determine if an examination was needed to assess those differences prior to being grandparented into the LPC profession. It is important to note that the term “significant” was not intended to imply statistical significance, but merely a qualitative or descriptive term.

Below is a summary of the three professions as defined in the Board’s Statutes.

Chapter 3: Licensed Clinical Social Worker

According to Business and Professions Code of California, Chapter 14. Social Workers, Article 4. Licensure, Section 4996.9.,

... the practice of clinical social work is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments.

Further,

the application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; proving information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work.

As of April 1, 2010, there were 18,004 valid LCSW licensees. To qualify for a license to practice as a LCSW in California, the Board has three primary competency hurdles: education requirements, experience requirements, and examinations.

Education requirements include possessing a qualifying Master's degree as well as completion of additional coursework in key subject matter areas (e.g., child abuse assessment and reporting, substance abuse and dependency, and aging and long term care).

In addition to degree and coursework requirements, an applicant is also required to accrue 104 weeks of supervision and 3,200 hours of supervised work experience. The experience must be gained under the supervision of a licensed mental health professional.

Once an applicant meets all requirements and the Board approves the application for examination eligibility, the applicant receives an eligibility notice to take the LCSW Standard Written Examination. Upon passing the Standard Written Examination, the applicant must pass a LCSW Clinical Vignette Examination. Once an applicant passes both examinations, he or she must apply for an Initial License Issuance within one year of passing both examinations in order to receive a license number.

Business and Professions Code, Sections 4996.2. and 4996.23. of the Board's Statutes define LCSW qualifications in greater detail.

Chapter 4: Marriage and Family Therapist

According to Business and Professions Code of California, Chapter 13. Marriage and Family Therapists, Article 1. Regulation, Section 4980.02,

. . . the practice of marriage and family therapy shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and pre-marriage counseling.

Further,

the application of marriage and family therapy principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships, and the use, application, and integration of the coursework and training required by Sections 4980.37 4980.40, and 4980.41.

As of April 1, 2010, there were 30,497 valid MFT licensees. To qualify for a license to practice as a MFT in California, the Board has three primary competency hurdles: education requirements, experience requirements, and examinations.

Education requirements include possessing a qualifying Master's or Doctor's degree, as well as completion of additional coursework in key subject matter areas (e.g., child abuse assessment and reporting, alcohol and chemical dependency, and aging and long term care).

In addition to degree and coursework requirements, an applicant is also required to accrue 104 weeks of supervision and 3,000 hours of supervised work experience. The experience must be gained under the supervision of a licensed mental health professional.

Once an applicant meets all requirements and the Board approves the application for examination eligibility, the applicant receives an eligibility notice to take the MFT Standard Written Examination. Upon passing the Standard Written Examination, the applicant must pass a MFT Clinical Vignette Examination. Once an applicant passes both examinations, he or she must apply for an Initial License Issuance within one year of passing both examinations in order to receive a license number.

Business and Professions Code, Sections 4980.40 of the Board's Statutes define MFT qualifications in greater detail.

Chapter 5: Licensed Professional Clinical Counselor

According to Business and Professions Code of California, Chapter 16. Licensed Professional Clinical Counselors, Article 1. Administration, Section 4999.20.,

... Professional clinical counseling” means the application of counseling interventions and psychotherapeutic techniques to identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems. “Professional clinical counseling” includes conducting assessments for the purpose of establishing counseling goals and objectives to empower individuals to deal adequately with life situations, reduce stress, experience growth, change behavior, and make well-informed rational decisions.

Further,

Professional clinical counseling” is focused exclusively on the application of counseling interventions and psychotherapeutic techniques for the purposes of improving mental health, and is not intended to capture other, nonclinical forms of counseling for the purposes of licensure. For the purposes of this paragraph, “nonclinical” means nonmental health.

To qualify for registration and examination eligibility as a LPCC in California beginning after August 1, 2012 or completed after December 31, 2018, the Board has three primary competency hurdles: education requirements, experience requirements, and examinations.

Education requirements include possessing a qualifying Master’s or Doctoral degree, as well as completion of additional coursework in key subject matter areas (e.g., child abuse assessment and reporting, alcohol and chemical dependency, and aging and long term care).

In addition to degree and coursework requirements, an applicant is also required to accrue 104 weeks of supervision and 3,000 hours of supervised work experience. The experience must be gained under the supervision of a licensed mental health professional.

Once an applicant meets all requirements and the Board approves the application for examination eligibility, the applicant will be eligible to take the examination designated by the Board pursuant to Section 4999.52.

Business and Professions Code, Article 3: Licensure of the Board’s Statutes define LPCC qualifications in greater detail.

Chapter 6: Confidential Recommendations³

Based on the review and evaluation of relevant documents and reports, including information obtained from interviews and meetings, the professions analysis does show that each profession has its own distinct scope of practice, theoretical foundations, and philosophy. In addition, differences in education, training, and examination requirements associated with licensure were noted.

For example, the NCE content outline (i.e., examination) assesses the following competencies that are *not fully* measured in the LCSW examination plan (i.e., examination):

- Diagnostic and assessment services (Content Area III).
- Professional practice activities (Content Area IV).

Similarly, the NCE content outline (i.e., examination) assesses the following competencies that are *not fully* measured in the MFT examination plan (i.e., examination):

- Diagnostic and assessment services (Content Area III).
- Professional practice activities (Content Area IV).
- Professional development, supervision, and consultation activities (Content Area V).

It is important to note, however, that the NCE examination is considered a certification examination; whereas the Board examinations are for licensure purposes only. Typically, certification examinations are broader in content and assess a full spectrum of competencies associated with a profession. In this case, passage of the NCE means that an individual counselor has met national standards established by the counseling profession.

Licensing examinations, on the other hand, typically assess a more narrow range of competencies associated with public safety and competent practice. The intent of the licensing examination is to assess those critical competencies associated with entry-level performance as a practitioner and ensure that the depth of measurement of those competencies is reliable and valid. Therefore, state licensing examinations usually do not assess competencies associated with professional development and supervision. In the Board examinations, the concept underlying many of these competencies is measured under ethics or law content areas. For example, Task 164 "Implement therapeutic techniques to provide services within scope of practice" from the LCSW examination plan implies that practitioners recognize limits on scope and competence. Similarly, Task 85 "Manage clinical issues outside the therapist's scope of competence to meet client needs" demonstrates the recognition of professional boundaries.

³ In response to NBCC confidentiality parameters, additional examination content material will be discussed during closed session.

Based on the types of examination, it was expected that the scope of measurement across the professions would differ. Also, interviews with LPCs confirm that states have differing scopes of practice. Although the NCE assesses a broad range of competencies, many states consider certain competencies to be specialties thus requiring additional training and certification.

It appears that many of the "gaps" in assessment or requirement for licensure can be mitigated by additional coursework, training, and certification. Thus, allowing LCSWs and MFTs to practice within scope of *competence* complying with the requirements outlined in SB788. In fact, the Statutes specifically discuss scope and competence.

LCSW 4992.3. Unprofessional conduct includes, but is not limited to, the following: (m) Performing, or holding one's self out as being able to perform, or offering to perform or permitting, any registered associate clinical social worker or intern under supervision to perform any professional services beyond the scope of the license authorized by this chapter.

MFT 4982. Unprofessional conduct includes, but is not limited to, the following: (s) Performing or holding oneself out as being able to perform professional services beyond the scope of one's competence, as established by one's education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

LPCC 4999.90. Unprofessional conduct includes, but is not limited to, the following: (s) Performing or holding oneself out as being able to perform professional services beyond the scope of one's competence, as established by one's education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

Finally, LCSWs and MFTs seeking to be grandparented into the Licensed Professional Clinical Counselor (LPCC) profession must demonstrate completion of coursework beyond the minimum requirements for their respective license. These individuals seeking to become LPCCs have a six-month period to apply for licensure (January 1, 2011 to June 30, 2011), with one year from application date to meet the educational requirements and qualify under the grandparenting provision of SB788.

Therefore, based on the professions analysis conducted for this first phase of this contracted project, AMS recommends that the Board *not* adopt an examination requirement for the LCSWs and MFTs seeking to be grandparented as LPCCs as long as the education and training requirements are met and counselors adhere to their scopes of practice and competence as outlined in the Board Statutes.

Chapter 7: Next Steps

The second phase of the contract, assisting the Board with examination-related evaluations for LPC/LPCC, continues through June 30, 2011.

The next phase includes a more in-depth review of the NBCC NCE and the NCMHCE, including the underlying occupational analyses and examination development activities used to support the validity of the examinations.

Specifically, AMS will provide the following services: (a) review the NCE and NCMHCE examinations to determine whether they meet the prevailing standards for the validation and use of licensing and certification tests in California, and their suitability for use as a licensure requirement for LPCCs in California; (b) review the occupational analyses that were used for developing the national examinations to determine whether they adequately describe the licensing group (California LPCCs) and adequately determine the tasks, knowledge, skills and abilities that LPCCs need to perform the functions within their scope of practice in California; (c) prepare a confidential report that details the results of the review and provides recommendations; (d) meet with Board management and OPES to present results and recommendations; and, (e) present recommendations to Board members.

By completing the contracted work, AMS will meet the following objectives and goals:

- Determine whether there are meaningful differences between the LPC and LCSW professions and if so, what those differences are.
- Determine whether there are meaningful differences between the LPC and MFT professions and if so, what those differences are.
- Determine whether an examination will be necessary for MFTs or LCSWs who apply for a LPCC license during the grandparenting period
- Determine whether the national examinations meet the prevailing standards for the validation and use of licensing tests in California and their suitability for use in California.
- Determine whether the national occupational analyses adequately determine the tasks knowledge, skills and abilities that LPCCs need to perform the functions within their scope of practice in California.
- Determine whether the Board can use the national examinations or will need to work with OPES to develop a California LPCC examination.

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⁴ This is a partial list of reference material. The complete list of references will be provided in the final report.

Appendix A: Licensed Clinical Social Worker Examination Outline⁵

Content Area	Number of Tasks in Content Area	Number of Tasks in Content Subarea	Area Weight (%)	Subarea Weight (%)
I. Biopsychosocial Assessment	55		23	
A. Assessing for Risk		9		5
B. Assessment of Client Readiness and Appropriateness of Treatment		3		1
C. In-depth Assessment				
1. Comprehensive Exploration of Symptoms				
a. psychological factors		11		4
b. cultural/personal factors		5		2
2. Comprehensive Evaluation of Problem				
a. social-environmental history		7		3
b. medical and developmental history		7		3
c. history of substance abuse/abuse		3		1
3. Comprehensive Evaluation of Inter- and Intrapersonal Resources		10		4
II. Diagnostic Formulation	13		6	
III. Treatment Plan Development	26		11	
A. Identify/Prioritize Objectives, Goals and Methods of Treatment		12		5
B. Integrate/Coordinate Concurrent Treatment Modalities and Adjunctive Resources		6		3
C. Monitoring, Evaluation and Revision		8		3
IV. Resource Coordination	22		9	
A. Service Identification and Coordination		10		4
B. Client Advocacy and Support		12		5
V. Therapeutic Interventions	106		40	
A. Crisis Intervention		7		3
B. Short-term Therapy		9		4
C. Therapy for Children and Adolescents		22		8
D. Therapy for Adults (Individual and Group)		24		9
E. Therapy for Couples		17		5
F. Therapy for Families		16		6
G. Managing the Therapeutic Process		11		5
VI. Legal Mandates and Obligations	11		5	
A. Protective Issues/Mandated Reporting		5		2
B. Professional Conduct		6		3
VII. Ethical Standards	14		6	
Total	247	-	100	-

⁵ This is the current LCSW examination plan. The updated examination plan will be presented in the LCSW validation report which is in press.

Appendix B: Marriage and Family Therapist Examination Outline

Content area	Number of Tasks in Content Area	Number of Tasks in Content Subarea	Number of Tasks in Content Sub-section	Area Weight (%)	Subarea Weight (%)	Sub-section Weight (%)
I. Clinical Evaluation	22			22		
A. Initial Assessment		6			7	
B. Additional Assessment		7			7	
C. Referrals		3			3	
D. Diagnosis		6			5	
II. Crisis Management	15			14		
A. Assessment		3			3	
B. Evaluation		5			5	
C. Management		7			6	
III. Treatment Planning	18			14		
A. Goals		3			3	
B. Clinical Factors		7			6	
C. Theoretical Orientation		8			5	
IV. Treatment	21			17		
A. Therapeutic Relationships		5			5	
B. Interventions		16			12	
1. Theory			8			5
2. Clinical Factors			4			4
3. Termination			4			3
V. Ethics	16			16		
A. Informed Consent		5			5	
B. Therapeutic Boundaries		4			5	
C. Management of Ethical Issues		7			6	
VI. Law	17			17		
A. Confidentiality and Privilege		7			7	
B. Exception		3			2	
C. Professional Conduct		7			8	
TOTAL	109			100		

Appendix C: National Counselor Examination (public version)

I. Fundamental Counseling Issues

This section encompasses counseling tasks related to the professional counselor's theoretical and applied knowledge to address the client's multifaceted issues.

II. Counseling Process

This section addresses tasks necessary for structuring, directing and facilitating counseling sessions as well as treatment interventions.

III. Diagnostic and Assessment Services

This section addresses the professional counselor's application of responsible and effective diagnostic and assessment procedures.

IV. Professional Practice

This section encompasses professional counseling activities typically undertaken as adjuncts to direct client service. Tasks in this section also include behaviors associated with the application of skills characteristic of the in-session counseling process.

V. Professional Development, Supervision, and Consultation

This section covers tasks related to the development and maintenance of counselor identity, competence, and professional collaboration.

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To: Licensing and Examination Committee Members **Date:** September 1, 2010
From: Kim Madsen **Telephone:** (916) 574-7841
Executive Officer
Subject: Future Committee Meeting Dates

The Licensing and Examination Committee will meet on the following dates in Sacramento, California.

March 24, 2011

June 16, 2011

September 15, 2011