

Licensing and Examination Committee Minutes

September 13, 2010

Department of Consumer Affairs
Sacramento Room
1625 N. Market Blvd, #S306
Sacramento, CA 95834

via Teleconference:
1104 Ridgefield
Carson City, NV 89706

Members Present

Elise Froistad, Chair, MFT Member
Janice (Jan) Cone, LCSW Member
Christine Wietlisbach, Public Member

Staff Present

Kim Madsen, Executive Officer
Tracy Rhine, Assistant Executive Officer
Rosanne Helms, Legislative Analyst
Christy Berger, MHSA Manager
Marsha Gove, Examination Analyst

Members Absent

None

Guest List

On file

Elise Froistad, Licensing and Examination Committee (Committee) Chair, called the meeting to order at 10:05 a.m. Marsha Gove called roll, and a quorum was established.

I. Introductions

The Committee, Board of Behavioral Sciences (Board) staff, and meeting attendees introduced themselves.

II. Review and Approval of the June 14, 2010 Meeting Minutes

Kim Madsen noted a correction on 4th paragraph on page 5 to change the bold print to regular print. Another correction was noted on the 5th paragraph, 3rd sentence should read "...balancing public protection *while* note standing..."

Dean Porter noted a correction on page 2, item IV, 5th paragraph to end the sentence at "accredited" and delete "or considered acceptable for licensure as an LPCC."

Elise Froistad moved to approve the June 14, 2010 Compliance and Enforcement Committee meeting minutes as amended. Jan Cone seconded. The Committee voted unanimously (3-0) to pass the motion.

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

Item III was heard out of order. This item was presented before Item VI.

IV. Discussion and Possible Action Regarding Expiration of Clinical Experience Hours Gained More Than Six Years Prior to Licensure Application

Rosanne Helms presented. At the April 2010 Policy and Advocacy Committee meeting 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 he is referring to is Business and Professions Code (BPC) 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.

Ms. Helms explained that the six-year timeframe requirement for ASW experience has been in effect since at least 1992. Prior to 1999, there was a provision allowing experience gained more than 6 years prior to applicant date be accepted if good cause was shown. 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.

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.

Ms. Helms stated that in July 2008, the staff conducted a study of its licensing processes based on data for all 2002, 2003, and 2004 graduates that registered with the Board. The study 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. 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.

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 (LCSW). This specific requirement of ASWs is not required of IMFs.

Ben Caldwell, American Association for Marriage and Family Therapy California Division (AAMFT-CA) suggested additional, current data. The 2008 data presented does not show how many people are being affected. He suggested including data that shows how much experience someone is receiving, on average, under an MFT versus an LCSW, a psychologist, etc.

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), stated that the six-year time frame goes back to the 1970s for all the disciplines. She expressed that the six-year time frame is adequate and appreciates that the discussion is regarding who can provide the supervision.

Ms. Froistad expressed that it is beneficial for the ASWs to receive their supervision from an LCSW; however, it is limiting to the workforce and creates a hardship for the ASW.

Janlee Wong, National Association of Social Workers (NASW), stated that the majority of the ASWs hours need to be provided by an LCSW because the goal is to train professionals, not generic practitioners. Mr. Wong added that more research is needed. It is his understanding that jobs are difficult to find and if someone can find a supervisor if he or she is willing to pay.

Herbert Weiner stated that the job market is down. He does not have a job where he can accumulate hours, and he is losing hours he already accrued. He feels a survey should be conducted to determine how many ASWs are in the same boat. Mr. Weiner added that there are more MFTs than LCSWs in California. He also stated that he has a doctoral degree in clinical psychology.

Mr. Weiner was asked if he is having difficulty finding supervision or obtaining the required hours. Mr. Weiner responded yes to both.

Ms. Froistad directed staff to do more research on this matter, specifically in the areas of finding jobs and supervision and more current data on how long it is taking ASWs to obtain licensure.

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

At its July 2010 Board meeting, the Board directed staff to draft proposed legislation to implement a re-structure of the examination process. The proposed re-structure would change the exam process for applicants seeking MFT and LCSW licensure on or after January 1, 2013. The major components of the re-structure are: 1) exam

overview, 2) law and ethics exam, 2) clinical exam, 3) registrants in the exam process before 2013, and 4) exam fees.

- *Overview* - Effective January 1, 2013, applicants for MFT and LCSW licensure shall pass two exams: a California law and ethics examination and a clinical examination. These new exams replace the current standard written and the clinical vignette exams.
- *Law and Ethics Exam* - A new registrant 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. A registration cannot be renewed after six years. If a registration expires, the registrant 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, the registrant 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.
- *Exam Fees* – The examination fees will remain the same.

Mr. Caldwell suggested including parallel language giving the Board authority to use the MFT national exam if the Board sees fit to do so. He also suggested a shorter time limit to pass the clinical exam.

Ms. Riemersma thanked the Board for changing the initial proposal for an 18-hour law and ethics course to a 12-hour course. Ms. Riemersma suggested the following changes to the proposed language:

- Top of page 7 (a) and (b) to reflect Marriage and Family Therapist Intern.
- Top of page 11, (c) change “and passes the California law and ethics examination” to “has passed the California law and ethics examination.”

Ms. Riemersma urged the Board to not revisit the issue regarding the number of years that may pass before a registrant would have to retake the first exam. CAMFT would be opposed to that if it was considered.

Tracy Rhine tabled the conversation to hear Item III; this item (Item V.) resumed after Item III was presented.

Upon return to this item, Mr. Wong agreed with Ms. Riemersma. It would take a lot of staff time, and policy decisions should be made on statistics and evidence. Mr. Wong added that everyone learns at a different rate.

Christine Wietlisbach moved to 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. Elise Froistad seconded. The Committee voted unanimously (3-0) to pass the motion.

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

Christy Berger provided background. Ms. Berger stated that effective January 1, 2011, ASWs and IMFs can gain hours of supervision using videoconferencing. This will also be in effect for the Licensed Professional Clinical Counselor (LPCC) interns. Because of some of the challenges in providing supervision, there is a need to provide support to supervisors to use this method. The Board contracted with California State University, Chico to develop a guide to best practices in this area, addressing both the technology and the variety of factors involved in supervising people from distance and how to manage issues that arise. Ms. Berger encouraged Committee member and public feedback and suggestions regarding the guide.

Kathy Cox, Ph.D., Patty Hunter, and Jeff Layne introduced themselves and provided their background. They gave their presentation via videoconferencing technology so that the Committee and meeting attendees could experience the technology and provide feedback.

Ms. Hunter gave an overview of literature research, interviews with supervisors and supervisees, interviews with those who used videoconferencing in their supervision practice, and identified core elements regarding clinical supervision and effective ways of providing clinical supervision. They also reviewed the technologies available. They created a focus group of supervisors and introduced the focus group to the core elements. After receiving the focus group's feedback, CSU Chico staff gave a demonstration to them on the computer-based teleconferencing system.

Dr. Cox gave an overview of the benefits of using videoconferencing. It increases access to clinical supervision particularly for interns working in remote/rural areas. This process could afford the opportunity for supervisees to become more familiar with audio/visual technology, which could be used to enhance their practice as well as classroom education on campus. Depending on the type of technology used, it may require some things to be done in advance prior to a supervisory session. This type of preparation could enhance the quality and content of the supervisory process.

Dr. Cox gave an overview of the challenges of videoconferencing. Clinical supervision is a relationship-based education and training method. There is a challenge with the remote distance between the supervisor and supervisee. Another

challenge is using forms of lower-end technology available, reduced bandwidth is an issue. Audio and visual quality is low, and eye contact is jeopardized. These factors can impact the verbal and non-verbal communication, which can interfere with the relationship building process in supervision.

She also provided best practice recommendations. Clinical supervisors use a videoconferencing system that allows for a maximum amount of physical and emotional nuance. These systems are very expensive and may be out of reach for agencies to use them. Another challenge is that some interns may not do well with this method of supervision. It is important to supplement videoconferencing sessions with in-person sessions especially at the beginning at the supervisory experience and establish a schedule for face-to-face meetings. Training in the use of technology and access to technical support is critical. Establishing protocols is important to ensure confidentiality, privacy and security.

Jeff Layne gave a brief overview of types of technology and security, such as using secure or closed networks, encryption programs, and updating virus scan programs.

Ms. Hunter made a suggestion for continuing education (CE) providers to provide CE courses to train supervisors on this technology.

Mr. Caldwell asked for clarification regarding Skype: Is it a peer-to-peer computing to transmit across the Internet or if it is a hosted videoconference server and 128 bit encryption between participants? There is a discrepancy in the guide provided. Mr. Layne corrected the discrepancy by stating that he would not use Skype as it is a peer-to-peer computing to transmit across the Internet.

Jan Cone requested clarification in regards to HIPAA and supervisees informing clients that discussion of their health-related information will be discussed with supervisors will take place using this technology.

Ms. Riemersma asked how the Board will use this information presented by CSU Chico. The guide is titled Best Practices. The Board deals with thresholds, not best practices. If the Board intends to distribute this, it will appear as underground regulation.

Ms. Berger responded that this is only to provide information, to give guidance to those who wish to use this emerging technology. The Board is not trying to set standards. The Board will post this on its website and announce that it's available.

Ms. Riemersma stated that people affiliated with other schools have inquired as to why they were not able to contribute to the best practices guide. Ms. Hunter responded that CSU Chico submitted a proposal in response to the Board's advertisement.

Mr. Wong in regards to education for supervisors and current Board requirements to becoming a supervisor, this guide can be placed in that education through regulation or policy. He warned the Board to be careful on how it prescribes this. He also

mentioned a requirement for training in videoconferencing for supervisors that intend to use the technology.

The Use of Videoconferencing in Supervision: A Best Practices Guide was provided.

Ms. Cone noted that there were some citations in the text that were not listed in the references.

No further discussion or feedback was provided. The Committee returned to Item V.

VI. Discussion and Possible Action Regarding the National Counselor Examination and the National Clinical Mental Health Counselor Examination

At its July 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. 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.

Dr. Montez reported that she met with Shawn O'Brien at NBCC and presented him with concerns that needed to be addressed to move the standards up to what is acceptable to California. Mr. O'Brien is working with his staff to address those concerns. He will be visiting the Board in September to provide information and review those important points. The key is to make public the concerns found in the assessment and recognize that transparency is needed in terms of the information that was reviewed during Dr. Montez's assessment.

Dr. Montez reported that NBCC does not make their job analysis public. They also do not release their detailed content outlines. She is working with NBCC to come to a compromise. Dr. Montez stated that the dialogue is ongoing.

VII. Future Meeting Dates

Ms. Madsen reported the 2011 Licensing and Examination Committee meeting dates:

- March 24th in Sacramento,
- June 16th in Sacramento,
- September 15th in Sacramento.

VIII. Suggestions for Future Agenda Items

Mr. Wong requested a change to California Code of Regulations Section 1833.1 to permit people who are currently supervising licensees to also supervise non-licensed persons. Ms. Rhine responded that this item is on the Policy and Advocacy Committee agenda.

IX. Public Comment for Items Not on the Agenda

Mr. Weiner requested that the Committee make its future meetings available by videoconferencing.

No further comments were made. Meeting adjourned.