Board of Behavioral Sciences

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SUPERVISION COMMITTEE MEETING NOTICE
June 26, 2015
9:30 a.m.

Ayres Hotel and Suites Costa Mesa
325 Bristol Street
Costa Mesa, CA 92626
(714) 549-0300

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources.

I. Call to Order and Establishment of Quorum

II. Introductions*

III. Update on Prior Committee Decisions

IV. Update Regarding Supervisor and Supervisee Survey Results

V. Discussion Regarding Supervisor Qualifications

VI. Discussion Regarding Weekly Supervision Requirements

VII. Suggestions for Future Agenda Items

VIII. Public Comment for Items not on the Agenda

IX. Adjournment

**Introductions are voluntary for members of the public*

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Times and order of items 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 is accessible to persons with disabilities. A person who needs a disability-related accommodation or modification in order to

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participate in the meeting may make a request by contacting Christina Kitamura at (916) 574-7835 or send a written request to Board of Behavioral Sciences, 1625 N. Market Blvd., Suite S-200, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

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Memo

To: Committee Members

Date: June 10, 2015

From: Christy Berger
Regulatory Analyst

Telephone: (916) 574-7847

Subject: **Update on Prior Committee Decisions**

To date, the following decisions have been made by the Supervision Committee:

Formal Decision on Supervised Experience Hours

Staff reported that the "buckets" legislation, authored by Senator Marty Block, has been assigned bill number SB 620. The language reflects the committee's and stakeholders' desire to remove most of the "buckets" for LMFT and LPCC, and instead requires a minimum of 1,750 hours of direct counseling, and a maximum of 1,250 hours of non-clinical experience. The language in the bill allows for a 5-year transition period to ensure that no applicant is adversely affected by the changes.

Formal Decision Regarding Telehealth Supervised Work Experience

Stakeholders had raised concern that SB 620, the "bucket" legislation, removes the limit on experience hours gained via telehealth. Current law limits LMFT and LPCC applicants to no more than 375 hours providing counseling services via telehealth. The committee decided that the bill language should not be amended. There was a consensus that stipulating a limit on the hours would be arbitrary at this time. It was noted that more research and monitoring of telehealth experience would be beneficial in order to identify future issues that may indicate a need for such a limit.

Informal Decisions

Supervisor Qualifications

- Increase the initial training of LMFT and LPCC supervisors to 15 hours to be consistent with the current requirements for LCSW supervisors.
- Require 6 hours of ongoing training every two years for LCSW, consistent with current LMFT and LPCC requirements. The committee is interested in the possibility of using a

competency-based model rather than specifying particular content. Staff was asked to research how other entities do this.

- Initially decided supervisor training must come from an acceptable CE provider, but asked staff to survey agency directors about the potential impact.
- Decided to accept an advanced supervisor certification in lieu of the requirement that supervisors must be licensed for two years before supervising. The possible acceptance of AAMFT, CAMFT, American Board of Examiners in Clinical Social Work and the Center for Credentialing and Education supervisor certifications were discussed.

Other Decisions

- Time licensed in another state should be able to count towards 2 years of licensure for all supervisor/license types
- Supervisor training requirements should be consistent across license types
- The requirement that a supervisor practice psychotherapy (or supervise individuals who practice psychotherapy) for 2 out of the past 5 years should not be changed. However, language requiring competency in the areas of clinical practice and techniques being supervised should be added.
- Allow Triadic supervision in place of Individual supervision
- Offsite supervision laws should be consistent across license types
- Offsite supervision laws should encompass offsite supervisors who are employed or contracted by the employer (as opposed to only addressing volunteers).

Topics Remaining for the Committee to Discuss

- Supervision Requirements including supervision definitions, amount and type of weekly supervisor contact, supervision formats, monitoring/evaluating the supervisee, etc.
- Supervisor Responsibilities including the Supervisor Responsibility Statement
- Employment/Employers including registrant/trainee employment, supervisor employment, offsite supervision, temp agency employers, etc.

Future Meeting Dates

August 7, 2015 Sacramento
October 23, 2015 Sacramento

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Memo

To:	Supervision Committee	**Date:**	June 22, 2015
From:	Steve Sodergren Assistant Executive Officer	**Telephone:**	(916) 574-7847

Subject: Updated Supervisee/Supervisor Survey Results

During the last meeting on April 10th, the committee reviewed the results of the Supervisee and Supervisor Surveys based on responses received between March 2nd and March 24, 2015. At that meeting, the committee agreed to keep the Supervisee and Supervisor surveys open until May 31, 2015 so that more responses could be collected.

As of May 31, there were 527 total responses to the Supervisee Survey and 427 total responses to the Supervisor Survey. While the number of responses increased, staff did not recognize any major changes to the overall statistical information.

The final Supervisee and Supervisor Survey are included for the committee's review.

SUPERVISEE SURVEY RESPONSES
June 22, 2015

What type of registration do you have? Select all that apply.		
	Response Percent	**Response Count**
Marriage and Family Therapist Intern	62%	328
Associate Clinical Social Worker	30%	159
Professional Counselor Intern	8%	47
	Response Count	**527**
There were seven respondents that had a dual registration. Six had a MFTI and a PCI registration. One had a ASW and PCI registration.		

Is this your first registration?				
	IMF	**ASW**	**PCI**	**TOTAL**
Yes	**276** (85%)	**127** (81%)	46 (100%)	444 (85%)
No, This is my 2nd	**38** (12%)	**19** (12%)	N/A	57 (11%)
No, This is my 3rd	**11** (3%)	**11** (7%)	N/A	22 (4%)
			Response Count	**523**

What were your reasons for needing a 2nd or 3rd registration?				
	IMF	**ASW**	**PCI**	**TOTAL**
For employment purposes.	13 (28%)	11 (41%)	N/A	24 (32%)
I was unable to gain all of my hours in 6 years.	22 (47%)	7 (26%)	N/A	29 (39%)
Other	17 (36%)	12 (44%)	N/A	29 (39%)
			Response Count	74

Sampling of comments to question. (8 comments total)	
1	To maintain my intern status while preparing for or taking exam and maintaining employment.
2	Difficult to find a supervisor or working part time to obtain hours.
3	I was unable to attain a supervisor with the necessary requirements to sign off on hours I had accrued over the past 10 years.

Approximately how many supervised hours have you gained?				
	IMF	**ASW**	**PCI**	**TOTAL**
Clinical (Average)	1576	2098	812	1656
Non-Clinical (Average)	814	938	887	854
			Response Count	**397**

What has been the approximate client mix of your supervised experience?						
TOTAL	**N/A**	**1-25%**	**25 - 50%**	**50 - 75%**	**75 - 100%**	**Response Count**
Adult Individual	18	81	88	101	57	339
Groups	46	174	52	26	7	304
Couples	83	143	38	5	0	266
Children/Adolescents	30	105	78	72	43	326
Families	33	181	45	30	14	301
Other	85	22	3	3	2	115
Please Specify Other						23
Other responses included telemedicine, advocacy, elder adults and administrative.						

What has been the approximate client mix of your supervised experience?						
IMF	**N/A**	**1-25%**	**25 - 50%**	**50 - 75%**	**75 - 100%**	**Response Count**
Adult Individual	5	59	55	70	20	206
Groups	23	114	31	14	4	186
Couples	37	107	29	3	0	175
Children/Adolescents	6	75	54	50	24	208
Families	15	126	33	13	8	193
Other	55	15	0	1	0	71
Please Specify Other						14

What has been the approximate client mix of your supervised experience?						
ASW	**N/A**	**1-25%**	**25 - 50%**	**50 - 75%**	**75 - 100%**	**Response Count**
Adult Individual	11	19	26	24	26	104
Groups	16	45	17	11	2	91
Couples	39	26	5	2	0	71
Children/Adolescents	19	20	21	18	11	88
Families	10	45	11	17	5	88
Other	19	6	3	2	2	32
Please Specify Other						8

What has been the approximate client mix of your supervised experience?						
PCI	**N/A**	**1-25%**	**25 - 50%**	**50 - 75%**	**75 - 100%**	**Response Count**
Adult Individual	2	3	8	8	11	31
Groups	7	16	4	1	1	28
Couples	7	11	4	0	0	21
Children/Adolescents	5	11	4	4	8	32
Families	8	10	1	0	1	20
Other	11	1	0	0	0	12
Please Specify Other						1

What has been your weekly average caseload?				
	IMF	**ASW**	**PCI**	**TOTAL**
Cases Per Week	15	20	13	16.5
			Response Count	**369**
Responses ranged from 2 to 67 cases per week.				

How many supervisors do/did you have?				
	IMF	**ASW**	**PCI**	**TOTAL**
1	172 (100%)	98 (100%)	31 (100%)	301 (100%)
2	112 (65%)	56 (57%)	10 (32%)	178 (59%)
3	66 (38%)	21 (21%)	4 (13%)	91 (30%)
4	34 (20%)	9 (9%)	1 (3%)	44 (15%)
5	19 (11%)	3 (3%)	0	22 (7%)
6	11 (6%)	0	0	11 (4%)
7	5 (3%)	0	0	5 (2%)

What type of license does your supervisor hold?				
	IMF	**ASW**	**PCI**	**Response Count**
Marriage and Family Therapist	299 (69%)	46 (25%)	26 (57%)	355 (54%)
Licensed Clinical Social Worker	76 (18%)	127 (68%)	14 (10%)	215 (33%)
Licensed Professional Clinical Counselor	7 (2%)	4 (2%)	1 (2%)	12 (2%)
Psychologist	52 (12%)	8 (4%)	5 (4%)	65 (10%)
Board Certified Psychiatrist	2 (1%)	2 (1%)	0	5 (1%)
			Responses Count	**652**

What type of Supervision did you receive from this supervisor?				
	IMF	**ASW**	**PCI**	**TOTAL**
Individual	127 (31%)	89 (48%)	17 (37%)	233 (36%)
Group	94 (23%)	27 (14%)	3 (7%)	124 (19%)
Both	195 (47%)	71 (38%)	26 (57%)	292 (45%)
			Response Count	**649**

How many hours have you gained under this supervisor in the following settings?				
	IMF	**ASW**	**PCI**	**TOTAL**
Private Practice	382	298	44	337
Governmental Entity	370	901	82	558
Public Non-Profit Agency	687	1165	726	808
Other Community Agency	541	917	510	658
Medical Facility	236	851	250	476
School, College or University	410	418	250	399
Other	157	385	25	223
			Response Count	**621**

Where did the supervision take place? Select all that apply.				
	IMF	**ASW**	**PCI**	**TOTAL**
Onsite	375 (90%)	158 (85%)	37 (80%)	570 (88%)
Offsite	69 (17%)	36 (19%)	13 (28%)	118 (18%)
Videoconferencing	7 (2%)	10 (5%)	2 (4%)	19 (3%)
			Response Count	**647**

Did you pay this supervisor?				
	IMF	**ASW**	**PCI**	**TOTAL**
Yes	41 (10%)	24 (13%)	7 (15%)	72 (11%)
No	376 (90%)	160 (87%)	39 (85%)	575 (89%)
			Response Count	**647**

Did the Supervisor provide regular weekly feedback?				
	IMF	**ASW**	**PCI**	**TOTAL**
Yes	357 (86%)	166 (89%)	38 (84%)	561 (87%)
No	58 (14%)	20 (11%)	7 (16%)	85 (13%)
			Response Count	**646**

Did your supervisor ask you for feedback on their supervision?				
	IMF	**ASW**	**PCI**	**TOTAL**
Yes	215 (51%)	91 (49%)	25 (54%)	331 (51%)
No	202 (48%)	94 (51%)	21 (46%)	317 (49%)
			Response Count	**648**

What methods of supervision did this supervisor use? Select all that apply.				
	IMF	**ASW**	**PCI**	**TOTAL**
Report by Supervisee	383 (42%)	172 (48%)	40 (44%)	595 (43%)
Direct Observation	94 (10%)	55 (15%)	8 (9%)	157 (11%)
Review of Case Notes	278 (30%)	107 (30%)	29 32%)	414 (30%)
Audio or Video Tape	95 (10%)	10 (3%)	3 (3%)	108 (8%)
Co-Therapy	50 (5%)	11 (3%)	6 (7%)	67 (5%)
Other (please specify)	18 (2%)	6 (2%)	5 (5%)	29 (2%)
			Response Count	**649**
Other responses included case presentation, case consultation, role play, and report from other employees.				

Did your supervisor regularly discuss the following? Select all that apply.				
	IMF	**ASW**	**PCI**	**TOTAL**
Your Strengths	296 (19%)	140 (20%)	30 (19%)	466 (19%)
Areas of Growth	299 (20%)	139 (20%)	31 (19%)	469 (20%)
Setting Supervision Goals	184 (12%)	108 (15%)	23 (14%)	315 (13%)
Achievement of Supervision Goals	146 (10%)	85 (12%)	16 (10%)	247 (10%)
Legal and Ethical Issues	342 (22%)	133 (19%)	37 (23%)	512 (21%)
Cultural Diversity	256 (17%)	104 (15%)	24 (15%)	384 (16%)
			Response Count	**604**

How satisfied were you with the quality of this supervision?				
	IMF	**ASW**	**PCI**	**TOTAL**
Dissatisfied	50 (12%)	10 (5%)	5 (11%)	65 (10%)
Somewhat Dissatisfied	58 (14%)	23 (13%)	7 (15%)	88 (14%)
Satisfied	162 (39%)	70 (38%)	10 (22%)	248 (38%)
Completely Satisfied	145 (35%)	81 (44%)	24 (52%)	244 (38%)
			Response Count	**645**

Sampling of comments to question	
Dissatisfied	
1	Didn't get to talk much about the cases since we often got interrupted.
2	Didn't learn any clinical skills. I felt it was a waste of time.
3	I felt I needed more guidance in some areas
4	Gave more time to some than others. Difficult to arrange consistent time.
5	It was a group but supervisor was not very engaging.
6	The supervisor charged me for the assessments of clients, although she did not show me results or explain the process. The supervisor asked me to contact insurance company's and ask for case by case agreements. The supervisor asked that I only take cash, after the clients were told their insurance companies were approved by billing.
7	Supervisor was overloaded with responsibilities and work, making supervision with me individually a low priority. We still met regularly but our meetings did not meet my expectations and I did not feel as though I was learning or benefitting in my early career development from our time together in any way.
8	Supervision sessions did not help me develop the goals I have set. At times, supervision was used to discuss work related issues such as performance evaluations, work load, staff changes etc. At times, supervisor talked about herself & her personal problems. I did not have a lot of respect for my supervisor as she was more focused on achieving organizational goals vs advocating for clients or respecting their self-determination. Supervisor also did not back me up when issues arise with other interdisciplinary team members, instead just told me to let it go. Thus, I did not value her supervision advice.
9	I felt my supervisor was so much into the therapy; he neglected to pay attention to details such as the law and ethics. They are touched upon, yes, but I feel as though I'm asking more questions, therefore, he does answer them. Not enough initiative on his part.
10	Supervisor was non-empathetic toward clients, indirectly (no client contact). Supervisor used axis 2 diagnoses as labels in seemingly spiteful or at least minimizing manner. Supervisor was quick to answer questions which could have

	been left for supervisees to give a go first. Supervisor used hostile augmentation fallacies when faced with differing opinions (red herring, straw man, false duality, etc). Supervisees turned to each other for advice as to how to contain supervisor or at least navigate the less than ideal situation until hours have been met. In short some training is needed on how to use clinical skills (such as motivational interviewing and humanistic rapport building) to lead instead of traditional "my way or the highway", confrontational/authoritarian style. Supervisors should know that they too are being graded for accountability.
11	I didn't feel like I got feedback and instead just had my cases listened to. There was very little on how I could grow professionally or do things differently.
12	Supervision focused on administrative aspects and not necessarily challenges faced by supervisee.
13	She lacked clinical expertise. Additionally, she was not updated on current laws within the state of California.
14	None of my supervisors have worked from evidence-based practices, based interventions in consistent theoretical basis, nor used Socratic questioning.
15	Supervisor was too busy to be concerned about my needs. Felt like she relied on me for financial support. I decided to change supervisors to find someone who was truly invested in my growth as a therapist and not her individual and financial needs.
16	Supervisor was not experienced with the population that I worked with, unable to provide teaching/feedback with the types of cases I was dealing with. Supervisor was unable to teach me or help me develop my clinical skills, she was not a very effective teacher
17	This supervisor tells us what we should have done or said rather than using questioning to both help us arrive at it ourselves, and model what we shoudl be doing in therapy. I have exactly 8 minutes most weeks to talk about all my cases, my business and any issues I need help with.
Satisfied	
1	Clinically satisfied, but dissatisfied about how this supervisor ran business and how little she provided specific feedback for areas for improvement.
2	I felt I really had to dig to get the support and guidance I needed
3	She pathologized clients really quickly. She focused on reports we had to write for the agency way too much. She offered little help that was valuable.
4	I've only had one direct supervisor. I am satisfied with my supervision, but I also have some aspects I find to be missing.
5	The supervision experience has been satisfying. I do wish we did more work with treatment planning.
6	My supervisor is very well spoken and gives good advice. However, I believe it would be helpful if he discussed interventions to use while in therapy as opposed to discussing the end goal we want to reach with the client. Knowing the end goal is a must, however there is a lot of work that goes into getting to that goal and having approved interventions that are discussed individually and as a group would be beneficial to the therapist and the client.
7	The supervision was what i needed for where I was at at the time. Learning to be a therapist can be overwhelming with all of the demands on our time. While focusing on strengths, areas of growth goals etc. would have been helpful, I would not want

	an over-focus here as it would feel like one more thing to have to do while trying to hold it all together and meet the other demands on my time.
8	Feedback was mostly limited to correction of errors.
9	This supervisor was a kind and well intentioned individual but did not possess the very much experience as a therapist to be as helpful as I would have liked in terms of improving my own skills as a therapist.
10	My individual supervisor for my practicum experience was somewhat helpful/qualified to provide supervision but I would have preferred a supervisor with more experience, especially as a practicum student seeing clients for the first time while still in school. I was glad that I was also provided with weekly feedback from professors in my graduate program to supplement the supervision I got at my site. Additionally, this supervisor was only at my site 1-2/week so she was not as readily available or responsive to my needs.
Completely Satisfied	
1	Excellent teacher - very supportive and knowledgeable - really built up confidence of new therapists
2	My first supervisor was wonderful. She had the perfect mixture of listening and instructing. I left her supervision feeling empowered.
3	I felt supported and also challenged to be a better therapist.
4	She is a calm and understanding person- very positive, and has a sense of humor.
5	My supervisor offers a Jungian perspective to the work we do with clients. This has been a great experience.
6	My supervisor was supportive and encouraging. She often provided feedback about my strengths. I sometimes felt uncertain about how to improve.
7	Pertinent subject matter was well covered, supervision meetings were consistent, it was a good learning environment.
8	The supervisor was supportive and made constructive suggestions.
9	This supervisor was also a professor and cared deeply about each one of his supervisees. He trained us in a fantastic model and coached us through he whole process. We worked with a co-therapist.
10	Supervision focused on administrative aspects and not necessarily challenges faced by supervisee.
11	My supervisor has been my "rock" in hard times and my "champion" during good times. I am very satisfied with the support and encouragement I get from her.
12	He was wise and knowledgeable and challenged my personal beliefs in an effort to broaden my understanding of the clients of different cultures or experiences.
13	Supervisor was open to discussion, able to discuss cases in-depth, provide feedback/suggestions to improve my clinical work
14	This was one of my onsite supervisors who ran the counseling agency. He was very attuned and conscientious of this site being a good fit for trainees.
15	I appreciated the quality of this supervision because it exceeded beyond my needs. I appreciated the individual attention in a group setting, along with helpful information to apply to general and specific situations. The overall quality of this supervision was completely satisfying, especially because I was not satisfied with my other supervisor.
16	Supervisor was open to discussion, able to discuss cases in-depth, provide

	feedback/suggestions to improve my clinical work

How satisfied were you with the responsiveness of your supervisor to your needs?				
	IMF	**ASW**	**PCI**	**TOTAL**
Dissatisfied	50 (12%)	11 (6%)	5 (11%)	66 (10%)
Somewhat Dissatisfied	42 (10%)	22 (12%)	7 (15%)	71 (11%)
Satisfied	177 (43%)	79 (43%)	10 (22%)	266 (41%)
Completely Satisfied	145 (35%)	73 (39%)	24 (52%)	242 (38%)
			Response Count	**645**

Sampling of comments to question	
Dissatisfied	
1	She did not respond to my needs, at all, ever. She was unreachable and always so late to supervision we never really had supervision.
2	This supervisor did not really supervise.
3	I would bring up what I needed and she would discuss what she thought I needed.
4	She was not available after the two hours of group supervision. She wasn't open to individual supervision nor phone calls. She made me feel like I was bugging her.
5	Not engaging. could not relate what he knows to my job
6	My supervisor often uses "lack of available time" in her schedule as a reason for not being able to meet my needs (e.g. more supervision or joint supervision on special cases).
7	often times, my supervisor just told me to let it go & to work within the system. She also did not support me when I had conflicts with other professionals.
8	she was way too busy ad spread thin supervising too many (over 30) trainees/interns.
9	I felt I couldn't be completely honest with my supervisor. I felt that if my views or thoughts conflicted with hers, she was not willing to listen. This created conflict with certain clients/cases.
Satisfied	
1	My supervisor is mostly available, but sometimes I find that she is not approachable due to her mood.
2	My supervisor has given me invaluable suggestions and feedback in our discussions and review of audio tapes of my sessions. My supervisor is very busy, so occasionally I don't feel like I have quite as much attention as I'd like to answer my questions regarding NON-CLINICAL issues like administrative tasks, forms, etc
3	Sometimes hard to contact for phone consultation due to her busy schedule.
4	Supervisor was overloaded with responsibilities and work, making supervision with

	me individually a low priority. We still met regularly but our meetings did not meet my expectations and I did not feel as though I was learning or benefitting in my early career development from our time together in any way.
5	My supervisor is not entirely unresponsive to my needs, and perhaps this is unrealistic, but I wish she were more invested in my development into a more skilled clinician.
6	Supervision focused on administrative aspects and not necessarily challenges faced by supervisee
Completely Satisfied	
1	I was grateful that my supervisor was flexible regarding personal needs
2	All I had to do was ask and she would respond to whatever need I expressed.
3	They were quick to get back to me and support me through struggles.
4	My supervisor was available to answer questions, was supportive, and encouraging.
5	I felt highly supported by this supervisor. I felt like he would be there whenever I called and had a question and he was very present during our supervision sessions.
6	If there was an answer she didn't have she would find it
7	Very involved and responsive. Passionate about marriage and family therapy.
8	When I have explained what I need in terms of skills developments she helps me examine my assessment, and than to develop a plan to develop the skills we identify together as needing improvement.
9	If I had an issue, I knew it would always be "okay" or "safe" to bring it up.
10	My supervisor is available to me at a moment's notice in person, phone, or via email

How satisfied were you with your supervisor's responsiveness when you were faced with a crisis?				
	IMF	**ASW**	**PCI**	**TOTAL**
Dissatisfied	24 (6%)	3 (2%)	2 (5%)	49 (8%)
Somewhat Dissatisfied	29 (7%)	13 (7%)	2 (5%)	53 (8%)
Satisfied	91 (23%)	39 (22%)	6 (15%)	204 (32%)
Completely Satisfied	159 (40%)	73 (41%)	11 (27%)	266 (41%)
N/A	94 (24%)	50 (28%)	20 (49%)	74 (11%)
			Response Count	**646**

SUPERVISOR SURVEY RESPONSES
June 22, 2015

What type of license do you hold? Select all that apply.		
	Response Percent	**Response Count**
Licensed Marriage and Family Therapist	60%	256
Licensed Clinical Social Worker	39%	167
Licensed Professional Clinical Counselor	11%	45
Psychologist	3%	11
Board Certified Psychiatrist	>1%	2
Response Count		**427**
There were approximately 42 respondents that were dual licensees.		

How long have you been licensed?	
Average Number of Years	14.5
Responses Count	**427**
Skipped Question	**1**
Responses ranged from 2 to 46 years.	

How long have you been supervising?	
Average Number of Years	9.8
Responses Count	**424**
Skipped Question	**4**
Responses ranged from 1month to 43 years.	

What type of registration do your supervisees hold? Select all that apply.		
	Response Percent	**Response Count**
IMF	79%	329
ASW	63%	262
PCI	12%	48
Response Count		**414**
Skipped Question		**14**

Do you believe you were adequately prepared for being a supervisor?		
	Response Percent	**Response Count**
Yes	78%	329
No	22%	94
Please explain:		263
	Response Count	**423**
	Skipped Question	**5**

Sampling of comments to question. (317 total comments)	
Yes, I was prepared	
1	Lots of CEUs, reading and experience with my own supervisors.
2	I took a 3-unit, 45-hour (semester-long) doctoral-level class in supervision as part of my MFT doctorate. I was required to do 100 hours of supervision under the mentorship of an AAMFT Approved Supervisor and receive 36 hours of supe-of-supe. I had to then write a paper on my theory of supervision. This allowed me to become an AAMFT Approved Supervisor. I have had to renew my designation twice now, every 5 years, with 5 hours of training. I believe that the current system in California, of saying only "hold a license for 2 years and take 6 hours of training" is woefully inadequate in comparison. Yet California doesn't acknowledge or require the AAMFT Approved Supe status.
3	I learned from both excellent supervisor and those who did not have great skills. As a supervise I understood there are more than one method to teach. And there are many types of learners.
4	I took the NASW supervisor training course for 2 days which was very helpful. Have taken several courses and had group supervision for supervisors.
5	using the role models of my own supervisors, plus CE courses, plus additional reading, plus peer support, yes
6	I worked in an agency setting, so I was provided with time to learn how to supervise while supervising bachelors level mental health providers. I moved to masters level clinicians when I was 2 years post licensure. I was provided support and repeated trainings to maintain my skills.
7	In addition to the 2 years licensing requirement I also earned designation as a AAMFT Approved Supervisor. That designation requires re-certification every 5 years through a course approved by AAMFT.
8	I have a lot of management and supervision experience in another field before getting my license which helped. The additional training requirements helped.
9	Yes, within my role as a clinician and a hospital employee, I read many journal articles, keep up with up to date info on evidenced based treatment, and periodically attend supervision training. In the MSW program I attended, I learned a lot about supervision, case consultation, process recordings, and other tools that I use with interns.

10	I had great supervisors who were amazing role models for how to do supervision. The CE classes are also very helpful.
11	In addition to the required continuing education courses, I met with the agencies director and another supervisor to received consultation about how to be a supervisor, read a number of articles and attended monthly supervisor meetings to share thoughts, concerns and receive feedback and advice.
12	The best preparation for being a supervisor has been 1. Having done the job with patients similar to those my supervisees see; 2. Having done my own clinical therapy for years; 3. Being open minded to evidence based practices yet understanding those modalities aren't best for everyone.
13	My organization provided supervisor training that included BBS standards, as well as agency supervisor information. I've also gone on the BBS website, read CAMFT articles, and utilized consultation with peers as support.
No, I was not Prepared	
1	Even though I took the course on supervision it wasn't geared for the population nor the type of cases my agency saw. The title of the course was general but the material was not general. I wished it would of given me more tools and samples of things/items/contracts/etc. I should implement in my supervision style.
2	The classroom or workshop provides great fundamentals, theory and opportunity to network. However, it does not adequately prepare for real life experience.
3	Other than taking the required CEUs, there was nothing in place to teach me hands on skills on providing direct supervision. The CEU courses that I have taken are very general in dynamic. Although they were helpful, I think it would be more beneficial for the 2 years post licensure to be spent observing (or being observed) supervision.
4	When I started supervising I mostly relied on my own experience of clinical supervision. Over the years I have gained skills through reading and asking for feedback from my supervisees. I'm not sure what, other than this experience, may have made me a better supervisor, just like being a social worker, experience improves our skills.
5	Although I had taken relevant coursework and training to be qualified, I had no formal mentorship to help me adequately prepare. However, I did begin to include clinical supervision into my own supervision with my administrator to ensure that there was some oversight of my work.
6	The level of awareness of detail in the clinical supervisory relationship, I did not feel I had adequate training on. Such as the parallel process, understanding how clinicians hold back info for various reasons, and how to give them the responsibility as they became more experienced. In addition, it is difficult to manage interns at different learning levels and clinical abilities. I found it a challenge early on shifting to meet each person's needs based on where they were at clinically. I felt prepared for providing feedback on clinical cases and assisting clinicians do Tx plans and diagnosing.
7	I had to seek out good trainings and it took a few years to realize what good training was.
8	I basically just jumped in because that's what happens where I worked at the time. I had only my own supervisors as samples. Later I got a certification and it

	was better. I also had support to get help.
9	I did not feel I had had the best supervision during my years of ASW supervision, so I did not have a great role model to base my supervision on. I went to several trainings, but most were theoretical, rather than practical, "how to" trainings. It would be nice to have an outline for basic topics to cover and some practical "how to" trainings.
10	Little to no training on the supervision process. I attended the field supervisor training for social workers which was somewhat helpful.
11	CEU trainings were to generic, covered law and ethics well but not the practical issues.
12	When I first became a supervisor, the literature on supervision was minimal. The emphasis was on training professionals to become counselors and PSYs, not training the trainers.
13	I had to take numerous on-line classes to supplement the mandatory 6-hour MFT and 1- hour LCSW.

Beyond the BBS required hours of supervisor training or coursework, how else have you prepared for being a supervisor?	
	Response Count
Open ended question	389
Response Count	**389**
Skipped Question	**39**

Sampling of comments to question. (389 comments total)	
1	Drawing on my own experience as a supervisee; coursework is key also as well as being a job supervisor
2	Discussed issues with peers, paid for consultation as needed, taken other courses.
3	Observing others supervisor styles
4	Independent classes regarding clinical supervision, reading articles related to supervision and social work practice, and my own supervision experience.
5	Keep curent on BBS news and read CAMFT The Therapist magazine and talk regularly with other supervisors.
6	I have been a manager, administrator and college professor all of which I believe has prepared me.
7	Continuing to take it upon myself to get quality supervision - not all supervisors are equipped to be *good* supervisors.
8	I have attended many many supervision courses, completed my Approved AAMFT supervisor training, researched supervisor practice, organized some supervsion conferences and co-authored (with 3 others) "The Transformed Supervisor" training with our AAMFT director Olivia Lowey.
9	Worked in consultation with numerous other supervisors to develop process, and interviewed many of their supervisees for their input.

10	During my own internship I paid close attention to what my supervisors taught me and apply some of their expertise to my own supervisory role. As well I engaged in numerous consultations with other Therapists and my Therapist.
11	I worked with several strong supervisors prior to being licensed, and had access to licensed peers for consultation when I began to supervise myself. I also took 2 supervision courses right away, and read what I could on the topic.
12	I shadowed other supervisors in their groups. i have had them watch me and provide me with feedback as well. I also have it as a standing agenda item on my bi-monthly supervision with my manager who is a clinician as well.
13	prior management training; observing myself and others in the role of supervisor; easily admitting when I've made a mistake
14	Continuing to learn and by continuing to treat clients.
15	I am currently reading a book on supervision but not much.
16	Being supervised while learning to supervise

Do you believe that six hours of supervision training or coursework is sufficient for a new supervisor?		
	Response Percent	**Response Count**
Yes	30%	121
No	70%	289
Please explain:		257
	Responses Count	**410**
	Skipped Question	**18**

Sampling of comments to question. (309 comments total)	
Yes, Six hours is sufficient	
1	Yes, I think it's enough for a seasoned, responsible, well-trained clinician who takes her profession seriously. On the other hand, if those things are not true, all the training in the world will not make that person a good supervisor.
2	Minimal but adequate. To require more would put a serious damper on the number of supervisors available. Maybe a separate designation for a "Supervisor's Supervisor" with more advanced training?
3	It is a reasonable "start." I am hesitant to advocate for creating barriers to supervision. It can be hard for non-profits that train interns to get and retain good supervisors. I do think weekly consultation for new supervisors, with experienced supervisors for maybe the first two years, at least, is a good idea.
4	I know in agencies that are strapped for money it is economical to ask anyone who has been licensed for more than 2 years to begin offering supervision. Often the supervision offered focuses on using the treatment philosophy of the agency and asking the supervisor to pass that information on. But I have talked with people in that situation and they often feel over their heads. A six hour

	training every two years is not sufficient to cover all that needs to by covered in order for a new supervisor to feel adequate.
5	Given that one cannot supervise until one has been licensed for at least 2 years (I believe) a 6 or 7 hr supervision for a new supervisor should be enough. After all, the person has had 3500 hours of their own supervision to "learn" and evaluate from. In addition, good supervision skills, like good clinical skills, are developed over time. Especially as one has more supervision experiences.
6	I believe that the educational requirements involved in becoming a therapist in addition to the 6 hours are enough.
7	I believe it's the experience of actually doing supervision that raises ones awareness about what is needed to do it well
8	It depends on the individual's other training and experience.
9	We all have to start somewhere and every supervisor was supervised for many hours
10	The six hours should be very precise with sample forms to assist the Supervisor. The person teaching the course should address all aspects of supervision, including the more problematic supervisee.
No, Six hours is not sufficient	
1	12 hours of training or coursework would be better for becoming a new supervisor. There is so much to becoming a Supervisor that a 6 hour Course isn't able to cover. The initial 12 hours could focus on the most critical areas of Supervision.
2	6 hours could be enough, but only in a live setting, but for the vast majority of issues that come up in supervision it likely will not prepare a supervisor. By the time that the legal aspects are covered of paperwork required, how ASWs differ from other supervisees, and the differences between trainees and IMFs, it leaves little time to cover how to conduct supervision and how to be as a supervisor.
3	I have seen people begin supervising after reading a short online course and completing a written exam. Like the work we do with our own clients, supervision is a relational process. Academic training, familiarity with the supervision literature, and a mentorship process are all important elements of forming a supervision skillset for mentoring junior clinicians.
4	I think there needs to be some specialized supervision courses, including mock supervision exercises, perhaps a panel of experienced supervisors who can field questions from newer supervisors presenting actual didactic experiences.
5	I think there should also be a requirement for first time supervisors to choose a modality to train others in. Not that each supervisee will have to use that same modality, but it guarantees at least a touch of expertise in something.
6	It depends on where your supervisees are working and the agency requirements. I worked for a large state-run agency that regularly hired large numbers of new social workers, so the demands of supervision were quite challenging at times. Currently I work for a small college counseling center where I supervise only one supervisee, so the work is less challenging.
7	It is in no way adequate. It does not cover theories of supervision, contracting for supervision, application of theories of therapy, broadening your

	understanding of theories to supervise interns from different perspectives, cultural issues, isomorphic issues up and down the system, self-of-the-supervisor issues, etc.
8	Most supervision courses cover basic supervision issues, but not helping the supervisor conceptualize clearly what they are wanting to accomplish with their supervisee. One online training on supervision had major impact on my supervisorial approach - main pt was how does the supervisor help the supervisee to "get it", meaning the skills, the way to get in a therapeutic thinking mode, the way to attune, the way to hear things, the way to know where to go with a client, the way to craft fitting interventions.
9	New supervisors should have live training and good role models to learn from in their own internships. If they have had that & in their practicums, then they will be better prepared. Supervisors should be monitored by the BBS to be sure they are providing a high level of clinical, legal and ethical training and understand how to work most effectively to help clients/patients reduce their symptoms and provide them with skills to do so.
10	There are numerous consideration when supervising that cannot be covered in a 6 hour training; I would like to see trainings that specifically target working with trainees/unlicensed therapists and another that was specific to licensed or very experienced interns. Hopefully this would include concrete tasks to work on and how to move through the stages of a supervisee's growth.

Do you believe that licensees should be required to complete more training and coursework before supervising? If yes, what do you believe to be a sufficient amount of training or coursework?		
	Response Percent	**Response Count**
No	28%	113
Yes, 15 Hours of training or coursework	46%	188
Yes, 30 Hours of training or coursework	20%	80
Yes, 3 Unit course	7%	27
Please explain:		186
	Responses Count	**408**
	Skipped Question	**20**

Sampling of comments to question. (222 comments total)	
No	
1	I think the six hours of supervision training is enough to begin, however, I think licensees should be licensed longer than two years to be eligible to supervise.
2	It is hard enough for interns to find supervisors willing to take them on, given the current structure. More training would make it even harder. I would only support a higher bar if a large number of interns are experiencing negative consequences due to unskilled supervision.
3	I think that work experience as a supervisor should reduce the required hours of

	supervision training. I have not found the supervision courses to be useful at all.
4	Take the courses and get to work; it is in the work that you learn.
5	If the training could be designed as ethical and practical then more time wouldn't be necessary. The follow up hours needed could be carefully designed to meet any gaps in the original training.
6	Coursework on supervision only gets you so far. I believe that consultation, where you present supervisory dilemmas to colleagues might be more helpful. Certainly, at least 6 units when you start supervising is important. Some non-profits that hire supervisors will pay for necessary courses and some won't. This can be an issue at non-profits with lower wages and lower budgets.
Yes, 15 Hours of training or coursework	
1	I am caught between what I feel is sufficient (3 unit course) and what is required. I do not want what is required to stop people from becoming supervisors.
2	Supervisors learn on the job and no amount of training or coursework can prepare you for that. Also more training is expensive and would burden supervisors unnecessarily and prevent some licensees from supervising.
3	15 hours would be an improvement, but still not enough if the instruction is low-quality or lacking in basic necessary information.
4	I'd support 15 hours only if the content is relevant and concrete. and not just more time.
5	The training needs to be different than the training received by ongoing supervisors.
Yes, 30 hours of training or coursework	
1	At least for a primary supervisor, that is, the one who is doing the majority of an intern's supervision, it is important that the supervisor is motivated and prepared adequately in order to mentor and guide the intern throughout the process. In order to do this, a supervisor needs solid training.
2	I believe that there needs to be more application, theory, instructions on how to handle disciplinary actions, how to "weed" out the individuals who don't need to be in the field.
3	Without the oral exams, supervisors are the gatekeepers and need to know more than in the past.
4	There are too many issues involved in supervision to be covered in anything less than a 30 hour course.
5	Graduate schools are not preparing graduates for BBS licensure clinical practice. And they are not providing the necessary clinical training in graduate internships. It will be upon the shoulders of post graduate Licensed supervisors to provide what is missing.
6	But spread out; and covering everything from reporting issues to discipline, and support for their questions.
Yes, 3 unit course	
1	Due to the complexity of supervision a course that prepares a supervisor is necessary.
2	Supervision should be at lest as important as the core content areas we studied to receive a degree.

Do you believe that requiring a supervisor to complete six hours of supervision training or coursework for each renewal period is of value to a supervisor?		
	Response Percent	**Response Count**
Yes	72%	298
No	28%	114
Please explain:		231
	Responses Count	**412**
	Skipped Question	**16**

Sampling of comments to question. (276 comments total)	
Yes, Six hours per renewal period is of value	
1	It encourages supervisors to remain current on changes in the law and network with other supervisors
2	It is important that supervisors be held accountable to staying up with relevant information in order to continue providing well informed supervision. These courses would need to be well designed and have direct relevance to the work of supervision, including information about treatment to convey to interns.
3	I wish there were "advanced topics" available for the renewals, as retaking the same 6 hour training over and over is not that helpful.
4	Supervision is a specific skill that needs refreshing from time to time. It is also important for supervisors to be reminded of best practices
5	Those who supervise have an additional responsibility to the profession and to the consumer and they need to be reminded of that, as well as have an opportunity to reflect on their work with supervisees and to review their skills and what they need to improve.
6	I would not mind that and think it would be a good refresher if there are different aspects of supervision that are targeted. meaning, not just the same training reworked every 2 years
7	Absolutely It is an opportunity to acquire current knowledge and advancements in the field as well as an opportunity to network with other supervisors and create a consultation support system
8	This is most helpful in that it is an important way for me to keep up to date on new requirements, regulations and legal and ethical responsibilities.
No, Six hours per renewal period is not of value	
1	Not much changes in two years. Supervision is a skill. Although it is easy to get complacent, I typically don't get anything out of the repeat trainings.
2	In what way could the coursework be of value? Supervision is more of an art than a science, and the courses are extremely idiosyncratic, reflecting the styles and personalities of the presenter, which is of limited value. I trust my own extensive experience in developing rapport, teaching, encouraging, questioning, and validating the work of the people I supervise.
3	Over the past decade, things have changed so much that this is not enough. This leaves the supervisor to find what course they are interested. Yet those courses generally may not address up and coming issues, such as telehealth,

	social media issues, etc.
4	It's just one more thing on their to do list. Good supervisors make themselves good through curiosity, compassion, social consciousness, and desire and integrity.
5	Many of the trainings remain the same, so it is just retaking the same content over and over and is often more theoretically based, than practical information.
6	Maybe it's just because I've had additional training, or maybe it's just the luck of the draw of the courses I've taken, but by and large, I have not found the 6-hour trainings every other year to be that valuable.
7	Once the supervisor is experienced, I think having the legal/ethical class each renewal period would be sufficient.
8	It seems like it may be challenging to find new courses per renewal period focused on supervision and it would not be a good use of time to take the same course over and over again per renewal period.

How often do your supervisees review your performance? Select all that apply.		
	Response Percent	**Response Count**
Weekly	13%	55
Monthly	9%	38
Quarterly	27%	112
Yearly	27%	112
Never	18%	74
Other	15%	61
	Responses Count	**415**
	Skipped Question	**13**

Have you ever charged for supervision?		
	Response Percent	**Response Count**
Yes	32%	132
No	68%	282
	Responses Count	**414**
	Skipped Question	**14**

How many supervisees have you supervised in the following settings? Please enter approximate number of supervisees for each setting.			
	Response Average	**Response Total**	**Respons e Count**
Private Practice	3	721	239
Governmental Entity	10	2,078	202
Public Non-Profit Agency	26	7,207	281
Other Community Agency	9	1,570	167
Medical Facility	5	703	153
School, Colleges and Universities	23	4,439	190
Other	1	116	104
		Responses Count	**403**
		Skipped Question	**25**

What type of supervision have you provided in the following settings? Select all that apply.				
	Individu al	**Group**	**Both**	**Respons e Count**
Private Practice	106	7	26	131
Governmental Entity	57	22	64	115
Public Non-Profit Agency	99	66	180	250
Other Community Agency	33	16	46	76
Medical Facility	36	8	30	63
School, Colleges and Universities	49	26	51	103
Other	12	0	7	19
			Responses Count	**405**
			Skipped Question	**23**

Where do you conduct your supervision for the following settings? Please use the dropdown menus to select the approximate percentage.						
Onsite						
	N/A	**0-25 %**	**25-50 %**	**50-75 %**	**75-100 %**	**Response Count**
Private Practice	22	7	6	6	81	122
Governmental Entity	9	2	2	6	91	110
Public Non-Profit Agency	6	7	6	22	188	229
Other Community Agency	12	4	1	6	48	71
Medical Facility	13	4	0	5	45	67
School, Colleges and Universities	12	6	5	9	61	93
Other	14	2	2	0	10	28
Offsite						
	N/A	**0-25 %**	**25-50 %**	**50-75 %**	**75-100 %**	**Response Count**
Private Practice	16	11	4	2	14	47
Governmental Entity	14	16	0	3	6	36
Public Non-Profit Agency	22	30	3	6	20	81
Other Community Agency	13	9	0	4	12	38
Medical Facility	13	4	2	1	4	24
School, Colleges and Universities	10	11	2	2	13	38
Other	10	1	1	0	2	14
Videoconferencing						
	N/A	**0-25 %**	**25-50 %**	**50-75 %**	**75-100 %**	**Response Count**
Private Practice	18	4	1	2	1	26
Governmental Entity	14	14	0	0	0	28
Public Non-Profit Agency	28	17	3	2	0	50
Other Community Agency	13	5	0	0	1	19
Medical Facility	12	2	0	1	0	15
School, Colleges and Universities	15	4	0	1	2	22
Other	10	1	0	0	1	12
						Question Totals
					Responses Count	**391**
					Skipped Question	**37**

Do you use a certain theory of supervision?		
	Response Percent	**Response Count**
Yes	55%	208
No	45%	171
	Responses Count	**379**
	Skipped Question	**49**

What theory of supervision do you use? Select all that apply.		
	Response Percent	**Response Count**
Integrated Development Model	26%	98
Lifespan Model	12%	46
Psychodynamic Model	35%	130
Person-Centered Model	40%	148
Cognitive Behavior Model	46%	170
Reality Therapy/Choice Theory Model	11%	41
Family Therapy Model	37%	137
Feminist Model	7%	27
Discrimination Model	1%	5
Systems Approach Model	50%	186
Reflective Learning Model	23%	86
Solution-Oriented Model	39%	144
Schema-Focused Model	5%	16
Littrell, Lee-Borden & Lorenz Model	1%	5
Hawkins & Shoset Model	1%	4
Eclectic	44%	162
Other	16%	56
Other (please specify)		82
	Responses Count	**370**
	Skipped Question	**58**
Other responses included Mindfulness, Hypnosis, Attachment, Humanistic-Existential, Gestalt, Dialectical Behavior Therapy, Mindfulness, Kudushins, Jungian, Narrative Therapy, Meta Frameworks, Harm Reduction Supervision Model, Interpersonal Process Recall, Recovery Oriented, Transitive Planning, Core Trauma, Somatic Approach, Reflective Supervision, Internal Family System Model, Bowenian Model, Collaborative, Body-Oriented Psychology		

What type of evaluation do you prefer to use when evaluating supervisees?		
	Response Percent	**Response Count**
Informal (Periodic discussions that are not documented)	47%	186
Formal (Scheduled discussions that are not documented)	17%	67
Formal/Documented (Scheduled discussions that are documented)	58%	229
	Response Count	**398**
	Skipped Question	**30**

How frequently do you provide an informal evaluation to your supervisees? Mark all that apply.		
	Response Percent	**Response Count**
Weekly	45%	177
Monthly	22%	88
Quarterly	25%	100
Yearly	8%	32
Never	4%	14
Other (please specify)	14%	55
	Response Count	**396**
	Skipped Question	**32**
Common Other responses included; varies, when needed, depends on the setting, when requested, depends on the supervisee		

How frequently do you provide a formal written evaluation to your supervisees?		
	Response Percent	**Response Count**
Weekly	1%	4
Monthly	3%	9
Quarterly	31%	108
Yearly	41%	136
Never	18%	55
Other (please specify)	15%	53
	Response Count	**339**
	Skipped Question	**32**
Common Other responses included; twice a year, at the end of supervision, when requested, as needed.		

Are you recognized as a supervisor by the following entities? Select all that apply.		
	Response Percent	**Response Count**
CAMFT	39%	78
AAMFT	18%	36
ACS	4%	7
NASW	29%	58
Other (please specify)	30%	59
	Response Count	**171**
	Skipped Question	**230**

Would you be in favor of requiring Supervisors to register with the Board?		
	Response Percent	**Response Count**
Yes	57%	212
No	44%	163
Please explain:		155
	Response Count	**198**
	Skipped Question	**58**

Sampling of comments to question. (174 total comments)	
Yes, I am in favor of requiring supervisors to register	
1	I think there are a lot of therapists who are not well trained because the supervisors are not well trained. If there was some accountability the supervisors would be better equipped.
2	The Board needs to exercise more oversight to prevent fraudulent signing off of supervised hours.
3	It provides another level of authenticity; perhaps setting the standards higher.
4	I have seen and/or heard about supervisors that are not following the ethical or legal guidelines and/or regulations. I think it's important for the supervisee to have a portal for complaints
No, I am not in favor of requiring supervisors to register	
1	No, because there would inevitability be a supervisor "qualification" examination.
2	This is unnecessary. The 6 hour CE requirement is enough and the board has shown no ability to evaluate counselors much less supervisors.
3	This feels like an additional bureaucratic layer that is unnecessary.
4	I think the profession should handle this issue. The board is a "blunt instrument" better purposed to monitor illegal conduct than improve the quality of supervision.
5	Providing supervision takes additional time and effort, in addition to my regular job duties. Providing supervision is not something I am required to provide as part of

	my job. I do it in order to support those in my agency who desire to advance to the LCSW level. There licensed individuals in my agency and elsewhere, who are not willing to provide supervision due to the additional time it takes to complete trainings and provide the ongoing supervision. I believe that the more requirements and constraints that are placed on it, the fewer people who will be willing to provide it, leading to limited supervisory resources for those seeking supervision. This may lead to them leaving an agency to seek supervision somewhere else, or having to pay for it as people will begin to market themselves as a Registered Supervisor. I am in favor of a little structure to encourage consistency, but do not believe that requiring registration is necessary.

Why did you become a supervisor?		
	Response Percent	**Response Count**
It was required of my job	32%	128
I found the process interesting/rewarding	79%	312
I wanted to give back to the profession	74%	291
I wanted the additional income	16%	62
Please explain other	14%	56
	Response Count	**395**
	Skipped Question	**33**

Sampling of comments to question. (395 comments total)	
1	I am committed to the field and wanted to do what I could to train competent professionals. I enjoy being on the journey for another's growth and development.
2	An opportunity to supervise an intern interested in somatic psychotherapy arose and I found the idea intriguing. I took the opportunity to become a CAMFT Certified Supervisor as I always enjoy learning more and expanding myself.
3	Personal request from Interns
4	It was requested that I do supervision.
5	By putting a lot of time and effort into providing excellent supervision, I am assisting others to grow personally and professionally and to effect change in future generations of Clients.
6	I was promoted several times at the same organization. At two years post-license I was offered the opportunity to add supervision hours as a backup supervisor. Currently, my income consists entirely of supervising at several agencies as an independent contractor.
7	Our agency needed to make cut backs which involved laying off the previous part time supervisor. I am a full staff Therapist at the agency and was asked if I would like to accept the position yet they wouldn't be able to offer additional income at this time (due to agency's funding decline). I accepted the position because I thought I would enjoy the role and wanted to empower other interns. I also get to keep seeing clients.

8	It was part of my doctoral program - semester-long class, 50 of my 100 required hours of mentored supervision, and 18 of my 36 hours of supervision-of-supervision. This got me halfway to the Approved Supervisor status. I completed the Approved Supe process in order to have the designation in case it was needed for my job. It has since been needed in teaching positions everywhere but California - in CA I have needed to supervise but did not need the AAMFT Approved Supe designation. Now I also supervise in my private practice. Part of my motivation is to help mentor new clinicians, particularly from under-represented groups, and help them develop their own businesses as well as achieve licensure and grow as clinicians.
9	Request from employer at first, and felt my experience would enable me to "pay it forward." It also enriched my own therapeutic experience.
10	It is the best way to enhance self-awareness as a practitioner and to recognize what you know bs what you don't know. And to stay fresh with trends from younger practitioners
11	I was able to obtain my licensing supervision hours at my current employer, prior to becoming licensed. While it wasn't the greatest and didn't provide the best role model, my agency did support me being able to obtain my hours. Many people come to my agency for employment and are seeking supervision, but we have very few licensed staff who are willing to put in the extra time for training and providing supervision. I am doing it, so that we can retain those people and so they stay with our agency and are not forced to leave in order to obtain supervision. So, it is my "give back" not just to the profession, but also to the agency which supported me.
12	I enjoy teaching and learning from others

Board of Behavioral Sciences

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Memo

To:	Supervision Committee	**Date:**	June 11, 2015
From:	Christy Berger Regulatory Analyst	**Telephone:**	(916) 574-7817
Subject:	**Discussion Regarding Supervisor Qualifications**		

The following discussion of supervisor qualifications is based on past committee work and the supervision survey results:

Prior Committee Decisions

- Supervisors must be licensed in California in good standing, may count time licensed in another state toward the 2-year licensure requirement.
- The requirement of practicing for 2 out of the past 5 years should not be changed. However, language requiring competency in the areas of clinical practice and techniques being supervised should be added.
- Increase the initial training of LMFT and LPCC supervisors to 15 hours for consistency with the current requirements for LCSW supervisors, and include the following content (additional content to be determined after speaking with county mental health directors):
  - Competencies necessary for new supervisors
  - Practical application of supervision techniques, including providing effective feedback and implementing interventions
  - Supervisor-supervisee relationship
  - Legal and ethical issues related to supervision
  - Knowledge of cultural variables, including but not limited to, gender, social class, and religious beliefs.
  - Knowledge of contextual variables, such as treatment modality, work setting, use of technology.

  - Familiarity with supervision theories and literature
  - Documentation

- Allow a licensee who teaches a supervision course to count the actual course hours for credit toward the training requirement.

- Initially decided supervisor training must come from an acceptable CE provider, but asked staff to survey agency directors about the potential impact.

- Accept an advanced supervisor certification in lieu of the requirement that supervisors must be licensed for two years before supervising. The AAMFT, CAMFT, American Board of Examiners in Clinical Social Work and the Center for Credentialing and Education supervisor certifications were determined to be acceptable.

Remaining Supervisor Qualifications for Discussion

Ongoing Supervisor Training

Stakeholders, as well as the Committee, expressed interest in exploring the possibility of using a competency-based model rather than traditional continuing education (CE) for the 6-hour ongoing supervisor training requirement currently in place for LPCC and LMFT supervisors, and proposed to be added for LCSWs.

A competency-based model, often referred to as continuing professional development (CPD), is more individually tailored, flexible, and affords more opportunity for interaction with other therapists. It allows the individual to determine what he or she specifically needs to learn, to take actions within a set of guidelines to meet those learning needs, and to document the actions taken to meet the requirements.

The State of Colorado has implemented a CPD program for its licensees in place of traditional CE. Additionally, the California Board of Psychology has proposed regulations that would switch its licensees from traditional CE to a CPD model.

Colorado

Colorado requires licensees to perform a self-assessment (and provides guidance on how to do so), and based on the results, to develop and submit a learning plan. The licensee is required to follow the plan and retain specific documentation in the event of an audit. Colorado's system is structured as follows:

- Professional development activities must enhance, improve or develop competence.

- The licensee must show or describe how the activity provided new knowledge or skills, or how it helped to sharpen existing skills.

- The following activities can be credited (see p. 7 of attachment A for more details):
  - Volunteer Service
  - Mentoring/supervision
  - Presenting *(delivery and preparation, counted only once per course)*
  - Coursework
  - Independent Learning *(consultation, reading relevant professional literature, developing a publication)*
  - Group learning (study groups)

California Board of Psychology (BOP)

The BOP's regulatory proposal is based on recommendations by the Association of State and Provincial Psychology Boards (ASPPB) as described in the ASPPB Guidelines for Continuing Professional Development.

The BOP's proposed model provides four methods that can be used to meet CPD requirements, and specifies limits on each type of activity (see Attachment B for limits):

- Professional *(Peer Consultation, Practice Outcome Monitoring, Professional Activities, Conferences/Conventions, Examination Development)*
- Academic *(Academic Courses, Academic Instruction, Supervision, Publications)*
- Sponsored Continuing Education Coursework *(including Independent/Online Learning)*
- Board Certification by the American Board of Professional Psychology

Supervisor Certifications In Lieu

The Committee tentatively agreed that possession of a supervisor certification by one of the following entities should be accepted in lieu of meeting the following requirements:

- 2 years of licensure
- Initial supervisor training

The Committee still needs to determine whether certification holders would need to comply with the ongoing 6-hour requirement. The renewal requirements for each of the certifications are listed on the following page.

Certifying Body	Renewal Requirements
American Association for Marital and Family Therapy (AAMFT)	5-hour refresher course every 5 years
American Board of Examiners in Clinical Social Work (ABECSW)	Annual recertification requiring 300 practice hours in past year (at least 50% must be clinical supervision) and 5 hours of clinical supervision CE; OR holds Approved Clinical Supervisor Credential from CCE/NBCC.
California Association of Marriage and Family Therapists (CAMFT)	Every 5 years, must take a 6-hour workshop on legal and ethical issues, and complete one of the following: • 3-page written review of a book on supervision • Completion of a supervision workshop • A one-page description demonstrating participation in an ongoing consultation/supervision group
Center for Credentialing and Education (CCE – affiliated with NBCC)	18 hours of CE every 5 years. Up to 9 hours of "supervision of supervision" can apply toward the required 18 hours.

Pre-Approval and Registration of Supervisors

Based on the supervisee and supervisor survey results, the Committee was interested in exploring ways to make supervisors more aware and accountable. Staff proposed two possible frameworks for implementation of such a system. The first framework involved actual pre-approval and registration of supervisors, which would likely provide excellent protection to supervisees and clients.

However, this system has some concerning drawbacks. It would be an expensive and labor-intensive process, and several additional staff, at minimum, would be needed. The huge workload increase to the Board, coupled with the possibility that new positions would not be approved, would lead to long waits for application processing, thus delaying the commencement of supervision. In addition to significant costs for additional staff, this system would incur significant BreEZe programming costs.

Many of the same protections could be achieved using a less intensive model, which is proposed to be structured as follows:

1. Require the supervisor to self-certify to the Board under penalty of perjury that they meet all qualifications to supervise prior to the commencement of supervision.
   Question: What should be the penalty for noncompliance?

2. Require the supervisor to notify the Board upon commencement of supervision of any BBS registrant.

   Questions: What should be the penalty for noncompliance?
   Should this requirement apply to MFT Trainees?

3. Require the supervisor to provide the supervisee with a signed disclosure that includes how to submit a complaint about a supervisor, etc.

4. Board performs random audits of supervisor qualifications

This system would do the following:

- Allow the Board to audit supervisor qualifications while they are supervising. Currently, staff can only audit retrospectively as hours are turned in with the licensing application.
- Enhance awareness of and adherence to requirements
- Allow the Board to target communications with individuals currently supervising
- Encourage supervisees to report concerns to the Board
- Provide a structure that increases accountability without significant changes to the current system
- Require at least one new position.
- Create fiscal impact to the Board for at least one new position and moderate changes to BreEZe.

Attachment A: Colorado Continuing Professional Development Workbook for LPCs
Attachment B: Board of Psychology Proposed CPD Verification Form

COLORADO

Department of Regulatory Agencies

Division of Professions and Occupations

Continuing Professional Development Workbook

Licensed Professional Counselors

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Self- Assessment

Scope of Practice:

1. Describe the diversity of the population with whom you work:

2. What common therapeutic issues, population issues, or disorders do you encounter?

3. If you are engaged in non-direct client care activities, describe your work:

4. How does your work reflect the 5 roles of a Professional Counselor? Consider the significance and/or percentage of time you spend in each:

Professional Strengths and Opportunities for Development:

5. Describe a work related situation from the past year in which you felt confident or competent:

6. What skills contributed to the success of this situation? (You may want to create a learning goal to further develop this skill/strength)

7. Describe a work-related situation from the past year that made you feel unsure or uncomfortable, or for which you were dissatisfied with the outcome:

8. What skills or roles would you like to develop?

Professional Interaction:

9. What clinical providers do you interact with regularly?

10. Describe the interaction(s):

Do not submit your Self-Assessment to the Board or DORA.

SMART Goals

A professional development goal is a statement or question that describes what you want to learn. Your objective should follow the SMART Principle. Recording SMART Goals is not a requirement of the CPD program. It is a useful practice however, and may help you to achieve your professional objectives more quickly. Your professional development goals are always subject to your personal discretion.

……

Your SMART Goal may not be clinically based. You may discover that your learning needs are related to management, business, administrative or communication issues that are also an important part of your practice.

……

SMART Goals are **Specific, Measurable, Achievable, Relevant** and **Timed**. This doesn't mean they are unchanging! You may have established a SMART Goal at the beginning of the licensure cycle, but find your interest has changed and the objective is no longer "Relevant" to your practice. Or a family emergency may come up that means your goal is no longer "Timed" or "Achievable" during this cycle. Unforeseen circumstances, whether they are internally motivated or externally imposed, are a part of life. You should feel comfortable changing your goals as is appropriate for your circumstance both personally and professionally.

A common error is to formulate a Learning Goal that is too broad. When vague words or methods are used, the goal is left open-ended. For example, a broad Learning Goal may be "*Learn more about bullying*." In this case, it is unclear what the learner means by the statement "*learn more*." How will they know when they have reached their goal and what level must be achieved to "*learn more*"? This type of statement creates a vague Learning Goal that won't be easily assessed when the goal is achieved. If the Learning Goal is more focused, such as "*What are the primary differences in therapeutic approaches between boys and girls when addressing bullying and how can I apply them to my practice within 6 months*?" the learner will be able to determine when they have accomplished the goal by when they can successfully answer the question.

Vague Learning Statements	"SMART" Learning Statements
Learn more about bullying.	What are the primary differences in therapeutic approaches between boys and girls when addressing bullying and how can I apply them to my practice within 6 months?
Learn more about supervising and managing.	Within 12 months, identify 3 "best practice" approaches to managing licensed clinical social workers working in End of Life care settings.
Develop a lecture for marriage and family therapists on a martial stressor of older couples.	Within 12 months, develop a 2 hour lecture for marriage and family therapists regarding the effects Parkinson's Disease has on couples and their primary care givers.

SMART Goals (continued)

Specific:	Measurable:	Achievable:	Relevant:	Timed:
Your Learning Goal should present a clear picture of what knowledge or skill is desired. Consider stating your goal in the form of a question; this will help you identify a clear objective.	You should be able to determine when you have met your learning objective. Ensure your goal is not too vague or you won't know when you have achieved it.	Be realistic – ensure that you are able to complete your goal taking time, cost and support into consideration. Consider breaking a lofty goal into smaller steps so that it is not so overwhelming.	Your Learning Goal should be relevant to your learning needs and the needs of your practice.	Set realistic deadlines to achieve your goal. Begin by setting start and end dates. Time management is critical so it is important to focus on the activities of higher priority that will have a greater impact on your practice.

Identify your SMART Goals for this renewal cycle. Remember that a learning activity is something that you *DO* (i.e. *attend a Bullying workshop*). A SMART Goal is something you hope to achieve as a result of completing the learning activity (i.e. *identify the top 5 tips to give elementary students dealing with a bully*).

Goal 1:

Learning Activity:

Goal 2:

Learning Activity:

Goal 3:

Learning Activity:

See the PDA Chart on in the CPD Portfolio.

Continuing Professional Development Learning Plan

Name:	License Number:
License Type:	Address:
Role:	
Version:	Phone Number:
Completed:	Email:

	Activity	Applied Hours (Only 20 Hours in each activity will be applied to Total)	Total Hours	Planned Start	Planned End	Actual Start	Actual End	Documentation?
☐	Volunteer Service							
☐	Mentoring/Supervision							
☐	Presenting							
☐	Supervision							
☐	Coursework							
☐	Independent Learning							
☐	Group Learning							
	PLAN TOTALS:							

**Please note that activities require you retain documentation of your activity completion (e.g. copy of presentation, syllabus, certificate of completion, etc.). Please be sure to review these documentation requirements and keep them on file for 5 years. In the event of an audit, these verification documents will be requested. By checking "Yes" I verify that I have retained the appropriate documentation per the guidelines in the current Continuing Professional Development Portfolio for my license type.*

Glossary of Learning Plan Terms

Activity: Indicate which Professional Development Activities (PDA) you undertook this renewal cycle by checking the box to the left of the Activity name.

Actual Start: The date you began that Professional Development Activity. This date may not occur in the future or prior to July 1, 2011. Please confirm that you have started the activity by adding the "Actual Start" date *on or after* the day you actually begin that activity.

Actual End: The date you completed that Professional Development Activity. This date may not occur in the future or prior to July 1, 2011. Please confirm that you have completed the activity by adding the "Actual End" date *on or after* the day you actually complete that activity.

Applied Hours: The number of hours you are applying to the CPD program requirement of 40 hours per two-year renewal cycle. Applied Hours must consider the 20 hour maximum accrual in a single activity. Your Total Hours may exceed the Applied Hours and may document more than 20 hours in a single activity. A total of 40 Applied Hours is required each two-year renewal cycle for the Learning Plan to be considered complete.

Documentation: Completed Professional Development Activities must be documented according to the guidelines set forth in the CPD Portfolio. A Learning Plan is not considered complete until the licensee has verified they have retained and can produce documentation of their activities if required to do so by the Board.

Planned Start: The date you plan to start that Professional Development Activity. This date must occur on or after July 1, 2011.

Planned End: The date you plan to complete that Professional Development Activity. This date must occur on or after July 1, 2011.

Total Hours: The number of hours you accrued in that activity. This may exceed the 20 hour maximum allowed during a given 2-year renewal cycle. Likewise, the sum of your Total Hours may exceed the 40 hours required each two year renewal cycle. This field is provided for those licensees that would like to track all the professional development they do that exceeds the Board requirement.

Independent/Group Learning Form

Date	Resource	Topic Area	Summary of Activity

** Depending on which PDA you choose, your documentation guidelines may be different. The Independent/Group Learning Form only applies to the Independent or Group Learning PDAs. If you selected a different PDA, this form is not necessary for you to complete. Please refer to documentation Guidelines in the CPD Portfolio.*

Self –Evaluation

Evaluate the Professional Development Activity by considering the questions below. You may find it useful to evaluate each PDA after completing the activity as well as at the end of the CPD cycle, after completing all the activities on your Learning Plan.

1. How have your PDAs impacted your professional practice?

2. How will you apply any new knowledge?

Do not submit your Self-Evaluation to the Board or DORA.

CONTINUING EDUCATION (CE)/aka CONTINUING PROFESSIONAL DEVELOPMENT (CPD) SUMMARY VERIFICATION FORM

Please do not submit any CE documentation with your renewal

If you are selected for an audit, you will be notified; at that time, you will submit these logs and documentation to the Board.

CPD Category	Max Hours Allowed	Description of Activity(ies) Completed	Date Completed	# of Hours Awarded (Not to exceed max allowed)	Check if applicable to:	
					Laws & Ethics Requirement	Cultural Diversity Requirement
Peer Consultation	18					
Practice Outcome Monitoring	9					
Professional Activities	12					
Conferences / Conventions	6					
Board Meeting Attendance (Full Board or Committee)	12					
Examination Functions	12					
Academic Courses	18					
Academic Instruction	18					
Supervision	18					
Publications	9					
Sponsored Continuing Education Coursework	18					
ABPP Certification	36					
"Senior" ABPP Certification	18					

Total Hours Earned for Renewal Period: _____

CONTINUING EDUCATION (CE)/aka CONTINUING PROFESSIONAL DEVELOPMENT (CPD)
DETAILED VERIFICATION FORM

Name: _____

Address: _____

Telephone #: _____

e-mail: _____

Identify below the activities completed for fulfilling the CE/CPD requirements.
Retain all verifying documentation in your records. You may be asked to provide this documentation at a later date (e.g. in the event you are selected for an audit).

Peer Consultation *Check if Applicable to: Laws & Ethics Requirements (L&E): ☐ Cultural Diversity/Social Justice Requirement (CD/SJ): ☐
Date(s) of Meeting(s):
Brief Description
# of Hours:
Person Attesting to Meetings (retain in your records a signed attendance log attesting to your presence)
Applicability to Practice:

Practice Outcome Monitoring *Check if Applicable to: L&E: ☐ CD/SJ: ☐
Date(s) of Session(s):
Client/Patient ID (Please be mindful of confidentiality):
# of Hours:
Applicability to Practice:
*Retain in your records a log including dates, # of hours, details of activities/discussions

Professional Activities *Check if Applicable to: L&E: ☐ CD/SJ: ☐
Name of Association/Regulatory Body:
Date of Appointment:
Duties:
Applicability to Practice:
*Retain in your records verification documentation from organization

CONTINUING EDUCATION (CE)/aka CONTINUING PROFESSIONAL DEVELOPMENT (CPD)
DETAILED VERIFICATION FORM

Conferences / Conventions	*Check if Applicable to: L&E: ☐ CD/SJ: ☐
Date(s) of Meeting(s):	
Nature of Conference / Convention:	
# of Hours:	
Applicability to Practice:	
*Retain in your records documentation attesting to your presence / participation	

Board Meeting Attendance	*Check if Applicable to: L&E: ☐ CD/SJ: ☐
Date(s) of Meeting(s):	
# of Hours:	

Examination Functions	*Check if Applicable to: L&E: ☐ CD/SJ: ☐
Name of Association/Regulatory Body:	
Date of Appointment:	
Duties:	
Applicability to Practice:	
*Retain in your records verification documentation from organization	

Academic Courses	*Check if Applicable to: L&E: ☐ CD/SJ: ☐
Name(s) of Course(s):	
Mode(s) of Delivery (in person, online, video, etc.):	
Academic Institution:	
# of Hours (per course):	
Applicability to Practice:	
*Retain in your records verification documentation from provider/academic institution (including course description / syllabus)	

Academic Instruction	*Check if Applicable to: L&E: ☐ CD/SJ: ☐
Name(s) of Course(s):	
Mode(s) of Delivery (in person, online, video, etc.):	
Provider / Academic Institution:	
# of Hours (per course):	
Applicability to Practice:	
*Retain in your records verification documentation from provider/academic institution (including course description / syllabus)	

CONTINUING EDUCATION (CE)/aka CONTINUING PROFESSIONAL DEVELOPMENT (CPD)
DETAILED VERIFICATION FORM

Supervision	*Check if Applicable to: L&E: ☐ CD/SJ: ☐
Name(s) of Supervisee(s):	
# of Hours:	
Applicability to Practice:	
*Retain in your records a log including dates, # of hours, details of activities/discussions	

Publications	*Check if Applicable to: L&E: ☐ CD/SJ: ☐
Title(s) of Publication(s):	
Title(s) of Journal Article(s):	
# of Hours:	
Applicability to Practice:	

Sponsored Continuing Education Coursework	*Check if Applicable to: L&E: ☐ CD/SJ: ☐
Name(s) of Course(s):	
Mode(s) of Delivery (in person, online, video, etc.):	
Provider:	
# of Hours (per course):	
Applicability to Practice:	
*Retain in your records copies of certificates	

Describe how you have complied with the Cultural Diversity/Social Justice Requirement (4 hour minimum):	
Name(s) of CPD Activity(ies):	
Mode(s) of Delivery (in person, online, video, etc.):	
Applicability to Practice:	

Describe how you have complied with the Law & Ethics Requirement (4 hour minimum):	
Name(s) of CPD Activity(ies):	
Mode(s) of Delivery (in person, online, video, etc.):	
Applicability to Practice:	

Board of Behavioral Sciences

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Memo

To:	Supervision Committee	**Date:**	June 18, 2015
From:	Christy Berger Regulatory Analyst	**Telephone:**	(916) 574-7817
Subject:	**Discussion Regarding Weekly Supervision Requirements**		

PRIOR COMMITTEE DECISIONS

- Triadic supervision (1 supervisor, 2 supervisees) can count as individual supervision.
- Current supervision ratios (proportion of supervision hours to client contact hours) are adequate.

REMAINING WEEKLY SUPERVISION REQUIREMENTS FOR DISCUSSION

1. Definition of Supervision

Current California law defines "supervision" for those pursuing licensure in any of the three professions, as including all of the following:

- Ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the person being supervised;
- Reviewing client/patient records;
- Monitoring and evaluating assessment, diagnosis, and treatment decisions of the intern or trainee;
- Monitoring and evaluating the ability of the (associate, intern or trainee) to provide services at the site(s) where he or she will be practicing and to the particular clientele being served; and,
- Ensuring compliance with laws and regulations governing practice.

LCSW law additionally includes the following two definitions:

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

***Question:* Should LMFT and LPCC law be amended to add the above two definitions?**

In order to better support supervisees, staff recommends the Committee consider adding the following statements to the definition of supervision:

- Supervision includes providing guidance and direction in developing clinical skills.
- The supervisor shall exercise the amount and degree of supervision appropriate to the circumstances (important if group supervision remains at maximum of 8 supervisees).
- The following is not considered supervision for the purpose of meeting experience requirements:
    - Administrative supervision.
    - Any process that is primarily didactic or involves teaching or training, including but not limited to a workshop, seminar, classroom training, staff or team meetings.

***Question:* Should the law be amended for all three license types to add any of the above definitions?**

2. Inconsistency in Supervision Ratio Language

The law pertaining to supervision ratios differs between the professions, as follows:

LCSW and LPCC law require:

1 additional hour of supervision for every week in which more than 10 hours of *"face-to-face psychotherapy"* is performed in each setting

LMFT law requires:

1 additional hour of supervision for every week in which more than 10 hours of *"client contact"* is gained in each setting

***Question:* Should the amount of supervision increase depending on the number of psychotherapy hours performed (LCSW and LPCC law), or simply by the number of hours of client contact (LMFT law)?**

3. Group Supervision

California law requires a minimum of 52 weeks of individual supervision. The remaining supervision can be conducted in a group of no more than eight (8) supervisees. Of the ten states surveyed, the most common requirement was no more than six (6) supervisees in a group.

Questions:

- ***Is group supervision adequate for a trainee or new graduate? Some trainees only get group supervision.***
- ***Is eight (8) supervisees in a group too many?***
  - ***If divided evenly, each supervisee would have a maximum of 15 minutes, but it isn't always evenly divided. This may be the only supervision an individual receives in a week.***
  - ***Group size may be less of a concern if we decide to add the requirement (mentioned in #1) that the supervisor exercise the "amount and degree of supervision appropriate to the circumstances."***

4. Definition of "One Hour of Direct Supervisor Contact"

The statutes for all three license types contain the following definition:

One (1) hour of direct supervisor contact = One (1) hour of individual supervision OR
Two (2) hours group supervision.

This definition means that every time "one hour of direct supervisor contact" is referred to in law, it means either one hour of individual OR two hours of group. This wording creates confusion for applicants and staff.

Recommendation: ***For clarity, the definition and any associated language should be modified.***

5. Averaging Supervision Over a One Month Period

Current law requires supervision to occur within the same week as the hours claimed. Any hours gained during a week where supervision did not occur cannot be counted toward experience hours. A stakeholder from a community agency asked if the Committee would consider allowing supervision hours to be averaged over a one month period, rather than being required weekly. Several other states permit this, or allow supervision to be provided every two weeks.

Recommendation: ***This requirement should not be changed as it weakens consumer protection, due to the possibility that some individuals will receive all of their supervision for the month at one time.***

6. Counting Less Than One-Hour Increments of Supervision

Current law only permits full supervision sessions (1 hour of individual or 2 hours of group) to be counted toward hours of experience. For example, if an individual received 1.5 hours of individual supervision during a week, only 1 of those hours can be counted. If an individual received 3 hours of group supervision, they can only count 2 hours.

Questions:

- ***Should extra quarter or half-hour increments of individual supervision be permitted to be counted toward experience hours?***
- ***Should extra quarter, half or full hour increments of group supervision be permitted to be counted toward experience hours?***

7. Supervisor Vacation or Sick Leave

LMFT statute, Business and Professions Code section 4980.43(e)(4) allows an alternate supervisor to provide supervision during a private practice supervisor's vacation or sick leave, as long as the alternate supervisor and supervision meets all other requirements. The law does not address other types of settings, but supervisees are advised the same way.

LCSW and LPCC laws do not address this situation, although licensing evaluators advise applicants in a manner consistent with LMFT law.

Recommendation: ***For clarity, staff recommends adding a statement in law for ASWs and PCIs to allow alternate supervision during a supervisor's vacation or sick leave in any setting, as long as one of the supervisors is willing to take supervisory responsibility for the hours provided during that time. LMFT law should be amended to address all types of settings.***

8. Weekly Logs

Currently, only the LMFT and LPCC programs require maintenance of a weekly log form, to be signed by the supervisor each week. The purpose of this form is to assist the supervisor and supervisee in tracking hours, and provides backup documentation of experience hours.

Recommendation: ***Require a weekly log for ASWs.***

9. Supervision of Applicants in the Exam Cycle

Current law requires applicants who have completed their hours of experience and are now in the exam cycle to remain under supervision[1]. LCSW law specifically requires applicants in the exam cycle to receive one (1) hour of supervision per week in each setting. However, the law does not specify how much supervision is required for LMFT and LPCC applicants in the exam cycle.

Question: ***What are the needs of supervisees in the exam process, and how can the law be made consistent in this area?***

Attachment A: California's Supervision Requirements

Attachment B: 10-State Survey – Supervision Requirements

[1] LMFT – Business and Professions Code (BPC) § 4980.43(b), LCSW – BPC §§ 4996.18(d) and 4996.23(n), LPCC – BPC § 4999.46(e)

Attachment A

CALIFORNIA'S SUPERVISION REQUIREMENTS	
Applies to ALL Registrants	• Minimum 1 hour of supervision per week in each work setting • Minimum 1 hour of individual or 2 hours of group supervision every week for 104 weeks • Of the 104 overall weeks required, 52 weeks of individual supervision • 1 additional hour of supervison for every week in which more than 10 hours of "face-to-face psychotherapy" LCSW/LPCC) or "client contact" (MFT) is performed in each work setting • Maximum 8 supervisees in a group supervision session • Group supervision must be provided in increments of no less than 1 continuous hour. • Permits supervision via live, two-way videoconferencing if working for a governmental entity, school, college, or university, or an institution that is both nonprofit and charitable.
Applies only to: **ASWs**	• Maximum 5 hours of supervision credited during any single week (individual or group)
Applies only to: **MFT INTERNS & TRAINEES** **PCC INTERNS**	• Maintain weekly log of experience signed by supervisor • Maximum 6 hours of supervision credited during any single week (individual or group)
Applies only to: **MFT TRAINEES**	• 1 hour of supervision for every 5 hours of client contact in each work setting • No hours count prior to completing 12 semester/18 quarter units in degree program

Attachment B

10-State Survey - Supervision Requirements

LCSW

Minimum Requirement	10 States Requirement Ranges From:	10 States Average Requirement:	10 States Most Commonly Require:	California's Requirement
Total Direct Supervision Hours	96 - 150 hours	104 hours	100 hours	104 hours
Individual Supervision Hours	0 - 60 hours	31 hours	50 hours	52 hours
Maximum Supervisees in a Group	No limit – 10 max.	5 max.	6 max.	8 max.

LMFT

Minimum Requirement	10 States Requirement Ranges From:	10 States Average Requirement:	10 States Most Commonly Require:	California's Requirement
Total Direct Supervision Hours	52 – 200 hours	137 hours	200 hours	104 hours
Individual Supervision Hours	0 – 100 hours	55 hours	100 hours	52 hours
Maximum Supervisees in a Group	No limit – 10 max.	5 max.	6 max.	8 max.

LPCC

Minimum Requirement	10 States Requirement Ranges From:	10 States Average Requirement:	10 States Most Commonly Require:	California's Requirement
Total Direct Supervision Hours	90 – 200 hours	105 hours	100 hours	104 hours
Individual Supervision Hours	0 – 100 hours	44 hours	0 hours	52 hours
Maximum Supervisees in a Group	0 – 10 max.	5 max.	6 max.	8 max.

States Surveyed: Colorado, Florida, Illinois, Indiana, New York, Ohio, Oregon, South Carolina, Texas, Washington

SPECIFIC REQUIREMENTS BY STATE

STATE	EXPERIENCE REQS	SUPERVISION REQUIREMENTS
Colorado ***LCSW***	• 2 years / 3,360 hours post-degree experience that includes: • 1,680 hours of treatment, diagnosis, testing, assessment or counseling	• Total 96 hours of supervision • 48 hours of individual supervision • May include group supervision with a maximum of 10 supervisees
Colorado ***LMFT***	• 2 years / 2,000 hours post-degree experience that includes: • 1,500 hours of face-to-face direct client contact	• Total 100 hours of supervision • 50 hours of individual supervision • May include group supervision with a maximum of 10 supervisees
Colorado ***LPCC***	• 2 years / 2,000 hours post-degree experience	• Total 100 hours of supervision • 70 hours of individual supervision • May include group supervision with a maximum of 10 supervisees
Florida ***LCSW*** ***LMFT*** ***LPCC***	• 2 years of post-degree experience • 1,500 hours providing psychotherapy face-to-face with clients	• 100 hours of supervision per 1,500 hours of psychotherapy (1 hour of supervision per 15 hours of psychotherapy) • 1 hour of supervision every 2 weeks • Individual supervision means one supervisor supervising no more than 2 interns • Group supervision means one supervisor with more than 2 but a maximum of 6 interns • Each hour of group supervision must alternate with an hour of individual supervision if group supervision is obtained

States Surveyed: Colorado, Florida, Illinois, Indiana, New York, Ohio, Oregon, South Carolina, Texas, Washington

STATE	EXPERIENCE REQS	SUPERVISION REQUIREMENTS
Illinois ***LCSW***	• 3,000 hours of post-degree experience	• Average of 4 hours of supervision per month (Minimum of approx. 72 hours) • May include group supervision with a maximum of 5 supervisees
Illinois ***LMFT***	• 3,000 hours / 2 years of post-degree experience that includes: • 1,000 hours of face-to-face contact	• 100 hours of supervision • May include group supervision with a maximum of 6 supervisees
Illinois ***LPCC***	• 2 years full-time (or equivalent part-time) post-degree experience that includes: • 960 hours providing direct face-to-face service to clients	• 104 hours of supervision • 1 hour of supervision per week • May include group supervision with a maximum of 5 supervisees
Indiana ***LCSW***	• 3,000 hours / 2 years full-time paid post-degree experience • At least 1,500 hours per year of direct client contact	• Minimum 4 hours of face-to-face supervision per month.
Indiana ***LMFT***	• 1,000 hours / 2 years of post-degree clinical experience • At least 50% of the applicant's clients must be receiving MFT services.	• Minimum 200 hours of post-degree clinical supervision, of which 100 hours must be individual supervision • Individual supervision means face- to-face supervision with not more than 2 individuals
Indiana ***LMHC (LPCC)***	• 3,000 hours / 2 years of post-degree clinical experience	• Minimum 100 hours of face to face supervision

States Surveyed: Colorado, Florida, Illinois, Indiana, New York, Ohio, Oregon, South Carolina, Texas, Washington

STATE	EXPERIENCE REQS	SUPERVISION REQUIREMENTS
New York ***LCSW***	• 3 years of full-time (or equivalent) post-degree experience that includes 2,000 hours of direct client contact	• Minimum 100 hours of individual or group supervision • Supervision must be distributed appropriately over the period of the supervised experience.
New York ***LMFT***	• 1,500 hours of direct client contact	• Minimum 1 hour per week or 4 hours per month of in-person individual or group supervision
New York ***LPCC***	• 3,000 hours / 2 years of post-degree experience that includes: • 1,500 hours of client contact	• An average of 1 hour per week or 2 hours every other week of in-person individual or group supervision
Ohio ***LCSW***	• 2 years / 3,000 hours post-degree experience that includes:	• 150 hours of supervision • 1 hour of supervision for every 20 hours worked • May include group supervision with a maximum of 6 supervisees • Group supervision must deal with practice problems of group members that are similar in nature and complexity to all supervisees in the group
Ohio ***LMFT***	• 2 years of post-degree experience / 1,000 hours of client contact	• Total 200 hours of supervision • 100 hours of individual supervision • May include group supervision with a maximum of 6 supervisees
Ohio ***LPCC***	• 2 years / 3,000 hours post-degree experience that includes: • 1,500 hours of clinical counseling	• 1 hour of supervision for every 20 hours worked • May include group supervision with a maximum of 6 supervisees

States Surveyed: Colorado, Florida, Illinois, Indiana, New York, Ohio, Oregon, South Carolina, Texas, Washington

STATE	EXPERIENCE REQS	SUPERVISION REQUIREMENTS
Oregon ***LCSW***	• 3,500 hours/ 2 years post-degree • Includes 2,000 hours of direct client contact.	• Supervision totaling 100 hours with a minimum 50 hours of individual supervision. • Meet at least twice a month with a supervisor for a minimum of 1 hour. If there is a second supervisor for group supervision, the requirement is met by a single 1-hour meeting with each supervisor. • Group supervision has a maximum of 4 supervisees • After completing supervisory plan requirements, must continue to meet at least once each month with a plan supervisor for a minimum of 1 hour.
Oregon ***LMFT***	• 3 years of full-time, or the equivalent, clinical experience (approx. 3,200 hours) • Includes 2,000 direct client contact hours of therapy with at least 1,000 of those hours working with couples and families	• Total of at least 2 hours of supervision for months where there are 45 or less direct client contact hours; or total of at least 3 hours of supervision for months where there are 46 or more direct client contact hours. • Supervision must take place within the same calendar month as the direct client contact hours • Be conducted in a professional setting, face to face, one to one, except: o Up to 75 percent of the individual supervision hours may be by electronic communication o Up to 50 percent of the supervision may have been received in a group setting, with no more than 6 supervisees
Oregon ***LPCC***	• 3 years of full-time (or the equivalent) post-degree clinical experience • Minimum 2,400 client contact hours of therapy	SAME AS LMFT ABOVE

States Surveyed: Colorado, Florida, Illinois, Indiana, New York, Ohio, Oregon, South Carolina, Texas, Washington

STATE	EXPERIENCE REQS	SUPERVISION REQUIREMENTS
South Carolina ***LCSW***	• 3,000 hours / 2 years of post-degree social work practice under clinical supervision	• Must include face-to-face meetings between the approved supervisor and the supervisee for a minimum of 100 hours of direct clinical supervision. • 50% of the supervision time may be in a group of no more than 6 supervisees.
South Carolina ***LMFT***	• 1,500 hours / 2 years of supervised clinical experience either pre-degree or post-degree • Minimum 1,350 hours of direct client contact with individuals, couples, families, or groups	• Minimum 150 hours of supervision including 100 hours of individual and 50 hours of either individual or group supervision • The supervisor shall supervise no more than 8 supervisees for direct client contact hours in immediate supervision of individual or group supervision. • Acceptable modes for supervision of direct client contact are the following: o Individual supervision: Max. 2 supervisees for at least 1 hour. o Group supervision: Max. 4 supervisees for at least 1.5 hours
South Carolina ***LPCC***	SAME AS LMFT ABOVE	SAME AS LMFT ABOVE
Texas ***LCSW***	• 2 years / 3,000 hours of post-degree clinical experience that includes:	• 100 hours of supervision • 1 hour of supervision for every 40 hours worked • If supervisee works full time, minimum 4 hours supervision per month, taking place an average of twice a month. • If supervisee works part time, minimum 2 hours supervision per month, taking place an average of once a month. • Supervisory sessions must be at least 1 hour but no more than 2 hours. • Maximum of 10 hours of supervision counted in any month or 30-day period • May include group supervision with a maximum of 6 supervisees

States Surveyed: Colorado, Florida, Illinois, Indiana, New York, Ohio, Oregon, South Carolina, Texas, Washington

STATE	EXPERIENCE REQS	SUPERVISION REQUIREMENTS
Texas ***LMFT***	• 2 years / 3,000 hours of post-degree experience that includes: • 1,500 hours of direct clinical services	• Total 200 hours of supervision • 100 hours of individual supervision • Minimum 1 hour of supervision every 2 weeks • Maximum of 50 hours of supervision by telephonic or electronic media • May include group supervision with a maximum of 6 supervisees
Texas ***LPCC***	• 1.5 years / 3,000 hours of post-degree experience that includes: • 1,500 hours of direct client counseling	• 4 hours per month of face to face or live Internet webcam supervision (Minimum of approximately 72 hours) • 50% of the total hours of supervision can be live Internet webcam supervision • 50% of the total hours of supervision may be received in group supervision, with up to 50% live Internet webcam supervision
Washington ***LCSW***	• 3 years / 4,000 hours post-degree experience that includes: • 1,000 hours of direct client contact	• 130 total hours of supervision • 60 hours of individual supervision • May include group supervision with a maximum of 6 supervisees
Washington ***LMFT***	• 2 years / 3,000 hours of post-degree experience that includes: • 1,000 hours of direct client contact	• 200 total hours of supervision • 100 hours of individual supervision • May include group supervision with a maximum of 6 supervisees
Washington ***LPCC***	• 3 years full-time or 3,000 hours of post-degree experience that includes: • 1,200 hours of direct counseling	• 100 hours of individual supervision • May include group supervision with a maximum of 6 supervisees

States Surveyed: Colorado, Florida, Illinois, Indiana, New York, Ohio, Oregon, South Carolina, Texas, Washington