Board of Behavioral Sciences

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830 | TDD (800) 326-2297
www.bbs.ca.gov

Governor Edmund G. Brown Jr.
State of California

Business, Consumer Services and Housing Agency
Department of Consumer Affairs

BOARD MEETING
Notice and Agenda

November 28-30, 2018

Hyatt Regency Orange County
11999 Harbor Blvd.
Plaza Terrace A-D
Garden Grove, CA 92840

While the Board intends to webcast this meeting, it may not be possible to webcast the entire meeting due to technical difficulties or limitations on resources. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at the physical location.

Agenda
Wednesday, November 28, 2018
8:30 a.m.

I. Call to Order and Establishment of Quorum

II. Public Comment for Items Not on the Agenda

Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a)]

III. Suggestions for Future Agenda Items

IV. Petition for Early Termination of Probation for Shelby C. Alkire, LCSW 75373

V. Petition for Early Termination of Probation for Deneen Leo Watson, LMFT 94909

VI. Petition for Early Termination of Probation for Paul Gabrinetti, LMFT 8301

VII. Petition for Early Termination of Probation for Jaime Cruz, AMFT 87794

VIII. Petition for Early Termination of Probation for Elizabeth Maloney, LEP 2528,

CLOSED SESSION

IX. Pursuant to Section 11126(c)(3) of the Government Code, the Board Will Meet in Closed Session for Discussion and to Take Action on Disciplinary Matters, Including the Above Petitions.

RECONVENE IN OPEN SESSION

X. Recess Until 8:30 a.m. on Thursday, November 29, 2018

Agenda
Thursday, November 29, 2018
8:30 a.m.

XI. Call to Order and Establishment of Quorum

XII. Public Comment for Items Not on the Agenda

Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a)]

XIII. Suggestions for Future Agenda Items

XIV. Petition for Modification of Probation for Esteban Gonzalez, LMFT 102014

XV. Petition for Modification of Probation for Dalia Merida Cuevas, ASW 79171

XVI. Petition for Modification of Probation for Julie D. Figueroa, LMFT 103029

XVII. Petition for Modification of Probation for Eduardo Hernandez, LCSW 77036

XVIII. Petition for Reinstatement of License for Eileen Kelly, LMFT 30191

CLOSED SESSION

XIX. Pursuant to Section 11126(c)(3) of the Government Code, the Board Will Meet in Closed Session for Discussion and to Take Action on Disciplinary Matters, Including the Above Petitions.

RECONVENE IN OPEN SESSION

XX. Recess Until 8:30 a.m., Friday, November 30, 2018

Agenda
Friday, November 30, 2018
8:30 a.m.

XXI. Call to Order, Establish a Quorum, Introductions*

XXII. Consent Calendar

a. Approval of the August 15, 2018 Board Meeting Minutes
b. Approval of the September 12-14, 2018 Board Meeting Minutes
c. Approval of the October 19, 2018 Board Meeting Minutes

XXIII. Board Chair Report

a. Board Member Activities

XXIV. Department of Consumer Affairs Update

a. Status of Executive Officer Salary Study

XXV. Executive Officer's Report

a. Budget Report
b. Operations Report
c. Personnel Report
d. Strategic Plan Update

XXVI. Substance Abuse Coordination Committee Update

XXVII. Discussion and Possible Action Regarding the Policy and Advocacy Committee Recommendations

a. Recommendation #1 Regarding Proposed Technical and Non-Substantive Amendments to Business and Professions Code Sections 4980.36, 4980.37, 4980.395, 4980.41, 4980.43.1, 4980.43.4, 4980.50, 4980.57, 4980.81, 4989.22, 4990.26, 4992.1, 4996.2, 4996.20, 4996.22, 4996.23.3, 4999.12, 4999.30, 4999.32, 4999.33, 4999.46.1, 4999.46.4, 4999.52

b. Recommendation #2 Regarding Registrant Employment by Temporary Staffing Agencies

c. Recommendation #3 Regarding Practice Setting Definitions and Social Work Students Working in a Private Practice Setting

XXVIII. Discussion and Possible Action Regarding Proposed Revisions to California Code of Regulations Sections 1804,1805, 1815.8, and 1820.7. Contact Information; Application Requirements; Incapacitated Supervisors

XXIX. Discussion and Possible Action Regarding Licensed Educational Psychologists Supervising Associates Gaining Experience Hours in School Settings – California Association of School Psychologists

XXX. Status on Board-Sponsored Legislation and Other Legislation Affecting the Board

a. Assembly Bill 93 (Medina) Healing Arts: Marriage and Family Therapists: Clinical Social Workers: Professional Clinical Counselors: Required Experience and Supervision

b. Assembly Bill 2117 (Arambula) Licensing Process Bill: Proposed Revisions to Business and Professions Code sections 4980.72, 4984.01, 4996.17, 4996.28, 4999.60, 4999.100

c. Senate Bill 1491 (Senate Business, Professions, and Economic Development Committee) Omnibus Bill - Proposed Technical and Non-Substantive Amendments to Business and Professions Code Sections 27, 650.4, 865, 2290.5, 4980.37, 4980.39, 4980.41, 4980.72, 4980.78, 4980.79, 4990.30, 4992, 4996.17, 4999.14, 4999.22, 4999.32, 4999.48, 4999.60, 4999.62, 4999.63, 4999.100, and Family Code Section 6924

d. Assembly Bill 456 (Thurmond) Healing Arts: Associate Clinical Social Worker, 90-Day Rule

e. Assembly Bill 1436 (Levine) Board of Behavioral Sciences: Suicide Prevention

f. Assembly Bill 2088 (Santiago) Patient Records: Addenda

g. Assembly Bill 2138 (Chiu/Low) Licensing Boards: Denial of Application: Criminal Conviction

h. Assembly Bill 2143 (Caballero) Licensed Mental Health Service Provider Education Program: Providers

i. Assembly Bill 2302 (Baker) Child Abuse: Abuse: Sexual Assault: Mandated Reporters

j. Assembly Bill 2608 (Stone) Licensed Mental Health Services Provider Education Program: Former Foster Youth

k. Assembly Bill 2296 (Waldron) Professional Clinical Counselors

l. Assembly Bill 2968 (Levine) Therapist Sexual Behavior and Sexual Contact

m. Senate Bill 399 (Portantino) Health Care Coverage: PDD or Autism

n. Senate Bill 906 (Beall) Medi-Cal: Mental Health Service: Peer, Parent, Transition Age and Family Support Specialist Certification.

o. Senate Bill 968 (Pan) Postsecondary Education: Mental Health Counselor

XXXI. Status of Board Rulemaking Proposals

a. Enforcement Process: Amend Title 16, California Code of Regulations sections 1823, 1845, 1858, 1881, 1886.40, 1888 and Uniform Standards Related to Substance Abuse and Disciplinary Guidelines

b. Examination Rescoring: Application Abandonment: APCC Subsequent Registration Fees: Amend Title 16, California Code of Regulations section 1816.1 – Add Fee for Subsequent Professional Clinical Counselor Intern Registrations

c. Supervision: Amend Title 16, California Code of Regulations Sections 1820, 1821, 1833, 1833.1, 1833.2, 1870 and 1870.1; Add Sections 1821.1, 1821.2, 1821.3, 1833.1.5, 1834, 1869, 1870.5 and 1871; Repeal Sections 1822 and 1874

XXXII. Suggestions for Future Agenda Items

XXXIII. Public Comment for Items Not on the Agenda

Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 1125.7(a)]

XXXIV. 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 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.

Board of Behavioral Sciences

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Governor Edmund G. Brown Jr.
State of California

Business, Consumer Services and Housing Agency
Department of Consumer Affairs

Board Meeting
Draft Minutes
August 15, 2018

The Board of Behavioral Sciences met via teleconference at the following locations:

Department of Consumer Affairs
San Diego Room
1625 North Market Blvd., #S206
Sacramento, CA 95834

Eisenhower Medical Center
Delores Hope Building
Physical Therapy Department
3900 Bob Hope Drive
Rancho Mirage, CA 92270

58 Morton Way
Palo Alto, CA 94303

1250 Tamarack Avenue
Brea, CA 92821

47323 Road 620
Oakhurst, CA 93644

3220 Mission Ave., Ste. 2
Oceanside, CA 92058

343 Yolo Street
Orland, CA 95963

Members Present
Betty Connolly, Chair, LEP Member
Max Disposti, Vice Chair, Public Member
Dr. Leah Brew, LPCC Member
Deborah Brown, Public Member
Dr. Peter Chiu, Public Member
Dr. Christine Wietlisbach, Public Member
Christina Wong, LCSW Member

Members Absent
Jonathan Maddox, LMFT Member

Staff Present
Steve Sodergren, Assistant Executive Officer *(open session only)*
Sabina Knight, Legal Counsel
Ann Salisbury, Legal Counsel
Christina Kitamura, Administrative Analyst

FULL BOARD OPEN SESSION

I. Call to Order and Establishment of Quorum

Betty Connolly, Chair of the Board of Behavioral Sciences (Board), called the meeting to order at 12:00 p.m. Christina Kitamura called roll, and a quorum was established. There were no members of the public in attendance at any of the teleconference sites.

II. Public Comment for Items Not on the Agenda

No public comments were presented.

III. Suggestions for Future Agenda Items

No suggestions were presented.

The Board moved into closed session at 12:04 p.m.

CLOSED SESSION

IV. Pursuant to Section 11126(c)(3) of the Government Code, the Board Will Meet in Closed Session for Discussion and to Take Action on Disciplinary Matters

The Board met in closed session.

V. Adjournment

The Board adjourned at 12:21 p.m.

Board of Behavioral Sciences

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Governor Edmund G. Brown Jr.
State of California

Business, Consumer Services and Housing Agency
Department of Consumer Affairs

BOARD MEETING
Draft Minutes
September 12-14, 2018

Department of Consumer Affairs
Hearing Room
1747 N. Market Blvd.
Sacramento, CA 95834

Wednesday, September 12, 2018

Members Present
Betty Connolly, Vice Chair, LEP Member
Dr. Leah Brew, LPCC Member
Dr. Peter Chiu, Public Member
Alexander Kim, Public Member
Gabriel Lam, LCSW Member
Vicka Stout, LMFT Member
Dr. Christine Wietlisbach, Public Member
Christina Wong, LCSW Member

Members Absent
Deborah Brown, Chair, Public Member
Massimiliano "Max" Disposti, Public Member
Jonathan Maddox, LMFT Member

Staff Present
Kim Madsen, Executive Officer *(open session only)*
Steve Sodergren, Assistant Executive Officer *(open session only)*
Christina Kitamura, Administrative Analyst
Sabina Knight, Legal Counsel

I. Call to Order and Establishment of Quorum

Betty Connolly, Chair of the Board of Behavioral Sciences (Board), called the meeting to order at 1:01 p.m. Christina Kitamura called roll and established a quorum.

II. Public Comment for Items Not on the Agenda

No public comments were presented.

III. Suggestions for Future Agenda Items

No suggestions were presented.

IV. Petition for Early Termination of Probation for Sharon Leslie Bain, AMFT 76222

Administrative Law Judge Marilyn Woodard opened the hearing. Deputy Attorney General Karen Denvir presented the facts of the case on behalf of the People of California. Sharon Bain represented herself.

Ms. Tyner presented the background of Ms. Bain's probation. Ms. Bain was sworn in. Ms. Bain presented her request for early termination of probation and information to support the request. She answered questions posed by Ms. Denvir and Board Members.

Judge Woodard closed the record at 1:43 p.m.

V. Petition for Early Termination of Probation for James William Gilber, AMFT 92260

Administrative Law Judge Marilyn Woodard opened the hearing at 1:44 p.m. Deputy Attorney General Karen Denvir presented the facts of the case on behalf of the People of California. James Gilber represented himself.

Ms. Denvir presented the background of Mr. Gilber's probation. Mr. Gilber was sworn in. Mr. Gilber presented his request for early termination of probation and information to support the request. He answered questions posed by Ms. Denvir and Board Members.

Judge Woodard closed the record at 2:21 p.m.

VI. Petition for Early Termination of Probation for Jake David Myers, LMFT 88845

Administrative Law Judge Marilyn Woodard opened the hearing at 2:30 p.m. Deputy Attorney General Karen Denvir presented the facts of the case on behalf of the People of California. Jake Myers represented himself.

Ms. Denvir presented the background of Mr. Myers' probation. Mr. Myers was sworn in. Mr. Myers presented his request for early termination of probation and information to support the request. He answered questions posed by Ms. Denvir and Board Members.

Judge Woodard closed the record at 2:56 p.m.

CLOSED SESSION

VII. Pursuant to Section 11126(c)(3) of the Government Code, the Board Will Meet in Closed Session for Discussion and to Take Action on Disciplinary Matters, Including the Above Petitions

The Board met in closed session.

RECOVENE IN OPEN SESSION

VIII. Recess until 9:00 a.m. on Thursday, September 13, 2018

The Board recessed at 4:42 p.m.

Thursday, September 13, 2018

Members Present
Betty Connolly, Vice Chair, LEP Member
Massimiliano "Max" Disposti, Public Member
Dr. Leah Brew, LPCC Member
Dr. Peter Chiu, Public Member
Alexander Kim, Public Member
Gabriel Lam, LCSW Member
Vicka Stout, LMFT Member
Dr. Christine Wietlisbach, Public Member
Christina Wong, LCSW Member

Members Absent
Deborah Brown, Chair, Public Member
Jonathan Maddox, LMFT Member

Staff Present
Kim Madsen, Executive Officer *(open session only)*
Steve Sodergren, Assistant Executive Officer *(open session only)*
Jonathan Burke, Enforcement Manager *(open session only)*
Pearl Yu, Enforcement Manager *(open session only)*
Christina Kitamura, Administrative Analyst
Sabina Knight, Legal Counsel

IX. Call to Order and Establishment of Quorum

Betty Connolly, Board Chair, called the meeting to order at 9:00 a.m. Ms. Kitamura called roll and established a quorum.

X. Public Comment for Items Not on the Agenda

No comments were presented.

XI. Suggestions for Future Agenda Items

No suggestions were presented.

XII. Petition for Modification of Probation for Chevelle Marie Bourdon, ASW 76998

Administrative Law Judge Heather Rowan opened the hearing at 9:03 a.m. Deputy Attorney General Karen Denvir presented the facts of the case on behalf of the People of California. Chevelle Bourdan represented herself.

Ms. Denvir presented the background of Ms. Bourdon's probation. Ms. Bourdan was sworn in. Ms. Bourdan presented her request for modification of probation and information to support the request. She answered questions posed by Ms. Denvir and Board Members.

Judge Rowan closed the record at 9:23 a.m.

XIII. Petition for Early Termination of Probation for Stella Monday, LMFT 22363

Administrative Law Judge Heather Rowan opened the hearing at 9:25 a.m. Deputy Attorney General Karen Denvir presented the facts of the case on behalf of the People of California. Stella Monday represented herself.

Ms. Denvir presented the background of Ms. Monday's probation. Ms. Monday was sworn in. Ms. Monday presented her request for early termination of probation and information to support the request. She answered questions posed by Ms. Denvir and Board Members.

Judge Rowan closed the record at 9:52 a.m.

XIV. Petition for Early Termination of Probation for Srbui Ovsepyan, LMFT 77648

Administrative Law Judge Heather Rowan opened the hearing at 9:57 a.m. Deputy Attorney General Karen Denvir presented the facts of the case on behalf of the People of California. Srbui Ovsepyan represented herself.

Ms. Denvir presented the background of Ms. Monday's probation. Ms. Ovsepyan was sworn in. Ms. Ovsepyan presented her request for early termination of probation and information to support the request. She answered questions posed by Ms. Denvir and Board Members.

Judge Rowan closed the record at 10:26 a.m.

XV. Petition for Modification of Probation for James Edgar Thompson, AMFT 99505

Administrative Law Judge Heather Rowan opened the hearing at 10:32 a.m. Deputy Attorney General Karen Denvir presented the facts of the case on behalf of the People of California. James Thompson represented himself.

Ms. Denvir presented the background of Mr. Thompson's probation. Mr. Thompson was sworn in. Mr. Thompson presented her request for modification of probation and information to support the request. He answered questions posed by Ms. Denvir and Board Members.

Judge Rowan kept the record opened until close of business tomorrow (September 14) to wait for additional documentation.

The Board entered closed session at 11:25 a.m.

CLOSED SESSION

XVI. Pursuant to Section 11126(c)(3) of the Government Code, the Board Will Meet in Closed Session for Discussion and to Take Action on Disciplinary Matters, Including the Above Petitions

The Board met in closed session.

RECOVENE IN OPEN SESSION

XVII. Recess Until 9:00 a.m., Friday, September 14, 2018

The Board recessed at 12:40 p.m.

Friday, September 14, 2018

Members Present
Betty Connolly, Vice Chair, LEP Member
Massimiliano "Max" Disposti, Public Member
Dr. Leah Brew, LPCC Member
Dr. Peter Chiu, Public Member
Alexander Kim, Public Member
Gabriel Lam, LCSW Member
Vicka Stout, LMFT Member
Dr. Christine Wietlisbach, Public Member
Christina Wong, LCSW Member

Members Absent
Deborah Brown, Chair, Public Member
Jonathan Maddox, LMFT Member

Staff Present
Kim Madsen, Executive Officer
Steve Sodergren, Assistant Executive Officer
Rosanne Helms, Legislative Analyst
Christy Berger, Regulatory Analyst
Christina Kitamura, Administrative Analyst
Sabina Knight, Legal Counsel

XVIII. Call to Order and Establishment of Quorum

Betty Connolly, Board Chair, called the meeting to order at 9:03 a.m. Ms. Kitamura called roll and established a quorum.

Ms. Connolly introduced three new Board Members: Vicka Stout, Alexander Kim, and Gabriel Lam. Board Members, Board staff and audience introduced themselves.

Jonathan Burke was introduced. Mr. Burke is the Board's new Discipline and Probation Unit Manager.

XIX. Consent Calendar

The February 2018 and April 2018 Board minutes were previously approved at the May 2018 Board meeting. No further action is necessary.

XX. Board Chair Report

a. Board Member Activities

No activities were reported.

b. Welcome New Board Members

New members were welcomed in agenda item XVIII.

c. Recognition of Board Staff

Board staff were acknowledged for their years of service at the BBS:

Darlene York
Cynthi Burnett
Laurie Williams
Gena Kereazis
Ann Glassmoyer
Raquel Pena
Kim Madsen

XXI. Department of Consumer Affairs Update

a. Discussion of Timeframes for Regulation Packages Once Submitted to the Department

Ryan Marcroft, Department of Consumer Affairs (DCA) Legal Affairs Division, was introduced. He reviewed the current regulation approval process, outlining the steps of the procedure:

1. The regulation proposal begins with the Board and staff, in conjunction with Legal Affairs.
2. Once language is decided upon, staff creates the rulemaking file.
3. The rulemaking file is submitted to DCA for review and analysis:
    a. Legal Affairs Division
    b. Budget Office
4. After DCA's review, it moves forward to the Business, Consumer Service and Housing Agency (Agency) for legal analysis review and fiscal analysis review.
5. After Agency review, it moves forward to the Department of Finance (DOF) for review.
6. After DOF decides that the regulation should be approved, it moves forward to Office of Administrative Law (OAL) for review.
7. After OAL review, it is noticed to the public for opportunity to comment. Changes may happen at this level, which would require the regulation to run through the entire review process again.

In September 2016, significant changes took place that affected the review process and the timelines for regulations. Previously, the file was not reviewed by Agency before the public comment period. This process was changed to allow review by Agency before and after the public comment period. DCA increased the scrutiny of its review because of this change.

Reasons for the change:

1. DCA had a high percentage of disapproved regulations at the OAL level.
2. DCA was not following the procedure outlined in the State Administrative Manual that required Agency approval of the fiscal forms before noticing the to the public.

Mr. Marcroft stated that has been improvement in the disapproval rate, from 22% to 21.8% in the first half of 2017. It decreased to 7.6% from July 2017 to February 2018. There have been no disapproved regulations in 2018.

There is an increase in workload for Legal Affairs due to process changes. DCA is addressing the efficiency of the process in the following manner:

- Implementing training
- Internal restructuring within the department
- Conducting an “efficiency study”
- Procuring a third-party contractor to serve as an expert consultant to DCA
- Working with OAL to discuss best practices
- Developing a department-wide computerized tracking system for regulations.

Agency has hired an attorney who will dedicate his time reviewing regulations to cut down on the time it takes Agency to review regulations.

Ms. Madsen provided the questions to Mr. Marcroft prior to his appearance in front of the Board. Mr. Marcroft presented the following responses.

Questions: What was the number of regulations previously rejected and approved? Please advise if any BBS regulation packages were among the rejected packages. If a BBS package was rejected, what was the reason and who rejected it? DCA agency or OAL?

Response: A total of 55 rulemaking files were submitted by DCA and considered by OAL. Nine (16%) of those were not approved. These rulemaking files did not include section 100 regulations or re-adoptions of emergency regulations; the files included only regular regulations and emergency rulemaking and certificates of compliance.

Response: In 2018, OAL rendered one decision on a BBS package. In 2017, OAL disapproved one package and then approved that package later in 2017. n 2016, OAL rendered one decisions on a BBS package, approving it. n 2015, OAL rendered four decisions on BBS packages; one package was disapproved and approved in the same year.

Response: In 2017, OAL disapproved a package that addressed conditions for granting time to complete examinations to persons whom English is a second language. The grounds for disapproval were lack of clarity and lack of necessity. OAL commented that the regulation was not clear and vague, and that the regulation failed to justify why applicants needed to certify under penalty of perjury that English is their second language.

Response: In 2015, OAL disapproved the regulation amending the examination process. The grounds for disapproval were for clarity. he regulation was unclear for several reasons related to national examinations. There were procedural defects that OAL identified. One defect was the text that was submitted to OAL was not the text that was approved by the board. The minutes of the public hearing were not complete.

Question: What was the number of regulations submitted by all boards and bureaus in the last fiscal year?

Response: DCA looked at the number of OAL decisions in that period of time, rather than the number that DCA submitted in the period of time, which was a total of 34 regulations.

Question: What was the number of regulations approved last fiscal year?

Response: 32 were approved; two were disapproved (5.8%).

Question: What is the status of the Board's three regulation packages?

Response: Examination rescoring, application abandonment, APCC subsequent registration fee regulation – DCA review is complete, and it has been submitted to Agency earlier this week.

Contact information, application requirements, incapacitated supervisors – DCA Legal provided some revisions, and Board staff may be waiting on possible changes from the Board's committee before moving that package forward.

Enforcement process – DCA review is complete, and it has been submitted to Agency earlier this week.

Question: What are the details regarding any revisions to the current pre-review process to improve the process, and when DCA anticipates implementing the revisions?

Response: This was answered in the early portion of the presentation.

Question: Considering the length of time that the pre-review process is currently taking, what are the DCA's plans to ensure that the Board can fully implement three bills (AB 93, AB 456 and AB 2138) by the statutory effective date if they are signed by the Governor?

Response: AB 2138 has not yet been approved by the Governor. If it were approved, the effective date is July 1, 2020.

AB 456 was approved by the Governor on August 20th, 2018. January 1, 2019 is the effective date.

AB 93 has not yet been approved by the Governor. If it were approved, the effective date is January 1, 2019.

Board Members and Ms. Madsen posed additional questions to Mr. Marcroft.

Dr. Brew: What is the time period that the rulemaking files are in your department? What is your goal?

Mr. Marcroft: That is difficult to answer because it depends a little bit on complexity of the rulemaking file.

Dr. Brew: Provide a range for a small/easy rulemaking file and a complicated file.

Mr. Marcroft: We don't have firm ranges for each of the different components in the process. We have in-house goals that we are trying to measure by. I don't have an average for you. Part of the objective of the computer tracking system is to be able to come up with good averages that we can have an understanding of what it takes in Legal, what it takes in Budgets, what it takes at Agency, on an average. We don't have perfect data presently. We have benchmark mile-marker data.

Dr. Brew: What are those?

Mr. Marcroft: Mile-marker data, when Board staff submits a regulation to the department and it moves from that level, then it goes to Budgets, then to Legal. And then it moves through review layers there. Then it's married back up and it moves to – we have dates, basically, when they hit those things. But what we don't have is the back and forth that – we don't have – comprehensively, we're improving. But is back and forth between each of those steps. So, when I say it moves from Board staff into Legal, what's happening there sometimes -- it's a really perfect document. It's just a review. It's just a traditional review. You read it from top to bottom, it looks good. Legally sufficient. You sign off, and it moves on.

Dr. Brew: So, are you talking days? Weeks? Months? For something clean.

Mr. Marcroft: We have three levels. Your board counsel, a supervisor and myself. The board councils are looking at about a week turnaround. The supervisor level, we're shooting for a 30-day turnaround. And then myself, also shooting for a 30-day turnaround.

Dr. Brew: So, the goal is less than 2 1/2 months for something quick and easy and clean?

Mr. Marcroft: For something quick and easy and clean, I think that would be right. I don't experience that very often with regulations. Usually, there's back and forth between me and the board staff. Between my supervisors and either the counselor or the board staff. So, it's a rare case that it's quick, easy and clean once through.

Dr. Brew: It's more like a year?

Mr. Marcroft: Not in the Legal Division. Maybe overall. Overall, because there are several divisions that look at regulations in the department. But it's typically not a quick, easy, clean rulemaking file.

Dr. Brew: No, but just understanding that quick and easy is still 2 ½ months long for something that's small, quick, done well. That's a long time for something that is clean and small.

Mr. Marcroft: And I think to that point, that is one of the criteria we're looking at building into our computerized system is a designation along those lines. Maybe not quick and easy, but the idea being the same. That having it designated as not complex, medium complex, and very complex; like disciplinary guidelines and uniform standards are very complex. Just the integration of them all. And building timeframes based on the complexity.

Ms. Wong: In regard to the two packages that is at DCA, I am interested in knowing – because one of them has already been up there for about over a year. When do you anticipate that it's able to move along, given all the complexity and the hard work you do? And to make sure that it's close to be approved.

Mr. Marcroft: I would say two things about that. In looking through the Board's meeting materials, there is a chart of timelines. And it has, what I mentioned earlier, as major mile markers. But one of the things that is not clear from that is there is interaction that happens between those major mile markers. Interaction from attorneys to other attorneys. Interaction between Budgets and attorneys. Interaction between attorneys and Board staff. It's not reflected in some of these major mile markers. But to answer your question directly, it has moved on -- I believe -- which one did you ask about specifically? All -- well, all three of them.

Two of them have moved to the Agency. And agency usually takes about a 30-day review period. And at that time, it's the trigger moment to be noticed to the public for comment period. Then the other one I think is on hold, awaiting possible comments or revisions from the License Portability Committee. I believe that's where the other one is.

Ms. Berger: That's the regulation package that has to do with application requirements. What comes out of the License Portability Committee will affect application requirements for out-of-state applicants. So, we are holding onto that until we see what comes out of the committee.

Ms. Madsen: Right. We assumed that that would've been part of the regulations by now. But because of the delay, we're having to hold it.

Thank you for coming. I really appreciate it. I'm not the only EO frustrated by the process. So, one of the questions I had asked was the number of regulations that were rejected, and you gave the 22%. And that's the number that I continue to hear. So, what does that 22% equal? Because you had to have a number to get that. It was cited as the reason that we had to go to the new pre-review process.

That there was a high number of DCA regulation packages that were rejected. So, what number lines up with 22%? 10? 12?

Mr. Marcroft: I don't know exactly off the top of my head.

Ms. Madsen: I believe at one meeting, we were told six packages were rejected.

Mr. Marcroft: No, I'm fairly confident it's more than six. I don't know off the top of my head, but I'd be happy to e-mail you that figure.

Ms. Madsen: That'd be great, and then I can share it with my members.

I know statutorily, OAL and DOF and Agency, if I'm not mistaken, they all have about 30 days to review. DOF and OAL can review concurrently if we're bunching up against that line. In prior DCA EO (Executive Officer) meetings, we've asked for timelines. I know that you're working on it. I participated in a survey the other day about timelines. Our enforcement regulation disciplinary guidelines had been with DCA. How many times had you asked where they were, Rosanne? Do you want to give a timeline of that?

Ms. Helms: I followed-up with DCA monthly since September 2017 through January 2018.

Ms. Madsen: And subsequent calls to our attorney counsel, stating "it's off of my desk, but it's somewhere." And maybe coincidence or not, but the day that I sent the e-mail with the questions, a few hours later, that package came back to our office. And Rosanne returned it promptly on the 6th. And then today, we heard that it's at Agency. But Rosanne had not been notified that it had gone over to Agency.

So, from my perspective, we're held to a standard. Performance measures. I have to report our stats. I have to look for efficiencies, process improvements, continuous -- to try to respond to our stakeholder needs. I also have to go before the legislature every four years, if I'm lucky, and say here's what we're doing. Here's how we're doing it. I'm held to standards, and yet, we still don't have a reasonable expectation of the timeline to allow DCA Legal to complete its review so that I can build in a plan accounting for the 45-day comment period, the 30-day review, so that I can meet the statutory deadlines. My biggest concern with our enforcement package is that we submitted that based on our prior experience. The regulatory process typically is taking a year from the time you publicly notice it until completion. And right now, we've been in well over a year. I have not publicly noticed this package, nor have I publicly noticed any of those packages. And under the current review process, it's really adding time rather than helping us. And, so, it's starting to become a barrier.

You talked about resources. You've talked about a contract for a subject matter expert. I haven't heard - and Dr. Brew had asked –

about timelines. I haven't heard any specific hardcore deadlines. Or reasonable expectations in terms of once it gets to Legal, what can I expect given that it needs to go through three attorneys?

Mr. Marcroft: Presently what we're looking for is a week turnaround for the board counsel. We're looking at a 30-day turnaround for our assistants. And then, I'm also shooting for a 30-day turnaround, as well.

With 40 programs and with the level of scrutiny and rigor that we're giving our files now, that is an aggressive timeline as things stand. But we are working to meet those. We've set those as goals. I think it will be telling as we are able to implement our computer tracking system, what the real timelines are. Again, I would say that there is back and forth that happens that's not always reflected in some of the paperwork that I see.

I will acknowledge that part of the change -- it was a seat change, I think, that happened in September of 2016 in the way this department did its process. It wasn't entirely known at that point-in-time some of the implications, workload-wise. We're looking at that too.

Ms. Madsen: I appreciate that because these are the first packages that have been submitted under the new process. My biggest concern is AB2138.

You talked about a 30-day review with you. A 30-day review with assistant counsel. Maybe a week, we can say two weeks for counsel. So, if we do 90 days in Legal and then I add in the 60 days for OAL and DOF, and then the 45-day comment period, that's 150 days. I'm at about six months. If those timelines are adhered to, then we should reasonably expect it to take a year, as it did previously, correct? To get a regulation package all the way through?

Mr. Marcroft: Part of the reason that we made the process changes was due to the disapprovals; we have frontloaded a lot of the work that was happening at the tail-end of the process. What used to happen was a lot of the review that is now happening at the first set of time periods wouldn't happen until after the notice of comment period. And sometimes, we would get final packages ready for submission to OAL a day or two before the one-year deadline expired.

And what that caused, then if that was not a good package, the only option was a disapproval. And that increased. So, part of the goal of the changes was to add more scrutiny and review to the front end so that when you get to the back end, you have plenty of changes need to be made. Usually, if changes don't need to be made, that back-end review is a faster timeframe, because it doesn't require the heavy writing into the development of the initial documents that was required on the front-end. As you know, you can't change those front-end documents once they're noticed to the public.

There is more time now on the front-end because the rigor of the review is on the frontend; also rigorous on the tail-end. I don't want to suggest that, but because it's a simpler process on the tail-end, it takes less time. I'm not sure that that's a hard and fast answer. But that is sort of the consequence of the change that happened.

Ms. Madsen: With respect to the two packages that we had disapproved, one was informally, the exam, I believe. It was primarily the language. And staff met with OAL to get the language. The same was true for the ESL. It was language. It wasn't the eye sore or the 399 (financial documents) or any of the other technical stuff. Our experience has been that - that's been beneficial to speak with OAL, because at the end of the day, that's the attorney that says yes or no. I'm wondering if there has been any consideration or discussion to include OAL in the pre-review process. Not for an approval, but just to look at the language, because I think the regulation training that is provided, probably sufficiently addresses what an eye sore needs to have, whether that language is going to address some basic concerns.

Mr. Marcroft: The OAL disapprovals were formal decisions of disapproval. They tackled both the text and necessity issues, in at least one of them. As for collaborating with OAL, we do that particularly where we have a question.

Ms. Madsen: So, it's more on an as-needed basis, not up front in the whole process?

Mr. Marcroft: That might be something that comes out of our efficiency study as a suggestion, to do that on a regular basis. I suspect that might have - impacts on OAL.

Dr. Chiu: The description of the process is clear. Do you have a flowchart for transparency purposes to describe exactly what you're saying so everyone can see it? And also, in your efficiency study, I assume you will identify the bottleneck or have a critical path analysis if you have such a flowchart?

Mr. Marcroft: I have a flowchart that I'm happy to supply to Ms. Madsen.

Board Members thanked Mr. Marcroft for appearing and answering questions.

b. Discussion on Distributed Cost Allocations and DCA's 2018 Report to the Legislature

Taylor Schick, DCA Fiscal Officer presented information to the Board regarding pro rata and how the entire cost of the department across all boards and bureaus are distributed.

The units with clear workload metrics are DOI, Office of Information Services and the call center. A workload-based analysis is performed of the prior year workload, and those ratios are used to develop costs into the next year.

Programs that do not have a direct workload “widget” are the Office of Human Resources, Executive Office, Equal Employment, Budgets, Accounting. These costs are distributed based on authorized position ratio for the department.

BBS spends roughly 26% of its budget to support the department. The average across the department is roughly 22%. The value fluctuates significantly based on the program and what services they receive from DCA.

Programs, such as BBS, on the BreEZe system are paying a higher percentage of pro rata cost. BBS also utilizes DOI, which is a factor that would cause the Board to pay a higher percentage.

Mr. Schick offered to provide information that shows how much of the Board’s budget is directed to specific units, and information to compare the Board to other programs. The Board expressed interest in receiving that information.

c. Status of Executive Officer Salary Study

Karen Nelson, Assistant Deputy Director with Board and Bureau Services, presented information regarding the services provided by Board and Bureau Services and provided an update on the Executive Officer’s salary study.

DCA has awarded the contract and have met with the consultants this week. Ms. Nelson expects the project to take approximately six months, with an estimated completion date of March 2019. The contractors will provide a comprehensive independent review and assessment for Executive Officer (EO) salary levels and evaluate changes that have occurred after the previous salary study that was conducted in 2011. This new study will assess the programmatic changes that have occurred over the years, and how these changes have increased the operational complexity of the boards and the department. This study will help to determine the degree to which these changes will support compensation augmentation.

The goals that the department would like to focus on through the study are:

1. Synthesize the data and collect information to evaluate the salary bans of DCA programs and make determinations on how the data may or may not suggest an augmentation of the program’s level;
2. Determine what critical factors are used to support compensation increases in exempt position review process;
3. Evaluate the gender parity for EO salaries across DCA programs;
4. Benchmark comparable positions to other EO’s in other states.

Dr. Brew asked if the department is evaluating the gender of the person in the position, or the gender of how the field is dominated. Ms. Nelson responded that she would look at how that is written in the scope of the project. Dr. Brew requested that the department look at both.

Dr. Wietlisbach asked if the department is looking at comparable states; not states with lower costs of living. Ms. Nelson responded that she would look at the scope

of the project and which states would be compared to the study as it relates to California.

Dr. Chiu asked about the level of detail that the consultant will look at. Are they looking at all of the EOs as an aggregate, or are they breaking down each board to commissions, the size of the board in terms of compensation comparing to similar boards in other states?

Ms. Nelson responded that the department will look at the totality with other states (the EO's, size and complexity of the board, and the makeup of the board). However, without the scope or workplan, she was not able to provide a detailed answer.

Dr. Chiu asked if the department was going to look at the average of all the boards or each board individually based on the size, number of licensees.

Ms. Nelson responded that the department would be looking at all of our boards and EO's individually, and the different programs, sizes and the complexities of each of those boards.

Ms. Nelson expressed that she will provide updates to the Board after completion of the project in early 2019.

Dr. Chiu suggested that the department also research the private industry as well; there should be competitive compensation for state service versus the private industry. Ms. Nelson responded that the department is only looking at state agencies.

XXII. Executive Officer's Report

a. Budget Report

<u>2017/2018 Budget</u>

The budget for Fiscal Year (FY) 2017/2018 was $12,097,000.

In July 2017, the DCA transitioned to FI$Cal, which is a new system for budgets, account, and procurements. The transition has and continues to be challenging. The system is working and capturing all expenditure and revenue transactions. However, some technical issues remain that affect the Budget Office's ability to conduct timely month end closing and produce reconciled monthly expenditure and revenue reports. Consequently, a full fiscal year end report is not currently available.

Based on the information currently available, the Board spent 98% of its budget and projects a reversion just over $200,000.

<u>2018/2019 Budget</u>

The budget for FY 2018/2019 is $11,550,000.

General Fund Loans

The Fund Condition reflects a $3.3 million loan repayment in FY 2018/2019. This is the final payment of the $12.3 million dollars previously loaned to the General Fund.

Board Fund Condition

The Fund Condition for FY 2018/2019 reflects a 4.6-month reserve.

b. Operations Report

Licensing Program: 4th Quarter FY 2017/2018

- Application volumes increased 43%
- Processing times decreased
- 1,642 initial licenses were issued

As of September 3, 2018, the Board has 114,369 licensees and registrants.

Examination Program: 4th Quarter FY 2017/2018

- 8,153 examinations were administered
- Examination statistics by school were provided
- 7 examination development workshops were conducted

Administration Program: 4th Quarter FY 2017/2018

The Board received 9,507 applications, an 11% increase from last quarter.

Enforcement Program: 4th Quarter FY 2017/2018

- 433 consumer complaints, 309 criminal convictions were received
- 30 cases were closed, and 44 cases were referred to the Attorney General's (AG) office for formal discipline
- 47 Accusations and 19 Statement of Issues were filed
- 107 final citations were issued
- 562 average number of days to complete Formal Discipline; year-to-date average is 704 days
- 348 average number of days the case is with the AG's Office; year-to-date average is 460 days
- 75 average number of days to complete all Board investigations; year-to-date average is 118 days

Continuing Education Audits: 4th Quarter FY 2017/2018

- 394 licensees were audited from January through August 20, 2018
- 29% of licensees failed their audits

Top reasons a licensee failed the Continuing Education (CE) Audit during this period:

- Failure to complete the required 6-hour Law and Ethics coursework within the renewal period

- First time renewals did not complete the HIV/AIDS course
- Completing CE courses from unapproved providers

In an effort to improve compliance, the Board will increase outreach efforts by sending a licensing analyst and a CE analyst to the association conferences.

Outreach Activity

Board staff either physically attended the following events or participated via phone conference:

- June 8, 2018: Greater Los Angeles Area MFT Consortium
- June 11, 2018: Central Coast MFT Consortium
- August 16, 2018: Inland Empire MFT Consortium

Ms. Madsen will attend the National Association of School Psychologist conference in November. She will also attend the National Board of Certified Counselor annual conference in September, and the Association of Marriage and Family Regulatory Boards conference. Ms. Madsen will promote the Board's licensed portability framework at both conferences.

Board Move Update

About $400,000 have been set aside for the move. To date, the approval of the suite plans is pending. The delay is likely due to the recent fires in California.

Fee Audit

Cooperative Personnel Services HR Consulting (CPS HR) will conduct the Board's fee audit. The cost for the audit will not exceed $43,400. The purpose of the audit is to determine if the current fees are sufficient to support current and future Board operations.

CPS HR and Board management met in August to discuss the project and identify documentation and data necessary to conduct the audit. CPS HR estimates that a final report will be completed in February 2019.

c. Personnel Report

New Employees

John Hicks accepted a position as an Office Technician in the Licensing Unit. He will be responsible for file maintenance. Prior to his appointment, Mr. Hicks was Seasonal Clerk with the Board.

Jonathan Burke accepted a position as Staff Services Manager I in the Discipline & Probation Unit. Prior to his appointment, Mr. Burke served as DCA's Board and Bureau Services Manager.

Departures

Kimberly Brady was promoted with the Department of Public Health in August 2018.

Angel Quintero will transfer to the Board of Registered Nursing effective September 18, 2018.

Retirements

Sandra Wright will retire from state service effective October 1, 2018. Ms. Wright is a Discipline Analyst in the Discipline & Probation Unit. Ms. Wright worked at the Board for 19 years.

Deborah Flewellyn will retire from state service effective November 1, 2018. Ms. Flewellyn is a Marriage and Family Therapist Evaluator. Ms. Flewellyn worked at the Board for 21 years.

Gina Bayless will retire from state service effective December 1, 2018. Ms. Bayless is the Examination & Cashiering Manager. Ms. Bayless worked at the Board for 3 years.

d. Strategic Plan Update

A copy of the Strategic Plan was provided. Dr. Leah Brew requested an additional column added to the plan, indicating a due date for each objective. Ms. Madsen responded that the due dates have not been established yet, but she will aim to provide that by February.

XXIII. Presentation, Discussion, and Possible Action Regarding an Alternative Option to License Surrender in Disciplinary Cases Involving Neuro-Cognitive Degenerative Disorders – Dr. Steven Frankel

Dr. Steven Frankel is an MFT, a psychologist and an attorney. He presented information to the Board regarding specific cases regarding professional mental health providers with dementia, which resulted in disciplinary actions by licensing boards.

Dr. Frankel requests that the Board, upon investigation of a complaint and determination that a licensee has dementia, allow the licensee to retire their license. He also requests that when it is determined that the licensee has dementia, that the accusation is not made public.

Ms. Madsen reached out to the Board of Pharmacy, the Medical Board, and the Board of Psychology. These boards do not offer these options to licensees affected by dementia. Two of these boards do not have a retired license status. They all agreed that once an accusation is filed, it stays. If the Board initiates Dr. Frankel's requests, it will be perceived as avoiding discipline or "in lieu of discipline." Historically, when boards have done this, it led to severe consequences. There is some history involving this that ultimately resulted in uniform standards.

Ms. Madsen added when investigating an accusation, staff does not have the expertise to determine that the licensee may have dementia.

Ms. Madsen explained that when a complaint is received, the Board must either investigate or determine that it is not within the Board's jurisdiction and close it. If the investigation reveals a violation of law, the Board is obligated to act on it. During an investigative process, a retired status cannot be offered because the law prevents it.

Dr. Brew asked if there is a way to change the law to allow the licensee to voluntarily surrender their license and craft the language so that the licensee can leave with dignity. Ms. Knight responded that this would be beyond BBS because all boards are subject to the same type of enforcement and minimum standards. The Board is subject to the Business and Professions Codes.

Dr. Brew addressed Dr. Frankel and informed him that he would need find an assembly member or senator to author a bill.

Mr. Lam suggested that the Board consider a CE requirement in gerontology and aging instead of pursuing legislation and changing laws.

Dr. Chiu agreed with Mr. Lam, and stated that the problem is not to protect one's colleague and preserve their reputation and legacy. The problem is that licensees practice when they should not, and that is what needs to be addressed; not how to not disclose what they had done.

Dr. Wietlisbach agreed with Dr. Chiu but was not sure that additional CE requirements would be helpful.

Discussion continued, and suggestions were made regarding involving stakeholders and professional associations, creating a task force. Dr. Frankel stated that his intent was to raise the issue and make recommendations. He is willing to commit his time to discuss these matters with other boards and the professional associations.

Cathy Atkins, California Association of Marriage and Family Therapists (CAMFT), stated that CAMFT is available for future conversations.

Janlee Wong, National Association of Social Workers California Chapter (NASW-CA), agrees with the approach for public and professional education. One idea would be, on a voluntary basis, to recommend to the CE providers to add or modify the content in some of the required courses to cover the idea of impaired colleagues and competency issues.

No action was taken.

XXIV. Discussion and Possible Action Regarding Associates Paying for Supervision

The topic of an associate paying for supervision is one that the Board has discussed on several occasions. One Board Member requested the Board to reconsider this topic.

Historically, it has been common practice within the mental health profession for associates to pay for supervision. In the past several years, the Board has discussed this topic at the October 2015 Supervision Committee meeting and subsequent committee meetings.

Research was conducted during the Supervision Committee. The data suggested that most associates do not pay for supervision and that most supervisors do not charge for supervision. Based on this information and subsequent discussions, the committee members and stakeholders expressed a preference for this practice to remain intact.

During the May 2016 Board Meeting, Dr. Benjamin Caldwell gave a presentation that suggested that trainees were paying for supervision during their practicum. Dr. Caldwell indicated that this practice appeared to be limited to the Los Angeles area.

Board staff interviewed a group of agencies in southern California. Those agencies indicated that the fee paid to the agencies is to support some of the additional enriched programs and training that trainees would not ordinarily receive. The agencies indicated that everyone is informed of the cost ahead of time and ways to reduce the cost.

The Board referred Dr. Caldwell's concerns and the information staff gathered to the Exempt Setting Committee. The committee and stakeholders determined that the fees charged by these agencies are validated.

Dr. Caldwell made the following points:

- This is not common in the rest of California or the country; this seems to be common in southern California.
- If this is left without oversight, it will potentially grow. For example, an agency in southern California is currently charging trainees and associates to interview for potential placement.
- Fee reductions and fee waivers do not appear to be disclosed to potential trainees and associates.
- Agencies adapt and find ways to serve their mission.

Robert Mendelson, Southern California Counseling Center, commented that his agency charges a program fee, not a supervision fee. The clinical supervisors are volunteers. The money pays for training classes.

The Board rests on this issue. No action was taken.

XXV. Update Regarding Reconvening the Substance Abuse Coordination Committee: Uniform Standard #4

The Substance Abuse Coordination Committee held its second meeting on June 27, 2018. The meeting included presentations regarding drug testing methodologies, an overview of the traditional probation process and contracted diversion programs. The committee also reviewed the key components of Uniform Standard #4 and discussed potential revisions.

The committee approved a revision to the language addressing vacations and absences. Incorporating these revisions will require the boards to initiate a rulemaking process.

The next meeting is scheduled on October 30th.

XXVI. Exempt Setting Committee Update

The Exempt Setting Committee (Committee) met on June 8, 2018 and on September 12, 2018. The following topics were discussed:

- Practice Setting Definitions

  The Committee had previously directed staff to revise existing practice setting definitions, and to create new definitions to include settings not currently defined. Staff presented draft definitions for initial review and received feedback on September 12th. Staff will continue to work on these definitions. Staff will bring the draft language to the Policy and Advocacy Committee meeting in October.

- Registrant Employment by Temporary Staffing Agencies

  The Committee had previously considered draft language that addresses registrants who are employed by a temporary staffing agency, which is often used by the Veteran's Administration (VA). Current law does not address a temporary agency as an employer. The Committee and staff continued to discuss that language on September 12th and received feedback. Staff will bring the draft language to the Policy and Advocacy Committee meeting in October.

- Consumer and Student Outreach Efforts

  The Committee recommended efforts be made to better inform consumers who are seen in exempt settings by unlicensed therapists, and how to better protect these consumers. In addition, the Committee considered methods to help students be better informed about issues pertaining to practicum placement settings.

The Committee recommended that staff increase its outreach efforts to consumers and students.

XXVII. Presentation Regarding the Licensed Mental Health Services Provider Education Program – Office of Statewide Health Planning and Development

Norlyn Asprec, Executive Director, Health Professions Education Foundation provided an overview of the Licensed Mental Health Services Provider Education Program (LMH).

The purpose of the LMH is to increase the number of mental health professionals practicing in underserved areas. Board associates and licensees are eligible for LMH if they meet specified criteria.

Twenty dollars of every LMFT, LCSW, and LPCC license renewal fee is transferred to the Health Professions Education Foundation to fund the LMH. In 2017-2018, the Board allocated $219,185 for LMH awards. Over 700 applications were received. A total of $747,832 was awarded to 60 recipients. Of the 60 awards, 48 were awarded to BBS associates and licensees.

Awards can be received up to three times. Applications are accepted online. Information is available at www.healthprofessions.ca.gov.

XXVIII. Discussion and Possible Action Regarding the Policy and Advocacy Committee Recommendations

a. Recommendation #1 Regarding Proposed Revisions to Out-of-State Licensee Requirements for Licensed Professional Clinical Counselors

Under the proposal, the Board may issue an LPCC license to a person who holds a license in another jurisdiction of the U.S. as a professional clinical counselor at the highest level for independent clinical practice if following conditions are met:

- Holds a been current, active, and unrestricted for at least 2 years immediately prior to the date the application was received by the Board.
- Has a master's or doctoral degree that was obtained from an accredited or approved school.
- Submits fingerprints.
- Completes a 12-hour California law and ethics course.
- Completes 15 hours of coursework in California cultures.
- Completes a 7-hour child abuse assessment and reporting course, which must include coursework covering the Child Abuse and Neglect Reporting Act.
- On or after January 1, 2021, the applicant shows proof completing at least 6 hours of coursework or supervised experience in suicide risk assessment and intervention.
- Passes the Board's California law and ethics exam.

LPCCs who were licensed in another state that permits treatment of couples and families may continue to do so upon licensure in California, if they complete at least 6 hours of CE coursework specific to marriage and family therapy in each renewal cycle. If the other state of licensure does not permit treatment of couples and families, then the licensee must meet the full requirements for LPCCs to treat couples and families, as specified in Business and Professions Code (BPC) §4999.20.

Additional technical amendments are as follows:

- Reduce the coursework requirement for the California law and ethics from 18 hours to 12 hours, for applicants who do not qualify to apply as an out-of-state licensee.
- Additions to §4999.61: This section previously only applied to non-licensed individuals. It has been amended to also apply to those who hold a license, but have held it for less than two years, or to those who hold a license but do not qualify under the portability option for other reasons. Now that license holders are also included in this section, two provisions are added:
    - Allowing an out-of-state licensee to count time actively licensed in good standing toward the 3,000-hour requirement at a rate of 100 hours per month, up to 1,200 hours maximum; and
    - Allowing an active out-of-state licensee or registrant, in good standing, to use his or her qualifying clinical exam score to count for California's clinical exam requirement, if they have already passed the clinical exam that this Board accepts.
- Additions to §4999.62: This section previously applied only to non-licensed individuals. It has been amended to also apply to licensed individuals who were

previously allowed to remediate the practicum requirement. The practicum requirement would be waived for out-of-state license holders in good standing.

The Board's Policy and Advocacy Committee (Committee) reviewed the proposed language at its August 2018 meeting and requested the following changes:

- Remove 6-hour principles of mental health recovery-oriented care coursework requirement in first license renewal period

  The Committee determined that licensed individuals applying under the portability option would likely have had exposure to this content.

- Add child abuse course content

  BPC §28 requires BBS applicants to have knowledge of the Child Abuse and Neglect Reporting Act (CANRA), which is specific to California. The Committee requested that the 7-hour child abuse content be added as a requirement for the portability option.

- Acceptable licenses for LPCC portability

  Previously, to be able to apply for a license under the portability option, the proposed language required licensure as a "professional clinical mental health counselor at the highest level for independent practice". There was concern that the title needed to be tightened further. The Committee instead recommended required licensure as a "professional clinical counselor at the highest level for independent clinical practice."

Dr. Leah Brew moved to direct staff to make any non-substantive changes and to pursue as a legislative proposal; and to direct staff to submit the proposed language to DCA Legal for final review, and if Legal recommends any substantive changes, bring back to the November Board Meeting. Christina Wong seconded. The Board voted to pass the motion.

Vote
Vicka Stout – yes
Christina Wong – yes
Alexander Kim – yes
Dr. Christine Wietlisbach – yes
Betty Connolly – yes
Max Disposti – yes
Dr. Leah Brew – yes
Dr. Peter Chiu – yes
Gabriel Lam – yes

b. Recommendation #2 Regarding Proposed Revisions to Out-of-State Licensee Requirements for Licensed Marriage and Family Therapists

This proposal is very similar to the out-of-state licensee requirements for LPCCs. Ms. Helms presented the key differences for marriage and family therapists:

- Under the proposal, the Board may issue an LMFT license to a person who holds a license in another jurisdiction of the U.S. as a marriage and family

therapist at the highest level for independent clinical practice if they meet specified criteria.

- Definitions of “accredited” and “approved” schools were added to the general definitions for the LMFT licensing law.
- 4980.81(a)(8)(F) *The application of legal and ethical standards for different types of work settings* should read *in different types of work settings*.

Dr. Caldwell commented that AAMFT supports the language as drafted.

Dr. Peter Chiu moved to direct staff to make any non-substantive changes and to pursue as a legislative proposal; and to direct staff to submit the proposed language to DCA Legal for final review, and if Legal recommends any substantive changes, bring back to the November Board Meeting. Christina Wong seconded. The Board voted to pass the motion.

Vote
Vicka Stout – yes
Christina Wong – yes
Alexander Kim – yes
Dr. Christine Wietlisbach – yes
Betty Connolly – yes
Max Disposti – yes
Dr. Leah Brew – yes
Dr. Peter Chiu – yes
Gabriel Lam – yes

c. Recommendation #3 Regarding Proposed Revisions to Out-of-State Licensee Requirements for Licensed Clinical Social Workers

This proposal is very similar to the out-of-state licensee requirements for LPCCs and LMFTs. Ms. Helms presented the key differences for LCSWs:

- Under the proposal, the Board may issue an LCSW license to a person who holds a license in another jurisdiction of the U.S. as a clinical social worker at the highest level for independent practice if they meet specified criteria.
- Addition to §4996.17.2: A requirement that out-of-state applicants not qualifying under the portability option complete 10 contact hours of coursework in aging and long-term care, as specified in §4996.25
- The Committee requested to remove the proposed language requiring an out-of-state-applicant not qualifying under the portability option to complete 45 hours of coursework in the principles of mental health recovery-oriented care. Social workers are already trained in this model of practice.
- 4996.18(b)(3)(F) *The application of legal and ethical standards for different types of work settings* should read *in different types of work settings*.

Christina Wong moved to direct staff to make any non-substantive changes and to pursue as a legislative proposal; and to direct staff to submit the proposed language to DCA Legal for final review, and if Legal recommends

any substantive changes, bring back to the November Board Meeting. Dr. Leah Brew seconded. The Board voted to pass the motion.

Vote
Vicka Stout – yes
Christina Wong – yes
Alexander Kim – yes
Dr. Christine Wietlisbach – yes
Betty Connolly – yes
Max Disposti – yes
Dr. Leah Brew – yes
Dr. Peter Chiu – yes
Gabriel Lam – yes

d. Recommendation #4 Regarding Adding a New Accepted Degree Title for Marriage and Family Therapist Licensure

The Board has been asked to consider adding a new degree title to those accepted for licensure as a marriage and family therapist. The goal of the new title, "Clinical Mental Health Counseling with a concentration in Marriage, Family, and Child Counseling," would be to increase portability of licensure to other states.

Argosy University is requesting the additional title. Argosy University offers a "Counseling Psychology" degree program in California, which prepares its students for both LMFT and LPCC licensure in California. However, it is not accepted toward licensure in many other states. Argosy University notes that many states are requiring accreditation from the Council for Accreditation of Counseling & Related Educational Programs (CACREP). According to the CACREP standards, the degree areas must be certain specific titles. Argosy's Counseling Psychology degree program is not included on CACREP's list.

The Committee recommended that the Board consider adding the title "Clinical Mental Health Counseling with a concentration in Marriage, Family, and Child Counseling," to the list of degree titles acceptable for LMFT licensure for in-state applicants.

Dr. Brew expressed support for the recommendation. She explained that at the national level, the American Counseling Association (ACA), the base degree is to become a mental health counselor and then to specialize in marriage and family therapy or school counseling, for example. This is the national landscape, and most states do this. California is different from the rest of the country. Schools will eventually need to change their degree titles so that students can be dually licensed.

Dr. Benjamin Caldwell, American Association for Marriage and Family Therapy (AAMFT), explained that there is a philosophical conflict between AAMFT and ACA. AAMFT's perspective has been that the discipline of marriage and family therapy is distinct from the discipline of professional counseling. The perspective of the ACA and CACREP has been that marriage, family and child counseling is a subset of the larger profession of counseling. aving that discussion to define an MFT license degree based on its content rather than its title will make it more

difficult for programs to offer dual track programs. or this case, the easiest solution is to add an acceptable degree title.

Ms. Atkins expressed that CAMFT supports the addition of the title.

Dr. Leah Brew moved to direct staff to pursue a legislative proposal to add the new title "Clinical Mental Health Counseling with a concentration in Marriage, Family, and Child Counseling" to the list of degree titles acceptable for LMFT licensure for in-state applicants and make any non-substantive changes. Dr. Christine Wietlisbach seconded. The Board voted to pass the motion.

<u>Vote</u>
Vicka Stout – yes
Christina Wong – yes
Alexander Kim – yes
Dr. Christine Wietlisbach – yes
Betty Connolly – yes
Max Disposti – yes
Dr. Leah Brew – yes
Dr. Peter Chiu – yes
Gabriel Lam – abstain

e. Recommendation #5 Regarding Licensed Professional Clinical Counselor Supervision Requirements: Title 16, California Code of Regulations: Amend Sections 1820, 1820.5 and 1821; Add Sections 1821.1, 1821.2 and 1821.3; Repeal Section 1822

The Supervision Committee focused on qualifications of supervisors, supervisor responsibilities, types of supervision provided, and employment of associates. Significant statutory and regulatory changes were proposed by the Supervision Committee.

The Supervision Committee's work resulted in AB 93 as well as proposed regulations. However, AB 93 has had some significant changes since the time the regulations were initially approved. The proposed regulations have been revised due to those changes, and also in consideration of recent feedback on other regulation proposals from the OAL and DCA.

AB 93 does the following:

- Allows a licensee to count time licensed in another state toward the following requirements to become a supervisor:
  - Held a license for at least 2 years
  - Held an active license for 2 of the past 5 years
  - Actively practiced or supervised for at least 2 of the past 5 years
- Allows supervision of students (social work interns or professional clinical counselor trainees) to count toward actively supervising for the 2 of the past 5 years.

- Modifies the definition of supervision and further outlines a supervisor's responsibilities, including addressing countertransference or other personal issues that may affect the supervisory or practitioner-patient relationship.
- Allows the Board to audit a supervisor's qualifications and requires a supervisor to keep records of his or her qualifications for 7 years from termination of the supervision.
- In a private practice which is not a professional corporation, requires an associate to be supervised by an employee who practices at the same site as the associate's employer, or by an owner of the private practice.
- Specifies that alternate supervision is allowed while the supervisor is on vacation or sick leave if the same requirements are met.

If AB 93 is signed, then staff can move forward with the proposed regulations. Ms. Berger briefly summarized the original proposed regulations approved by the Board in November 2016.

Ms. Berger then presented the new proposed changes to the original regulations:

1. Wording and numbering changes for consistency with AB 93.
2. All implementation dates moved forward one year because AB 93 became a two-year bill.
3. Minor technical, grammatical and clarifying changes.
4. Clarifies what is meant by "standards of practice of the profession" (legal requirements and ethics codes) in the written agreement between the employer and supervisor (California Code of Regulations (CCR) section 1820(a)).
5. Removes a reference to the 6-year limit on experience hours and makes it generic in the event the statute specifying this requirement were to change (CCR section 1820(c)(3)(E)(v)).
6. Requires the supervisor to provide associates with procedures regarding handling crises and emergencies, prior to the commencement of supervision (timing was previously unspecified) (CCR section 1821(a)(12)).
7. Requires additional information on the supervisor self-assessment report to help staff determine compliance with training requirements (CCR section 1821(d)(3)&(4)).
8. Clarifies what is meant by "current best practices and current standards" (legal requirements, ethics codes and research on supervision) as it pertains to supervision training content (CCR section 1821.3(a)(1)).
9. Clarifies that a 6-hour supervision training (refresher) course is required for a licensee who has previously served as a supervisor, but who has not supervised in the past 2 years (as opposed to "2 of the past 5 years") (CCR section 1821.3(b)).
10. Requires continuing professional development activities involving collaboration, mentoring, and peer discussion groups to take place with other licensees who are currently serving as a Board-qualified supervisor (CCR section 1821.3(c)).

Dr. Christine Wietlisbach moved to approve the proposed text for a 45-day public comment period, and delegate to the Executive Officer the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period, to follow established procedures and processes in doing so, and delegate to the Executive Officer the authority to make any technical, non-substantive changes that may be required in completing the rule-making file. Dr. Leah Brew seconded. The Board voted to pass the motion.

Vote
Vicka Stout – yes
Christina Wong – yes
Alexander Kim – yes
Dr. Christine Wietlisbach – yes
Betty Connolly – yes
Max Disposti – yes
Dr. Leah Brew – yes
Dr. Peter Chiu – yes
Gabriel Lam – yes

f. Recommendation #6 Regarding Licensed Marriage and Family Therapist Supervision Requirements: Title 16, California Code of Regulations: Amend Sections 1833, 1833.1 and 1833.2; Add Sections 1833.1.5 and 1834

Ms. Berger explained that he LMFT supervision regulation proposal is the same as those outlined in the LPCC supervision regulation proposal except for a few unique items that are referring to the law as it is currently. Supervisor requirements will be consistent between the three professions.

Ms. Atkins and Dr. Caldwell thanked the Supervision Committee for its work on the proposed supervision requirements.

Christina Wong moved to approve the proposed text for a 45-day public comment period, and delegate to the Executive Officer the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period, to follow established procedures and processes in doing so, and delegate to the Executive Officer the authority to make any technical, non-substantive changes that may be required in completing the rule-making file. Dr. Leah Brew seconded. The Board voted to pass the motion.

Vote
Vicka Stout – yes
Christina Wong – yes
Alexander Kim – yes
Dr. Christine Wietlisbach – yes
Betty Connolly – yes
Max Disposti – yes
Dr. Leah Brew – yes
Dr. Peter Chiu – yes
Gabriel Lam – yes

g. Recommendation #7 Regarding Licensed Clinical Social Worker Supervision Requirements: Title 16, California Code of Regulations: Amend Sections 1870 and 1870.1; Add Sections 1869, 1870.5 and 1871; Repeal Section 1874

Ms. Berger stated that the LCSW supervision regulation proposal is the same as those outlined in the LPCC and LMFT supervision regulation proposals. Supervisor requirements will be consistent between the three professions.

Mr. Wong, NASW-CA, thanked the Supervision Committee for its work on the proposed supervision requirements.

Christina Wong moved to approve the proposed text for a 45-day public comment period, and delegate to the Executive Officer the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period, to follow established procedures and processes in doing so, and delegate to the Executive Officer the authority to make any technical, non-substantive changes that may be required in completing the rule-making file. Vicka Stout seconded. The Board voted to pass the motion.

Vote
Vicka Stout – yes
Christina Wong – yes
Alexander Kim – yes
Dr. Christine Wietlisbach – yes
Betty Connolly – yes
Max Disposti – yes
Dr. Leah Brew – yes
Dr. Peter Chiu – yes
Gabriel Lam – yes

XXIX. Status on Board-Sponsored Legislation and Other Legislation Affecting the Board

Board-sponsored legislation awaiting a decision by the Governor:

- AB 93: Healing Arts: Marriage and Family Therapists: Clinical Social Workers: Professional Clinical Counselors: Required Experience and Supervision
- AB 2117: Marriage and Family Therapists: Clinical Social Workers: Professional Clinical Counselors
- SB 1491 (Senate Business, Professions, and Economic Development Committee): Omnibus Legislation

Board-supported legislation:

- AB 456: Healing Arts: Associate Clinical Social Workers – This bill was signed by the Governor.
- AB 2088: Patient Records: Addenda – This bill was signed by the Governor.
- AB 1436: Board of Behavioral Sciences: Licensees: Suicide Prevention Training – This bill is awaiting a decision by the Governor.

- AB 2943: Psychotherapist-Client Relationship: Victims of Sexual Behavior and Sexual Contact: Informational Brochure – This bill was withdrawn by the author.

Board-monitored legislation:

- AB 2138 (Chiu and Low) Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction – This bill is awaiting a decision by the Governor.

XXX. Status of Board Rulemaking Proposals

Enforcement Process – This proposal was submitted to Agency within the past week.

Examination Rescoring – This propoasl was submitted to Agency within the past week.

Contact Information; Application Requirements; Incapacitated Supervisors - Depending on the outcome of the License Portability Committee's recommendations, this proposal may need to be revised to align with the revised licensing requirements for out-of-state applicants and brought back before the Board before submission to OAL for publishing.

XXXI. Suggestions for Future Agenda Items

Dr. Brew suggested a discussion, whether it be internal or within the Strategic Plan, regarding the structure of future Board Meetings, specifically addressing the increase in the number of petition hearings and how that will affect the length of future Board Meetings.

Dr. Caldwell requested a discussion on clinical examination resources that are made available to examinees.

An attendee requested a discussion regarding Board staff development and culture, and how to interact with people.

XXXII. Public Comment for Items Not on the Agenda

Dean Porter, California Association for Licensed Clinical Counselors (CALPCC), announced that this would be her last Board meeting. She expressed her gratitude to Ms. Madsen, Mr. Sodergren, Ms. Helms, Ms. Berger, Dr. Brew and all Board Members.

An attendee expressed concerned with Department of Veteran Affairs (VA) and not knowing if VA social workers are licensed. He also commented on his request for documents from the Board, stating that his request has not been fulfilled.

G.V. Ayers, CALPCC, alerted the Board of an ongoing issue with the Department of Health Care Services (DHCS). CALPCC is sponsoring a bill that would add LPCCs and PCCIs as qualified providers who can be reimbursed by Medi-Cal for services (at Federally Qualified Health Centers and Rural Health Clinics). DHCS has opposed this bill. CALPCC is pursuing the matter with them.

XXXIII. Adjournment

The Board adjourned at 3:24 p.m.

Board of Behavioral Sciences

1625 North Market Blvd., Suite S-200, Sacramento, CA 95834
(916) 574-7830 | TDD (916) 322-1700
www.bbs.ca.gov

Governor Edmund G. Brown Jr.
State of California

Business, Consumer Services and Housing Agency
Department of Consumer Affairs

BOARD MEETING
Draft Minutes
October 19, 2018

The Board of Behavioral Sciences met via teleconference at the following locations:

Department of Consumer Affairs
Lou Galiano Hearing Room
1625 North Market Blvd., #102
Sacramento, CA 95834

823 Willow Creek Drive
Folsom, CA 95630

1073 Ross Avenue, Ste. C
El Centro, CA 92243

1234 Wilshire Blvd., Unit 440
Los Angeles, CA 90017

3220 Mission Ave., Ste. 2
Oceanside, CA 92058

47323 Road 620
Oakhurst, CA 93644

Members Present
Betty Connolly, Chair, LEP Member
Massimiliano "Max" Disposti, Vice Chair, Public Member
Deborah Brown, Chair, Public Member
Alexander Kim, Public Member
Gabriel Lam, LCSW Member
Jonathan Maddox, LMFT Member
Vicka Stout, LMFT Member
Christina Wong, LCSW Member

Members Absent
Dr. Leah Brew, LPCC Member
Dr. Peter Chiu, Public Member
Dr. Christine Wietlisbach, Public Member

Staff Present
Kim Madsen, Executive Officer *(open session only)*
Sabina Knight, Legal Counsel
Christina Kitamura, Administrative Analyst

OPEN SESSION

I. Call to Order and Establishment of Quorum

Betty Connolly, Chair of the Board of Behavioral Sciences (Board), called the meeting to order at 9:15 a.m. Christina Kitamura called roll, and a quorum was established. There were no members of the public in attendance at any of the meeting location sites.

II. Public Comment for Items Not on the Agenda

No public comments were presented.

III. Suggestions for Future Agenda Items

No suggestions were presented.

CLOSED SESSION

IV. Pursuant to Section 11126(c)(3) of the Government Code, the Board Will Meet in Closed Session for Discussion and to Take Action on Disciplinary Matters

The Board met in closed session.

RECOVENE IN OPEN SESSION

V. Adjournment

The Board adjourned at 9:22 a.m.

2018/2019 Budget

The Board's budget for fiscal year (FY) 2018/2019 is $11,537,000.

As reported previously, on July 1, 2017, the Department of Consumer Affairs transitioned to a new system for budgets, account, and procurements – FI$Cal. The transition has and continues to be challenging in terms of timely reports.

The attached expenditure log reflects the information currently available to the Board.

Expense Category	Amount	Percentage
Personnel	$ 0	0%
OE&E	$ 196,143	2%
Enforcement	$ 377,785	3%
Minor Equipment	$ 0	0%
Total Expenses	**$ 573,929**	**5%**

General Fund Loans

The Board's Fund Condition report reflects a $3.3 million loan repayment in FY 2018/2019. This is the final payment of the $12.3 million dollars previously loaned to the General Fund.

Board Fund Condition

The Board's Fund Condition for FY 2018/2019 reflects a 5.3-month reserve.

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BBS EXPENDITURE REPORT FY 2018/2019

Old	Fi$Cal	OBJECT DESCRIPTION	FY 2017/18 ACTUAL EXPENDITURES	FY 2018/19 BUDGET ALLOCATION	FY 2018/19 CURRENT AS OF	FY 2018/19 UNENCUMBERED BALANCE
		PERSONAL SERVICES				
3.00	5100000	Salary & Wages (Civ Svc Perm)	2,772,619	3,158,000	0	3,158,000
63.00	5105000	Salary & Wages (Stat Exempt/EO)	108,288	91,000	0	91,000
33.04	5100150	Temp Help (907)(Seasonals)	188,366			0
33.06		BL 12-03 Blanket	93,881			
63.01	5105100	Board Memb (Per Diem)	16,600	13,000	0	13,000
83.00	5108000	Overtime	1,055	2,000	0	2,000
		Totals Staff Benefits	1,861,940	1,915,000	0	1,915,000
		TOTALS, PERSONAL SERVICES	**5,042,749**	**5,179,000**	**0**	5,179,000
		OPERATING EXP & EQUIP				
201.00	5301400	General Expense	151,532	66,000	0	66,000
213.04	5301100	Fingerprint Reports	0	15,000	0	15,000
226.00	5362290	**Minor Equipment (226)**	**39,980**	**14,000**	**934**	13,066
241.00	5302900	**Printing**	**110,545**	**26,000**	**3,462**	22,538
251.00	5304800	Communication	22,060	18,000	88	17,912
261.00	5306100	**Postage**	**76,370**	**70,000**	**0**	70,000
271.00	5308300	Insurance	17,250	0		0
291.00	5320490	**Travel, In State**	**60,481**	**59,000**	**0**	59,000
311.00	5300890	Travel, Out-of-State	607	72,000	0	72,000
331.00	5322400	**Training**	**2,702**	**28,000**	**0**	28,000
341.00	5324350	Facilities Operations	441,988	228,000	99	227,901
361.00	5326900	Utilities	0	4,000	0	4,000
382.00	5340330	C&P Services - Interdept.	262	15,000	0	15,000
		C&P Services-External Contracts	**593,434**	**129,000**	**18,506**	110,494
		DEPARTMENTAL PRORATA/SERVICES				
424.03	5342500	Office of Information Services	1,670,000	684,000	0	684,000
427.00	5342500	Administrative/Executive	828,000	1,709,000	0	1,709,000
427.01	5342400	Interagency Services		1,000	0	1,000
427.10	5342400	IA with OPES	323,944	325,000	101,374	223,626
427.30	5342500	DOI Special Operations	22,000	26,000	0	26,000
427.34	5342500	Communications Division	50,000	61,000	0	61,000
427.35	5342500	Program Policy and Regulations Divis	49,000	63,000	0	63,000
		INTERAGENCY SERVICES				
431.00	5346300	Information Technology	576,774	14,000		14,000
428.00	5344000	Consolidated Data Services	16,909	29,000	0	29,000
432-449	5348250	DP Maintenance & Supply	2,769	0	0	0
		EXAM EXPENSES				
343.20	5340420	Exam Site Rental (Hotel Contract/Fairfield Inn)		100,000	15,305	84,695
404.00	5340420	C/P Svcs- External Expert Administrative (PSI)		359,000	56,377	302,624
404.01	5340420	C/P Svs - Expert Examiners		45,000		45,000
434.03	5340420	C/P Svs - External Subj Matter	184,050	467,000	0	467,000
		ENFORCEMENT				
396.00	5340310	Attorney General	1,124,857	939,000	358,469	580,531
397.00	5340320	Office of Admin. Hearing	251,895	240,000	0	240,000
418.97	5340540	Court Reporters	17,997	15,000	17,106	(2,106)
414.31	5340540	Evidence/Witness Fees	36,848	95,000	2,210	92,790
427.31	5342500	DOI- Investigations Enforcement Unit		417,000	0	417,000
452-472	5362315	**Major Equipment**		**6,000**	**0**	6,000
524.00	5390870	**Vehicle Operations**		**19,000**	**0**	19,000
		TOTAL, OE&E	**6,672,254**	**6,358,000**	**573,929**	**5,784,071**
		TOTAL EXPENDITURES	**$11,715,003**	**$11,537,000**	**$573,929**	**10,963,071**

BLUE PRINT INDICATES THE ITEMS ARE SOMEWHAT DISCRETIONARY.

0773 - Behavioral Science
Analysis of Fund Condition

Prepared 11/7/18

(Dollars in Thousands)

Budget Act 2018 with FM 12 Actuals & Updated CY/BY Revenues

		Actuals 2017-18	CY 2018-19	BY 2019-20
BEGINNING BALANCE		$ 5,647	$ 5,624	$ 5,642
Prior Year Adjustment		$ -	$ -	$ -
Adjusted Beginning Balance		$ 5,647	$ 5,624	$ 5,642
REVENUES AND TRANSFERS				
Revenues:				
4129200	Other regulatory fees	$ 191	$ 221	$ 228
4129400	Other regulatory licenses and permits	$ 3,580	$ 3,637	$ 3,673
4127400	Renewal fees	$ 5,217	$ 5,268	$ 5,320
4121200	Delinquent fees	$ 92	$ 92	$ 93
4163000	Income from surplus money investments	$ 54	$ 34	$ 33
4172500	Miscellaneous revenues	$ 11	$ 11	$ 11
Totals, Revenues		$ 9,145	$ 9,263	$ 9,358
Transfers from Other Funds				
F00001	GF loan repayment per item 1110-011-0773 BA of 2008	$ 3,000	$ -	$ -
F00001	GF loan repayment per item 1110-011-0773 BA of 2011	$ -	$ 3,300	$ -
	Totals, Revenues and Transfers	$ 12,145	$ 12,563	$ 9,358
	Totals, Resources	$ 17,792	$ 18,187	$ 15,000
EXPENDITURES				
Disbursements:				
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)		$ 11,461	$ 11,487	$ 11,717
8880 Financial Information System for California (State Operations)		$ 15	$ 1	$ 1
9892 Supplemental Pension Payment (State Operations)		$ -	$ 100	$ 100
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)		$ 692	$ 957	$ 957
Total Disbursements		$ 12,168	$ 12,545	$ 12,775
FUND BALANCE				
Reserve for economic uncertainties		$ 5,624	$ 5,642	$ 2,225
Months in Reserve		5.4	5.3	2.1

NOTES:

A. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR IN BY AND ON-GOING.

B. INCLUDES UPDATED 2018-19 AND 2019-20 REVENUE ESTIMATES

Board Statistics

Attached for your review are the quarterly performance statistics for the first quarter of FY 2018/2019.

Licensing Program

Overall, application volumes increased 20% in the first quarter of FY 2018/2019. Additionally, Board staff initiated tracking the number of subsequent registration applications received. The numbers are reflected in the following chart.

Application Volumes

Application Type	1st Quarter 7/1/18 – 9/30/18	4th Quarter 4/1/18 – 6/30/18	Difference
AMFT Registration	1214	917	-78%
AMFT Registration Subsequent Number	200	NA	0
LMFT Examination	841	901	-7%
ASW Registration	1271	1231	3%
ASW Registration Subsequent Number	161	NA	0
LCSW Examination	559	589	-5%
LEP Examination	48	16	200%
APCC Registration	465	285	63%
APCC Registration Subsequent Number	3	NA	0
LPCC Examination	70	71	-1%
Total Applications	**4832**	**4010**	20%

Days to Process Applications

License Type	1st Quarter 7/1/18 – 9/30/18	4th Quarter 4/1/2018 – 6/30/2018	Difference
AMFT Registration	12 days	12 days	0
LMFT Examination	31 days	30 days	+1 day
ASW Registration	9 days	11days	-2 days
LCSW Examination	31 days	40 days	-9 days
LEP Examination	7 days	10 days	-3 days
APCC Registration	16 days	10 days	+6 days
LPCC Examination	13 days	10 days	+3 days

A total of 1,680 initial licenses were issued in the first quarter. As of November 1, 2018, the Board has 115,308 licensees and registrants. This figure includes all licenses that have been issued that are current and/or eligible to renew.

LICENSE POPULATION (As of 11/01/2018)				
License Type	**Active**	**Current In-Active**	**Delinquent**	**Total Population**
Registrants				
AMFT	13,136	N/A	4,468	17,604
ASW	12,060	N/A	4,405	16,465
APCC	2,593	N/A	1,301	3,894
Total Registrant	27,789	N/A	10,174	37,963
Licensees				
LMFT	37,464	4,327	3,307	45,098
LCSW	24,072	2,487	1,837	28,396
LEP	1,334	436	273	2,043
LPCC	1,600	123	85	1808
Total Licensee	64,470	7,373	15,676	77,345
Total Population	92,259	7,373	15,676	**115,308**

Examination Program

Attached for your review are the examination statistics by school. A total 5,508 examinations were administered in the first quarter.

	1st Qtr				**4th Qtr**			
					04/01/18 – 06/30/18			
	Total Exams	**Pass %**	**First Time**	**Pass %**	**Total Exams**	**Pass %**	**First Time**	**Pass %**
LMFT L/E*	1,460	76%	989	81%	1,342	78%	835	81%
LMFT Clinical*	1,308	62%	878	72%	1,244	65%	822	72%
LCSW L/E*	1,447	80%	1,088	82%	1,379	84%	993	88%
LCSW ASWB	859	63%	601	76%	850	65%	644	75%
LPCC L/E*	309	64%	245	67%	254	59%	191	65%
LPCC NCMHCE	74	78%	61	79%	46	70%	31	71%
LEP*	51	53%	34	56%	45	67%	31	77%

^Total includes paper/pencil exams **Board developed examination*

Twelve examination development workshops were conducted from July 1, 2018 to September 30, 2018.

LPCC Occupational Analysis

In October 2017, the Office of Professional Examination Services (OPES) initiated the work to conduct an occupational analysis (OA) of LPCC practice in California. The purpose of the OA is to define practice for LPCCs in terms of the actual job task that new licensees must be able to perform safely and competently at the time of licensure. Additionally, the results of the OA provide a description of practice for the LPCC profession that can then be used to review the National Clinical Mental Health Counseling Examination (NCMHCE) developed by the National Board of Certified Counselors (NBCC).

OPES concluded its work in June 2018 and submitted a full report to the Board. A copy of the full report is included for your review.

Review of the NCMHCE Examination

In November 2018, the Board notified NBCC of its intent to review the NCMHCE examination. The Board has authorized OPES to conduct the review. The results of the review will be reported to the Board at a future meeting.

Review of the AMFTRB National Examination - Update

As previously reported, the review of the AMFTRB National Examination will occur following the conclusion of the LMFT Occupational Analysis (OA). OPES initiated the LMFT OA in October 2018. Board staff anticipates the review of the AMFTRB National Examination will occur in 2019.

Administration Program

The Board received 10,287 applications in the first quarter, an 8% increase since last quarter. This figure does not include renewal applications. The chart below reflects the total renewal activity for the first quarter.

Effective October 1, 2018, the Board revised its renewal notification process. All licensees and registrants will receive a renewal notification with instructions to renew online. A paper renewal coupon is not included in the renewal notification. This new process ensures all renewals are complete and renewal candidates receive a new expiration date as soon as the process is completed.

RENEWAL ACTIVITY		
	Number of Renewals	**Percentage**
DCA Processed	2,042	14%
BBS Processed	620	4%
Online Renewal	12,078	82%
Total	14,271	

Enforcement Program

During the first quarter, the Enforcement staff received 432 consumer complaints and 421 criminal convictions. A total of 777 cases were closed and 48 cases were referred to the Attorney General's office for formal discipline. 29 Accusations and 16 Statement of Issues were filed this quarter. The number of final citations for the first quarter was 41.

The average number of days to complete Formal Discipline in the first quarter was 529 days. The year to date average is 529 days. This statistic is measured from the date the Board receives the complaint to the date the discipline becomes effective.

The average number of days the case is with the Attorney General's Office in the first quarter was 346. The year to date average is 346 days. This statistic is measured from the date the Board refers the matter to the Attorney General's to the date the case is complete. The average number of days to complete all Board investigations in the first quarter was 93 days. The year to date average is 93 days.

Continuing Education Audits

Due to vacancies in the licensing unit, continuing education audits were not conducted this quarter. The audits will resume next quarter.

Outreach Activity

The Board's Outreach Activity subsided over the summer months. Board staff either physically attended the following events or participated via a phone conference.

June 8, 2018	Greater Los Angeles Area MFT Consortium
June 11, 2018	Central Coast MFT Consortium
August 16, 2018	Inland Empire MFT Consortium
August 17, 2018	Central Coast MFT Consortium
September 10, 2018	Central Coast MFT Consortium
September 19, 2018	Orange County MFT Consortium

National Meetings

September 20-21, 2018	NBCC Annual Meeting, St. Paul, Minneapolis
September 25-26, 2018	AMFTRB Annual Meeting, Philadelphia, PA

NBCC Annual Meeting Summary

Discussions to improve license portability were a key topic during this meeting. The Board's Executive Officer discussed California's framework to improve license portability for out-of-state applicants. California's proposal was well received by the states in attendance.

During the meeting the revisions to the National Counselor Licensure Endorsement Process (NCLEP) proposal were discussed. The revisions were a result of feedback that was received to the initial 2017 proposal. For your review, both versions of the NCLEP are attached. Unfortunately, California LPCCs will not benefit from the revisions. Specifically, California LPCCs cannot meet the 2008 licensure requirement since the first LPCC license was issued in

2012. The Board's Executive Officer pointed out the challenge for California LPCCs to meet the requirements outlined in the NCLEP proposal. As a result, the American Association of State Counseling Boards (AASCB) planned to revisit the proposal's requirements.

Telehealth practice was another key issue discussed. All states require licensure if the client receiving telehealth services resides in their state. However, state representatives commented that the absence of telehealth standards and rapidly changing technology are critical challenges.

AMFTRB Annual Meeting Summary

Similar to the NBCC meeting, license portability and telehealth practice were key discussion topics. During the license portability discussions, the Board's Executive Officer discussed California's proposal to improve license portability for out-of-state applicants. The proposal is similar to the AMFTRB proposal. California's proposal was well received. Further, seven (7) states in attendance reported that the state will accept the California's LMFT Clinical examination in lieu of the national examination. These states are Virginia, West Virginia, Florida, Texas, Wyoming, Nebraska and Wyoming. Although not in attendance, Oregon also accepts the California exam.

Very few states reported progress to improve license portability. Most states have not initiated the discussion. These states indicated that there is a hesitancy to revise the law because of the opposition the revision may receive. The Board's Executive Officer and the Oklahoma Executive Officer suggested strategies that may be helpful to the state's efforts.

All states in attendance noted various challenges related to the practice of telehealth. The states acknowledged AMFTRB's 2016 Teletherapy Guidelines have been helpful. Similar to the comments during the NBCC meeting, keeping pace with changing technology remains a concern.

Board Move Update

To date, the approval of the suite plans is pending. To the extent possible, Board staff continues to prepare for the move.

Fee Audit

On August 27th, 2018 board staff met with Chris Atkinson and Karen Connell from CPS Consulting for a kick-off meeting. Staff continues to work closely with CPS Consulting by providing them with documents and data that is necessary for them to conduct workload and financial analyses. The following work was completed in October:

- Compilation of raw data tables for the following analyses:
- Began introductory section of report
- Initial review of time estimates and process flow charts

The following work is expedted to be completed in November:

- Begin on report sections for historical analyses
- Conduct additional analysis of workload estimates and process flow charts related to the application types.
- Begin report sections related the workload analysis of the application types.

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QUARTERLY STATISTICAL REPORT FY 2018-2019

This report provides statistical information relating to various aspects of the Board's business processes. Statistics are grouped by unit.

CASHIERING

Renewals Processed In-House	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
Received	170	246	232										**478**
Closed	163	186	271										**457**

Renewals Processed By DCA Central Cashiering	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
Received	862	468	305										**1635**
Closed	1031	624	387										**2042**

Online Transactions	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
Online Renewals	3716	4487	3875										**12078**
Online Cert Reorder	173	312	202										**687**
Address Changes	946	1079	917										**2942**
TOTAL	4835	5878	4994										**15707**

Application Payments Processed In-House**	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
Received		3292	3116										**6408**
Closed		3679	3260										**6939**

***These totals represent all other applications and do not include renewal applications*

LICENSING

The Board's Licensing Unit evaluates applications for registration and examination eligibility. This involves verifying educational and experience qualifications to ensure they meet requirements defined in statute and regulation.

LMFT Law & Ethics Applications	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
Received	268	311	262										**841**
Approved	240	286	307										**833**
LCSW Law & Ethics Applications	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
Received	327	265	242										**834**
Approved	299	267	280										**846**
LPCC Law & Ethics Applications	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
Received	71	79	58										**208**
Approved	55	91	64										**210**

TOTAL Law & Ethics Applications	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
Received	666	655	562										**1883**
Approved	594	644	651										**1889**

LMFT Licensure & Exam Applications	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
Received	306	274	220										**800**
Approved	274	249	225										**748**
Process Time	35	31	28										**31**
LCSW Licensure & Exam Applications	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
Received	179	187	193										**559**
Approved	214	244	194										**652**
Process Time	27	32	33										**31**
LPCC Licensure & Exam Applications	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
Received	25	21	24										**70**
Approved	15	29	21										**65**
Process Time	10	16	14										**13**
LEP Examination Eligibility Applications	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
Received	15	17	16										**48**
Approved	12	14	17										**43**
Process Time	6	8	7										**7**

TOTAL Licensure & Exam Applications	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
Received	525	499	453										**1477**
Approved	515	536	457										**1508**
Avg. Process Time	20	22	21										**21**

AMFT Regisration Applications	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
Initial Received	467	336	411										**1214**
Sub. Received	71	76	53										**200**
Approved	373	589	469										**1431**
Process Time	11	12	12										**12**
ASW Registration Applications	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
Initial Received	660	349	262										**1271**
Sub. Received	64	44	53										**161**
Approved	842	558	342										**1742**
Process Time	8	8	12										**9**
APCC Registration Applications	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
Intial Received	199	145	121										**465**
Sub. Received	2	0	1										**3**
Approved	138	182	128										**448**
Process Time	17	17	14										**16**

TOTAL Registration Applications	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
Initial Received	1326	830	794										**2950**
Sub. Received	137	120	107										**364**
Approved	1353	1329	939										**3621**
Avg. Process Time	12	12	13										**12**

EXAMINATION

The Board's Examination Unit processes complaints and performs other administrative functions relating to the Board's examination processes.

Examinations Administered	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
LCSW L&E	580	532	335										**1447**
LMFT L&E	516	522	422										**1460**
LPCC L&E	94	119	96										**309**
TOTAL L & E	1190	1173	853										**3216**
ASWB Clinical	321	289	249										**859**
LMFT Clinical	491	430	387										**1308**
LPCC NCMHCE	29	20	25										**74**
LEP	22	20	9										**51**
Total Exams Administered	**2053**	**1932**	**1523**										**5508**
Examination Workshops	**4**	**3**	**5**										**12**

Initial Licenses Issued	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
LMFT	333	274	313										**920**
LCSW	195	231	238										**664**
LEP	17	11	5										**33**
LPCC	21	24	18										**63**
TOTAL	**566**	**540**	**574**										**1680**

ENFORCEMENT

The Board's Enforcement Unit investigates consumer complaints and reviews prior and subsequent arrest reports for registrants and licensees. The pending total is a snapshot of all pending items at the close of a quarter.

Complaints *(Complaint Intake*)*	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
Received	147	146	139										**432**
Closed without Assignment for Investigation	55	71	21										**147**
Assigned for Investigation	115	93	80										**288**
Average Days to Close or Assigned for Investigation	12	8	7										**9**
Intake Pending	34	20	66										**120**

Convictions/Arrest Reports	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
Received	151	144	126										**421**
Closed / Assigned for Investigation	0	0	0										**0**
Assigned for Investigation	151	159	133										**443**
Average Days to Close	2	4	2										**3**
Intake Pending	12	2	0										**14**

Complaint Intake * Complaints Received by the Program

INVESTIGATIONS*

Desk Investigation	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
Assigned	283	267	223										**773**
Closed	225	306	231										**762**
Average Days to Close	32	44	42										**39**
Pending	343	314	311										
Field Investigation (Non-Sworn)	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
Assigned	1	3	16										**20**
Closed	2	13	0										**15**
Average Days to Close	206	151	0										**119**
Pending	22	12	28										
Field Investigation (Sworn)	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
Assigned	0	0	2										**2**
Closed	0	0	1										**1**
Average Days to Close	0	0	80										**27**
Pending	5	5	6										
All Investigations	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
First Assignments	284	270	239										**793**
Closed	227	319	231										**777**
Average Days to Close	119	98	61										**93**
Pending	365	326	339										

Investigations **
Complaints investigated by the program whether by desk investigation or by field investigation.
Measured by date the complaint is received to the date the complaint is closed or referred for enforcement action.
If a complaint is never referred for Field Investigation, it will be counted as 'Closed' under Desk Investigation.
If a complaint is referred for Field Investigation, it will be counted as 'Closed' under Non-Sworn or Sworn.

Enforcement Actions	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
AG Cases Initiated	19	16	13										**48**
AG Cases Pending	204	207	209										
SOIs Filed	3	11	2										**16**
Accusations Filed	7	13	9										**29**
Proposed/Default Decisions Adopted	10	4	5										**19**
Stipulations Adopted	6	8	7										**21**
Disciplinary Orders	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**YTD**
Final Orders (Proposed Decisions Adopted, Default Decisions, Stipulations)	23	20	20										**63**
AG Cycle Time	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Average**
AG Transmittal	617	472	497										**529**
Post AG Transmittal	355	370	313										**346**

Citations	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
Final Citations	3	32	6										**41**
Average Days to Complete****	95	21	63										**60**

Disciplinary Orders Average Days to Complete *
Measured by the date the complaint is received to the date the order became effective.

Citations **
Measured by the date the complaint is received to the date the citation was issued.

AG Transmittal
Average number of days to complete the Enforcement Process for cases investigated and transmitted to the AG for formal discipline within the referenced period.

Post AG Transmittal
The average number of days from the date the case is transmitted to the AG to the date of the case outcome or formal discipline effective date.

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

LICENSE TYPE: LCSW

EXAM: LCSW Clinical Exam (ASWB)

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
Azusa Pacific University, Azusa	103	15	8	53%	7	47%	13	8	62%	5	38%
California State University, Bakersfield	002	27	11	41%	16	59%	10	3	30%	7	70%
California State University, Chico	003	12	6	50%	6	50%	8	6	75%	2	25%
California State University, Dominguez Hills	004	24	9	38%	15	62%	15	7	47%	8	53%
California State University, Fresno	005	19	8	42%	11	58%	12	7	58%	5	42%
California State University, Fullerton	006	19	17	89%	2	11%	19	17	89%	2	11%
California State University, Hayward	007	33	25	76%	8	24%	24	22	92%	2	8%
California State University, Long Beach	008	75	42	56%	33	44%	47	35	74%	12	26%
California State University, Los Angeles	009	46	23	50%	23	50%	31	20	65%	11	35%
California State University, Northridge	010	36	20	56%	16	44%	30	20	67%	10	33%
California State University, Sacramento	011	38	20	53%	18	47%	21	17	81%	4	19%
California State University, San Bernardino	012	16	12	75%	4	25%	12	10	83%	2	17%
California State University, Stanislaus	013	27	12	44%	15	56%	15	8	53%	7	47%
Humboldt State University, Arcata	014	5	5	100%	0	0%	5	5	100%	0	0%
Loma Linda University, Orinda	125	14	4	29%	10	71%	5	3	60%	2	40%
Monterey Bay State University	018	3	2	67%	1	33%	3	2	67%	1	33%

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
OUT-OF-COUNTRY	400	9	3	33%	6	67%	5	2	40%	3	60%
Out-of-State	300	118	91	77%	27	23%	89	76	85%	13	15%
San Diego State University	015	25	21	84%	4	16%	19	18	95%	1	5%
San Francisco State University	016	28	12	43%	16	57%	15	8	53%	7	47%
San Jose State University	017	42	28	67%	14	33%	29	26	90%	3	10%
San Marcos University	019	1	1	100%	0	0%	1	1	100%	0	0%
UC, Berkeley	050	19	16	84%	3	16%	19	16	84%	3	16%
UC, Los Angeles	052	25	21	84%	4	16%	23	21	91%	2	9%
University of Southern California, Los Angeles	145	183	121	66%	62	34%	131	101	77%	30	23%
LCSW Clinical Exam (ASWB) TOTAL:		859	538	63%	321	37%	601	459	76%	142	24%

EXAM: LCSW Law and Ethics

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
Azusa Pacific University, Azusa	103	22	17	77%	5	23%	19	15	79%	4	21%
California State University, Bakersfield	002	36	28	78%	8	22%	27	21	78%	6	22%
California State University, Chico	003	23	19	83%	4	17%	17	13	76%	4	24%
California State University, Dominguez Hills	004	32	24	75%	8	25%	22	16	73%	6	27%
California State University, Fresno	005	20	11	55%	9	45%	11	6	55%	5	45%
California State University, Fullerton	006	40	33	82%	7	18%	37	30	81%	7	19%
California State University, Hayward	007	45	29	64%	16	36%	24	18	75%	6	25%
California State University, Long Beach	008	132	112	85%	20	15%	97	83	86%	14	14%

Board of Behavioral Sciences

EXAM RESULTS BY SCHOOL

EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
California State University, Los Angeles	009	63	49	78%	14	22%	45	36	80%	9	20%
California State University, Northridge	010	87	72	83%	15	17%	69	58	84%	11	16%
California State University, Sacramento	011	52	37	71%	15	29%	35	26	74%	9	26%
California State University, San Bernardino	012	37	34	92%	3	8%	24	23	96%	1	4%
California State University, Stanislaus	013	26	23	88%	3	12%	20	17	85%	3	15%
Humboldt State University, Arcata	014	13	8	62%	5	38%	10	5	50%	5	50%
Loma Linda University, Orinda	125	15	12	80%	3	20%	11	10	91%	1	9%
Monterey Bay State University	018	17	14	82%	3	18%	17	14	82%	3	18%
OUT-OF-COUNTRY	400	8	7	88%	1	12%	2	2	100%	0	0%
Out-of-State	300	275	228	83%	47	17%	227	192	85%	35	15%
San Diego State University	015	43	35	81%	8	19%	34	29	85%	5	15%
San Francisco State University	016	20	14	70%	6	30%	14	11	79%	3	21%
San Jose State University	017	51	40	78%	11	22%	36	30	83%	6	17%
San Marcos University	019	15	15	100%	0	0%	12	12	100%	0	0%
UC, Berkeley	050	31	27	87%	4	13%	25	23	92%	2	8%
UC, Los Angeles	052	43	36	84%	7	16%	38	32	84%	6	16%
University of Southern California, Los Angeles	145	301	227	75%	74	25%	215	169	79%	46	21%
LCSW Law and Ethics TOTAL:		1,447	1,151	80%	296	20%	1,088	891	82%	197	18%

LICENSE TYPE: LEP

EXAM: LEP Standard Written Exam

Board of Behavioral Sciences

EXAM RESULTS BY SCHOOL

EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
Alliant International University (aka US International)	139	3	2	67%	1	33%	3	2	67%	1	33%
Azusa Pacific University, Azusa	103	3	2	67%	1	33%	2	1	50%	1	50%
California Baptist University, Riverside	105	1	1	100%	0	0%	1	1	100%	0	0%
California State University, Dominguez Hills	004	1	0	0%	1	100%	1	0	0%	1	100%
California State University, Hayward	007	3	2	67%	1	33%	3	2	67%	1	33%
California State University, Los Angeles	009	2	1	50%	1	50%	2	1	50%	1	50%
California State University, Northridge	010	7	3	43%	4	57%	5	2	40%	3	60%
California State University, Sacramento	011	3	2	67%	1	33%	2	1	50%	1	50%
California State University, San Bernardino	012	1	1	100%	0	0%	1	1	100%	0	0%
Chapman University, Orange	113	2	1	50%	1	50%	1	0	0%	1	100%
Humboldt State University, Arcata	014	3	2	67%	1	33%	2	2	100%	0	0%
Loyola Marymount University, Los Angeles	126	3	1	33%	2	67%	2	1	50%	1	50%
National University	129	10	4	40%	6	60%	4	2	50%	2	50%
Out-of-State	300	4	2	50%	2	50%	3	2	67%	1	33%
San Diego State University	015	2	1	50%	1	50%	1	0	0%	1	100%
San Francisco State University	016	2	1	50%	1	50%	0	0		0	
UC, Berkeley	050	1	1	100%	0	0%	1	1	100%	0	0%
LEP Standard Written Exam TOTAL:		51	27	53%	24	47%	34	19	56%	15	44%

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

LICENSE TYPE: LMFT

EXAM: LMFT Clinical Exam

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
Alliant International University (aka US International)	139	32	26	81%	6	19%	26	22	85%	4	15%
Antioch University, Los Angeles	241	64	45	70%	19	30%	51	40	78%	11	22%
Antioch University, Santa Barbara	243	17	10	59%	7	41%	14	9	64%	5	36%
Argosy University (aka American School of Prof. Psych.	204	64	27	42%	37	58%	33	18	55%	15	45%
Azusa Pacific University, Azusa	103	30	23	77%	7	23%	22	20	91%	2	9%
Bethany College	157	2	0	0%	2	100%	1	0	0%	1	100%
Bethel Theological Seminary	152	5	4	80%	1	20%	4	4	100%	0	0%
Brandman University	253	47	30	64%	17	36%	29	22	76%	7	24%
Calif. Polytechnic State University, San Luis Obispo - Cal Poly	001	3	3	100%	0	0%	3	3	100%	0	0%
California Baptist University, Riverside	105	38	25	66%	13	34%	21	15	71%	6	29%
California Graduate Institute, Los Angeles	203	4	1	25%	3	75%	1	0	0%	1	100%
California Institute of Integral Studies, S.F.	107	31	27	87%	4	13%	26	24	92%	2	8%
California Lutheran University, Thousand Oaks	108	21	14	67%	7	33%	18	14	78%	4	22%
California Southern University	246	3	2	67%	1	33%	2	2	100%	0	0%

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
California State Polytechnic University, Pomona	019	1	1	100%	0	0%	1	1	100%	0	0%
California State University, Bakersfield	002	2	2	100%	0	0%	0	0		0	
California State University, Chico	003	9	7	78%	2	22%	7	7	100%	0	0%
California State University, Dominguez Hills	004	18	10	56%	8	44%	10	9	90%	1	10%
California State University, Fresno	005	35	22	63%	13	37%	17	12	71%	5	29%
California State University, Fullerton	006	33	26	79%	7	21%	25	21	84%	4	16%
California State University, Hayward	007	17	12	71%	5	29%	14	10	71%	4	29%
California State University, Long Beach	008	13	5	38%	8	62%	6	3	50%	3	50%
California State University, Los Angeles	009	13	8	62%	5	38%	10	7	70%	3	30%
California State University, Northridge	010	30	16	53%	14	47%	18	11	61%	7	39%
California State University, Sacramento	011	18	14	78%	4	22%	10	9	90%	1	10%
California State University, San Bernardino	012	4	2	50%	2	50%	3	2	67%	1	33%
California State University, Stanislaus	013	2	1	50%	1	50%	1	1	100%	0	0%
Capella University	260	1	0	0%	1	100%	0	0		0	
Chapman University, Orange	113	23	10	43%	13	57%	12	5	42%	7	58%
Dominican University of California	117	8	7	88%	1	12%	7	6	86%	1	14%
Fresno Pacific Bibilical Seminary,	127	3	2	67%	1	33%	2	1	50%	1	50%

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
Fresno											
Fuller Theological Seminary, Pasadena	119	18	15	83%	3	17%	15	13	87%	2	13%
Golden Gate University	151	4	1	25%	3	75%	1	0	0%	1	100%
HIS University	247	1	0	0%	1	100%	0	0		0	
Holy Names University, Oakland	122	5	2	40%	3	60%	4	2	50%	2	50%
Hope International University	131	14	6	43%	8	57%	8	5	62%	3	38%
Humboldt State University, Arcata	014	1	0	0%	1	100%	0	0		0	
John F. Kennedy University, Orinda	124	47	30	64%	17	36%	35	25	71%	10	29%
Loma Linda University, Orinda	125	9	7	78%	2	22%	5	3	60%	2	40%
Loyola Marymount University, Los Angeles	126	5	4	80%	1	20%	3	3	100%	0	0%
Meridian University	231	1	1	100%	0	0%	0	0		0	
Mount St. Mary's College, Los Angeles	128	15	10	67%	5	33%	8	7	88%	1	12%
National University	129	89	47	53%	42	47%	53	32	60%	21	40%
New College of California, San Francisco	130	1	1	100%	0	0%	1	1	100%	0	0%
Northcentral University	256	1	1	100%	0	0%	1	1	100%	0	0%
Notre Dame de Namur University	116	18	9	50%	9	50%	14	8	57%	6	43%
OUT-OF-COUNTRY	400	4	3	75%	1	25%	2	2	100%	0	0%
Out-of-State	300	36	26	72%	10	28%	26	21	81%	5	19%
Pacific Oaks College, Pasadena	133	27	14	52%	13	48%	16	9	56%	7	44%

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
Pacific Union College, Angwin	134	1	1	100%	0	0%	1	1	100%	0	0%
Pacifica Graduate Institute, Carpenteria	154	19	12	63%	7	37%	15	10	67%	5	33%
Palo Alto University	258	6	4	67%	2	33%	3	3	100%	0	0%
Pepperdine University, Malibu	135	45	27	60%	18	40%	32	20	62%	12	38%
Phillips Graduate Institute	106	31	21	68%	10	32%	24	17	71%	7	29%
Ryokan College, Los Angeles	216	2	0	0%	2	100%	0	0		0	
San Diego State University	015	12	5	42%	7	58%	6	5	83%	1	17%
San Francisco State University	016	11	7	64%	4	36%	8	5	62%	3	38%
Santa Barbara Graduate Institute	245	1	1	100%	0	0%	0	0		0	
Santa Clara University	144	20	17	85%	3	15%	19	17	89%	2	11%
Simpson University	254	7	6	86%	1	14%	6	5	83%	1	17%
Sofia University, San Jose	155	7	6	86%	1	14%	6	6	100%	0	0%
Sonoma State University	018	8	7	88%	1	12%	7	7	100%	0	0%
Southern California Seminary (aka Southern CA Bible College and Seminary)	237	1	0	0%	1	100%	0	0		0	
St. Mary's College of CA, Moraga	136	9	3	33%	6	67%	6	3	50%	3	50%
The Chicago School of Professional Psychology at Los Angeles	251	15	11	73%	4	27%	10	8	80%	2	20%
Trinity College of Graduate Studies, Orange	201	2	0	0%	2	100%	0	0		0	
University of La Verne, La Verne	140	11	7	64%	4	36%	6	5	83%	1	17%

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
University of Phoenix, Sacramento	238	6	1	17%	5	83%	3	0	0%	3	100%
University of Phoenix, San Diego	236	111	44	40%	67	60%	60	28	47%	35	58%
University of San Diego, San Diego	142	9	7	78%	2	22%	8	7	88%	1	12%
University of San Francisco, San Francisco	143	38	25	66%	13	34%	31	22	71%	9	29%
University of Santa Monica	240	3	0	0%	3	100%	2	0	0%	2	100%
University of Southern California, Los Angeles	145	17	17	100%	0	0%	15	15	100%	0	0%
University of the West	255	1	1	100%	0	0%	1	1	100%	0	0%
Vanguard University of Southern California	156	6	5	83%	1	17%	5	4	80%	1	20%
Webster University	248	1	0	0%	1	100%	0	0		0	
Western Seminary (Western Conservative Baptist Seminary)	232	7	5	71%	2	29%	6	5	83%	1	17%
World University of America	226	1	0	0%	1	100%	0	0		0	
Wright Institute, Berkeley	150	13	10	77%	3	23%	12	10	83%	2	17%
LMFT Clinical Exam TOTAL:		1,308	809	62%	499	38%	878	634	72%	247	28%

EXAM: LMFT Law and Ethics

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
Alliant International University (aka CSPP)	112	1	1	100%	0	0%	0	0		0	
Alliant International University (aka US	139	28	23	82%	5	18%	22	19	86%	3	14%

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
International)											
Antioch University, Los Angeles	241	52	39	75%	13	25%	32	23	72%	9	28%
Antioch University, Santa Barbara	243	11	7	64%	4	36%	2	0	0%	2	100%
Argosy University (aka American School of Prof. Psych.	204	53	35	66%	18	34%	27	20	74%	7	26%
Azusa Pacific University, Azusa	103	37	35	95%	2	5%	29	29	100%	0	0%
Bethany College	157	1	1	100%	0	0%	0	0		0	
Bethel Theological Seminary	152	4	4	100%	0	0%	3	3	100%	0	0%
Brandman University	253	43	33	77%	10	23%	29	25	86%	4	14%
Calif. Polytechnic State University, San Luis Obispo - Cal Poly	001	9	9	100%	0	0%	9	9	100%	0	0%
California Baptist University, Riverside	105	46	29	63%	17	37%	23	14	61%	9	39%
California Institute of Integral Studies, S.F.	107	62	51	82%	11	18%	53	44	83%	9	17%
California Lutheran University, Thousand Oaks	108	12	10	83%	2	17%	8	8	100%	0	0%
California Southern University	246	9	8	89%	1	11%	8	8	100%	0	0%
California State Polytechnic University, Pomona	019	12	11	92%	1	8%	11	10	91%	1	9%
California State University, Bakersfield	002	6	6	100%	0	0%	4	4	100%	0	0%
California State University, Chico	003	9	9	100%	0	0%	9	9	100%	0	0%

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
California State University, Dominguez Hills	004	23	18	78%	5	22%	14	12	86%	2	14%
California State University, Fresno	005	17	13	76%	4	24%	12	10	83%	2	17%
California State University, Fullerton	006	37	31	84%	6	16%	30	26	87%	4	13%
California State University, Hayward	007	17	13	76%	4	24%	12	9	75%	3	25%
California State University, Long Beach	008	16	13	81%	3	19%	14	12	86%	2	14%
California State University, Los Angeles	009	12	10	83%	2	17%	9	7	78%	2	22%
California State University, Northridge	010	13	11	85%	2	15%	6	5	83%	1	17%
California State University, Sacramento	011	17	13	76%	4	24%	10	10	100%	0	0%
California State University, San Bernardino	012	9	8	89%	1	11%	8	7	88%	1	12%
California State University, Stanislaus	013	4	4	100%	0	0%	4	4	100%	0	0%
Chapman University, Orange	113	12	9	75%	3	25%	8	7	88%	1	12%
Dominican University of California	117	3	3	100%	0	0%	3	3	100%	0	0%
Eisner Institute for Professional Studies	250	1	1	100%	0	0%	1	1	100%	0	0%
Fresno Pacific Bibilical Seminary, Fresno	127	1	1	100%	0	0%	1	1	100%	0	0%
Fuller Theological Seminary, Pasadena	119	20	18	90%	2	10%	16	14	88%	2	12%
Golden Gate University	151	6	2	33%	4	67%	3	1	33%	2	67%
HIS University	247	1	1	100%	0	0%	1	1	100%	0	0%

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
Holy Names University, Oakland	122	10	7	70%	3	30%	3	3	100%	0	0%
Hope International University	131	16	12	75%	4	25%	10	8	80%	2	20%
Human Relations Center, Inc., Santa Clara	208	1	1	100%	0	0%	1	1	100%	0	0%
Humboldt State University, Arcata	014	4	3	75%	1	25%	3	3	100%	0	0%
John F. Kennedy University, Orinda	124	34	30	88%	4	12%	25	22	88%	3	12%
Loma Linda University, Orinda	125	7	6	86%	1	14%	5	5	100%	0	0%
Loyola Marymount University, Los Angeles	126	10	6	60%	4	40%	8	5	62%	3	38%
Meridian University	231	2	2	100%	0	0%	2	2	100%	0	0%
Mount St. Mary's College, Los Angeles	128	30	23	77%	7	23%	22	17	77%	5	23%
National University	129	77	49	64%	28	36%	43	31	72%	12	28%
New College of California, San Francisco	130	2	2	100%	0	0%	1	1	100%	0	0%
Northcentral University	256	8	7	88%	1	12%	8	7	88%	1	12%
Notre Dame de Namur University	116	22	17	77%	5	23%	16	12	75%	4	25%
OUT-OF-COUNTRY	400	1	1	100%	0	0%	0	0		0	
Out-of-State	300	35	29	83%	6	17%	21	18	86%	3	14%
Pacific Oaks College, Pasadena	133	55	35	64%	20	36%	30	19	63%	11	37%
Pacifica Graduate Institute, Carpenteria	154	14	8	57%	6	43%	9	7	78%	2	22%
Palo Alto	258	15	14	93%	1	7%	12	11	92%	1	8%

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
University											
Pepperdine University, Malibu	135	80	67	84%	13	16%	65	56	86%	9	14%
Phillips Graduate Institute	106	37	28	76%	9	24%	25	19	76%	6	24%
Professional School of Psychology, Sacramento	214	1	1	100%	0	0%	1	1	100%	0	0%
Rosebridge Graduate School of Integrative Psychology	215	1	1	100%	0	0%	1	1	100%	0	0%
Ryokan College, Los Angeles	216	1	1	100%	0	0%	0	0		0	
San Diego State University	015	15	12	80%	3	20%	12	10	83%	2	17%
San Diego University for Integrative Studies	244	1	0	0%	1	100%	0	0		0	
San Francisco State University	016	19	16	84%	3	16%	17	15	88%	2	12%
San Jose State University	017	6	6	100%	0	0%	5	5	100%	0	0%
Santa Clara University	144	38	36	95%	2	5%	34	33	97%	1	3%
Saybrook University	137	1	1	100%	0	0%	0	0		0	
Simpson University	254	6	5	83%	1	17%	2	2	100%	0	0%
Sofia University, San Jose	155	2	2	100%	0	0%	1	1	100%	0	0%
Sonoma State University	018	9	6	67%	3	33%	5	2	40%	3	60%
Southern California Seminary (aka Southern CA Bible College and Seminary)	237	4	1	25%	3	75%	4	1	25%	3	75%
St. Mary's College of CA, Moraga	136	21	19	90%	2	10%	11	11	100%	0	0%
The Chicago School of Professional	251	20	12	60%	8	40%	13	9	69%	4	31%

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
Psychology at Los Angeles											
TOURO UNIVERSITY	262	6	5	83%	1	17%	5	4	80%	1	20%
Trinity College of Graduate Studies, Orange	201	1	0	0%	1	100%	0	0		0	
University of La Verne, La Verne	140	13	11	85%	2	15%	12	10	83%	2	17%
University of Phoenix, Sacramento	238	6	3	50%	3	50%	0	0		0	
University of Phoenix, San Diego	236	143	77	54%	66	46%	71	38	54%	33	46%
University of San Diego, San Diego	142	7	7	100%	0	0%	6	6	100%	0	0%
University of San Francisco, San Francisco	143	29	24	83%	5	17%	25	22	88%	3	12%
University of Southern California, Los Angeles	145	10	9	90%	1	10%	7	6	86%	1	14%
Vanguard University of Southern California	156	10	10	100%	0	0%	7	7	100%	0	0%
Webster University	248	1	0	0%	1	100%	0	0		0	
Western Institute for Social Research, Berkeley	220	1	1	100%	0	0%	1	1	100%	0	0%
Western Seminary (Western Conservative Baptist Seminary)	232	10	10	100%	0	0%	7	7	100%	0	0%
Wright Institute, Berkeley	150	14	10	71%	4	29%	12	9	75%	3	25%
LMFT Law and Ethics TOTAL:		1,460	1,113	76%	347	24%	989	803	81%	186	19%

LICENSE TYPE: LPCC

EXAM: LPCC Law and Ethics

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
Alliant International University (aka CSPP)	112	3	3	100%	0	0%	2	2	100%	0	0%
Alliant International University (aka US International)	139	2	2	100%	0	0%	1	1	100%	0	0%
Antioch University, Los Angeles	241	1	1	100%	0	0%	1	1	100%	0	0%
Argosy University (aka American School of Prof. Psych.	204	6	3	50%	3	50%	5	2	40%	3	60%
Azusa Pacific University, Azusa	103	20	11	55%	9	45%	17	9	53%	8	47%
Brandman University	253	9	5	56%	4	44%	8	5	62%	3	38%
California Baptist University, Riverside	105	11	8	73%	3	27%	7	5	71%	2	29%
California Institute of Integral Studies, S.F.	107	5	5	100%	0	0%	4	4	100%	0	0%
California Southern University	246	2	1	50%	1	50%	2	1	50%	1	50%
California State University, Chico	003	1	0	0%	1	100%	0	0		0	
California State University, Fresno	005	7	4	57%	3	43%	7	4	57%	3	43%
California State University, Fullerton	006	16	14	88%	2	12%	13	12	92%	1	8%
California State University, Hayward	007	2	2	100%	0	0%	2	2	100%	0	0%
California State University, Long Beach	008	1	1	100%	0	0%	1	1	100%	0	0%
California State University, Los Angeles	009	3	1	33%	2	67%	2	1	50%	1	50%
California State	010	1	0	0%	1	100%	1	0	0%	1	100%

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
University, Northridge											
California State University, Sacramento	011	9	4	44%	5	56%	7	4	57%	3	43%
California State University, San Bernardino	012	3	1	33%	2	67%	3	1	33%	2	67%
California State University, Stanislaus	013	1	0	0%	1	100%	1	0	0%	1	100%
Capella University	260	3	1	33%	2	67%	0	0		0	
Eisner Institute for Professional Studies	250	1	1	100%	0	0%	1	1	100%	0	0%
Fuller Theological Seminary, Pasadena	119	2	1	50%	1	50%	2	1	50%	1	50%
GRAND CANYON UNIVERSITY	264	1	0	0%	1	100%	1	0	0%	1	100%
Holy Names University, Oakland	122	2	0	0%	2	100%	1	0	0%	1	100%
John F. Kennedy University, Orinda	124	3	3	100%	0	0%	2	2	100%	0	0%
Loma Linda University, Orinda	125	3	2	67%	1	33%	3	2	67%	1	33%
Loyola Marymount University, Los Angeles	126	7	3	43%	4	57%	6	3	50%	3	50%
Mount St. Mary's College, Los Angeles	128	1	1	100%	0	0%	1	1	100%	0	0%
National University	129	9	8	89%	1	11%	8	7	88%	1	12%
Notre Dame de Namur University	116	3	1	33%	2	67%	3	1	33%	2	67%
OUT-OF-COUNTRY	400	1	0	0%	1	100%	0	0		0	
Out-of-State	300	69	35	51%	34	49%	50	25	50%	25	50%
Pacifica Graduate	154	1	1	100%	0	0%	1	1	100%	0	0%

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
Institute, Carpenteria											
Palo Alto University	258	15	14	93%	1	7%	14	13	93%	1	7%
Pepperdine University, Malibu	135	19	15	79%	4	21%	16	13	81%	3	19%
Phillips Graduate Institute	106	1	1	100%	0	0%	1	1	100%	0	0%
San Diego State University	015	10	5	50%	5	50%	8	5	62%	3	38%
San Francisco State University	016	2	1	50%	1	50%	1	0	0%	1	100%
San Jose State University	017	3	3	100%	0	0%	0	0		0	
Santa Clara University	144	2	2	100%	0	0%	2	2	100%	0	0%
Sonoma State University	018	3	3	100%	0	0%	3	3	100%	0	0%
St. Mary's College of CA, Moraga	136	3	2	67%	1	33%	2	2	100%	0	0%
The Chicago School of Professional Psychology at Los Angeles	251	1	0	0%	1	100%	0	0		0	
University of La Verne, La Verne	140	3	0	0%	3	100%	1	0	0%	1	100%
University of Redlands	259	7	6	86%	1	14%	5	4	80%	1	20%
University of San Diego, San Diego	142	14	8	57%	6	43%	14	8	57%	6	43%
University of San Francisco, San Francisco	143	10	8	80%	2	20%	10	8	80%	2	20%
WALDEN UNIVERSITY	263	1	1	100%	0	0%	0	0		0	
Western Seminary (Western Conservative Baptist Seminary)	232	6	6	100%	0	0%	5	5	100%	0	0%
LPCC Law and Ethics TOTAL:		309	198	64%	111	36%	245	163	67%	82	33%

EXAM: NCMHCE Exam

Board of Behavioral Sciences
EXAM RESULTS BY SCHOOL
EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
Azusa Pacific University, Azusa	103	4	3	75%	1	25%	2	2	100%	0	0%
Brandman University	253	1	1	100%	0	0%	1	1	100%	0	0%
California Institute of Integral Studies, S.F.	107	1	1	100%	0	0%	1	1	100%	0	0%
California Southern University	246	1	0	0%	1	100%	1	0	0%	1	100%
California State University, Fresno	005	4	3	75%	1	25%	3	2	67%	1	33%
California State University, Fullerton	006	3	3	100%	0	0%	3	3	100%	0	0%
California State University, Sacramento	011	2	2	100%	0	0%	1	1	100%	0	0%
California State University, Stanislaus	013	1	1	100%	0	0%	1	1	100%	0	0%
Capella University	260	2	2	100%	0	0%	2	2	100%	0	0%
Dominican University of California	117	1	1	100%	0	0%	1	1	100%	0	0%
John F. Kennedy University, Orinda	124	1	1	100%	0	0%	1	1	100%	0	0%
Loyola Marymount University, Los Angeles	126	1	0	0%	1	100%	0	0		0	
National University	129	2	1	50%	1	50%	2	1	50%	1	50%
Out-of-State	300	28	21	75%	7	25%	26	19	73%	7	27%
Pacific Oaks College, Pasadena	133	1	0	0%	1	100%	1	0	0%	1	100%
Pepperdine University, Malibu	135	2	2	100%	0	0%	1	1	100%	0	0%
San Francisco State University	016	2	2	100%	0	0%	1	1	100%	0	0%
San Jose State University	017	1	0	0%	1	100%	0	0		0	

Board of Behavioral Sciences

EXAM RESULTS BY SCHOOL

EXAM DATES: Jul 1, 2018 THROUGH Sep 30, 2018

SCHOOL		EXAM RESULTS					FIRST TIMER				
SCHOOL NAME	CODE	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT	TAKING EXAM	PASSED	PASSED PERCENT	FAILED	FAILED PERCENT
Santa Clara University	144	1	1	100%	0	0%	1	1	100%	0	0%
Sonoma State University	018	1	1	100%	0	0%	1	1	100%	0	0%
Southern California Seminary (aka Southern CA Bible College and Seminary)	237	1	0	0%	1	100%	1	0	0%	1	100%
University of La Verne, La Verne	140	1	1	100%	0	0%	0	0		0	
University of Redlands	259	1	1	100%	0	0%	1	1	100%	0	0%
University of San Diego, San Diego	142	8	7	88%	1	12%	6	5	83%	1	17%
University of San Francisco, San Francisco	143	3	3	100%	0	0%	3	3	100%	0	0%
NCMHCE Exam TOTAL:		74	58	78%	16	22%	61	48	79%	13	21%

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NCLEP 1.0

Any counselor licensed at the highest level of licensure for independent practice available in his or her state may obtain licensure in any other state or territory of the United States if all of the following criteria are met:

1) The licensee has engaged in ethical practice, with no disciplinary sanctions, for at least 5 years from the date of application for licensure endorsement.

2) The licensee has possessed the highest level of counselor licensure for independent practice for **at least 3 years** from the date of application for licensure endorsement

3) The licensee has completed a jurisprudence or equivalent exam if required by the state regulatory body.

4) The licensee complies with **ONE** of the following:
   a) Meets all academic, exam, and post-graduate supervised experience standards as adopted by the state counseling licensure board.
   b) Holds the National Certified Counselor (NCC) credential, in good standing, as issued by the National Board for Certified Counselors
   c) Holds a graduate level degree from a program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP)

NCLEP 2.0

Any counselor licensed at the highest level of licensure for independent practice available in his or her state, who has completed a jurisprudence or equivalent exam and background checks as required by the state regulatory body, may obtain licensure in any other state or territory of the United States if the licensee meets the criteria in Section 1 OR Section 2:

Section 1

The licensee demonstrates his or her license requirements are substantially equivalent to those of the entering state or otherwise meets the academic, exam, and post-graduate supervised experience standards for endorsement adopted by the state counseling licensure board.

Section 2

The licensee has engaged in ethical practice, with no currently pending investigations or disciplinary sanctions, for at least five (5) years prior to the date of application for licensure endorsement. An attestation signed by the licensee indicating no currently pending investigations or disciplinary sanctions will accompany the application.

The licensee has been actively licensed at the highest level of counselor licensure for independent practice for **at least three (3) years** prior to the date of application for licensure endorsement.

The licensee complies with **ONE** of the following:

(a) Possesses a license to practice independently since 2008.

(b) Possesses the National Certified Counselor (NCC) credential, in good standing, as issued by the National Board of Certified Counselors (NBCC).

(c) Possesses a graduate-level degree from a program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP).

OCCUPATIONAL ANALYSIS OF THE LICENSED PROFESSIONAL CLINICAL COUNSELOR PROFESSION

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

BOARD OF BEHAVIORAL SCIENCES

OCCUPATIONAL ANALYSIS OF THE LICENSED PROFESSIONAL CLINICAL COUNSELOR PROFESSION

This report was prepared and written by the

Office of Professional Examination Services

California Department of Consumer Affairs

June 2018

Heidi Lincer, Ph.D., Chief

Amy Welch Gandy, M.A., Research Manager II

EXECUTIVE SUMMARY

The Board of Behavioral Sciences (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of licensed professional clinical counselor (LPCC) practice in California. The purpose of the OA is to define practice for LPCCs in terms of the actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this OA provide a description of practice for the LPCC profession that can then be used to review the National Clinical Mental Health Counseling Examination developed by the National Board for Certified Counselors.

OPES test specialists began by researching the profession and conducting telephone interviews with licensed LPCCs working in locations throughout California. The purpose of these interviews was to identify the tasks performed by LPCCs and to specify the knowledge required to perform those tasks in a safe and competent manner. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed in LPCC practice along with statements representing the knowledge needed to perform those tasks.

In October 2017, OPES convened a workshop to review and refine the preliminary lists of task and knowledge statements derived from the telephone interviews. The workshop was comprised of licensees, or subject matter experts (SMEs), with diverse backgrounds in the profession (i.e., location of practice, years licensed, specialty). These SMEs also identified changes and trends in professional clinical counselor practice, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas of the description of practice. A second workshop was held in November 2017 with a different group of LPCCs to review and refine the results from the initial workshop.

Upon completion of the second workshop, OPES test specialists developed a three-part OA questionnaire to be completed by LPCCs statewide. Development of the OA questionnaire included a pilot study that was conducted using a group of licensees. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered from late January through early March 2018.

In the first part of the OA questionnaire, licensees were asked to provide demographic information relating to their work settings and practice. In the second part, licensees were asked to rate specific job tasks in terms of frequency (i.e., how often the licensee performs the task in the licensee's current practice) and importance (i.e., how important the task is to performance of the licensee's current practice). In the third part, licensees were asked to rate specific knowledge statements in terms of how important each knowledge is to performance of the licensee's current practice.

In January 2018, on behalf of the Board, OPES distributed a letter to the entire population of licensed LPCCs with an address in California (a total of 1495 licensees), inviting them to complete the OA questionnaire online. A total of 162 LPCCs, or approximately 10.8% of the LPCCs, responded by accessing the online OA questionnaire. The final sample size included in the data analysis was 93, or 6.2% of the licensed population. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as LPCCs in California. Second, questionnaires containing a large volume of incomplete and unresponsive data were removed. The demographic composition of the respondent sample is representative of the licensed LPCC population in California.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data was analyzed, OPES conducted an additional workshop with LPCCs in March 2018. The SMEs evaluated the criticality indices and determined whether any task or knowledge statements should be eliminated. The licensees in this group also established the final linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. The licensees then evaluated and confirmed the content area weights of the examination outline.

The examination outline is structured into five content areas weighted by criticality relative to the other content areas. This outline provides a description of the scope of practice for LPCCs, and it also identifies the job tasks and knowledge critical to safe and effective LPCC practice in California at the time of licensure. Additionally, this examination outline provides a basis for evaluating the degree to which the content of any examination under consideration measures content critical to LPCC practice in California.

At this time, California licensure as an LPCC is granted by meeting the requisite educational and experience requirements and passing the National Board for Certified Counselors National Clinical Mental Health Counseling Examination and the California Licensed Professional Clinical Counselor Law and Ethics Written Examination.

OVERVIEW OF THE LICENSED PROFESSIONAL CLINICAL COUNSELOR EXAMINATION OUTLINE

	Content Area	Content Area Description	Percent Weight
1.	Assessment and Diagnosis	This area assesses the candidate's knowledge of gathering clinical information to evaluate the client's presenting issues and symptoms using intake procedures and testing instruments and to formulate a diagnosis using current diagnostic and statistical manual criteria.	17
2.	Counseling and Psychotherapy	This area assesses the candidate's knowledge of facilitating an effective therapeutic relationship and of creating collaborative treatment plan goals and interventions based on theoretical and research-based practices, including group and career counseling.	23
3.	Crisis	This area assesses the candidate's knowledge of identifying and evaluating potential crisis situations, determining levels of severity, and developing timely strategies of intervention to manage safety risks and determine ongoing need for support.	9
4.	Law	This area assesses the candidate's knowledge of identifying and applying legal mandates to clinical practice.	22
5.	Ethics	This area assesses the candidate's knowledge of identifying and applying ethical standards for professional conduct.	29
	Total		**100**

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Board of Behavioral Sciences (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of licensed professional clinical counselor (LPCC) practice in California. The purpose of the OA is to identify critical job activities performed by LPCCs in California. The results of this OA provide a description of practice for the LPCC profession that can then be used to review the National Clinical Mental Health Counseling Examination developed by the National Board for Certified Counselors and to develop the California Licensed Professional Clinical Counselor Law and Ethics Written Examination.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by practicing LPCCs. OPES incorporated the technical expertise of California LPCCs throughout the OA process to ensure that the identified task and knowledge statements directly reflect requirements for performance in current practice.

UTILIZATION OF SUBJECT MATTER EXPERTS

The Board selected California LPCCs to participate as subject matter experts (SMEs) during the phases of the OA. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current LPCC practice during the development phase of the OA. The SMEs also provided technical expertise during the two workshops that were convened to evaluate and refine the content of task and knowledge statements before administration of the OA questionnaire. After the administration of the OA questionnaire, OPES convened an additional group of SMEs to review the results and finalize the examination outline, which ultimately provides the basis of the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as professional guidelines and technical standards. For the purpose of occupational analyses, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.

- California Fair Employment and Housing Act, Government Code section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

The LPCC occupation is described as follows in section 4999.20 of the California Business and Professions Code:

(a) (1) “Professional clinical counseling” means the application of counseling interventions and psychotherapeutic techniques to identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems, and the use, application, and integration of the coursework and training required by Sections 4999.32 and 4999.33. “Professional clinical counseling” includes conducting assessments for the purpose of establishing counseling goals and objectives to empower individuals to deal adequately with life situations, reduce stress, experience growth, change behavior, and make well-informed, rational decisions.

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

(3) “Professional clinical counseling” does not include the assessment or treatment of couples or families unless the professional clinical counselor has completed all of the following training and education:

(A) One of the following:

(i) Six semester units or nine quarter units specifically focused on the theory and application of marriage and family therapy.

(ii) A named specialization or emphasis area on the qualifying degree in marriage and family therapy; marital and family therapy; marriage, family, and child counseling; or couple and family therapy.

(B) No less than 500 hours of documented supervised experience working directly with couples, families, or children.

(C) A minimum of six hours of continuing education specific to marriage and family therapy, completed in each license renewal cycle.

(4) “Professional clinical counseling” does not include the provision of clinical social work services.

(b) “Counseling interventions and psychotherapeutic techniques” means the application of cognitive, affective, verbal or nonverbal, systemic or holistic counseling strategies that include principles of development, wellness, and maladjustment that reflect a pluralistic society. These interventions and techniques are specifically implemented in the context of a professional clinical counseling relationship and use a variety of counseling theories and approaches.

(c) “Assessment” means selecting, administering, scoring, and interpreting tests, instruments, and other tools and methods designed to measure an individual’s attitudes, abilities, aptitudes, achievements, interests, personal characteristics, disabilities, and mental, emotional, and behavioral concerns and development and the use of methods and techniques for understanding human behavior in relation to coping with, adapting to, or ameliorating changing life situations, as part of the counseling process. “Assessment” shall not include the use of projective techniques in the assessment of personality, individually administered intelligence tests, neuropsychological testing, or utilization of a battery of three or more tests to determine the presence of psychosis, dementia, amnesia, cognitive impairment, or criminal behavior.

(d) Professional clinical counselors shall refer clients to other licensed health care professionals when they identify issues beyond their own scope of education, training, and experience.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of LPCCs to contact for telephone interviews. During the semi-structured interviews, ten LPCCs were asked to identify all of the activities they perform that are specific to the LPCC profession. The licensees outlined major content areas of their practice and confirmed the job tasks performed in each content area. The LPCCs were also asked to identify the knowledge necessary to perform each job task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

To develop task and knowledge statements, OPES test specialists integrated the information gathered from literature reviews of profession-related sources (e.g., previous OA reports, articles, industry publications) and from interviews with LPCC SMEs.

In October 2017, OPES test specialists facilitated a workshop with eight LPCCs from diverse backgrounds (i.e., years licensed, specialty, and practice location) to evaluate the task and knowledge statements for technical accuracy and comprehensiveness.

In November 2017, OPES test specialists facilitated a second workshop with a group of six additional SMEs. OPES presented the task and knowledge statements to the SMEs, and they assigned each statement to a content area and verified that the content areas were independent and nonoverlapping. In addition, the SMEs performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge and every knowledge statement had a related task. The SMEs also verified proposed demographic questions for the OA questionnaire, including questions regarding scope of practice and practice setting.

Once the lists of task and knowledge statements and the demographic questions were verified, OPES used this information to develop an online questionnaire that was sent to all California LPCCs for completion and evaluation.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire designed to solicit LPCCs' ratings of the job task and knowledge statements. The surveyed LPCCs were instructed to rate each job task in terms of how often they perform the task (Frequency) and in terms of how important the task is to the performance of their current practice (Importance). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge is to the performance of their current practice (Importance). The OA questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents. The OA questionnaire can be found in Appendix F.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to 20 SMEs who had participated in the task and knowledge statement development workshops. OPES received feedback to the pilot study from 13 respondents. The respondents provided information about the technical accuracy of the task and knowledge statements, estimated time for completion, online navigation, and ease of use of the questionnaire. OPES used this feedback to develop the final questionnaire.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In January 2018, the Board mailed notification letters to all LPCCs with a California address (a total of 1495) inviting them to complete the OA questionnaire online. The notification letter can be found in Appendix D.

Of the 1495 LPCCs in the population, 162 licensees (10.8%) responded by accessing the web-based questionnaire. The final sample size included in the data analysis was 93, or 6.2% of the population that was invited to complete the questionnaire. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as LPCCs in California. Second, questionnaires containing a large volume of missing or unresponsive data were also excluded. The respondent sample is representative of the population of California LPCCs based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

As shown in Table 1, 91.4% of the respondents included in the analysis reported having been licensed for 5 years or less and 8.6% for 6-10 years. In California, the LPCC license was first issued in 2012, making the 6-10 years option the maximum response.

As shown in Table 2, 53.8% of respondents reported earning a Master of Arts degree, 30.1% reported earning a Master of Science degree, and 7.5% reported having a Ph.D. When asked to indicate their area of concentration, 29% of the respondents reported counseling with an emphasis in marriage and family therapy, 26.9% reported counseling psychology, 22.6% reported another concentration not listed, 10.8% reported clinical psychology, 5.4% reported community counseling, and 3.2% and 2.2% of the respondents reported general psychology and school psychology respectively (see Table 3).

When asked to indicate their primary practice setting, 48.4% of the respondents reported private practice, 19.4% reported nonprofit organization, 9.7% reported government agency, 6.5% reported hospital, 3.2% reported college or university, and 2.2% each reported educational, military, or residential treatment settings, respectively (see Table 4).

As shown in Table 6, 9.7% of respondents reported working 40 or more hours per week, 36.6% reported working 31 to 40 hours per week, 11.8% reported working 21 to 30 hours per week, 20.4% reported working 11 to 20 hours per week, and 21.5% reported working 1 to 10 hours per week.

Table 8 shows the variety of activities performed by respondents, with 79.6% reporting individual assessment and treatment of adults; 57% crisis intervention; 53.8% couples and family therapy; 48.4% individual assessment and treatment of minors; 34.4% supervision of trainees or other licensees; 30.1% addiction treatment; 28% group treatment; 25.8% education/training as a teacher, professor, or facilitator; and 21.5% and 20.4% reporting supervision of Associate Professional Clinical Counselors and career counseling respectively.

More detailed demographic information from respondents can be found in Tables 1 through 10 and Figures 1 through 8.

TABLE 1 – NUMBER OF YEARS LICENSED AS AN LPCC

YEARS	NUMBER (N)	PERCENT
0 to 5 years	85	91.4
6 to 10 years	8	8.6
Total	93	100

NOTE: In California, the LPCC license was first issued in 2012, making the "6 to 10 years" option the maximum response.

FIGURE 1 – NUMBER OF YEARS LICENSED AS AN LPCC

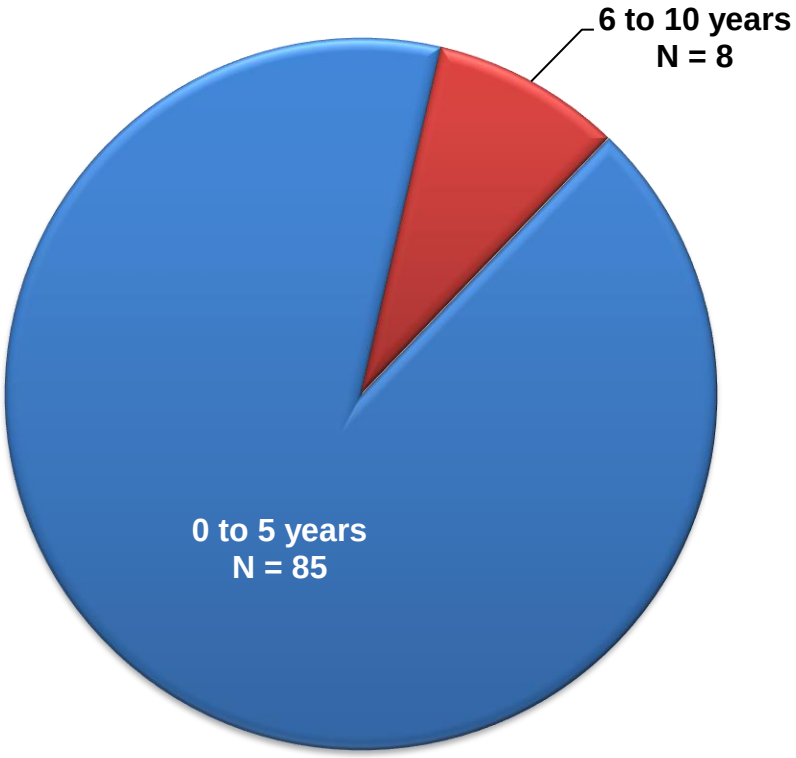

TABLE 2 – HIGHEST RELATED DEGREE

DEGREE	NUMBER (N)	PERCENT
M.A.	50	53.8
M.S.	28	30.1
M.Ed.	1	1.1
Ed.D.	2	2.2
Ph.D.	7	7.5
Psy.D.	3	3.2
Other	2	2.2
Total	93	100*

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 2 – HIGHEST RELATED DEGREE

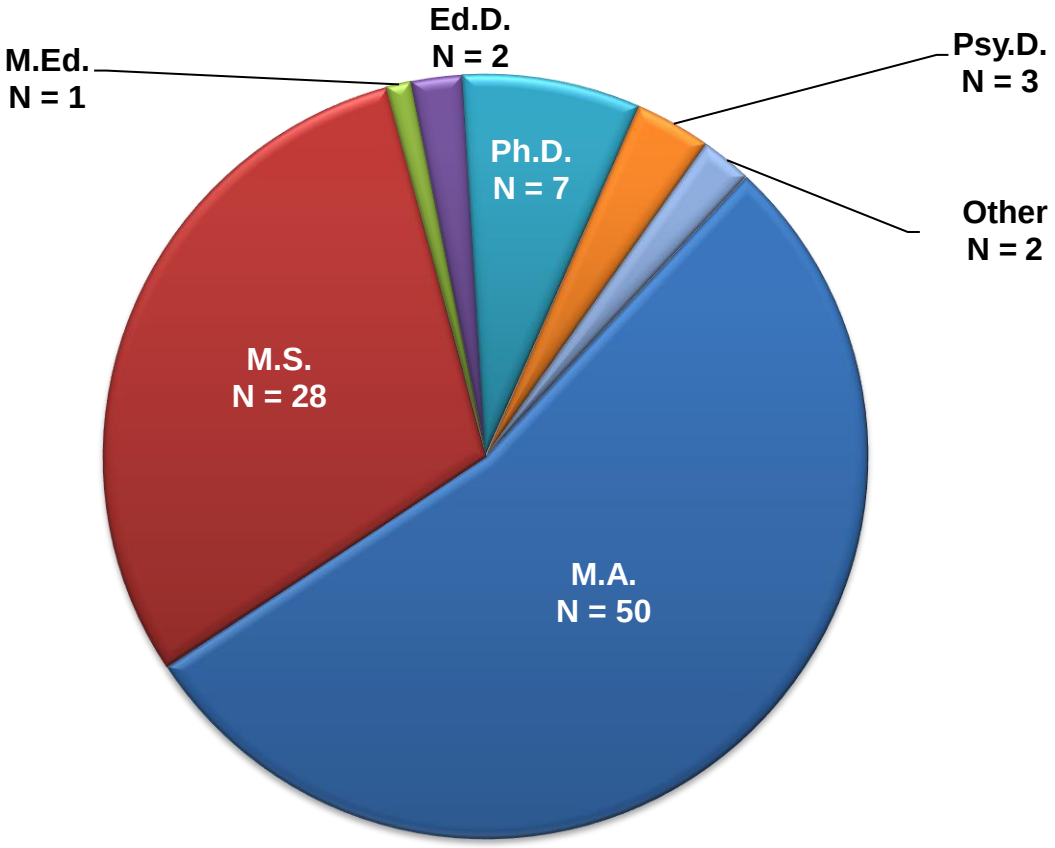

TABLE 3 – CONCENTRATION OF DEGREE

SUBJECT	NUMBER (N)	PERCENT
Counseling with an emphasis in marriage and family therapy	27	29.0
Counseling psychology	25	26.9
Other	21	22.6
Clinical psychology	10	10.8
Community counseling	5	5.4
General psychology	3	3.2
School psychology	2	2.2
Total	93	100*

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 3 – CONCENTRATION OF DEGREE

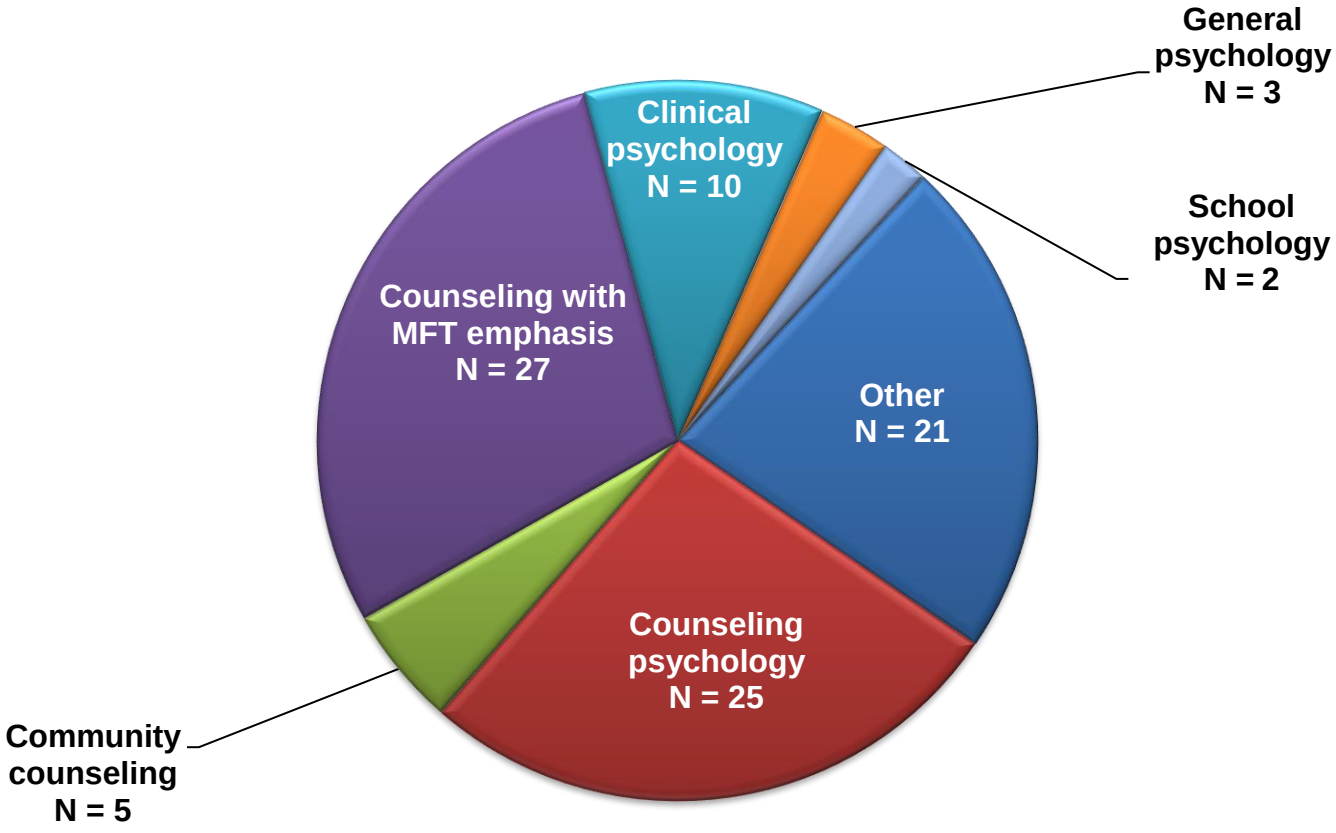

TABLE 4 – PRIMARY PRACTICE SETTING

SETTING	NUMBER (N)	PERCENT
Private practice	45	48.4
Nonprofit organization	18	19.4
Government agency	9	9.7
Other	6	6.5
Hospital	6	6.5
College or university	3	3.2
Elementary, junior, or high school	2	2.2
Military	2	2.2
Residential treatment	2	2.2
Total	93	100*

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 4 – PRIMARY PRACTICE SETTING

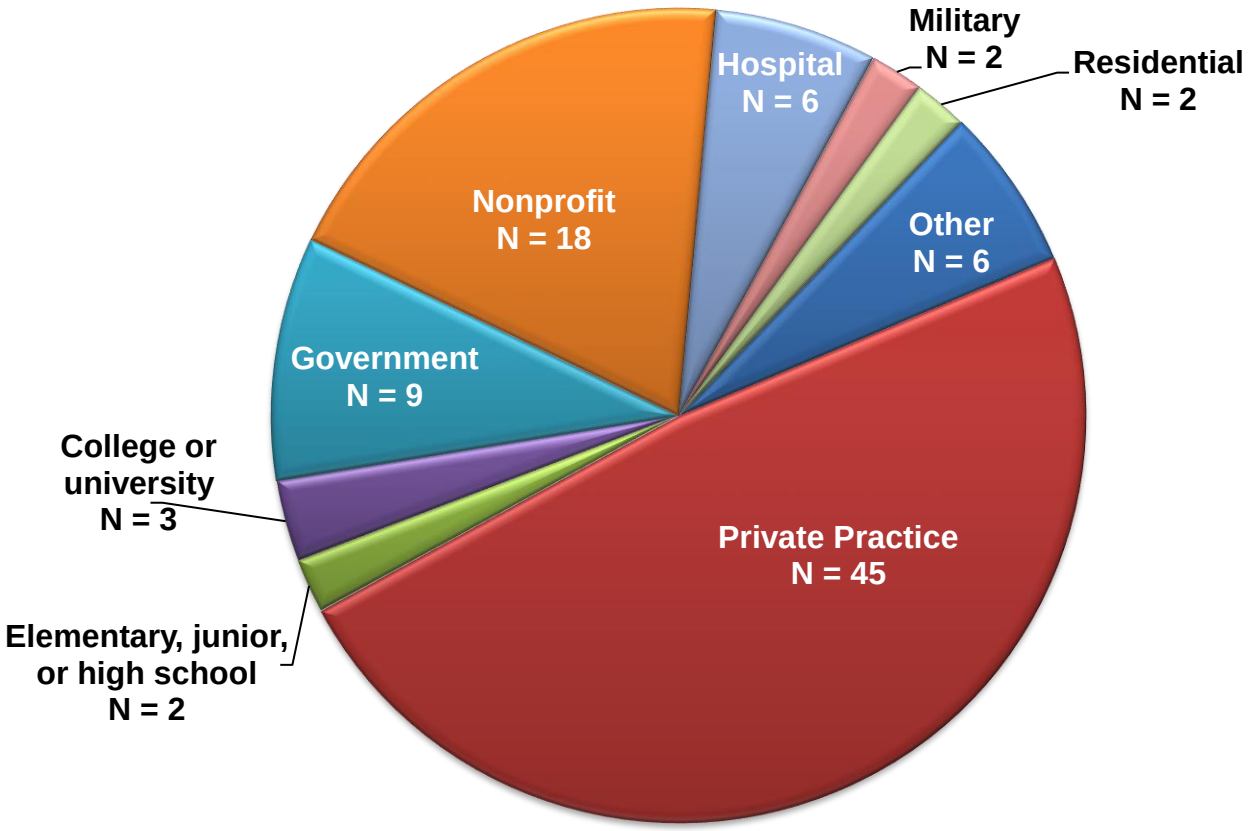

TABLE 5 – SECONDARY PRACTICE SETTING

SETTING	NUMBER (N)	PERCENT
None	58	62.4
Private practice	13	14.0
Nonprofit organization	8	8.6
Government agency	4	4.3
Other	3	3.2
College or university	2	2.2
Elementary, junior, or high school	2	2.2
Residential treatment	1	1.1
Missing	2	2.2
Total	93	100*

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 5 – SECONDARY PRACTICE SETTING

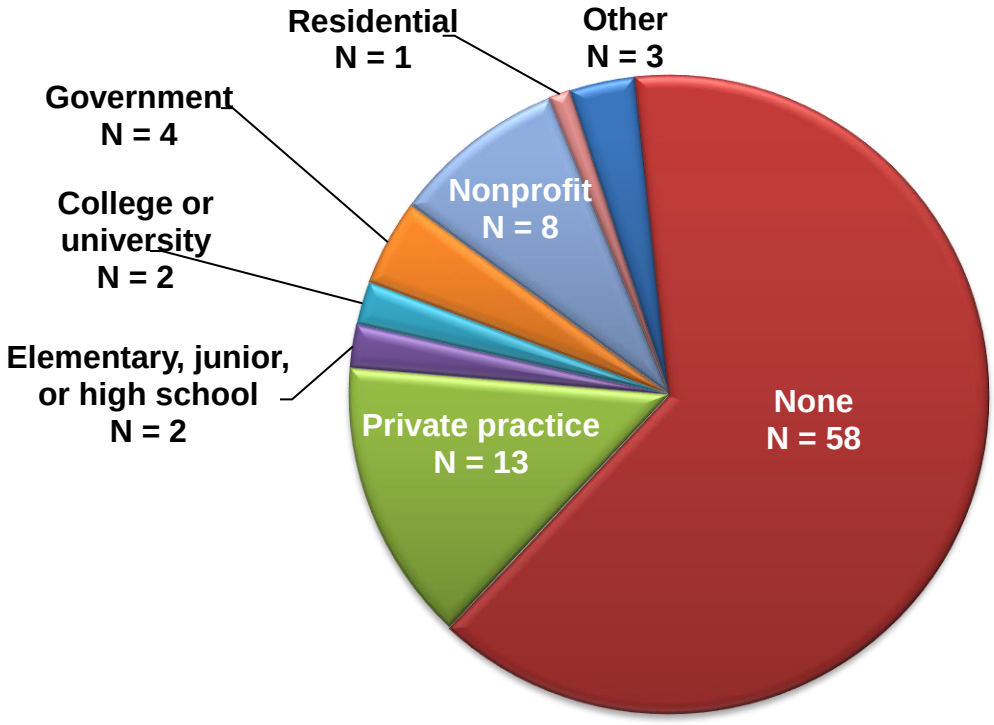

TABLE 6 – HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
1 to 10	20	21.5
11 to 20	19	20.4
21 to 30	11	11.8
31 to 40	34	36.6
More than 40 hours	9	9.7
Total	93	100

FIGURE 6 – HOURS WORKED PER WEEK

TABLE 7 – PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	75	80.6
Rural (less than 50,000 people)	17	18.3
Missing	1	1.1
Total	93	100

TABLE 8 – ACTIVITIES PERFORMED AS AN LPCC

ACTIVITY	NUMBER (N)	PERCENT*
Individual assessment and treatment of adults	74	79.6
Crisis intervention	53	57.0
Couples and family therapy	50	53.8
Individual assessment and treatment of minors	45	48.4
Supervision of trainees or other licensees	32	34.4
Addiction Treatment	28	30.1
Group treatment	26	28.0
Education/training as a teacher, professor, or facilitator	24	25.8
Supervision of Associate Professional Clinical Counselors	20	21.5
Career counseling	19	20.4
Other	12	12.9

**NOTE: Respondents were asked to select all that apply. Percentages indicate the proportion in the sample of respondents.*

FIGURE 7 – ACTIVITIES PERFORMED AS AN LPCC

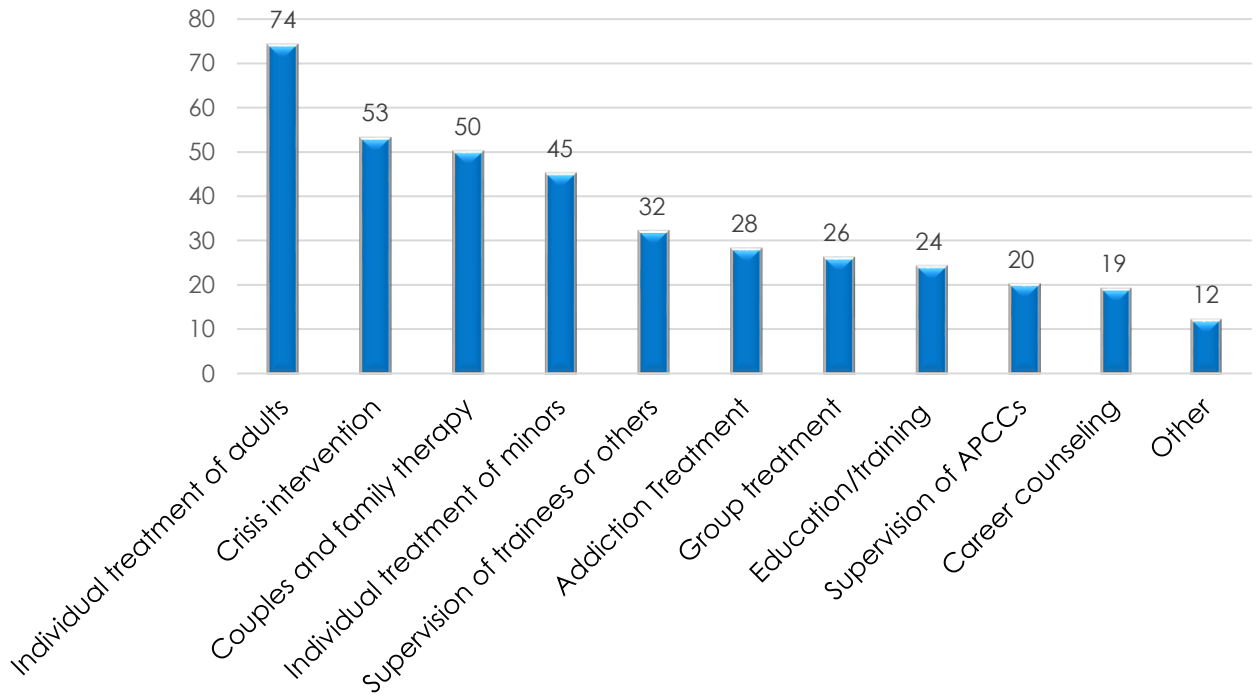

TABLE 9 – OTHER CALIFORNIA-ISSUED LICENSES OR CERTIFICATIONS HELD

LICENSES OR CERTIFICATIONS*	NUMBER (N)	PERCENT*
Licensed Marriage and Family Therapist	44	47.3
None	35	37.6
Other	12	12.9
Teacher	4	4.3
School psychologist	2	2.2
Licensed Clinical Social Worker	1	1.1

**NOTE: Respondents were asked to select all that apply. Percentages indicate the proportion in the sample of respondents.*

FIGURE 8 – OTHER CALIFORNIA-ISSUED LICENSES OR CERTIFICATIONS HELD

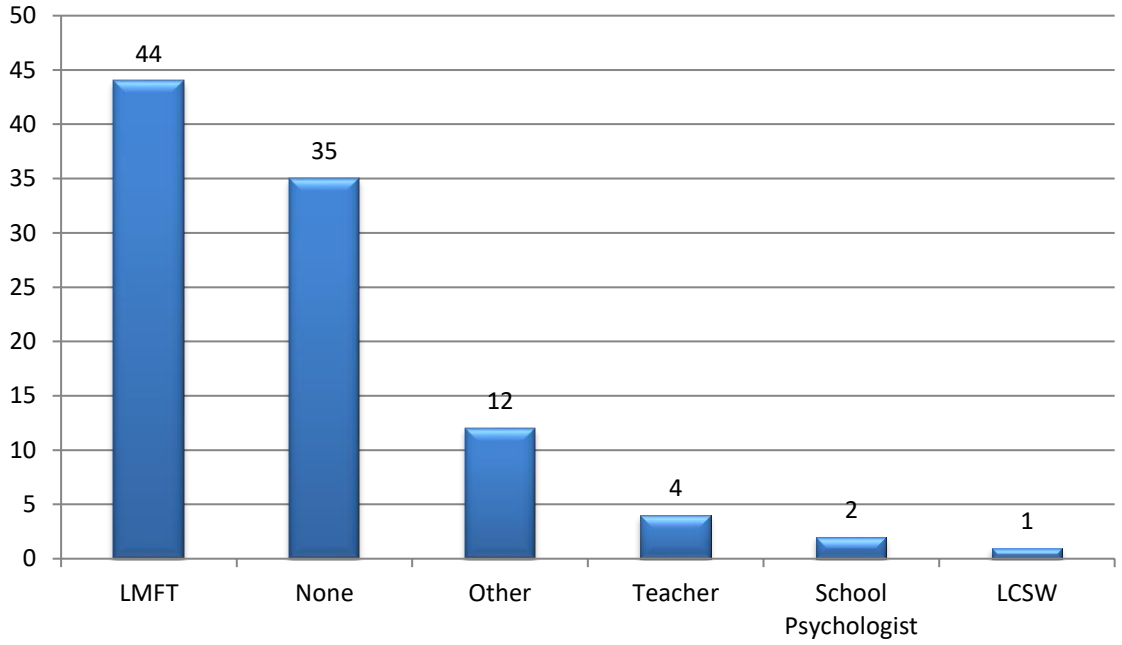

TABLE 10 – RESPONDENTS BY REGION*

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	27	29.0
San Francisco Bay Area	18	19.3
San Joaquin Valley	6	6.5
Sacramento Valley	6	6.5
San Diego County and Vicinity	15	16.1
Riverside and Vicinity	6	6.4
Sierra Mountain Valley	2	2.1
North Coast	4	4.3
South Coast and Central Coast	9	9.7
Total	93	100**

**NOTE: Appendix A shows a more detailed breakdown of the frequencies by region.*
***NOTE: Percentages do not add to 100 due to rounding.*

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the job task and knowledge ratings obtained by the questionnaire with a standard index of reliability, coefficient alpha (α), which ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the job task and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 11 displays the reliability coefficients for the task statement rating scales in each content area. The overall ratings of task frequency and task importance across content areas were highly reliable (frequency α = .974; importance α = .989). Table 12 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across content areas were highly reliable (α = .989). These results indicate that the responding LPCCs rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 11 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. Assessment and Diagnosis	16	.931	.930
2. Counseling and Planning	33	.937	.960
3. Crisis	9	.947	.955
4. Law	25	.927	.952
5. Ethics	32	.948	.964
Total	115	.974	.989

TABLE 12 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	α IMPORTANCE
1. Assessment and Diagnosis	47	.970
2. Counseling and Planning	72	.981
3. Crisis	27	.973
4. Law	42	.976
5. Ethics	90	.992
Total	278	.989

TASK CRITICALITY INDICES

OPES convened a workshop consisting of nine LPCC SMEs in March 2018. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and effective LPCC practice at the time of licensure. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index and evaluated the mean importance ratings for all knowledge statements.

To calculate the criticality indices of the task statements, the frequency rating (Fi) and the importance rating (Ii) were multiplied for each task.

Task criticality index = mean [(Fi) X (Ii)]

The task statements were sorted by descending order of their criticality index and by content area. The task statements, their mean frequency and importance ratings, and their associated criticality indices are presented in Appendix B.

The SMEs who participated in the March 2018 workshop evaluated the task criticality indices derived from the questionnaire results. OPES test specialists instructed the SMEs to identify a cutoff value in order to determine if any of the tasks did not have a high enough criticality index to be retained. Based on their review, the SMEs determined that a cutoff of 4.45 should be set. Six task statements (T41, T42, T43, T44, T109, and T113) were dropped from the content outline. These task statements are identified in Appendix B. The exclusion of a task statement from the examination outline does not mean that the task is not performed in LPCC practice; it means that the SMEs determined that the task was not critical for testing (with a low criticality rating) relative to other tasks within the scope of LPCC practice.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements and their mean importance ratings, sorted by descending order and content area, are presented in Appendix C.

The SMEs who participated in the March 2018 workshop that evaluated the task criticality indices also reviewed the knowledge statement mean importance ratings. Based on their review, the SMEs determined that a cutoff of 2.05 should be set. Nine knowledge statements (K43, K105, K108, K109, K110, K111, K115, K117, K118) were dropped from the content outline. An additional four knowledge statements (K271, K272, K273, K274) were dropped from the examination outline because the associated task statement was dropped, and the SMEs agreed that the knowledge statements were too specific (unique) to link to a remaining task statement. The eliminated knowledge statements are identified in Appendix C. The exclusion of a knowledge statement from the examination outline does not mean that the knowledge is not used in LPCC practice; it means that the SMEs determined that the knowledge was not critical for testing (with a low criticality rating) relative to other knowledge within the scope of LPCC practice.

CHAPTER 5 | EXAMINATION OUTLINE

TASK–KNOWLEDGE LINKAGE

The SMEs who participated in the March 2018 workshop reviewed the preliminary assignments of the task and knowledge statements to content areas from the October and November 2017 workshops. The SMEs established the final linkage of specific knowledge statements to task statements. The content areas were developed to describe major areas of practice. In addition, the SMEs wrote descriptions for each content area.

CONTENT AREAS AND WEIGHTS

The SMEs in the March 2018 workshop were also asked to finalize the weights for the content areas and subareas on the LPCC examination outline. OPES test specialists presented the SMEs with preliminary weights of the content areas that were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\textit{Sum of Criticality Indices for Tasks in Content Area}}{\textit{Sum of Criticality Indices for All Tasks}} = \textit{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary weights by reviewing the following elements for each content area: the group of tasks and knowledge, the linkage established between the tasks and knowledge, and the relative importance of the tasks to LPCC practice in California. The SMEs adjusted the preliminary weights based on what they perceived as the relative importance of the tasks' content to LPCC practice in California. The SMEs also reviewed the calculated subarea weights within content areas 1, 2, 4, and 5. The SMEs made minor adjustments to the subarea weights based on consensus to ensure that the percentages added up to 100. A summary of the preliminary and final content area and subarea weights for the LPCC examination outline is presented in Table 13.

TABLE 13 – CONTENT AREA AND SUBAREA WEIGHTS

CONTENT AREA	Preliminary Weights		Final Weights	
1. Assessment and Diagnosis	16.89%		17%	
A. Intake		7.74%		8%
B. Assessment		6.07%		6%
C. Testing		1.16%		1%
D. Diagnosis		1.92%		2%
2. Counseling and Psychotherapy	22.89%		23%	
A. Planning		7.92%		7%
B. Treatment		10.64%		10%
C. Group		1.81%		2%
D. Career		0.61%		2%
E. Research		1.92%		2%
3. Crisis	8.52%		9%	
4. Law	22.33%		22%	
A. Confidentiality, Privilege, and Consent		8.34%		8%
B. Limits to Confidentiality/Mandated Reporting		4.77%		5%
C. Legal Standards for Professional Practice		9.22%		9%
5. Ethics	29.37%		29%	
A. Professional Competence and Preventing Harm		11.05%		11%
B. Counseling Relationship		12.57%		12%
C. Business Practice and Policies		5.75%		6%
Total	100%		100%	

The examination outline for the LPCC profession is presented in Table 14.

TABLE 14 – EXAMINATION OUTLINE FOR THE LPCC PROFESSION

1.Assessment and Diagnosis (17%) - This area assesses the candidate's knowledge of gathering clinical information to evaluate the client's presenting issues and symptoms using intake procedures and testing instruments and to formulate a diagnosis using current diagnostic and statistical manual criteria.

Subarea	*Task Statement*	*Associated Knowledge Statements*
A. Intake (8%)	T1. Initiate therapeutic alliance with client to establish trust within the therapeutic relationship.	K1. Knowledge of methods to establish rapport with clients. K2. Knowledge of active listening techniques. K3. Knowledge of strategies used to form the therapeutic relationship. K5. Knowledge of strategies to facilitate client disclosure. K7. Knowledge of interviewing techniques to obtain clinical information. K12. Knowledge of methods to orient client to the therapeutic process. K16. Knowledge of the effect of language differences on the therapeutic process.
	T2. Identify presenting problem(s) by exploring client initial concerns to determine purpose for seeking therapy.	K2. Knowledge of active listening techniques. K4. Knowledge of methods used to evaluate verbal and nonverbal cues. K5. Knowledge of strategies to facilitate client disclosure. K6. Knowledge of biological, psychological, social, cultural, spiritual, financial, legal, and behavioral factors that impact client mental health. K7. Knowledge of interviewing techniques to obtain clinical information. K11. Knowledge of cultural factors and beliefs regarding therapy and mental health. K25. Knowledge of methods to assess client interpersonal relationships in social, family, work, and school environments, and how they contribute to the presenting problems.
	T3. Gather biopsychosocial history from client to develop an initial clinical formulation.	K6. Knowledge of biological, psychological, social, cultural, spiritual, financial, legal, and behavioral factors that impact client mental health. K8. Knowledge of the effects of how education, physical conditions, work environment, ecological, and psychosocial stressors can affect the client. K10. Knowledge of life-span development stages. K11. Knowledge of cultural factors and beliefs regarding therapy and mental health. K26. Knowledge of biological, psychological, social, and behavioral factors that indicate a need for psychiatric, medical, and psychological evaluation to complete the clinical formulation.

1. Assessment and Diagnosis (17%) - This area assesses the candidate's knowledge of gathering clinical information to evaluate the client's presenting issues and symptoms using intake procedures and testing instruments and to formulate a diagnosis using current diagnostic and statistical manual criteria.

Subarea	*Task Statement*	*Associated Knowledge Statements*
A. Intake (8%)	T4. Assess client background for factors (e.g., cultural, language, social, financial, legal, level of education, employment) that may influence the therapeutic process.	K6. Knowledge of biological, psychological, social, cultural, spiritual, financial, legal, and behavioral factors that impact client mental health. K8. Knowledge of the effects of how education, physical conditions, work environment, ecological, and psychosocial stressors can affect the client. K10. Knowledge of life-span development stages. K11. Knowledge of cultural factors and beliefs regarding therapy and mental health. K15. Knowledge of methods for assessing client level of acculturation. K16. Knowledge of the effect of language differences on the therapeutic process. K17. Knowledge of the effect of education and developmental factors on the therapeutic process.
	T5. Assess for past or present substance use, abuse, or dependence through observation and structured interview.	K4. Knowledge of methods used to evaluate verbal and nonverbal cues. K5. Knowledge of strategies to facilitate client disclosure. K6. Knowledge of biological, psychological, social, cultural, spiritual, financial, legal, and behavioral factors that impact client mental health. K7. Knowledge of interviewing techniques to obtain clinical information. K13. Knowledge of physical and behavioral indicators associated with substance use, abuse, and dependency. K14. Knowledge of criteria for differentiating substance use, abuse, and dependency.
	T6. Assess client motivation and expectation of treatment.	K4. Knowledge of methods used to evaluate verbal and nonverbal cues. K9. Knowledge of methods to assess client readiness for treatment. K11. Knowledge of cultural factors and beliefs regarding therapy and mental health. K19. Knowledge of interventions used to facilitate engagement of non-voluntary clients in the therapeutic process. K20. Knowledge of methods to evaluate for potential deception or secondary gains to clarify client motivation for seeking treatment. K21. Knowledge of referral options when treatment needs are beyond scope of practice or competence.

1. Assessment and Diagnosis (17%) - This area assesses the candidate's knowledge of gathering clinical information to evaluate the client's presenting issues and symptoms using intake procedures and testing instruments and to formulate a diagnosis using current diagnostic and statistical manual criteria.

Subarea	*Task Statement*	*Associated Knowledge Statements*
A. Intake (8%)	T7. Evaluate client presenting problems and symptoms to determine severity and significance of client issues.	K23. Knowledge of criteria to evaluate client symptoms to determine severity of presenting problems. K24. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning. K25. Knowledge of methods to assess client interpersonal relationships in social, family, work, and school environments, and how they contribute to the presenting problems. K26. Knowledge of biological, psychological, social, and behavioral factors that indicate a need for psychiatric, medical, and psychological evaluation to complete the clinical formulation.
B. Assessment (6%)	T8. Assess client support systems to facilitate treatment and discharge planning.	K22. Knowledge of community resources and referral options. K24. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning. K25. Knowledge of methods to assess client interpersonal relationships in social, family, work, and school environments, and how they contribute to the presenting problems. K27. Knowledge of methods used to identify support systems within the social network. K33. Knowledge of information available from collateral sources to enhance client assessment process.
	T9. Gather information about previous treatments or diagnoses.	K28. Knowledge of methods to integrate client previous mental health history into the assessment of the current problems. K29. Knowledge of the effects of previous mental health treatment on current treatment. K30. Knowledge of how to obtain and integrate relevant clinical information from collateral sources. K33. Knowledge of information available from collateral sources to enhance client assessment process.
	T10. Evaluate the need for referrals to other professionals based on additional information provided.	K21. Knowledge of referral options when treatment needs are beyond scope of practice or competence. K22. Knowledge of community resources and referral options. K26. Knowledge of biological, psychological, social, and behavioral factors that indicate a need for psychiatric, medical, and psychological evaluation to complete the clinical formulation.

1. Assessment and Diagnosis (17%) - This area assesses the candidate's knowledge of gathering clinical information to evaluate the client's presenting issues and symptoms using intake procedures and testing instruments and to formulate a diagnosis using current diagnostic and statistical manual criteria.

Subarea	*Task Statement*	*Associated Knowledge Statements*
B. Assessment (6%)	T11. Evaluate client mental status to determine level of functioning.	K31. Knowledge of administration of mental status examinations. K32. Knowledge of methods to interpret the results of a mental status examination to determine client level of functioning. K44. Knowledge of factors that impact physical and psychological functioning.
	T12. Gather collateral client information from resources (e.g., family, school, medical, work) to facilitate the treatment process.	K25. Knowledge of methods to assess client interpersonal relationships in social, family, work, and school environments, and how they contribute to the presenting problems. K30. Knowledge of how to obtain and integrate relevant clinical information from collateral sources. K33. Knowledge of information available from collateral sources to enhance client assessment process.
C. Testing (1%)	T13. Administer assessment instruments within scope of practice and competence to formulate clinical impression.	K34. Knowledge of the purpose of assessment instruments. K35. Knowledge of assessment instruments (e.g., achievement, behavioral scales, occupational inventories) within counselor's scope of practice and competence. K36. Knowledge of the effects of testing conditions that invalidate assessment instrument results. K40. Knowledge of cultural factors that influence the selection of assessment instruments and the testing process. K41. Knowledge of developmental factors that influence the selection of assessment instruments and the testing process. K42. Knowledge of methods for administering assessment instruments.
	T14. Explain results of assessment instruments to client within scope of practice and competence to engage client in the treatment process.	K37. Knowledge of test validity and reliability. K38. Knowledge of methods to explain assessment results to clients. K39. Knowledge of the principles of norms for interpretation of assessment instrument results.

1. Assessment and Diagnosis (17%) - This area assesses the candidate's knowledge of gathering clinical information to evaluate the client's presenting issues and symptoms using intake procedures and testing instruments and to formulate a diagnosis using current diagnostic and statistical manual criteria.

Subarea	*Task Statement*	*Associated Knowledge Statements*
D. Diagnosis (2%)	T15. Formulate preliminary diagnosis based on assessment information using current Diagnostic and Statistical Manual criteria.	K23. Knowledge of criteria to evaluate client symptoms to determine severity of presenting problems. K45. Knowledge of current Diagnostic and Statistical Manual criteria used to identify differential diagnoses. K47. Knowledge of procedures to apply diagnostic categories to assessment information.
	T16. Identify information obtained during the treatment process that would warrant modification of the diagnosis.	K44. Knowledge of factors that impact physical and psychological functioning. K45. Knowledge of current Diagnostic and Statistical Manual criteria used to identify differential diagnoses. K46. Knowledge of methods to continually reassess client's diagnosis. K47. Knowledge of procedures to apply diagnostic categories to assessment information.

2. Counseling and Psychotherapy (23%) - This area assesses the candidate's knowledge of facilitating an effective therapeutic relationship and of creating collaborative treatment plan goals and interventions based on theoretical and research-based practices, including group and career counseling.

Subarea	*Task Statement*	*Associated Knowledge Statements*
A. Planning (7%)	T17. Incorporate client strengths, values, beliefs, and culture into the development of the treatment plan.	K48. Knowledge of techniques for engaging client in development of initial and ongoing treatment goals. K49. Knowledge of methods for integrating client's experiences, culture, values, and beliefs into treatment plan. K50. Knowledge of the fundamentals of treatment planning. K51. Knowledge of methods to enhance client motivation in planning treatment. K75. Knowledge of how client strength, values, beliefs, and culture influence the therapeutic process.
	T18. Identify treatment goals with client by reviewing assessment and diagnostic information to develop a mutually agreed-upon treatment plan.	K48. Knowledge of techniques for engaging client in development of initial and ongoing treatment goals. K50. Knowledge of the fundamentals of treatment planning. K51. Knowledge of methods to enhance client motivation in planning treatment. K52. Knowledge of methods to determine intervention priorities. K55. Knowledge of techniques to set measurable, attainable, specific, and timely goals.
	T19. Formulate a treatment plan with measurable and observable objectives.	K50. Knowledge of the fundamentals of treatment planning. K52. Knowledge of methods to determine intervention priorities. K53. Knowledge of methods to monitor client progress toward goals. K55. Knowledge of techniques to set measurable, attainable, specific, and timely goals.
	T20. Develop a discharge plan (e.g., community resources, aftercare, follow-up) with client to maintain therapeutic progress after treatment has ended.	K58. Knowledge of relapse prevention planning. K62. Knowledge of incorporating collateral support systems into the treatment plan. K65. Knowledge of community resources available to assist client upon discharge. K68. Knowledge of methods for coordinating aftercare services for clients. K79. Knowledge of procedures to terminate treatment. K95. Knowledge of discharge planning, including connecting clients to aftercare, community services and resources, or both.

2. Counseling and Psychotherapy (23%) - This area assesses the candidate's knowledge of facilitating an effective therapeutic relationship and of creating collaborative treatment plan goals and interventions based on theoretical and research-based practices, including group and career counseling.

Subarea	*Task Statement*	*Associated Knowledge Statements*
A. Planning (7%)	T21. Identify additional resources (e.g., 12-Step, support, community) to incorporate into the treatment plan to support client goals.	K56. Knowledge of community resources to assist clients in the attainment of established goals. K62. Knowledge of incorporating collateral support systems into the treatment plan. K63. Knowledge of methods used to gather information from professionals and other involved parties. K65. Knowledge of community resources available to assist client upon discharge.
	T22. Formulate and modify treatment plan based on theoretical models to address client symptoms and level of functioning.	K61. Knowledge of techniques for determining compatibility of theory with specific problems, disorders, and symptoms. K64. Knowledge of the assumptions, concepts, and methodology associated with relevant theory models. K69. Knowledge of theoretical models with research-based outcomes.
	T23. Formulate harm reduction strategies based on identified risk factors.	K54. Knowledge of physical and psychological indicators of risky (at risk or high risk) behavior. K60. Knowledge of methods to develop harm-reduction strategies. K73. Knowledge of methods to promote client safety.
	T24. Incorporate assessment instrument results into the development of treatment plans.	K70. Knowledge of the effect of assessment instrument results on treatment plan development.
	T25. Coordinate services with other professionals to develop treatment plans.	K56. Knowledge of community resources to assist clients in the attainment of established goals. K62. Knowledge of incorporating collateral support systems into the treatment plan. K63. Knowledge of methods used to gather information from professionals and other involved parties. K67. Knowledge of methods to create a treatment plan responsive to third party provisions (e.g., managed care, court-mandated, EAP, MHSA).

2. Counseling and Psychotherapy (23%) - This area assesses the candidate's knowledge of facilitating an effective therapeutic relationship and of creating collaborative treatment plan goals and interventions based on theoretical and research-based practices, including group and career counseling.

Subarea	*Task Statement*	*Associated Knowledge Statements*
B. Treatment (10%)	T26. Build and maintain the therapeutic alliance with client to facilitate progress in treatment.	K71. Knowledge of strategies used to build, manage, and maintain the therapeutic relationship. K72. Knowledge of techniques to convey empathy, interest, and concern within the therapeutic relationship. K74. Knowledge of techniques for increasing client acceptance of self as an agent for change. K75. Knowledge of how client strength, values, beliefs, and culture influence the therapeutic process. K76. Knowledge of the effect of differences between counselor and client values on the therapeutic process.
	T27. Implement interventions consistent with client strengths, values, beliefs, and culture to facilitate treatment.	K49. Knowledge of methods for integrating client's experiences, culture, values, and beliefs into treatment plan. K71. Knowledge of strategies used to build, manage, and maintain the therapeutic relationship. K74. Knowledge of techniques for increasing client acceptance of self as an agent for change. K75. Knowledge of how client strength, values, beliefs, and culture influence the therapeutic process. K76. Knowledge of the effect of differences between counselor and client values on the therapeutic process.
	T28. Evaluate therapeutic effectiveness based on client progress toward established goals.	K53. Knowledge of methods to monitor client progress toward goals. K80. Knowledge of indicators that interventions should be modified. K83. Knowledge of functioning indicators for readiness to terminate treatment. K85. Knowledge of methods to engage client in evaluation of treatment. K90. Knowledge of methods to measure treatment outcomes.
	T29. Provide psychoeducation to client to enhance understanding of clinical issues.	K74. Knowledge of techniques for increasing client acceptance of self as an agent for change. K82. Knowledge of methods to enhance understanding of clinical problem(s). K88. Knowledge of the interventions associated with relevant theoretical models to facilitate client treatment.
	T30. Modify therapeutic interventions as indicated to facilitate progress toward goals.	K53. Knowledge of methods to monitor client progress toward goals. K80. Knowledge of indicators that interventions should be modified. K81. Knowledge of alternative interventions. K90. Knowledge of methods to measure treatment outcomes.

2. Counseling and Psychotherapy (23%) - This area assesses the candidate's knowledge of facilitating an effective therapeutic relationship and of creating collaborative treatment plan goals and interventions based on theoretical and research-based practices, including group and career counseling.

Subarea	*Task Statement*	*Associated Knowledge Statements*
B. Treatment (10%)	T31. Integrate modalities to provide treatment to client with co-occurring disorders.	K61. Knowledge of techniques for determining compatibility of theory with specific problems, disorders, and symptoms. K78. Knowledge of the relationship between co-occurring disorders. K86. Knowledge of integration techniques to address co-occurring disorders.
	T32. Implement interventions consistent with theoretical models to facilitate client treatment.	K61. Knowledge of techniques for determining compatibility of theory with specific problems, disorders, and symptoms. K87. Knowledge of the counselor's role in theoretical models used. K88. Knowledge of the interventions associated with relevant theoretical models to facilitate client treatment.
	T33. Implement interventions consistent with evidenced-based practices to facilitate client treatment.	K88. Knowledge of the interventions associated with relevant theoretical models to facilitate client treatment. K89. Knowledge of evidenced-based practices.
	T34. Evaluate whether client will benefit from participation in group therapy to meet treatment goals.	K81. Knowledge of alternative interventions. K84. Knowledge of methods to foster client personal growth. K93. Knowledge of clinical problems that benefit from group therapy. K98. Knowledge of limitations of group therapy. K100. Knowledge of theories, methods, and techniques for conducting group therapy.
	T35. Incorporate technology (e.g., telehealth) into the therapeutic process to improve client access to treatment.	K73. Knowledge of methods to promote client safety. K81. Knowledge of alternative interventions. K91. Knowledge of technological methods to improve client access to treatment.
	T36. Facilitate discharge from treatment based on client readiness and achievement of goals.	K79. Knowledge of procedures to terminate treatment. K83. Knowledge of functioning indicators for readiness to terminate treatment. K90. Knowledge of methods to measure therapeutic outcomes.
C. Group (2%)	T37. Discuss parameters of confidentiality related to group therapy.	K94. Knowledge of safety issues within group therapy. K97. Knowledge of confidentiality issues in group therapy. K98. Knowledge of limitations of group therapy. K100. Knowledge of theories, methods, and techniques for conducting group therapy.
	T38. Facilitate group therapy according to theoretical and evidence-based models.	K93. Knowledge of clinical problems that benefit from group therapy. K96. Knowledge of the assumptions, concepts, and methodology associated with group therapy modalities. K100. Knowledge of theories, methods, and techniques for conducting group therapy.

2. Counseling and Psychotherapy (23%) - This area assesses the candidate's knowledge of facilitating an effective therapeutic relationship and of creating collaborative treatment plan goals and interventions based on theoretical and research-based practices, including group and career counseling.

Subarea	*Task Statement*	*Associated Knowledge Statements*
C. Group (2%)	T39. Manage therapy group based on principles of group dynamics.	K93. Knowledge of clinical problems that benefit from group therapy. K94. Knowledge of safety issues within group therapy. K99. Knowledge of changes in functioning and group stages that indicate goal achievement and readiness to terminate group therapy. K100. Knowledge of theories, methods, and techniques for conducting group therapy. K102. Knowledge of group opening and closing processes.
	T40. Evaluate group therapy effectiveness to facilitate progress toward group and individual goals.	K96. Knowledge of the assumptions, concepts, and methodology associated with group therapy modalities. K99. Knowledge of changes in functioning and group stages that indicate goal achievement and readiness to terminate group therapy. K101. Knowledge of how to maintain therapeutic progress following the end of the group therapy.
D. Career (2%)	T45. Facilitate client career development and skill acquisition.	K103. Knowledge of theories of career counseling. K104. Knowledge of theories of development and related life stages. K106. Knowledge of influence of culture on career development. K107. Knowledge of methods and techniques for increasing client's employability skills (e.g., attendance, continuing education, advancement).
	T46. Provide career counseling based on client primary employment factors (e.g., personality, interests, priorities, strengths, abilities, capabilities, resources, needs, life stages).	K75. Knowledge of how client strength, values, beliefs, and culture influence the therapeutic process. K103. Knowledge of theories of career counseling. K104. Knowledge of theories of development and related life stages. K106. Knowledge of influence of culture on career development. K107. Knowledge of methods and techniques for increasing client's employability (e.g., attendance, continuing education, advancement).

2. Counseling and Psychotherapy (23%) - This area assesses the candidate's knowledge of facilitating an effective therapeutic relationship and of creating collaborative treatment plan goals and interventions based on theoretical and research-based practices, including group and career counseling.

Subarea	*Task Statement*	*Associated Knowledge Statements*
E. Research (2%)	T47. Utilize published research to support evidence-based practice.	K89. Knowledge of evidenced-based practices. K112. Knowledge of methods used to evaluate research. K113. Knowledge of methods for interpreting research. K114. Knowledge of analyzing research as it pertains to clinical practice. K116. Knowledge of current professional literature.
	T48. Understand the concepts of validity and reliability as they pertain to published research within the counseling profession.	K113. Knowledge of methods for interpreting research. K114. Knowledge of analyzing research as it pertains to clinical practice.
	T49. Develop and test hypotheses based on client needs assessment.	K52. Knowledge of methods to determine intervention priorities. K61. Knowledge of techniques for determining compatibility of theory with specific problems, disorders, and symptoms. K75. Knowledge of how client strength, values, beliefs, and culture influence the therapeutic process. K85. Knowledge of methods to engage client in evaluation of treatment. K114. Knowledge of analyzing research as it pertains to clinical practice.

3. Crisis (9%) - This area assesses the candidate's knowledge of identifying and evaluating potential crisis situations, determining levels of severity, and developing timely strategies of intervention to manage safety risks and determine ongoing need for support.

Task Statement	*Associated Knowledge Statements*
T50. Evaluate the severity of crises to determine intervention strategy.	K119. Knowledge of methods to identify crisis situations. K120. Knowledge of methods to evaluate severity of client symptoms. K121. Knowledge of methods to evaluate client plan, means, access, intent, lethality, and history of suicide. K124. Knowledge of risk factors that indicate client potential for suicide. K132. Knowledge of intervention strategies to reduce and manage suicidality and/or self-injurious behavior.
T51. Evaluate potential level of danger client presents to self or others, or of grave disability to determine need for immediate intervention.	K120. Knowledge of methods to evaluate severity of client symptoms. K121. Knowledge of methods to evaluate client plan, means, access, intent, lethality, and history of suicide. K122. Knowledge of methods to evaluate client plan, means, access, intent, lethality, and history of violence. K123. Knowledge of risk factors that indicate client potential for causing harm to others. K124. Knowledge of risk factors that indicate client potential for suicide. K128. Knowledge of methods to differentiate between self-harm and suicidality. K137. Knowledge of strategies used to deal with dangerous clients.
T52. Develop plans with clients to manage safety risks to reduce self-harm, suicidality, or both.	K127. Knowledge of physical and psychological indicators of self-destructive or self-injurious behavior. K132. Knowledge of intervention strategies to reduce and manage suicidality, and self-injurious behavior.
T53. Develop intervention strategies for clients who have indicated thoughts of causing harm to others.	K123. Knowledge of risk factors that indicate client potential for causing harm to others. K131. Knowledge of principles of crisis management. K134. Knowledge of procedures used to manage client danger to others (e.g., thoughts) that do not require hospitalization.
T54. Implement intervention strategies for clients who require immediate medical or psychiatric treatment.	K140. Knowledge of physical symptoms and behavioral signs indicating the need for medical and/or psychiatric treatment. K141. Knowledge of resources for identifying least restrictive environment for the care and safety of stabilizing client crises. K143. Knowledge of resources for clients in substance-induced crises. K144. Knowledge of types of placements available for the short- and long-term care of client in crisis.

3. Crisis (9%) - This area assesses the candidate's knowledge of identifying and evaluating potential crisis situations, determining levels of severity, and developing timely strategies of intervention to manage safety risks and determine ongoing need for support.

Task Statement	*Associated Knowledge Statements*
T55. Provide referrals of viable resources to augment management of client crises.	K125. Knowledge of support systems used to manage crises. K134. Knowledge of procedures used to manage client danger to others (e.g., thoughts) that do not require hospitalization. K138. Knowledge of methods to develop a plan to intervene and provide safety for client and/or family in an abusive situation. K144. Knowledge of types of placements available for the short- and long-term care of client in crisis. K145. Knowledge of resources and strategies for continued support and follow-up.
T56. Identify indicators of abuse or neglect to determine level of intervention.	K120. Knowledge of methods to evaluate severity of client symptoms. K121. Knowledge of methods to evaluate client plan, means, access, intent, lethality, and history of suicide. K126. Knowledge of the effects of current trauma on client functioning. K130. Knowledge of indicators of abuse/neglect. K136. Knowledge of criteria to determine situations which constitute high risk for abuse.
T57. Develop crisis intervention strategies with clients in potentially abusive situations to provide for safety of clients and family members.	K135. Knowledge of intervention methods for abused/neglected children, dependent adults, elderly, and other vulnerable clients. K138. Knowledge of methods to develop a plan to intervene and provide safety for client and/or family in an abusive situation. K139. Knowledge of strategies to address safety in abusive situations.
T58. Assess crisis intervention strategies to determine the need for continued support.	K125. Knowledge of support systems used to manage crises. K129. Knowledge of indicators/methods to assess client strengths and coping skills. K134. Knowledge of procedures used to manage client danger to others (e.g., thoughts) that do not require hospitalization. K141. Knowledge of resources for identifying the least restrictive environment for care and safety to stabilize clients in crisis. K145. Knowledge of resources and strategies for continued support and follow-up.

4. Law (22%) - This area assesses the candidate's knowledge of identifying and applying legal mandates to clinical practice.

Subarea	*Task Statement*	*Associated Knowledge Statements*
A. Confidentiality, Privilege, Consent (8%)	T59. Comply with legal requirements regarding the maintenance or dissemination of confidential information to protect client privacy.	K146. Knowledge of laws regarding confidential communications within the counseling relationship. K147. Knowledge of laws regarding the disclosure of confidential information to other individuals, professionals, agencies, or authorities.
	T60. Identify holder of privilege by evaluating client age, legal status, and content of therapy to determine requirements for providing services.	K148. Knowledge of laws regarding holder of privilege. K149. Knowledge of laws regarding privileged communication.
	T61. Comply with legal requirements regarding the disclosure of privileged information to protect client privacy in judicial and legal matters.	K149. Knowledge of laws regarding privileged communication. K150. Knowledge of laws regarding the release of privileged information. K151. Knowledge of legal requirements for responding to subpoenas and court orders.
	T62. Comply with legal requirements regarding providing therapy services to minor clients.	K146. Knowledge of laws regarding confidential communications within the counseling relationship. K147. Knowledge of laws regarding the disclosure of confidential information to other individuals, professionals, agencies, or authorities. K148. Knowledge of laws regarding holder of privilege. K149. Knowledge of laws regarding privileged communication. K152. Knowledge of legal criteria and requirements for providing counseling services to minors.
	T63. Maintain client records by adhering to legal requirements regarding documentation, storage, and disposal to protect client privacy and the therapy process.	K153. Knowledge of laws regarding documentation of clinical services. K155. Knowledge of laws pertaining to the maintenance and disposal of client records.
	T64. Respond to requests for records by adhering to applicable laws and regulations to protect client rights and safety.	K155. Knowledge of laws pertaining to client's access to treatment records. K156. Knowledge of laws pertaining to the release of client records to other individuals, professionals, and third parties.
	T65. Provide services via information and communication technologies by complying with telehealth regulations.	K157. Knowledge of laws regarding the consent to and delivery of services via information and communication technologies.

4. Law (22%) - This area assesses the candidate's knowledge of identifying and applying legal mandates to clinical practice.

Subarea	*Task Statement*	*Associated Knowledge Statements*
A. Confidentiality, Privilege, Consent (8%)	T66. Comply with the Health Insurance Portability and Accountability Act (HIPAA) regulations as mandated by law.	K158. Knowledge of legal requirements of the Health Information Portability and Accountability Act (HIPAA).
B. Limits to Confidentiality (5%)	T67. Report known or suspected abuse, neglect, or exploitation of dependent adults to protective authorities.	K159. Knowledge of indicators of abuse, neglect, or exploitation of dependent adult clients. K160. Knowledge of laws pertaining to the reporting of known or suspected incidents of abuse, neglect, or exploitation of dependent adult clients.
	T68. Report known or suspected abuse, neglect, or exploitation of elderly to protective authorities.	K161. Knowledge of indicators of abuse, neglect, or exploitation of elderly clients. K162. Knowledge of laws pertaining to the reporting of known or suspected incidents of abuse, neglect, or exploitation of elderly clients.
	T69. Report known or suspected abuse, neglect, or exploitation of minors to protective authorities.	K163. Knowledge of indicators of abuse, neglect, or exploitation of minors. K164. Knowledge of laws pertaining to the reporting of known or suspected incidents of abuse, neglect, or exploitation of minors.
	T70. Comply with legal requirements regarding breaking confidentiality to protect clients in imminent danger to self or with grave disability.	K165. Knowledge of symptoms of mental impairment that may indicate the need for involuntary hospitalization. K166. Knowledge of legal requirements for initiating involuntary hospitalization. K167. Knowledge of laws regarding confidentiality in situations of client danger to self or others.
	T71. Comply with legal requirements to report and protect when client expresses intent to cause imminent harm to identified people or property.	K168. Knowledge of methods and criteria for identifying situations where client poses a danger to others. K169. Knowledge of laws pertaining to duty to protect when client indicates intent to cause harm. K170. Knowledge of situations and conditions that constitute reasonable indicators of client intent to cause harm.
	T72. Comply with legal requirements regarding privilege exceptions in client litigation or in response to breach of duty accusations.	K171. Knowledge of laws regarding privilege exceptions in litigation involving client's mental or emotional condition as raised by the client or client representative. K172. Knowledge of laws regarding privilege exceptions where client alleges breach of duty.

4. Law (22%) - This area assesses the candidate's knowledge of identifying and applying legal mandates to clinical practice.

Subarea	*Task Statement*	*Associated Knowledge Statements*
B. Limits to Confidentiality (5%)	T73. Comply with legal requirements regarding privilege exceptions in court-appointed or defendant-requested evaluation or therapy.	K173. Knowledge of laws regarding privilege exceptions in court-appointed evaluation or treatment. K174. Knowledge of laws pertaining to privilege exceptions in defendant-requested evaluation or treatment.
	T74. Comply with legal requirements regarding reporting instances of crime perpetrated against minors.	K175. Knowledge of laws pertaining to the reporting of crimes perpetrated against a minor. K176. Knowledge of laws regarding privilege exceptions in crime or tort involving minors.
C. Legal Standards (9%)	T75. Comply with laws regarding sexual misconduct between counselor and client to prevent harm to the client and the therapeutic relationship.	K177. Knowledge of laws regarding sexual conduct between counselor and client. K178. Knowledge of legal requirements for providing client with the brochure *Professional Therapy Never Includes Sex*.
	T76. Comply with legal parameters regarding scope of practice.	K179. Knowledge of laws that define the scope of clinical practice.
	T77. Comply with legal parameters regarding professional conduct.	K180. Knowledge of laws that define professional conduct for licensed practitioners.
	T78. Disclose fee structure for services prior to initiating therapy.	K181. Knowledge of laws regarding disclosures required prior to initiating services.
	T79. Comply with legal regulations regarding providing services when interacting with third-party payers.	K182. Knowledge of laws and regulations regarding third-party reimbursement. K183. Knowledge of parity laws regarding the provision of mental health services.
	T80. Comply with laws regarding advertisement of services and professional qualifications.	K184. Knowledge of laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.
	T81. Comply with laws pertaining to the payment or acceptance of money or other consideration for referral of services.	K185. Knowledge of legal requirements regarding payment or acceptance of money or other considerations for referral of services.
	T82. Comply with legal regulations for engaging in a supervisory relationship.	K186. Knowledge of requirements regarding supervisory relationships.
	T83. Comply with professional continuing education requirements to maintain competency for standard of practice.	K187. Knowledge of laws governing professional continuing education requirements.

5. Ethics (29%) - This area assesses the candidate's knowledge of identifying and applying ethical standards for professional conduct.

Subarea	*Task Statement*	*Associated Knowledge Statements*
A. Professional Competence and Preventing Harm (11%)	T84. Consult with other professionals and seek additional education, training, or supervision to address clinical issues that arise outside the counselor's scope of competence.	K188. Knowledge of limitations of professional experience, education, and training to determine problems outside scope of competence. K189. Knowledge of situations that indicate a need for consultation with colleagues or other professionals. K190. Knowledge of ethical standards regarding the protection of client rights when engaging in consultation/collaboration with other professionals. K191. Knowledge of ethical methods for developing additional areas of practice or expanding competence. K192. Knowledge of the ethical responsibility to stay current on developments in the counseling profession.
	T85. Pursue education, training, certification, or supervision to stay current or expand competence in the counseling profession.	K189. Knowledge of situations that indicate a need for consultation with colleagues or other professionals. K190. Knowledge of ethical standards regarding the protection of client rights when engaging in consultation or collaboration with other professionals.
	T86. Consult with other professionals to address questions regarding ethical obligations or practice responsibilities that arise during therapy.	K189. Knowledge of situations that indicate a need for consultation with colleagues or other professionals. K193. Knowledge of problems and impairments that interfere with the process of providing therapeutic services. K194. Knowledge of referrals and resources to assist in meeting the client needs. K195. Knowledge of methods to facilitate client transfer when referrals to other professionals are made.
	T87. Evaluate counselor's own emotional, mental, or physical problems or impairments to determine the effect on counselor's ability to provide competent therapeutic services.	K188. Knowledge of limitations of professional experience, education, and training to determine problems outside scope of competence. K190. Knowledge of ethical standards regarding the protection of client rights when engaging in consultation or collaboration with other professionals. K194. Knowledge of referrals and resources to assist in meeting the client needs. K195. Knowledge of methods to facilitate client transfer when referrals to other professionals are made.
	T88. Provide referrals to qualified professionals for treatment of clinical issues when assistance would benefit the client.	K188. Knowledge of limitations of professional experience, education, and training to determine problems outside scope of competence. K190. Knowledge of ethical standards regarding the protection of client rights when engaging in consultation or collaboration with other professionals. K194. Knowledge of referrals and resources to assist in meeting the client needs. K195. Knowledge of methods to facilitate client transfer when referrals to other professionals are made.

5. Ethics (29%) - This area assesses the candidate's knowledge of identifying and applying ethical standards for professional conduct.

Subarea	*Task Statement*	*Associated Knowledge Statements*
A. Professional Competence and Preventing Harm (11%)	T89. Manage counselor's values, attitudes, beliefs, and behaviors to prevent interference with effective provision of services and the therapeutic relationship.	K196. Knowledge of the potential influence of counselor's values, attitudes, beliefs, culture, and behaviors on the therapeutic relationship. K197. Knowledge of methods for managing the influence of counselor's values, attitudes, beliefs, culture, and/or behaviors on the client or therapeutic relationship.
	T90. Evaluate nonprofessional interactions with prospective, current, and former clients, as well as people close to the client, to determine the influence on the therapeutic relationship.	K198. Knowledge of interactions and situations that could potentially exploit or cause harm to the client. K199. Knowledge of methods for managing boundaries and professional relationships with clients. K200. Knowledge of ethical standards regarding prohibited non-counseling roles and relationships.
	T91. Maintain professional boundaries with clients to prevent situations or relationships that are potentially harmful to clients or the therapeutic relationship.	K198. Knowledge of interactions and situations that could potentially exploit or cause harm to the client. K199. Knowledge of methods for managing boundaries and professional relationships with clients. K200. Knowledge of ethical standards regarding prohibited non-counseling roles and relationships. K201. Knowledge of the rights and responsibilities of the client and counselor in the therapeutic process. K202. Knowledge of methods to ensure that judgment is not impaired and that client is not harmed in situations where boundaries are extended. K257. Knowledge of the ethical responsibility to clarify roles when acting in a professional capacity other than licensed professional clinical counselor. K258. Knowledge of methods to minimize potential consequences associated with changes in counselor's role.
	T92. Adhere to ethical guidelines regarding sexual intimacy and romantic relations with prospective, current, and former clients; with client spouses and significant others; and with client family members to avoid causing harm or exploitation of clients.	K203. Knowledge of the potential for client harm or exploitation associated with sexual or romantic relationships between client and counselor. K204. Knowledge of the ethical standards regarding engaging in sexual or romantic relationships with clients and persons important to the client. K205. Knowledge of ethical standards regarding the provision of therapeutic services to former sexual or romantic partners.
	T93. Adhere to ethical guidelines regarding treatment of individuals with whom the counselor has a prospective, current, or past relationship.	K206. Knowledge of ethical standards regarding the provision of therapeutic services to individuals with whom the counselor has a prospective, current, or past relationship.

5. Ethics (29%) - This area assesses the candidate's knowledge of identifying and applying ethical standards for professional conduct.

Subarea	*Task Statement*	*Associated Knowledge Statements*
B. Counseling Relationship (12%)	T94. Obtain informed consent by providing client with information regarding the counselor and treatment process to facilitate client's ability to make decisions.	K201. Knowledge of the rights and responsibilities of the client and counselor in the therapeutic process. K207. Knowledge of the ethical responsibility to provide client with information regarding therapeutic services. K208. Knowledge of disclosures that facilitate client ability to make informed decisions regarding therapy. K209. Knowledge of client right to freedom of choice in making decisions regarding services received. K210. Knowledge of methods for communicating information pertaining to informed consent in a manner consistent with developmental and cultural factors. K211. Knowledge of the right and responsibility of legal guardians and representatives to make decisions on behalf of clients unable to make informed decisions. K212. Knowledge of methods for protecting client welfare when client is unable to provide voluntary consent.
	T95. Evaluate client for concurrent relationships with other mental health professionals to determine influence on therapy.	K213. Knowledge of the effects of concurrent mental health treatments on the provision of treatment to client. K214. Knowledge of methods for establishing collaborative professional relationships to improve the welfare of the client. K215. Knowledge of ethical standards regarding the protection of client rights when engaging in consultation or collaboration with other professionals.
	T96. Address confidentiality and issues associated with counselor's role, treatment modality, and involvement of third parties to protect client welfare and the therapeutic relationship.	K201. Knowledge of the rights and responsibilities of the client and counselor in the therapeutic process. K216. Knowledge of methods for identifying the client and the nature of relationships when providing therapy to more than one person. K217. Knowledge of the influence of client unit (e.g., individual, group), treatment modality, and involvement of multiple systems on confidentiality. K218. Knowledge of methods to reduce potential conflicts when providing concurrent therapy. K219. Knowledge of methods for managing confidentiality and privacy issues when treatment involves multiple systems or third parties.
	T97. Manage informed consent and limits of confidentiality by discussing the impact on the therapeutic relationship.	K220. Knowledge of ethical standards regarding the management of confidentiality issues. K221. Knowledge of methods for managing the impact of confidentiality issues on the therapeutic relationship.

5. Ethics (29%) - This area assesses the candidate's knowledge of identifying and applying ethical standards for professional conduct.

Subarea	*Task Statement*	*Associated Knowledge Statements*
B. Counseling Relationship (12%)	T98. Manage the impact of safety and crisis situations by evaluating risk factors to protect the client and others.	K222. Knowledge of methods for assessing level of potential danger or harm to client and others. K223. Knowledge of ethical obligations regarding the management of safety needs. K224. Knowledge of procedures for managing safety needs.
	T99. Manage the impact of legal and ethical obligations that arise during the treatment process to protect the client-counselor relationship.	K225. Knowledge of the impact of legal and ethical obligations on the therapeutic relationship. K226. Knowledge of methods for protecting the best interest of the client in situations where legal and ethical obligations conflict. K227. Knowledge of methods for protecting the best interest of the client in situations where agency and ethical obligations conflict.
	T100. Manage diversity factors in the therapeutic relationship by applying or gaining knowledge and awareness necessary to provide services sensitive to client needs.	K228. Knowledge of diversity factors that potentially influence the therapeutic process. K229. Knowledge of ethical standards regarding nondiscrimination. K230. Knowledge of ethical standards for providing services congruent with client culture. K231. Knowledge of methods to gain knowledge, awareness, sensitivity, and skills necessary for working with clients from diverse populations.
	T101. Provide services that respect client dignity and freedom of choice.	K232. Knowledge of the collaborative role between counselor and client in the therapeutic process. K233. Knowledge of the client rights to make decisions regarding treatment and services. K234. Knowledge of methods to assist client to make decisions and understand consequences.
	T102. Administer assessment instruments or clinical testing necessary for the provision of services.	K235. Knowledge of ethical guidelines for selecting, administering, reporting, and storing results of clinical assessments. K236. Knowledge of methods for preventing the misuse of results from assessment instruments. K237. Knowledge of referral resources to address testing needs outside scope of practice.
	T03. Contribute to a multidisciplinary team by collaborating with other professionals to provide services that promote client well-being.	K238. Knowledge of ethical standards regarding the protection of client rights when engaging in consultation and collaboration with other professionals. K239. Knowledge of methods for establishing collaborative professional relationships to improve the welfare of the client. K240. Knowledge of ethical standards for participating as a member of an interdisciplinary team.

5. Ethics (29%) - This area assesses the candidate's knowledge of identifying and applying ethical standards for professional conduct.

Subarea	*Task Statement*	*Associated Knowledge Statements*
B. Counseling Relationship (12%)	T104. Advocate with and/or on behalf of clients by addressing barriers or increasing access to assist client in receiving services.	K241. Knowledge of methods for evaluating client capacity to advocate on own behalf. K242. Knowledge of ethical standards pertaining to interacting with third-party payers. K243. Knowledge of ethical standards pertaining to interacting with other service delivery systems.
	T105. Maintain procedures that provide for continuity of care in the event treatment must be interrupted or discontinued.	K244. Knowledge of ethical considerations and conditions for interrupting or terminating treatment. K245. Knowledge of referrals and resources to provide consistent care in the event therapy must be interrupted or discontinued. K195. Knowledge of methods to facilitate client transfer when referrals to other professionals are made.
	T106. Terminate therapy when no longer required or no longer benefits the client.	K246. Knowledge of factors and conditions that indicate client is ready for termination of therapy. K247. Knowledge of factors and conditions that indicate client is not benefiting from therapeutic services. K248. Knowledge of methods for managing the termination process. K249. Knowledge of methods to prevent client abandonment and client neglect.
C. Business Practices and Policies (6%)	T107. Advertise services by adhering to ethical guidelines regarding the use of accurate representations and information to promote services or expand practice.	K250. Knowledge of ethical guidelines regarding the use of accurate representation of qualifications and credentials in advertisements and solicitation of clients. K251. Knowledge of ethical guidelines pertaining to the solicitation of testimonials or statements from clients and others. K252. Knowledge of ethical guidelines regarding the recruitment of clients through employment or professional associations.
	T108. Maintain client records by adhering to ethical guidelines to document services and protect client confidentiality.	K253. Knowledge of ethical guidelines regarding the documentation of counseling services consistent with sound clinical practice. K254. Knowledge of methods for providing reasonable protection of the confidentiality of client records. K255. Knowledge of ethical guidelines for releasing client records upon request. K256. Knowledge of methods to assist client in understanding and interpreting information contained in treatment records.

5. Ethics (29%) - This area assesses the candidate's knowledge of identifying and applying ethical standards for professional conduct.

Subarea	*Task Statement*	*Associated Knowledge Statements*
C. Business Practices and Policies (6%)	T110. Implement policies and procedures that address ethical issues associated with the use of electronic media and technology in the course of providing therapeutic services.	K259. Knowledge of the potential for harm to client or therapeutic relationship with the use of social media or information technology in the therapeutic process. K260. Knowledge of the ethical standards for implementing information technology in the treatment process. K261. Knowledge of the limitations and risks associated with electronic means of service delivery and distance therapy.
	T111. Maintain fee and payment policies that are commensurate with services provided and protect the therapeutic relationship.	K262. Knowledge of methods and conditions for determining fees commensurate with professional services. K263. Knowledge of prohibited business practices and forms of remuneration for making and accepting client referrals. K264. Knowledge of the potential for client exploitation or harm that may result from bartering for services. K265. Knowledge of ethical standards pertaining to collection of unpaid balances. K266. Knowledge of ethical obligations regarding providing for continuation of services to the client. K267. Knowledge of ethical guidelines regarding the provision of therapy services when interacting with third-party payers. K268. Knowledge of referrals and resources to assist in meeting client needs.
	T112. Adhere to ethical guidelines regarding the acceptance of gifts and tokens of appreciation from clients.	K269. Knowledge of conditions and situations that may impair the integrity or efficacy of the therapeutic process. K270. Knowledge of ethical standards pertaining to the acceptance of gifts from clients.
	T114. Address unethical or incompetent conduct of colleagues by taking action to promote the welfare and interests of clients.	K275. Knowledge of conditions and situations that may impair the integrity or efficacy of the therapeutic process. K276. Knowledge of guidelines for addressing unethical and incompetent conduct of colleagues.
	T115. Adhere to ethical guidelines for engaging in supervisory relationships.	K277. Knowledge of ethical guidelines regarding the supervisory relationship and responsibilities.

CHAPTER 6 | CONCLUSION

The occupational analysis of the LPCC profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent LPCC practice. Results of this OA provide information regarding current practice that can be used to review the National Clinical Mental Health Counseling Examination developed by the National Board for Certified Counselors.

By adopting the LPCC examination outline contained in this report, the Board ensures that its California Licensed Professional Clinical Counselor Law and Ethics Examination program reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	22
Orange	5
TOTAL	27

NORTH COAST

County of Practice	Frequency
Humboldt	2
Sonoma	2
TOTAL	4

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	5
San Bernardino	1
TOTAL	6

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	2
Sacramento	3
Yolo	1
TOTAL	6

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
San Diego	15
TOTAL	15

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	4
Contra Costa	3
Marin	1
San Francisco	3
San Mateo	1
Santa Clara	3
Santa Cruz	2
Solano	1
TOTAL	18

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	2
Kern	2
Kings	1
Stanislaus	1
TOTAL	6

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
El Dorado	1
Tuolumne	1
TOTAL	2

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	2
San Luis Obispo	2
Santa Barbara	3
Ventura	2
TOTAL	9

APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

Content Area 1
Assessment and Diagnosis

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
1	Initiate therapeutic alliance with client to establish trust within the therapeutic relationship.	4.52	4.65	21.91
2	Identify presenting problem(s) by exploring client initial concerns to determine purpose for seeking therapy.	4.44	4.47	21.05
7	Evaluate client presenting problems and symptoms to determine severity and significance of client issues.	4.37	4.39	20.03
6	Assess client motivation and expectation of treatment.	4.24	4.17	18.46
4	Assess client background for factors (e.g., cultural, language, social, financial, legal, level of education, employment) that may influence the therapeutic process.	4.25	4.11	18.33
3	Gather biopsychosocial history from client to develop an initial clinical formulation.	4.08	3.93	17.46
5	Assess for past or present substance use, abuse, or dependence through observation and structured interview.	3.95	4.00	16.91
11	Evaluate client mental status to determine level of functioning.	3.86	4.02	16.80
10	Evaluate the need for referrals to other professionals based on additional information provided.	3.89	3.80	15.72
15	Formulate preliminary diagnosis based on assessment information using current Diagnostic and Statistical Manual criteria.	3.55	3.41	14.48
9	Gather information about previous treatments or diagnoses.	3.66	3.50	14.03
16	Identify information obtained during the treatment process that would warrant modification of the diagnosis.	3.41	3.47	13.80
8	Assess client support systems to facilitate treatment and discharge planning.	3.34	3.48	13.41
12	Gather collateral client information from resources (e.g., family, school, medical, work) to facilitate the treatment process.	2.76	2.84	9.42
14	Explain results of assessment instruments to client within scope of practice and competence to engage client in the treatment process.	2.38	2.60	9.19
13	Administer assessment instruments within scope of practice and competence to formulate clinical impression.	2.29	2.39	7.92

Content Area 2
Counseling and Psychotherapy

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
26	Build and maintain the therapeutic alliance with client to facilitate progress in treatment.	4.44	4.51	21.27
27	Implement interventions consistent with client strengths, values, beliefs, and culture to facilitate treatment.	4.20	4.28	19.24
17	Incorporate client strengths, values, beliefs, and culture into the development of the treatment plan.	4.16	4.23	18.82
29	Provide psychoeducation to client to enhance understanding of clinical issues.	3.99	3.93	16.66
28	Evaluate therapeutic effectiveness based on client progress toward established goals.	3.78	3.88	15.88
18	Identify treatment goals with client by reviewing assessment and diagnostic information to develop a mutually agreed-upon treatment plan.	3.73	3.72	15.70
30	Modify therapeutic interventions as indicated to facilitate progress toward goals.	3.69	3.84	15.59
33	Implement interventions consistent with evidenced-based practices to facilitate client treatment.	3.69	3.65	14.90
23	Formulate harm reduction strategies based on identified risk factors.	3.36	3.63	13.86
21	Identify additional resources (e.g., 12-Step, support, community) to incorporate into the treatment plan to support client goals.	3.53	3.66	13.80
32	Implement interventions consistent with theoretical models to facilitate client treatment.	3.48	3.42	13.57
19	Formulate a treatment plan with measurable and observable objectives.	3.34	3.34	13.42
36	Facilitate discharge from treatment based on client readiness and achievement of goals.	3.26	3.44	13.40
31	Integrate modalities to provide treatment to client with co-occurring disorders.	3.14	3.44	12.40
22	Formulate and modify treatment plan based on theoretical models to address client symptoms and level of functioning.	3.15	3.18	11.85
48	Understand the concepts of validity and reliability as they pertain to published research within the counseling profession.	2.92	2.99	11.40
20	Develop a discharge plan (e.g., community resources, aftercare, follow-up) with client to maintain therapeutic progress after treatment has ended.	2.75	2.98	10.82
47	Utilize published research to support evidence-based practice.	2.74	2.82	10.31
25	Coordinate services with other professionals to develop treatment plans.	2.72	3.00	9.99

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
34	Evaluate whether client will benefit from participation in group therapy to meet treatment goals.	2.59	2.81	8.92
37	Discuss parameters of confidentiality related to group therapy.	2.00	2.99	8.79
24	Incorporate assessment instrument results into the development of treatment plans.	2.34	2.52	8.51
49	Develop and test hypotheses based on client needs assessment.	1.94	2.21	6.57
39	Manage therapy group based on principles of group dynamics.	1.54	2.41	6.32
38	Facilitate group therapy according to theoretical and evidence-based models.	1.52	2.36	6.19
40	Evaluate group therapy effectiveness to facilitate progress toward group and individual goals.	1.34	2.18	5.35
35	Incorporate technology (e.g., telehealth) into the therapeutic process to improve client access to treatment.	1.49	1.97	4.89
46	Provide career counseling based on client primary employment factors (e.g., personality, interests, priorities, strengths, abilities, capabilities, resources, needs, life stages).	1.32	2.13	4.50
45	Facilitate client career development and skill acquisition.	1.25	2.09	4.46
44*	Collaborate with clients to create measurable goals based on career assessment results.	1.12	2.01	4.25
41*	Develop discharge plans with individuals in group therapy to maintain therapeutic progress.	1.13	2.06	4.22
43*	Explain outcome of career assessments and incorporate client input to validate results.	1.03	2.00	3.91
42*	Administer career assessments to clients to identify interests, employability, job search, and job creation skills.	1.08	1.98	3.76

**Note: Shaded task statements did not meet the criticality cutoff determined by SMEs (see Chapter 4).*

Content Area 3
Crisis

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
51	Evaluate potential level of danger client presents to self or others, or of grave disability to determine need for immediate intervention.	3.62	4.50	17.04
50	Evaluate the severity of crises to determine intervention strategy.	3.59	4.39	16.43
52	Develop plans with clients to manage safety risks to reduce self-harm, suicidality, or both.	3.30	4.35	15.50
56	Identify indicators of abuse or neglect to determine level of intervention.	3.22	4.12	14.43
58	Assess crisis intervention strategies to determine the need for continued support.	3.14	4.20	13.79
53	Develop intervention strategies for clients who have indicated thoughts of causing harm to others.	2.68	4.14	12.55
55	Provide referrals of viable resources to augment management of client crises.	2.95	4.01	12.53
57	Develop crisis intervention strategies with clients in potentially abusive situations to provide for safety of clients and family members.	2.63	3.98	11.64
54	Implement intervention strategies for clients who require immediate medical or psychiatric treatment.	2.54	4.17	11.59

Content Area 4
Law

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
59	Comply with legal requirements regarding the maintenance or dissemination of confidential information to protect client privacy.	4.42	4.58	20.87
77	Comply with legal parameters regarding professional conduct.	4.44	4.50	20.85
83	Comply with professional continuing education requirements to maintain competency for standard of practice.	4.41	4.40	19.98
76	Comply with legal parameters regarding scope of practice.	4.37	4.39	19.95
66	Comply with the Health Insurance Portability and Accountability Act (HIPAA) regulations as mandated by law.	4.28	4.49	19.66
63	Maintain client records by adhering to legal requirements regarding documentation, storage, and disposal to protect client privacy and the therapy process.	4.24	4.33	19.24
78	Disclose fee structure for services prior to initiating therapy.	3.40	3.67	15.63
60	Identify holder of privilege by evaluating client age, legal status, and content of therapy to determine requirements for providing services.	3.42	4.16	15.55
61	Comply with legal requirements regarding the disclosure of privileged information to protect client privacy in judicial and legal matters.	3.20	4.02	14.64
80	Comply with laws regarding advertisement of services and professional qualifications.	3.04	3.66	13.43
62	Comply with legal requirements regarding providing therapy services to minor clients.	2.90	3.86	13.26
75	Comply with laws regarding sexual misconduct between counselor and client to prevent harm to the client and the therapeutic relationship.	2.68	4.06	12.73
70	Comply with legal requirements regarding breaking confidentiality to protect clients in imminent danger to self or with grave disability.	2.57	4.37	11.97
79	Comply with legal regulations regarding providing services when interacting with third-party payers.	2.66	3.58	11.95
64	Respond to requests for records by adhering to applicable laws and regulations to protect client rights and safety.	2.59	3.82	11.32
81	Comply with laws pertaining to the payment or acceptance of money or other consideration for referral of services.	2.45	3.36	11.00
69	Report known or suspected abuse, neglect, or exploitation of minors to protective authorities.	2.23	4.34	10.40

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
82	Comply with legal regulations for engaging in a supervisory relationship.	2.31	3.48	10.28
71	Comply with legal requirements to report and protect when client expresses intent to cause imminent harm to identified people or property.	2.14	4.24	10.04
67	Report known or suspected abuse, neglect, or exploitation of dependent adults to protective authorities.	1.86	4.22	8.66
65	Provide services via information and communication technologies by complying with telehealth regulations.	1.90	3.08	8.34
68	Report known or suspected abuse, neglect, or exploitation of elderly to protective authorities.	1.71	4.10	7.90
74	Comply with legal requirements regarding reporting instances of crime perpetrated against minors.	1.70	3.77	7.80
72	Comply with legal requirements regarding privilege exceptions in client litigation or in response to breach of duty accusations.	1.68	3.57	7.59
73	Comply with legal requirements regarding privilege exceptions in court-appointed or defendant-requested evaluation or therapy.	1.34	3.44	5.86

Content Area 5
Ethics

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
91	Maintain professional boundaries with clients to prevent situations or relationships that are potentially harmful to clients or the therapeutic relationship.	4.22	4.38	19.49
101	Provide services that respect client dignity and freedom of choice.	4.15	4.34	18.94
108	Maintain client records by adhering to ethical guidelines to document services and protect client confidentiality.	4.07	4.33	18.90
92	Adhere to ethical guidelines regarding sexual intimacy and romantic relations with prospective, current, and former clients; with client spouses and significant others; and with client family members to avoid causing harm or exploitation of clients.	3.81	4.40	18.30
85	Pursue education, training, certification, or supervision to stay current or expand competence in the counseling profession.	4.10	4.33	18.13
94	Obtain informed consent by providing client with information regarding the counselor and treatment process to facilitate client's ability to make decisions.	3.91	3.99	17.88
97	Manage informed consent and limits of confidentiality by discussing the impact on the therapeutic relationship.	3.99	4.06	17.70
89	Manage counselor's values, attitudes, beliefs, and behaviors to prevent interference with effective provision of services and the therapeutic relationship.	3.89	4.08	17.00
84	Consult with other professionals and seek additional education, training, or supervision to address clinical issues that arise outside the counselor's scope of competence.	3.78	4.30	16.60
87	Evaluate counselor's own emotional, mental, or physical problems or impairments to determine the effect on counselor's ability to provide competent therapeutic services.	3.72	4.15	16.49
96	Address confidentiality and issues associated with counselor's role, treatment modality, and involvement of third parties to protect client welfare and the therapeutic relationship.	3.74	3.98	16.34
100	Manage diversity factors in the therapeutic relationship by applying or gaining knowledge and awareness necessary to provide services sensitive to client needs.	3.74	4.04	16.26
98	Manage the impact of safety and crisis situations by evaluating risk factors to protect the client and others.	3.48	4.19	15.66
86	Consult with other professionals to address questions regarding ethical obligations or practice responsibilities that arise during therapy.	3.51	4.04	15.18

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
93	Adhere to ethical guidelines regarding treatment of individuals with whom the counselor has a prospective, current, or past relationship.	3.25	4.11	14.68
99	Manage the impact of legal and ethical obligations that arise during the treatment process to protect the client-counselor relationship.	3.34	3.96	14.39
88	Provide referrals to qualified professionals for treatment of clinical issues when assistance would benefit the client.	3.35	3.93	14.28
106	Terminate therapy when no longer required or no longer benefits the client.	3.17	3.64	13.68
111	Maintain fee and payment policies that are commensurate with services provided and protect the therapeutic relationship.	3.04	3.22	13.08
90	Evaluate nonprofessional interactions with prospective, current, and former clients, as well as people close to the client, to determine the influence on the therapeutic relationship.	2.99	3.62	12.70
112	Adhere to ethical guidelines regarding the acceptance of gifts and tokens of appreciation from clients.	3.00	3.50	12.29
103	Contribute to a multidisciplinary team by collaborating with other professionals to provide services that promote client well-being.	3.00	3.41	12.18
95	Evaluate client for concurrent relationships with other mental health professionals to determine influence on therapy.	2.99	3.46	12.05
105	Maintain procedures that provide for continuity of care in the event treatment must be interrupted or discontinued.	2.84	3.45	11.61
104	Advocate with and/or on behalf of clients by addressing barriers or increasing access to assist client in receiving services.	2.86	3.35	11.43
107	Advertise services by adhering to ethical guidelines regarding the use of accurate representations and information to promote services or expand practice.	2.57	3.26	11.21
115	Adhere to ethical guidelines for engaging in supervisory relationships.	2.49	3.34	11.01
110	Implement policies and procedures that address ethical issues associated with the use of electronic media and technology in the course of providing therapeutic services.	2.49	3.06	10.54
114	Address unethical or incompetent conduct of colleagues by taking action to promote the welfare and interests of clients.	1.77	3.54	7.67

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
102	Administer assessment instruments or clinical testing necessary for the provision of services.	1.83	2.44	7.17
109*	Obtain informed consent when changing professional roles (e.g., transferring from researcher to counselor) to avoid confusion and protect the therapeutic relationship.	1.06	2.45	4.28
113*	Adhere to ethical guidelines for protecting the welfare and dignity of research participants when conducting research related to the provision of therapeutic services.	.86	2.16	3.66

**Note: Shaded task statements did not meet the criticality cutoff determined by SMEs (see Chapter 4).*

APPENDIX C | KNOWLEDGE IMPORTANCE RATINGS

Content Area 1
Assessment and Diagnosis

Number	Knowledge Statement	Mean Importance
2	Knowledge of active listening techniques.	4.59
1	Knowledge of methods to establish rapport with clients.	4.50
3	Knowledge of strategies used to form the therapeutic relationship.	4.50
6	Knowledge of biological, psychological, social, cultural, spiritual, financial, legal, and behavioral factors that impact client mental health.	4.42
4	Knowledge of methods used to evaluate verbal and nonverbal cues.	4.39
5	Knowledge of strategies to facilitate client disclosure.	4.34
24	Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.	4.32
25	Knowledge of methods to assess client interpersonal relationships in social, family, work, and school environments, and how they contribute to the presenting problems.	4.28
23	Knowledge of criteria to evaluate client symptoms to determine severity of presenting problems.	4.26
8	Knowledge of the effects of how education, physical conditions, work environment, ecological, and psychosocial stressors can affect the client.	4.23
11	Knowledge of cultural factors and beliefs regarding therapy and mental health.	4.22
7	Knowledge of interviewing techniques to obtain clinical information.	4.18
26	Knowledge of biological, psychological, social, and behavioral factors that indicate a need for psychiatric, medical, and psychological evaluation to complete the clinical formulation.	4.16
22	Knowledge of community resources and referral options.	4.04
12	Knowledge of methods to orient client to the therapeutic process.	4.03
9	Knowledge of methods to assess client readiness for treatment.	4.01
10	Knowledge of life-span development stages.	3.97
13	Knowledge of physical and behavioral indicators associated with substance use, abuse, and dependency.	3.96
21	Knowledge of referral options when treatment needs are beyond scope of practice or competence.	3.96
45	Knowledge of current Diagnostic and Statistical Manual criteria used to identify differential diagnoses.	3.85
27	Knowledge of methods used to identify support systems within the social network.	3.82
44	Knowledge of factors that impact physical and psychological functioning.	3.82
17	Knowledge of the effect of education and developmental factors on the therapeutic process.	3.74
14	Knowledge of criteria for differentiating substance use, abuse, and dependency.	3.73
28	Knowledge of methods to integrate client previous mental health history into the assessment of the current problems.	3.73
29	Knowledge of the effects of previous mental health treatment on current treatment.	3.72
46	Knowledge of methods to continually reassess client's diagnosis.	3.70
16	Knowledge of the effect of language differences on the therapeutic process.	3.62

Number	Knowledge Statement	Mean Importance
18	Knowledge of basic psychopharmacology and its effect on treatment.	3.59
30	Knowledge of how to obtain and integrate relevant clinical information from collateral sources.	3.48
47	Knowledge of procedures to apply diagnostic categories to assessment information.	3.46
15	Knowledge of methods for assessing client level of acculturation.	3.45
20	Knowledge of methods to evaluate for potential deception or secondary gains to clarify client motivation for seeking treatment.	3.34
33	Knowledge of information available from collateral sources to enhance client assessment process.	3.15
31	Knowledge of administration of mental status examinations.	3.05
32	Knowledge of methods to interpret the results of a mental status examination to determine client level of functioning.	3.04
19	Knowledge of interventions used to facilitate engagement of non-voluntary clients in the therapeutic process.	2.97
34	Knowledge of the purpose of assessment instruments.	2.76
40	Knowledge of cultural factors that influence the selection of assessment instruments and the testing process.	2.70
35	Knowledge of assessment instruments (e.g., achievement, behavioral scales, occupational inventories) within counselor's scope of practice and competence.	2.58
38	Knowledge of methods to explain assessment results to clients.	2.55
37	Knowledge of test validity and reliability.	2.49
41	Knowledge of developmental factors that influence the selection of assessment instruments and the testing process.	2.49
36	Knowledge of the effects of testing conditions that invalidate assessment instrument results.	2.45
39	Knowledge of the principles of norms for interpretation of assessment instrument results.	2.45
42	Knowledge of methods for administering assessment instruments.	2.39
43*	Knowledge of how assessment instruments are constructed.	2.05

**Note: Shaded knowledge statement did not meet the criticality cutoff determined by SMEs (see Chapter 4).*

Content Area 2
Counseling and Psychotherapy

Number	Knowledge Statement	Mean Importance
73	Knowledge of methods to promote client safety.	4.56
72	Knowledge of techniques to convey empathy, interest, and concern within the therapeutic relationship.	4.42
75	Knowledge of how client strength, values, beliefs, and culture influence the therapeutic process.	4.42
74	Knowledge of techniques for increasing client acceptance of self as an agent for change.	4.39
76	Knowledge of the effect of differences between counselor and client values on the therapeutic process.	4.20
77	Knowledge of the relationship between client sense of self-worth and client functioning.	4.20
54	Knowledge of physical and psychological indicators of risky (at risk or high risk) behavior.	4.17
71	Knowledge of strategies used to build, manage, and maintain the therapeutic relationship.	4.16
84	Knowledge of methods to foster client personal growth.	4.13
48	Knowledge of techniques for engaging client in development of initial and ongoing treatment goals.	4.01
49	Knowledge of methods for integrating client's experiences, culture, values, and beliefs into treatment plan.	4.01
82	Knowledge of methods to enhance understanding of clinical problem(s).	3.90
89	Knowledge of evidenced-based practices.	3.86
78	Knowledge of the relationship between co-occurring disorders.	3.84
85	Knowledge of methods to engage client in evaluation of treatment.	3.84
53	Knowledge of methods to monitor client progress toward goals.	3.80
57	Knowledge of methods used to maintain therapeutic progress.	3.80
81	Knowledge of alternative interventions.	3.80
60	Knowledge of methods to develop harm-reduction strategies.	3.78
80	Knowledge of indicators that interventions should be modified.	3.77
51	Knowledge of methods to enhance client motivation in planning treatment.	3.76
52	Knowledge of methods to determine intervention priorities.	3.73
50	Knowledge of the fundamentals of treatment planning.	3.72
88	Knowledge of the interventions associated with relevant theoretical models to facilitate client treatment.	3.63
86	Knowledge of integration techniques to address co-occurring disorders.	3.61
87	Knowledge of the counselor's role in theoretical models used.	3.60
79	Knowledge of procedures to terminate treatment.	3.57
83	Knowledge of functioning indicators for readiness to terminate treatment.	3.57
56	Knowledge of community resources to assist clients in the attainment of established goals.	3.54
55	Knowledge of techniques to set measurable, attainable, specific, and timely goals.	3.51

Number	Knowledge Statement	Mean Importance
59	Knowledge of the structure of the therapeutic relationship and stages associated with it (e.g. beginning, middle, and end).	3.50
65	Knowledge of community resources available to assist client upon discharge.	3.50
92	Knowledge of common psychological reactions to environmental factors (e.g., noise, color, light).	3.42
104	Knowledge of theories of development and related life stages.	3.40
58	Knowledge of relapse prevention planning.	3.36
61	Knowledge of techniques for determining compatibility of theory with specific problems, disorders, and symptoms.	3.31
63	Knowledge of methods used to gather information from professionals and other involved parties.	3.31
62	Knowledge of incorporating collateral support systems into the treatment plan.	3.30
90	Knowledge of methods to measure treatment outcomes.	3.29
64	Knowledge of the assumptions, concepts, and methodology associated with relevant theory models.	3.17
93	Knowledge of clinical problems that benefit from group therapy.	3.03
116	Knowledge of current professional literature.	3.03
91	Knowledge of technological methods to improve client access to treatment.	2.90
69	Knowledge of theoretical models with research-based outcomes.	2.89
66	Knowledge of funding sources, constraints, and requirements for client treatment.	2.86
94	Knowledge of safety issues within group therapy.	2.86
95	Knowledge of discharge planning, including connecting clients to aftercare, community services and resources, or both.	2.84
97	Knowledge of confidentiality issues in group therapy.	2.74
98	Knowledge of limitations of group therapy.	2.65
68	Knowledge of methods for coordinating aftercare services for clients.	2.64
67	Knowledge of methods to create a treatment plan responsive to third party provisions (e.g., managed care, court-mandated, EAP, MHSA).	2.56
96	Knowledge of the assumptions, concepts, and methodology associated with group therapy modalities.	2.51
102	Knowledge of group opening and closing processes.	2.49
100	Knowledge of theories, methods, and techniques for conducting group therapy.	2.47
70	Knowledge of the effect of assessment instrument results on treatment plan development.	2.43
101	Knowledge of how to maintain therapeutic progress following the end of the group therapy.	2.36
99	Knowledge of changes in functioning and group stages that indicate goal achievement and readiness to terminate group therapy.	2.33
106	Knowledge of influence of culture on career development.	2.23
114	Knowledge of analyzing research as it pertains to clinical practice.	2.20
107	Knowledge of methods and techniques for increasing client's employability (e.g., attendance, continuing education, advancement).	2.09
113	Knowledge of methods for interpreting research.	2.09

Number	Knowledge Statement	Mean Importance
103	Knowledge of theories of career counseling.	2.07
112	Knowledge of methods used to evaluate and apply research.	2.06
117*	Knowledge of how to use the scientific method in research.	2.04
115*	Knowledge of descriptive statistics.	2.01
118*	Knowledge of inductive and deductive reasoning in research.	1.90
105*	Knowledge of current professional literature related to career counseling.	1.87
108*	Knowledge of methods and tools to assist client in achieving a job and developing a career (e.g., career assessments, vocational testing, labor market research, résumé writing, interviewing).	1.86
111*	Knowledge of methods to collaborate with client in reviewing career assessment results.	1.70
110*	Knowledge of methods to engage client in career exploration based on assessment results.	1.69
109*	Knowledge of technical aspects, applications, and limitations of career assessments.	1.61

**Note: Shaded knowledge statements did not meet the criticality cutoff determined by SMEs (see Chapter 4).*

Content Area 3
Crisis

Number	Knowledge Statement	Mean Importance
124	Knowledge of risk factors that indicate client potential for suicide.	4.63
121	Knowledge of methods to evaluate client plan, means, access, intent, lethality, and history of suicide.	4.51
128	Knowledge of methods to differentiate between self-harm and suicidality.	4.49
122	Knowledge of methods to evaluate client plan, means, access, intent, lethality, and history of violence.	4.48
123	Knowledge of risk factors that indicate client potential for causing harm to others.	4.46
129	Knowledge of indicators and methods to assess client strengths and coping skills.	4.40
133	Knowledge of effects of precipitating events on suicide potential.	4.37
131	Knowledge of principles of crisis management.	4.36
119	Knowledge of methods to identify crisis situations.	4.34
127	Knowledge of physical and psychological indicators of self-destructive or self-injurious behavior.	4.34
132	Knowledge of intervention strategies to reduce and manage suicidality, and self-injurious behavior.	4.34
125	Knowledge of support systems used to manage crises.	4.33
126	Knowledge of the effects of current trauma on client functioning.	4.33
130	Knowledge of indicators of abuse and neglect.	4.31
120	Knowledge of methods to evaluate severity of client symptoms.	4.24
140	Knowledge of physical symptoms and behavioral signs indicating the need for medical and/or psychiatric treatment.	4.23
134	Knowledge of procedures used to manage client danger to others (e.g., thoughts) that do not require hospitalization.	4.21
136	Knowledge of criteria to determine situations which constitute high risk for abuse.	4.13
139	Knowledge of strategies to address safety in abusive situations.	4.11
135	Knowledge of intervention methods for abused and neglected children, dependent adults, elderly, and other vulnerable clients.	3.97
141	Knowledge of resources for identifying the least restrictive environment for care and safety to stabilize clients in crisis.	3.94
138	Knowledge of methods to develop a plan to intervene and provide for client and family safety in an abusive situation.	3.87
137	Knowledge of strategies used to deal with dangerous clients.	3.85
142	Knowledge of strategies used for anger management.	3.81
144	Knowledge of types of placements available for the short- and long-term care of clients in crises.	3.58
143	Knowledge of resources for clients in substance-induced crises.	3.55
145	Knowledge of resources and strategies for continued support and follow-up.	3.54

Content Area 4
Law

Number	Knowledge Statement	Mean Importance
167	Knowledge of laws regarding confidentiality in situations of client danger to self or others.	4.38
169	Knowledge of laws pertaining to duty to protect when client indicates intent to cause harm.	4.36
147	Knowledge of laws regarding the disclosure of confidential information to other individuals, professionals, agencies, or authorities.	4.34
180	Knowledge of laws that define professional conduct for licensed practitioners.	4.34
170	Knowledge of situations and conditions that constitute reasonable indicators of client intent to cause harm.	4.30
168	Knowledge of methods and criteria for identifying situations where client poses a danger to others.	4.26
146	Knowledge of laws regarding confidential communications within the therapeutic relationship.	4.23
179	Knowledge of laws that define the scope of clinical practice.	4.20
158	Knowledge of legal requirements of the Health Insurance Portability and Accountability Act (HIPAA).	4.14
187	Knowledge of laws governing professional continuing education requirements.	4.12
153	Knowledge of laws regarding documentation of clinical services.	4.11
177	Knowledge of laws regarding sexual conduct between counselor and client.	4.09
149	Knowledge of laws regarding privileged communication.	4.05
156	Knowledge of laws pertaining to the release of client records to other individuals, professionals, and third parties.	4.03
181	Knowledge of laws regarding disclosures required prior to initiating services.	4.03
150	Knowledge of laws regarding the release of privileged information.	4.02
178	Knowledge of legal requirements for providing client with the brochure *Professional Therapy Never Includes Sex*.	4.00
164	Knowledge of laws pertaining to the reporting of known or suspected incidents of abuse, neglect, or exploitation of minors.	3.98
163	Knowledge of indicators of abuse, neglect, or exploitation of minors.	3.97
165	Knowledge of symptoms of mental impairment that may indicate the need for involuntary hospitalization.	3.97
159	Knowledge of indicators of abuse, neglect, or exploitation of dependent adult clients.	3.95
148	Knowledge of laws regarding holder of privilege.	3.92
155	Knowledge of laws pertaining to client's access to treatment records.	3.91
161	Knowledge of indicators of abuse, neglect, or exploitation of elderly clients.	3.89
166	Knowledge of legal requirements for initiating involuntary hospitalization.	3.89
154	Knowledge of laws pertaining to the maintenance and disposal of client records.	3.85
162	Knowledge of laws pertaining to the reporting of known or suspected incidents of abuse, neglect, or exploitation of elderly clients.	3.85
160	Knowledge of laws pertaining to the reporting of known or suspected incidents of abuse, neglect, or exploitation of dependent adult clients.	3.83

Number	Knowledge Statement	Mean Importance
151	Knowledge of legal requirements for responding to subpoenas and court orders.	3.58
157	Knowledge of laws regarding the consent to and delivery of services via information and communication technologies.	3.52
175	Knowledge of laws pertaining to the reporting of crimes perpetrated against a minor.	3.51
184	Knowledge of laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.	3.42
171	Knowledge of laws regarding privilege exceptions in litigation involving client's mental or emotional condition as raised by the client or client representative.	3.35
185	Knowledge of legal requirements regarding payment or acceptance of money or other considerations for referral of services.	3.34
186	Knowledge of legal requirements regarding supervisory relationships.	3.34
152	Knowledge of legal criteria and requirements for providing treatment services to minors.	3.31
183	Knowledge of parity laws regarding the provision of mental health services.	3.28
172	Knowledge of laws regarding privilege exceptions where client alleges breach of duty.	3.23
182	Knowledge of laws and regulations regarding third-party reimbursement.	3.18
176	Knowledge of laws regarding privilege exceptions in crime or tort involving minors.	3.05
173	Knowledge of laws regarding privilege exceptions in court-appointed evaluation or treatment.	2.95
174	Knowledge of laws pertaining to privilege exceptions in defendant-requested evaluation or treatment.	2.95

Content Area 5
Ethics

Number	Knowledge Statement	Mean Importance
222	Knowledge of methods for assessing level of potential danger or harm to client and others.	4.32
224	Knowledge of procedures for managing safety needs.	4.27
203	Knowledge of the potential for client harm or exploitation associated with sexual or romantic relationships between client and counselor.	4.23
199	Knowledge of methods for managing boundaries and professional relationships with clients.	4.22
223	Knowledge of ethical obligations regarding the management of safety needs.	4.22
204	Knowledge of the ethical standards regarding engaging in sexual or romantic relationships with clients and persons important to the client.	4.20
189	Knowledge of situations that indicate a need for consultation with colleagues or other professionals.	4.17
196	Knowledge of the potential influence of counselor's values, attitudes, beliefs, culture, and behaviors on the therapeutic relationship.	4.17
208	Knowledge of disclosures that facilitate client ability to make informed decisions regarding therapy.	4.17
220	Knowledge of ethical standards regarding the management of confidentiality issues.	4.17
205	Knowledge of ethical standards regarding the provision of therapeutic services to former sexual or romantic partners.	4.15
207	Knowledge of the ethical responsibility to provide client with information regarding therapeutic services.	4.15
232	Knowledge of the collaborative role between counselor and client in the therapeutic process.	4.15
209	Knowledge of client right to freedom of choice in making decisions regarding services received.	4.13
188	Knowledge of limitations of professional experience, education, and training to determine problems outside scope of competence.	4.12
197	Knowledge of methods for managing the influence of counselor's values, attitudes, beliefs, culture, and behaviors on the client or therapeutic relationship.	4.12
198	Knowledge of interactions and situations that could potentially exploit or cause harm to the client.	4.12
215	Knowledge of ethical standards regarding the protection of client rights when engaging in consultation or collaboration with other professionals.	4.12
206	Knowledge of ethical standards regarding the provision of therapeutic services to individuals with whom the counselor has a prospective, current, or past relationship.	4.10
225	Knowledge of the impact of legal and ethical obligations on the therapeutic relationship.	4.10
229	Knowledge of ethical standards regarding nondiscrimination.	4.08
190	Knowledge of ethical standards regarding the protection of client rights when engaging in consultation or collaboration with other professionals.	4.07
200	Knowledge of ethical standards regarding prohibited non-counseling roles and relationships.	4.07

Number	Knowledge Statement	Mean Importance
221	Knowledge of methods for managing the impact of confidentiality issues on the therapeutic relationship.	4.07
201	Knowledge of the rights and responsibilities of the client and counselor in the therapeutic process.	4.05
214	Knowledge of methods for establishing collaborative professional relationships to improve the welfare of the client.	4.03
226	Knowledge of methods for protecting the best interest of the client in situations where legal and ethical obligations conflict.	4.03
233	Knowledge of client rights to make decisions regarding treatment and services.	4.03
234	Knowledge of methods to assist client to make decisions and understand consequences.	4.03
254	Knowledge of methods for providing reasonable protection of the confidentiality of client records.	4.03
202	Knowledge of methods to ensure that judgment is not impaired and that client is not harmed in situations where boundaries are extended.	4.02
231	Knowledge of methods to gain knowledge, awareness, sensitivity, and skills necessary for working with clients from diverse populations.	4.00
194	Knowledge of referrals and resources to assist in meeting the client needs.	3.98
239	Knowledge of methods for establishing collaborative professional relationships to improve the welfare of the client.	3.98
228	Knowledge of diversity factors that potentially influence the therapeutic process.	3.97
253	Knowledge of ethical guidelines regarding the documentation of therapeutic services consistent with sound clinical practice.	3.97
269	Knowledge of conditions and situations that may impair the integrity or efficacy of the therapeutic process.	3.97
192	Knowledge of the ethical responsibility to stay current on developments in the counseling profession.	3.95
238	Knowledge of ethical standards regarding the protection of client rights when engaging in consultation and collaboration with other professionals.	3.95
210	Knowledge of methods for communicating information pertaining to informed consent in a manner consistent with developmental and cultural factors.	3.93
191	Knowledge of ethical methods for developing additional areas of practice or expanding competence.	3.92
230	Knowledge of ethical standards for providing services congruent with client culture.	3.92
219	Knowledge of methods for managing confidentiality and privacy issues when treatment involves multiple systems or third parties.	3.90
255	Knowledge of ethical guidelines for releasing client records upon request.	3.88
193	Knowledge of problems and impairments that interfere with the process of providing therapeutic services.	3.87
268	Knowledge of referrals and resources to assist in meeting client needs.	3.86
195	Knowledge of methods to facilitate client transfer when referrals to other professionals are made.	3.85
213	Knowledge of the effects of concurrent mental health treatments on the provision of treatment to client.	3.85
218	Knowledge of methods to reduce potential conflicts when providing concurrent therapy.	3.85

Number	Knowledge Statement	Mean Importance
241	Knowledge of methods for evaluating client capacity to advocate on own behalf.	3.85
245	Knowledge of referrals and resources to provide consistent care in the event therapy must be interrupted or discontinued.	3.85
227	Knowledge of methods for protecting the best interest of the client in situations where agency and ethical obligations conflict.	3.82
240	Knowledge of ethical standards for participating as a member of an interdisciplinary team.	3.82
244	Knowledge of ethical considerations and conditions for interrupting or terminating treatment.	3.80
246	Knowledge of factors and conditions that indicate client is ready for termination of therapy.	3.80
249	Knowledge of methods to prevent client abandonment and client neglect.	3.80
248	Knowledge of methods for managing the termination process.	3.78
247	Knowledge of factors and conditions that indicate client is not benefiting from therapeutic services.	3.77
256	Knowledge of methods to assist client in understanding and interpreting information contained in treatment records.	3.77
270	Knowledge of ethical standards pertaining to the acceptance of gifts from clients.	3.76
275	Knowledge of conditions and situations that may impair the integrity or efficacy of the therapeutic process.	3.76
276	Knowledge of guidelines for addressing unethical and incompetent conduct of colleagues.	3.76
217	Knowledge of the influence of client unit (e.g., individual, group); treatment modality; and involvement of multiple systems on confidentiality.	3.70
257	Knowledge of the ethical responsibility to clarify roles when acting in a professional capacity other than licensed professional clinical counselor.	3.70
216	Knowledge of methods for identifying the client and the nature of relationships when providing therapy to more than one person.	3.69
266	Knowledge of ethical obligations regarding providing for continuation of services to the client.	3.51
243	Knowledge of ethical standards pertaining to interacting with other service delivery systems.	3.43
277	Knowledge of ethical guidelines regarding the supervisory relationship and responsibilities.	3.42
212	Knowledge of methods for protecting client welfare when client is unable to provide voluntary consent.	3.40
259	Knowledge of the potential for harm to client or therapeutic relationship with the use of social media or information technology in the therapeutic process.	3.35
258	Knowledge of methods to minimize potential consequences associated with changes in counselor's role.	3.33
211	Knowledge of the right and responsibility of legal guardians and representatives to make decisions on behalf of clients unable to make informed decisions.	3.32
250	Knowledge of ethical guidelines regarding the use of accurate representation of qualifications and credentials in advertisements and solicitation of clients.	3.32
237	Knowledge of referral resources to address testing needs outside scope of practice.	3.28
242	Knowledge of ethical standards pertaining to interacting with third-party payers.	3.20

Number	Knowledge Statement	Mean Importance
267	Knowledge of ethical guidelines regarding the provision of therapy services when interacting with third-party payers.	3.20
236	Knowledge of methods for preventing the misuse of results from assessment instruments.	3.08
260	Knowledge of the ethical standards for implementing information technology in the treatment process.	3.07
235	Knowledge of ethical guidelines for selecting, administering, reporting, and storing results of clinical assessments.	2.97
261	Knowledge of the limitations and risks associated with electronic means of service delivery and distance therapy.	2.95
251	Knowledge of ethical guidelines pertaining to the solicitation of testimonials or statements from clients and others.	2.93
264	Knowledge of the potential for client exploitation or harm that may result from bartering for services.	2.90
262	Knowledge of methods and conditions for determining fees commensurate with professional services.	2.88
263	Knowledge of prohibited business practices and forms of remuneration for making and accepting client referrals.	2.88
252	Knowledge of ethical guidelines regarding the recruitment of clients through employment or professional associations.	2.86
265	Knowledge of ethical standards pertaining to collection of unpaid balances.	2.63
273*	Knowledge of client rights regarding participation in research projects.	2.25
274*	Knowledge of methods for protecting client confidentiality and data when conducting research projects.	2.22
271*	Knowledge of procedures to safeguard participants when conducting research projects.	2.15
272*	Knowledge of disclosures regarding informing participants of the nature and role of research projects.	2.12

**Note: Shaded knowledge statements were dropped because the associated task statement was dropped (see Chapter 4).*

APPENDIX D | LETTER TO PRACTITIONERS

Board of Behavioral Sciences

1625 North Market Blvd., Suite S-200, Sacramento, CA 95834
(916) 574-7830 | TDD (916) 322-1700
www.bbs.ca.gov

Governor Edmund G. Brown Jr.
State of California

Business, Consumer Services and Housing Agency
Department of Consumer Affairs

February 7, 2018

Dear Licensee:

The Board of Behavioral Sciences (Board) is currently conducting an occupational analysis of the Licensed Professional Counselors (LPCC) profession. An occupational analysis is a comprehensive study of the profession and uses a survey questionnaire to determine the important tasks that are currently performed by practicing LPCCs and the knowledge required to perform those tasks.

Results of the occupational analysis will provide the Board with essential information regarding LPCC practice, such as changes in the profession and an up-to-date description of LPCC practice. In addition, the competencies identified during the study will provide the basis for development of LPCC licensing examinations in the future.

The Board understands that your time is valuable. However, your input is greatly appreciated in this vital process. The occupational analysis survey is available online and can be filled out at your convenience any time prior to the deadline indicated below.

To access the online questionnaire, please follow these steps:
1. Go to https://www.surveymonkey.com/r/LPCC2018
2. Enter the password: **LPCCOA2018**

The survey does not have to be completed in a single session. You can exit the survey at any time and return to it later without losing your responses, as long as you are accessing the survey from the same computer. The survey will save fully completed pages; responses to items on partially completed pages will not be saved.

Your responses to this questionnaire will be combined with the responses of other LPCC practitioners to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

If you wish to participate, please complete the questionnaire by March 9, 2018.

Please contact [redacted] at (916) 574-[redacted] if you have questions about this process.

Thank you for your participation.

Kim Madsen
Executive Officer

APPENDIX E | QUESTIONNAIRE

LPCC Occupational Analysis

Dear Licensee:

Thank you for participating in this study of the Licensed Professional Clinical Counselor (LPCC) profession in California, a project of the Board of Behavioral Sciences (Board).

The Board is conducting an occupational analysis of the LPCC profession. The purpose of the occupational analysis is to identify the important tasks performed by LPCCs in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update and improve the LPCC licensing examination in California. Your participation in the occupational analysis ensures that all aspects of the profession are covered.

Please take the time to complete the questionnaire as it relates toyour current practice. The questionnaire will take about 30 minutes to complete. Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses of other LPCCs and only group data will be analyzed.

For your convenience, you do not have to complete the questionnaire in a single session. You can resume where you stopped as long as you reopen the questionnaire from the same computer and use the same Web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages. The Web link is available 24 hours a day 7 days a week.

To begin the survey, please click Next. Any question marked with an asterisk must be answered before you can progress through the questionnaire. Please submit the completed questionnaire by March 7, 2018.

The Board welcomes your feedback and appreciates your time!

Part I - Personal Data

Complete this questionnaire only if you are currently licensed and practicing as an LPCC in California.

The Board of Behavioral Sciences recognizes that every LPCC may not perform all of the tasks and use all of the knowledge contained in this questionnaire. However, your participation is essential to the success of this study, and your contributions will help establish standards for safe and effective LPCC practice in the State of California.

Part I - Personal Data

* 1. Are you currently practicing as a Licensed Professional Clinical Counselor in California?

- ◯ Yes
- ◯ No

Part I - Personal Data

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.), and will be used only for the purpose of analyzing the ratings from this questionnaire.

2. How many years have you been licensed as an LPCC in California?

- ◯ 0 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 20 years
- ◯ More than 20 years

3. What is the highest related degree you hold?

- ◯ M.A.
- ◯ M.S.
- ◯ M.Ed.
- ◯ Ed.D.
- ◯ Ph.D.
- ◯ Psy.D.
- ◯ Other (please specify)

4. In which of the following concentrations did you obtain your degree?

- ◯ Counseling psychology
- ◯ Community counseling
- ◯ Clinical education
- ◯ Counseling with an emphasis in marriage and family therapy
- ◯ Clinical psychology
- ◯ General psychology
- ◯ School psychology
- ◯ Social work with an emphasis in clinical social work
- ◯ Other (please specify)

5. What is your primary practice setting?

- ◯ Private practice
- ◯ Elementary, junior, or high school
- ◯ College or university
- ◯ Government agency
- ◯ Nonprofit organization
- ◯ Hospital
- ◯ Military
- ◯ Residential treatment
- ◯ Other (please specify)

6. What is your secondary practice setting?

- ◯ None
- ◯ Private practice
- ◯ Elementary, junior, or high school
- ◯ College or university
- ◯ Government agency
- ◯ Nonprofit organization
- ◯ Hospital
- ◯ Military
- ◯ Residential treatment
- ◯ Other (please specify)

7. How many hours per week do you work as an LPCC in yourprimary setting?

- ◯ 1 to 10 hours
- ◯ 11 to 20 hours
- ◯ 21 to 30 hours
- ◯ 31 to 40 hours
- ◯ More than 40 hours

8. What describes the location of your primary work setting?

- ◯ Urban (greater than 50,000 people)
- ◯ Rural (less than 50,000 people)

9. Which of the following activities do you perform in your practice as an LPCC? (check all that apply)

- ☐ Addiction treatment
- ☐ Career counseling
- ☐ Couples and family therapy
- ☐ Crisis intervention
- ☐ Individual assessment and treatment of adults
- ☐ Individual assessment and treatment of minors
- ☐ Education/training as a teacher, professor, or facilitator
- ☐ Group treatment
- ☐ Supervision of Associate Professional Clinical Counselors
- ☐ Supervision of trainees or other licensees
- ☐ Other (please specify)

10. Do your hold any other licenses, certifications, or credentials issued by the State of California? (check all that apply)

- ☐ None
- ☐ Board Certified Behavior Analyst
- ☐ Licensed Clinical Social Worker
- ☐ Licensed Marriage and Family Therapist
- ☐ Psychologist
- ☐ School Psychologist
- ☐ Teacher
- ☐ Other (please specify)

11. In what California county do you perform the majority of your work?

- ◯ Alameda
- ◯ Alpine
- ◯ Amador
- ◯ Butte
- ◯ Calaveras
- ◯ Colusa
- ◯ Contra Costa
- ◯ Del Norte
- ◯ El Dorado
- ◯ Fresno
- ◯ Glenn
- ◯ Humboldt
- ◯ Imperial
- ◯ Inyo
- ◯ Kern
- ◯ Kings
- ◯ Lake
- ◯ Lassen
- ◯ Los Angeles
- ◯ Madera
- ◯ Marin
- ◯ Mariposa
- ◯ Mendocino
- ◯ Merced
- ◯ Modoc
- ◯ Mono
- ◯ Monterey
- ◯ Napa
- ◯ Nevada
- ◯ Orange
- ◯ Placer
- ◯ Plumas
- ◯ Riverside
- ◯ Sacramento
- ◯ San Benito
- ◯ San Bernardino
- ◯ San Diego
- ◯ San Francisco
- ◯ San Joaquin
- ◯ San Luis Obispo
- ◯ San Mateo
- ◯ Santa Barbara
- ◯ Santa Clara
- ◯ Santa Cruz
- ◯ Shasta
- ◯ Sierra
- ◯ Siskiyou
- ◯ Solano
- ◯ Sonoma
- ◯ Stanislaus
- ◯ Sutter
- ◯ Tehama
- ◯ Trinity
- ◯ Tulare
- ◯ Tuolumne
- ◯ Ventura
- ◯ Yolo
- ◯ Yuba

Part II - Job Task Rating Instructions

This part of the questionnaire contains 115 task statements. Please rate each task as it relates to your current practice as a Licensed Professional Clinical Counselor using the Frequency and Importance scales displayed below.

FREQUENCY RATING SCALE

HOW OFTEN do you perform this task in your current practice?

0 - DOES NOT APPLY TO MY PRACTICE. I do not perform this task in my practice.

1 - RARELY. I perform this task the least often in my practice relative to other tasks I perform.

2 - SELDOM. I perform this task less often than most other tasks I perform in my practice.

3 - REGULARLY. I perform this task as often as other tasks I perform in my practice.

4 - OFTEN. I perform this task more often than most other tasks I perform in my practice.

5 - VERY OFTEN. This task is one of the tasks I perform most often in my practice relative to other tasks I perform.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this task for effective performance in your current practice?

0 - NOT IMPORTANT. This task is not important to my current practice.

1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance relative to other tasks; it has the lowest priority of all the tasks I perform in my current practice.

2 - FAIRLY IMPORTANT. This task is fairly important for effective performance relative to other tasks; however, it does not have the priority of most other tasks I perform in my current practice.

3 - MODERATELY IMPORTANT. This task is moderately important for effective performance relative to other tasks; it has average priority of all the tasks I perform in my current practice.

4 - VERY IMPORTANT. This task is very important for effective performance relative to other tasks; it has a higher degree of priority than most other tasks I perform in my current practice.

5 - CRITICALLY IMPORTANT. This task is one of the most critical tasks I perform relative to other tasks; it has the highest degree of priority of all the tasks I perform in my current practice.

Part II - Job Task Ratings

Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is NOT part of your current practice, rate the task "0" (zero)Frequency and "0" (zero) Importance.

The boxes for rating theFrequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating, and then select the value based on your current practice.

Part II - Job Task Ratings

12. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Assessment and Diagnosis

	Frequency	Importance
1. Initiate therapeutic alliance with client to establish trust within the therapeutic relationship.		
2. Identify presenting problem(s) by exploring client's initial concerns to determine purpose for seeking therapy.		
3. Gather biopsychosocial history from client to develop an initial clinical formulation.		
4. Assess client background for factors (e.g., cultural, language, social, financial, legal, level of education, employment) that may influence the therapeutic process.		
5. Assess for past or present substance use, abuse, or dependence through observation and structured interview.		
6. Assess client motivation and expectation of treatment.		
7. Evaluate client presenting problems and symptoms to determine severity and significance of client issues.		
8. Assess client support systems to facilitate treatment and discharge planning.		
9. Gather information about previous treatments or diagnoses.		
10. Evaluate the need for referrals to other professionals based on additional information provided.		
11. Evaluate client mental status to determine level of functioning.		
12. Gather collateral client information from resources (e.g., family, school, medical, work) to facilitate the treatment process.		
13. Administer assessment instruments within scope of practice and competence to formulate clinical impression.		
14. Explain results of assessment instruments to client within scope of practice and competence to engage client in the treatment process.		
15. Formulate preliminary diagnosis based on assessment information using current Diagnostic and Statistical Manual criteria.		
16. Identify information obtained during the treatment process that would warrant modification of the diagnosis.		

Part II - Job Task Ratings

13. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Counseling and Planning

	Frequency	Importance
17. Incorporate client strengths, values, beliefs, and culture into the development of the treatment plan.		
18. Identify treatment goals with client by reviewing assessment and diagnostic information to develop a mutually agreed-upon treatment plan.		
19. Formulate a treatment plan with measurable and observable objectives.		
20. Develop a discharge plan (e.g., community resources, aftercare, follow-up) with client to maintain therapeutic progress after treatment has ended.		
21. Identify additional resources (e.g., 12-step, support, community) to incorporate into the treatment plan to support client goals.		
22. Formulate and modify treatment plan based on theoretical models to address client symptoms and level of functioning.		
23. Formulate harm reduction strategies based on identified risk factors.		
24. Incorporate assessment instrument results into the development of treatment plans.		
25. Coordinate services with other professionals to develop treatment plans.		
26. Build and maintain the therapeutic alliance with client to facilitate progress in treatment.		
27. Implement interventions consistent with client strengths, values, beliefs, and culture to facilitate treatment.		
28. Evaluate therapeutic effectiveness based on client progress toward established goals.		
29. Provide psychoeducation to client to enhance understanding of clinical issues.		
30. Modify therapeutic interventions as indicated to facilitate progress toward goals.		
31. Integrate modalities to provide treatment to client with co-occurring disorders.		
32. Implement interventions consistent with theoretical models to facilitate client treatment.		
33. Implement interventions consistent with evidenced-based practices to facilitate client treatment.		
34. Evaluate whether client will benefit from participation in group therapy to meet treatment goals.		

	Frequency	Importance
35. Incorporate technology (e.g., telehealth) into the therapeutic process to improve client access to treatment.		
36. Facilitate discharge from treatment based on client readiness and achievement of goals.		
37. Discuss parameters of confidentiality related to group therapy.		
38. Facilitate group therapy according to theoretical and evidence-based models.		
39. Manage therapy group based on principles of group dynamics.		
40. Evaluate group therapy effectiveness to facilitate progress toward group and individual goals.		
41. Develop discharge plans with individuals in group therapy to maintain therapeutic progress.		
42. Administer career assessments to clients to identify interests, employability, job search, and job creation skills.		
43. Explain outcome of career assessments and incorporate client input to validate results.		
44. Collaborate with clients to create measurable goals based on career assessment results.		
45. Facilitate client career development and skill acquisition.		
46. Provide career counseling based on client primary employment factors (e.g., personality, interests, priorities, strengths, abilities, capabilities, resources, needs, life stages).		
47. Utilize published research to support evidence-based practice.		
48. Understand the concepts of validity and reliability as they pertain to published research within the counseling profession.		
49. Develop and test hypotheses based on client needs assessment.		

Copy of page: Part II - Job Task Ratings

14. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Crisis

	Frequency	Importance
50. Evaluate the severity of crises to determine intervention strategy.		
51. Evaluate potential level of danger client presents to self or others, or of grave disability to determine need for immediate intervention.		
52. Develop plans with clients to manage safety risks to reduce self-harm, suicidality, or both.		
53. Develop intervention strategies for clients who have indicated thoughts of causing harm to others.		
54. Implement intervention strategies for clients who require immediate medical or psychiatric treatment.		
55. Provide referrals of viable resources to augment management of client crises.		
56. Identify indicators of abuse or neglect to determine level of intervention.		
57. Develop crisis intervention strategies with clients in potentially abusive situations to provide for safety of clients and family members.		
58. Assess crisis intervention strategies to determine the need for continued support.		

Part II - Job Task Ratings

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Law

	Frequency	Importance
59. Comply with legal requirements regarding the maintenance or dissemination of confidential information to protect client privacy.		
60. Identify holder of privilege by evaluating client age, legal status, and content of therapy to determine requirements for providing services.		
61. Comply with legal requirements regarding the disclosure of privileged information to protect client privacy in judicial and legal matters.		
62. Comply with legal requirements regarding providing therapy services to minor clients.		
63. Maintain client records by adhering to legal requirements regarding documentation, storage, and disposal to protect client privacy and the therapy process.		
64. Respond to requests for records by adhering to applicable laws and regulations to protect client rights and safety.		
65. Provide services via information and communication technologies by complying with telehealth regulations.		
66. Comply with the Health Insurance Portability and Accountability Act (HIPAA) regulations as mandated by law.		
67. Report known or suspected abuse, neglect, or exploitation of dependent adults to protective authorities.		
68. Report known or suspected abuse, neglect, or exploitation of elderly to protective authorities.		
69. Report known or suspected abuse, neglect, or exploitation of minors to protective authorities.		
70. Comply with legal requirements regarding breaking confidentiality to protect clients in imminent danger to self or with grave disability.		
71. Comply with legal requirements to report and protect when client expresses intent to cause imminent harm to identified people or property.		
72. Comply with legal requirements regarding privilege exceptions in client litigation or in response to breach of duty accusations.		
73. Comply with legal requirements regarding privilege exceptions in court-appointed or defendant-requested evaluation or therapy.		
74. Comply with legal requirements regarding reporting instances of crime perpetrated against minors.		
75. Comply with laws regarding sexual misconduct between counselor and client to prevent harm to the client and the therapeutic relationship.		

	Frequency	Importance
76. Comply with legal parameters regarding scope of practice.		
77. Comply with legal parameters regarding professional conduct.		
78. Disclose fee structure for services prior to initiating therapy.		
79. Comply with legal regulations regarding providing services when interacting with third-party payers.		
80. Comply with laws regarding advertisement of services and professional qualifications.		
81. Comply with laws pertaining to the payment or acceptance of money or other consideration for referral of services.		
82. Comply with legal regulations for engaging in a supervisory relationship.		
83. Comply with professional continuing education requirements to maintain competency for standard of practice.		

Part II - Job Task Ratings

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Ethics

	Frequency	Importance
84. Consult with other professionals, seek additional education, training, or supervision to address clinical issues that arise outside the counselor's scope of competence.		
85. Pursue education, training, certification, or supervision to stay current or expand competence in the counseling profession.		
86. Consult with other professionals to address questions regarding ethical obligations or practice responsibilities that arise during therapy.		
87. Evaluate counselor's own emotional, mental, or physical problems or impairments to determine the effect on counselor's ability to provide competent therapeutic services.		
88. Provide referrals to qualified professionals for treatment of clinical issues when assistance would benefit the client.		
89. Manage counselor's values, attitudes, beliefs, and behaviors to prevent interference with effective provision of services and the therapeutic relationship.		
90. Evaluate nonprofessional interactions with prospective, current, and former clients, as well as people close to the client, to determine the influence on the therapeutic relationship.		
91. Maintain professional boundaries with clients to prevent situations or relationships that are potentially harmful to clients or the therapeutic relationship.		
92. Adhere to ethical guidelines regarding sexual intimacy and romantic relations with prospective, current, and former clients; with client spouses and significant others; and with client family members to avoid causing harm or exploitation of clients.		
93. Adhere to ethical guidelines regarding treatment of individuals with whom the counselor has a prospective, current, or past relationship.		
94. Obtain informed consent by providing client with information regarding the counselor and treatment process to facilitate client's ability to make decisions.		
95. Evaluate client for concurrent relationships with other mental health professionals to determine influence on therapy.		
96. Address confidentiality and issues associated with counselor's role, treatment modality, and involvement of third parties to protect client welfare and the therapeutic relationship.		
97. Manage informed consent and limits of confidentiality by discussing the impact on the therapeutic relationship.		
98. Manage the impact of safety and crisis situations by evaluating risk factors to protect the client and others.		

	Frequency	Importance
99. Manage the impact of legal and ethical obligations that arise during the treatment process to protect the client-counselor relationship.		
100. Manage diversity factors in the therapeutic relationship by applying or gaining knowledge and awareness necessary to provide services sensitive to client needs.		
101. Provide services that respect client dignity and freedom of choice.		
102. Administer assessment instruments or clinical testing necessary for the provision of services.		
103. Contribute to a multidisciplinary team by collaborating with other professionals to provide services that promote client well-being.		
104. Advocate with and/or on behalf of clients by addressing barriers or increasing access to assist client in receiving services.		
105. Maintain procedures that provide for continuity of care in the event treatment must be interrupted or discontinued.		
106. Terminate therapy when no longer required or no longer benefits the client.		
107. Advertise services by adhering to ethical guidelines regarding the use of accurate representations and information to promote services or expand practice.		
108. Maintain client records by adhering to ethical guidelines to document services and protect client confidentiality.		
109. Obtain informed consent when changing professional roles (e.g., transferring from researcher to counselor) to avoid confusion and protect the therapeutic relationship.		
110. Implement policies and procedures that address ethical issues associated with the use of electronic media and technology in the course of providing therapeutic services.		
111. Maintain fee and payment policies that are commensurate with services provided and protect the therapeutic relationship.		
112. Adhere to ethical guidelines regarding the acceptance of gifts and tokens of appreciation from clients.		
113. Adhere to ethical guidelines for protecting the welfare and dignity of research participants when conducting research related to the provision of therapeutic services.		
114. Address unethical or incompetent conduct of colleagues by taking action to promote the welfare and interests of clients.		
115. Adhere to ethical guidelines for engaging in supervisory relationships.		

Part III - Job Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the questionnaire contains 277 knowledge statements. Please rate each of the knowledge statements based on how important you believe the knowledge is for effective performance of your current practice as a Licensed Professional Clinical Counselor.

If the knowledge is NOT required for performance of your current practice, rate the statement as "DOES NOT APPLY."

Please use the following scale to make your ratings:

IMPORTANCE SCALE

How important is this knowledge for effective performance of tasks in your current practice?

- **0 - DOES NOT APPLY TO MY PRACTICE; NOT REQUIRED.This knowledge is not required for effective performance of tasks in my current practice.**
- **1 - NOT IMPORTANT. This knowledge is not important for effective performance of tasks in my current practice.**
- **2 - SOMEWHAT IMPORTANT. This knowledge is somewhat important for effective performance of tasks in my current practice.**
- **3 - IMPORTANT. This knowledge is important for effective performance of tasks in my current practice.**
- **4 - VERY IMPORTANT. This knowledge is very important for effective performance of tasks in my current practice.**
- **5 - EXTREMELY IMPORTANT. This knowledge is extremely important for effective performance of tasks in my current practice.**

Part III - Job Knowledge Ratings

17. How important is this knowledge for effective performance of tasks in your current job?

Assessment and Diagnosis

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
1. Knowledge of methods to establish rapport with clients.	○	○	○	○	○	○
2. Knowledge of active listening techniques.	○	○	○	○	○	○
3. Knowledge of strategies used to form the therapeutic relationship.	○	○	○	○	○	○
4. Knowledge of methods used to evaluate verbal and nonverbal cues.	○	○	○	○	○	○
5. Knowledge of strategies to facilitate client disclosure.	○	○	○	○	○	○
6. Knowledge of biological, psychological, social, cultural, spiritual, financial, legal, and behavioral factors that impact client mental health.	○	○	○	○	○	○
7. Knowledge of interviewing techniques to obtain clinical information.	○	○	○	○	○	○
8. Knowledge of the effects of how education, physical conditions, work environment, ecological, and psychosocial stressors can affect the client.	○	○	○	○	○	○
9. Knowledge of methods to assess client readiness for treatment.	○	○	○	○	○	○
10. Knowledge of life-span development stages.	○	○	○	○	○	○
11. Knowledge of cultural factors and beliefs regarding therapy and mental health.	○	○	○	○	○	○
12. Knowledge of methods to orient client to the therapeutic process.	○	○	○	○	○	○
13. Knowledge of physical and behavioral indicators associated with substance use, abuse, and dependency.	○	○	○	○	○	○
14. Knowledge of criteria for differentiating substance use, abuse, and dependency.	○	○	○	○	○	○
15. Knowledge of methods for assessing client level of acculturation.	○	○	○	○	○	○
16. Knowledge of the effect of language differences on the therapeutic process.	○	○	○	○	○	○
17. Knowledge of the effect of education and developmental factors on the therapeutic process.	○	○	○	○	○	○
18. Knowledge of basic psychopharmacology and its effect on treatment.	○	○	○	○	○	○
19. Knowledge of interventions used to facilitate engagement of non-voluntary clients in the therapeutic process.	○	○	○	○	○	○

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
20. Knowledge of methods to evaluate for potential deception or secondary gains to clarify client motivation for seeking treatment.	○	○	○	○	○	○
21. Knowledge of referral options when treatment needs are beyond scope of practice or competence.	○	○	○	○	○	○
22. Knowledge of community resources and referral options.	○	○	○	○	○	○
23. Knowledge of criteria to evaluate client symptoms to determine severity of presenting problems.	○	○	○	○	○	○
24. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.	○	○	○	○	○	○
25. Knowledge of methods to assess client interpersonal relationships in social, family, work, and school environments, and how they contribute to the presenting problems.	○	○	○	○	○	○
26. Knowledge of biological, psychological, social, and behavioral factors that indicate a need for psychiatric, medical, and psychological evaluation to complete the clinical formulation.	○	○	○	○	○	○
27. Knowledge of methods used to identify support systems within the social network.	○	○	○	○	○	○
28. Knowledge of methods to integrate client previous mental health history into the assessment of the current problems.	○	○	○	○	○	○
29. Knowledge of the effects of previous mental health treatment on current treatment.	○	○	○	○	○	○
30. Knowledge of how to obtain and integrate relevant clinical information from collateral sources.	○	○	○	○	○	○
31. Knowledge of administration of mental status examinations.	○	○	○	○	○	○
32. Knowledge of methods to interpret the results of a mental status examination to determine client level of functioning.	○	○	○	○	○	○
33. Knowledge of information available from collateral sources to enhance client assessment process.	○	○	○	○	○	○
34. Knowledge of the purpose of assessment instruments.	○	○	○	○	○	○
35. Knowledge of assessment instruments (e.g., achievement, behavioral scales, occupational inventories) within counselor's scope of practice and competence.	○	○	○	○	○	○
36. Knowledge of the effects of testing conditions that invalidate assessment instrument results.	○	○	○	○	○	○
37. Knowledge of test validity and reliability.	○	○	○	○	○	○
38. Knowledge of methods to explain assessment results to clients.	○	○	○	○	○	○
39. Knowledge of the principles of norms for interpretation of assessment instrument results.	○	○	○	○	○	○
40. Knowledge of cultural factors that influence the selection of assessment instruments and the testing process.	○	○	○	○	○	○

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
41. Knowledge of developmental factors that influence the selection of assessment instruments and the testing process.	○	○	○	○	○	○
42. Knowledge of methods for administering assessment instruments.	○	○	○	○	○	○
43. Knowledge of how assessment instruments are constructed.	○	○	○	○	○	○
44. Knowledge of factors that impact physical and psychological functioning.	○	○	○	○	○	○
45. Knowledge of current Diagnostic and Statistical Manual criteria used to identify differential diagnoses.	○	○	○	○	○	○
46. Knowledge of methods to continually reassess client's diagnosis.	○	○	○	○	○	○
47. Knowledge of procedures to apply diagnostic categories to assessment information.	○	○	○	○	○	○

Part III - Job Knowledge Ratings

18. How important is this knowledge for effective performance of tasks in your current job?

Counseling and Planning

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
48. Knowledge of techniques for engaging client in development of initial and ongoing treatment goals.	○	○	○	○	○	○
49. Knowledge of methods for integrating client's experiences, culture, values, and beliefs into treatment plan.	○	○	○	○	○	○
50. Knowledge of the fundamentals of treatment planning.	○	○	○	○	○	○
51. Knowledge of methods to enhance client motivation in planning treatment.	○	○	○	○	○	○
52. Knowledge of methods to determine intervention priorities.	○	○	○	○	○	○
53. Knowledge of methods to monitor client progress toward goals.	○	○	○	○	○	○
54. Knowledge of physical and psychological indicators of risky (at risk or high risk) behavior.	○	○	○	○	○	○
55. Knowledge of techniques to set measurable, attainable, specific, and timely goals.	○	○	○	○	○	○
56. Knowledge of community resources to assist clients in the attainment of established goals.	○	○	○	○	○	○
57. Knowledge of methods used to maintain therapeutic progress.	○	○	○	○	○	○
58. Knowledge of relapse prevention planning.	○	○	○	○	○	○
59. Knowledge of the structure of the therapeutic relationship and stages associated with it (e.g. beginning, middle, and end).	○	○	○	○	○	○
60. Knowledge of methods to develop harm-reduction strategies.	○	○	○	○	○	○
61. Knowledge of techniques for determining compatibility of theory with specific problems, disorders, and symptoms.	○	○	○	○	○	○
62. Knowledge of incorporating collateral support systems into the treatment plan.	○	○	○	○	○	○
63. Knowledge of methods used to gather information from professionals and other involved parties.	○	○	○	○	○	○
64. Knowledge of the assumptions, concepts, and methodology associated with relevant theory models.	○	○	○	○	○	○
65. Knowledge of community resources available to assist client upon discharge.	○	○	○	○	○	○
66. Knowledge of funding sources, constraints, and requirements for client treatment.	○	○	○	○	○	○

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
67. Knowledge of methods to create a treatment plan responsive to third party provisions (e.g., managed care, court-mandated, EAP, MHSA).	○	○	○	○	○	○
68. Knowledge of methods for coordinating aftercare services for clients.	○	○	○	○	○	○
69. Knowledge of theoretical models with research-based outcomes.	○	○	○	○	○	○
70. Knowledge of the effect of assessment instrument results on treatment plan development.	○	○	○	○	○	○
71. Knowledge of strategies used to build, manage, and maintain the therapeutic relationship.	○	○	○	○	○	○
72. Knowledge of techniques to convey empathy, interest, and concern within the therapeutic relationship.	○	○	○	○	○	○
73. Knowledge of methods to promote client safety.	○	○	○	○	○	○
74. Knowledge of techniques for increasing client acceptance of self as an agent for change.	○	○	○	○	○	○
75. Knowledge of how client strength, values, beliefs, and culture influence the therapeutic process.	○	○	○	○	○	○
76. Knowledge of the effect of differences between counselor and client values on the therapeutic process.	○	○	○	○	○	○
77. Knowledge of the relationship between client sense of self-worth and client functioning.	○	○	○	○	○	○
78. Knowledge of the relationship between co-occurring disorders.	○	○	○	○	○	○
79. Knowledge of procedures to terminate treatment.	○	○	○	○	○	○
80. Knowledge of indicators that interventions should be modified.	○	○	○	○	○	○
81. Knowledge of alternative interventions.	○	○	○	○	○	○
82. Knowledge of methods to enhance understanding of clinical problem(s).	○	○	○	○	○	○
83. Knowledge of functioning indicators for readiness to terminate treatment.	○	○	○	○	○	○
84. Knowledge of methods to foster client personal growth.	○	○	○	○	○	○
85. Knowledge of methods to engage client in evaluation of treatment.	○	○	○	○	○	○
86. Knowledge of integration techniques to address co-occurring disorders.	○	○	○	○	○	○
87. Knowledge of the counselor's role in theoretical models used.	○	○	○	○	○	○
88. Knowledge of the interventions associated with relevant theoretical models to facilitate client treatment.	○	○	○	○	○	○

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
89. Knowledge of evidenced-based practices.	○	○	○	○	○	○
90. Knowledge of methods to measure treatment outcomes.	○	○	○	○	○	○
91. Knowledge of technological methods to improve client access to treatment.	○	○	○	○	○	○
92. Knowledge of common psychological reactions to environmental factors (e.g., noise, color, light).	○	○	○	○	○	○
93. Knowledge of clinical problems that benefit from group therapy.	○	○	○	○	○	○
94. Knowledge of safety issues within group therapy.	○	○	○	○	○	○
95. Knowledge of discharge planning, including connecting clients to aftercare, community services and resources, or both.	○	○	○	○	○	○
96. Knowledge of the assumptions, concepts, and methodology associated with group therapy modalities.	○	○	○	○	○	○
97. Knowledge of confidentiality issues in group therapy.	○	○	○	○	○	○
98. Knowledge of limitations of group therapy.	○	○	○	○	○	○
99. Knowledge of changes in functioning and group stages that indicate goal achievement and readiness to terminate group therapy.	○	○	○	○	○	○
100. Knowledge of theories, methods, and techniques for conducting group therapy.	○	○	○	○	○	○
101. Knowledge of how to maintain therapeutic progress following the end of the group therapy.	○	○	○	○	○	○
102. Knowledge of group opening and closing processes.	○	○	○	○	○	○
103. Knowledge of theories of career counseling.	○	○	○	○	○	○
104. Knowledge of theories of development and related life stages.	○	○	○	○	○	○
105. Knowledge of current professional literature related to career counseling.	○	○	○	○	○	○
106. Knowledge of influence of culture on career development.	○	○	○	○	○	○
107. Knowledge of methods and techniques for increasing client's employability (e.g., attendance, continuing education, advancement).	○	○	○	○	○	○
108. Knowledge of methods and tools to assist client in achieving a job and developing a career (e.g., career assessments, vocational testing, labor market research, résumé writing, interviewing).	○	○	○	○	○	○
109. Knowledge of technical aspects, applications, and limitations of career assessments.	○	○	○	○	○	○
110. Knowledge of methods to engage client in career exploration based on assessment results.	○	○	○	○	○	○
111. Knowledge of methods to collaborate with client in reviewing career assessment results.	○	○	○	○	○	○

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
112. Knowledge of methods used to evaluate and apply research.	◯	◯	◯	◯	◯	◯
113. Knowledge of methods for interpreting research.	◯	◯	◯	◯	◯	◯
114. Knowledge of analyzing research as it pertains to clinical practice.	◯	◯	◯	◯	◯	◯
115. Knowledge of descriptive statistics.	◯	◯	◯	◯	◯	◯
116. Knowledge of current professional literature.	◯	◯	◯	◯	◯	◯
117. Knowledge of how to use the scientific method in research.	◯	◯	◯	◯	◯	◯
118. Knowledge of inductive and deductive reasoning in research.	◯	◯	◯	◯	◯	◯

Copy of page: Part III - Job Knowledge Ratings

19. How important is this knowledge for effective performance of tasks in your current job?

Crisis

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
119. Knowledge of methods to identify crisis situations.	○	○	○	○	○	○
120. Knowledge of methods to evaluate severity of client symptoms.	○	○	○	○	○	○
121. Knowledge of methods to evaluate client plan, means, access, intent, lethality, and history of suicide.	○	○	○	○	○	○
122. Knowledge of methods to evaluate client plan, means, access, intent, lethality, and history of violence.	○	○	○	○	○	○
123. Knowledge of risk factors that indicate client potential for causing harm to others.	○	○	○	○	○	○
124. Knowledge of risk factors that indicate client potential for suicide.	○	○	○	○	○	○
125. Knowledge of support systems used to manage crises.	○	○	○	○	○	○
126. Knowledge of the effects of current trauma on client functioning.	○	○	○	○	○	○
127. Knowledge of physical and psychological indicators of self-destructive or self-injurious behavior.	○	○	○	○	○	○
128. Knowledge of methods to differentiate between self-harm and suicidality.	○	○	○	○	○	○
129. Knowledge of indicators and methods to assess client strengths and coping skills.	○	○	○	○	○	○
130. Knowledge of indicators of abuse and neglect.	○	○	○	○	○	○
131. Knowledge of principles of crisis management.	○	○	○	○	○	○
132. Knowledge of intervention strategies to reduce and manage suicidality, and self-injurious behavior.	○	○	○	○	○	○
133. Knowledge of effects of precipitating events on suicide potential.	○	○	○	○	○	○
134. Knowledge of procedures used to manage client danger to others (e.g., thoughts) that do not require hospitalization.	○	○	○	○	○	○
135. Knowledge of intervention methods for abused and neglected children, dependent adults, elderly, and other vulnerable clients.	○	○	○	○	○	○
136. Knowledge of criteria to determine situations which constitute high risk for abuse.	○	○	○	○	○	○
137. Knowledge of strategies used to deal with dangerous clients.	○	○	○	○	○	○

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
138. Knowledge of methods to develop a plan to intervene and provide for client and family safety in an abusive situation.	○	○	○	○	○	○
139. Knowledge of strategies to address safety in abusive situations.	○	○	○	○	○	○
140. Knowledge of physical symptoms and behavioral signs indicating the need for medical and/or psychiatric treatment.	○	○	○	○	○	○
141. Knowledge of resources for identifying the least restrictive environment for care and safety to stabilize clients in crisis.	○	○	○	○	○	○
142. Knowledge of strategies used for anger management.	○	○	○	○	○	○
143. Knowledge of resources for clients in substance-induced crises.	○	○	○	○	○	○
144. Knowledge of types of placements available for the short- and long-term care of clients in crises.	○	○	○	○	○	○
145. Knowledge of resources and strategies for continued support and follow-up.	○	○	○	○	○	○

Part III - Job Knowledge Ratings

20. How important is this knowledge for effective performance of tasks in your current job?

Law

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
146. Knowledge of laws regarding confidential communications within the therapeutic relationship.	○	○	○	○	○	○
147. Knowledge of laws regarding the disclosure of confidential information to other individuals, professionals, agencies, or authorities.	○	○	○	○	○	○
148. Knowledge of laws regarding holder of privilege.	○	○	○	○	○	○
149. Knowledge of laws regarding privileged communication.	○	○	○	○	○	○
150. Knowledge of laws regarding the release of privileged information.	○	○	○	○	○	○
151. Knowledge of legal requirements for responding to subpoenas and court orders.	○	○	○	○	○	○
152. Knowledge of legal criteria and requirements for providing treatment services to minors.	○	○	○	○	○	○
153. Knowledge of laws regarding documentation of clinical services.	○	○	○	○	○	○
154. Knowledge of laws pertaining to the maintenance and disposal of client records.	○	○	○	○	○	○
155. Knowledge of laws pertaining to client's access to treatment records.	○	○	○	○	○	○
156. Knowledge of laws pertaining to the release of client records to other individuals, professionals, and third parties.	○	○	○	○	○	○
157. Knowledge of laws regarding the consent to and delivery of services via information and communication technologies.	○	○	○	○	○	○
158. Knowledge of legal requirements of the Health Insurance Portability and Accountability Act (HIPAA).	○	○	○	○	○	○
159. Knowledge of indicators of abuse, neglect, or exploitation of dependent adult clients.	○	○	○	○	○	○
160. Knowledge of laws pertaining to the reporting of known or suspected incidents of abuse, neglect, or exploitation of dependent adult clients.	○	○	○	○	○	○
161. Knowledge of indicators of abuse, neglect, or exploitation of elderly clients.	○	○	○	○	○	○
162. Knowledge of laws pertaining to the reporting of known or suspected incidents of abuse, neglect, or exploitation of elderly clients.	○	○	○	○	○	○

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
163. Knowledge of indicators of abuse, neglect, or exploitation of minors.	○	○	○	○	○	○
164. Knowledge of laws pertaining to the reporting of known or suspected incidents of abuse, neglect, or exploitation of minors.	○	○	○	○	○	○
165. Knowledge of symptoms of mental impairment that may indicate the need for involuntary hospitalization.	○	○	○	○	○	○
166. Knowledge of legal requirements for initiating involuntary hospitalization.	○	○	○	○	○	○
167. Knowledge of laws regarding confidentiality in situations of client danger to self or others.	○	○	○	○	○	○
168. Knowledge of methods and criteria for identifying situations where client poses a danger to others.	○	○	○	○	○	○
169. Knowledge of laws pertaining to duty to protect when client indicates intent to cause harm.	○	○	○	○	○	○
170. Knowledge of situations and conditions that constitute reasonable indicators of client intent to cause harm.	○	○	○	○	○	○
171. Knowledge of laws regarding privilege exceptions in litigation involving client's mental or emotional condition as raised by the client or client representative.	○	○	○	○	○	○
172. Knowledge of laws regarding privilege exceptions where client alleges breach of duty.	○	○	○	○	○	○
173. Knowledge of laws regarding privilege exceptions in court-appointed evaluation or treatment.	○	○	○	○	○	○
174. Knowledge of laws pertaining to privilege exceptions in defendant-requested evaluation or treatment.	○	○	○	○	○	○
175. Knowledge of laws pertaining to the reporting of crimes perpetrated against a minor.	○	○	○	○	○	○
176. Knowledge of laws regarding privilege exceptions in crime or tort involving minors.	○	○	○	○	○	○
177. Knowledge of laws regarding sexual conduct between counselor and client.	○	○	○	○	○	○
178. Knowledge of legal requirements for providing client with the brochure "Professional Therapy Never Includes Sex".	○	○	○	○	○	○
179. Knowledge of laws that define the scope of clinical practice.	○	○	○	○	○	○
180. Knowledge of laws that define professional conduct for licensed practitioners.	○	○	○	○	○	○
181. Knowledge of laws regarding disclosures required prior to initiating services.	○	○	○	○	○	○
182. Knowledge of laws and regulations regarding third-party reimbursement.	○	○	○	○	○	○

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
183. Knowledge of parity laws regarding the provision of mental health services.	○	○	○	○	○	○
184. Knowledge of laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.	○	○	○	○	○	○
185. Knowledge of legal requirements regarding payment or acceptance of money or other considerations for referral of services.	○	○	○	○	○	○
186. Knowledge of legal requirements regarding supervisory relationships.	○	○	○	○	○	○
187. Knowledge of laws governing professional continuing education requirements.	○	○	○	○	○	○

Part III - Job Knowledge Ratings

21. How important is this knowledge for effective performance of tasks in your current job?

Ethics

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
188. Knowledge of limitations of professional experience, education, and training to determine problems outside scope of competence.	○	○	○	○	○	○
189. Knowledge of situations that indicate a need for consultation with colleagues or other professionals.	○	○	○	○	○	○
190. Knowledge of ethical standards regarding the protection of client rights when engaging in consultation or collaboration with other professionals.	○	○	○	○	○	○
191. Knowledge of ethical methods for developing additional areas of practice or expanding competence.	○	○	○	○	○	○
192. Knowledge of the ethical responsibility to stay current on developments in the counseling profession.	○	○	○	○	○	○
193. Knowledge of problems and impairments that interfere with the process of providing therapeutic services.	○	○	○	○	○	○
194. Knowledge of referrals and resources to assist in meeting the client needs.	○	○	○	○	○	○
195. Knowledge of methods to facilitate client transfer when referrals to other professionals are made.	○	○	○	○	○	○
196. Knowledge of the potential influence of counselor's values, attitudes, beliefs, culture, and behaviors on the therapeutic relationship.	○	○	○	○	○	○
197. Knowledge of methods for managing the influence of counselor's values, attitudes, beliefs, culture, and behaviors on the client or therapeutic relationship.	○	○	○	○	○	○
198. Knowledge of interactions and situations that could potentially exploit or cause harm to the client.	○	○	○	○	○	○
199. Knowledge of methods for managing boundaries and professional relationships with clients.	○	○	○	○	○	○
200. Knowledge of ethical standards regarding prohibited non-counseling roles and relationships.	○	○	○	○	○	○
201. Knowledge of the rights and responsibilities of the client and counselor in the therapeutic process.	○	○	○	○	○	○
202. Knowledge of methods to ensure that judgment is not impaired and that client is not harmed in situations where boundaries are extended.	○	○	○	○	○	○

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
203. Knowledge of the potential for client harm or exploitation associated with sexual or romantic relationships between client and counselor.	○	○	○	○	○	○
204. Knowledge of the ethical standards regarding engaging in sexual or romantic relationships with clients and persons important to the client.	○	○	○	○	○	○
205. Knowledge of ethical standards regarding the provision of therapeutic services to former sexual or romantic partners.	○	○	○	○	○	○
206. Knowledge of ethical standards regarding the provision of therapeutic services to individuals with whom the counselor has a prospective, current, or past relationship.	○	○	○	○	○	○
207. Knowledge of the ethical responsibility to provide client with information regarding therapeutic services.	○	○	○	○	○	○
208. Knowledge of disclosures that facilitate client ability to make informed decisions regarding therapy.	○	○	○	○	○	○
209. Knowledge of client right to freedom of choice in making decisions regarding services received.	○	○	○	○	○	○
210. Knowledge of methods for communicating information pertaining to informed consent in a manner consistent with developmental and cultural factors.	○	○	○	○	○	○
211. Knowledge of the right and responsibility of legal guardians and representatives to make decisions on behalf of clients unable to make informed decisions.	○	○	○	○	○	○
212. Knowledge of methods for protecting client welfare when client is unable to provide voluntary consent.	○	○	○	○	○	○
213. Knowledge of the effects of concurrent mental health treatments on the provision of treatment to client.	○	○	○	○	○	○
214. Knowledge of methods for establishing collaborative professional relationships to improve the welfare of the client.	○	○	○	○	○	○
215. Knowledge of ethical standards regarding the protection of client rights when engaging in consultation or collaboration with other professionals.	○	○	○	○	○	○
216. Knowledge of methods for identifying the "client" and the nature of relationships when providing therapy to more than one person.	○	○	○	○	○	○
217. Knowledge of the influence of client unit (e.g., individual, group); treatment modality; and involvement of multiple systems on confidentiality.	○	○	○	○	○	○
218. Knowledge of methods to reduce potential conflicts when providing concurrent therapy.	○	○	○	○	○	○
219. Knowledge of methods for managing confidentiality and privacy issues when treatment involves multiple systems or third parties.	○	○	○	○	○	○
220. Knowledge of ethical standards regarding the management of confidentiality issues.	○	○	○	○	○	○

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
221. Knowledge of methods for managing the impact of confidentiality issues on the therapeutic relationship.	○	○	○	○	○	○
222. Knowledge of methods for assessing level of potential danger or harm to client and others.	○	○	○	○	○	○
223. Knowledge of ethical obligations regarding the management of safety needs.	○	○	○	○	○	○
224. Knowledge of procedures for managing safety needs.	○	○	○	○	○	○
225.Knowledge of the impact of legal and ethical obligations on the therapeutic relationship.	○	○	○	○	○	○
226. Knowledge of methods for protecting the best interest of the client in situations where legal and ethical obligations conflict.	○	○	○	○	○	○
227. Knowledge of methods for protecting the best interest of the client in situations where agency and ethical obligations conflict.	○	○	○	○	○	○
228. Knowledge of diversity factors that potentially influence the therapeutic process.	○	○	○	○	○	○
229. Knowledge of ethical standards regarding nondiscrimination.	○	○	○	○	○	○
230. Knowledge of ethical standards for providing services congruent with client culture.	○	○	○	○	○	○
231. Knowledge of methods to gain knowledge, awareness, sensitivity, and skills necessary for working with clients from diverse populations.	○	○	○	○	○	○
232. Knowledge of the collaborative role between counselor and client in the therapeutic process.	○	○	○	○	○	○
233. Knowledge of client rights to make decisions regarding treatment and services.	○	○	○	○	○	○
234. Knowledge of methods to assist client to make decisions and understand consequences.	○	○	○	○	○	○
235. Knowledge of ethical guidelines for selecting, administering, reporting, and storing results of clinical assessments.	○	○	○	○	○	○
236. Knowledge of methods for preventing the misuse of results from assessment instruments.	○	○	○	○	○	○
237. Knowledge of referral resources to address testing needs outside scope of practice.	○	○	○	○	○	○
238. Knowledge of ethical standards regarding the protection of client rights when engaging in consultation and collaboration with other professionals.	○	○	○	○	○	○
239. Knowledge of methods for establishing collaborative professional relationships to improve the welfare of the client.	○	○	○	○	○	○
240. Knowledge of ethical standards for participating as a member of an interdisciplinary team.	○	○	○	○	○	○

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
241. Knowledge of methods for evaluating client capacity to advocate on own behalf.	○	○	○	○	○	○
242. Knowledge of ethical standards pertaining to interacting with third-party payers.	○	○	○	○	○	○
243. Knowledge of ethical standards pertaining to interacting with other service delivery systems.	○	○	○	○	○	○
244. Knowledge of ethical considerations and conditions for interrupting or terminating treatment.	○	○	○	○	○	○
245. Knowledge of referrals and resources to provide consistent care in the event therapy must be interrupted or discontinued.	○	○	○	○	○	○
246. Knowledge of factors and conditions that indicate client is ready for termination of therapy.	○	○	○	○	○	○
247. Knowledge of factors and conditions that indicate client is not benefiting from therapeutic services.	○	○	○	○	○	○
248. Knowledge of methods for managing the termination process.	○	○	○	○	○	○
249. Knowledge of methods to prevent client abandonment and client neglect.	○	○	○	○	○	○
250. Knowledge of ethical guidelines regarding the use of accurate representation of qualifications and credentials in advertisements and solicitation of clients.	○	○	○	○	○	○
251. Knowledge of ethical guidelines pertaining to the solicitation of testimonials or statements from clients and others.	○	○	○	○	○	○
252. Knowledge of ethical guidelines regarding the recruitment of clients through employment or professional associations.	○	○	○	○	○	○
253. Knowledge of ethical guidelines regarding the documentation of therapeutic services consistent with sound clinical practice.	○	○	○	○	○	○
254. Knowledge of methods for providing reasonable protection of the confidentiality of client records.	○	○	○	○	○	○
255. Knowledge of ethical guidelines for releasing client records upon request.	○	○	○	○	○	○
256. Knowledge of methods to assist client in understanding and interpreting information contained in treatment records.	○	○	○	○	○	○
257. Knowledge of the ethical responsibility to clarify roles when acting in a professional capacity other than licensed professional clinical counselor.	○	○	○	○	○	○
258. Knowledge of methods to minimize potential consequences associated with changes in counselor's role.	○	○	○	○	○	○
259. Knowledge of the potential for harm to client or therapeutic relationship with the use of social media or information technology in the therapeutic process.	○	○	○	○	○	○

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
260. Knowledge of the ethical standards for implementing information technology in the treatment process.	○	○	○	○	○	○
261. Knowledge of the limitations and risks associated with electronic means of service delivery and distance therapy.	○	○	○	○	○	○
262. Knowledge of methods and conditions for determining fees commensurate with professional services.	○	○	○	○	○	○
263. Knowledge of prohibited business practices and forms of remuneration for making and accepting client referrals.	○	○	○	○	○	○
264. Knowledge of the potential for client exploitation or harm that may result from bartering for services.	○	○	○	○	○	○
265. Knowledge of ethical standards pertaining to collection of unpaid balances.	○	○	○	○	○	○
266. Knowledge of ethical obligations regarding providing for continuation of services to the client.	○	○	○	○	○	○
267. Knowledge of ethical guidelines regarding the provision of therapy services when interacting with third-party payers.	○	○	○	○	○	○
268. Knowledge of referrals and resources to assist in meeting client needs.	○	○	○	○	○	○
269. Knowledge of conditions and situations that may impair the integrity or efficacy of the therapeutic process.	○	○	○	○	○	○
270. Knowledge of ethical standards pertaining to the acceptance of gifts from clients.	○	○	○	○	○	○
271. Knowledge of procedures to safeguard participants when conducting research projects.	○	○	○	○	○	○
272. Knowledge of disclosures regarding informing participants of the nature and role of research projects.	○	○	○	○	○	○
273. Knowledge of client rights regarding participation in research projects.	○	○	○	○	○	○
274. Knowledge of methods for protecting client confidentiality and data when conducting research projects.	○	○	○	○	○	○
275. Knowledge of conditions and situations that may impair the integrity or efficacy of the therapeutic process.	○	○	○	○	○	○
276. Knowledge of guidelines for addressing unethical and incompetent conduct of colleagues.	○	○	○	○	○	○
277. Knowledge of ethical guidelines regarding the supervisory relationship and responsibilities.	○	○	○	○	○	○

Thank you!

Thank you for taking the time to complete this questionnaire. The Board values your contribution to this study.

Board of Behavioral Sciences

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

Memo

To:	Board Members	**Date:**	November 8, 2018
From:	Laurie Williams Human Resources Liaison	**Telephone:**	(916) 574-7850
Subject:	**Personnel Update**		

New Employees

Management Services Technician / Licensing – Crystal Nerton transferred to the Board effective October 31, 2018. This position is assigned to the Licensing Unit and will perform the duties of a Licensed Educational Psychologist Evaluator and Initial License Evaluator. Ms. Nerton recently worked as a Tax Technician I with the California Department of Tax & Fee Administration.

Departures

Antoinette Pannell transferred to the Board of Professional Engineers, Land Surveyors and Geologists effective October 20, 2018. She performed the duties as the main receptionist for the Board.

Vacancies

The Board currently has five vacancies. Recruitment efforts to fill these vacancies are as follows:

Staff Services Manager I / Examination & Cashiering Unit – This manager oversees, monitors, assigns, and maintains the daily oversight of the Examination & Cashiering Unit. The Board will begin the recruitment process for this vacancy in coming months.

Associate Governmental Program Analyst (Part-time 0.5) / Enforcement – This vacancy is assigned to the Discipline & Probation Unit in the Enforcement Program to function as a Probation Analyst. The Board will begin the recruitment process for this vacancy in the coming months.

Associate Governmental Program Analyst / Enforcement – This vacancy is assigned to the Discipline & Probation Unit in the Enforcement Program to function as a Discipline Analyst. The Board will begin reviewing applications received to fill this vacancy.

Management Services Technician / Licensing – This position will perform the duties related to the Licensed Marriage and Family Therapist as a Licensing Evaluator. The Board has completed the interviews and is currently selecting the best candidate.

Office Technician (OT) / Administration – This position functions as the main receptionist for the Board. The Board has begun the recruitment process to fill the vacancy and will be reviewing applications in the coming weeks.

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Sacramento, CA 95834
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Memo

To:	Board Members	**Date:**	November 8, 2018
From:	Kim Madsen Executive Officer	**Telephone:**	(916) 574-7841
Subject:	**Strategic Plan Update**		

Attached for your review is the Strategic Plan update.

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CALIFORNIA BOARD OF BEHAVIORAL SCIENCES – STRATEGIC PLAN UPDATE
November 2018

Licensing ***Establish licensing standards to protect consumers and allow reasonable and timely access to the profession.***	**DUE DATE**	**STATUS**
1.1 Identify and implement enhanced communication during the application process to respond to stakeholder concerns regarding communication between applicants and the Board.	**July 2021**	
1.2 Improve and expand the Board's virtual online BreEZe functionality to provide applicants with the precise status of their applications and license.	**July 2020**	**March 2018 –** Request submitted to revise BreEZe to allow L/E exam and Initial Licensure Applications submitted online.
1.3 Research and explore a comprehensive online application process to improve efficiency.	**January 2021**	
1.4 Evaluate and revise current laws and regulations relating to licensure portability to increase consumer access to mental health care.	**January 2021**	**August 2018** – License Portability Committee recommendations and draft regulations will be considered during the August 2018 Policy and Advocacy meeting. **September 2018**-Board members approve recommendations

Examinations ***Administer fair, valid, comprehensive, and relevant licensing examinations.***	**DUE DATE**	**STATUS**
2.1 Improve the efficiency and reduce processing times to streamline the online exam application.	**January 2021**	
2.2 Explore methods to improve the candidate's exam experience to address concerns relating to the quality and customer service.	**July 2019**	**August 2018** Board management initiates process to procure a vendor to administer Board developed examinations.
2.3 Improve the Board's examination study materials to increase access to exam preparation.	**July 2019**	**October 2018** Board management met with OPES to discuss options to assist candidates in examination preparation.
2.4 Evaluate the Association of Marriage and Family Therapy Regulatory Board's (AMFTRB) national examination to determine if appropriate for use in California.	**July 2020**	**September 2018** Executive Officer attended presentation regarding national exam at the AMFTRB annual meeting. **October 2018** OPES indicates evaluation will occur upon completion of Board's OA for LMFTs.

Enforcement ***Protect the health and safety of consumers through the enforcement of laws.***	**DUE DATE**	**STATUS**
3.1 Explore the feasibility of additional staff resources to address the increase in number of licensees placed on probation.	**July 2020**	**June 2018 –** Restructured the Enforcement Program to establish a manager position to provide oversight of the Probation and Discipline Unit. **July 2018 –** Request for 1 full time and 1 half time position to monitor probationers was approved. Initiated recruitment for manager. Initiated recruitment for probation monitor positions. **August 2018 –** Manager hired.
3.2 Educate registrant and licensees about general legal requirements and consequences to practitioners who fail to adhere to these legal requirements.	**July 2019**	**April 2018**- CALPCC Annual Meeting Unprofessional Conduct Presentation
3.3 Educate the Deputy Attorney Generals and Administrative Law Judges regarding the disease of addiction and substance abuse to increase their awareness during the discipline process.	**July 2021**	
3.4 Establish uniform standards and templates for reports and evaluations submitted to the Board related to disciplinary matters.	**July 2020**	**April 2018, June 2018, October 2018** – Board staff attends Substance Abuse Coordination Committee to discussion possible revisions to Uniform Standard #4.

Legislation and Regulation ***Ensure that statutes, regulations, policies, and procedures strengthen and support the Board's mandate and mission.***	**DUE DATE**	**STATUS**
4.1 Pursue legislation to implement the recommendations of the License Portability Committee to improve license portability.	**January 2020**	**August 2018** – Recommendations presented at August 24, 2018 Policy and Advocacy Committee meeting. **September 2018** Board approves language – directs staff to initiate legislation process.
4.2 Reorganize the statutes and regulations specific to each Board license type to improve understanding of application statutes and regulations.	**January 2021**	
4.3 Continue to review statutory parameters for exempt settings and modify, if necessary, to ensure adequate public protection.	**January 2021**	**August** 2018- Final meeting of the Exempt Setting Committee scheduled for September 12, 2018. **October 2018** P&A members recommend approving proposed setting definitions to full board.
4.4 Explore the feasibility of improving the law and ethics renewal requirements to inform licensees about updates in relevant laws.	**July 2021**	**July 2018** – Board's Continuing Education Analyst will attend all major outreach events to educate licensees regarding continuing education requirements.
4.5 Review and update existing telehealth regulations to improve consumer protection and access to services.	**January 2020**	**May 2018** Board established a Telehealth Committee to begin work after January 1, 2019.

Organizational Effectiveness ***Build an excellent organization through proper Board governance, effective leadership, and responsible management.***	**DUE DATE**	**STATUS**
5.1 Implement a strategic succession plan of Board staff to ensure continued success of the Board's operations.	**January 2020**	**October 2018 –** Probation unit updates procedure manuals.
5.2 Support DCA efforts to contract with independent organizations to perform occupational analyses and salary surveys of management-level positions equivalent to the Executive Officer and Bureau Chief classifications to enhance the Board's ability to attract and retain competitive applicants.	**July 2020**	**Spring 2018** – Board management contacts DCA Executive Management offering assistance with the EO survey and process. **July 2018** DCA reports requests for bid to conduct EO survey near completion. **October 2018** DCA reports some EO's participated in phone interviews with contractor. Contractor will develop survey for all EO's to complete. ETA for report early 2019.
5.3 Explore the feasibility of hiring in-house counsel to ensure consistency in the application of law.	**July 2021**	**Winter and Spring 2018** – Board management initiates review of existing laws that allow Board's to hire in-house counsel. Board management engaged in discussions to seek similar hiring authority. **August 2018 -** Proposed language to provide the Board with the hiring authority is removed from bill.
5.4 Explore the feasibility of hiring a media and internet technology specialist to increase consistency in messaging to stakeholders.	**July 2021**	
5.5 Improve customer service with stakeholders to expand (or support) effective communication and accessibility to the Board.	**July 2019**	**Spring 2018** – Implemented revised phone system.

Outreach and Education ***Engage stakeholders through continuous communication about the practice and regulation of the professions, and mental health.***	**DUE DATE**	**STATUS**
6.1 Explore modalities of communication to expand and increase outreach.	**January 2020**	
6.2 Advocate to increase Board presence at national professional association meetings to enhance awareness of national trends and best practices.	**July 2021**	**May 2018** – Received approval for Board EO to attend ASWB Spring Education Conference in Halifax, Nova Scotia to present draft license portability plan. **July 2018**- Received approval for Board EO to attend NBCC, AMFTRB, and ASWB national meetings in Fall 2018.
6.3 Develop an outreach program to educate the public about the benefits of mental health to reduce barriers and destigmatize mental health care.	**July 2020**	
6.4 Explore opportunities to coordinate with stakeholders to increase diversity of mental health practitioners to better serve California's diverse population.	**July 2021**	**October 2018**- Board staff participates in meeting with various stakeholders to discuss implementation of AB 2105.
6.5 Improve outreach activities to educational institutions, students, and applicants to educate incoming registrants of application requirements for licensure.	**January 2021**	**August 2018** – Board management initiates discussions with SOLID to discuss developing video tutorials for Board website.

Board of Behavioral Sciences

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www.bbs.ca.gov

Memo

To:	Board Members	**Date:**	November 7, 2018
From:	Kim Madsen Executive Officer	**Telephone:**	(916) 574-7841
Subject:	**Substance Abuse Coordination Committee Update**		

Background

Senate Bill 1441 (Ridley-Thomas), Chapter 548, Statutes of 2008, established the Department of Consumer Affairs (DCA) Substance Abuse Coordination Committee (SACC). The SACC was tasked to develop uniform and specific standards for dealing with substance-abusing licensees, that each healing art board must use. Through a series of meetings, the SACC developed the criteria for required testing, assessment, attendance at support meetings and programs, and specified outcomes for minor and major violations. Each healing art board was directed to incorporate these standards into its disciplinary guidelines. In October 2015, the Uniform Standards were incorporated into the Board's Disciplinary Guidelines.

Senate Bill 796 (Hill), Chapter 311, Statutes of 2015, requires the SACC, by January 1, 2019, to review the existing criteria for those standards governing all aspects of required testing to determine whether the existing criteria should be updated to reflect recent developments in testing research and technology. Specifically, the SACC will review Uniform Standard #4 – biological fluid testing requirements.

Update

The SACC members held its third meeting on October 30, 2018. Committee staff presented findings regarding Out-of-State and Third-Party Rehabilitation Programs drug testing frequency. Staff's research, based on material dating from 2008 to 2010, revealed the following.

- No agreement/consensus regarding the ideal testing frequency
- At minimum, testing frequency should be twice a month

Committee members heard presentations regarding testing frequency from featured panelists who had extensive backgrounds in drug treatment and recovery programs. All panelists acknowledged that cost is a factor. The panelists noted three factors which are common with successful participants.

- Participation in a peer support group
- Random testing
- Structure of the monitoring program

Committee members engaged in a discussion to determine if any changes to the testing frequency established in Uniform Standard #4 should be made. DCA legal counsel advised all committee members that it will be necessary for each board to engage in the rulemaking process (regulations) to incorporate any changes made to Uniform Standard #4.

A proposal to include an additional exception to the testing frequency was discussed. The proposed exception would allow a board to reduce the testing frequency to not less than 24 times per year if the licensee is receiving a minimum of 50% supervision per day at his/her worksite.

Committee members voted to add the proposed exception and to keep the testing frequency established in Uniform Standard #4 the same. During a previous meeting, the committee members voted to revise the language addressing vacations or absences.

For the next meeting, committee members requested information regarding the number of boards that have implemented the Uniform Standards and the trigger utilized to implement the Standards. An additional request was made to identify any of the other standards that the committee may wish to revisit.

Attached is the draft document reflecting the revisions to Uniform Standard #4.

UNIFORM STANDARD #4 CURRENT LANGUAGE

Amended 10/30/2018

#4 SENATE BILL 1441 REQUIREMENTS

Standards governing all aspects of required testing, including, but not limited to, frequency of testing, randomicity, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test.

#4 Uniform Standard

The following standards shall govern all aspects of testing required to determine abstention from alcohol and drugs for any person whose license is placed on probation or in a diversion program due to substance use:

TESTING FREQUENCY SCHEDULE

A board may order a licensee to drug test at any time. Additionally, each licensee shall be tested RANDOMLY in accordance with the schedule below:

Level	**Segments of Probation/Diversion**	Minimum Range of Number of Random Tests
I	Year 1	52-104 per year
II*	Year 2+	36-104 per year

*The minimum range of 36-104 tests identified in level II, is for the second year of probation or diversion, and each year thereafter, up to five (5) years. Thereafter, administration of one (1) time per month if there have been no positive drug tests in the previous five (5) consecutive years of probation or diversion.

Nothing precludes a board from increasing the number of random tests for any reason. Any board who finds or has suspicion that a licensee has committed a violation of a board's testing program or who has committed a Major Violation, as identified in Uniform Standard 10, may reestablish the testing cycle by placing that licensee at the beginning of level I, in addition to any other disciplinary action that may be pursued.

EXCEPTIONS TO TESTING FREQUENCY SCHEDULE

I. PREVIOUS TESTING/SOBRIETY
In cases where a board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing, prior to being subject to testing by the board, the board may give consideration to that testing in altering the testing frequency schedule so that it is equivalent to this standard.

II. VIOLATION(S) OUTSIDE OF EMPLOYMENT
An individual whose license is placed on probation for a single conviction or incident or two convictions or incidents, spanning greater than seven years from each other, where those violations did not occur at work or while on the licensee's way to work, where alcohol or drugs were a contributing factor, may bypass level I and participate in level II of the testing frequency schedule.

III. NOT EMPLOYED IN HEALTH CARE FIELD
A board may reduce testing frequency to a minimum of 12 times per year for any person who is not practicing OR working in any health care field. If a reduced testing frequency schedule is established for this reason, and if a licensee wants to return to practice or work in a health care field, the licensee shall notify and secure the approval of the licensee's board. Prior to returning to any health care employment, the licensee shall be subject to level I testing frequency for at least 60 days. At such time the person returns to employment (in a health care field), if the licensee has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

IV. TOLLING
A board may postpone all testing for any person whose probation or diversion is placed in a tolling status if the overall length of the probationary or diversion period is also tolled. A licensee shall notify the board upon the licensee's return to California and shall be subject to testing as provided in this standard. If the licensee returns to employment in a health care field, and has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

V. SUBSTANCE USE DISORDER NOT DIAGNOSED
In cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the board, but not to be less than 24 times per year.

VI. A Board may reduce the testing frequency to not less than 24 times per year only if the licensee receives a minimum of 50% supervision per day in a workplace regulated by a DCA board.

OTHER DRUG STANDARDS

Drug testing may be required on any day, including weekends and holidays.

The scheduling of drug tests shall be done on a random basis, preferably by a computer program, so that a licensee can make no reasonable assumption of when he/she will be tested again. Boards should be prepared to report data to support back-to-back testing as well as, numerous different intervals of testing.

Licensees shall be required to make daily contact to determine if drug testing is required.

Licensees shall be drug tested on the date of notification as directed by the board.

Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.

Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.

Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.

Collection of specimens shall be observed.

Prior to vacation or absence, any alternative to drug testing ~~location(s)~~ and/or testing frequency must be approved by the board.

Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within seven (7) days of receipt of the specimen. The appropriate board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.

A board may use other testing methods in place of, or to supplement biological fluid testing, if the alternate testing method is appropriate.

PETITIONS FOR REINSTATEMENT

Nothing herein shall limit a board's authority to reduce or eliminate the standards specified herein pursuant to a petition for reinstatement or reduction of penalty filed pursuant to Government Code section 11522 or statutes applicable to the board that

contains different provisions for reinstatement or reduction of penalty.

OUTCOMES AND AMENDMENTS

For purposes of measuring outcomes and effectiveness, each board shall collect and report historical and post implementation data as follows:

Historical Data - Two Years Prior to Implementation of Standard

Each board should collect the following historical data (as available), for a period of two years, prior to implementation of this standard, for each person subject to testing for banned substances, who has 1) tested positive for a banned substance, 2) failed to appear or call in, for testing on more than three occasions, 3) failed to pay testing costs, or 4) a person who has given a dilute or invalid specimen.

Post Implementation Data- Three Years

Each board should collect the following data annually, for a period of three years, for every probationer and diversion participant subject to testing for banned substances, following the implementation of this standard.

Data Collection

The data to be collected shall be reported to the Department of Consumer Affairs and the Legislature, upon request, and shall include, but may not be limited to:

Probationer/Diversion Participant Unique Identifier
License Type
Probation/Diversion Effective Date
General Range of Testing Frequency by/for Each Probationer/Diversion Participant
Dates Testing Requested
Dates Tested
Identify the Entity that Performed Each Test
Dates Tested Positive
Dates Contractor (if applicable) was informed of Positive Test
Dates Board was informed of Positive Test
Dates of Questionable Tests (e.g. dilute, high levels)
Date Contractor Notified Board of Questionable Test
Identify Substances Detected or Questionably Detected
Dates Failed to Appear
Date Contractor Notified Board of Failed to Appear
Dates Failed to Call In for Testing
Date Contractor Notified Board of Failed to Call In for Testing
Dates Failed to Pay for Testing
Date(s) Removed/Suspended from Practice (identify which)
Final Outcome and Effective Date (if applicable)

Board of Behavioral Sciences

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

Memo

To:	Board Members	**Date:**	November 7, 2018
From:	Rosanne Helms Legislative Analyst	**Telephone:**	(916) 574-7897
Subject:	**Proposed Legislation: 2019 Omnibus Bill**		

Upon review, staff recommends that several sections of the Business and Professions Code (BPC) pertaining to the Board of Behavioral Sciences be amended. The proposed amendments are as follows:

1. Amend BPC Section 4980.36 – Law and Ethics Topics

Background: The Board's licensing laws for LMFT, LCSW, and LPCC applicants require coursework in California law and professional ethics that covers a variety of specified topics. This coursework is required of both in-state and out-of-state applicants.

One of the law and ethics topics that is required is the "differences in legal and ethical standards in different types of work settings." During a recent committee meeting discussing the Board's license portability proposal, it was suggested that the requirement should be changed to "The application of legal and ethical standards in different types of work settings." This clarifies that legal and ethical standards are not necessarily different in certain work settings, but that they may be applied differently depending on the setting.

Recommendation: Amend BPC §4980.36(d)(2)(J)(vi) to read "The application of legal and ethical standards in different types of work settings."

A corresponding change is being made to LMFT out-of-state requirements in the proposed license portability language. LPCC in-state applicants are required to take law and ethics as a core content area, and therefore content requirements for LPCCs are worded differently.

2. Amend BPC Sections 4980.36, 4999.32, 4999.33 – Single Integrated Degree Program

Background: The Board's Licensing Unit has an ongoing issue of applicants, particularly LPCC applicants, occasionally trying to piece together the 60 unit degree program requirements. The law refers to the requirements of "the degree," meaning a singular degree is required (not multiple degrees.)

However, LMFT law for degrees begun before August 1, 2012 (§4980.37) specifically states that the degree must be a single, integrated program. Although this requirement is still

implied in the law indirectly, it is not specifically stated in §4980.36 (LMFT degrees begun on or after August 1, 2012) or §§4999.32 and 4999.33 (all LPCC degrees).

For increased clarity, the Licensing Unit has requested that the reference to the degree being a single, integrated program, be added into §4980.36 for LMFT applicants and into §§4999.32 and 4999.33 for LPCC applicants.

Recommendation: Add a reference to the required degree being a single integrated program into §§4980.36, 4999.32, and 4999.33.

3. Amend BPC Sections 4980.36, 4980.37, 4980.81, 4999.32, and 4999.33 – Assessment, Diagnosis, and Prognosis

Background: Several LMFT and LPCC statutes require an applicant to have coursework or practicum in assessment, diagnosis, and prognosis.

At a previous committee meeting, a Board member suggested that replacing the term "prognosis" with the term "treatment planning" might be more accurate.

Recommendation: Replace the term "prognosis" in the above sections with the term "treatment planning."

4. Amend BPC Sections 4980.43.1, 4990.26, 4996.20, 4999.12, and 4999.46.1 – References to "Laws and Regulations"

Background: Several sections of statute reference the Board's laws and regulations. The word "statute" refers to a law written by Congress or a state legislature (not a regulation, which are written by government agencies). The word "law" can refer to both statutes and regulations. Therefore, when referring to "laws and regulations," it would be more precise to instead reference "statutes and regulations."

Recommendation: Change references to "laws and regulations" to "statutes and regulations."

5. Amend BPC Sections 4980.43.4, 4996.23.3, and 4999.46.4 – Pre-Licensee Service Locations

Background: Current law states that trainees, associates, or applicants for licensure shall only perform mental health and related services where their employer regularly conducts business and services.

This language was discussed by the Exempt Setting Committee when it was crafting proposed regulatory language regarding acceptable work settings for these individuals when they are being placed into a work site by a third-party temporary employment agency. The Committee recommended that the individual be permitted to perform services at the places where the work site "permits business to be conducted."

This better accounts for situations where an employer requires an associate to occasionally travel off-site to conduct services, for example, at a patient's home.

Recommendation: Amend the acceptable service locations in §§4980.43.4, 4996.23.3, and 4999.46.4 to the places the employer "permits business to be conducted." This amendment will match language proposed in upcoming regulations recently approved by the Exempt Setting Committee.

6. Amend BPC Sections 4980.50, 4989.22, 4992.1, and 4999.52 –Pending Complaints or Investigations and Examinations

Background: These sections outline, for each of the Board's four license types, the parameters regarding examination when an applicant has a pending complaint against him or her or is under Board investigation. Board staff proposes three amendments to update these code sections:

a. As written, current language permits the Board to withhold results of an examination under certain conditions if the applicant is subject to a complaint or an investigation. However, this language is outdated. Board exams are now given electronically at a testing site. Upon completion of the exam, results are given to the applicant at the testing site automatically. Withholding exam results for some applicants and not others is not feasible.

b. The sections permit the Board to deny admission to an exam, or to refuse to issue a license if an accusation or a statement of issues has been filed against the applicant. The Board's Enforcement Unit also sees cases where it is issues a petition to revoke probation (due to violations of probationary terms), while the applicant is in the process of applying to take a Board exam or is applying for licensure and believes it should be permitted to deny exam admission or refuse to issue a license in this case as well.

c. Amendments to §4992.1 to remove obsolete 2016 effective dates.

Recommendation: Amend the §§4980.50, 4989.22, 4992.1, and 4999.52 to delete obsolete references to withholding exam results and to delete obsolete 2016 effective dates. Add a provision allowing the Board to deny exam admission or refuse to issue a license if a petition to revoke probation has been filed.

7. Delete BPC §4980.395 – Aging & Long-Term Care Requirement: Applicants Beginning Graduate Study Prior to January 1, 2004

Background: BPC §4980.395 specifies that licensees who began graduate study prior to January 1, 2004, must complete a three-hour continuing education course in aging and long-term care during his or her next renewal period.

This provision is no longer needed. Any applicant currently applying for a new license must either meet the education requirements of 4980.36 (degrees begun after 1/1/12) or 4980.37 (degrees begun before 1/1/2012). Both sets of requirements include this as a condition of licensure, so one cannot obtain an in-state license without completing the coursework. Out-of-state applicants must meet the provisions of 4980.81, which also requires the aging and long-term care coursework.

Because current licensees with older degrees would have already been required to complete the coursework as a condition of renewal, and because the coursework is now required to

obtain a license, regardless of the age of the applicant's degree and whether he or she is applying from in-state or out-of-state, §4980.395 is obsolete.

Recommendation: Delete BPC §4980.395.

8. Delete BPC §4980.57; Amend BPC §§ 4980.41, 4996.2, and 4996.22 – Spousal and Partner Abuse Assessment Coursework Requirement

Background: BPC §§4980.57 and 4996.22(a)(2) require applicants for LMFT and LCSW licensure, respectively, to complete 7 hours of continuing education coursework in spousal and partner abuse assessment as a condition of renewal of their initial license if their degree was begun prior to January 1, 2004.

A duplicative requirement for this coursework is also repeated as a condition of licensure in §§4980.41 (for LMFT applicants) and 4996.2 (for LCSW applicants) for applicants with older degrees, although in these sections, an exact number of hours is not specified. When read together as a whole, the sections imply that applicants with older degrees (begun pre-2004) must have some coursework in spousal and partner abuse in their degree, and if not 7 hours, it must be taken as continuing education in the two years after licensure until 7 hours is reached.

The two provisions overlap with each other and need to be streamlined. Requiring licensees with older degrees who are renewing for the first time to complete specific, deficient one-time coursework is difficult to enforce because it can only be verified via audit. It contributes to a high failure rate of CE audits because licensees often only remember that they are supposed to take 36 hours of CE upon renewal, not that they need to take specific coursework. Therefore, staff recommends that instead of generally requiring spousal and partner abuse coursework be required prior to licensure, and then requiring 7 hours of continuing education after the fact, that the 7 hours of coursework be required prior to licensure.

Recommendation: Streamline the spousal and partner abuse assessment coursework requirements in BPC §§4980.57 and 4980.41 for LMFTs, and 4996.2 and 4996.22 for LCSWs, so that the 7-hour requirement must be completed pre-licensure.

9. Amend BPC §4990.30 – Petition for Reinstatement of a Registration

Background: BPC §4990.30 discusses the timeframes for disciplined licensees and registrants to petition the Board to modify their disciplinary action, including when a licensee or registrant can petition for reinstatement of a revoked license or registration.

However, the law prohibits a registration from being "renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked." (BPC §§4984.01, 4996.28, 4999.100)

This leads to a problem when a revoked registration expires while it is revoked, and it is six years old or more. §4990.30 states that the registrant can petition for reinstatement after a certain period of time, but the law actually prohibits it.

Recommendation: Amend §4990.30(b)(1) and (3) to note that if a registrant applying for reinstatement under the allowed timeframes is ineligible for reinstatement due to the

registration number being older than six years, then he or she may apply for a subsequent registration number.

Policy and Advocacy Committee Recommendation

The Board's Policy and Advocacy Committee discussed these proposed amendments at its October 19, 2018 meeting. It directed staff to present the amendments to the full Board for consideration as a legislative proposal.

Recommendation

Conduct an open discussion about the proposed amendments. Direct staff to make any discussed changes, and any non-substantive changes, and to pursue legislation to make the amendments.

Attachments

Attachment A: Proposed Language

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ATTACHMENT A
2019 OMNIBUS BILL
PROPOSED LANGUAGE

AMEND §4980.36. QUALIFYING DEGREE PROGRAM FOR LICENSURE OR REGISTRATION; BEGINNING GRADUATE STUDY AFTER AUGUST 1, 2012 OR COMPLETING GRADUATE STUDY AFTER DECEMBER 31, 2018

(a) This section shall apply to the following:

(1) Applicants for licensure or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.

(2) Applicants for licensure or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.

(3) Applicants for licensure or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for a license or registration, applicants shall possess a doctoral or master's degree meeting the requirements of this section in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university approved by the Bureau for Private Postsecondary Education, or accredited by either the Commission on Accreditation for Marriage and Family Therapy Education, or a regional or national institutional accrediting agency that is recognized by the United States Department of Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.

(c) A doctoral or master's degree program that qualifies for licensure or registration shall be a single, integrated program and shall do the following:

(1) Integrate all of the following throughout its curriculum:

(A) Marriage and family therapy principles.

(B) The principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, among others.

(C) An understanding of various cultures and the social and psychological implications of socioeconomic position, and an understanding of how poverty and social stress impact an individual's mental health and recovery.

(2) Allow for innovation and individuality in the education of marriage and family therapists.

(3) Encourage students to develop the personal qualities that are intimately related to effective practice, including, but not limited to, integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(4) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(5) Provide students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(d) The degree described in subdivision (b) shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to, the following requirements:

(1) Both of the following:

(A) No less than 12 semester or 18 quarter units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.

(B) Practicum that involves direct client contact, as follows:

(i) A minimum of six semester or nine quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience.

(ii) A minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(iii) A student must be enrolled in a practicum course while counseling clients, except as specified in subdivision (c) of Section 4980.42.

(iv) The practicum shall provide training in all of the following areas:

(I) Applied use of theory and psychotherapeutic techniques.

(II) Assessment, diagnosis, and ~~prognosis~~ treatment planning.

(III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.

(IV) Professional writing, including documentation of services, treatment plans, and progress notes.

(V) How to connect people with resources that deliver the quality of services and support needed in the community.

(v) Educational institutions are encouraged to design the practicum required by this subparagraph to include marriage and family therapy experience in low income and multicultural mental health settings.

(vi) In addition to the 150 hours required in clause (ii), 75 hours of either of the following, or a combination thereof:

(I) Client centered advocacy, as defined in Section 4980.03.

(II) Face-to-face experience counseling individuals, couples, families, or groups.

(2) Instruction in all of the following:

(A) Diagnosis, assessment, ~~prognosis~~ treatment planning, and treatment of mental disorders, including severe mental disorders, evidence-based practices, psychological testing, psychopharmacology, and promising mental health practices that are evaluated in peer reviewed literature.

(B) Developmental issues from infancy to old age, including instruction in all of the following areas:

(i) The effects of developmental issues on individuals, couples, and family relationships.

(ii) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.

(iii) Aging and its biological, social, cognitive, and psychological aspects. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(iv) A variety of cultural understandings of human development.

(v) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.

(vi) The understanding of human behavior within the social context of a representative variety of the cultures found within California.

(vii) The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.

(C) The broad range of matters and life events that may arise within marriage and family relationships and within a variety of California cultures, including instruction in all of the following:

(i) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(ii) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.

(iii) Cultural factors relevant to abuse of partners and family members.

(iv) Childbirth, child rearing, parenting, and stepparenting.

(v) Marriage, divorce, and blended families.

(vi) Long-term care.

(vii) End of life and grief.

(viii) Poverty and deprivation.

(ix) Financial and social stress.

(x) Effects of trauma.

(xi) The psychological, psychotherapeutic, community, and health implications of the matters and life events described in clauses (i) to (x), inclusive.

(D) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(E) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process.

(F) The effects of socioeconomic status on treatment and available resources.

(G) Resilience, including the personal and community qualities that enable persons to cope with adversity, trauma, tragedy, threats, or other stresses.

(H) Human sexuality, including the study of physiological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction.

(I) Substance use disorders, co-occurring disorders, and addiction, including, but not limited to, instruction in all of the following:

(i) The definition of substance use disorders, co-occurring disorders, and addiction. For purposes of this subparagraph, “co-occurring disorders” means a mental illness and substance abuse diagnosis occurring simultaneously in an individual.

(ii) Medical aspects of substance use disorders and co-occurring disorders.

(iii) The effects of psychoactive drug use.

(iv) Current theories of the etiology of substance abuse and addiction.

(v) The role of persons and systems that support or compound substance abuse and addiction.

(vi) Major approaches to identification, evaluation, and treatment of substance use disorders, co-occurring disorders, and addiction, including, but not limited to, best practices.

(vii) Legal aspects of substance abuse.

(viii) Populations at risk with regard to substance use disorders and co-occurring disorders.

(ix) Community resources offering screening, assessment, treatment, and followup for the affected person and family.

(x) Recognition of substance use disorders, co-occurring disorders, and addiction, and appropriate referral.

(xi) The prevention of substance use disorders and addiction.

(J) California law and professional ethics for marriage and family therapists, including instruction in all of the following areas of study:

(i) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the scope of practice of marriage and family therapy.

(ii) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including, but not limited to, family law.

(iii) The current legal patterns and trends in the mental health professions.

(iv) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(v) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

(vi) ~~Differences in~~ The application of legal and ethical standards ~~for~~in different types of work settings.

(vii) Licensing law and licensing process.

(e) The degree described in subdivision (b) shall, in addition to meeting the requirements of subdivision (d), include instruction in case management, systems of care for the severely mentally ill, public and private services and supports available for the severely mentally ill, community resources for persons with mental illness and for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. This instruction may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(f) The changes made to law by this section are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended to expand or restrict the scope of practice for marriage and family therapists.

AMEND §4980.37. QUALIFYING DEGREE PROGRAM FOR LICENSURE OR REGISTRATION; BEGINNING GRADUATE STUDY BEFORE AUGUST 1, 2012 AND COMPLETING GRADUATE STUDY BEFORE DECEMBER 31, 2018

(a) This section shall apply to applicants for licensure or registration who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018. Those applicants may alternatively qualify under paragraph (2) of subdivision (a) of Section 4980.36.

(b) To qualify for a license or registration, applicants shall possess a doctor's or master's degree in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education or approved by the Bureau for Private Postsecondary Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval. In order to qualify for licensure pursuant to this section, a doctor's or master's degree program shall be a single, integrated program primarily designed to train marriage and family therapists and shall contain no less than 48 semester units or 72 quarter units of instruction. This instruction shall include no less than 12 semester units or 18 quarter units of coursework in the areas of marriage, family, and child counseling, and marital and family systems approaches to treatment. The coursework shall include all of the following areas:

(1) The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.

(2) Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups.

(3) Developmental issues and life events from infancy to old age and their effect on individuals, couples, and family relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, abuse and neglect of older and dependent adults, and geropsychology.

(4) A variety of approaches to the treatment of children.

The board shall, by regulation, set forth the subjects of instruction required in this subdivision.

(c) (1) In addition to the 12 semester or 18 quarter units of coursework specified in subdivision (b), the doctor's or master's degree program shall contain not less than six semester units or nine quarter units of supervised practicum in applied psychotherapeutic technique, assessments, diagnosis, ~~prognosis~~ treatment planning, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.

(2) For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(3) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.

(d) As an alternative to meeting the qualifications specified in subdivision (b), the board shall accept as equivalent degrees those master's or doctor's degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(e) In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage and family therapists, a degree program that meets the educational qualifications for licensure or registration under this section shall do all of the following:

(1) Provide an integrated course of study that trains students generally in the diagnosis, assessment, ~~prognosis~~ treatment planning, and treatment of mental disorders.

(2) Prepare students to be familiar with the broad range of matters that may arise within marriage and family relationships.

(3) Train students specifically in the application of marriage and family relationship counseling principles and methods.

(4) Encourage students to develop those personal qualities that are intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(5) Teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.

(6) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(7) Prepare students to be familiar with cross-cultural mores and values, including a familiarity with the wide range of racial and ethnic backgrounds common among California's population, including, but not limited to, Blacks, Hispanics, Asians, and Native Americans.

(f) Educational institutions are encouraged to design the practicum required by this section to include marriage and family therapy experience in low income and multicultural mental health settings.

DELETE §4980.395. ADDITIONAL CONTINUING EDUCATION REQUIREMENT

~~(a) A licensee who began graduate study prior to January 1, 2004, shall complete a three-hour continuing education course in aging and long-term care during his or her first renewal period after the operative date of this section and shall submit to the board evidence, acceptable to the board, of the person's satisfactory completion of the course.~~

~~(b) The course shall include, but is not limited to, the biological, social, and psychological aspects of aging.~~

~~(c) A person seeking to meet the requirements of subdivision (a) of this section may submit to the board a certificate evidencing completion of equivalent courses in aging and long-term care taken prior to the operative date of this section, or proof of equivalent teaching or practice experience. The board, in its discretion, may accept that certification as meeting~~

~~the requirements of this section.~~

~~(d) The board may not renew an applicant's license until the applicant has met the requirements of this section.~~

~~(e) Continuing education courses taken pursuant to this section shall be applied to the 36 hours of approved continuing education required in Section 4980.54.~~

~~(f) This section shall become operative on January 1, 2005.~~

AMEND §4980.41. ELIGIBILITY TO SIT FOR LICENSING EXAMINATIONS; COURSEWORK OR TRAINING

(a) An applicant for licensure whose education qualifies him or her under Section 4980.37 shall complete the following coursework or training in order to be eligible to sit for the licensing examinations as specified in subdivision (d) of Section 4980.40:

(1) A two semester or three quarter unit course in California law and professional ethics for marriage and family therapists, which shall include, but not be limited to, the following areas of study:

(A) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.

(B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.

(C) The current legal patterns and trends in the mental health profession.

(D) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(E) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

This course may be considered as part of the 48 semester or 72 quarter unit requirements contained in Section 4980.37.

(2) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(3) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.37.

(4) For persons who began graduate study on or after January 1, 1986, a master's or doctor's degree qualifying for licensure shall include specific instruction in alcoholism and other chemical

substance dependency as specified by regulation. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.37. Coursework required under this paragraph may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The applicant may satisfy this requirement by successfully completing this coursework from a master's or doctoral degree program at an accredited or approved institution, as described in subdivision (b) of Section 4980.37, or from a board-accepted provider of continuing education, as described in Section 4980.54.

(5) ~~For persons who began graduate study during the period commencing on January 1, 1995, and ending on December 31, 2003, a master's or doctor's degree qualifying for licensure shall include coursework in spousal or partner abuse assessment, detection, and intervention.~~ Persons who began graduate study before January 1, 2004 shall demonstrate completion of at least 7 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. For persons who began graduate study on or after January 1, 2004, a master's or doctor's degree qualifying for licensure shall include a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this paragraph may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The applicant may satisfy this requirement by successfully completing this coursework from a master's or doctoral degree program at an accredited or approved institution, as described in subdivision (b) of Section 4980.37, or from a board-accepted provider of continuing education, as described in Section 4980.54.

(6) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychological testing. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.37.

(7) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychopharmacology. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.37.

(b) The requirements added by paragraphs (6) and (7) of subdivision (a) are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice and are not intended in any way to expand or restrict the scope of practice for licensed marriage and family therapists.

AMEND §4980.43.1. SUPERVISION

(a) All trainees, associates, and applicants for licensure shall be under the supervision of a supervisor at all times.

(b) As used in this chapter, the term "supervision" means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience. Supervision includes, but is not limited to, all of the following:

(1) Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.

(2) Monitoring and evaluating the supervisee's assessment, diagnosis, and treatment decisions and providing regular feedback.

(3) Monitoring and evaluating the supervisee's ability to provide services at the site or sites where he or she is practicing and to the particular clientele being served.

(4) Monitoring and addressing clinical dynamics, including, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or practitioner-patient relationship.

(5) Ensuring the supervisee's compliance with ~~laws~~ statutes and regulations governing the practice of marriage and family therapy.

(6) Reviewing the supervisee's progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.

(7) With the client's written consent, providing direct observation or review of audio or video recordings of the supervisee's counseling or therapy, as deemed appropriate by the supervisor.

AMEND §4980.43.4. SUPERVISION SETTINGS

(a) A trainee, associate, or applicant for licensure shall only perform mental health and related services at the places where his or her employer ~~regularly conducts business and services~~ permits business to be conducted.

(b) An associate who is employed or volunteering in a private practice shall be supervised by an individual who is employed by, and shall practice at the same site as, the associate's employer. Alternatively, the supervisor may be an owner of the private practice. However, if the site is incorporated, the supervisor must be employed full-time at the site and be actively engaged in performing professional services at the site.

(c) A supervisor at a private practice or a corporation shall not supervise more than a total of three supervisees at any one time. Supervisees may be registered as an associate marriage and family therapist, an associate professional clinical counselor, or an associate clinical social worker.

(d) In a setting that is not a private practice:

(1) A written oversight agreement, as specified by regulation, shall be executed between the supervisor and employer when the supervisor is not employed by the supervisee's employer or is a volunteer.

(2) A supervisor shall evaluate the site or sites where a trainee or associate will be gaining experience to determine that the site or sites comply with the requirements set forth in this chapter.

(e) Alternative supervision may be arranged during a supervisor's vacation or sick leave if the alternative supervision meets the requirements in this chapter and regulation.

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

(a) Every applicant who meets the educational and experience requirements and applies for a license as a marriage and family therapist shall be examined by the board. The examinations shall be as set forth in subdivision (d) of Section 4980.40. The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine. The board shall examine the candidate with regard to his or her knowledge and professional skills and his or her judgment in the utilization of appropriate techniques and methods.

(b) The board shall not deny any applicant who has submitted a complete application for examination, admission to the licensure examinations required by this section if the applicant meets the educational and experience requirements of this chapter, and has not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.

(c) The board shall not deny any applicant, whose application for licensure is complete, admission to the clinical examination, nor shall the board postpone or delay any applicant's clinical examination ~~or delay informing the candidate of the results of the clinical examination,~~ solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(d) If an applicant for examination who has passed the California law and ethics examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical examination for licensure, but may ~~withhold the results of the examination or~~ notify the applicant that licensure will not be granted pending completion of the investigation.

(e) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination or the clinical examination permission to retake either examination pending completion of the investigation of any complaints against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, ~~withholding the results,~~ or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Sections 11503 and 11504 of the Government Code, respectively, when a petition to revoke probation has been filed against the applicant, or the applicant has been denied in accordance with subdivision (b) of Section 485.

(f) Notwithstanding any other provision of law, the board may destroy all examination materials two

years following the date of an examination.

(g) An applicant for licensure shall not be eligible to participate in the clinical examination if he or she fails to obtain a passing score on the clinical examination within seven years from his or her initial attempt, unless he or she takes and obtains a passing score on the current version of the California law and ethics examination.

(h) A passing score on the clinical examination shall be accepted by the board for a period of seven years from the date the examination was taken.

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

DELETE §4980.57. CONTINUING EDUCATION FOR SPOUSAL OR PARTNER ABUSE

~~(a) The board shall require a licensee who began graduate study prior to January 1, 2004, to take a continuing education course during his or her first renewal period after the operative date of this section in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. On and after January 1, 2005, the course shall consist of not less than seven hours of training. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken prior to the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement.~~

~~(b) Continuing education courses taken pursuant to this section shall be applied to the 36 hours of approved continuing education required under subdivision (c) of Section 4980.54.~~

AMEND §4980.81. ADDITIONAL COURSEWORK REQUIREMENTS FOR OUT-OF-STATE APPLICANTS

This section applies to persons subject to Section 4980.78 or 4980.79, who apply for licensure or registration on or after January 2016.
(a) For purposes of Sections 4980.78 and 4980.79, an applicant shall meet all of the following educational requirements:

(1) A minimum of two semester units of instruction in the diagnosis, assessment, ~~prognosis~~ treatment planning, and treatment of mental disorders, including severe mental disorders, evidence-based practices, and promising mental health practices that are evaluated in peer reviewed literature.

(2) At least one semester unit or 15 hours of instruction in psychological testing and at least one semester unit or 15 hours of instruction in psychopharmacology.

(3) (A) Developmental issues from infancy to old age, including demonstration of at least one semester unit, or 15 hours, of instruction that includes all of the following subjects:

(i) The effects of developmental issues on individuals, couples, and family relationships.

(ii) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.

(iii) The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.
(B) An applicant who is deficient in any of these subjects may remediate the coursework by completing three hours of instruction in each deficient subject.

(4) (A) The broad range of matters and life events that may arise within marriage and family relationships and within a variety of California cultures, including instruction in all of the following:

(i) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated under that section.

(ii) A minimum of 10 contact hours of coursework that includes all of the following:

(I) The assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(II) Aging and its biological, social, cognitive, and psychological aspects.

(III) Long-term care.

(IV) End-of-life and grief.

(iii) A minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(iv) Cultural factors relevant to abuse of partners and family members.

(v) Childbirth, child rearing, parenting, and stepparenting.

(vi) Marriage, divorce, and blended families.

(vii) Poverty and deprivation.

(viii) Financial and social stress.

(ix) Effects of trauma.

(x) The psychological, psychotherapeutic, community, and health implications of the matters and life events described in clauses (i) to (ix), inclusive.

(5) At least one semester unit, or 15 hours, of instruction in multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process.

(6) A minimum of 10 contact hours of training or coursework in human sexuality, as specified in Section 25 and any regulations promulgated under that section, including the study of

physiological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction.

(7) A minimum of 15 contact hours of coursework in substance use disorders, and a minimum of 15 contact hours of coursework in cooccurring disorders and addiction. The following subjects shall be included in this coursework:

(A) The definition of substance use disorders, cooccurring disorders, and addiction. For purposes of this subparagraph “cooccurring disorders” means a mental illness and substance abuse diagnosis occurring simultaneously in an individual.

(B) Medical aspects of substance use disorders and cooccurring disorders.

(C) The effects of psychoactive drug use.

(D) Current theories of the etiology of substance abuse and addiction.
(E) The role of persons and systems that support or compound substance abuse and addiction.

(F) Major approaches to identification, evaluation, and treatment of substance use disorders, cooccurring disorders, and addiction, including, but not limited to, best practices.

(G) Legal aspects of substance abuse.
(H) Populations at risk with regard to substance use disorders and cooccurring disorders.
(I) Community resources offering screening, assessment, treatment, and followup for the affected person and family.

(J) Recognition of substance use disorders, cooccurring disorders, and addiction, and appropriate referral.

(K) The prevention of substance use disorders and addiction.
(8) A minimum of a two semester or three quarter unit course in law and professional ethics for marriage and family therapists, including instruction in all of the following subjects:

(A) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the scope of practice of marriage and family therapy.
(B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including, but not limited to, family law.

(C) The current legal patterns and trends in the mental health professions.

(D) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(E) A recognition and exploration of the relationship between a practitioner’s sense of self and human values and his or her professional behavior and ethics.

(F) Differences in legal and ethical standards for different types of work settings.

(G) Licensing law and licensing process.

AMEND §4989.22. EXAMINATION

(a) Only persons who satisfy the requirements of Section 4989.20 are eligible to take the licensure examination.

(b) An applicant who fails the written examination may, within one year from the notification date of failure, retake the examination as regularly scheduled without further application. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all fees required.

(c) Notwithstanding any other provision of law, the board may destroy all examination materials two years after the date of an examination.

(d) The board shall not deny any applicant, whose application for licensure is complete, admission to the written examination, nor shall the board postpone or delay any applicant's written examination ~~or delay informing the candidate of the results of the written examination~~, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(e) Notwithstanding Section 135, the board may deny any applicant who has previously failed the written examination permission to retake the examination pending completion of the investigation of any complaint against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, respectively, when a petition to revoke probation has been filed against the applicant, or the applicant has been denied in accordance with subdivision (b) of Section 485.

AMEND §4990.26. BOARD NAME

Wherever "Board of Behavioral Science Examiners," "Board of Social Work Examiners of the State of California," or "Social Worker and Marriage Counselor Qualifications Board of the State of California" is used in any ~~law~~ statutes or regulations of this state, it shall mean the Board of Behavioral Sciences.

AMEND 4990.30. PETITION FOR REINSTATEMENT OR MODIFICATION OF PENALTY

(a) A licensed marriage and family therapist, associate marriage and family therapist, licensed clinical social worker, associate clinical social worker, licensed professional clinical counselor, associate professional clinical counselor, or licensed educational psychologist whose license or registration has been revoked, suspended, or placed on probation, may petition the board for reinstatement or modification of the penalty, including modification or termination of probation. The petition shall be on a form provided by the board and shall state any facts and information as may be required by the board including, but not limited to, proof of compliance with the terms and conditions of the underlying disciplinary order. The petition shall be verified by the petitioner who shall file an original and sufficient copies of the petition, together with any supporting documents, for the members of the board, the administrative law judge, and the Attorney General.

(b) The licensee or registrant may file the petition on or after the expiration of the following

timeframes, each of which commences on the effective date of the decision ordering the disciplinary action or, if the order of the board, or any portion of it, is stayed by the board itself or by the superior court, from the date the disciplinary action is actually implemented in its entirety:

(1) Three years for reinstatement of a license or registration that was revoked for unprofessional conduct, except that the board may, in its sole discretion, specify in its revocation order that a petition for reinstatement may be filed after two years. A registrant who is ineligible for reinstatement pursuant to Section 4984.01, 4996.28, or 4999.100 after this timeframe may apply for a subsequent registration number.

(2) Two years for early termination of any probation period of three years or more.

(3) One year for modification of a condition, reinstatement of a license or registration revoked for mental or physical illness, or termination of probation of less than three years. A registrant who is ineligible for reinstatement pursuant to Section 4984.01, 4996.28, or 4999.100 after this timeframe may apply for a subsequent registration number.

(c) The petition may be heard by the board itself or the board may assign the petition to an administrative law judge pursuant to Section 11512 of the Government Code.

(d) The petitioner may request that the board schedule the hearing on the petition for a board meeting at a specific city where the board regularly meets.

(e) The petitioner and the Attorney General shall be given timely notice by letter of the time and place of the hearing on the petition and an opportunity to present both oral and documentary evidence and argument to the board or the administrative law judge.

(f) The petitioner shall at all times have the burden of production and proof to establish by clear and convincing evidence that he or she is entitled to the relief sought in the petition.

(g) The board, when it is hearing the petition itself, or an administrative law judge sitting for the board, may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time his or her license or registration was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability.

(h) The hearing may be continued from time to time as the board or the administrative law judge deems appropriate but in no case may the hearing on the petition be delayed more than 180 days from its filing without the consent of the petitioner.

(i) The board itself, or the administrative law judge if one is designated by the board, shall hear the petition and shall prepare a written decision setting forth the reasons supporting the decision. In a decision granting a petition reinstating a license or modifying a penalty, the board itself, or the administrative law judge, may impose any terms and conditions that the agency deems reasonably appropriate, including those set forth in Sections 823 and 4990.40. If a petition is heard by an administrative law judge sitting alone, the administrative law judge shall prepare a proposed decision and submit it to the board. The board may take action with respect to the proposed decision and petition as it deems appropriate.

(j) The petitioner shall pay a fingerprinting fee and provide a current set of his or her fingerprints to the board. The petitioner shall execute a form authorizing release to the board or its

designee, of all information concerning the petitioner's current physical and mental condition. Information provided to the board pursuant to the release shall be confidential and shall not be subject to discovery or subpoena in any other proceeding, and shall not be admissible in any action, other than before the board, to determine the petitioner's fitness to practice as required by Section 822.

(k) The board may delegate to its executive officer authority to order investigation of the contents of the petition.

(l) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole or the petitioner is required to register pursuant to Section 290 of the Penal Code. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner.

(m) Except in those cases where the petitioner has been disciplined for violation of Section 822, the board may in its discretion deny without hearing or argument any petition that is filed pursuant to this section within a period of two years from the effective date of a prior decision following a hearing under this section.

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

(a) Only individuals who have the qualifications prescribed by the board under this chapter are eligible to take an examination under this chapter.

(b) Every applicant who is issued a clinical social worker license shall be examined by the board.

(c) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

(d) The board shall not deny any applicant, whose application for licensure is complete, admission to the clinical examination, nor shall the board postpone or delay any applicant's clinical examination ~~or delay informing the candidate of the results of the clinical examination~~, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(e) If an applicant for examination who has passed the California law and ethics examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical examination for licensure, but may ~~withhold the results of the examination or~~ notify the applicant that licensure will not be granted pending completion of the investigation.

(f) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination or the clinical examination permission to retake either examination pending completion of the investigation of any complaint against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, ~~withholding the results,~~ or refusing to issue a license to any

applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, respectively, when a petition to revoke probation has been filed against the applicant, or the applicant has been denied in accordance with subdivision (b) of Section 485.

(g) ~~Effective January 1, 2016, no~~No applicant shall be eligible to participate in the clinical examination if he or she fails to obtain a passing score on the clinical examination within seven years from his or her initial attempt, unless he or she takes and obtains a passing score on the current version of the California law and ethics examination.

(h) A passing score on the clinical examination shall be accepted by the board for a period of seven years from the date the examination was taken.

~~(i) This section shall become operative on January 1, 2016.~~

AMEND §4996.2. QUALIFICATIONS OF LICENSEES

Each applicant for a license shall furnish evidence satisfactory to the board that he or she complies with all of the following requirements:

(a) Is at least 21 years of age.

(b) Has received a master's degree from an accredited school of social work.

(c) Has had two years of supervised post-master's degree experience, as specified in Section 4996.23.

(d) Has not committed any crimes or acts constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of any crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.

(e) Has completed adequate instruction and training in the subject of alcoholism and other chemical substance dependency. This requirement applies only to applicants who matriculate on or after January 1, 1986.

(f) Has completed instruction and training in spousal or partner abuse assessment, detection, and intervention. ~~This requirement applies to an applicant who began graduate training during the period commencing on January 1, 1995, and ending on December 31, 2003.~~ Applicants who began graduate study before January 1, 2004 shall demonstrate completion of at least 7 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. An applicant who began graduate training on or after January 1, 2004, shall complete a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

(g) Has completed a minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 1807 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

(h) Has completed a minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 1807.2 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

AMEND §4996.20. SUPERVISION

(a) “Supervisor,” as used in this chapter, means an individual who meets all of the following requirements:

(1) Has held an active license for at least two years within the five-year period immediately preceding any supervision as either:

(A) A licensed professional clinical counselor, licensed marriage and family therapist, psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900), licensed clinical social worker, or equivalent out-of-state license.

(B) A physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology or an out-of-state licensed physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology.

(2) For at least two years within the five-year period immediately preceding any supervision, has either practiced psychotherapy or provided direct clinical supervision of psychotherapy performed by associate clinical social workers, associate marriage and family therapists or trainees, or associate professional clinical counselors. Supervision of psychotherapy performed by a social work intern or a professional clinical counselor trainee shall be accepted if the supervision provided is substantially equivalent to the supervision required for registrants.

(3) Has received training in supervision as specified in this chapter and by regulation.

(4) Has not provided therapeutic services to the supervisee.

(5) Has and maintains a current and active license that is not under suspension or probation as one of the following:

(A) A marriage and family therapist, professional clinical counselor, or clinical social worker, issued by the board.

(B) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900).

(C) A physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology.

(6) Is not a spouse, domestic partner, or relative of the supervisee.

(7) Does not currently have or previously had a personal, professional, or business relationship with the supervisee that undermines the authority or effectiveness of the supervision.

(b) As used in this chapter, the term “supervision” means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience.

“Supervision” includes, but is not limited to, all of the following:

(1) Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.

(2) Monitoring and evaluating the supervisee’s assessment, diagnosis, and treatment decisions and providing regular feedback.

(3) Monitoring and evaluating the supervisee’s ability to provide services at the site or sites where he or she is practicing and to the particular clientele being served.

(4) Monitoring and addressing clinical dynamics, including, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or the practitioner-patient relationship.

(5) Ensuring the supervisee’s compliance with ~~laws~~ statutes and regulations governing the practice of clinical social work.

(6) Reviewing the supervisee’s progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.

(7) With the client’s written consent, providing direct observation or review of audio or video recordings of the supervisee’s counseling or therapy, as deemed appropriate by the supervisor.

AMEND §4996.22. CONTINUING EDUCATION EFFECTIVE JANUARY 1, 2004

(a)(1) Except as provided in subdivision (c), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of social work in the preceding two years, as determined by the board.

~~(2) The board shall not renew any license of an applicant who began graduate study prior to January 1, 2004, pursuant to this chapter unless the applicant certifies to the board that during the applicant’s first renewal period after the operative date of this section, he or she completed a continuing education course in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. On and after January 1, 2005, the course shall consist of not less than seven hours of training. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken prior to the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement. Continuing education courses taken pursuant to this paragraph shall be applied to the 36 hours of approved continuing education required under paragraph (1).~~

(b) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of

required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(c) The board may establish exceptions from the continuing education requirement of this section for good cause as defined by the board.

(d) The continuing education shall be obtained from one of the following sources:

(1) An accredited school of social work, as defined in Section 4991.2, or a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(e) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (d), shall adhere to the procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(f) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding, or the practice, of social work.

(2) Aspects of the social work discipline in which significant recent developments have occurred.

(3) Aspects of other related disciplines that enhance the understanding, or the practice, of social work.

(g) A system of continuing education for licensed clinical social workers shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(h) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

(i) The board may adopt regulations as necessary to implement this section.

(j) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Sciences Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section. For purposes of this subdivision, a provider of continuing education as described in paragraph (1) of subdivision (d) shall be deemed to be an approved provider.

AMEND §4996.23.3. SUPERVISION SETTINGS

(a) An associate clinical social worker or an applicant for licensure shall only perform mental health and related services at the places where his or her employer ~~regularly conducts business and services~~ permits business to be conducted.

(b) An associate who is employed or volunteering in a private practice shall be supervised by an individual who is employed by, and shall practice at the same site as, the associate's employer. Alternatively, the supervisor may be an owner of the private practice. However, if the site is incorporated, the supervisor must be employed full-time at the site and be actively engaged in performing professional services at the site.

(c) A supervisor at a private practice or a corporation shall not supervise more than a total of three supervisees at any one time. A supervisee may be registered as an associate marriage and family therapist, an associate professional clinical counselor, or an associate clinical social worker.

(d) In a setting that is not a private practice:

(1) A written oversight agreement, as specified by regulation, shall be executed between the supervisor and employer when the supervisor is not employed by the supervisee's employer or is a volunteer.

(2) A supervisor shall evaluate the site or sites where an associate clinical social worker will be gaining experience to determine that the site or sites are in compliance with the requirements set forth in this chapter and regulations.

(e) Alternative supervision may be arranged during a supervisor's vacation or sick leave if the alternative supervision meets the requirements in this chapter and by regulation.

AMEND §4999.12. DEFINITIONS

For purposes of this chapter, the following terms have the following meanings:

(a) "Board" means the Board of Behavioral Sciences.

(b) "Accredited" means a school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education.

(c) "Approved" means a school, college, or university that possessed unconditional approval by the Bureau for Private Postsecondary Education at the time of the applicant's graduation from the school, college, or university.

(d) "Applicant for licensure" means an unlicensed person who has completed the required education and required hours of supervised experience for licensure.

(e) "Licensed professional clinical counselor" or "LPCC" means a person licensed under this chapter to practice professional clinical counseling, as defined in Section 4999.20.

(f) “Associate” means an unlicensed person who meets the requirements of Section 4999.42 and is registered with the board.

(g) “Clinical counselor trainee” means an unlicensed person who is currently enrolled in a master’s or doctoral degree program, as specified in Section 4999.32 or 4999.33, that is designed to qualify him or her for licensure and who has completed no less than 12 semester units or 18 quarter units of coursework in any qualifying degree program.

(h) “Supervisor” means an individual who meets all of the following requirements:

(1) Has held an active license for at least two years within the five-year period immediately preceding any supervision as either:

(A) A licensed professional clinical counselor, licensed marriage and family therapist, psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900), licensed clinical social worker, or equivalent out-of-state license.

(B) A physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology, or an out-of-state licensed physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology.

(2) If the individual is a licensed professional clinical counselor seeking to supervise an associate marriage and family therapist, a marriage and family therapist trainee, or an associate professional clinical counselor or licensee seeking experience to treat couples and families pursuant to subparagraph (B) of paragraph (3) of subdivision (a) of Section 4999.20, he or she shall meet the additional training and education requirements in subparagraphs (A) to (C), inclusive, of paragraph (3) of subdivision (a) of Section 4999.20.

(3) For at least two years within the five-year period immediately preceding any supervision, has either practiced psychotherapy or provided direct clinical supervision of psychotherapy performed by marriage and family therapist trainees, associate marriage and family therapists, associate professional clinical counselors, or associate clinical social workers. Supervision of psychotherapy performed by a social work intern or a professional clinical counselor trainee shall be accepted if the supervision provided is substantially equivalent to the supervision required for registrants.

(4) Has received training in supervision as specified in this chapter and by regulation.

(5) Has not provided therapeutic services to the supervisee.

(6) Has and maintains a current and active license that is not under suspension or probation as one of the following:

(A) A marriage and family therapist, professional clinical counselor, or clinical social worker, issued by the board.

(B) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900).

(C) A physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology.

(7) Is not a spouse, domestic partner, or relative of the supervisee.

(8) Does not currently have or previously had a personal, professional, or business relationship with the supervisee that undermines the authority or effectiveness of the supervision.

(i) “Client centered advocacy” includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.

(j) “Advertising” or “advertise” includes, but is not limited to, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification. It also includes business solicitations communicated by radio or television broadcasting. Signs within church buildings or notices in church bulletins mailed to a congregation shall not be construed as advertising within the meaning of this chapter.

(k) “Referral” means evaluating and identifying the needs of a client to determine whether it is advisable to refer the client to other specialists, informing the client of that judgment, and communicating that determination as requested or deemed appropriate to referral sources.

(l) “Research” means a systematic effort to collect, analyze, and interpret quantitative and qualitative data that describes how social characteristics, behavior, emotion, cognitions, disabilities, mental disorders, and interpersonal transactions among individuals and organizations interact.

(m) “Supervision” means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience. Supervision includes, but is not limited to, all of the following:

(1) Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.

(2) Monitoring and evaluating the supervisee’s assessment, diagnosis, and treatment decisions and providing regular feedback.

(3) Monitoring and evaluating the supervisee’s ability to provide services at the site or sites where he or she is practicing and to the particular clientele being served.

(4) Monitoring and addressing clinical dynamics, including, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or the practitioner-patient relationship.

(5) Ensuring the supervisee’s compliance with ~~laws~~ statutes and regulations governing the practice of licensed professional clinical counseling.

(6) Reviewing the supervisee’s progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.

(7) With the client’s written consent, providing direct observation or review of audio or video recordings of the supervisee’s counseling or therapy, as deemed appropriate by the supervisor.

(n) “Clinical setting” means any setting that meets both of the following requirements:

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

(2) Provides oversight to ensure that the associate's work meets the experience and supervision requirements set forth in this chapter and in regulation and is within the scope of practice of the profession.

(o) "Community mental health setting," means a clinical setting that meets all of the following requirements:

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

(2) Clients routinely receive psychopharmacological interventions in conjunction with psychotherapy, counseling, or other psycho-social interventions.

(3) Clients receive coordinated care that includes the collaboration of mental health providers.

(4) Is not a private practice.

AMEND BPC §4999.32 QUALIFICATIONS FOR LICENSURE OR REGISTRATION; GRADUATE COURSEWORK BEGINNING BEFORE AUGUST 1, 2012 AND COMPLETED BEFORE DECEMBER 31, 2018

(a) This section shall apply to applicants for licensure or registration who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018. Those applicants may alternatively qualify under paragraph (2) of subdivision (a) of Section 4999.33.

(b) To qualify for licensure or registration, applicants shall possess a master's or doctoral degree that is counseling or psychotherapy in content and that meets the requirements of this section, obtained from an accredited or approved institution, as defined in Section 4999.12. For purposes of this subdivision, a degree is "counseling or psychotherapy in content" if it contains the supervised practicum or field study experience described in paragraph (3) of subdivision (c) and, except as provided in subdivision (d), the coursework in the core content areas listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c).

(c) The degree described in subdivision (b) shall be a single, integrated program. It shall contain not less than 48 graduate semester units or 72 graduate quarter units of instruction, which shall, except as provided in subdivision (d), include all of the following:

(1) The equivalent of at least three semester units or four quarter units of graduate study in each of the following core content areas:

(A) Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

(B) Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

(C) Career development theories and techniques, including career development decisionmaking models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.

(D) Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

(E) Assessment, appraisal, and testing of individuals, including basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.

(F) Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

(G) Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.

(H) Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

(I) Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

(2) In addition to the course requirements described in paragraph (1), a minimum of 12 semester units or 18 quarter units of advanced coursework to develop knowledge of specific treatment issues, special populations, application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

(3) Not less than six semester units or nine quarter units of supervised practicum or field study experience that involves direct client contact in a clinical setting that provides a range of professional clinical counseling experience, including the following:

(A) Applied psychotherapeutic techniques.

(B) Assessment.

(C) Diagnosis.

(D) ~~Prognosis.~~Treatment Planning.

(E) Treatment.

(F) Issues of development, adjustment, and maladjustment.

(G) Health and wellness promotion.

(H) Other recognized counseling interventions.

(I) A minimum of 150 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(d) (1) (A) An applicant whose degree is deficient in no more than two of the required areas of study listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing postmaster's or postdoctoral degree coursework at an accredited or approved institution, as defined in Section 4999.12.

(B) Notwithstanding subparagraph (A), an applicant shall not be deficient in the required areas of study specified in subparagraph (E) or (G) of paragraph (1) of subdivision (c) unless the applicant meets one of the following criteria and remediates the deficiency:

(i) The application for licensure was received by the board on or before August 31, 2020.

(ii) The application for registration was received by the board on or before August 31, 2020, and the registration was subsequently issued by the board.

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c) shall be the equivalent of three semester units or four quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

(e) In addition to the degree described in this section, or as part of that degree, an applicant shall complete the following coursework or training prior to registration as an associate:

(1) A minimum of 15 contact hours of instruction in alcoholism and other chemical substance abuse dependency, as specified by regulation.

(2) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(3) A two semester unit or three quarter unit survey course in psychopharmacology.

(4) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics.

(5) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations adopted thereunder.

(6) A minimum of 18 contact hours of instruction in California law and professional ethics for professional clinical counselors that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, dual relationships, child

abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to clients, and state and federal laws related to confidentiality of patient health information. When coursework in a master's or doctoral degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester unit or 72 quarter unit requirement in subdivision (c).

(7) A minimum of 10 contact hours of instruction in aging and long-term care, which may include, but is not limited to, the biological, social, and psychological aspects of aging. On and after January 1, 2012, this coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(8) A minimum of 15 contact hours of instruction in crisis or trauma counseling, including multidisciplinary responses to crises, emergencies, or disasters, and brief, intermediate, and long-term approaches.

AMEND §4999.33. QUALIFICATIONS FOR LICENSURE OR REGISTRATION; GRADUATE COURSEWORK BEGINNING AFTER AUGUST 1, 2012 OR COMPLETED AFTER DECEMBER 31,2018

(a) This section shall apply to the following:

(1) Applicants for licensure or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.

(2) Applicants for licensure or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.

(3) Applicants for licensure or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for licensure or registration, applicants shall possess a master's or doctoral degree that is counseling or psychotherapy in content and that meets the requirements of this section, obtained from an accredited or approved institution, as defined in Section 4999.12. For purposes of this subdivision, a degree is "counseling or psychotherapy in content" if it contains the supervised practicum or field study experience described in paragraph (3) of subdivision (c) and, except as provided in subdivision (f), the coursework in the core content areas listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c).

(c) The degree described in subdivision (b) shall be a single, integrated program. It shall contain not less than 60 graduate semester units or 90 graduate quarter units of instruction, which shall, except as provided in subdivision (f), include all of the following:

(1) The equivalent of at least three semester units or four quarter units of graduate study in all of the following core content areas:

(A) Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

(B) Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

(C) Career development theories and techniques, including career development decisionmaking models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.

(D) Group counseling theories and techniques, including principles of group dynamics, group process components, group developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

(E) Assessment, appraisal, and testing of individuals, including basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.

(F) Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

(G) Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.

(H) Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

(I) Professional orientation, ethics, and law in counseling, including California law and professional ethics for professional clinical counselors, professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

(J) Psychopharmacology, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of those medications can be identified.

(K) Addictions counseling, including substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse

and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.

(L) Crisis or trauma counseling, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.

(M) Advanced counseling and psychotherapeutic theories and techniques, including the application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

(2) In addition to the course requirements described in paragraph (1), 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations.

(3) Not less than six semester units or nine quarter units of supervised practicum or field study experience that involves direct client contact in a clinical setting that provides a range of professional clinical counseling experience, including the following:

(A) Applied psychotherapeutic techniques.

(B) Assessment.

(C) Diagnosis.

(D) ~~Prognosis~~ Treatment Planning.

(E) Treatment.

(F) Issues of development, adjustment, and maladjustment.

(G) Health and wellness promotion.

(H) Professional writing including documentation of services, treatment plans, and progress notes.

(I) How to find and use resources.

(J) Other recognized counseling interventions.

(K) A minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(d) The 60 graduate semester units or 90 graduate quarter units of instruction required pursuant to subdivision (c) shall, in addition to meeting the requirements of subdivision (c), include instruction in all of the following:

(1) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.

(2) The understanding of human behavior within the social context of a representative variety of the cultures found within California.

(3) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(4) An understanding of the effects of socioeconomic status on treatment and available resources.

(5) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability and their incorporation into the psychotherapeutic process.

(6) Case management, systems of care for the severely mentally ill, public and private services for the severely mentally ill, community resources for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. The instruction required in this paragraph may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(7) Human sexuality, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(8) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.

(9) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting, as specified in Section 28, and any regulations promulgated thereunder.

(10) Aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(e) A degree program that qualifies for licensure under this section shall do all of the following:

(1) Integrate the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments.

(2) Integrate an understanding of various cultures and the social and psychological implications of socioeconomic position.

(3) Provide the opportunity for students to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(f) (1) (A) An applicant whose degree is deficient in no more than three of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing post-master's or postdoctoral degree coursework at an accredited or approved institution, as defined in Section 4999.12.

(B) Notwithstanding subparagraph (A), an applicant shall not be deficient in the required areas of study specified in subparagraphs (E) or (G) of paragraph (1) of subdivision (c) unless the applicant meets one of the following criteria and remediates the deficiency:

(i) The application for licensure was received by the board on or before August 31, 2020.

(ii) The application for registration was received by the board on or before August 31, 2020, and the registration was subsequently issued by the board.

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) shall be the equivalent of three semester units or four quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

AMEND §4999.46.1. SUPERVISION

(a) An associate or applicant for licensure shall be under the supervision of a supervisor at all times.

(b) As used in this chapter, the term "supervision" means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience. Supervision includes, but is not limited to, all of the following:

(1) Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.

(2) Monitoring and evaluating the supervisee's assessment, diagnosis, and treatment decisions and providing regular feedback.

(3) Monitoring and evaluating the supervisee's ability to provide services at the site or sites where he or she is practicing and to the particular clientele being served.

(4) Monitoring and addressing clinical dynamics, including, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or practitioner-patient relationship.

(5) Ensuring the supervisee's compliance with ~~laws~~ statutes and regulations governing the practice of licensed professional clinical counseling.

(6) Reviewing the supervisee's progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.

(7) With the client's written consent, providing direct observation or review of audio or video recordings of the supervisee's counseling or therapy, as deemed appropriate by the supervisor.

(c) An associate shall do both of the following:

(1) Inform each client, prior to performing any professional services, that he or she is unlicensed and under supervision.

(2) Renew the registration a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked.

(d) When no further renewals are possible, an applicant may apply for and obtain a subsequent associate registration number if the applicant meets the educational requirements for a

subsequent associate registration number and has passed the California law and ethics examination. An applicant issued a subsequent associate registration number shall not be employed or volunteer in a private practice.

AMEND §4999.46.4. SUPERVISION SETTINGS

(a) A clinical counselor trainee, associate, or applicant for licensure shall only perform mental health and related services at the places where his or her employer ~~regularly conducts business and services~~ permits business to be conducted.

(b) An associate who is employed or volunteering in a private practice shall be supervised by an individual who is employed by, and shall practice at the same site as, the associate's employer. Alternatively, the supervisor may be an owner of the private practice. However, if the site is incorporated, the supervisor must be employed full-time at the site and be actively engaged in performing professional services at the site.

(c) A supervisor at a private practice or a corporation shall not supervise more than a total of three supervisees at any one time. A supervisee may be registered as an associate marriage and family therapist, an associate professional clinical counselor, or an associate clinical social worker.

(d) In a setting that is not a private practice:

(1) A written oversight agreement, as specified in regulation, shall be executed between the supervisor and employer when the supervisor is not employed by the supervisee's employer or is a volunteer.

(2) A supervisor shall evaluate the site or sites where an associate will be gaining experience to determine that the site or sites provide experience that is in compliance with the requirements set forth in this chapter.

(e) Alternative supervision may be arranged during a supervisor's vacation or sick leave if the alternative supervision meets the requirements in this chapter and regulation.

AMEND §4999.52. EXAMINATION; BOARD DETERMINATION; EXAMINATION ADMISSION DENIAL

(a) Every applicant for a license as a professional clinical counselor shall take one or more examinations, as determined by the board, to ascertain his or her knowledge, professional skills, and judgment in the utilization of appropriate techniques and methods of professional clinical counseling.

(b) The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine.

(c) The board shall not deny any applicant admission to an examination who has submitted a complete application for examination admission if the applicant meets the educational and experience requirements of this chapter and has not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.

(d) The board shall not deny any applicant, whose application for licensure is complete, admission to the clinical examination, nor shall the board postpone or delay any applicant's

clinical examination~~ or delay informing the candidate of the results of the clinical examination~~, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(e) If an applicant for the examination specified by paragraph (2) of subdivision (a) of Section 4999.53, who has passed the California law and ethics examination, is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take this examination, but may notify the applicant that licensure will not be granted pending completion of the investigation.

(f) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination, or the examination specified by paragraph (2) of subdivision (a) of Section 4999.53, permission to retake either examination pending completion of the investigation of any complaints against the applicant.

(g) Nothing in this section shall prohibit the board from denying an applicant admission to any examination, ~~withholding the results,~~ or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, respectively, when a petition to revoke probation has been filed against the applicant, or the application has been denied in accordance with subdivision (b) of Section 485.

(h) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

(i) If the examination specified by paragraph (2) of subdivision (a) of Section 4999.53 is not passed within seven years of an applicant for licensure's initial attempt, the applicant shall obtain a passing score on the current version of the California law and ethics examination in order to be eligible to retake this examination.

(j) A passing score on the clinical examination shall be accepted by the board for a period of seven years from the date the examination was taken.

Board of Behavioral Sciences

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

Memo

To:	Board Members	**Date:**	November 7, 2018
From:	Christy Berger Regulatory Analyst	**Telephone:**	(916) 574-7817
Subject:	**Discussion and Possible Action Regarding Registrant Employment by Temporary Staffing Agencies**		

The Exempt Setting Committee has discussed at length the issues surrounding registrants gaining hours of experience while placed in a setting by a temporary employment/staffing agency. This type of arrangement has often been seen with registrants placed at the Veteran's Administration (VA) to address staffing shortages.

Current law for the LMFT, LCSW and LPCC professions does not address a temporary agency's involvement in placing individuals gaining hours of experience toward licensure. Certain provisions of existing law are a poor fit for this situation, especially when the temporary agency is considered the employer (see **Attachment A**).

The Exempt Setting Committee has been developing regulatory language to address these issues with a great deal of feedback from stakeholders. Although the problem with current law typically arises when the temporary agency is the employer, the proposed language does not refer to the temporary staffing agency or the contracting agency as the "employer" because this may vary.

Current law[1] requires a trainee or associate to perform services only at the places permitted by the employer. When an individual has been placed at a contracting agency, the temporary agency is often the supervisee's employer. However, the contracting agency is responsible for clinical services. Thus, the proposed language specifies that the contracting agency shall determine where the supervisee may perform services.

Current law[2] requires a written oversight agreement when the supervisor and supervisee have different employers. The agreement is signed by the supervisee's employer and his or her supervisor. The purpose of the agreement is to clarify supervisory responsibilities, and to provide for supervisor access to client records when the supervisor and supervisee have different employers. The proposed language specifies that the written agreement shall be between the contracting agency and the supervisor. In addition, it clarifies that no written

[1] Business and Professions Code (BPC) sections 4980.43.4(a), 4996.23.3(a) and 4999.46.4(a) *(references new code sections effective January 1, 2019).* **See Attachment A**.

[2] BPC sections 4980.43.4(d)(1), 4996.23.3(d)(1) and 4999.46.4(d)(1) *(references new code sections effective January 1, 2019)* and Title 16, CCR sections 1820(e)(3) and 1833(b)(4). **See Attachment A**.

agreement shall be required when the supervisor is an employee of the contracting agency (regardless of who is technically the supervisee's employer).

Lastly, the language clarifies that any trainee, associate or applicant for licensure placed by a temporary agency must either be a W-2 employee or volunteer, as specified in statute[3]. The purpose of this language is solely for emphasis because temporary agencies frequently issue 1099s rather than W-2s.

The proposed language is provided in **Attachment B**.

Recommendation

Conduct an open discussion about the proposed language. Motion if language approved:

To approve the proposed text for a 45-day public comment period and delegate to the Executive Officer the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period; to follow established procedures and processes in doing so, and also delegate to the Executive Officer the authority to make any technical or nonsubstantive changes that may be required in completing the rulemaking file.

Attachments

Attachment A: Relevant Statute

Attachment B: Proposed Language

[3] BPC sections 4980.43.3(a), 4996.23.2(a)(1) and 4999.46.3(a)(1) *(references new code sections effective January 1, 2019)*

ATTACHMENT A

Relevant Business and Professions Code

(as it reads effective January 1, 2019)

Section 4980.43.4 (LMFT)
(The same language is in sections 4996.23.3 (LCSW) and 4999.46.4 (LPCC))

(a) A trainee, associate, or applicant for licensure shall only perform mental health and related services at the places where his or her employer regularly conducts business and services.

(b) An associate who is employed or volunteering in a private practice shall be supervised by an individual who is employed by, and shall practice at the same site as, the associate's employer. Alternatively, the supervisor may be an owner of the private practice. However, if the site is incorporated, the supervisor must be employed full-time at the site and be actively engaged in performing professional services at the site.

(c) A supervisor at a private practice or a corporation shall not supervise more than a total of three supervisees at any one time. Supervisees may be registered as an associate marriage and family therapist, an associate professional clinical counselor, or an associate clinical social worker.

(d) In a setting that is not a private practice:

(1) A written oversight agreement, as specified by regulation, shall be executed between the supervisor and employer when the supervisor is not employed by the supervisee's employer or is a volunteer.

(2) A supervisor shall evaluate the site or sites where a trainee or associate will be gaining experience to determine that the site or sites comply with the requirements set forth in this chapter.

(e) Alternative supervision may be arranged during a supervisor's vacation or sick leave if the alternative supervision meets the requirements in this chapter and regulation.

Relevant California Code of Regulations – Title 16

Section 1820(e)(3) (LPCC)
(The same language is in section 1833(b)(4) (LMFT)

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

education, and experience, and is appropriate in extent, kind, and quality. The agreement shall contain an acknowledgment by the employer that the employer:

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

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

ATTACHMENT B

Proposed Language

Re: Temporary Agency Employers

Title 16, California Code of Regulations

(a) A "temporary staffing agency" is defined as an agency that locates positions for individuals seeking temporary work, and fills vacancies for agencies seeking individuals to perform work on a temporary basis.

(b) A "contracting agency" is defined as an agency where a trainee, associate, or applicant for licensure has been placed by a temporary staffing agency.

(c) The following provisions apply to a trainee, associate, or applicant for licensure who has been placed by a temporary staffing agency:

(1) Notwithstanding sections 4980.43.4, 4996.23.3, and 4999.46.4 of the Code, the trainee, associate or applicant for licensure shall only perform mental health and related services at the places where the contracting agency permits business to be conducted.

(2) Notwithstanding sections 1821, 1833 and 1869, the written agreement shall be between the contracting agency and the supervisor; and, in cases where the supervisor is an employee of the contracting agency, no written agreement shall be required.

(d) The employer of a trainee associate, or applicant for licensure who has been placed by a temporary staffing agency shall be issued a W-2 tax form, or shall provide the employee with a letter verifying employment as a volunteer as required in sections 4980.43.3, 4996.23.2 and 4999.46.3 of the Code.

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Board of Behavioral Sciences

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

Memo

To:	Board Members	**Date:**	November 8, 2018
From:	Christy Berger Regulatory Analyst	**Telephone:**	(916) 574-7817
Subject:	**Agenda Item XXVII.c.**		

Agenda item XXVII.c. (Practice Setting Definitions and Social Work Students Working in a Private Practice Setting) will be provided in a supplemental package and will be posted on the website at that time.

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

Memo

To: Board Members

Date: November 7, 2018

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: **Background Information: Licensed Educational Psychologists as Supervisors of Associates in Certain Settings**

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the California Association of School Psychologists (CASP) is interested in pursuing a legislative proposal to allow Licensed Educational Psychologists (LEPs) to act as supervisors of associate marriage and family therapists (AMFTs), associate clinical social workers (ASWs), and associate professional clinical counselors (APCCs) while they are providing educationally-related clinical mental health services in educational settings.

At its August 2018 meeting, the Policy and Advocacy Committee heard a presentation from the California Association of School Psychologists (CASP) related to the matter. CASP explained that many school districts are using associates to provide educationally-related mental health services (ERMHS). State law (via the Education Code) requires ERMHS service providers to be supervised by someone with a pupil personnel services credential, and LEPs already have this credential and the appropriate training in the education system.

The Committee agreed that there was potential value in allowing LEPs to supervise associates in educationally-related mental health settings as long as clinical services were being performed, although perhaps the amount of supervised experience hours allowed to count toward licensure should be limited. However, a concern was raised about whether allowing LEPs as supervisors would affect license portability to other states.

Staff research the portability issue, and the findings (below) were presented at the October 2018 Policy and Advocacy Committee meeting. At that point, the Committee requested that CASP present further information at the November Board meeting.

Staff Findings: How Would Allowing LEPs to Supervise Some Associate Hours Affect License Portability to Other States?

Staff surveyed several other states to determine if allowing LEPs to supervise AMFT, ASW, and APCC associates would affect a California licensee's ability to seek licensure in another state. The findings are as follows:

Florida

This state has two methods to apply for licensure: by examination, or by endorsement.

For those applying for licensure by endorsement, allowing LEP supervision of associates is not expected to be an issue. These individuals must be licensed in their state for 3 of the past 5 years in good standing. The State of Florida will verify that the applicant has been independently licensed in the same profession, and that the license is current.

According to Florida staff, allowing LEP supervision may be problematic for those applying for licensure by examination. A review of Florida's licensing laws appears to support this. LCSW, LMFT, and licensed mental health counselor applicants in Florida must be supervised by someone of the same license type "or the equivalent who is a qualified supervisor as determined by the board." A regulation specifying who is a qualified supervisor appears to consider LCSWs, LMFTs, mental health counselors, and psychologists (for mental health counselors only) with certain education and experience to be equivalent qualified supervisors.

Texas

Board staff was unable to reach anyone representing the state licensing boards in Texas. A review of their regulations revealed the following:

- For marriage and family therapists, the Texas Administrative Code states the following:
    - *"If an applicant has been licensed as a marriage and family therapist in a United States jurisdiction for the 5 years immediately preceding the application, the supervised clinical experience requirements will be considered to have been met. If licensed for any other 5-year period, the board will determine whether clinical experience requirements have been met." (Texas Administrative Code §801.142(2)(B))*

- For social workers, the Texas Administrative Code states the following:
    - *"If an applicant for a license has held a substantially equivalent license in good standing in another jurisdiction for at least five years immediately preceding the date of application, the applicant will be deemed to have met the experience requirement under this chapter. If the applicant has been licensed or certified in another jurisdiction for fewer than five years preceding the date of application, the applicant must meet current Texas licensing requirements." (Texas Administrative Code §781.401(a))*

- The regulations for professional counselors in Texas states the following:
    - *"For all internships physically completed in a state or jurisdiction other than Texas, the supervisor must be a person licensed or certified by the state or jurisdiction in a profession that provides counseling and who has the academic training and experience to supervise the counseling services offered by the intern." (Texas Administrative Code §681.93(b))*

Arizona

A representative from Arizona stated that if an applicant is using experience from another state and the clinical supervision was in compliance with the requirements from that state, they typically accept it.

The Arizona Board of Behavioral Health Examiners regulations state that the following (R46-212.02(2)):

"…The Board may grant an exemption for supervised work experience acquired outside of Arizona if the Board determines that:

> *a. Clinical supervision was provided by a behavioral health professional qualified by education, training, and experience to provide supervision; and*
> *b. The behavioral health professional providing the supervision met one of the following:*
>
> > *i. Complied with the educational requirements specified in R4-6-214,*
> > *ii. Complied with the clinical supervisor requirements of the state in which the supervision occurred, or*
> > *iii. Was approved to provide supervision to the applicant by the state in which the supervision occurred."*

Washington

Staff corresponded with the program manager of the State of Washington's licensed counselors program, which includes licensed mental health counselors, licensed marriage and family therapists, licensed independent clinical social workers, and licensed advanced social workers. They indicated that they may not be able to accept supervised experience provided by an LEP.

Licensure candidates in Washington must obtain supervision from someone who meets their approved supervisor requirements. A psychologist license is one of the eligible licenses to be an approved supervisor. However, the minimum degree requirement for a psychologist license in Washington is a doctoral degree. Therefore, they note that someone with a master's-level educational psychologist license from California would not be equivalent to their psychologist license and would not be eligible to be an approved supervisor.

New York

A representative from the New York State Board for Mental Health Practitioners states that if experience gained under supervision of an LEP was authorized under California law, then they would accept it, as long as the hours are post-degree and are direct client contact hours. This would apply for their LMFT, LCSW, and licensed mental health counselor licenses.

Oregon

The State of Oregon has indicated that they accept graduate level mental health licensees as appropriate supervisors.

Colorado

Colorado has two paths to licensure for marriage and family therapists: by endorsement or by examination.

For the licensure by examination pathway, it is unclear if supervision by an LEP in another state would be acceptable, as the regulation states the board will consider experience gained under an individual who is not a marriage and family therapist if the other state does not have a marriage and family therapist license and if the supervisor

can document competency in marriage and family therapy to the satisfaction of the board. (CRS §12-43-504)

For the licensure by endorsement pathway, it appears that supervision under an LEP would be accepted. The regulation states that the applicant must attest to two years of post-master's practice in individual and marriage and family therapy under supervision in the jurisdiction or attests to two years of active practice of marriage and family therapy. (CRS §12-43-206)

Board of Behavioral Sciences

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

Memo

To:	Board Members	**Date:**	November 7, 2018
From:	Rosanne Helms Legislative Analyst	**Telephone:**	(916) 574-7897
Subject:	**Legislative Update**		

The 2018 legislative session is now complete. The following is a summary of outcomes for bills that the Board sponsored, took a position on, or monitored.

BOARD-SPONSORED LEGISLATION

The Board sponsored the following legislative proposals:

1. **AB 93 (Medina) Healing Arts: Marriage and Family Therapists: Clinical Social Workers: Professional Clinical Counselors: Required Experience and Supervision**

   This bill represents the work of the Board's Supervision Committee. Its amendments focus on strengthening the qualifications of supervisors, supervisor responsibilities, types of supervision that may be provided, and acceptable work settings for supervisees. The bill also strives to make the Board's supervision requirements more consistent across its licensed professions.

   Status: Signed by the Governor (Chapter 743, Statutes of 2018).

2. **AB 2117 (Arambula): Marriage and Family Therapists: Clinical Social Workers: Professional Clinical Counselors**

   This bill makes amendments to specify how an expired registration may be renewed, and to supervised experience hours required for long term out-of-state license holders. It also makes some corrections to LCSW law regarding the California law and ethics exam and law and ethics coursework.

   Status: Signed by the Governor (Chapter 486, Statutes of 2018).

3. **SB 1491 (Senate Business, Professions, and Economic Development Committee): Omnibus Legislation**

   This bill proposal makes minor, technical, and non-substantive amendments to add clarity and consistency to current licensing law.

   Status: Signed by the Governor (Chapter 703, Statutes of 2018).

BOARD-SUPPORTED LEGISLATION

The Board supported the following legislative proposals:

1. **AB 456 (Thurmond): Healing Arts: Associate Clinical Social Workers**

   This bill extends the Board's "90-day rule" to applicants for registration as an associate clinical social worker (ASW). Currently, the 90-day rule allows applicants for registration as an associate marriage and family therapist or an associate professional clinical counselor to count post degree hours of supervised experience before receiving a registration number, as long as they apply for their associate registration within 90 days of the granting of their qualifying degree. Applicants who complete graduate study on or after January 1, 2020 must provide the Board with proof that the workplace required Live-Scan fingerprinting prior to the applicant gaining supervised experience hours to count supervised experience gained under the 90-day rule.

   This bill also reduces the required number of supervised experience hours for licensure as a clinical social worker from 3,200 hours to 3,000 hours.

   At its May 11, 2018 meeting, the Board took a "support" position on this bill.

   Status: This bill has been signed by the Governor (Chapter 158, Statutes of 2018).

2. **AB 1436 (Levine): Board of Behavioral Sciences: Licensees: Suicide Prevention Training**

   Beginning January 1, 2021, this bill requires applicants for any license with the Board of Behavioral Sciences to demonstrate completion of at least 6 hours of coursework or supervised experience in suicide risk assessment and intervention. Current licensees will also be required to demonstrate completion of this coursework or supervised experience in their first renewal period after this date.

   At its May 11, 2018 meeting, the Board took a "support" position on this bill.

   Status: This bill has been signed by the Governor (Chapter 527, Statutes of 2018).

3. **AB 2088 (Santiago): Patient Records: Addenda**

   This bill includes minors in the allowance that any patient that inspects his or her patient records may provide a written addendum to the record for any item or statement that he or she believes is incomplete or incorrect. Currently, this provision is only allowed for adult patients.

   At its May 11, 2018 meeting, the Board took a "support" position on this bill.

   Status: This bill has been signed by the Governor (Chapter 275, Statutes of 2018).

4. **AB 2296 (Waldron): Licensed Professional Clinical Counselors: Licensed Clinical Social Workers**

   This bill adds LPCCs and LCSWs to areas of California law where other comparable licensed mental health professionals are included. It also makes some changes to the LPCC education requirements regarding core content areas of study.

At its May 11, 2018 meeting, the Board took a “support” position on this bill.

Status: Signed by the Governor (Chapter 389, Statutes of 2018).

5. **AB 2943 (Low): Unlawful Business Practices: Sexual Orientation Change Efforts**

   This bill would have made advertising, offering for sale, or selling services constituting sexual orientation change efforts to an individual an unfair or deceptive act under the Consumer Legal Remedies Act, allowing harmed consumers to bring legal action against violators to recover damages.

   At its May 11, 2018 meeting, the Board took a “support” position on this bill.

   Status: This bill was withdrawn by the author and has died.

6. **AB 2968 (Levine): Psychotherapist-Client Relationship: Victims of Sexual Behavior and Sexual Contact: Informational Brochure**

   This bill makes changes to sections of the Business and Professions Code relating to the requirement that the Department of Consumer Affairs create a brochure to educate the public about the prohibition of sexual contact in therapy. Its proposed amendments will modernize the brochure.

   At its May 11, 2018 meeting, the Board took a “support” position on this bill.

   Status: Signed by the Governor (Chapter 778, Statutes of 2018).

BOARD-MONITORED LEGISLATION

The Board was monitoring or was seeking amendments to the following legislative proposals:

1. **AB 767 (Quirk-Silva) Master Business License Act**

   This bill originally proposed creating a master business license system under the Governor’s Office of Business and Economic Development. It would have allowed a person who needs to apply for more than one business license to submit a single master application through GO-Biz, which would then distribute the application information to the various relevant licensing entities. However, it would have allowed state agencies to opt out of the master application system if desired.

   At its May 11, 2018 meeting, the Board took a “support” position on AB 767. However, the bill underwent significant amendments after the May Board meeting. The amendments to the bill were significant and took a more general focus than the previous direction of the bill, calling for a Go-Biz Information Technology Unit to establish an online government permit and license assistance center.

   Status: The Governor vetoed this bill.

2. **AB 2138 (Chiu and Low) Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction**

This bill makes significant amendments to the Board's enforcement process, including limits on when a board can deny a license based on a conviction or other acts.

At its May 11, 2018, the Board took an "oppose unless amended" position on this bill and asked to be removed from all provisions of this bill except for the data collection component.

This bill was amended since the Board last considered it, however the significant areas of concern remained, and the Board was not removed from the bill's provisions as requested.

Status: Signed by the Governor (Chapter 995, Statutes of 2018).

3. **AB 2143 (Caballero) Healing Arts Licensee: License Activation Fee: Waiver**

This bill proposed allowing psychiatric mental health nurse practitioners and physician assistants, who also hold a specified license with this Board or the Board of Psychology, and who work in a psychiatric mental health setting, to be eligible for the Mental Health Practitioner Education fund loan repayment grant program.

At its May 11, 2018 meeting, the Board took an "oppose unless amended" position on this bill, asking for the following:

1. Removal of the dual licensure requirement, as a LMFT, LPCC, or LCSW working in a qualifying setting is already eligible to apply for the grant program;

2. If the bill intends to establish nurse practitioners and physician's assistants who work in psychiatric mental health settings (and who are not duly licensed under this Board) as eligible for the program, a funding source that does not use funds paid by other license types should be established; and

3. Include the Board's licensed educational psychologists (LEPs) in the loan repayment grant program and require them to pay fees into the program. This component was included in a previous version of the bill, and the Board is supportive of this effort.

The bill was not amended per the Board's request

Status: The Governor vetoed this bill.

4. **AB 2302 (Baker) Child Abuse: Sexual Assault: Mandated Reporters**

At the time the Board considered this bill, it proposed making a mandated reporter's failure to report the sexual assault of a child a continuing offense. This would have meant that the one-year statute of limitations would begin when law enforcement discovered the failure to report, instead of when the failure to report occurred.

At its May 11, 2018 meeting, the Board took an "oppose unless amended" position on this bill. The Board noted that its licensees are required to keep patient records for a

minimum of seven years from the date therapy is terminated, or, for a minor patient, seven years from the date the patient turns 18. Without records, it could be very difficult to prove a failure to report. Therefore, the Board requested that the author consider the recordkeeping requirements for mandated reporters as it relates to this bill.

This bill has been amended since the Board last considered it. It now allows prosecution for a mandated reporter's failure to report the sexual assault of a child to be filed at any time within 5 years from the occurrence of the offense. This is within the timeframe of the Board's recordkeeping requirements.

Status: This bill was signed by the Governor (Chapter 943, Statutes of 2018)

5. <u>AB 2608 (Stone) Licensed Mental Health Service Provider Education Program: Former Foster Youth</u>

Previously, this bill created new fund under the Mental Health Practitioner Education Fund loan repayment grant program specifically for loan repayment grants for LMFT and LCSW licensees and registrants who were formerly in California's foster youth care system. The program would have been funded by levying an additional $10 fee on LMFT and LCSWs each renewal cycle.

At its May 11, 2018, the Board took an "oppose unless amended" position on the bill. The Board requested that rather than establishing a separate grant fund and special priority for existing awards, this bill be amended to instead require that an applicant's history as a foster youth may be considered as a factor when awarding the loan repayment grants.

The bill was amended since the Board last considered it, although not as the Board requested. Under the signed version, a separate grant fund is still established for Board licensees and registrants working in a qualifying setting who are former foster youth. However, an additional fee is no longer levied on the Board's licensees; instead, the funding must be appropriated by the Legislature.

Status: This bill was signed by the Governor (Chapter 585, Statutes of 2018).

6. <u>AB 3120 (Gonzalez Fletcher) Damages: Childhood Sexual Assault: Statute of Limitations</u>

This bill originally proposed to remove the time limit for beginning an action to recover damages due to childhood sexual assault. It would have also required a Board licensee to report to the Board that an action to recover damages due to childhood sexual assault has been filed against him or her, or that a judgement had been reached.
At its Board meeting on May 11, 2018, the Board decided not to take a position on this bill.

Since the meeting, the bill was amended. It no longer removed the time limits but extended them. The requirement to report to a licensing board was also removed.

Status: This bill was vetoed by the Governor.

7. **SB 399 (Portantino) Health Care Coverage: Pervasive Developmental Disorder or Autism**

This bill sought to close some of the loopholes that insurance companies use to deny treatment for behavioral health treatment. It proposed revising the definitions of a "qualified autism service professional" and a "qualified autism service paraprofessional."

At its May 11, 2018 meeting, the Board had adopted a "support if amended" position and asked that its licensed educational psychologists (LEPs) be added to the list of professionals who qualify as an autism service professional. However, upon discussion with the author's office, it was determined that current law already permits LEPs to qualify as autism service providers, which practice at a higher level than autism service professionals. Therefore, it was determined to be unadvisable to place LEPs in the lower category.

Status: This bill was vetoed by the Governor.

8. **SB 906 (Beall and Anderson) Medi-Cal: Mental Health Services: Peer Support Specialist Certification**

This bill proposed requiring the State Department of Health Care Services (DHCS) to establish a peer support specialist certification program.

At its May 11, 2018 meeting, the Board had adopted a "support if amended" position on the bill. However, it requested two amendments, one to address a supervision issue, and one to address a public protection concern:

- Inclusion of Licensed Professional Clinical Counselors (LPCCs) as Supervisors: The bill permits licensed mental health professionals as supervisors. However, it excludes LPCCS as supervisors. The Board requested that LPCCs included.

- Addition of a Fingerprinting Requirement: The Board asked that to ensure public protection, bill specify that fingerprinting be a requirement for certification support specialist.

Significant amendments have been made to the bill after the Board last considered it. The piece that excluded LPCCs as supervisors has been removed, however, no fingerprint requirement was added.

Status: This bill was vetoed by the Governor.

9. **SB 968 (Pan) Postsecondary Education: Mental Health Counselors**

This bill proposed requiring specified higher education entities in California to hire one full-time equivalent licensed mental health counselor per 1,500 students enrolled at each of their campuses.

At its May 11, 2018 meeting, the Board had adopted a "support if amended" position and requested that in addition to including licensees in the ratio of mental health providers to students at college campuses, that the Board's trainees and registered associates also be included. The Board believed that allowing trainees and registered associates to meet the ratio requirement may make it more feasible for colleges to employ a higher

number of mental health professionals, while allowing these individuals some of the experience under supervision that they need to become licensed professionals.

This bill was amended since the Board last considered it. However, the amendments did not include the Board's trainees and associates in the ratio of mental health providers to students.

Status: This bill was vetoed by the Governor.

Updated: October 26, 2018

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Board of Behavioral Sciences

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

Memo

To:	Board Members	**Date:**	November 8, 2018
From:	Christy Berger Regulatory Analyst	**Telephone:**	(916) 574-7817
Subject:	**Status of Board Rulemaking Proposals**		

Enforcement Process

This proposal would result in updates to the Board's disciplinary process. It would also make updates to the Board's "Uniform Standards Related to Substance Abuse and Disciplinary Guidelines (Revised October 2015)," which are incorporated by reference into the Board's regulations. The proposed changes fall into three general categories:

1. Amendments seeking to strengthen certain penalties that are available to the Board;
2. Amendments seeking to update regulations or the Uniform Standards/Guidelines in response to statutory changes to the Business and Professions Code; and
3. Amendments to clarify language that has been identified as unclear or needing further detail.

The proposal was approved by the Board at its meeting in February 2017 and began the DCA initial review process in July 2017. Upon completion of the DCA review, the proposal will be submitted to OAL for publishing to initiate the 45-day public comment period.

Examination Rescoring; Application Abandonment; APCC Subsequent Registration Fee

This proposal would amend the Board's examination rescoring provisions to clarify that rescoring pertains only to exams taken via paper and pencil, since all other taken electronically are automatically rescored. This proposal would also make clarifying, non-substantive changes to the Board's application abandonment criteria, and clarify the fee required for subsequent Associate Professional Clinical Counselor registrations. The proposal was approved by the Board at its meeting in November 2017 and began the DCA initial review process in April 2018. It is currently under review by the Business, Consumer Services and Housing Agency. Upon completion of the DCA review, the proposal will be submitted to OAL for publishing to initiate the 45-day public comment period.

Supervision

This proposal would:

- Revise the qualifications to become supervisor;
- Require supervisors to perform a self-assessment of qualifications and submit the self-assessment to the Board;

- Set forth requirements for substitute supervisors;
- Update and strengthen supervisor training requirements;
- Strengthen supervisor responsibilities, including provisions pertaining to monitoring and evaluating supervisees;
- Strengthen requirements pertaining to documentation of supervision;
- Make supervision requirements consistent across the three licensed professions; and
- Address supervision gained outside of California.

The proposal was approved by the Board at its meeting in November 2016, and was held aside while awaiting passage of the Board's supervision legislation (AB 93). Next, it will begin the DCA initial review process.

BBS REGULATION TIME LINE **NOVEMBER 5, 2018**

Regulation Package Name	Date of Board Approval	Submitted to DCA - Initial Review	Submitted to Agency- Initial Review	Date Noticed	Public Hearing Date	Submitted to DCA - Final Review	Submitted to Agency – Final Review	Date Submitted to DOF	Submitted to OAL - Approval	Date OAL Approved
Enforcement Update to Disciplinary Guidelines	3/3/17	7/11/17	9/13/18							
Examination Rescoring; Application Abandonment; APCC Subsequent Registration Fee	11/2/17	4/6/18	9/12/18							
Supervision	11/4/16*									

*This regulation package was held pending passage of AB 93.

DCA and Agency Initial Review Process: Following review by the Board's attorney and preparation of the required documentation (Notice, Initial Statement of Reasons, and the Fiscal Impact Std. 399), the package is submitted to DCA's Legislative and Policy Review Division, who routes it through the budget office and legal office for their review and approval. Next, the package is submitted to DCA Executive Office for review/approval. The package is then submitted to Agency for an initial review. Once approved by Agency, the Board is able to submit the package to the Office of Administrative Law (OAL) to Notice the proposed regulation change.

Notice and Public Hearing: The Notice initiates the 45-day public comment period. Following the 45-day comment period, a public hearing is scheduled. The Board must consider all comments submitted. If any substantive changes are made to the text of the proposal, the Board must approve the language again, and provide the public with a 15-day public comment period. If no changes are made to the proposal, the Board submits the package to DCA for final review.

DCA and Agency Final Review: The initial review process is repeated.

Submission to DOF and OAL for Final Approval: Both the Department of Finance and the Office of Administrative Law must approve the regulation package. The review may occur at the same time. However, OAL is the final approval. Once OAL approves the regulation package, the proposal is adopted, and it is assigned an effective date.

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REGULAR RULEMAKING PROCESS—DCA BOARDS/BUREAUS

INITIAL PHASE

1 — **DCA Board/Bureau & DCA Legal**
Staff works with DCA legal counsel on proposed regulation text that is subject to the Board or Bureau Chief's initial approval.

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2 — **DCA Board/Bureau**
Board votes on proposed text and directs staff to begin regulation process.
OR Bureau Chief approves proposed text and directs staff to begin regulation process.

↓

3 — **DCA Legal**
DCA legal counsel reviews regulation documents and returns documents to the Board/Bureau with approval or suggested changes. The Legal Affairs Division notifies the DCA Regulations Coordinator of the status.

↓

4 — **DCA Board/Bureau**
Board/Bureau staff compile four complete hard copy sets of the regulation package and submits to DCA Regulations Coordinator.

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5 — **DCA Regulations Coordinator**
DCA initial review process begins.

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6 — **DCA Legal/Budgets**
DCA Legal Affairs Division and Budget Office review regulation documents.

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7 — **DCA Legal**
Chief Counsel Review.

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8 — **DCA LRR**
Deputy Director Review.

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9 — **DCA Executive Office**
Director Review.

↓

10 — **Agency**
Review.

↓

11 — **DCA Regulations Coordinator**
Coordinator logs in return of packet from Agency, notifies Board/Bureau of approval or concerns and suggested changes.

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12 — **DCA Board/Bureau**
DCA Board/Bureau submits Rulemaking for Notice/PUBLICATION with OAL*

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13 — **DCA Board/Bureau**
Rulemaking 45-Day Public Comment Period/Hearing

Legend
DCA – Department of Consumer Affairs
LRR – Division of Legislative Regulatory Review
OAL – Office of Administrative Law

* If any changes to language last approved by the Board are needed, a vote by the Board may be necessary.

Attachment A

REGULAR RULEMAKING PROCESS—DCA BOARDS/BUREAUS

FINAL PHASE

1	**DCA Board/Bureau** Review of comments received from 45-day public comment period/hearing. Determination of issuance of 15-day notice or adoption of proposed text.
2	**DCA Board/Bureau** Upon adoption of language, Board/Bureau completes final rulemaking binder and delivers to DCA Legal.
3	**DCA Legal** Logged by Senior Legal Analyst, sent to assigned Legal Counsel.
4	**DCA Regulations Coordinator** Distributes for further DCA review.
5	**DCA Legal** Logged by Senior Legal Analyst, reviewed by Assistant Chief Counsel and Chief Counsel.
6	**DCA LRR** Deputy Director review.
7	**DCA Executive Office** Director review.
8	**Agency** Secretary review. (Section 100 changes are exempt.)
9	**Department of Finance** Std. Form 399 for review.
10	**DCA Regulations Coordinator** Closing paperwork. Distributed to Board/Bureau with final approval.
11	**DCA Board/Bureau** Submits final rulemaking to OAL for review.
12	**OAL** OAL reviews rulemaking for: 1) Necessity; 2) Authority; 3) Clarity; 4) Consistency; 5) Reference; and, 6) Nonduplication.
13	**DCA Board/Bureau** If approved: Rulemaking is complete; language takes effect on next effective date or date requested. If disapproved: Board/Bureau decides whether to amend and resubmit or withdraw the regulatory package.

Legend

DCA – Department of Consumer Affairs
LRR – Division of Legislative Regulatory Review
OAL – Office of Administrative Law
DOF – Department of Finance
Std. Form 399 – Economic and Fiscal Impact Statement