



Board of Behavioral Sciences



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Gavin Newsom, Governor
State of California

Business, Consumer Services and Housing Agency
Department of Consumer Affairs

EXEMPT SETTING COMMITTEE Meeting Notice and Agenda

**June 7, 2019
1:00 p.m.**

Azusa Pacific University
Orange County Regional Campus
1915 Orangewood Ave., Room 321
Orange, CA 92868

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.

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- I. Call to Order, Establishment of Quorum, and Introductions*
 - II. Discussion and Possible Recommendations Regarding Practice Setting Definitions and Subsequent Registration Numbers (Licensed Marriage and Family Therapist)

- III. Suggestions for Future Agenda Items

- IV. 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)]

- V. Adjournment

**Introductions are voluntary for members of the public.*

(Continued on Reverse)

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

Memo

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To: Exempt Setting Committee Members **Date:** May 23, 2019
From: Rosanne Helms, Legislative Analyst **Telephone:** (916) 574-7897
Subject: **Discussion and Possible Recommendations Regarding Practice
Setting Definitions and Subsequent Registration Numbers (LMFT Only)**

The Exempt Setting Committee was formed by the Board for two purposes: to examine mental health services provided in exempt settings to determine if consumers are receiving services consistent with the standard of care for the mental health professions, and to examine different types of practice settings that offer mental health services in order to determine if setting definitions need to be refined.

The Committee has completed its first objective and the Board is now running legislation (AB 630, Arambula and Low) to accomplish the Committee's recommendations.

Clarifying practice setting definitions is the focus of today's discussion.

The language being proposed today in **Attachment A** is a prototype and only pertains to LMFT statute. Once this committee considers the language and suggests any desired changes, similar language will be drafted for the Board's other license types. The proposal will then proceed to the Policy and Advocacy Committee, and ultimately the Board, for approval to run as legislation.

Background: Types of Psychotherapy Settings

Exempt Settings

Currently, the only fully-defined type of setting is one specified in law as exempt from Board of Behavioral Sciences' licensure requirements (if the employee's work is performed solely under the supervision of the employer). In exempt settings, unlicensed/unregistered individuals who are not pursuing a license are permitted to provide psychotherapy services. Those settings are:

- Nonprofit and charitable entities (a 501(c)(3) or a church/religious organization that meets certain federal requirements)
- Schools (whether public, private, for-profit or non-profit)
- Governmental agencies

- Religious institutions (When the priest, rabbi, or minister is performing services as part of her pastoral or professional duties.)

Private Practice and For-Profit Business Entities

There are a variety of for-profit business entity types that may provide mental health services. Despite there being a number of laws that reference “private practice” for each of the professions, LCSW statute is the only one that defines private practice, and that definition is lacking in specificity. Current law does not contain definitions for any other types of for-profit entities with the exception of professional corporations. (See **Attachment B** for the definition of a professional corporation and the LCSW private practice definition.)

Outline of New Proposal

The new proposal (**Attachment A**) does the following:

- Classifies all possible settings into two main types: exempt settings and non-exempt settings. The definition of exempt settings remains the same. Non-exempt settings are settings that do not qualify as exempt settings.
- Carves out definitions of two specific types of non-exempt settings: private practices and professional corporations. See §4980.06(a) of the proposed language in **Attachment A** for the definitions. These definitions are used to place certain limitations on these specific types of settings.
- Reiterates that an individual working in an exempt setting who holds a Board-issued license or registration is under the jurisdiction of the Board.
- Clarifies that an agency that is licensed or certified by a government agency to provide psychotherapeutic services is not an exempt setting unless it otherwise meets the definition.
- Reiterates that an active license or registration number is required to provide psychotherapeutic services in any non-exempt setting, with two exceptions:
 - Specifies that a trainee may provide services in a non-exempt setting as long as it is not a private practice or a professional corporation, and the trainee is under the jurisdiction and supervision of their school.
 - Specifies that an applicant following the 90-day rule may provide services in a non-exempt setting as long as it is not a private practice or a professional corporation, if they are in compliance with the laws pertaining to the 90-day rule.

- Continues to require associates in a private practice to be supervised by a supervisor employed by and practicing at the same site. However, makes some modifications for associates in professional corporations. If a professional corporation, the supervisor must be employed for at least 20 hours per week by the professional corporation (previously it was full-time) and be actively engaged in performing professional services at the same site as the supervisee.
- Limits supervisors in a private practice or professional corporation to four individual or triadic supervisees at a time. (Previously, the limit was three associates per supervisor in a private practice or a corporation. With the introduction of triadic supervision this year, staff recommends increasing the allowable supervisees to four.)
- Prohibit a licensee who conducts business under a fictitious name from using a false, misleading, or deceptive business name. (Previously, this was only specifically prohibited for a private practice.)

Additional Proposal: Subsequent Registration Numbers

In addition to the changes proposed above, staff also recommends a re-examination of the Board's six-year rule for associate registrations, due to the fact that it correlates with private practice limitations. Currently, an associate registration can be held for a total of six years. After six years, the registrant must obtain a subsequent registration number. Registrants holding a subsequent registration number are not permitted to work in private practice.

In the past, stakeholders have expressed concern that it can be difficult to gain all experience hours in six years (due to life events like illnesses, family needs, or being unable to find a job), and that being prohibited from working in a private practice with a subsequent number makes gaining hours even more difficult.

The Policy and Advocacy Committee last discussed the six-year rule at its meeting in February 2018, when it opted to wait for further data about average time to gain experience hours once the bills to eliminate the "bucket" categories of experience, allow triadic supervision, and decrease required LCSW experience hours had time to phase in. At the time, staff reported that approximately 12.6% of AMFTs and 10.5% of ASWs were on a subsequent registration number, and that it was taking the average LMFT applicant and LCSW applicant 3.3 years and 3.7 years, respectively, to gain the required experience hours.

In the current proposal, staff recommends a solution that would extend the length of a registration number and eliminate the private practice prohibition on a subsequent number. In order to maintain the incentive to obtain licensure, it would require that those needing a subsequent registration take additional graduate level coursework to ensure continued proficiency. Highlights are as follows:

- The length of a registration number would increase from 6 years to 8 years. It still must be renewed every year.
- The allowable age of experience hours would also be increased from 6 years to 8 years to correspond with the increased length of the registration number.
- If an applicant needs a subsequent registration number, he or she must do both of the following:
 - Have a passing score on the California law and ethics examination, obtained within the past 2 years; and
 - Demonstrate successful completion of 15 semester units of graduate level coursework within the past two years. Some of this graduate level coursework must cover specified topic areas.
- The private practice prohibition on a subsequent registration number is removed.

This proposal attempts to balance the concerns associated with subsequent registrations with public protection concerns about someone perpetually remaining an associate, not progressing through the licensing process, and not keeping up with the current practices of the profession (licensees are required to take continuing education, but associates have no such requirement). An eight-year registration would allow more than double the average time required to gain supervised experience hours. The additional graduate level coursework required at the end of the eight years to obtain a second number provides an incentive to complete the required hours. However, if the experience hours are not completed and the associate still wishes to continue seeking licensure, there is a pathway enabling them to do so.

Attachment C outlines how some other states limit associate registrations.

Areas of Discussion

Staff recommends the Committee discuss the following questions raised by the proposed language:

1. **Definition of Exempt Settings (BPC §4980.01(c))**: §4980.01(c) specifies that certain settings are exempt settings if the employee or volunteer working there is supervised solely by the entity where he or she is working.

Staff believes the provision of supervision being solely performed by the entity is obsolete. In many cases, exempt settings do not have the internal resources to provide supervision, and other portions of the law permit 3rd party supervision if a written supervision agreement outlining each parties' responsibilities is in place. Therefore, staff recommends the Committee discuss striking this provision.

2. Definitions of “Private Practice” and “Professional Corporation” (BPC

§4980.06(a): The Committee should discuss the definitions of “private practice” and “professional corporation” provided in §4980.06(a). These definitions are utilized later in the language to carve out some exceptions related to allowable work settings for trainees and 90-day rule applicants and supervision requirements. Some items to consider are as follows:

- The proposed definition defines a private practice as being owned by a licensed mental health professional, either independently or jointly with one or more other licensed mental health professionals. Is limiting ownership to mental health professionals appropriate, or should the definition be expanded to include any practice owned by a healing arts licensee? (Healing arts licensees are listed in Division 2 of the Business and Professions Code, and include professionals such as nurses, physical therapists, acupuncturists, and pharmacists.)
- How do other mixes of owners (owners who are not mental health professionals or are not any type of healing arts licensee) fit into this definition, and is the Committee comfortable with the implications of that?

Attachment D provides examples of definitions of a “private practice” that other jurisdictions and organizations utilize.

3. Allowable Settings for Trainees and 90-Day Rule Applicants (BPC

§§4980.06(b), 4980.43(b), 4980.43.3(b),(d): The proposal clarifies that trainees and applicants seeking a registration number under the 90-day rule are permitted to work in non-exempt settings, as long as the setting is not a private practice or a professional corporation.

The Committee may wish to discuss if it is appropriate to prohibit trainees and 90-day rule applicants from working in private practice or professional corporation settings, given that his or her supervisor would be required to be practicing at the same site.

4. Reimbursement for Expenses (BPC §4980.43.3(g)): Current law allows a

person who works in any setting except a private practice to receive reimbursement for expenses actually incurred. (This means that the Board will not consider them an independent contractor (which is prohibited) if they present a 1099 form, as long as they can prove the 1099 is for expense reimbursement.) The Committee may wish to discuss whether this exception should be allowed for individuals in a private practice as well.

5. Supervision Limitations in Private Practice and Professional Corporation

(BPC §4980.43.4): The proposed language places some limits on supervision in private practice and professional corporations:

- In a private practice, the supervisor must be employed by and practice at the same site as the associate (or own the private practice).
- In a professional corporation, the supervisor must be employed by the corporation for at least 20 hours per week. The supervisor must be actively engaged in performing professional services at the same site as the supervisee.
- Supervisors in a private practice or professional corporation are limited to four individual or triadic supervisees at a time.

The Committee should discuss whether professional corporations should be permitted to have a supervisor supervising at several sites. The Committee should also discuss the implications of these limitations only applying to private practices and professional corporations.

6. **Subsequent Registration Numbers (BPC §4984.01)**: The Committee should discuss proposed requirements to obtain a subsequent registration number, including which course topics should be required. (**Attachment C** provides examples of other states' requirements. **Attachment F** details topic areas covered in licensing exams, which may be helpful in this discussion.)

Recommendation

Conduct an open discussion about the proposed language. Direct staff to make any discussed changes and any non-substantive changes, and draft corresponding language for the Board's LCSW, LPCC, and LEP license types for consideration by the Policy and Advocacy Committee.

Attachments

Attachment A: Proposed Language: Setting Definitions and Subsequent Registration Numbers - LMFT

Attachment B: Current Law: Professional Corporation Definitions; LCSW Private Practice Definition

Attachment C: Requirements of Other States

Attachment D: Examples of Private Practice Definitions

Attachment E: California Laws Referencing Private Practice

Attachment F: Exam Plans - Topic Areas Covered (*For use when discussing coursework requirements for a subsequent registration number*)

ATTACHMENT A
PROPOSED LANGUAGE: SETTING DEFINITIONS AND SUBSEQUENT
REGISTRATION NUMBERS
LMFT

§4980.01. CONSTRUCTION WITH OTHER LAWS; NONAPPLICATION TO CERTAIN PROFESSIONALS AND EMPLOYEES

- (a) This chapter shall not be construed to constrict, limit, or withdraw the Medical Practice Act, the Social Work Licensing Law, the Nursing Practice Act, the Licensed Professional Clinical Counselor Act, or the Psychology Licensing Act.
- (b) This chapter shall not apply to any priest, rabbi, or minister of the gospel of any religious denomination when performing counseling services as part of his or her pastoral or professional duties, or to any person who is admitted to practice law in the state, or who is licensed to practice medicine, when providing counseling services as part of his or her professional practice.
- (c) (1) This chapter shall not apply to an employee working in any of the following settings; ~~if his or her work is performed solely under the supervision of the employer:~~
- (A) A governmental entity.
 - (B) A school, college, or university.
 - (C) An institution that is both nonprofit and charitable.
- (2) This chapter shall not apply to a volunteer working in any of the settings described in paragraph (1); ~~if his or her work is performed solely under the supervision of the entity, school, or institution.~~
- (d) A marriage and family therapist licensed under this chapter is a licentiate for purposes of paragraph (2) of subdivision (a) of Section 805, and thus is a health care provider subject to the provisions of Section 2290.5 pursuant to subdivision (b) of that section.
- (e) Notwithstanding subdivisions (b) and (c), all persons registered as associates or licensed under this chapter shall not be exempt from this chapter or the jurisdiction of the board.

ADD §4980.05 EXEMPT SETTINGS

- (a) The settings described in section 4980.01 are exempt settings and do not fall under the jurisdiction of this chapter or the Board except as specified in section 4980.01, and with the following exceptions:

- 1) Any individual working or volunteering in an exempt setting who is licensed or registered under this chapter shall fall under the jurisdiction of the Board and is not exempt from this chapter.
- 2) An entity that is licensed or certified by a government agency to provide psychotherapeutic services shall not be considered an exempt setting unless it directly meets the criteria described in section 4980.01.

ADD §4980.06 OTHER TYPES OF SETTINGS

(a) For the purposes of this chapter, the following definitions apply:

1. A “non-exempt setting” is any type of setting that does not qualify as an exempt setting, as specified in section 4980.01.
2. (A) A “private practice” is a type of non-exempt setting that meets the following criteria:
 - i. The practice is owned by a licensed mental health professional, either independently or jointly with one or more other licensed mental health professionals;
 - ii. The practice provides clinical mental health services, including psychotherapy, to clients; and
 - iii. One or more licensed mental health professionals are responsible for the practice and for the services provided and set conditions of client payment or reimbursement for the provision of services.

(B) For purposes of this paragraph, licensed mental health professionals include licensed marriage and family therapists, licensed educational psychologists, licensed clinical social workers, licensed professional clinical counselors, licensed psychologists, licensed physicians and surgeons, registered psychiatric/mental health nurses, registered associate marriage and family therapists, registered associate clinical social workers, and registered associate professional clinical counselors.

3. A “professional corporation” is a type of non-exempt setting and private practice that has been formed pursuant to Part 4 of Division 3 of Title 1 of the Corporations Code (commencing with section 13400).

(b) An active license or registration number shall be required to provide psychotherapeutic services in non-exempt settings at all times, with the following exceptions:

1. A trainee may provide clinical services in a non-exempt setting that is not a private practice or a professional corporation while they are gaining supervised experience that meets the requirements of this chapter under the jurisdiction and supervision of their school as specified in section 4980.42.
2. An applicant for registration as an associate may provide clinical services in a non-exempt setting that is not a private practice or a professional corporation before the registration number is issued if they are in compliance with subdivision (b) of section 4980.43 and are gaining supervised experience that meets the requirements of this chapter.

AMEND §4980.399. CALIFORNIA LAW AND ETHICS EXAMINATION

- (a) Except as provided in subdivision (a) of Section 4980.398, each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.
- (b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.
- (c) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application except as provided in subdivision (d).
- (d) Notwithstanding section 135, if ~~if~~ a registrant fails to obtain a passing score on the California law and ethics examination within his or her renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a continuing education provider as specified by the board by regulation, a county, state or governmental entity, or a college or university.
- (e) The board shall not issue a subsequent registration number unless the applicant has ~~passed the California law and ethics examination~~ met the requirements specified in section 4984.01.

§4980.42. TRAINEES' SERVICES

- (a) Trainees performing services in any work setting specified in Section 4980.43.3 may perform those activities and services as a trainee, provided that the activities and services constitute part of the trainee's supervised course of study and that the person is designated by the title "trainee."

- (b) Trainees subject to Section 4980.37 may gain hours of experience and counsel clients outside of the required practicum. This subdivision shall apply to hours of experience gained and client counseling provided on and after January 1, 2012.
- (c) Trainees subject to Section 4980.36 may gain hours of experience outside of the required practicum but must be enrolled in a practicum course to counsel clients. Trainees subject to Section 4980.36 may counsel clients while not enrolled in a practicum course if the period of lapsed enrollment is less than 90 calendar days, and if that period is immediately preceded by enrollment in a practicum course and immediately followed by enrollment in a practicum course or completion of the degree program.
- (d) All hours of experience gained pursuant to subdivisions (b) and (c) shall be subject to the other requirements of this chapter.
- (e) All hours of experience gained as a trainee shall be coordinated between the school and the site where the hours are being accrued. The school shall approve each site and shall have a written agreement with each site that details each party's responsibilities, including the methods by which supervision shall be provided. The agreement shall provide for regular progress reports and evaluations of the student's performance at the site. If an applicant has gained hours of experience while enrolled in an institution other than the one that confers the qualifying degree, it shall be the applicant's responsibility to provide to the board satisfactory evidence that those hours of trainee experience were gained in compliance with this section.

AMEND §4980.43. SUPERVISED EXPERIENCE: ASSOCIATES OR TRAINEES

- (a) Except as provided in subdivision (b), all applicants shall have an active associate registration with the board in order to gain postdegree hours of supervised experience.
- (b) (1) Preregistered postdegree hours of experience shall be credited toward licensure if all of the following apply:
 - (A) The registration applicant applies for the associate registration and the board receives the application within 90 days of the granting of the qualifying master's degree or doctoral degree.
 - (B) For applicants completing graduate study on or after January 1, 2020, the experience is obtained at a workplace that, prior to the registration applicant gaining supervised experience hours, requires completed Live Scan fingerprinting. The applicant shall provide the board with a copy of that completed State of California "Request for Live Scan Service" form with his or her application for licensure.
 - (C) The board subsequently grants the associate registration.

(2) The applicant shall not be employed or volunteer in a private practice or a professional corporation until he or she has been issued an associate registration by the board.

(c) Supervised experience that is obtained for purposes of qualifying for licensure shall be related to the practice of marriage and family therapy and comply with the following:

(1) A minimum of 3,000 hours completed during a period of at least 104 weeks.

(2) A maximum of 40 hours in any seven consecutive days.

(3) A minimum of 1,700 hours obtained after the qualifying master's or doctoral degree was awarded.

(4) A maximum of 1,300 hours obtained prior to the award date of the qualifying master's or doctoral degree.

(5) A maximum of 750 hours of counseling and direct supervisor contact prior to the award date of the qualifying master's or doctoral degree.

(6) Hours of experience shall not be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction.

(7) Hours of experience shall not have been gained more than ~~six~~eight years prior to the date the application for licensure was received by the board, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (c) of Section 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d) of Section 4980.36 shall be exempt from this ~~six~~eight-year requirement.

(8) A minimum of 1,750 hours of direct clinical counseling with individuals, groups, couples, or families, that includes not less than 500 total hours of experience in diagnosing and treating couples, families, and children.

(9) A maximum of 1,250 hours of nonclinical practice, consisting of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences directly related to marriage and family therapy that have been approved by the applicant's supervisor.

(10) It is anticipated and encouraged that hours of experience will include working with elders and dependent adults who have physical or mental limitations that restrict their ability to carry out normal activities or protect their rights.

This subdivision shall only apply to hours gained on and after January 1, 2010.

- (d) An individual who submits an application for licensure between January 1, 2016, and December 31, 2020, may alternatively qualify under the experience requirements of this section that were in place on January 1, 2015.

AMEND §4980.43.2. DIRECT SUPERVISOR CONTACT

- (a) Except for experience gained by attending workshops, seminars, training sessions, or conferences, as described in paragraph (9) of subdivision (a) of Section 4980.43, direct supervisor contact shall occur as follows:
- (1) Supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting.
 - (2) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of direct clinical counseling performed each week in each setting. For experience gained on or after January 1, 2009, no more than six hours of supervision, whether individual, triadic, or group, shall be credited during any single week.
 - (3) An associate gaining experience who performs more than 10 hours of direct clinical counseling in a week in any setting shall receive at least one additional hour of direct supervisor contact for that setting. For experience gained on or after January 1, 2009, no more than six hours of supervision, whether individual, triadic, or group, shall be credited during any single week.
 - (4) Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, triadic supervision, or a combination of both.
- (b) For purposes of this chapter, “one hour of direct supervisor contact” means any of the following:
- (1) Individual supervision, which means one hour of face-to-face contact between one supervisor and one supervisee.
 - (2) Triadic supervision, which means one hour of face-to-face contact between one supervisor and two supervisees.
 - (3) Group supervision, which means two hours of face-to-face contact between one supervisor and no more than eight supervisees. Segments of group supervision may be split into no less than one continuous hour. A supervisor shall ensure that the amount and degree of supervision is appropriate for each supervisee.
- (c) Direct supervisor contact shall occur within the same week as the hours claimed.

(d) 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.

~~(de)~~ Notwithstanding subdivision (b), an associate a supervisee working in a governmental entity, school, college, university, or an institution that is nonprofit and charitable- an exempt setting described in section 4980.01 may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring compliance with federal and state laws relating to confidentiality of patient health information.

~~(ef)~~ Notwithstanding any other law, once the required number of experience hours are gained, associates and applicants for licensure shall receive a minimum of one hour of direct supervisor contact per week for each practice setting in which direct clinical counseling is performed. Once the required number of experience hours are gained, further supervision for nonclinical practice, as defined in paragraph (9) of subdivision (a) of Section 4980.43, shall be at the supervisor's discretion.

AMEND §4980.43.3. SUPERVISED EXPERIENCE: ACCEPTABLE SETTINGS; ACCEPTABLE SUPERVISION PRACTICES

(a) A trainee, associate, or applicant for licensure shall only perform mental health and related services as an employee or volunteer, and not as an independent contractor. The requirements of this chapter regarding hours of experience and supervision shall apply equally to employees and volunteers. A trainee, associate, or applicant for licensure shall not perform any services or gain any experience within the scope of practice of the profession, as defined in Section 4980.02, as an independent contractor. While an associate may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration.

(1) If employed, an associate shall provide the board, upon application for licensure, with copies of the W-2 tax forms for each year of experience claimed.

(2) If volunteering, an associate shall provide the board, upon application for licensure, with a letter from his or her employer verifying the associate's status as a volunteer during the dates the experience was gained.

(b) (1) A trainee shall not perform services in a private practice or a professional corporation. A trainee may be credited with supervised experience completed in a setting that meets ~~all~~ both of the following:

(A) Is not a private practice or a professional corporation.

(B) Lawfully and regularly provides mental health counseling or psychotherapy.

- (C) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements in this chapter and is within the scope of practice for the profession, as defined in Section 4980.02.
- (2) Only experience gained in the position for which the trainee volunteers or is employed shall qualify as supervised experience.
- (c) An associate may be credited with supervised experience completed in any setting that meets both of the following:
- (1) Lawfully and regularly provides mental health counseling or psychotherapy.
 - (2) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements in this chapter and is within the scope of practice for the profession, as defined in Section 4980.02.
 - (3) Only experience gained in the position for which the associate volunteers or is employed shall qualify as supervised experience.
 - (4) An applicant for registration as an associate shall not be employed or volunteer in a private practice or a professional corporation until he or she has been issued an associate registration by the board.
- (d) Any experience obtained under the supervision of a spouse, relative, or domestic partner shall not be credited toward the required hours of supervised experience. Any experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal, professional, or business relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.
- (e) A trainee, associate, or applicant for licensure shall not receive any remuneration from patients or clients and shall only be paid by his or her employer, if an employee.
- (f) A trainee, associate, or applicant for licensure shall have no proprietary interest in his or her employer's business and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of his or her employer.
- (g) A trainee, associate, or applicant for licensure who provides voluntary services in any lawful work setting other than a private practice or a professional corporation and who only receives reimbursement for expenses actually incurred shall be considered an employee. The board may audit an applicant for licensure who receives reimbursement for expenses and the applicant for licensure shall have the burden of demonstrating that the payment received was for reimbursement of expenses actually incurred.

- (h) A trainee, associate, or applicant for licensure who receives a stipend or educational loan repayment from a program designed to encourage demographically underrepresented groups to enter the profession or to improve recruitment and retention in underserved regions or settings shall be considered an employee. The board may audit an applicant who receives a stipend or educational loan repayment and the applicant shall have the burden of demonstrating that the payment received was for the specified purposes.
- (i) An associate or a trainee may provide services via telehealth that are in the scope of practice outlined in this chapter.
- (j) Each educational institution preparing applicants pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital, conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her associates and trainees regarding the advisability of undertaking individual, marital, conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, educational institutions and supervisors are encouraged to assist the applicant to locate counseling or psychotherapy at a reasonable cost.

AMEND §4980.43.4. SUPERVISEES: LOCATION OF SERVICES; MAXIMUM NUMBER OF SUPERVISEES; OVERSIGHT AGREEMENT

- (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~~ If the site is incorporated a professional corporation, the supervisor must be employed for at least 20 hours per week full-time at the site by the professional corporation and be actively engaged in performing professional services at the same site as the supervisee 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.~~
- (c) Supervisors of supervisees in a private practice or a professional corporation shall not serve as an individual or triadic supervisor for more than a total of four supervisees at any time. Supervisees may be registered as associate marriage and

family therapists, associate professional clinical counselors, associate clinical social workers, or any combination of these.

~~(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.~~

(d) In a setting that is not a private practice or a professional corporation, 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. The supervisor shall evaluate the site or sites where the supervisee 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.~~

§4980.46. FICTITIOUS BUSINESS NAMES

Any licensed marriage and family therapist who conducts a private practice business under a fictitious business name shall not use any name which is false, misleading, or deceptive, and shall inform the patient, prior to the commencement of treatment, of the name and license designation of the owner or owners of the practice.

AMEND §4984.01. ASSOCIATE REGISTRATION; DURATION; RENEWAL

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

(b) To renew the registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:

(1) Apply for renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Participate in the California law and ethics examination pursuant to Section 4980.399 each year until successful completion of this examination.

(4) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been

taken against him or her by a regulatory or licensing board in this or any other state subsequent to the last renewal of the registration.

(c) An expired registration may be renewed by completing all of the actions described in paragraphs (1) to (4), inclusive, of subdivision (b).

(d) ~~The registration may be renewed a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a 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 who is issued a subsequent associate registration number pursuant to this subdivision shall not be employed or volunteer in a private practice. The registration number is valid for a period of eight years, and shall be renewed each year if the registrant will be practicing in a non-exempt setting, or accruing experience hours in an exempt setting. No registration shall be renewed or reinstated beyond eight years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for an obtain a subsequent associate registration number upon meeting both of the following requirements:~~

1. Obtaining a passing score on the California law and ethics examination. The passing score shall have been obtained within the last two years immediately preceding the application for the subsequent registration number.
2. Successful completion of at least 15 semester units of graduate level coursework from an accredited or approved institution, as defined in subdivision (b) of section 4980.36. The required units shall have been completed within the two years immediately preceding the application for the subsequent registration number. The 15 semester units of coursework must be relevant to the practice of marriage and family therapy, and must include all of the following:

(Note: Committee should discuss which of the below options are most appropriate)

- a. At least xxx units of coursework in cultural competency and cultural sensitivity;
- b. At least xxx units of coursework in multicultural development and cross-cultural interaction;
- c. At least xxx units of coursework in assessment, diagnosis, and treatment planning; and
- d. At least xxx units of coursework in California law and ethics for marriage and family therapists.
- e. At least xxx units of coursework in assessment and diagnosis.

- f. At least xxx units of coursework in treatment planning and clinical interventions.

ATTACHMENT B CURRENT LAW

PROFESSIONAL CORPORATION DEFINITIONS

The California Corporations Code (section 13401(b)) defines “professional corporation” as:

“(b) “Professional corporation” means a corporation organized under the General Corporation Law or pursuant to subdivision (b) of Section 13406 that is engaged in rendering professional services in a single profession, except as otherwise authorized in Section 13401.5, pursuant to a certificate of registration issued by the governmental agency regulating the profession as herein provided and that in its practice or business designates itself as a professional or other corporation as may be required by statute...”

BBS Statute (Business and Professions Code sections 4987.5, 4998 and 4999.123) define a professional corporation as:

“...a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are licensed marriage and family therapists, physicians and surgeons, psychologists, licensed professional clinical counselors, licensed clinical social workers, registered nurses, chiropractors, or acupuncturists are in compliance with the Moscone-Knox Professional Corporation Act...”

LCSW “PRIVATE PRACTICE” DEFINITION

Business and Professions Code (section 4996.23.2(b)) defines “private practice” as:

“(b) “Private practice,” for purposes of this chapter, is defined as a setting owned by a licensed clinical social worker, a licensed marriage and family therapist, a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900), a licensed professional clinical counselor, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.”

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ATTACHMENT C
REQUIREMENTS OF OTHER STATES

TEXAS - LPCs

Title 22 Texas Administrative Code, Chapter 681, §681.91 (g) and (h):

(g) An LPC Intern license will expire 60 months from the date of issuance.

(h) An LPC Intern who does not complete the required supervised experience hours during the 60-month time period must reapply for licensure. The person may obtain a new license by complying with the current requirements and procedures for obtaining an original license, including examination requirements.

New York – Marriage and Family Therapist

New York State Regulations of the Commissioner, Subpart 79-10, Marriage and Family Therapy

79-10.4 Limited permits.

As authorized by section 8409 of the Education Law, the department may issue a limited permit to practice marriage and family therapy in accordance with the requirements of this section, to allow an applicant to practice under supervision while meeting the experience and/or examination requirements for licensure.

- a. An applicant for a limited permit to practice marriage and family therapy shall:
 1. file an application for a limited permit with the department and pay the application fee, as prescribed in section 8409(3) of the Education Law;
 2. meet all requirements for licensure as a marriage and family therapist, including but not limited to the moral character and education requirements, except the examination and/or experience requirements; and
 3. be under the supervision of a supervisor acceptable to the department in accordance with the requirements of section 79-10.3 of this Subpart.
- b. In accordance with the requirements of section 79-10.3 of this Subpart, the limited permit in marriage and family therapy shall be issued for specific employment setting(s), acceptable to the department and the permit shall identify a qualified supervisor, acceptable to the department.
 1. The supervisor shall be responsible for appropriate oversight of all services provided by a permit holder under his or her general supervision.
 2. No supervisor shall supervise more than five permit holders at one time.
- c. The limited permit in marriage and family therapy shall be valid for a period of not more than 24 months, provided that the limited permit may be extended for no more than two additional 12 month periods at the discretion of the department if the department determines that the permit holder has made good faith efforts to successfully complete the examination and/or experience requirements but has not passed the licensing examination or completed the experience requirement, or has other good cause as determined by the department for not completing the examination and/or experience

requirement, and provided further that the time authorized by such limited permit and subsequent extensions shall not exceed 48 months total.

Massachusetts – Mental Health Counselors

262 CMR 2.00: Requirements For Licensure As a Mental Health Counselor

§2.07: Post-master's Degree Clinical Field Experience Requirements

(1) Eligible applicants must complete, in no less than two and no more than eight years, a minimum of two years of full-time or equivalent part-time, post-Master's degree Supervised Clinical Field Experience and Direct Client Contact Experience.

Washington – Mental Health Counselor, Social Worker, and Marriage and Family Therapist Associates

RCW Title 18, Chapter 18.225, § 18.225.145

Associate licensing—Requirements.

(1) The secretary shall issue an associate license to any applicant who demonstrates to the satisfaction of the secretary that the applicant meets the following requirements for the applicant's practice area and submits a declaration that the applicant is working toward full licensure in that category:

(a) Licensed social worker associate—advanced or licensed social worker associate— independent clinical: Graduation from a master's degree or doctoral degree educational program in social work accredited by the council on social work education and approved by the secretary based upon nationally recognized standards.

(b) Licensed mental health counselor associate: Graduation from a master's degree or doctoral degree educational program in mental health counseling or a related discipline from a college or university approved by the secretary based upon nationally recognized standards.

(c) Licensed marriage and family therapist associate: Graduation from a master's degree or doctoral degree educational program in marriage and family therapy or graduation from an educational program in an allied field equivalent to a master's degree or doctoral degree in marriage and family therapy approved by the secretary based upon nationally recognized standards.

(2) Associates may not provide independent social work, mental health counseling, or marriage and family therapy for a fee, monetary or otherwise. Associates must work under the supervision of an approved supervisor.

(3) Associates shall provide each client or patient, during the first professional contact, with a disclosure form according to RCW [18.225.100](#), disclosing that he or she is an associate under the supervision of an approved supervisor.

(4) The department shall adopt by rule what constitutes adequate proof of compliance with the requirements of this section.

(5) Applicants are subject to the denial of a license or issuance of a conditional license for the reasons set forth in chapter [18.130](#) RCW.

(6) An associate license may be renewed no more than six times, provided that the applicant for renewal has successfully completed eighteen hours of continuing education in the preceding year. Beginning with the second renewal, at least six of the continuing education hours in the preceding two years must be in professional ethics.

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ATTACHMENT D: EXAMPLES OF PRIVATE PRACTICE DEFINITIONS

State/Agency	Private Practice Definition
CA Board of Behavioral Sciences	LCSW law only: A private practice setting is a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, a licensed psychologist, a licensed professional clinical counselor, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.
CA Board of Psychology	Prior to recent regulation changes, the BOP required a psychological assistant in a private practice setting to submit a plan for supervised experience to the Board. A private practice setting had been defined as “a psychological corporation or a medical corporation, with the exception of a nonprofit corporation supported by donations, or a clinic that provides mental health services under contract to a local mental health agency.” (Note: The BOP has since deleted this definition, formerly under Title 16 CCR 1387(b)(11).
AZ, FL	None
NY	None in law, but the licensing website provides the following definition: <ul style="list-style-type: none"> • Occurs when any licensee commences practicing for profit absent any planned corporate structure. • The practitioner is responsible independently for his/her professional actions which result in charges of professional misconduct and civilly liable for his/her actions and those of any employee
OH	"Private practice" and "private practitioner" mean an individual who independently, in partnership, or in corporation practices counseling, social work, or marriage and family therapy and sets up his/her own condition of exchange with those clients, and identifies himself/herself in any manner as a counselor, social worker, or marriage and family therapist in offering such services.
OR, TX, VT, VA	None
CAMFT, AAMFT, ACA, NBCC	None
NASW	Private practitioners are social workers who, wholly or in part, practice social work outside a governmental or duly incorporated voluntary agency, who have responsibility for their own practice and set up conditions of exchange with their clients, and identify themselves as social work practitioners in offering services.
Association of Social Work Boards Model Law	Private Practice means the provision of Clinical Social Work services by a licensed clinical social worker who assumes responsibility and accountability for the nature and quality of the services provided to the Client in exchange for direct payment or third-party reimbursement.
Mosby's Medical Dictionary	The work of a professional health care provider who is independent of economic or policy control by professional peers except for licensing and other legal restrictions; To engage in one's profession as an independent provider rather than as an employee.
National Health Service Corps	Solo or Group Private Practice – A clinical practice that is made up of either one or many providers in which the providers have ownership or an invested interest in the practice. Private practices can be arranged to provide primary medical, dental and/or mental health services and can be organized as entities on the following basis: fee-for-service; capitation; a combination of the two; family practice group; primary care group; or multi-specialty group.

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ATTACHMENT E

California Laws Referencing “Private Practice”

Business and Professions Code (BPC):

- Prohibits a licensee who has been granted a renewal waiver due to being on active military duty from working in a private practice while holding the waiver. (BPC section 114.3)
- Prohibits anyone from working in a private practice until registered with the Board as an AMFT or APCC or ASW. (BPC sections 4980.43, 4996.23, 4999.34, 4999.44, 4999.45 and 4999.46)
- Requires an AMFT or APCC working in a private practice to be under the direct supervision of a qualified supervisor who is either employed by and practices at the same site as the intern’s employer, or who is an owner or shareholder of the private practice. (BPC section 4980.43, Title 16, California Code of Regulations (16CCR) sections 1820 and 1833)
- Allows MFT and PCC Trainees or Interns who serve as volunteers and provide services in any setting other than a private practice to be considered employees and not independent contractors if they receive no more than \$500 per month in reimbursement of expenses. (BPC sections 4980.43 and 4999.47)
- Prohibits an LMFT, LCSW, or LPCC in private practice from employing, at any one time, more than three BBS registrants. (BPC sections 4980.45, 4996.24 and 4999.455)
- Subjects LMFT, LCSW and LPCC professional corporations to all laws governing employment, experience and supervision gained in a private practice setting. (BPC sections 4980.45, 4996.24 and 4999.455)
- Prohibits a LMFT or LCSW who conducts a private practice under a fictitious business name from using a name which is false, misleading or deceptive, and requires informing clients of the name and license type of the practice owner(s). (BPC sections 4980.46, 4992.10 and 4999.72)
- Prohibits an AMFT, ASW or APCC from being employed or volunteering in a private practice after the initial six-year registration runs out. (BPC sections 4984.01, 4996.28, 4999.45 and 4999.100)
- States that it is unprofessional conduct for an LEP, when employed by another person or agency, to encourage the employer’s or agency’s clientele to use his or her private practice for further counseling without the approval of the employing agency or administration. (BPC section 4989.54)
- Excludes private practices from the definition of “community mental health setting” in LPCC law. (16CCR section 1820)

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ATTACHMENT F

ASWB Examination program

Knowledge, Skills, and Abilities

Clinical Examination

I. HUMAN DEVELOPMENT, DIVERSITY, AND BEHAVIOR IN THE ENVIRONMENT 24%

IA. HUMAN GROWTH AND DEVELOPMENT

This section of the exam may include questions on the following topics:

- Theories of human development throughout the lifespan (e.g., physical, social, emotional, cognitive, behavioral)
- The indicators of normal and abnormal physical, cognitive, emotional, and sexual development throughout the lifespan
- Theories of sexual development throughout the lifespan
- Theories of spiritual development throughout the lifespan
- Theories of racial, ethnic, and cultural development throughout the lifespan
- The effects of physical, mental, and cognitive disabilities throughout the lifespan
- The interplay of biological, psychological, social, and spiritual factors
- Basic human needs
- The principles of attachment and bonding
- The effect of aging on biopsychosocial functioning
- Gerontology
- Personality theories
- Factors influencing self-image (e.g., culture, race, religion/spirituality, age, disability, trauma)
- Body image and its impact (e.g., identity, self-esteem, relationships, habits)
- Parenting skills and capacities
- Basic principles of human genetics
- The family life cycle
- Models of family life education in social work practice
- The impact of aging parents on adult children
- Systems and ecological perspectives and theories
- Strengths-based and resilience theories
- The dynamics and effects of loss, separation, and grief

IB. HUMAN BEHAVIOR IN THE SOCIAL ENVIRONMENT

This section of the exam may include questions on the following topics:

- Person-in-Environment (PIE) theory
- Family dynamics and functioning and the effects on individuals, families, groups, organizations, and communities
- The dynamics of interpersonal relationships
- Indicators and dynamics of abuse and neglect throughout the lifespan
- The effects of physical, sexual, and psychological abuse on individuals, families, groups, organizations, and communities

IB. HUMAN BEHAVIOR IN THE SOCIAL ENVIRONMENT (continued)

- The characteristics of perpetrators of abuse, neglect, and exploitation
- The effects of life events, stressors, and crises on individuals, families, groups, organizations, and communities
- The impact of stress, trauma, and violence
- Crisis intervention theories
- The effect of poverty on individuals, families, groups, organizations, and communities
- The impact of the environment (e.g., social, physical, cultural, political, economic) on individuals, families, groups, organizations, and communities
- Social and economic justice
- Theories of social change and community development
- The impact of social institutions on society
- The impact of globalization on clients/client systems (e.g., interrelatedness of systems, international integration, technology, environmental or financial crises, epidemics)
- Criminal justice systems
- The impact of out-of-home placement (e.g., hospitalization, foster care, residential care, criminal justice system) on clients/client systems
- Theories of couples development
- The impact of physical and mental illness on family dynamics
- Co-occurring disorders and conditions
- The impact of caregiving on families
- Psychological defense mechanisms and their effects on behavior and relationships
- Addiction theories and concepts
- The effects of addiction and substance abuse on individuals, families, groups, organizations, and communities
- The indicators of addiction and substance abuse
- Role theories
- Feminist theory
- Theories of group development and functioning
- Communication theories and styles
- Theories of conflict

IC. DIVERSITY AND DISCRIMINATION

This section of the exam may include questions on the following topics:

- The effect of disability on biopsychosocial functioning throughout the lifespan
- The effect of culture, race, and ethnicity on behaviors, attitudes, and identity
- The effects of discrimination and stereotypes on behaviors, attitudes, and identity
- The influence of sexual orientation on behaviors, attitudes, and identity
- The impact of transgender and transitioning process on behaviors, attitudes, identity, and relationships
- Systemic (institutionalized) discrimination (e.g., racism, sexism, ageism)
- The principles of culturally competent social work practice
- Sexual orientation concepts
- Gender and gender identity concepts

II. ASSESSMENT, DIAGNOSIS, AND TREATMENT PLANNING

30%

IIA. BIOPSYCHOSOCIAL HISTORY AND COLLATERAL DATA

This section of the exam may include questions on the following topics:

- The components of a biopsychosocial assessment
- Techniques and instruments used to assess clients/client systems
- The types of information available from other sources (e.g., agency, employment, medical, psychological, legal, or school records)
- Methods to obtain sensitive information (e.g., substance abuse, sexual abuse)
- The principles of active listening and observation
- The indicators of sexual dysfunction
- Symptoms of neurologic and organic disorders

IIB. ASSESSMENT AND DIAGNOSIS

This section of the exam may include questions on the following topics:

- The factors and processes used in problem formulation
- Methods of involving clients/client systems in problem identification (e.g., gathering collateral information)
- The components and function of the mental status examination
- Methods to incorporate the results of psychological and educational tests into assessment
- The indicators of psychosocial stress
- The indicators, dynamics, and impact of exploitation across the lifespan (e.g., financial, immigration status, sexual trafficking)
- The indicators of traumatic stress and violence
- Methods used to assess trauma
- Risk assessment methods
- The indicators and risk factors of the client's/client system's danger to self and others
- Methods to assess the client's/client system's strengths, resources, and challenges (e.g., individual, family, group, organization, community)
- The indicators of motivation, resistance, and readiness to change
- Methods to assess motivation, resistance, and readiness to change
- Methods to assess the client's/client system's communication skills
- Methods to assess the client's/client system's coping abilities
- The indicators of the client's/client system's strengths and challenges
- Methods to assess ego strengths
- The use of the Diagnostic and Statistical Manual of the American Psychiatric Association
- The indicators of mental and emotional illness throughout the lifespan
- Biopsychosocial factors related to mental health
- Biopsychosocial responses to illness and disability
- Common psychotropic and non-psychotropic prescriptions and over-the-counter medications and their side effects
- The indicators of somatization
- The indicators of feigning illness

IIB. ASSESSMENT AND DIAGNOSIS (continued)

- Basic medical terminology
- The indicators of behavioral dysfunction
- Placement options based on assessed level of care
- Methods to assess organizational functioning (e.g., agency assessments)
- Data collection and analysis methods

IIC. TREATMENT PLANNING

This section of the exam may include questions on the following topics:

- Methods to involve clients/client systems in intervention planning
- Cultural considerations in the creation of an intervention plan
- The criteria used in the selection of intervention/treatment modalities (e.g., client/client system abilities, culture, life stage)
- The components of intervention, treatment, and service plans
- Theories of trauma-informed care
- Methods and approaches to trauma-informed care
- The impact of immigration, refugee, or undocumented status on service delivery
- Methods to develop, review, and implement crisis plans
- Discharge, aftercare, and follow-up planning
- Techniques used to evaluate a client's/client system's progress
- Methods, techniques, and instruments used to evaluate social work practice
- The principles and features of objective and subjective data
- Basic and applied research design and methods
- Methods to assess reliability and validity in social work research

III. PSYCHOTHERAPY, CLINICAL INTERVENTIONS, AND CASE MANAGEMENT

27%

IIIA. THERAPEUTIC RELATIONSHIP

This section of the exam may include questions on the following topics:

- The components of the social worker-client/client system relationship
- The principles and techniques for building and maintaining a helping relationship
- The dynamics of power and transparency in the social worker-client/client system relationship
- The social worker's role in the problem-solving process
- Methods to clarify the roles and responsibilities of the social worker and client/client system in the intervention process
- The concept of acceptance and empathy in the social worker-client/client system relationship
- The dynamics of diversity in the social worker-client/client system relationship
- The effect of the client's developmental level on the social worker-client relationship
- The impact of domestic, intimate partner, and other violence on the helping relationship
- Verbal and nonverbal communication techniques
- The concept of congruence in communication
- Methods to obtain and provide feedback

IIIB. THE INTERVENTION PROCESS

This section of the exam may include questions on the following topics:

- The principles and techniques of interviewing (e.g., supporting, clarifying, focusing, confronting, validating, feedback, reflecting, language differences, use of interpreters, redirecting)
- The phases of intervention and treatment
- Problem-solving models and approaches (e.g., brief, solution-focused methods or techniques)
- The client's/client system's role in the problem-solving process
- Methods to engage and motivate clients/client systems
- Methods to engage and work with involuntary clients/client systems
- Limit setting techniques
- The technique of role play
- Role modeling techniques
- Techniques for harm reduction for self and others
- Methods to teach coping and other self-care skills to clients/client systems
- Client/client system self-monitoring techniques
- Methods of conflict resolution
- Crisis intervention and treatment approaches
- Anger management techniques
- Stress management techniques
- The impact of out-of-home displacement (e.g., natural disaster, homelessness, immigration) on clients/client systems
- Methods to create, implement, and evaluate policies and procedures that minimize risk for individuals, families, groups, organizations, and communities
- Psychotherapies
- Psychoanalytic and psychodynamic approaches
- Cognitive and behavioral interventions
- Strengths-based and empowerment strategies and interventions
- Client/client system contracting and goal-setting techniques
- Partializing techniques
- Assertiveness training
- Task-centered approaches
- Psychoeducation methods (e.g., acknowledging, supporting, normalizing)
- Group work techniques and approaches (e.g., developing and managing group processes and cohesion)
- Family therapy models, interventions, and approaches
- Couples interventions and treatment approaches
- Permanency planning
- Mindfulness and complementary therapeutic approaches
- Techniques used for follow-up
- Time management approaches
- Community organizing and social planning methods

IIIB. THE INTERVENTION PROCESS (continued)

- Methods to develop and evaluate measurable objectives for client/client system intervention, treatment, and/or service plans
- Primary, secondary, and tertiary prevention strategies
- The indicators of client/client system readiness for termination

IIIC. SERVICE DELIVERY AND MANAGEMENT OF CASES

This section of the exam may include questions on the following topics:

- The effects of policies, procedures, regulations, and legislation on social work practice and service delivery
- The impact of the political environment on policy-making
- Theories and methods of advocacy for policies, services, and resources to meet clients'/client systems' needs
- Methods of service delivery
- The components of case management
- The principles of case recording, documentation, and management of practice records
- Methods to establish service networks or community resources
- Employee recruitment, training, retention, performance appraisal, evaluation and discipline
- Case recording for practice evaluation or supervision
- Methods to evaluate agency programs (e.g., needs assessment, formative/summative assessment, cost effectiveness, cost-benefit analysis, outcomes assessment)
- The effects of program evaluation findings on services
- Quality assurance, including program reviews and audits by external sources

IIID. CONSULTATION AND INTERDISCIPLINARY COLLABORATION

This section of the exam may include questions on the following topics:

- Leadership and management techniques
- Models of supervision and consultation (e.g., individual, peer, group)
- Educational components, techniques, and methods of supervision
- The supervisee's role in supervision (e.g., identifying learning needs, self-assessment, prioritizing, etc.)
- Methods to identify learning needs and develop learning objectives for supervisees
- The elements of client/client system reports
- The elements of a case presentation
- The principles and processes for developing formal documents (e.g., proposals, letters, brochures, pamphlets, reports, evaluations)
- Consultation approaches (e.g. referrals to specialists)
- Methods of networking
- The process of interdisciplinary and intradisciplinary team collaboration
- The basic terminology of professions other than social work (e.g., legal, educational)
- Techniques to inform and influence organizational and social policy
- Methods to assess the availability of community resources
- Techniques for mobilizing community participation
- Methods to establish program objectives and outcomes
- Governance structures

IIID. CONSULTATION AND INTERDISCIPLINARY COLLABORATION (continued)

- The relationship between formal and informal power structures in the decision-making process
- Accreditation and/or licensing requirements

IV. PROFESSIONAL VALUES AND ETHICS

19%

IVA. PROFESSIONAL VALUES AND ETHICAL ISSUES

This section of the exam may include questions on the following topics:

- Legal and/or ethical issues related to the practice of social work, including responsibility to clients/client systems, colleagues, the profession, and society
- Techniques to identify and resolve ethical dilemmas
- The client's/client system's right to refuse services (e.g., medication, medical treatment, counseling, placement, etc.)
- Professional boundaries in the social worker-client/client system relationship (e.g., power differences, conflicts of interest, etc.)
- Ethical issues related to dual relationships
- Self-disclosure principles and applications
- The principles and processes of obtaining informed consent
- Legal and/or ethical issues regarding documentation
- Legal and/or ethical issues regarding termination
- Legal and/or ethical issues related to death and dying
- Research ethics (e.g., institutional review boards, use of human subjects, informed consent)
- Ethical issues in supervision and management
- Methods to create, implement, and evaluate policies and procedures for social worker safety

IVB. CONFIDENTIALITY

This section of the exam may include questions on the following topics:

- The use of client/client system records
- Legal and/or ethical issues regarding confidentiality, including electronic information security
- Legal and/or ethical issues regarding mandatory reporting (e.g., abuse, threat of harm, impaired professionals, etc.)

IVC. PROFESSIONAL DEVELOPMENT AND USE OF SELF

This section of the exam may include questions on the following topics:

- Professional values and principles (e.g., competence, social justice, integrity, and dignity and worth of the person)
- Professional objectivity in the social worker-client/client system relationship
- Techniques for protecting and enhancing client/client system self-determination
- Client/client system competence and self-determination (e.g., financial decisions, treatment decisions, emancipation, age of consent, permanency planning)
- The influence of the social worker's own values and beliefs on the social worker-client/client system relationship

IVC. PROFESSIONAL DEVELOPMENT AND USE OF SELF (continued)

- The influence of the social worker's own values and beliefs on interdisciplinary collaboration
- The impact of transference and countertransference in the social worker-client/client system relationship
- The impact of transference and countertransference within supervisory relationships
- The components of a safe and positive work environment
- Social worker self-care principles and techniques
- Burnout, secondary trauma, and compassion fatigue
- Evidence-based practice
- Professional development activities to improve practice and maintain current professional knowledge (e.g., in-service training, licensing requirements, reviews of literature, workshops)

MFT CALIFORNIA CLINICAL EXAMINATION PLAN

MFT California Clinical Examination Outline

CONTENT AREA	SECTION	WEIGHT	ITEMS
I. Clinical Evaluation		20%	30
	IA. Clinical Assessment	11%	17
	IB. Referral Services	2%	3
	IC. Diagnosis	7%	10
II. Crisis Management		12%	18
	IIA. Crisis Assessment	6%	9
	IIB. Crisis Management	6%	9
III. Treatment Planning		20%	30
	IIIA. Therapeutic Goals	2%	3
	IIIB. Treatment Plan Development	8%	12
	IIIC. Theoretical Orientation	10%	15
IV. Treatment		20%	30
	IVA. Therapeutic Intervention	8%	12
	IVB. Theoretical Orientation	7%	10
	IVC. Adjunctive Services	2%	3
	IVD. Termination	3%	5
V. Ethics		16%	24
	VA. Consent/Confidentiality	4%	6
	VB. Therapeutic Boundaries	4%	6
	VC. Competency	3%	4
	VD. Therapeutic Relationship	5%	8
VI. Law		12%	18
	VIA. Confidentiality/Privilege/ Exceptions	7%	11
	VIB. Professional Conduct	5%	7

The exact number of items devoted to each content area or section may vary slightly from one examination version to another in accordance with the clinical features and key factors associated with the scenario presented. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted.

The following pages contain detailed information regarding examination content. The content areas, sections, and associated task and knowledge statements are provided. It is important for candidates to use this section as a study guide because each item on the LMFT Written Clinical is directly linked to this examination outline. Candidates are encouraged to use this section to consider their strengths and weaknesses in each area in preparing and studying for the examination.

EXAMINATION CONTENT

The simulations on the NCMHCE are designed to sample a broad area of competencies, not the recall of isolated facts. Therefore, the simulations assess clinical problem-solving abilities including conducting empirically supported and professionally indicated assessments and formation of symptom-based DSM diagnoses and clinically aligned treatment plans. The examination consists of 10 clinical mental health counseling cases. Each case is divided into five to 10 sections classified as either Information Gathering (IG) or Decision Making (DM). One of the 10 simulations is included for field-test purposes; it is not scored and only used to generate item statistics for future simulations.

The examination covers the following areas:

Assessment and Diagnosis

Example assessment and diagnosis work behaviors include the following:

- Integrate client assessment and observational data.
- Identify precipitating problems or symptoms.
- Identify individual and/or relationship functioning.
- Identify relevant family issues.

Counseling and Psychotherapy

Example counseling and psychotherapy work behaviors include the following:

- Inform client about ethical standards and practice.
- Clarify counselor/client roles.
- Implement individual counseling in relation to a plan of treatment.
- Evaluate referral information.

Administration, Consultation, and Supervision

Example administration, consultation and supervision work behaviors include the following:

- Maintain case notes, records, and/or files.
- Determine if services meet clients' needs.
- Conduct professional communication.
- Assist clients with obtaining services.

EXAMINATION FORMAT

A clinical mental health counselor is required to make important clinical decisions regarding the well-being of clients. Therefore, a clinical simulation examination more realistically assesses knowledge of such decision-making.

The NCMHCE is a clinical simulation examination. Each simulation consists of three components: a scenario, Information Gathering (IG) sections, and Decision Making (DM) sections. The scenario provides the setting and introductory client information (e.g., age, gender, presenting problem[s]).

In Information Gathering (IG) sections, you are expected to gather all relevant information for diagnosis and treatment of your client. This might include family background, status of physical health, previous experience in counseling, etc. Be sure to read all options before submitting any selections. To make a selection, click the circle next to a response and then click the corresponding "submit" button to obtain feedback. You should select all options that are appropriate. If you select more or fewer options than are appropriate, this will adversely impact your Information Gathering score.

Decision Making (DM) sections provide opportunities for making clinical judgments or decisions. IG and DM sections may be formatted in one of two ways:

1. **Single Best Option**—There may be more than one acceptable option, but one option is generally regarded as most acceptable.
2. **Multiple Options**—Several options are considered appropriate. These sections address decisions in which a combination of actions is required.

In the Decision Making section described as "Single Best Option," the instructions are to "CHOOSE ONLY ONE" option. You should not assume that your response is incorrect if you are directed to make another selection. The simulation examination format sometimes uses this direction. The "Multiple Options" type of Decision Making section will have instructions to "SELECT AS MANY AS INDICATED." When making a selection, click the circle next to a response and then click the corresponding "submit" button to obtain feedback. If you fail to click the circle and submit button, you will not receive information to determine whether to proceed to the next section.

The procedure for taking the NCMHCE is different from that of multiple-choice examinations. Each simulation is identified by a number and the client's name, and each section by a letter.