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То:	Committee Members	Date:	May 17, 2021
From:	Rosanne Helms Legislative Manager	Telephone:	(916) 574-7897
Subject:	Discussion of Possible Amendments: Allor Videoconferencing	wance of Sup	ervision Via

#### <u>Summary</u>

This memo serves as a continuation of the discussion that was started at the Committee's March 26, 2021 meeting. It now includes an attachment with potential proposed amendments.

This discussion will focus on whether supervision via videoconferencing should continue to be allowed only in exempt settings or if it should also be allowed in other settings. Additionally, clarifying the term "face-to-face contact" as it pertains to interaction with one's supervisor will be discussed.

#### Supervision via Videoconferencing

Current law only permits associates to be supervised via videoconferencing if they are working in an exempt setting (a governmental entity, a school, college, or university, or an institution that is nonprofit and charitable). (BPC §§4980.43.2(d), 4996.23.1(f), and 4999.46.2(d))

In addition, right now the law only explicitly permits <u>associates</u> working in an exempt setting to obtain supervision via videoconferencing. The Board is currently pursuing an amendment, via its setting definition bill (AB 690), that would change the law to instead permit <u>supervisees</u> working in an exempt setting to obtain supervision via videoconferencing. This would clarify that trainees in exempt settings can also receive supervision via videoconference.

The COVID-19 state of emergency has raised questions about whether further change to the law is warranted. Due to the stay-at-home order, therapy has shifted from largely in-person to telehealth, and it remains to be seen to what degree this will continue after the emergency has passed. In the interest of public health, the director of the Department of Consumer Affairs (DCA) issued a law waiver that currently allows supervision to be via videoconference, regardless of the setting. However, that waiver will expire once it is safe for in-person activities to resume.

The Committee may wish to discuss whether supervision via videoconferencing should continue to be allowed only in exempt settings or if it should be permitted to some degree in other setting types. It should also discuss whether trainees in exempt settings should be subject to any limits to the amount of supervision via videoconferencing they can obtain.

# <u>Research</u>

There is some available research about the benefits and challenges of supervision via videoconference. Additional research is likely to become available in the coming months as supervision via telehealth has expanded due to the pandemic.

- The following recent article explores the supervision of couple and family therapy during the pandemic. (Sahebi, Bahareh. "Clinical Supervision of Couple and Family Therapy during COVID-19." *Family Process*, Volume 59, Issue 3, September 2020, pp. 989-996.): <u>https://onlinelibrary.wiley.com/doi/10.1111/famp.12591</u>
- The following is an older article (2014), however, it also provides insight into the methods, benefits, and shortcomings of videoconference supervision. (Rousmaniere, Tony, et.al. "Videoconference for Psychotherapy Training and Supervision: Two Case Examples." *The American Journal of Psychotherapy*, Volume 68, Issue 2, 2014, pp. 231-250.): <a href="https://psychotherapy.psychiatryonline.org/doi/10.1176/appi.psychotherapy.2014">https://psychotherapy.2014</a>, pp. 231-250.): <a href="https://psychotherapy.psychiatryonline.org/doi/10.1176/appi.psychotherapy.2014">https://psychotherapy.psychiatryonline.org/doi/10.1176/appi.psychotherapy.2014</a>. <a href="https://psychotherapy.2014">68.2.231</a></a>
- A link to a database showing what other states permit regarding online supervision is shown in **Reference 1** below.
- A link to an ASWB research paper, "Comparison of U.S. Clinical Social Work Supervised Experience License Requirements" is shown in **Reference 2** below.

## Clarification of "Face-to-Face Contact" in Supervision

It would also be helpful to clarify the references in law to "face-to-face contact" when defining direct supervisor contact. Right now, the law states the following (BPC §§4980.43.2(b), 4996.23.1(b), 4999.46.2(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 <u>face-to-face contact</u> between one supervisor and one supervisee.

(2) Triadic supervision, which means one hour of <u>face-to-face contact</u> between one supervisor and two supervisees.

(3) Group supervision, which means two hours of <u>face-to-face contact</u> 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.

Supervision via videoconferencing is technically face-to-face just like in-person supervision is. Therefore, the Committee should discuss whether face-to-face contact refers to in-person only, or if it also includes videoconferencing. Prior to COVID, the Board had discussed changing the above language to define it as "in-person face-to-face contact," however, post-COVID, this may no longer be desirable.

### Other States and Supervision via Videoconferencing

Here are some examples of what other states allow regarding supervision via videoconferencing:

<u>Delaware</u>: (For social workers) Live video conferencing is permitted for no more than 50% of the total supervision provided in any given month. (Reference 2)

<u>Indiana</u>: (For social workers) 50% of supervision may occur through virtual technology. (Reference 2)

<u>Kentucky</u>: (For social workers) Electronic supervision may be used for one direct meeting per month, after the first 25 hours of supervision is obtained in person. No more than 50% of individual supervision hours may be obtained in an electronic format.. (Reference 2)

<u>Arizona</u>: (LMFTs, LPCCss, LCSWs) "The Board shall accept hours of clinical supervision submitted by an applicant for licensure if: 1. At least two hours of the clinical supervision were provided in a face-to-face setting during each six-month period; 2. No more than 90 hours of the clinical supervision were provided by videoconference and telephone. 3. No more than 15 of the 90 hours of clinical supervision provided by videoconference and telephone were provided by telephone; and 4. Each clinical supervision session was at least 30 minutes long." (Reference 1)

<u>Massachusetts</u>: (LMFTs, mental health counselors, LCSWs) Virtual supervision is permitted, but the first session must be in-person. (Reference 1)

<u>Minnesota</u>: (LPCCs) At least 75 percent of the required supervision hours must be received in person. The remaining 25 percent of the required hours may be received by telephone or by audio or audiovisual electronic device. (Reference 1)

<u>Virginia</u>: (LMFTs, LPCCs, LCSWs) 100% of supervision hours appear to be permitted via virtual supervision. (Reference 1)

### Proposed Language

**Attachment A** contains possible proposed language. The proposal clarifies the meaning of "face-to-face contact" in the context of direct supervisor contact. It also proposes allowing, but limiting, the amount of supervision via videoconferencing in non-exempt settings.

Over the course of this discussion, the Committee and stakeholders should keep in mind that allowing supervision via videoconferencing has implications for allowing outof-state practice – Right now, the videoconferencing prohibition in non-exempt settings ensures an associate is not working entirely remotely. Therefore, the public protection implications of this should be a consideration in the discussion and any subsequent decision.

The Committee should also discuss if the allowance of all supervision via videoconference in exempt settings is appropriate for trainees, or for just associates.

#### **Attachments**

**Attachment A:** Proposed Amendments to Sections: BPC §§4980.43.2, 4996.23.1, 4999.46.2

Reference 1: State-by-State Online Clinical Supervision Rules (Source: Motivo)

**Reference 2:** ASWB Comparison of U.S. Clinical Social Work Supervised Experience License Requirements (as of 9-23-19) (See p. 8-10) <u>https://www.aswb.org/wp-</u> <u>content/uploads/2021/01/Comparison-of-clinical-supervision-requirements-9.23.19.pdf</u>

## Attachment A

## Reference Sections: BPC §§4980.43.2, 4996.23.1, 4999.46.2

Note: Red underline/strikeout is language being proposed via legislation this year. Blue underline/strikeout is newly proposed language for discussion today.

# <u>LMFTs</u>

### Business and Professions Code (BPC) § 4980.43.2. (As proposed in AB 690)

(a) Except for experience gained by attending workshops, seminars, training sessions, or conferences, as described in paragraph (9) (10) of subdivision (a) (c) 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) Face-to-face direct supervisor contact as described in subdivision (b) may be inperson contact, may be via two-way, real-time videoconferencing, or may be some combination of these. (i) Supervisees working in an exempt setting described in Section 4980.01 may obtain all required direct supervisor contact via two-way, real-time videoconferencing. (Note: discuss if this is appropriate for <u>all supervisees</u> working in an exempt setting (including trainees), or just associates.)

(ii) Supervisees working in a non-exempt setting described in Section 4980.06 shall obtain no more than fifty (50) percent of the required direct supervisor contact hours per month with each supervisor via two-way, real time videoconferencing.

(iii) Regardless of the method of supervision, the supervisor shall be responsible for ensuring compliance with federal and state laws relating to confidentiality of patient health information.

(ed) Direct supervisor contact shall occur within the same week as the hours claimed.

(de) Alternative supervision may be arranged during a supervisor's vacation or sick leave if the alternative supervision meets the requirements of this chapter.

(d) (e) Notwithstanding subdivision (b), an associate working in a governmental entity, school, college, university, or an institution that is nonprofit and charitable <u>a supervisee</u> working in 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.

(e)(f) 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)(10) of subdivision (a)(c) of Section 4980.43, shall be at the supervisor's discretion.

## <u>LCSWs</u>

BPC §4996.23.1. *Make same corresponding changes.* 

<u>LPCCs</u> BPC §4999.46.2 *Make same corresponding changes.*