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SUPERVISION COMMITTEE MEETING NOTICE

April 10, 2015
9:30 am

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

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

- I. Call to Order and Establishment of Quorum
- II. Introductions*
- III. Update on Prior Committee Decisions
- IV. Discussion and Possible Action Regarding Telehealth Supervised Work Experience
- V. Discussion Regarding Supervisor and Supervisee Survey Results
- VI. Update on Board of Psychology and California Medical Board Supervisor Requirements
- VII. Discussion Regarding Supervisor Qualifications
- VIII. Suggestions for Future Agenda Items
- IX. Public Comment for Items not on the Agenda
- X. Adjournment

**Introductions are voluntary for members of the public*

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Times and order of items are approximate and subject to change. Action may be taken on any item listed on the Agenda.



Governor
Edmund G. Brown Jr.
State of California

Business, Consumer Services
and Housing Agency

Department of
Consumer Affairs

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.

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To: Supervision Committee **Date:** April 2, 2015
From: Christy Berger **Telephone:** (916) 574-7817
Regulatory Analyst
Subject: Update on Prior Committee Decisions

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

Formal Decision on Supervised Experience Hours

At its meeting in November 2014, the Board approved language pertaining to the hours and types of supervised experience required for LCSW, LMFT and LPCC licensure and the associated minimums and maximums (aka “buckets”). The language reflects the committee’s and stakeholders’ desire to remove most of the “buckets” for LMFT and LPCC, and instead requires a minimum of 1,750 hours of direct counseling, and a maximum of 1,250 hours of non-clinical experience. The language also newly permits those in the LCSW process to count weekly supervision hours, as well as workshops, training and seminars toward their hours.

This legislation is being authored by Senator Marty Block, and has been assigned bill number SB 620 (attached). The language in the bill currently allows for a 2-year transition period. However, staff has requested amendments that would extend this to a 5-year transition period to ensure that no applicant is adversely affected by the changes. Those amendments are expected to be released soon.

Informal decisions (agreed on by stakeholders and the Committee)

- Time licensed in another state should be able to count towards 2 years of licensure for all supervisor/license types
- Supervisor training requirements should be consistent across license types

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

The remaining areas for the Supervision Committee to address are as follows:

Supervision Requirements including supervision definitions, amount and type of weekly supervisor contact, supervision formats, monitoring/evaluating the supervisee, etc.

Supervisor Responsibilities including the Supervisor Responsibility Statement

Employment/Employers including registrant/trainee employment, supervisor employment, offsite supervision, temp agency employers, etc.

Attachment: SB 620 (Block)

Introduced by Senator Block

February 27, 2015

An act to amend Sections 4980.03, 4980.42, 4980.43, 4980.44, 4996.23, and 4999.46 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 620, as introduced, Block. Board of Behavioral Sciences: licensure requirements.

Existing law provides for the licensure and regulation of marriage and family therapists, clinical social workers, and professional clinical counselors by the Board of Behavioral Sciences. Existing law requires applicants for licensure in those professions to comply with specific educational and experience requirements, including, but not limited to, hours of supervised experience, and sets forth terms, conditions, and limitations for those hours of experience, as specified

This bill would revise those experience requirements and provide that individuals who submit applications for examination eligibility between January 1, 2016, and December 31, 2017, may alternately qualify under the current requirements. The bill would also make other technical and conforming changes.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 4980.03 of the Business and Professions
- 2 Code is amended to read:

1 4980.03. (a) “Board,” as used in this chapter, means the Board
2 of Behavioral Sciences.

3 (b) “Intern,” as used in this chapter, means an unlicensed person
4 who has earned his or her master’s or doctor’s degree qualifying
5 him or her for licensure and is registered with the board.

6 (c) “Trainee,” as used in this chapter, means an unlicensed
7 person who is currently enrolled in a master’s or doctor’s degree
8 program, as specified in Sections 4980.36 and 4980.37, that is
9 designed to qualify him or her for licensure under this chapter, and
10 who has completed no less than 12 semester units or 18 quarter
11 units of coursework in any qualifying degree program.

12 (d) “Applicant,” as used in this chapter, means an unlicensed
13 person who has completed a master’s or doctoral degree program,
14 as specified in Sections 4980.36 and 4980.37, and whose
15 application for registration as an intern is pending, or an unlicensed
16 person who has completed the requirements for licensure as
17 specified in this chapter, is no longer registered with the board as
18 an intern, and is currently in the examination process.

19 (e) “Advertise,” as used in this chapter, includes, but is not
20 limited to, any public communication, as defined in subdivision
21 (a) of Section 651, the issuance of any card, sign, or device to any
22 person, or the causing, permitting, or allowing of any sign or
23 marking on, or in, any building or structure, or in any newspaper
24 or magazine or in any directory, or any printed matter whatsoever,
25 with or without any limiting qualification. Signs within religious
26 buildings or notices in church bulletins mailed to a congregation
27 shall not be construed as advertising within the meaning of this
28 chapter.

29 (f) “Experience,” as used in this chapter, means experience in
30 interpersonal relationships, psychotherapy, marriage and family
31 therapy, ~~and professional enrichment activities~~ *direct counseling,*
32 *and nonclinical practice* that satisfies the ~~requirement~~ *requirements*
33 for licensure as a marriage and family therapist pursuant to Section
34 4980.40.

35 (g) “Supervisor,” as used in this chapter, means an individual
36 who meets all of the following requirements:

37 (1) Has been licensed by a state regulatory agency for at least
38 two years as a marriage and family therapist, licensed clinical
39 social worker, licensed professional clinical counselor, licensed

1 psychologist, or licensed physician certified in psychiatry by the
2 American Board of Psychiatry and Neurology.

3 (2) If a licensed professional clinical counselor, the individual
4 shall meet the additional training and education requirements
5 specified in paragraph (3) of subdivision (a) of Section 4999.20.

6 (3) Has not provided therapeutic services to the trainee or intern.

7 (4) Has a current and valid license that is not under suspension
8 or probation.

9 (5) Complies with supervision requirements established by this
10 chapter and by board regulations.

11 (h) “Client centered advocacy,” as used in this chapter, includes,
12 but is not limited to, researching, identifying, and accessing
13 resources, or other activities, related to obtaining or providing
14 services and supports for clients or groups of clients receiving
15 psychotherapy or counseling services.

16 SEC. 2. Section 4980.42 of the Business and Professions Code
17 is amended to read:

18 4980.42. (a) Trainees performing services in any work setting
19 specified in subdivision ~~(d)~~ (e) of Section 4980.43 may perform
20 those activities and services as a trainee, provided that the activities
21 and services constitute part of the trainee’s supervised course of
22 study and that the person is designated by the title “trainee.”

23 (b) Trainees subject to Section 4980.37 may gain hours of
24 experience and counsel clients outside of the required practicum.
25 This subdivision shall apply to hours of experience gained and
26 client counseling provided on and after January 1, 2012.

27 (c) Trainees subject to Section 4980.36 may gain hours of
28 experience outside of the required practicum but must be enrolled
29 in a practicum course to counsel clients. Trainees subject to Section
30 4980.36 may counsel clients while not enrolled in a practicum
31 course if the period of lapsed enrollment is less than 90 calendar
32 days, and if that period is immediately preceded by enrollment in
33 a practicum course and immediately followed by enrollment in a
34 practicum course or completion of the degree program.

35 (d) All hours of experience gained pursuant to subdivisions (b)
36 and (c) shall be subject to the other requirements of this chapter.

37 (e) All hours of experience gained as a trainee shall be
38 coordinated between the school and the site where the hours are
39 being accrued. The school shall approve each site and shall have
40 a written agreement with each site that details each party’s

1 responsibilities, including the methods by which supervision shall
 2 be provided. The agreement shall provide for regular progress
 3 reports and evaluations of the student's performance at the site. If
 4 an applicant has gained hours of experience while enrolled in an
 5 institution other than the one that confers the qualifying degree, it
 6 shall be the applicant's responsibility to provide to the board
 7 satisfactory evidence that those hours of trainee experience were
 8 gained in compliance with this section.

9 SEC. 3. Section 4980.43 of the Business and Professions Code
 10 is amended to read:

11 4980.43. (a) ~~Prior to applying~~ *To qualify* for licensure
 12 ~~examinations, as specified in Section 4980.40,~~ each applicant shall
 13 complete experience ~~that related to the practice of marriage and~~
 14 ~~family therapy under a qualified supervisor. The experience shall~~
 15 comply with the following:

16 (1) A minimum of 3,000 hours *of supervised experience*
 17 completed during a period of at least 104 weeks.

18 (2) ~~Not more than~~ *A maximum of 40 hours* in any seven
 19 consecutive days.

20 (3) ~~Not less than~~ *A minimum of 1,700 hours of supervised*
 21 ~~experience completed subsequent to the granting of~~ *obtained after*
 22 ~~the qualifying master's or doctoral degree.~~ *degree was awarded.*

23 (4) ~~Not more than~~ *A maximum of 1,300 hours of supervised*
 24 ~~experience obtained prior to completing a~~ *the award date of the*
 25 ~~qualifying~~ *master's or doctoral degree.*

26 ~~The applicant shall not be credited with more than~~

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

30 ~~(5)~~

31 (6) No hours of experience may be gained prior to completing
 32 either 12 semester units or 18 quarter units of graduate ~~instruction~~
 33 ~~and becoming a trainee except for personal psychotherapy~~
 34 ~~instruction.~~

35 ~~(6)~~

36 (7) No hours of experience may be gained more than six years
 37 prior to the date the application for examination eligibility was
 38 filed, except that up to 500 hours of clinical experience gained in
 39 the supervised practicum required by subdivision (c) of Section

1 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d)
2 of Section 4980.36 shall be exempt from this six-year requirement.

3 ~~(7) Not more than a combined total of 1,000 hours of experience~~
4 ~~in the following:~~

5 ~~(A) Direct supervisor contact.~~

6 ~~(B) Professional enrichment activities. For purposes of this~~
7 ~~chapter, “professional enrichment activities” include the following:~~

8 ~~(i) Workshops, seminars, training sessions, or conferences~~
9 ~~directly related to marriage and family therapy attended by the~~
10 ~~applicant that are approved by the applicant’s supervisor. An~~
11 ~~applicant shall have no more than 250 hours of verified attendance~~
12 ~~at these workshops, seminars, training sessions, or conferences.~~

13 ~~(ii) Participation by the applicant in personal psychotherapy,~~
14 ~~which includes group, marital or conjoint, family, or individual~~
15 ~~psychotherapy by an appropriately licensed professional. An~~
16 ~~applicant shall have no more than 100 hours of participation in~~
17 ~~personal psychotherapy. The applicant shall be credited with three~~
18 ~~hours of experience for each hour of personal psychotherapy.~~

19 ~~(8) Not more than 500 hours of experience providing group~~
20 ~~therapy or group counseling.~~

21 ~~(9) For all hours gained on or after January 1, 2012, not more~~
22 ~~than 500 hours of experience in the following:~~

23 ~~(A) Experience administering and evaluating psychological~~
24 ~~tests, writing clinical reports, writing progress notes, or writing~~
25 ~~process notes.~~

26 ~~(B) Client centered advocacy.~~

27 ~~(10) Not less than~~

28 ~~(8) A minimum of 1,750 hours of direct counseling with~~
29 ~~individuals, groups, couples, or families, that includes not less~~
30 ~~than 500 total hours of experience in diagnosing and treating~~
31 ~~couples, families, and children. For up to 150 hours of treating~~
32 ~~couples and families in conjoint therapy, the applicant shall be~~
33 ~~credited with two hours of experience for each hour of therapy~~
34 ~~provided.~~

35 ~~(11) Not more than 375 hours of experience providing personal~~
36 ~~psychotherapy, crisis counseling, or other counseling services via~~
37 ~~telehealth in accordance with Section 2290.5.~~

38 ~~(9) A maximum of 1,250 hours of nonclinical practice, including~~
39 ~~direct supervisor contact, administering and evaluating~~
40 ~~psychological tests, writing clinical reports, writing progress or~~

1 *process notes, client-centered advocacy, and workshops, seminars,*
2 *training sessions, or conferences directly related to marriage and*
3 *family therapy that have been approved by the applicant's*
4 *supervisor.*

5 ~~(12)~~

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

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

12 (b) *An individual who submits an application for examination*
13 *eligibility between January 1, 2016, and December 31, 2017, may*
14 *alternately qualify under the experience requirements that were*
15 *in place on January 1, 2015.*

16 ~~(b)~~

17 (c) All applicants, trainees, and registrants shall be at all times
18 under the supervision of a supervisor who shall be responsible for
19 ensuring that the extent, kind, and quality of counseling performed
20 is consistent with the training and experience of the person being
21 supervised, and who shall be responsible to the board for
22 compliance with all laws, rules, and regulations governing the
23 practice of marriage and family therapy. Supervised experience
24 shall be gained by interns and trainees only as an employee or as
25 a volunteer. The requirements of this chapter regarding gaining
26 hours of experience and supervision are applicable equally to
27 employees and volunteers. Experience shall not be gained by
28 interns or trainees as an independent contractor.

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

32 (2) If volunteering, an intern shall provide the board with a letter
33 from his or her employer verifying the intern's employment as a
34 volunteer upon application for licensure.

35 ~~(e)~~

36 (d) Except for experience gained pursuant to subparagraph (B)
37 of paragraph (7) of subdivision (a), by attending workshops,
38 seminars, training sessions, or conferences as described in
39 paragraph (9) of subdivision (a), supervision shall include at least

1 one hour of direct supervisor contact in each week for which
2 experience is credited in each work setting, as specified

3 (1) A trainee shall receive an average of at least one hour of
4 direct supervisor contact for every five hours of client contact in
5 each setting. No more than six hours of supervision, whether
6 individual or group, shall be credited during any single week.

7 (2) An individual supervised after being granted a qualifying
8 degree shall receive at least one additional hour of direct supervisor
9 contact for every week in which more than 10 hours of client
10 contact is gained in each setting. No more than six hours of
11 supervision, whether individual or group, shall be credited during
12 any single week.

13 (3) For purposes of this section, “one hour of direct supervisor
14 contact” means one hour per week of face-to-face contact on an
15 individual basis or two hours per week of face-to-face contact in
16 a group.

17 (4) Direct supervisor contact shall occur within the same week
18 as the hours claimed.

19 (5) Direct supervisor contact provided in a group shall be
20 provided in a group of not more than eight supervisees and in
21 segments lasting no less than one continuous hour.

22 (6) Notwithstanding paragraph (3), an intern working in a
23 governmental entity, a school, a college, or a university, or an
24 institution that is both nonprofit and charitable may obtain the
25 required weekly direct supervisor contact via two-way, real-time
26 videoconferencing. The supervisor shall be responsible for ensuring
27 that client confidentiality is upheld

28 (7) All experience gained by a trainee shall be monitored by the
29 supervisor as specified by regulation.

30 (8) The six hours of supervision that may be credited during
31 any single week pursuant to paragraphs (1) and (2) shall apply to
32 supervision hours gained on or after January 1, 2009.

33 ~~(d)~~

34 (e) (1) A trainee may be credited with supervised experience
35 completed in any setting that meets all of the following:

36 (A) Lawfully and regularly provides mental health counseling
37 or psychotherapy.

38 (B) Provides oversight to ensure that the trainee’s work at the
39 setting meets the experience and supervision requirements set forth

1 in this chapter and is within the scope of practice for the profession
2 as defined in Section 4980.02

3 (C) Is not a private practice owned by a licensed marriage and
4 family therapist, a licensed professional clinical counselor, a
5 licensed psychologist, a licensed clinical social worker, a licensed
6 physician and surgeon, or a professional corporation of any of
7 those licensed professions.

8 (2) Experience may be gained by the trainee solely as part of
9 the position for which the trainee volunteers or is employed.

10 ~~(e)~~

11 *(f)* (1) An intern may be credited with supervised experience
12 completed in any setting that meets both of the following:

13 (A) Lawfully and regularly provides mental health counseling
14 or psychotherapy.

15 (B) Provides oversight to ensure that the intern's work at the
16 setting meets the experience and supervision requirements set forth
17 in this chapter and is within the scope of practice for the profession
18 as defined in Section 4980.02

19 (2) An applicant shall not be employed or volunteer in a private
20 practice, as defined in subparagraph (C) of paragraph (1) of
21 subdivision ~~(d)~~, *(e)*, until registered as an intern.

22 (3) While an intern may be either a paid employee or a
23 volunteer, employers are encouraged to provide fair remuneration
24 to interns.

25 (4) Except for periods of time during a supervisor's vacation or
26 sick leave, an intern who is employed or volunteering in private
27 practice shall be under the direct supervision of a licensee that has
28 satisfied the requirements of subdivision (g) of Section 4980.03.
29 The supervising licensee shall either be employed by and practice
30 at the same site as the intern's employer, or shall be an owner or
31 shareholder of the private practice. Alternative supervision may
32 be arranged during a supervisor's vacation or sick leave if the
33 supervision meets the requirements of this section.

34 (5) Experience may be gained by the intern solely as part of the
35 position for which the intern volunteers or is employed.

36 ~~(f)~~

37 *(g)* Except as provided in subdivision ~~(g)~~, *(h)*, all persons shall
38 register with the board as an intern in order to be credited for
39 postdegree hours of supervised experience gained toward licensure.

40 ~~(g)~~

1 (h) Except when employed in a private practice setting, all
2 postdegree hours of experience shall be credited toward licensure
3 so long as the applicant applies for the intern registration within
4 90 days of the granting of the qualifying master's or doctoral
5 degree and is thereafter granted the intern registration by the board.

6 ~~(h)~~

7 (i) Trainees, interns, and applicants shall not receive any
8 remuneration from patients or clients, and shall only be paid by
9 their employers.

10 ~~(i)~~

11 (j) Trainees, interns, and applicants shall only perform services
12 at the place where their employers regularly conduct business,
13 which may include performing services at other locations, so long
14 as the services are performed under the direction and control of
15 their employer and supervisor, and in compliance with the laws
16 and regulations pertaining to supervision. Trainees and interns
17 shall have no proprietary interest in their employers' businesses
18 and shall not lease or rent space, pay for furnishings, equipment,
19 or supplies, or in any other way pay for the obligations of their
20 employers.

21 ~~(j)~~

22 (k) Trainees, interns, or applicants who provide volunteered
23 services or other services, and who receive no more than a total,
24 from all work settings, of five hundred dollars (\$500) per month
25 as reimbursement for expenses actually incurred by those trainees,
26 interns, or applicants for services rendered in any lawful work
27 setting other than a private practice shall be considered an
28 employee and not an independent contractor. The board may audit
29 applicants who receive reimbursement for expenses, and the
30 applicants shall have the burden of demonstrating that the payments
31 received were for reimbursement of expenses actually incurred.

32 ~~(k)~~

33 (l) Each educational institution preparing applicants for licensure
34 pursuant to this chapter shall consider requiring, and shall
35 encourage, its students to undergo individual, marital or conjoint,
36 family, or group counseling or psychotherapy, as appropriate. Each
37 supervisor shall consider, advise, and encourage his or her interns
38 and trainees regarding the advisability of undertaking individual,
39 marital or conjoint, family, or group counseling or psychotherapy,
40 as appropriate. Insofar as it is deemed appropriate and is desired

1 by the applicant, the educational institution and supervisors are
 2 encouraged to assist the applicant in locating that counseling or
 3 psychotherapy at a reasonable cost.

4 SEC. 4. Section 4980.44 of the Business and Professions Code
 5 is amended to read:

6 4980.44. An unlicensed marriage and family therapist intern
 7 employed under this chapter shall comply with the following
 8 requirements:

9 (a) Possess, at a minimum, a master's degree as specified in
 10 Section 4980.36 or 4980.37, as applicable.

11 (b) Register with the board prior to performing any duties,
 12 except as otherwise provided in subdivision ~~(g)~~ (h) of Section
 13 4980.43.

14 (c) Prior to performing any professional services, inform each
 15 client or patient that he or she is an unlicensed marriage and family
 16 therapist registered intern, provide his or her registration number
 17 and the name of his or her employer, and indicate whether he or
 18 she is under the supervision of a licensed marriage and family
 19 therapist, licensed clinical social worker, licensed professional
 20 clinical counselor, licensed psychologist, or a licensed physician
 21 and surgeon certified in psychiatry by the American Board of
 22 Psychiatry and Neurology.

23 (d) (1) Any advertisement by or on behalf of a marriage and
 24 family therapist registered intern shall include, at a minimum, all
 25 of the following information:

26 (A) That he or she is a marriage and family therapist registered
 27 intern.

28 (B) The intern's registration number.

29 (C) The name of his or her employer.

30 (D) That he or she is supervised by a licensed person.

31 (2) The abbreviation "MFTI" shall not be used in an
 32 advertisement unless the title "marriage and family therapist
 33 registered intern" appears in the advertisement.

34 SEC. 5. Section 4996.23 of the Business and Professions Code
 35 is amended to read:

36 ~~4996.23. The experience required by subdivision (c) of Section~~
 37 ~~4996.2 shall meet the following criteria:~~

38 ~~(a) All persons registered with the board on and after January~~
 39 ~~1, 2002, shall have at least 3,200 hours of post-master's degree~~

1 supervised experience providing clinical social work services as
2 permitted by Section 4996.9. At

3 4996.23. (a) To qualify for licensure as specified in Section
4 4996.2, each applicant shall complete 3,200 hours of post-master's
5 degree experience related to the practice of clinical social work,
6 under a qualified supervisor. The experience shall comply with
7 the following:

8 (1) At least 1,700 hours shall be gained under the supervision
9 of a licensed clinical social worker. The remaining required
10 supervised experience may be gained under the supervision of a
11 licensed mental health professional acceptable to the board as
12 defined by a regulation adopted by the board. ~~This experience shall~~
13 ~~consist of the following:~~

14 ~~(1)~~

15 (2) A minimum of 2,000 hours in clinical psychosocial
16 diagnosis, assessment, and treatment, including psychotherapy or
17 counseling.

18 ~~(2)~~

19 (3) A maximum of 1,200 hours in client-centered advocacy,
20 consultation, evaluation, ~~and research~~, *research, direct supervisor*
21 *contact, and workshops, seminars, training sessions, or conferences*
22 *directly related to clinical social work that have been approved*
23 *by the applicant's supervisor.*

24 ~~(3)~~

25 (4) Of the 2,000 clinical hours required in paragraph ~~(1)~~, (2),
26 no less than 750 hours shall be face-to-face individual or group
27 psychotherapy provided to clients in the context of clinical social
28 work services.

29 ~~(4)~~

30 (5) A minimum of two years of supervised experience is required
31 to be obtained over a period of not less than 104 weeks and shall
32 have been gained within the six years immediately preceding the
33 date on which the application for licensure was filed

34 ~~(5)~~

35 (6) Experience shall not be credited for more than 40 hours in
36 any week.

37 (b) *An individual who submits an application for examination*
38 *eligibility between January 1, 2016, and December 31, 2017, may*
39 *alternately qualify under the experience requirements that were*
40 *in place on January 1, 2015.*

- 1 ~~(b)~~
- 2 (c) “Supervision” means responsibility for, and control of, the
- 3 quality of clinical social work services being provided.
- 4 Consultation or peer discussion shall not be considered to be
- 5 supervision.
- 6 ~~(e)~~
- 7 (d) (1) Prior to the commencement of supervision, a supervisor
- 8 shall comply with all requirements enumerated in Section 1870 of
- 9 Title 16 of the California Code of Regulations and shall sign under
- 10 penalty of perjury the “Responsibility Statement for Supervisors
- 11 of an Associate Clinical Social Worker” form.
- 12 (2) Supervised experience shall include at least one hour of
- 13 direct supervisor contact for a minimum of 104 weeks. For
- 14 purposes of this subdivision, “one hour of direct supervisor contact”
- 15 means one hour per week of face-to-face contact on an individual
- 16 basis or two hours of face-to-face contact in a group conducted
- 17 within the same week as the hours claimed.
- 18 (3) An associate shall receive at least one additional hour of
- 19 direct supervisor contact for every week in which more than 10
- 20 hours of face-to-face psychotherapy is performed in each setting
- 21 in which experience is gained. No more than ~~five~~ six hours of
- 22 supervision, whether individual or group, shall be credited during
- 23 any single week.
- 24 (4) *Supervision shall include at least one hour of direct*
- 25 *supervisor contact during each week for which experience is gained*
- 26 *in each work setting. Supervision is not required for experience*
- 27 *gained attending workshops, seminars, training sessions, or*
- 28 *conferences as described in paragraph (3) of subdivision (a).*
- 29 (5) *The six hours of supervision that may be credited during*
- 30 *any single week pursuant to paragraph (3) shall apply only to*
- 31 *supervision hours gained on or after January 1, 2010.*
- 32 (6) Group supervision shall be provided in a group of not more
- 33 than eight supervisees and shall be provided in segments lasting
- 34 no less than one continuous hour.
- 35 ~~(5)~~
- 36 (7) Of the 104 weeks of required supervision, 52 weeks shall
- 37 be individual supervision, and of the 52 weeks of required
- 38 individual supervision, not less than 13 weeks shall be supervised
- 39 by a licensed clinical social worker.
- 40 ~~(6)~~

1 (8) Notwithstanding paragraph (2), an associate clinical social
2 worker working for a governmental entity, school, college, or
3 university, or an institution that is both a nonprofit and charitable
4 institution, may obtain the required weekly direct supervisor
5 contact via live two-way videoconferencing. The supervisor shall
6 be responsible for ensuring that client confidentiality is preserved.

7 ~~(d)~~

8 (e) The supervisor and the associate shall develop a supervisory
9 plan that describes the goals and objectives of supervision. These
10 goals shall include the ongoing assessment of strengths and
11 limitations and the assurance of practice in accordance with the
12 laws and regulations. The associate shall submit to the board the
13 initial original supervisory plan upon application for licensure.

14 ~~(e)~~

15 (f) Experience shall only be gained in a setting that meets both
16 of the following:

17 (1) Lawfully and regularly provides clinical social work, mental
18 health counseling, or psychotherapy.

19 (2) Provides oversight to ensure that the associate's work at the
20 setting meets the experience and supervision requirements set forth
21 in this chapter and is within the scope of practice for the profession
22 as defined in Section 4996.9

23 ~~(f)~~

24 (g) Experience shall not be gained until the applicant has been
25 registered as an associate clinical social worker.

26 ~~(g)~~

27 (h) Employment in a private practice as defined in subdivision
28 ~~(h)~~ (i) shall not commence until the applicant has been registered
29 as an associate clinical social worker.

30 ~~(h)~~

31 (i) A private practice setting is a setting that is owned by a
32 licensed clinical social worker, a licensed marriage and family
33 therapist, a licensed psychologist, a licensed professional clinical
34 counselor, a licensed physician and surgeon, or a professional
35 corporation of any of those licensed professions.

36 ~~(i)~~

37 (j) If volunteering, the associate shall provide the board with a
38 letter from his or her employer verifying his or her voluntary status
39 upon application for licensure.

40 ~~(j)~~

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

4 ~~(k)~~

5 (l) While an associate may be either a paid employee or
6 volunteer, employers are encouraged to provide fair remuneration
7 to associates.

8 ~~(l)~~

9 (m) An associate shall not do the following:

10 (1) Receive any remuneration from patients or clients and shall
11 only be paid by his or her employer.

12 (2) Have any proprietary interest in the employer’s business.

13 (3) Lease or rent space, pay for furnishings, equipment, or
14 supplies, or in any other way pay for the obligations of his or her
15 employer.

16 ~~(m)~~

17 (n) An associate, whether employed or volunteering, may obtain
18 supervision from a person not employed by the associate’s
19 employer if that person has signed a written agreement with the
20 employer to take supervisory responsibility for the associate’s
21 social work services.

22 ~~(n)~~

23 (o) Notwithstanding any other provision of law, associates and
24 applicants for examination shall receive a minimum of one hour
25 of supervision per week for each setting in which he or she is
26 working.

27 SEC. 6. Section 4999.46 of the Business and Professions Code,
28 as amended by Section 3 of Chapter 435 of the Statutes of 2014,
29 is amended to read:

30 4999.46. (a) To qualify for ~~the licensure examination as~~
31 ~~specific by paragraph (2) of subdivision (a) of Section 4999.53,~~
32 ~~in Section 4999.50,~~ applicants shall complete ~~clinical mental health~~
33 *experience related to the practice of professional clinical*
34 *counseling under the general supervision of an approved supervisor*
35 ~~as defined in Section 4999.12. a qualified supervisor. The~~
36 *experience shall comply with the following:*

37 ~~(b) The experience shall include a~~

38 (1) ~~A minimum of 3,000 postdegree hours of supervised clinical~~
39 ~~mental health experience related to the practice of professional~~

1 ~~clinical counseling~~, performed over a period of not less than two
2 years (104 weeks), which shall include: *weeks*.

3 ~~(1)~~

4 ~~(2)~~ Not more than 40 hours in any seven consecutive days.

5 ~~(2)~~

6 ~~(3)~~ Not less than 1,750 hours of direct counseling with
7 individuals, groups, couples, or families in a setting described in
8 Section 4999.44 using a variety of psychotherapeutic techniques
9 and recognized counseling interventions within the scope of
10 practice of licensed professional clinical counselors.

11 ~~(3)~~ Not more than 500 hours of experience providing group
12 therapy or group counseling.

13 ~~(4)~~ Not more than 375 hours of experience providing personal
14 psychotherapy, crisis counseling, or other counseling services via
15 telehealth in accordance with Section 2290.5.

16 ~~(5)~~

17 ~~(4)~~ Not less than 150 hours of clinical experience in a hospital
18 or community mental health setting, as defined in Section 1820 of
19 Title 16 of the California Code of Regulations.

20 ~~(6)~~ Not more than a combined total of 1,250 hours of experience
21 in the following related activities:

22 ~~(A)~~ Direct supervisor contact.

23 ~~(B)~~ Client centered advocacy.

24 ~~(C)~~ Not more than 250 hours of experience administering tests
25 and evaluating psychological tests of clients, writing clinical
26 reports, writing progress notes, or writing process notes.

27 ~~(D)~~ Not more than 250 hours of verified attendance at
28 workshops, seminars, training sessions, or conferences directly
29 related to professional clinical counseling that are approved by the
30 applicant's supervisor.

31 *(5) A maximum of 1,250 hours of nonclinical practice, including*
32 *direct supervisor contact, administering and evaluating*
33 *psychological tests, writing clinical reports, writing progress or*
34 *process notes, client-centered advocacy, and workshops, seminars,*
35 *training sessions, or conferences directly related to professional*
36 *clinical counseling that have been approved by the applicant's*
37 *supervisor.*

38 *(b) An individual who submits an application for examination*
39 *eligibility between January 1, 2016, and December 31, 2017, may*

1 *alternately qualify under the experience requirements that were*
2 *in place on January 1, 2015.*

3 (c) No hours of clinical mental health experience may be gained
4 more than six years prior to the date the application for examination
5 eligibility was filed

6 (d) An applicant shall register with the board as an intern in
7 order to be credited for postdegree hours of experience toward
8 licensure. Postdegree hours of experience shall be credited toward
9 licensure, provided that the applicant applies for intern registration
10 within 90 days of the granting of the qualifying degree and is
11 registered as an intern by the board.

12 (e) All applicants and interns shall be at all times under the
13 supervision of a supervisor who shall be responsible for ensuring
14 that the extent, kind, and quality of counseling performed is
15 consistent with the training and experience of the person being
16 supervised, and who shall be responsible to the board for
17 compliance with all laws, rules, and regulations governing the
18 practice of professional clinical counseling.

19 (f) Experience obtained under the supervision of a spouse or
20 relative by blood or marriage shall not be credited toward the
21 required hours of supervised experience. Experience obtained
22 under the supervision of a supervisor with whom the applicant has
23 had or currently has a personal, professional, or business
24 relationship that undermines the authority or effectiveness of the
25 supervision shall not be credited toward the required hours of
26 supervised experience.

27 (g) Except for experience gained pursuant to subparagraph (D)
28 of paragraph (6) of subdivision (b), *by attending workshops,*
29 *seminars, training sessions, or conferences as described in*
30 *paragraph (5) of subdivision (a),* supervision shall include at least
31 one hour of direct supervisor contact in each week for which
32 experience is credited in each work setting.

33 (1) No more than six hours of supervision, whether individual
34 or group, shall be credited during any single week. This paragraph
35 shall apply to supervision hours gained on or after January 1, 2009.

36 (2) An intern shall receive at least one additional hour of direct
37 supervisor contact for every week in which more than 10 hours of
38 face-to-face psychotherapy is performed in each setting in which
39 experience is gained.

1 (3) For purposes of this section, “one hour of direct supervisor
2 contact” means one hour of face-to-face contact on an individual
3 basis or two hours of face-to-face contact in a group of not more
4 than eight persons in segments lasting no less than one continuous
5 hour.

6 (4) Notwithstanding paragraph (3), an intern working in a
7 governmental entity, a school, a college, or a university, or an
8 institution that is both nonprofit and charitable, may obtain the
9 required weekly direct supervisor contact via two-way, real-time
10 videoconferencing. The supervisor shall be responsible for ensuring
11 that client confidentiality is upheld

12 (h) This section shall become operative on January 1, 2016.

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To: Supervision Committee **Date:** March 20, 2015
From: Rosanne Helms **Telephone:** (916) 574-7897
Legislative Analyst
Subject: **Gaining Supervised Work Experience via Telehealth**

Background

At its meeting in November 2014, the Board approved language pertaining to the hours and types of supervised experience required for licensure as a LCSW, LMFT or LPCC, and the associated minimums and maximums (“buckets”). The language reflected the committee’s and stakeholders’ desire to remove most of the “buckets” for LMFT and LPCC, and instead requires a minimum of 1,750 hours of direct counseling, and a maximum of 1,250 hours of non-clinical experience.

This proposal is currently being considered in the Legislature as SB 620 (Block).

Concerns About Experience Hours Gained via Telehealth

Several stakeholders have raised concern that SB 620 removes the limit on experience hours gained via telehealth. This could potentially allow an applicant to gain all of his or her experience hours via telehealth.

Current law limits LMFT and LPCC applicants to no more than 375 hours providing personal psychotherapy, crisis counseling, or other counseling services via telehealth. Language in the law, (which SB 620 is deleting), is as follows (BPC §§4980.43(a)(11), 4999.46(b)(4)):

“Not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth in accordance with Section 2290.5.”

There is currently not a telehealth experience limit for LCSW applicants.

Survey

BBS staff randomly surveyed a sample of 100 recent LMFT applications to determine if applicants were gaining a significant number of experience hours via telehealth.

The survey can be found in **Attachment B**.

The survey found that very few applicants are close to maxing out the 375 allowed telehealth experience hours. Only 6 of the 100 applicants reported over 300 telehealth hours.

The average telehealth hours gained was 66, and the median was 21 hours.

Recommendation

Conduct an open discussion about the possible costs and benefits of not specifying a limit on experience hours gained by LMFT and LPCC applicants via telehealth.

Attachment A: SB 620: Board-Approved Language – Hours of Supervised Experience (same as attachment on agenda item III)

Attachment B: Telehealth Experience Hours Gained Pre and Post Degree: Survey of 100 Recent LMFT Applications

Attachment B
Telehealth Experience Hours Gained Pre and Post Degree
Survey of 100 Recent LMFT Applications

LMFT APPLICANT	Pre-Degree Telehealth Hours	Post-Degree Telehealth Hours	Total Telehealth Hours
1	1	0	1
2	28	9	37
3	0	1	1
4	0	0	0
5	0	0	0
6	2	4	6
7	0	0	0
8	1	63	64
9	0	182	182
10	0	105	105
11	5	0	5
12	0	0	0
13	4	94	98
14	54	142	196
15	1	125	126
16	34	18	52
17	0	0	0
18	0	0	0
19	0	0	0
20	0	102	102
21	28	11	39
22	4	158	162
23	3	28	31
24	0	0	0
25	20	83	103
26	0	110	110
27	0	0	0
28	0	4	4
29	0	0	0
30	0	1	1
31	0	31	31
32	8	364	372
33	128	232	360
34	1	26	27
35	30	67	97
36	9	89	98
37	98	16	114
38	0	0	0
39	2	0	2
40	0	375	375

LMFT APPLICANT	Pre-Degree Telehealth Hours	Post-Degree Telehealth Hours	Total Telehealth Hours
41	0	0	0
42	0	375	375
43	0	112	112
44	31	107	138
45	50	182	232
46	52	11	63
47	24	169	193
48	17	14	31
49	0	0	0
50	4	32	36
51	0	0	0
52	11	175	186
53	0	39	39
54	0	0	0
55	8	79	87
56	0	0	0
57	0	0	0
58	0	11	11
59	0	0	0
60	0	1	1
61	0	102	102
62	0	31	31
63	48	57	105
64	0	0	0
65	0	0	0
66	0	91	91
67	0	13	13
68	0	0	0
69	25	65	90
70	0	48	48
71	0	324	324
72	0	0	0
73	0	86	86
74	21	17	38
75	0	68	68
76	0	12	12
77	0	0	0
78	0	13	13
79	0	4	4
80	0	0	0
81	0	85	85
82	1	13	14
83	38	124	162
84	0	6	6

LMFT APPLICANT	Pre-Degree Telehealth Hours	Post-Degree Telehealth Hours	Total Telehealth Hours
85	0	0	0
86	0	364	364
87	0	8	8
88	10	0	10
89	0	0	0
90	0	0	0
91	0	1	1
92	0	0	0
93	0	0	0
94	0	105	105
95	0	0	0
96	0	123	123
97	4	5	9
98	66	132	198
99	8	44	52
100	0	0	0
AVERAGE HOURS	9	57	66
MEDIAN HOURS	0	13	21

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To: Supervision Committee **Date:** March 27, 2015
From: Steve Sodergren **Telephone:** (916) 574-7847
Assistant Executive Officer
Subject: Supervisee/Supervisor Survey Results

On April 4, 2014 the Supervision Committee discussed the possibility of performing a supervision survey, similar to one conducted in 2006, to gain a better understanding of the supervision as it exist today. It was determined that a survey would be valuable in assisting with future committee discussions. Staff used SurveyMonkey to design a Supervisee and a Supervisor Survey.

The Supervisee Survey was designed to collect demographic information and to determine the types and quality of supervision that registrants are receiving. The Supervisor Survey was designed to collect demographic information, gather opinions regarding current supervisory requirements and possible additional requirements. The committee performed a final review of the surveys during the January 2015 meeting.

Both surveys were finally published on March 2, 2015 and distributed. While the Board is still accepting responses to the surveys, this summary and report will only include responses that were received prior to March 24, 2015. Many of the questions in the surveys allowed the respondent to enter open ended responses. Because there were hundreds of comments received there is only a sampling of comments presented.

SUPERVISEE SUMMARY

The Supervisee Survey was composed of 20 questions. Twelve of the questions prompted the respondent to provide information about each of the supervisors. The last two questions of the survey asked for feedback from the respondent concerning their biggest fear about the licensing process as well as how the BBS can assist them better. These last two questions were meant to assist BBS management in determining areas of organizational improvement.

As of March 23, 2015 there were 397 total responses to the Supervisee Survey of which 195 responses were fully complete; meaning that all questions were answered. Final tabulation of response only includes complete answers. There were a total of 418 responses in regards to the supervisee experience with individual supervisors. This is due to the fact that each respondent could have had more than one supervisor during the course of their supervision.

Considering the current registrant population; there was a fairly representative division among the types of registrants that responded: 105 (54%) Marriage and Family Interns (MFTI), 66 (34%) Associate Clinical Social Worker (ASW) and 24 (12%) Professional Counselor Interns (PCI). Six respondents had dual registrations as a MFTI and PCI. There was one that had a dual registration as an ASW and PCI.

Registrations are renewed annually and can only be renewed five times. After a registration has met the maximum renewal period, the registrant must apply for a second registration number. Of the 195 respondents 173 (90%) were currently within their first registration. The two primary reasons for needing a second registration number is for employment purposes and because it can be difficult to obtain the required hours within the six year requirement.

- On average, respondents reported gaining approximately 60% more Clinical hours (1,587) than Non-Clinical hours (946).
- Registrants reported having a caseload from 2 to 67 cases per week. The average case load was 15 cases per week.
- The three most common client types appear to be Adult Individual, Children/Adolescents and Families respectively.
- Marriage and Family Therapists (MFTs) constitute fifty-three percent (53%) of the supervisors reported. Licensed Clinical Social Workers (LCSWs) constitute thirty-three percent (33%).
- While a majority of respondents received a mixture of group and individual supervision there was a large percentage (37%) that claimed to only have individual supervision.
- Most respondents have gained their hours at Public Non-Profit Agencies or Governmental Agencies. 250 respondents gained on average 777 hours in a Public Non-Profit Agency. 98 respondents gained on average 634 hours in a Governmental Agency.
- Seventy-eight percent (78%) of supervision occurred on site and only four percent (4%) occurred through videoconferencing.
- Most respondents reported getting regular weekly feedback (81%), but it is concerning that there were a few respondents (19%) that did not. A little over half (51%) of supervisors had asked the supervisee for feedback on their supervision.

- The most used methods of supervision are Reporting by Supervisee (92%), Review of Case Notes (62%) and Direct Observation (22%). Other responses included case preparation, role play, and report from other employee.
- The most common topics of discussion during supervision are legal and ethical issues (85%), areas of growth (79%) and the supervisee strengths (78%). Cultural diversity (64%) was also a fairly common topic of discussion.
- Overall, 78% of supervisees reported to be satisfied with their supervision and 80% were satisfied with the responsiveness of their supervisors.

SUPERVISOR SUMMARY

The Supervisor Survey was composed of 23 questions. While most of the questions asked for responses concerning the supervisor and their supervision practices, there were questions in the survey that asked for an opinion on current and possible future legal requirements that the committee might discuss.

As of March 23, 2015 there were 357 total responses to the Supervisor Survey of which 342 responses were fully complete; meaning that all questions were answered. Final tabulation of responses only includes complete answers.

Similar to the supervisee responses, there was a fairly representative division among the types of licensees that responded: 213 (63%) Marriage and Family Therapists (MFT), 125 (37%) Licensed Clinical Social Workers (LCSW) and 35 (10%) Licensed Professional Clinical Counselors (LPCC).

Approximately 42 of the respondents had more than one type of licensure. While the range in licensed years was large, from 2 to 46, the average number was approximately 15 years. The average length that a licensee has provided supervision was 9.8 years.

- Most supervisors (78%) believed they were prepared for being a supervisor. Preparedness seems to correlate with the good mentors, additional training and the supervisor's proactive steps in preparing to supervise. A lack of preparedness correlates with lack of good mentors, insufficient training or generic training and the lack of time to prepare due to the supervisor agency's needs.
- Most supervisors (70%) believe that the six hours of required training/coursework is not sufficient for a new supervisor and forty-five percent (45%) believed fifteen hours and twenty percent (20%) believed thirty hours of training could be beneficial. There appeared to be an overwhelming thought that readiness to be a supervisor depended on the past training and experience the supervisor had during their internship. Supervisors consistently commented on the lack of quality courses and the value of on the job experience.
- A majority of supervisors (71%) believed that the six hours of required continuing education was of value because it gave supervisors a chance to keep up on trends, network and was a good reminder to keep current on changes to law and ethics. While

the six hour requirement was viewed as positive, many supervisors commented that finding beneficial courses, ones that just did not repeat the same material, was difficult.

- Thirty-two percent (32%) of supervisors have charged for supervision.
- Eighteen percent (18%) of supervisors responded that they do not ask for supervisees to review their performance. Supervisors that ask for a review usually have this done on a yearly (28%) or quarterly (27%) basis.
- The average number of supervisees that a supervisor oversees in a setting was the greatest in the Public Non-Profit Agency (28 supervisees) and School, Colleges and Universities (27 supervisees) had the second greatest average. The majority of the supervision was performed onsite and was a mixture of individual and group supervision.
- Only fifty-six percent (56%) of supervisors responded that they use a certain theory of supervision. The most popular theories were System Approach Model (50%), Cognitive Behavior Model (45%) and Eclectic (44%).
- Supervisors are using Formal/Documented (58%) evaluation of licensees more than Informal (46%) evaluations. Formal/Document evaluations are scheduled discussions that are documented and Informal evaluations are periodic discussions that are not documented. Informal evaluations are done mostly on a weekly basis and the formal evaluations are used for yearly and quarterly reviews. There were some supervisors that never provide an informal (4%) or a formal (16%) evaluation.
- A little over half of the supervisors are recognized as a supervisor by a professional agency.
- Supervisors were split (54% Yes, 47% No) on the idea of requiring a supervisor to register with the Board. Those that were in favor believed a registration would increase the accountability and authenticity of the supervisor. For those that were not in favor there was a concern that a registration would be another barrier and that it could deter licensees from becoming a supervisor.

SUPERVISEE SURVEY RESPONSES
March 23, 2015

What type of registration do you have? Select all that apply.		
	Response Percent	Response Count
Marriage and Family Therapist Intern	54%	105
Associate Clinical Social Worker	34%	66
Professional Counselor Intern	12%	24
Responses		195
There were seven respondents that had a dual registration. Six had a MFTI and a PCI registration. One had a ASW and PCI registration.		

Is this your first registration?		
	Response Percent	Response Count
Yes	90%	173
No, This is my 2nd	9%	19
No, This is my 3 rd	1%	3
Responses		195

What were your reasons for needing a 2nd or 3rd registration?		
	Response Percent	Response Count
For employment purposes.	26%	6
I was unable to gain all of my hours in 6 years.	35%	8
Other	49%	8
Responses		20

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

Approximately how many supervised hours have you gained?		
	Response Average	Response Count
Clinical	1,587	195
Non-Clinical	946	151

What has been the approximate client mix of your supervised experience?						
	N/A	1-25%	25 - 50%	50 - 75%	75 - 100%	Response Count
Adult Individual	10	42	42	48	34	173
Groups	26	89	29	12	5	160
Couples	41	75	22	3	0	139
Children/Adolescents	17	51	37	36	28	168
Families	17	96	26	17	7	161
Other	43	16	1	1	1	62
Please Specify Other						11
Other responses included telemedicine, advocacy, elder adults and administrative.						

What has been your weekly average caseload?		
	Response Average	Response Count
Cases Per Week	15	195
Responses ranged from 2 to 67 cases per week.		

How many supervisors do/did you have?		
	Response Percentage	Response Count
1	100%	195
2	60%	117
3	29%	57
4	14%	28
5	7%	13
6	3%	6
7	1%	2

What type of license does your supervisor hold?		
	Response Percent	Response Count
Marriage and Family Therapist	53%	233
Licensed Clinical Social Worker	33%	144
Licensed Professional Clinical Counselor	2%	10
Psychologist	11%	46
Board Certified Psychiatrist	1%	3
Responses		436

What type of Supervision did you receive from this supervisor?		
	Response Percent	Response Count
Individual	37%	153
Group	17%	73
Both	46%	194
Responses		420

How many hours have you gained under this supervisor in the following settings?		
	Response Average	Response Count
Private Practice	332	78
Governmental Entity	634	98
Public Non-Profit Agency	777	205
Other Community Agency	621	73
Medical Facility	403	58
School, College or University	381	76
Other	174	33
Responses		621

Where did the supervision take place? Select all that apply.		
	Response Percent	Response Count
Onsite	78%	369
Offsite	18%	79
Videoconferencing	4%	12
Responses		460

Did you pay this supervisor?

	Response Percent	Response Count
Yes	12%	48
No	88%	370
Responses		418

Did the Supervisor provide regular weekly feedback?

	Response Percent	Response Count
Yes	81%	366
No	19%	52
Responses		418

Did your supervisor ask you for feedback on their supervision?

	Response Percent	Response Count
Yes	51%	213
No	49%	206
Responses		418

What methods of supervision did this supervisor use? Select all that apply.

	Response Percent	Response Count
Report by Supervisee	92%	386
Direct Observation	22%	92
Review of Case Notes	62%	261
Audio or Video Tape	17%	71
Co-Therapy	12%	49
Other (please specify)	8%	33
Responses		418
Other responses included case presentation, case consultation, role play, and report from other employees.		

Did your supervisor regularly discuss the following? Select all that apply.

	Response Percent	Response Count
Your Strengths	78%	313
Areas of Growth	79%	317
Setting Supervision Goals	51%	202
Achievement of Supervision Goals	41%	165
Legal and Ethical Issues	85%	340
Cultural Diversity	64%	255
Responses		399

How satisfied were you with the quality of this supervision?

	Response Percent	Response Count
Dissatisfied	10%	42
Somewhat Dissatisfied	12%	51
Satisfied	39%	161
Completely Satisfied	39%	162
Responses		416

Sampling of comments to question (143 comments total)

Dissatisfied	
1	Didn't get to talk much about the cases since we often got interrupted.
2	Didn't learn any clinical skills. I felt it was a waste of time.
3	I felt I needed more guidance in some areas
4	Gave more time to some than others. Difficult to arrange consistent time.
5	It was a group but supervisor was not very engaging.
6	The supervisor charged me for the assessments of clients, although she did not show me results or explain the process. The supervisor asked me to contact insurance company's and ask for case by case agreements. The supervisor asked that I only take cash, after the clients were told their insurance companies were approved by billing.
7	Supervisor was overloaded with responsibilities and work, making supervision with me individually a low priority. We still met regularly but our meetings did not meet my expectations and I did not feel as though I was learning or benefitting in my early career development from our time together in any way.
8	Supervision sessions did not help me develop the goals I have set. At times, supervision was used to discuss work related issues such as performance evaluations, work load, staff changes etc. At times, supervisor talked about herself & her personal problems. I did not have a lot of respect for my supervisor as she was more focused on achieving organizational goals vs advocating for clients or respecting their self-determination. Supervisor also did not back me up when issues arise with other interdisciplinary team members, instead just told me to let it go. Thus, I did not value her supervision advice.

9	I felt my supervisor was so much into the therapy; he neglected to pay attention to details such as the law and ethics. They are touched upon, yes, but I feel as though I'm asking more questions, therefore, he does answer them. Not enough initiative on his part.
10	Supervisor was non-empathetic toward clients, indirectly (no client contact). Supervisor used axis 2 diagnoses as labels in seemingly spiteful or at least minimizing manner. Supervisor was quick to answer questions which could have been left for supervisees to give a go first. Supervisor used hostile augmentation fallacies when faced with differing opinions (red herring, straw man, false duality, etc). Supervisees turned to each other for advice as to how to contain supervisor or at least navigate the less than ideal situation until hours have been met. In short some training is needed on how to use clinical skills (such as motivational interviewing and humanistic rapport building) to lead instead of traditional "my way or the highway", confrontational/authoritarian style. Supervisors should know that they too are being graded for accountability.
11	I didn't feel like I got feedback and instead just had my cases listened to. There was very little on how I could grow professionally or do things differently.
12	Supervision focused on administrative aspects and not necessarily challenges faced by supervisee.
13	She lacked clinical expertise. Additionally, she was not updated on current laws within the state of California.
14	None of my supervisors have worked from evidence-based practices, based interventions in consistent theoretical basis, nor used Socratic questioning.
15	Supervisor was too busy to be concerned about my needs. Felt like she relied on me for financial support. I decided to change supervisors to find someone who was truly invested in my growth as a therapist and not her individual and financial needs.
16	Supervisor was not experienced with the population that I worked with, unable to provide teaching/feedback with the types of cases I was dealing with. Supervisor was unable to teach me or help me develop my clinical skills, she was not a very effective teacher
17	This supervisor tells us what we should have done or said rather than using questioning to both help us arrive at it ourselves, and model what we should be doing in therapy. I have exactly 8 minutes most weeks to talk about all my cases, my business and any issues I need help with.
Satisfied	
1	Clinically satisfied, but dissatisfied about how this supervisor ran business and how little she provided specific feedback for areas for improvement.
2	I felt I really had to dig to get the support and guidance I needed
3	She pathologized clients really quickly. She focused on reports we had to write for the agency way too much. She offered little help that was valuable.
4	I've only had one direct supervisor. I am satisfied with my supervision, but I also have some aspects I find to be missing.
5	The supervision experience has been satisfying. I do wish we did more work with treatment planning.
6	My supervisor is very well spoken and gives good advice. However, I believe it would be helpful if he discussed interventions to use while in therapy as opposed to discussing the end goal we want to reach with the client. Knowing the end goal is a must, however there is a lot of work that goes into getting to that goal and having approved interventions that are discussed individually and as a group would be beneficial to the therapist and the client.

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

How satisfied were you with the responsiveness of your supervisor to your needs?		
	Response Percent	Response Count
Dissatisfied	10%	43
Somewhat Dissatisfied	10%	42
Satisfied	40%	165
Completely Satisfied	40%	166
Responses		416

Sampling of comments to question (49 comments total)

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

Completely Satisfied	
1	I was grateful that my supervisor was flexible regarding personal needs
2	All I had to do was ask and she would respond to whatever need I expressed.
3	They were quick to get back to me and support me through struggles.
4	My supervisor was available to answer questions, was supportive, and encouraging.
5	I felt highly supported by this supervisor. I felt like he would be there whenever I called and had a question and he was very present during our supervision sessions.
6	If there was an answer she didn't have she would find it
7	Very involved and responsive. Passionate about marriage and family therapy.
8	When I have explained what I need in terms of skills developments she helps me examine my assessment, and than to develop a plan to develop the skills we identify together as needing improvement.
9	If I had an issue, I knew it would always be "okay" or "safe" to bring it up.
10	My supervisor is available to me at a moment's notice in person, phone, or via email

How satisfied were you with your supervisor's responsiveness when you were faced with a crisis?		
	Response Percent	Response Count
Dissatisfied	8%	33
Somewhat Dissatisfied	7%	28
Satisfied	31%	131
Completely Satisfied	42%	177
N/A	12%	49
Responses		418

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SUPERVISOR SURVEY RESPONSES
March 23, 2015

What type of license do you hold? Select all that apply.		
	Response Percent	Response Count
Licensed Marriage and Family Therapist	63%	213
Licensed Clinical Social Worker	37%	125
Licensed Professional Clinical Counselor	10%	35
Psychologist	3%	9
Board Certified Psychiatrist	1%	2
Responses		342
There were approximately 42 respondents that were dual licensees.		

What type of license do you hold? Select all that apply.		
	Response Percent	Response Count
Masters	88%	295
Doctorate	12%	41
Responses		337

How long have you been licensed?	
Average Number of Years	14.80
Responses	341
Responses ranged from 2 to 46 years.	

How long have you been supervising?	
Average Number of Years	9.8
Responses	339
Responses ranged from 1month to 42 years.	

What type of registration do your supervisees hold? Select all that apply.

	Response Percent	Response Count
IMF	81%	269
ASW	61%	203
PCI	12%	41
Responses		331
skipped question		11

Do you believe you were adequately prepared for being a supervisor?

	Response Percent	Response Count
Yes	78%	264
No	22%	73
Please explain:		263
Responses		337

Sampling of comments to question. (266 total comments)

Yes, I was prepared

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

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

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

Beyond the BBS required hours of supervisor training or coursework, how else have you prepared for being a supervisor?	
	Response Count
Open ended question	313
Responses	313

Sampling of comments to question. (313 comments total)	
1	Drawing on my own experience as a supervisee; coursework is key also as well as being a job supervisor
2	Discussed issues with peers, paid for consultation as needed, taken other courses.
3	Observing others supervisor styles
4	Independent classes regarding clinical supervision, reading articles related to supervision and social work practice, and my own supervision experience.
5	Keep current on BBS news and read CAMFT The Therapist magazine and talk regularly with other supervisors.
6	I have been a manager, administrator and college professor all of which I believe has prepared me.
7	Continuing to take it upon myself to get quality supervision - not all supervisors are equipped to be *good* supervisors.
8	I have attended many many supervision courses, completed my Approved AAMFT supervisor training, researched supervisor practice, organized some supervision conferences and co-authored (with 3 others) "The Transformed Supervisor" training with our AAMFT director Olivia Lowey.
9	Worked in consultation with numerous other supervisors to develop process, and interviewed many of their supervisees for their input.
10	During my own internship I paid close attention to what my supervisors taught me and apply some of their expertise to my own supervisory role. As well I engaged in numerous consultations with other Therapists and my Therapist.
11	I worked with several strong supervisors prior to being licensed, and had access to licensed peers for consultation when I began to supervise myself. I also took 2 supervision courses right away, and read what I could on the topic.
12	I shadowed other supervisors in their groups. i have had them watch me and provide me with feedback as well. I also have it as a standing agenda item on my bi-monthly supervision with my manager who is a clinician as well.

13	prior management training; observing myself and others in the role of supervisor; easily admitting when I've made a mistake
14	Continuing to learn and by continuing to treat clients.
15	I am currently reading a book on supervision but not much.
16	Being supervised while learning to supervise

Do you believe that six hours of supervision training or coursework is sufficient for a new supervisor?		
	Response Percent	Response Count
Yes	30%	100
No	70%	237
Please explain:		257
Responses		337

Sampling of comments to question. (257 comments total)	
Yes, Six hours is sufficient	
1	Yes, I think it's enough for a seasoned, responsible, well-trained clinician who takes her profession seriously. On the other hand, if those things are not true, all the training in the world will not make that person a good supervisor.
2	Minimal but adequate. To require more would put a serious damper on the number of supervisors available. Maybe a separate designation for a "Supervisor's Supervisor" with more advanced training?
3	It is a reasonable "start." I am hesitant to advocate for creating barriers to supervision. It can be hard for non-profits that train interns to get and retain good supervisors. I do think weekly consultation for new supervisors, with experienced supervisors for maybe the first two years, at least, is a good idea.
4	I know in agencies that are strapped for money it is economical to ask anyone who has been licensed for more than 2 years to begin offering supervision. Often the supervision offered focuses on using the treatment philosophy of the agency and asking the supervisor to pass that information on. But I have talked with people in that situation and they often feel over their heads. A six hour training every two years is not sufficient to cover all that needs to be covered in order for a new supervisor to feel adequate.
5	Given that one cannot supervise until one has been licensed for at least 2 years (I believe) a 6 or 7 hr supervision for a new supervisor should be enough. After all, the person has had 3500 hours of their own supervision to "learn" and evaluate from. In addition, good supervision skills, like good clinical skills, are developed over time. Especially as one has more supervision experiences.
6	I believe that the educational requirements involved in becoming a therapist in addition to the 6 hours are enough.
7	I believe it's the experience of actually doing supervision that raises one's awareness about what is needed to do it well
8	It depends on the individual's other training and experience.
9	We all have to start somewhere and every supervisor was supervised for many hours
10	The six hours should be very precise with sample forms to assist the Supervisor. The person teaching the course should address all aspects of supervision, including the more problematic supervisee.

No, Six hours is not sufficient	
1	12 hours of training or coursework would be better for becoming a new supervisor. There is so much to becoming a Supervisor that a 6 hour Course isn't able to cover. The initial 12 hours could focus on the most critical areas of Supervision.
2	6 hours could be enough, but only in a live setting, but for the vast majority of issues that come up in supervision it likely will not prepare a supervisor. By the time that the legal aspects are covered of paperwork required, how ASWs differ from other supervisees, and the differences between trainees and IMFs, it leaves little time to cover how to conduct supervision and how to be as a supervisor.
3	I have seen people begin supervising after reading a short online course and completing a written exam. Like the work we do with our own clients, supervision is a relational process. Academic training, familiarity with the supervision literature, and a mentorship process are all important elements of forming a supervision skillset for mentoring junior clinicians.
4	I think there needs to be some specialized supervision courses, including mock supervision exercises, perhaps a panel of experienced supervisors who can field questions from newer supervisors presenting actual dydactic experiences.
5	I think there should also be a requirement for first time supervisors to choose a modality to train others in. Not that each supervisee will have to use that same modality, but it guarantees at least a touch of expertise in something.
6	It depends on where your supervisees are working and the agency requirements. I worked for a large state-run agency that regularly hired large numbers of new social workers, so the demands of supervision were quite challenging at times. Currently I work for a small college counseling center where I supervise only one supervisee, so the work is less challenging.
7	It is in no way adequate. It does not cover theories of supervision, contracting for supervision, application of theories of therapy, broadening your understanding of theories to supervise interns from different perspectives, cultural issues, isomorphic issues up and down the system, self-of-the-supervisor issues, etc.
8	Most supervision courses cover basic supervision issues, but not helping the supervisor conceptualize clearly what they are wanting to accomplish with their supervisee. One online training on supervision had major impact on my supervisory approach - main pt was how does the supervisor help the supervisee to "get it", meaning the skills, the way to get in a therapeutic thinking mode, the way to attune, the way to hear things, the way to know where to go with a client, the way to craft fitting interventions.
9	New supervisors should have live training and good role models to learn from in their own internships. If they have had that & in their practicums, then they will be better prepared. Supervisors should be monitored by the BBS to be sure they are providing a high level of clinical, legal and ethical training and understand how to work most effectively to help clients/patients reduce their symptoms and provide them with skills to do so.
10	There are numerous consideration when supervising that cannot be covered in a 6 hour training; I would like to see trainings that specifically target working with trainees/unlicensed therapists and another that was specific to licensed or very experienced interns. Hopefully this would include concrete tasks to work on and how to move through the stages of a supervisee's growth.

Do you believe that licensees should be required to complete more training and coursework before supervising? If yes, what do you believe to be a sufficient amount of training or coursework?

	Response Percent	Response Count
No	29%	96
Yes, 15 Hours of training or coursework	45%	151
Yes, 30 Hours of training or coursework	20%	68
Yes, 3 Unit course	6%	22
Please explain:		186
Responses		337

Sampling of comments to question. (186 comments total)

No	
1	I think the six hours of supervision training is enough to begin, however, I think licensees should be licensed longer than two years to be eligible to supervise.
2	It is hard enough for interns to find supervisors willing to take them on, given the current structure. More training would make it even harder. I would only support a higher bar if a large number of interns are experiencing negative consequences due to unskilled supervision.
3	I think that work experience as a supervisor should reduce the required hours of supervision training. I have not found the supervision courses to be useful at all.
4	Take the courses and get to work; it is in the work that you learn.
5	If the training could be designed as ethical and practical then more time wouldn't be necessary. The follow up hours needed could be carefully designed to meet any gaps in the original training.
6	Coursework on supervision only gets you so far. I believe that consultation, where you present supervisory dilemmas to colleagues might be more helpful. Certainly, at least 6 units when you start supervising is important. Some non-profits that hire supervisors will pay for necessary courses and some won't. This can be an issue at non-profits with lower wages and lower budgets.
Yes, 15 Hours of training or coursework	
1	I am caught between what I feel is sufficient (3 unit course) and what is required. I do not want what is required to stop people from becoming supervisors.
2	Supervisors learn on the job and no amount of training or coursework can prepare you for that. Also more training is expensive and would burden supervisors unnecessarily and prevent some licensees from supervising.
3	15 hours would be an improvement, but still not enough if the instruction is low-quality or lacking in basic necessary information.
4	I'd support 15 hours only if the content is relevant and concrete. and not just more time.
5	The training needs to be different than the training received by ongoing supervisors.
Yes, 30 hours of training or coursework	
1	At least for a primary supervisor, that is, the one who is doing the majority of an intern's supervision, it is important that the supervisor is motivated and prepared adequately in order to mentor and guide the intern throughout the process. In order to do this, a supervisor needs solid training.
2	I believe that there needs to be more application, theory, instructions on how to handle

	disciplinary actions, how to "weed" out the individuals who don't need to be in the field.
3	Without the oral exams, supervisors are the gatekeepers and need to know more than in the past.
4	There are too many issues involved in supervision to be covered in anything less than a 30 hour course.
5	Graduate schools are not preparing graduates for BBS licensure clinical practice. And they are not providing the necessary clinical training in graduate internships. It will be upon the shoulders of post graduate Licensed supervisors to provide what is missing.
6	But spread out; and covering everything from reporting issues to discipline, and support for their questions.
Yes, 3 unit course	
1	Due to the complexity of supervision a course that prepares a supervisor is necessary.
2	Supervision should be at least as important as the core content areas we studied to receive a degree.

Do you believe that requiring a supervisor to complete six hours of supervision training or coursework for each renewal period is of value to a supervisor?		
	Response Percent	Response Count
Yes	71%	240
No	29%	99
Please explain:		231
Responses		339

Sampling of comments to question. (231 comments total)	
Yes, Six hours per renewal period is of value	
1	It encourages supervisors to remain current on changes in the law and network with other supervisors
2	It is important that supervisors be held accountable to staying up with relevant information in order to continue providing well informed supervision. These courses would need to be well designed and have direct relevance to the work of supervision, including information about treatment to convey to interns.
3	I wish there were "advanced topics" available for the renewals, as retaking the same 6 hour training over and over is not that helpful.
4	Supervision is a specific skill that needs refreshing from time to time. It is also important for supervisors to be reminded of best practices
5	Those who supervise have an additional responsibility to the profession and to the consumer and they need to be reminded of that, as well as have an opportunity to reflect on their work with supervisees and to review their skills and what they need to improve.
6	I would not mind that and think it would be a good refresher if there are different aspects of supervision that are targeted. meaning, not just the same training reworked every 2 years
7	Absolutely It is an opportunity to acquire current knowledge and advancements in the field as well as an opportunity to network with other supervisors and create a

	consultation support system
8	This is most helpful in that it is an important way for me to keep up to date on new requirements, regulations and legal and ethical responsibilities.
No, Six hours per renewal period is not of value	
1	Not much changes in two years. Supervision is a skill. Although it is easy to get complacent, I typically don't get anything out of the repeat trainings.
2	In what way could the coursework be of value? Supervision is more of an art than a science, and the courses are extremely idiosyncratic, reflecting the styles and personalities of the presenter, which is of limited value. I trust my own extensive experience in developing rapport, teaching, encouraging, questioning, and validating the work of the people I supervise.
3	Over the past decade, things have changed so much that this is not enough. This leaves the supervisor to find what course they are interested. Yet those courses generally may not address up and coming issues, such as telehealth, social media issues, etc.
4	It's just one more thing on their to do list. Good supervisors make themselves good through curiosity, compassion, social consciousness, and desire and integrity.
5	Many of the trainings remain the same, so it is just retaking the same content over and over and is often more theoretically based, than practical information.
6	Maybe it's just because I've had additional training, or maybe it's just the luck of the draw of the courses I've taken, but by and large, I have not found the 6-hour trainings every other year to be that valuable.
7	Once the supervisor is experienced, I think having the legal/ethical class each renewal period would be sufficient.
8	It seems like it may be challenging to find new courses per renewal period focused on supervision and it would not be a good use of time to take the same course over and over again per renewal period.

How often do your supervisees review your performance? Select all that apply.		
	Response Percent	Response Count
Weekly	14%	47
Monthly	9%	31
Quarterly	27%	92
Yearly	28%	94
Never	18%	61
Other	12%	42
Responses		341

Have you ever charged for supervision?

	Response Percent	Response Count
Yes	32%	108
No	68%	233
Responses		341

How many supervisees have you supervised in the following settings? Please enter approximate number of supervisees for each setting.

	Response Average	Response Total	Response Count
Private Practice	3	670	207
Governmental Entity	9	1,512	165
Public Non-Profit Agency	28	6,833	240
Other Community Agency	10	1,358	139
Medical Facility	5	674	129
School, Colleges and Universities	27	4,244	155
Other	1	84	86
Responses			338

What type of supervision have you provided in the following settings? Select all that apply.

	Individual	Group	Both	Response Count
Private Practice	95	6	24	118
Governmental Entity	43	16	50	90
Public Non-Profit Agency	81	54	159	216
Other Community Agency	28	12	40	64
Medical Facility	30	6	26	54
School, Colleges and Universities	37	21	45	84
Other	8	0	6	14
Responses				339

**Where do you conduct your supervision for the following settings?
Please use the dropdown menus to select the approximate percentage.**

Onsite						
	N/A	0-25 %	25-50 %	50-75 %	75-100 %	Response Count
Private Practice	19	5	6	6	74	110
Governmental Entity	8	1	2	5	71	87
Public Non-Profit Agency	5	6	4	20	164	199
Other Community Agency	10	4	1	5	45	65
Medical Facility	12	3	0	5	38	58
School, Colleges and Universities	12	3	4	8	50	77
Other	12	1	2	0	9	24
Offsite						
	N/A	0-25 %	25-50 %	50-75 %	75-100 %	Response Count
Private Practice	13	10	4	1	12	40
Governmental Entity	11	12	0	2	5	30
Public Non-Profit Agency	19	27	2	4	17	69
Other Community Agency	11	8	0	4	8	31
Medical Facility	11	4	2	1	4	22
School, Colleges and Universities	8	10	2	1	11	32
Other	8	1	1	0	1	11
Videoconferencing						
	N/A	0-25 %	25-50 %	50-75 %	75-100 %	Response Count
Private Practice	14	4	1	2	1	22
Governmental Entity	12	9	0	0	0	21
Public Non-Profit Agency	24	14	3	2	0	43
Other Community Agency	11	4	0	0	0	15
Medical Facility	10	2	0	1	0	13
School, Colleges and Universities	11	4	0	1	2	18
Other	8	1	0	0	0	9
						Question Totals
Responses						330

Do you use a certain theory of supervision?		
	Response Percent	Response Count
Yes	56%	180
No	44%	143
Responses		323

What theory of supervision do you use? Select all that apply.		
	Response Percent	Response Count
Integrated Development Model	27%	86
Lifespan Model	13%	41
Psychodynamic Model	35%	110
Person-Centered Model	38%	121
Cognitive Behavior Model	45%	143
Reality Therapy/Choice Theory Model	10%	33
Family Therapy Model	35%	112
Feminist Model	7%	23
Discrimination Model	1%	2
Systems Approach Model	50%	159
Reflective Learning Model	21%	67
Solution-Oriented Model	38%	119
Schema-Focused Model	4%	12
Littrell, Lee-Borden & Lorenz Model	1%	4
Hawkins & Shoset Model	1%	3
Eclectic	44%	139
Other	16%	51
Other (please specify)		72
Responses		317
Other responses included Mindfulness, Hypnosis, Attachment, Humanistic-Existential, Gestalt, Dialectical Behavior Therapy, Mindfulness, Kudushins, Jungian, Narrative Therapy, Meta Frameworks, Harm Reduction Supervision Model, Interpersonal Process Recall, Recovery Oriented, Transactive Planning, Core Trauma, Somatic Approach, Reflective Supervision, Internal Family System Model, Bowenian Model, Collaborative, Body-Oriented Psychology		

What type of evaluation do you prefer to use when evaluating supervisees?		
	Response Percent	Response Count
Informal (Periodic discussions that are not documented)	46%	155
Formal (Scheduled discussions that are not documented)	16%	56
Formal/Documented (Scheduled discussions that are documented)	58%	197
Responses		341

How frequently do you provide an informal evaluation to your supervisees? Mark all that apply.

	Response Percent	Response Count
Weekly	45%	152
Monthly	21%	72
Quarterly	26%	89
Yearly	8%	27
Never	4%	12
Other (please specify)	14%	47
Responses		338
Common Other responses included; varies, when needed, depends on the setting, when requested, depends on the supervisee		

How frequently do you provide a formal written evaluation to your supervisees?

	Response Percent	Response Count
Weekly	1%	4
Monthly	3%	9
Quarterly	32%	108
Yearly	40%	136
Never	16%	55
Other (please specify)	16%	53
Responses		339
Common Other responses included; twice a year, at the end of supervision, when requested, as needed.		

Are you recognized as a supervisor by the following entities? Select all that apply.

	Response Percent	Response Count
CAMFT	40%	68
AAMFT	20%	34
ACS	2%	4
NASW	27%	46
Other (please specify)	30%	52
Responses		171

Would you be in favor of requiring Supervisors to register with the Board?

	Response Percent	Response Count
Yes	54%	173
No	47%	150
Please explain:		155
Responses		318

Sampling of comments to question. (155 total comments)

Yes, I am in favor of requiring supervisors to register

1	I think there are a lot of therapists who are not well trained because the supervisors are not well trained. If there was some accountability the supervisors would be better equipped.
2	The Board needs to exercise more oversight to prevent fraudulent signing off of supervised hours.
3	It provides another level of authenticity; perhaps setting the standards higher.
4	I have seen and/or heard about supervisors that are not following the ethical or legal guidelines and/or regulations. I think it's important for the supervisee to have a portal for complaints

No, I am not in favor of requiring supervisors to register

1	No, because there would inevitably be a supervisor "qualification" examination.
2	This is unnecessary. The 6 hour CE requirement is enough and the board has shown no ability to evaluate counselors much less supervisors.
3	This feels like an additional bureaucratic layer that is unnecessary.
4	I think the profession should handle this issue. The board is a "blunt instrument" better purposed to monitor illegal conduct than improve the quality of supervision.
5	Providing supervision takes additional time and effort, in addition to my regular job duties. Providing supervision is not something I am required to provide as part of my job. I do it in order to support those in my agency who desire to advance to the LCSW level. There licensed individuals in my agency and elsewhere, who are not willing to provide supervision due to the additional time it takes to complete trainings and provide the ongoing supervision. I believe that the more requirements and constraints that are placed on it, the fewer people who will be willing to provide it, leading to limited supervisory resources for those seeking supervision. This may lead to them leaving an agency to seek supervision somewhere else, or having to pay for it as people will begin to market themselves as a Registered Supervisor. I am in favor of a little structure to encourage consistency, but do not believe that requiring registration is necessary.

Why did you become a supervisor?

	Response Percent	Response Count
It was required of my job	33%	112
I found the process interesting/rewarding	78%	265
I wanted to give back to the profession	73%	248
I wanted the additional income	15%	50
Please explain other	14%	47
Responses		340

Sampling of comments to question. (340 comments total)

1	I am committed to the field and wanted to do what I could to train competent professionals. I enjoy being on the journey for another's growth and development.
2	An opportunity to supervise an intern interested in somatic psychotherapy arose and I found the idea intriguing. I took the opportunity to become a CAMFT Certified Supervisor as I always enjoy learning more and expanding myself.
3	Personal request from Interns
4	It was requested that I do supervision.
5	By putting a lot of time and effort into providing excellent supervision, I am assisting others to grow personally and professionally and to effect change in future generations of Clients.
6	I was promoted several times at the same organization. At two years post-license I was offered the opportunity to add supervision hours as a backup supervisor. Currently, my income consists entirely of supervising at several agencies as an independent contractor.
7	Our agency needed to make cut backs which involved laying off the previous part time supervisor. I am a full staff Therapist at the agency and was asked if I would like to accept the position yet they wouldn't be able to offer additional income at this time (due to agency's funding decline). I accepted the position because I thought I would enjoy the role and wanted to empower other interns. I also get to keep seeing clients.
8	It was part of my doctoral program - semester-long class, 50 of my 100 required hours of mentored supervision, and 18 of my 36 hours of supervision-of-supervision. This got me halfway to the Approved Supervisor status. I completed the Approved Supe process in order to have the designation in case it was needed for my job. It has since been needed in teaching positions everywhere but California - in CA I have needed to supervise but did not need the AAMFT Approved Supe designation. Now I also supervise in my private practice. Part of my motivation is to help mentor new clinicians, particularly from under-represented groups, and help them develop their own businesses as well as achieve licensure and grow as clinicians.
9	Request from employer at first, and felt my experience would enable me to "pay it forward." It also enriched my own therapeutic experience.
10	It is the best way to enhance self awareness as a practitioner and to recognize what you know bs what you don't know. And to stay fresh with trends from younger practitioners
11	I was able to obtain my licensing supervision hours at my current employer, prior to becoming licensed. While it wasn't the greatest and didn't provide the best role model, my agency did support me being able to obtain my hours. Many people come to my agency for employment and are seeking supervision, but we have very few licensed staff who are

	willing to put in the extra time for training and providing supervision. I am doing it, so that we can retain those people and so they stay with our agency and are not forced to leave in order to obtain supervision. So, it is my "give back" not just to the profession, but also to the agency which supported me.
12	I enjoy teaching and learning from others

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To: Supervision Committee **Date:** March 19, 2015
From: Kim Madsen **Telephone** (916) 574-7841
Executive Officer :

Subject: Update on Board of Psychology and Medical Board Supervisor Requirements

Current law permits a licensed psychologist or psychiatrist to supervise Board registrants. The Board has established requirements for its own licensees to follow if they are supervising Board registrants. Most of those requirements also apply to licensed psychologists and psychiatrists who supervise. However, they are not required to meet the initial or ongoing supervisor training requirements.

During the last committee meeting, committee members requested information about the Board of Psychology and the California Medical Board, as Board staff was unaware of the requirements for a licensed psychologist or psychiatrist to become a supervisor. The committee members also requested information regarding complaints involving supervisors.

Board of Psychology Requirements

The qualifications and requirements for supervisors are specified in California Code of Regulations (CCR) section 1387.1 (Attachment A). With regard to training, supervisors are required to complete a minimum of six (6) hours of supervision coursework every two years. Further, the supervisor must certify under the penalty of perjury to the completion of this course work each time the supervisor completes a verification of experience form.

The Board of Psychology indicated that they do not maintain any statistics on supervisor complaints. However, staff did state that approximately 5-7 complaints are received per year. The complaints involve allegations that the supervisor would not sign off on the hours; the supervisor disciplined the supervisee; or the supervisor showed favoritism to a supervisee.

California Medical Board

The California Medical Board does not require any training to become a supervisor. Nor does the California Medical Board maintain any statistics on supervisor complaints. The staff reported that of their disciplinary cases, approximately 10 per year are received. These cases allege failure to supervise a physician assistant.

ATTACHMENT A
BOARD OF PSYCHOLOGY
16 CCR § 1387.1

§ 1387.1. Qualifications and Responsibilities of Primary Supervisors.

All primary supervisors shall be licensed psychologists, except that board certified psychiatrists may be primary supervisors of their own registered psychological assistants. In this regard, a maximum of 750 hours of experience out of the required 3000, can be supervised by a board certified psychiatrist and can be counted toward meeting the SPE licensing requirements.

(a) Primary supervisors shall possess and maintain a valid, active license free of any formal disciplinary action, and shall immediately notify the supervisee of any disciplinary action, including revocation, surrender, suspension, probation terms, or changes in licensure status including inactive license, delinquent license or any other license status change that affects the primary supervisor's ability or qualifications to supervise.

(b) Primary supervisors who are licensed by the board shall complete a minimum of six (6) hours of supervision coursework every two years.

(1) Primary supervisors shall certify under penalty of perjury to completion of this coursework requirement each time the supervisor completes a verification form as referenced in section 1387(b)(10).

(c) Primary supervisors shall be in compliance at all times with the provisions of the Psychology Licensing Law and the Medical Practice Act, whichever is applicable, and the regulations adopted pursuant to these laws.

(d) Primary supervisors shall be responsible for ensuring compliance at all times by the trainee with the provisions of the Psychology Licensing Law and the regulations adopted pursuant to these laws.

(e) Primary supervisors shall be responsible for ensuring that all SPE including record keeping is conducted in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association.

(f) Primary supervisors shall be responsible for monitoring the welfare of the trainee's clients.

(g) Primary supervisors shall ensure that each client or patient is informed, prior to the rendering of services by the trainee (1) that the trainee is unlicensed and is functioning under the direction and supervision of the supervisor; (2) that the primary supervisor shall have full access to the treatment records in order to perform supervision responsibilities and (3) that any fees paid for the services of the trainee must be paid directly to the primary supervisor or employer.

(h) Primary supervisors shall be responsible for monitoring the performance and professional development of the trainee.

(i) Primary supervisors shall ensure that they have the education, training, and experience in the area(s) of psychological practice they will supervise.

(j) Primary supervisors shall have no familial, intimate, business or other relationship with the trainee which would compromise the supervisor's effectiveness, and/or which would violate the Ethical Principles and Code of Conduct of the American Psychological Association.

(k) Primary supervisors shall not supervise a trainee who is now or has ever been a psychotherapy client of the supervisor.

(l) Primary supervisors shall not exploit trainees or engage in sexual relationships or any other sexual contact with trainees.

(m) Primary supervisors shall require trainees to review the pamphlet "Professional Therapy Never Includes Sex."

(n) Primary supervisors shall monitor the supervision performance of all delegated supervisors.

Note: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

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To: Supervision Committee **Date:** April 2, 2015
From: Christy Berger **Telephone:** (916) 574-7817
Regulatory Analyst
Subject: Discussion Regarding Supervisor Qualifications

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

Prior Committee Decisions

- Supervisors must be licensed in California in good standing, may count time licensed in another state toward the 2-year licensure requirement.
- The requirement of practicing for 2 out of the past 5 years should not be changed. However, language requiring competency in the areas of clinical practice and techniques being supervised should be added.
- Standardize requirements between license types where possible.

Supervisor Training – Initial and Ongoing

Training Length

78% of supervisors responded that they were adequately prepared to supervise. However, that means that 1 in 5 felt that they were not. Additionally, the following responses were received:

- 70% responded that a 6-hour training was not enough for a new supervisor
- 71% support having a minimum 15-hour training requirement
- 71% agreed that there was value in completing 6 hours of training every two years

Based on this information, staff recommends increasing the LMFT and LPCC initial supervisor training requirement to 15 hours, as is currently required for LCSW supervisors.

At the January 2015 meeting, there was discussion about the ongoing training of 6 hours required every two years for the LMFT and LPCC programs. Based on this discussion, staff recommends requiring LCSW supervisors to complete 6 hours of training every renewal cycle, as is currently required for LMFT and LPCC supervisors.

All supervision courses would also count toward the licensee's regular CE. Additionally, the course should be required to actually last the full number of hours specified.

Course Content

Based on prior Committee discussion, as well as the supervisor and supervisee survey results, the following are recommended as required topics for the one-time 15-hour training:

- (1) Competencies necessary for new supervisors
- (2) Practical application of supervision techniques, including providing effective feedback and implementing interventions
- (3) Supervisor-supervisee relationship
- (4) Legal and ethical issues related to supervision
- (5) Knowledge of contextual variables such as culture, gender, etc.
- (6) Familiarity with supervision theories and literature
- (7) Documentation

For the ongoing 6-hour training, staff explored content required by other entities, including the 10 states previously surveyed, supervisor certification programs, model laws and CACREP standards. None specify required content for ongoing training. However, should the Committee wish to specify content, the following are possible topics:

- (1) Update on legal and ethical issues related to supervision
- (2) Problem solving in supervision or other advanced topics

Interactive Courses

The Committee previously discussed the importance of supervisor training being interactive, and comments on the supervisor survey supports this as well. However, in-person training is not feasible for everyone, and would likely be more costly. This Committee should discuss the possibility of requiring a training taken online to have interactive components.

If the committee wishes to define “interactive,” the following provides a few ideas:

- The ability to interact with a live instructor
- Testing/evaluating the attendee’s knowledge
- Skill-building activities

Course Providers and Instructors

Supervisor training courses should be required to meet the Board’s continuing education (CE) requirements. This means the course would need to be taken from an acceptable CE provider overseen by a CE approval agency, the course content would need to meet certain standards, etc. This would help ensure the quality of the course.

Since current CE regulations allow a licensee who teaches a course to count the actual course hours for credit, the Committee should discuss the possibility of allowing this for BBS supervisor training requirements.

Supervisor Certifications In Lieu

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

- 2 years of licensure
- Initial supervisor training

The Committee should also consider the following:

- Whether certification holders would also be exempt from the requirement that supervisors must have practiced psychotherapy (or supervision of those who perform psychotherapy) for 2 out of the last 5 years prior to supervision.
- Whether certification holders would need to comply with the proposed BBS 6-hour ongoing course requirement. The renewal requirements for each of the certifications are listed below.

(1) American Association for Marital and Family Therapy (AAMFT)

Renewal: 5-hour refresher course every 5 years

(2) American Board of Examiners in Clinical Social Work (ABECSW)

Renewal: Annual recertification requiring 300 practice hours in past year (at least 50% must apply to clinical supervision) and 5 hours of clinical supervision CE or holds Approved Clinical Supervisor Credential from CCE/NBCC.

(3) California Association of Marriage and Family Therapists (CAMFT)

Renewal: 6-hour workshop on legal and ethical issues, and one of the following every 5 years:

- 3-page written review of a book on supervision
- Completion of a supervision workshop
- A one-page description demonstrating participation in an ongoing consultation/supervision group

(4) Center for Credentialing and Education (CCE – affiliated with NBCC)

Renewal: 18 hours of CE every 5 years. Up to 9 hours of “supervision of supervision” can apply toward the required 18 hours.

Pre-Approval and Registration of Supervisors

As discussed at the January 2015 meeting, some other states require pre-approval of a supervisor’s qualifications. The Committee chose to wait for the supervision survey results before discussing further. The survey indicates that about 1 out of every 5 supervisees are either “dissatisfied” or “somewhat dissatisfied” with both of the following aspects of supervision:

- The quality of supervision received
- The supervisor’s responsiveness to the supervisee’s needs

This is a concerning number and has serious implications for both the aspiring practitioner and the client. Despite the fact that clients are paying for services, many registrants are unpaid, and 12% of survey respondents have paid for supervision (and 32% of supervisors have charged for supervision at some time). Registrants are in a vulnerable position as the supervisor holds all of the authority. A method by which to better monitor the supervision process could offer some protections.

The survey results indicate 54% of supervisors would support requiring supervisors to be registered with the Board. Many commented that they had mixed feelings, and some were unsure about how they felt unless they had more information.

Based on prior discussion and survey results, the following provides two possible frameworks for implementation of such a system.

Pre-approval and Registration of Supervisors:

- The supervisor applies to the Board for approval of qualifications
- The Board approves, denies, or finds the application deficient and responds
- If approved, the supervisor may begin supervising
- The supervisor's registration is listed in the BreEZE online database
- The supervisor renews the registration periodically
- Supervisor provides supervisee with a signed disclosure that includes how to submit a complaint about a supervisor, etc.

The possible advantages and disadvantages of pre-approval/registration are as follows:

PRE-APPROVAL & REGISTRATION OF SUPERVISORS	
Advantages	Disadvantages
All parties can be sure that supervisor meets minimum requirements from the start	Significant new workload that cannot be absorbed by existing staff.
Greater awareness of and adherence to requirements	Funding for new positions is not guaranteed.
Could encourage supervisee to report concerns to the Board	Fiscal impact to the Board (new positions, Breeze changes, etc.)
Help supervisees find supervisors in their area	Any delay in BBS supervisor approval impacts ability to supervise
Would provide a central point of communication and organization regarding supervision	

Alternative Structure:

- Require the supervisor to self-certify to the Board under penalty of perjury that they meet all qualifications
- Require the *Supervisor Responsibility Statement* form to be submitted to the Board at the beginning of supervision of an individual
- Require the Board to be notified of termination of supervision with an individual
- Supervisor provides supervisee with a signed disclosure that includes how to submit a complaint about a supervisor, etc.
- Board performs random audits of supervisor qualifications

The possible advantages and disadvantages of the alternative structure are as follows:

ALTERNATIVE STRUCTURE	
Advantages	Disadvantages
Would allow the Board to audit supervisor qualifications while they are supervising. Currently can only audit retrospectively as hours are turned in with licensing application.	Would require at least one new position.
Greater awareness of and adherence to requirements	Funding for new positions is not guaranteed.
Could encourage supervisee to report concerns to the Board	Fiscal impact to the Board for new position.
Provides a structure that increases accountability without significant changes to current system.	