

# BOARD OF BEHAVIORAL HEALTH EXAMINERS

## IMPORTANT NOTICE TO ALL LICENSEES / APPLICANTS

It is a licensee's responsibility to be sure that a clinical supervisor is qualified to provide supervision for the independent level of licensure

### **A. Clinical Supervisor Training Requirements**

Board rules require that a clinical supervisor shall complete the following continuing education in order to qualify to provide clinical supervision to anyone seeking licensure as a Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, and Licensed Independent Substance Abuse Counselor:

**A.A.C. R4-6-212(J):** Beginning on 07/01/06, a clinical supervisor for supervisees seeking licensure as a marriage and family therapist, professional counselor, clinical social worker, or independent substance abuse counselor shall complete continuing education as follows:

**R4-6-212(J)(1):** Between 07/01/04, and the individual's first license expiration date following 07/01/06, at least 12 clock hours shall be taken in the following categories:

- a. The role and responsibility of a clinical supervisor
- b. The skill sets necessary to provide oversight and guidance to a supervisee who diagnoses, creates treatment plans, and treats clients
- c. The concepts of supervision methods and techniques
- d. Evaluation of a supervisee's ability to plan and implement clinical assessment and treatment processes

**R4-6-212(J)(2):** A licensee who seeks to continue providing clinical supervision after completion of the requirements above shall complete at least 6 clock hours of continuing education in the content areas described above between the date the Board receives the licensee's last renewal application and the next license expiration date.

- A.A.C. R4-6-212(J) became effective 07/01/06.
- Given the number of problems that supervisees seeking independent licensure have encountered, it appears that some clinical supervisors do not understand the requirements set forth in A.A.C. R4-6-212(J).
- The clinical supervisor's failure to understand this rule can substantially impact a supervisee because the Board will not accept any work experience or clinical supervision hours unless the clinical supervisor completed clinical supervisor training in accordance with A.A.C. R4-6-212(J).
- The following information is being provided to help ensure that clinical supervisors understand their clinical supervisor training responsibilities under A.A.C. R4-6-212(J):
  - **Timing of mandatory clinical supervision training**
    - ❖ Clinical supervisors **MUST** complete at least 12 clock hours of clinical supervision training **BEFORE** they begin providing clinical supervision (**1<sup>st</sup> Renewal Period**)
    - ❖ Clinical supervisors **MUST** complete at least 6 additional clock hours of clinical supervision training **BEFORE** the license expiration date of their next renewal period (**2<sup>nd</sup> Renewal Period**)
    - ❖ Clinical supervisors **MUST** complete at least 6 additional clock hours of clinical supervision training **BEFORE** the license expiration date of all subsequent renewal periods.

- **Content of mandatory clinical supervision training**
  - ❖ The Board will only accept clinical supervision training in the limited topics identified in A.A.C. R4-6-212(J)(1)(a-d)
  - ❖ The Board will not accept training hours addressing any other topics, such as:
    - ✓ General management topics
    - ✓ Supervision topics not directly related to clinical supervision of licensed clinical staff
    - ✓ Clinical supervision topics not directly related to the limited topics identified in A.A.C. R4-6-212(J)(1)(a-d)
  
- **Evidence of mandatory clinical supervision training**
  - ❖ Clinical supervisors **MUST** provide all signed certificates of attendance **AND** a comprehensive published course description or course syllabus that includes the course objectives and the presenter's biography
    - ✓ The Board will not accept PowerPoint presentations
    - ✓ The Board will not accept course descriptions written by anyone other than the presenter/sponsoring organization
  
- **Delayed Implementation Date of 03/01/12** (to give supervisors time to comply)
  - ❖ In an effort to ensure that clinical supervisors receive adequate time to comply with the requirements set forth above, the Board has determined that it will not begin **STRICT** enforcement in accordance with the standards identified above until 03/01/12
  - ❖ Some training currently being accepted may not meet requirements after 03/01/12

Licensees need to know whether their supervisors had training in the provision of clinical supervision and whether the correct number of hours were completed during the correct timeframe.

## **B. Courtesy Clinical Supervisor Training Review**

- A clinical supervisor can submit a request for a courtesy review by the Board of his/her clinical supervisor training
- Information explaining the process for submitting a courtesy review request is available on the Board's website at [www.azbbhe.us](http://www.azbbhe.us)
- The Board will review the request and provide the following information:
  - Whether the training completed qualifies the supervisor to provide clinical supervision to supervisees seeking independent licensure
  - The dates by which additional training must be completed in order for the supervisor to remain qualified to provide clinical supervision
- Clinical supervisors who submit a courtesy supervisor training review request can provide the Board's written response to supervisees who want confirmation that the clinical supervisor is qualified to provide clinical supervision

### **C. Supervised Work Experience Acquired as an Independent Contractor**

- Increasingly, supervisees seeking independent licensure are completing work experience in positions where they are **INDEPENDENT CONTRACTORS** (*receive a 1099 tax form at the end of the year*) rather than **EMPLOYEES** (*receive a W-2 tax form at the end of the year*)
  
- Supervisees seeking independent licensure based on work experience acquired as an independent contractor **MUST** comply with A.A.C. R4-6-210(3), which requires **ALL** of the following:
  - The supervisee has entered into a written contract to provide services for a behavioral health entity.
  - The supervisee receives an appropriate level of direct supervision from the contracting behavioral health entity, as determined by the Board. The Board has determined that the written contract between the supervisee and the entity **MUST** specifically provide that the entity will provide direct supervision to the supervisee.
  - The supervisee is paid by the contracting behavioral health entity and receives no payment directly from clients
  - The supervisee provides services to clients who are advised in writing that they are clients of the contracting behavioral health entity
  - The written contract between the contracting behavioral health entity and the supervisee provides that the supervisee is required to comply with the contracting behavioral health entity's clinical policies and procedures, including its code of ethics and record-keeping procedures
  - The written contract between the contracting behavioral health entity and the supervisee provides that all client records belong to the contracting behavioral health entity and remain the contracting behavioral health entity's property at the termination of the contract
  
- Some of the problems the Board sees that will result in the denial of **ALL** hours acquired as an independent contractor include the following:
  - The written contract between the supervisee and the contracting behavioral health entity does not include **ALL** of the provisions identified above
  - The practice forms used by the contracting behavioral health entity do not comply with the Board's minimum documentation standards as set forth in A.A.C. R4-6-1101 through R4-6-1105
  - The written contract is not signed and dated by the supervisee and the contracting behavioral health entity **BEFORE** the supervisee begins working for the entity

**D. Clinical Supervision by a Supervisor Not Employed by the Same Entity as the Supervisee**

- The Board’s substantive policy statement with regard to clinical supervision provided by a supervisor not employed by the same entity as the supervisee requires **ALL** of the following:
  - The clinical supervisor and the applicant’s employer have entered into a written agreement setting forth the following:
    - ❖ The nature of the supervisory relationship
    - ❖ The nature of the clinical supervisor’s responsibilities, including compliance with the requirements set forth in A.A.C. R4-6-212
    - ❖ The clinical supervisor’s ability to have **UNRESTRICTED ACCESS** to all clinical records maintained by the applicant
  - The informed consent for treatment documentation advises clients of the name and telephone number of the applicant’s clinical supervisor
  - The applicant obtains written authorization from all clients seen during the period of clinical supervision for release of the clients’ **CONFIDENTIAL INFORMATION AND RECORDS** to the clinical supervisor
  - The clinical supervisor’s documentation complies with the requirements set forth in A.A.C. R4-6-212(F)(4).
  - The clinical supervisor establishes that he/she has completed continuing education as set forth in A.A.C. R4-6-212(J) or R4-6-212(K)
  
- Some of the problems the Board sees that will result in the denial of **ALL** clinical supervision hours provided by a clinical supervisor not employed at the same entity as the supervisee include the following:
  - The written contract between the employing entity and the clinical supervisor does not specifically provide that the clinical supervisor has **UNRESTRICTED** access to **ALL** clinical records maintained by the supervisee
  - The supervisee fails to establish that the informed consent for treatment documentation signed by clients identified the name and telephone number of the clinical supervisor
  - The written contract is not signed and dated by the clinical supervisor and the supervisee’s employer **BEFORE** the supervisee begins working for the entity
  - The clinical supervisor’s documentation of clinical supervision sessions does not meet documentation standards set forth in A.A.C. R4-6-212(F)(4)

## **E. Other Clinical Supervisor/Supervision Issues**

- Clinical supervisors and their supervisees should be familiar with **ALL** of the Board's rules and statutes in order to ensure compliance and reduce the likelihood of issues arising after the fact that could result in the denial of work experience or clinical supervision hours
- The Board's rules and statutes can be reviewed on the Board's website at [www.azbbhe.us](http://www.azbbhe.us)
- Areas of particular importance include the following:
  - Qualifying work experience hours for independent licensure are limited to the use of psychotherapy for the purpose of behavioral health assessment, diagnosis and treatment
    - ❖ If a supervisee is working in a position where he/she provides psychotherapy **AND** other types of behavioral health services, **ONLY** the psychotherapy hours can be applied toward independent licensure
    - ❖ The burden is on the supervisee to establish that he/she completed qualifying work experience and clinical supervision hours limited to the practice of psychotherapy
    - ❖ It can be very challenging for a supervisee to try to establish psychotherapy practice hours after the fact
    - ❖ Supervisees and their clinical supervisors may want to develop a reliable method to contemporaneously track psychotherapy practice hours, such as weekly logs signed by the supervisee and the supervisor
  - Qualifying work experience hours for licensure as a substance abuse counselor are not only limited to the use of psychotherapy for the purpose of behavioral health assessment, diagnosis and treatment, but **MUST** also be related to substance abuse and chemical dependency issues to qualify for licensure
    - ❖ Again, supervisees and clinical supervisors may want to develop a reliable method to contemporaneously track psychotherapy practice hours related to substance abuse and chemical dependency issues