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INSTRUCTIONS FOR FILING OF CLINICAL SUPERVISION TRAINING PLAN

In order to begin accruing hours and working toward the LSCSW you must submit a training plan for pre-approval to the Board.

The Board strongly recommends that you receive a broad based, varied work experience during your supervised postgraduate experience.

- There is no fee to file a Clinical Supervision Training Plan.
- The Clinical Supervision Training Plan needs to be completed by you and your supervisor(s).
- You and your supervisor(s) need to read the statutes and regulations prior to completing the training plan. Please see K.A.R. 102-2-8(d) and 102-2-12 for supervision requirements and clinical licensure requirements. The regulations may be found on our website www.ksbsrb.ks.gov
- **You must attach an official job description with your training plan.**
- If you graduated with an MSW after July 1, 2003, you are required to complete the grid related to coursework. Per regulation, 15 hours of graduate level social work coursework related to diagnosis and treatment of mental disorders must be completed. **Graduates from the University of Kansas, Washburn University, Wichita State University, Newman University, University of Missouri Kansas City and Missouri State University are required to complete the coursework, but are not required to fill out the grid because these schools have provided us with a list of coursework that meets the education requirements.**
- If you intend to use videoconferencing for a portion of your supervision you must provide written verification of the technological security measure implemented to protect confidentiality.
- You must receive approval, in writing, from the Board before you may begin counting supervision hours.
- You will be notified in writing by the Board office within 30 days regarding approval of your training plan. If you have not received notification within 30 days, please contact the board office.
- Once the training plan has been approved you must notify the Board with any changes. Any changes to the approved training plan must be submitted **within 45 days of the change** or the hours accrued during that time will not be counted.
- All supervision requirements must be completed in not less than two years and not more than six years. If you have not completed the supervision requirements within the six year maximum, your accrued hours will begin to drop off month by month.
- Once all the supervision requirements have been completed you may apply for the LSCSW and take the exam at any time. You are not required to apply for the LSCSW or take the exam within a specified amount of time.

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Clinical Supervision Training Plan Social Work

Please answer **ALL** questions. The form needs to be filled out completely and legibly.
The supervisee shall complete sections I and II.
The supervisor(s) shall complete sections III and IV.
The supervisee together with the supervisor(s) shall complete sections V and VI.

I. Information regarding supervisee: [Completed by supervisee]

Name _____ Email _____
Home Phone _____ Cell Phone _____
Home Address _____ (Optional)
City, State, Zip _____
Social Work Degree & Track _____ University _____
Month and Year Masters of Social Work degree was granted _____
Total number of hours completed in your master's degree **clinical** practicum _____
How many, or what percentage, of the above listed practicum hours were direct client contact? _____
LMSW number _____ Issue date _____ Expiration date _____

II. Information regarding the Supervision Setting: [Completed by supervisee]

Section II must be completed for each work site where you will be accruing hours toward the LSCSW

Work site and address where you will be accruing hours toward the LSCSW.

Agency/work site _____
Address _____
City, State, Zip _____
Phone _____ Title in this supervised setting _____

Attach an official position description for each work site

III. Information regarding supervisor: [Completed by supervisor(s)]

Each clinical supervisor with whom you will be accruing hours towards the LCSW must complete sections III, IV, & V.

Name _____ Email _____

Agency _____

Address _____

Home Phone _____ Work Phone _____

Kansas LCSW Number _____ Issue date _____ Expiration date _____

Are you currently, or have you previously been licensed as a clinical social worker in a state other than Kansas?
Yes _____ No _____

If yes, state: _____ Is license current? Yes _____ No _____

License Number: _____ Original Issue date: _____ Expiration date: _____

Have you practiced in a position that included assessment, diagnoses, and psychotherapy, for two years beyond the date of clinical social work licensure? Yes _____ No _____

If your answer is no, you are not eligible to be a clinical supervisor.

Are you currently under disciplinary investigation, sanction, or practice limitation or any other adverse action imposed by a state credentialing board or professional organization? Yes _____ No _____

If your answer is yes, fully explain in an attached, signed statement.

IV. Information regarding the supervisory relationship: [Completed by supervisor(s)]

Please read K.A.R. 102-2-8(d) prior to answering the following questions.

1. Per K.A.R. 102-2-8(d)(3)(B) –

A. Are you aware, as a clinical supervisor of a licensee who is seeking clinical licensure, that you have full or in part, professional responsibility for the supervisee's practice of clinical social work or delivery of social work services? Yes _____ No _____

B. Do you accept as a clinical supervisor of a licensee who is seeking clinical licensure, in full or in part, professional responsibility for the supervisee's practice of clinical social work or delivery of social work services? Yes _____ No _____

2. Do you have a dual relationship with the supervisee? Yes _____ No _____

3. Do you have knowledge of and experience with the supervisee's client population? Yes _____ No _____

4. Do you have knowledge of and experience with the methods of practice that the supervisee will employ? Yes _____ No _____

5. Do you understand the organization and administrative policies and procedures of the supervisee's practice setting? Yes _____ No _____

6. Are you a staff member of the practice setting? Yes _____ No _____

If your answer is no, please answer the following five questions:

A. Is the extent of your responsibility for the supervisee clearly defined in terms of client cases to be supervised? Yes _____ No _____

B. Is the extent of your role in personnel evaluation within the practice setting clearly defined? Yes _____ No _____

C. Is the responsibility for payment of supervision clearly defined? Yes _____ No _____

D. Is the supervisee paying you directly for supervision? Yes _____ No _____

E. Do you maintain responsibility to the client and the practice setting? Yes _____ No _____

7. Will you perform the following?

A. Provide oversight, guidance, and direction of the supervisee's clinical practice of social work by assessing and evaluating the supervisee's performance? Yes _____ No _____

B. Conduct supervision as a process distinct from personal therapy, didactic (classroom) instruction, or social work consultation? Yes _____ No _____

C. Provide documentation of supervisory qualifications to the supervisee? Yes _____ No _____

D. Periodically evaluate the supervisee's clinical functioning? Yes _____ No _____

E. Provide a level of supervision that is commensurate with the education, training, experience, and ability of both you and the supervisee. Yes _____ No _____

F. Ensure that each client knows that the supervisee is practicing social work under supervision? Yes _____ No _____

8. Do you have a thorough knowledge and understanding of BSRB statutes and regulations regarding the requirements of post graduate supervision for the supervisee's profession? Yes _____ No _____

9. Will the supervisee be involved in the process of diagnosing clients? Yes_____ No_____

**** If your answer is yes, describe how. ****

10. Will the supervisee, under your supervision, be providing psychotherapy to the clients? Yes_____ No_____

**** If your answer is yes, describe how. ****

V. Supervisor’s and Supervisee’s Attestation:

We, the undersigned supervisee and supervisor, acknowledge that we have both read and agree to all aspects of this plan, and have read and understand the post graduate supervised work experience requirements set forth in regulations. We attest, to the best of our knowledge, that this plan meets the training requirements as outlined in statute and regulation, including the requirements for the provision of psychotherapy and assessment as well as the required supervision. We also attest that the forgoing information constitutes an accurate and honest description of the duties to be performed by the supervisee.

Additionally, the supervisee hereby gives consent to the supervisor to discuss supervision or performance issues with the supervisee’s clients, other professionals in the practice setting, the Board, or any other individual to whom either is professionally accountable.

Signature of Supervisee Date

Signature of Supervisor Date

You should receive a written response regarding your clinical training plan from the board office within 30 days. If you have not received a response within 30 days from submission, please contact the board office.

Attention supervisors, for additional information regarding clinical supervision, please see the website at: www.ksbsrb.ks.gov

VI. Information regarding Supervision Training Plan: [Completed by supervisee and supervisor(s) together]

Please provide answers to questions 1 through 19 on a separate sheet of paper:

1. Describe the clinical practicum completed while in your masters of social work program. [KAR 102-2-12 (a)(2)(A)(B)(C)(D) & KAR 102-2-12 (b)(A)(B)]
2. Will you be using the DSM IV or V in diagnosing clients? [KAR 102-2-12 (c)(4)]
3. Please list some specific diagnoses you expect to treat.
4. What are the anticipated types of clients to whom you will be providing services? [KAR 102-2-8 (d)(6)(B)]
5. What services will you be providing to clients?
6. What are some theories of psychotherapy you plan to use in treating clients?
7. What dates are expected to be covered with the Supervision Training Plan? [KAR 102-2-8 (d)(6)(K)] **(Training plan must be approved by the Board before post graduate hours may be accrued.)**
8. What is the process of termination of the supervisory relationship by either party should that be necessary? [KAR 102-2-8 (d)(6)(K)]
9. Review the definition of clinical social work below (KAR 102-2-1a (e)) list your clinical supervision goals and briefly describe how you will attain those goals. You may include additional goals if you wish but you must provide goals based upon numbers 1 – 7.

(e) "Clinical social work practice" means the professional application of social work theory and methods to the treatment and prevention of psychosocial problems, disability, or impairment, including emotional and mental disorders. Clinical social work shall include the following:

- (1) Assessment;
- (2) diagnosis;
- (3) treatment, including psychotherapy and counseling;
- (4) client-centered advocacy;
- (5) consultation;
- (6) evaluation; and
- (7) interventions directed to interpersonal interactions, intrapsychic dynamics, and life support and management issues.

10. Outline your responsibilities in relation to these goals and objectives. [KAR 102-2-8 (d)(6)(F)]
11. Outline your supervisor's responsibilities in relation to these goals and objectives. [KAR 102-2-8 (d)(6)(E)]
12. How will you meet the requirement of 2000 hours of client contact, to include 1500 hours of psychotherapy and assessment and up to 500 hours of clinical social work services?
13. Answer the following questions regarding your supervision:
 - a. Describe the schedule for supervision. [KAR 102-2-8 (d)(6)(D)]
 - b. What is the required ratio of supervision to direct client contact? [KAR 102-2-8 (d)(5)(A)]
 - c. How many supervision hours must be individual? [KAR 102-2-12 (c)(4)]
 - d. Will you receive group supervision? If so, how many supervision hours will be done in group? Also, how many supervisees will be in the group? [KAR 102-2-8 (d)(5)(B)]
 - e. What is the total number of supervision hours required per regulation? [KAR 102-2-12 (c)(4)]
 - f. What is the total number of supervisory meetings required per regulation? [KAR 102-2-12 (c)(4)]
14. Describe how you and your supervisor will document your progress (to include date, length, method, content and format of each supervisory meeting) toward meeting the total required 4000 hours of supervised clinical experience, which includes the 2000 hours of client contact, consisting of at least 1500 hours of direct client contact providing diagnosis and psychotherapy and up to 500 hours of clinical social work practice services. [KAR 102-2-8 (d)(6)(H)]
15. Describe the plan for evaluating your progress in supervision. Periodic written evaluations are encouraged. [KAR 102-2-8 (d)(5)(6)]
16. How will you notify the clients that you are practicing under supervision, the limits of confidentiality under supervision, and the name and contact information for your supervisor. [KAR 102-2-8 (d)(6)(L)]
17. Describe the process for renegotiating this training plan if warranted. Additionally, how will you notify the Board of **all** changes, to include, but not limited to, a change of position within an approved work site or additional responsibilities

added to an existing position at an approved work site. Within how many days of the change must the Board receive your notification? [KAR 102-2-8 (d)(6)(L) & KAR 102-2-8 (d)(7)]

18. Describe the process for remediating conflicts between yourself and your supervisor. [KAR 102-2-8 (d)(6)(J)]
19. Describe the contingency plans for missed supervision sessions, and supervision while your supervisor is unavailable. Should there be an emergency or crisis and your primary supervisor is unavailable, to ensure supervision at all times, provide the name of a backup supervisor. **Please note: Any supervisor with whom you wish to accrue hours towards the LCSW must be approved by the Board. Submit the appropriate documentation to the BSRB for approval.**

	Discrete	Courses	<i>See rating chart below</i>	Integrated	Coursework		Total
Psychopathology	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	
Diagnostic Assessment	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	
Interdisciplinary Referral and Collaboration	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	
Treatment Approaches	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	
Professional Ethics	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	
						<i>Total must be at least 15</i>	
Total						<i>graduate hours and contain each content area.</i>	

All courses must be at graduate level. Practicum courses cannot be used to meet the 15 hours of coursework.

**** Total of hours claimed from any specified course cannot exceed credit hours transcribed for that course.**

A = Most to all of the course covers this content area

B = Approximately half of the course covers this content area

C = Some of the course covers this content area

Please see K.S.A. 65-6306 and K.A.R.102-2-12 to explain in more detail the 15 hour requirement.

If you received the MSW degree AFTER July 1, 2003, you are required to complete this grid, unless the school from which you graduated is listed in the exceptions on the instructions page.