

102-7-6. Professional postgraduate supervised experience requirement for a clinical addiction counselor. For each applicant for licensure as a clinical addiction counselor, the postgraduate supervised professional experience of addiction counseling shall meet all of the following requirements:

(a) The postgraduate supervised professional experience of addiction counseling shall consist of 3,000 hours of professional experience, including 1,500 hours of direct client contact conducting substance abuse assessments and treatment.

(b) Except as provided in subsection (c), one hour of clinical supervision shall be provided throughout the entirety of the postgraduate supervised professional experience for each 15 hours of direct client contact. Unless extenuating circumstances are approved by the board, all supervision shall be conducted face-to-face either in person or, if confidentiality is technologically protected, by synchronous videoconferencing, as follows:

(1) At least 50 hours of individual clinical supervision occurring with the supervisor and supervisee;

(2) up to 50 hours of clinical group supervision with one supervisor and no more than six supervisees; and

(3) meet for at least one hour two times per month, at least one of which shall be individual supervision.

(c) Each applicant with a doctor's degree in addiction counseling or a related field as defined in K.A.R. 102-7-1 shall be required to complete, after the doctoral degree is granted, at least one-half of the postgraduate supervised professional experience requirements as follows:

(1) At least 25 hours of individual clinical supervision occurring with the supervisor and supervisee;

(2) up to 25 hours of clinical supervision with one supervisor and no more than six supervisees; and

(3) at least two separate clinical supervision sessions per month, at least one of which shall be individual supervision.

(d) The clinical supervisor of each person attaining the 3,000 hours of postgraduate supervised professional experience required for licensure as a clinical addiction counselor shall meet one of the following requirements while the individual is providing supervision:

(1) The clinical supervisor shall be a clinical addiction counselor who is licensed in Kansas or is certified or licensed in another jurisdiction and, on and after January 1, 2014, who has engaged in the independent practice of clinical addiction counseling, including the diagnosis and treatment of substance use disorders, for at least two years beyond the supervisor's certification or licensure date as a clinical addiction counselor.

(2) The clinical supervisor shall be a person who is certified or licensed at the graduate level to practice in one of the behavioral sciences and whose authorized scope of practice permits the diagnosis and treatment of mental disorders independently. The qualifying individual shall have had at least two years of clinical professional experience beyond the date of the supervisor's certification or licensure.

(e) In addition to the requirements of subsection (d), each clinical supervisor shall meet the following requirements:

(1) Have professional authority over and responsibility for the supervisee's clinical functioning in the practice of addiction counseling;

(2) not have a harmful dual relationship with the supervisee;

(3) not be under any sanction from a disciplinary proceeding, unless the board waives this prohibition for good cause shown by the proposed supervisor;

(4) have knowledge of and experience with the supervisee's client population;

(5) have knowledge of and experience with the methods of practice that the supervisee employs;

(6) have an understanding of the organization and the administrative policies and procedures of the supervisee's practice setting; and

(7) be a member of the practice setting staff or meet the requirements of subsection (f).

(f) If a qualified clinical supervisor is not available from among staff in the supervisee's practice setting, the supervisee may secure an otherwise qualified clinical supervisor outside the practice setting if all of the following conditions are met:

(1) The supervisor has an understanding of the practice setting's mission, policies, and procedures.

(2) The extent of the supervisor's responsibility for the supervisee is clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan.

(3) The responsibility for payment for supervision is clearly defined.

(4) If the supervisee pays the supervisor directly for the supervision, the supervisor maintains responsibility for the client and to the practice setting.

(g) Each clinical supervisor shall perform the following duties:

- (1) Provide oversight, guidance, and direction for the supervisee's clinical practice of addiction counseling by assessing and evaluating the supervisee's performance;
- (2) conduct supervision as a process distinct from personal therapy, didactic instruction, or addiction counseling consultation;
- (3) provide documentation of supervisory qualifications to the supervisee;
- (4) periodically evaluate the supervisee's clinical functioning;
- (5) provide supervision in accordance with the clinical supervision training plan;
- (6) maintain documentation of supervision in accordance with the clinical supervision training plan;
- (7) provide the documentation required by the board when the supervisee completes the postgraduate supervised professional experience. The supervisor shall submit this documentation on board-approved forms and in a manner that will enable the board to evaluate the extent and quality of the supervisee's professional experience and assign credit for that experience;
- (8) provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and the supervisee; and
- (9) ensure that each client knows that the supervisee is practicing addiction counseling under supervision.

(h)(1) In order for an applicant for a clinical addiction counselor license to obtain credit for hours accrued before August 1, 2011 toward the required 3,000 hours of clinical supervision, the applicant shall provide an attestation that the clinical supervision occurred in accordance with a plan that meets the following conditions:

- (A) The supervision was scheduled and formalized.
- (B) The supervision included review and examination of cases.
- (C) Assessment of the supervisee's competencies was addressed by the supervisor.

(2) The attestation shall be signed by one of the following:

- (A) The supervisor, if available; or
- (B) if the supervisor is not available, another person who was in the supervisee's practice setting with knowledge of the supervisee's clinical supervision.

(i) For supervision hours accrued on and after August 1, 2011, each supervisor and supervisee shall develop and cosign a written clinical supervision training plan on forms provided by the board at the beginning of the supervisory relationship. The supervisee shall submit an official position description and the training plan to the board and shall receive board approval of the plan before any supervised professional experience hours for clinical licensure can begin to accrue. This plan shall clearly define and delineate the following items:

- (1) The supervisory context, which shall include the purpose of supervision;
- (2) a summary of the anticipated types of clients and the services to be provided, as evidenced by the supervisee's official position description;
- (3) a plan that describes the supervision goals and objectives and the means to attain and evaluate progress towards the goals;
- (4) the supervisor's responsibilities;
- (5) the supervisee's responsibilities;
- (6) the format and schedule of supervision;
- (7) a plan for documenting the following information:
 - (A) The date of each supervisory meeting;
 - (B) the length of each supervisory meeting;
 - (C) a designation of each supervisory meeting as an individual or group meeting;
 - (D) a designation of each supervisory meeting as conducted in the same physical space or by another means as specified in paragraph (b)(2);
 - (E) the 3,000 hours of postgraduate supervised clinical addiction counseling experience, which shall include specifically documenting the 1,500 hours of direct client contact conducting substance abuse assessments and treatment; and
 - (F) an evaluation of the supervisee's progress under clinical supervision;
- (8) a plan to address and remedy circumstances in which there is a conflict between the supervisor and the supervisee;

(9) a plan to notify clients of the following information:

(A) The fact that the supervisee is practicing addiction counseling under supervision;

(B) the limits of client confidentiality within the supervisory process; and

(C) the name, address, and telephone number of the clinical supervisor;

(10) the date on which the parties entered into the clinical supervision training plan and the time frame that the plan is intended to encompass;

(11) an agreement to amend or renegotiate the terms of the clinical supervision training plan, if warranted, including written notification of these changes to the board office, as provided in subsection (j);

(12) the supervisee's informed consent for the supervisor to discuss supervision or performance issues with the supervisee's clients, the supervisee's other addiction counseling or employment supervisors, the board, or any other individual or entity to which either the supervisee or the supervisor is professionally accountable; and

(13) a statement signed by each supervisor and supervisee acknowledging that each person has read and agrees to the postgraduate supervised professional experience requirements specified in this regulation.

(j) All changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board.

(Authorized by K.S.A. 74-7507; implementing K.S.A. 2021 Supp. 65-6610, as amended by 2022 SB 453, sec. 4; effective, T-102-7-1-11, July 1, 2011; effective, T-102-10-27-11, Oct. 27, 2011; effective Jan. 20, 2012; amended Dec. 16, 2022.)

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