

102-5-7a. Professional postgraduate supervised experience requirement for a clinical marriage and family therapist. In order to be approved by the board for licensure as a clinical marriage and family therapist, the applicant's postgraduate supervised professional experience of marriage and family therapy, totaling 3,000 hours of professional experience inclusive of 1,500 hours of direct client contact, shall meet all of the following requirements:

- (a) Except as provided in subsection (b), 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 supervision with one supervisor and no more than six supervisees; and
 - (3) meet for at least one hour twice per month, at least one of which shall be individual supervision.
- (b) Each applicant with a doctor's degree in marriage and family therapy or a related field as defined in K.A.R. 102-5-1 shall complete at least one-half of the postgraduate supervised professional experience requirements as follows:
- (1) At least 25 hours of individual supervision occurring with the supervisor and supervisee;
 - (2) up to 25 hours of supervision with one supervisor and no more than six supervisees; and
 - (3) at least two separate supervisory sessions per month, at least one of which shall be individual supervision.
- (c) The clinical supervisor of a person attaining the 3,000 hours of postgraduate supervised professional experience required for licensure as a clinical marriage and family therapist, at the time of providing supervision, shall be a board-approved clinical supervisor and shall meet one of the following provisions:
- (1) The clinical supervisor shall be a clinical marriage and family therapist who is licensed in Kansas or is registered, certified, or licensed in another jurisdiction and who has engaged in the independent practice of clinical marriage and family therapy, including the diagnosis and treatment of mental disorders, for at least two years beyond the supervisor's registration, certification, or licensure date as a clinical marriage and family therapist.
 - (2) Under extenuating circumstances approved by the board, the clinical supervisor may be a person who is registered, 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. The qualifying individual shall not have had less than two years of professional experience in the independent practice of clinical marriage and family therapy beyond the date of the supervisor's registration, certification, or licensure.
- (d) In addition to the requirements of subsection (c), each clinical supervisor shall meet these requirements:
- (1) Have professional authority over and responsibility for the supervisee's clinical functioning in the practice of marriage and family therapy;
 - (2) not have a 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 (e).
- (e) 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 a solid 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 to the client and to the practice setting.
- (f) Each clinical supervisor shall perform the following duties:
- (1) Provide oversight, guidance, and direction of the supervisee's clinical practice of marriage and family therapy by assessing and

evaluating the supervisee's performance;

(2) conduct supervision as a process distinct from personal therapy, didactic instruction, or marriage and family therapy 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 a 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 marriage and family therapy under supervision.

(g) 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 this plan to the board and shall receive board approval of the plan before any supervised professional experience hours can begin to accrue. This plan shall clearly define and delineate the following items:

(1) The supervisory context;

(2) a summary of the anticipated types of clients and the services to be provided;

(3) the format and schedule of supervision;

(4) 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 otherwise, in the case of emergency; and

(E) an evaluation of the supervisee's progress under clinical supervision;

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

(A) The fact that the supervisee is practicing marriage and family therapy under supervision;

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

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

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

(7) 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 (h);

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

(9) 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.

(h) 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. 65-6404; effective April 17, 1998; amended Oct. 22, 1999; amended Aug. 4, 2000; amended July 7, 2003; amended Aug. 13, 2004; amended Dec. 16, 2022.)