

**BEHAVIORAL SCIENCES REGULATORY BOARD
MARRIAGE AND FAMILY THERAPY ADVISORY COMMITTEE'S
SUPERVISION MANUAL SUBCOMMITTEE**

Tuesday, October 4, 2022

Due to COVID-19, the Board office is practicing social distancing. The office space does not allow for a meeting while practicing social distancing, therefore, the meeting will be conducted virtually on the Zoom platform.

You may view the meeting here: https://youtu.be/v2kHK3-k_Jo

To join the meeting by conference call: 877-278-8686

The pin: 327072

If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240. The Behavioral Sciences Regulatory Board may take items out of order as necessary to accommodate the time restrictions of Board members and visitors. All times and items are subject to change.

Tuesday, October 4, 2022, 11 a.m.

- I. Call to Order and Roll Call**
- II. Review of Creation of Subcommittee and Charge**
- III. Discussion on Plan for Marriage and Family Therapy Supervision Manual**
- IV. Review of Social Work Supervision Manual**
- V. Adjournment**



Behavioral Sciences Regulatory Board

Protecting and serving consumers of behavioral science services

The mission of the Behavioral Sciences Regulatory Board (BSRB), in accordance with the intent of the Kansas Legislature, is to protect and serve the consumers of services offered by BSRB licensees, through the issuance of licenses, resolution of complaints and the creation of appropriate regulations, accomplished through efficiency, fairness and respect to all those involved.

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Supervision Manual

“A Guide for the Licensed Specialist Clinical Social Worker Supervisor”

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1. LSCSW Supervision Manual Purpose and

This manual is provided by the Kansas Behavioral Sciences Regulatory Board to assist those individuals providing LSCSW clinical supervision. The intent of this manual is to provide information regarding the BSRB's authority as it relates to clinical supervision for LSCSW candidates, and requirements to assist the LSCSW clinical supervisor in their role with their respective supervisee(s). Refer to www.ksbsrb.ks.gov for the most current version of all statutes and regulations.

2. Acknowledgement

The Board would like to express its sincere appreciation to and acknowledge those individuals who served on the sub-committee that worked to compile the information and prepare the documents included in this LSCSW Supervisor Manual. Their efforts to provide a useful resource for clinical social work supervisors and supervisees are greatly appreciated.

The following individuals served on the LSCSW Supervisor Manual Sub-Committee:

Carolyn Szafran, LSCSW, Social Work Board Member, Co-chair of the Advisory Committee
Marcia Simoneau, LSCSW, Social Work Board Member, Co-chair of the Advisory Committee
Carl Myers, LSCSW, Social Work Advisory Committee Member
Sheri Hilger, LSCSW, Social Work Advisory Committee Member
Max L. Foster, BSRB Executive Director
Leslie Allen, BSRB Assistant Director/Licensing Manger
Joan Hahn, BSRB Licensing Specialist

3. LSCSW Clinical Supervision and Licensure Requirements - Statutes and Regulations

The title of each document in this manual is a link to the online document

a. BSRB Statutes - *Click on a link below to view the statute on the website*

[65-6302 - Definitions](#)

[K.S.A. 65-6306 - Qualification for licensure](#)

[K.S.A. 65-6319 - Diagnosis of Mental Disorders by certain licensed social workers](#)

b. BSRB Regulations - *Click on a link below to view the regulation on the website*

[K.A.R. 102-2-1a. - Definitions](#) – *Subsection (e) is the definition of clinical social work practice*

[K.A.R. 102-2-2a. - Application for licensure](#)

[K.A.R. 102-2-3 - Fees](#)

[K.A.R. 102-2-7 - Unprofessional Conduct](#)

[K.A.R. 102-2-8 - Supervision](#) – *Supervision requirements for LSCSW STARTS with subsection (d)*

[K.A.R. 102-2-12 - LSCSW licensure requirements](#)

[K.A.R. 102-2-14 - Designation of referral source for use in the diagnosis and treatment of mental disorders authorized](#)

[Click this link to view the website page where all social work statutes and regulations are listed.](#)

4. LSCSW Supervision Process and Forms Licensure Statutes and Regulations

a. Definition of LSCSW Clinical Supervision

BSRB statutes and/or Regulations

[K.A.R. 102-2-1a](#) Definitions (aa) “Social work supervision” means a formal professional relationship between the supervisor and supervisee that promotes the development of responsibility, skill, knowledge, attitudes, and ethical standards in the practice of social work.

b. Role of LSCSW Clinical Supervisor

BSRB Statutes and/or Regulations

[K.S.A. 65-6319](#) **Diagnosis and treatment of mental disorders by certain licensed social workers authorized.** The following licensed social workers may diagnose and treat mental disorders specified in the edition of the diagnostic and statistical manual of mental disorders of the American psychiatric association designated by the board by rules and regulations: (a) A licensed specialist clinical social worker, and (b) a licensed master social worker who engages in the practice of social work only under the direction of a licensed specialist clinical social worker, a licensed psychologist, a person licensed to practice medicine and surgery or a person licensed to provide mental health services as an independent practitioner and whose licensure allows for the diagnosis and treatment of mental disorders. When a client has symptoms of a mental disorder, a licensed master social worker shall consult with the client's primary care physician or psychiatrist to determine if there may be a medical condition or medication that may be causing or contributing to the client's symptoms of a mental disorder. A client may request in writing that such consultation be waived and such request shall be made a part of the client's record. A licensed master social worker may continue to evaluate and treat the client until such time that the medical consultation is obtained or waived.

c. Clinical Social Work Practice

BSRB Statutes and/or Regulations

DEFINITIONS:

[K.A.R. 102-2-1A \(e\)](#)

(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.

[K.S.A. 65-6302 \(b\)](#) **“Social work practice”** means the professional activity of helping individuals, groups or communities enhance or restore their capacity for physical, social and economic functioning and the professional application of social work values, principles and techniques in areas such as psychotherapy, social service administration, social planning, social work consultation and social work research to one or more of the following ends: Helping people obtain tangible services; counseling with individuals, families and groups; helping communities or groups provide or improve social and health services; and participating in relevant social action. The practice of social work requires knowledge of human development and behavior; of social, economic and cultural institutions and forces; and of the interaction of all these factors. Social work practice includes the teaching of practicum courses in social work and includes the diagnosis and treatment of mental disorders as authorized under K.S.A. 65-6306 and 65-6319, and amendments thereto.

[K.S.A. 65-6302 \(c\)](#) **“Psychotherapy”** means the use of psychological and social methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation to acquire greater human realization of psychosocial potential and adaptation; to modify internal and external conditions which affect individuals, groups or communities in respect to behavior, emotions and thinking, in respect to their intra-personal and inter-personal processes. Forms of psychotherapy include but are not restricted to individual psychotherapy, conjoint marital therapy, family therapy and group psychotherapy.

d. Legal Responsibilities and Liability Risk for LCSW Clinical Supervision

BSRB Statutes and/or Regulations - *This is a partial list. Check with your professional liability insurance to make sure you are covered.*

[K.S.A. 65-6311.](#) **Grounds for suspension, limitation, condition, revocation or refusal to issue or renew license; procedure; licensure of applicant with felony conviction; requirements.** (a) The board may refuse to issue, renew or reinstate a license, may condition, limit, revoke or suspend a license, may publicly or privately censure a licensee or may impose a fine not to exceed \$1,000 per violation upon a finding that a licensee or an applicant for license:

- (1) Is incompetent to practice social work, which means:
 - (A) One or more instances involving failure to adhere to the applicable standard of care to a degree that constitutes gross negligence, as determined by the board;
 - (B) repeated instances involving failure to adhere to the applicable standard of care to a degree that constitutes ordinary negligence, as determined by the board; or
 - (C) a pattern of practice or other behavior that demonstrates a manifest incapacity or incompetence to practice social work;
- (2) has been convicted of a felony offense and has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;
- (3) has been convicted of a misdemeanor against persons and has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;
- (4) is currently listed on a child abuse registry or an adult protective services registry as the result of a substantiated finding of abuse or neglect by any state agency, agency of another state or the United States, territory of the United States or another country and the applicant or licensee has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;
- (5) has violated a provision of the social workers licensure act or one or more rules and regulations of the board;
- (6) has obtained or attempted to obtain a license or license renewal by bribery or fraudulent representation;
- (7) has knowingly made a false statement on a form required by the board for a license or license renewal;
- (8) has failed to obtain continuing education credits as required by rules and regulations adopted by the board;
- (9) has been found to have engaged in unprofessional conduct as defined by applicable rules and regulations adopted by the board; or
- (10) has had a license, registration or certificate to practice social work revoked, suspended or limited, or has had other disciplinary action taken, or an application for a license, registration or certificate denied, by the proper regulatory authority of another state, territory, District of Columbia, or other country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof.

(b) For issuance of a new license or reinstatement of a revoked or suspended license for a licensee or applicant for licensure with a felony conviction, the board may only issue or reinstate such license by a 2/3 majority vote.

(c) Administrative proceedings and disciplinary actions regarding licensure under the social workers licensure act shall be conducted in accordance with the Kansas administrative procedure act. Judicial review and civil enforcement of agency actions under the social workers licensure act shall be in accordance with the Kansas judicial review act.

[K.A.R. 102-2-7. Unprofessional Conduct](#)

e. LSCSW Clinical Supervision Training Plan

BSRB Statutes and/or Regulations

[K.A.R. 102-2-1a Definitions \(f\)](#) “Clinical supervision training plan” means a formal, written contract between a supervisor and a supervisee that establishes the supervisory framework for postgraduate clinical experience and the expectations and responsibilities of the supervisor and the supervisee.

[Clinical Supervision Training Plan form](#)

Example -Template How to Write a Clinical Supervision Plan (see page 13)

Sample - Supervision Log and Supervision Meeting form (see page 16)

f. LSCSW Clinical Supervision Hour Summary

BSRB Statutes and/or Regulations

Regulations relevant to clinical supervision hours.

[K.A.R. 102-2-1A \(e\)](#) [K.A.R 102-2-12 \(c\)](#) [K.A.R. 102-2-8 \(d\)](#)

Complete **all** minimum requirements in no fewer than two years and no more than six.

3000 total hours of supervised clinical experience

- 2000 hours – Client Contact
- 1000 hours – Indirect client contact

2000 hours of “Clinical Contact”

- Contact with Clients
- **At least 1500** of these 2000 hours **MUST** be Direct Client Contact:
 - Face to Face (in person or electronically)
 - Individual, Family or Group service to client system
 - Conducting Psychotherapy, Diagnosis (although the diagnosis does not have to be official) and Assessment
- **Up to 500** of these 2000 hours may be from providing clinical social work practice services (excluding assessment and psychotherapy):
 - Client-centered advocacy

- Consultation (collaborating w/other providers in ways that enhance assessment and/or therapy)
 - Evaluation
 - Interventions directed to interpersonal interactions, intrapsychic dynamics and life support, and management issues (this is often psychoeducation)
 - Still needs to be contact with clients, but may also include phone calls
- All 2000 hours may come from direct client contact conducting assessments, diagnosis and treatment. Providing clinical social work practice services is not required.

2000 hours of “Indirect Client Contact”

- Activities that support/enhance your work with clients
- Prep for sessions, documentation, research
 - Trainings or CEUs – only if they are directly related to the client population you serve.
 - Consider the work related activity you are performing. View it through the lens of “am I doing this thing because of the clients I saw for the client contact?” If the answer is yes, then it can most likely be counted in the indirect client contact.

Complete 100 total hours of Clinical Supervision

- Must meet for at least 1 hour of supervision for every 20 hours of direct client contact or social work practice services
- (may meet for up to 2 hours)
- 75 hours of supervision (out of 100 total required) have to be individual supervision
- (and at least 50 of these 75 hours have to be in person)
- Must have at least 100 supervision meetings

g. Training Plan Amendments

BSRB Statutes and/or Regulations

In pertinent part, [K.A.R. 102-2-8](#) ...(d)... (7) Revision of the clinical supervision training plan. **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.

The following forms are for the most common changes to a training plan. The supervisee must submit **ALL** changes to the board for approval, not only those covered by these forms.

[Training Plan Amendment – Supervisor Changes](#)

[Training Plan Amendment – Position or Work Site Changes](#)

5. LCSW Application Process

BSRB Statutes and/or Regulations and Forms

Application for Licensure: [K.A.R 102-2-2a](#)

[LCSW application packet](#) - including instructions and supervisor's attestation

6. Common Questions Asked and Answered

[Website FAQs \(click here\)](#) Once there, scroll down for LCSW information.

7. Writing A Clinical Supervision Training Plan

HOW TO WRITE A CLINICAL SUPERVISION TRAINING PLAN

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)]

Provide information regarding the setting where you completed the practicum. Indicate what your duties and responsibilities were, especially note the clinical responsibilities you had (if any) pertaining to direct client contact opportunities to provide assessment, diagnosis and psychotherapy for mental disorders found in the DSM. Indicate the total number of practicum hours and the total number or percentage of direct client contact hours.

2. Will you be using the DSM IV or V in diagnosing clients? [KAR 102-2-12 (c)(4)]

Indicate which version of the DSM you will be using. Note: Providing diagnosis is required as part of the supervised clinical experience. It does not, however, require the diagnosis be official and placed in the client's file. For those work settings where the supervisee may not provide an official diagnosis, the supervisee must have the opportunity to provide a diagnostic impression and defend that diagnosis during supervision meetings.

3. Please list some specific diagnoses you expect to treat.

Provide examples of the DSM diagnoses you expect to encounter as part of your supervised clinical experience.

4. What are the anticipated types of clients to whom you will be providing services? [KAR 102-2-8 (d)(6)(B)]

Provide examples of the client population you anticipate treating at your approved work site.

5. What services will you be providing to clients?

Provide examples of the services, both clinical and nonclinical (if applicable) you will be providing to clients at your approved work site.

6. What are some theories of psychotherapy you plan to use in treating clients?

Provide examples of theories of psychotherapy that would be relevant for the client population you will treat.

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 postgraduate hours may be accrued.)

On what date do you anticipate beginning to accrue hours towards the LSCSW? On what date do you anticipate accruing all the required hours and supervision meetings.

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)]

After discussing with your clinical supervisor provide the agreed upon process for termination of the supervisory relationship.

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)]

For you to achieve these goals what must you do?

11. Outline your supervisor's responsibilities in relation to these goals and objectives. [KAR 102-2-8 (d)(6)(E)]

Note how your supervisor will help you attain the goals listed in number 9.

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?

How will you, in your approved work site, meet the requirement to provide 1500 hours of psychotherapy and assessment?

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)]

Provide a sample of the log you intend to use to track the hours you accrue towards the LCSW.

15. Describe the plan for evaluating your progress in supervision. Periodic written evaluations are encouraged. [KAR 102-2-8 (d)(5)(6)]

How will your clinical supervisor evaluate the supervised clinical experience? How often will you be evaluated? It is recommended that the evaluations be dated and signed by both the supervisee and the supervisor.

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)]

Include how you will notify clients of the above information. Additionally, you must provide all clients (not only those who ask) with written contact information for your clinical supervisor.

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)]

All changes (*all means all*) must be submitted to the Board in writing within 45 days of the change. Before you may accrue any hours based on the change, you must receive written approval from the Board.

18. Describe the process for remediating conflicts between yourself and your supervisor. [KAR 102-2-8 (d)(6)(J)]

When a conflict arises how will it be dealt with? Who might need to be called upon to aid in conflict resolution?

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 is available at all times, provide the name of an emergency supervisor.

How will missed supervision sessions be made up? Who would provide supervision if your supervisor has a planned absence such as vacation, medical issue, etc.? Provide the name of the person who would provide supervision if your clinical supervisor was unavailable during a crisis.

An emergency supervisor is someone you would contact in an emergency or crisis if you could not contact your approved clinical supervisor. He/she can be anyone who is clinically licensed because you will not be accruing any supervision towards the LCSW with this person.

A back up supervisor is someone with whom you would meet for supervision if your clinical supervisor is unavailable, either because of an unplanned or extended absence. This person must be approved in writing by the Board.

Please note: Anyone whose name is provided in your answer to this question is NOT automatically approved to provide supervision. No hours accrued under this supervisor (or supervisors) may be used toward the required hours for the LCSW unless he/she is approved by completing section III, IV and V of the training plan or by submitting a training plan amendment after the training plan has been approved. Any supervisor with whom you wish to accrue hours towards the LCSW must be approved by the Board. Approval is provided by submitting the appropriate documentation to the Board.

8. Sample Forms

YOU ARE NOT REQUIRED TO USE THE FOLLOWING FORMS. THEY ARE PROVIDED AS SAMPLES

SUPERVISION LOG (SAMPLE)

Date	Direct Client Contact Min. 1500 Hours	Clinical SW Hours Up to 500 Hours	Indirect/other Up to 2000	Total Hours Min. 4000 Hours	Individual Supervision Hours	Group Supervision Hours	Total Supervision Hours	Supervision Meetings Min. 100 Hours	Brief Description of Content
mm/dd/yy									
mm/dd/yy									
mm/dd/yy									

SUPERVISION MEETING FORM (SAMPLE)

Date: _____

Supervisee(s): _____

Clinical Supervisor: _____

Where supervision took place: _____ In person Y N

Supervision meeting start time: _____ End time: _____

Issues discussed/client cases: _____

Supervisee strengths: _____

Supervisee areas for improvement/concerns: _____

Issues discussed/client cases: _____

Tasks to be completed by the next supervision meeting or date specified: _____

Supervisee comments or concerns: _____

Supervisee Signature: _____

Clinical Supervisor Signature: _____