

FILING OF CLINICAL SUPERVISION TRAINING PLAN

To begin accruing hours toward the LCAC you must submit a training plan for approval to the Board.

- There is no fee to file a Clinical Supervision Training Plan.
- You must be licensed as a master's addiction counselor (LMAC) or licensed as an addiction counselor (LAC) and earned a master's degree in addiction counseling or a master's degree in a related field, approved by the Board, before submitting your training plan for approval to begin counting supervision hours.
- The Clinical Supervision Training Plan needs to be completed by you and your supervisor(s).
- You and your supervisor(s) will need to read the statutes and regulations prior to completing the training plan. Please see K.A.R. 102-7-6 for supervision requirements and clinical licensure requirements. The regulations may be found on our website www.ksbsrb.ks.gov
- Attach to the training plan and official job description for any position that you intend to use to accrue hours towards the LCAC. If your work site is a private practice you may write your own.
- You will receive approval, via email, from the Board. You may not count any supervision hours prior to your approval date. If approved, the approval date will be backdated to the date the training plan was received by the Board.
- 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.
- Any changes to the approved training plan must be submitted in writing **within 45 days of the change** or the hours accrued prior to notification will not be accepted.
- You must be under supervision and accrue hours towards the LCAC for a minimum of 24 months.
- When all the supervision requirements have been completed you may apply for the LCAC and be approved to take the MAC exam. If you have previously passed the MAC exam you will not be required to take the exam again. You are not required to apply for the LCAC or take the exam within a specified amount of time.
- Return the training plan to the BSRB by postal mail to the address above or by email to bsrb@ks.gov **Do not submit the training plan by fax.**

Clinical Supervision Training Plan Addiction Counselor

No hours may be accrued toward the LCAC without an approved training plan. The training plan approval date will be backdated to the date the training was received in the Board office, provided the plan is approved.

The supervisee shall complete sections 1 and 2.

Each supervisor(s) with whom the supervisee will be accruing hours towards the LCPC shall complete sections 3 and 6.

The supervisor(s) shall complete sections 4 and 5.

1. Information regarding supervisee: [Completed by supervisee]

Name _____ Email _____

Home Phone _____ Cell Phone _____
(Optional)

Home Address _____

City, State, Zip _____

Master's Degree _____ Major _____

Has the Board approved your master's degree as a related field for addiction counselor licensure? _____

LMAC number _____ Issue date _____ Expiration date _____

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

Section 2 must be completed for each work site and position where you will be accruing hours toward the LCAC.

Work site where you will be accruing hours towards the LCAC.

Work Site _____

Address _____

City, State, Zip _____

Phone _____ Your Title in this supervised setting _____

Attach an official position description for each position that will be used to accrue hours towards the LCAC.

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

If the answer to any of these questions is no, provide an explanation on a separate page.

1. Diagnosis

Will the supervisee, under the supervision of the supervisor provide a diagnostic impression based on DSM-5 substance use disorder? Yes No

2. Treatment

Will the supervisee, under the supervision of the supervisor provide a treatment recommendation based on the DSM-5 substance use disorder criteria? Yes No

3. Will the supervisee meet the minimum requirements in no fewer than two years? Yes No

4. Answer the following questions regarding supervision:

- a. Will the supervisee meet for supervision at least twice a month, one of which must be individual supervision? Yes No
- b. Will the supervisee meet for one hour of supervision for every 15 hours of direct client contact? Yes No
- c. Will the supervisee accrue a minimum of 50 hours of individual supervision? Yes No
- d. Will the supervisee participate in group supervision? Yes No
If yes, will there be six or fewer LAC/LMAC supervisees? Yes No
- e. Will the supervisee accrue a minimum of 100 hours of supervision? Yes No
- f. Will any supervision occur via interactive televideo? Yes No
If yes, is the platform technologically secure? Yes No

Note: The format of supervision must be noted as part of the supervisor's attestation.

5. Will both the supervisee and the supervisor document the supervision meetings (to include date and length) in writing in a way that can be reviewed by the Board if requested? Yes No

6. Will the supervisee receive regular, and periodic evaluations? Yes No

7. Will the supervisee notify the clients in writing that the supervisee is practicing under supervision, the limits of confidentiality under supervision, and the name and contact information for the approved supervisor? Yes No

8. Will the supervisee notify the Board in writing of **any changes** to the approved training plan within 45 days of the change? Yes No

9. Is there a plan in place to remediate conflicts between the supervisee and the supervisor? Yes No

10. Will the supervisee be providing services to clients who are not physically located in the state of Kansas at the time services are provided? Yes No

11. If yes, is the supervisee licensed in the state where the client is located? Yes No

12. If yes, is the clinical supervisor clinically licensed in the state where the client is located? Yes no

Provide answers to questions 13-19 on a separate sheet of paper:

13. Provide the format and schedule for supervision.

14. Explain the supervisory context, including the purpose of supervision.

15. Clients

a. Describe the clients to whom the supervisee will be providing services.

b. What services will the supervisee be providing to clients?

16. Review the definition of addiction counseling below (KSA 65-6608) and list the clinical supervision goals and briefly describe how the supervisee will attain those goals.

(b) "Addiction counseling" means the utilization of special skills to assist persons with addictions, and to assist such persons' families and friends to achieve resolution of addiction through the exploration of the disease and its ramifications, the examination of attitudes and feelings, the consideration of alternative solutions and decision making, as these relate specifically to addiction. Evaluation and assessment, treatment including treatment plan development, crisis intervention, referral, record keeping and clinical consultation specifically related to addiction are within the scope of addiction counseling. Additionally, at the clinical level of licensure, addiction counseling includes independent practice and the diagnosis and treatment of substance use disorders.

17. Outline the supervisee's responsibilities in relation to these goals and objectives.

18. Outline the supervisor's responsibilities in relation to these goals and objectives.

19. Describe the contingency plans for missed supervision sessions, and supervision if the approved clinical supervisor is unavailable. **Provide the name of emergency supervisor (required).**

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 since the supervisee will not be accruing any supervision towards the LCAC with this person.

A back up supervisor is someone with whom the supervisee would meet for supervision if the approved 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 answering 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 LCAC unless he/she is approved by completing section 4,5 and 6 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 LCAC must be approved by the Board. Approval is provided by submitting the appropriate documentation to the Board.

Any supervisor with whom the supervisee will be accruing hours towards the LCAC must complete sections 4, 5, and 6.

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

Name _____ Email _____

Agency _____

Address _____

Home Phone _____ Work Phone _____

KS License Type _____ License Number _____

Issue date _____ Expiration date _____

Were you licensed at the clinical level in a state prior to Kansas? Yes _____ No _____

If yes, state of licensure _____ License type _____

Issue date _____ Expiration date _____

Have you practiced in a position that included assessment, diagnosis, and treatment of substance use disorders, for two years beyond the date of clinical 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, please explain fully in an attached, signed statement.

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

Please read K.A.R. 102-7-6 prior to answering the following questions.

1. Per K.A.R. 102-7-6(e)(1) – Do you understand, as a supervisor of a licensee who is seeking clinical licensure, you will have, professional authority over and professional responsibility for the supervisee’s clinical functioning in the practice of addiction counseling? Yes _____ No _____

2. Do you have a harmful 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 have an understanding of 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 A - E questions:

- A. Do you have an understanding of the practice setting's mission, policies, and procedures?
Yes _____ No _____
- B. Is the extent of your responsibility for the supervisee 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?
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 for the supervisee's clinical practice of addiction counseling by assessing and evaluating the supervisee's performance?
Yes _____ No _____
- B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or addiction counseling 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 supervision in accordance with the clinical supervision training plan?
Yes _____ No _____
- F. Maintain documentation of supervision in accordance with the clinical supervision training plan?
Yes _____ No _____
- G. Provide the documentation required by the board when the supervisee completes the postgraduate supervised professional experience. This documentation shall be submitted 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?
Yes _____ No _____
- H. Provide a level of supervision that is commensurate with the education, training, experience, and ability of both you and the supervisee?
Yes _____ No _____
- I. Ensure that each client knows that the supervisee is practicing addiction counseling 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 addiction counselors?
Yes _____ No _____

6. 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 treatment 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.

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:
ksbsrb.ks.gov