

**BEHAVIORAL SCIENCES REGULATORY BOARD
BOARD MEETING AGENDA
November 14, 2022**

Due to the COVID-19 pandemic, 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. If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240.

You may view the meeting here: <https://youtu.be/xN1hLVpyow0>

To join the meeting by conference call: 877-278-8686 (Pin: 327072)

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

Monday, November 14, 2022

10:00 a.m. Call to Order and Roll Call

- I. Opening Remarks, Board Chair**
- II. Agenda Approval**
- III. Public Comment**
 - A. Comment on Professional Counseling Multi-State Compact by Andrew Secor, President of the Kansas Counseling Association (Model Act and Information at counselingcompact.org)**
- IV. Presentation on Alternate Licensing Application Processing by Tammi Lee, Vice President, Business Services and Partnerships Division, Center for Credentialing and Processing**
- V. Minutes Review and Approval for Previous Board Meetings on September 12, 2022, and October 24, 2022**
- VI. Executive Director's Report**
- VII. Staff Reports**
- VIII. Complaint Review Committee Report**
- IX. Professions Reports**
 - A. Licensed Psychology**
 - B. Social Work**
 - C. Professional Counseling**
 - D. Master's Level Psychology**
 - E. Marriage and Family Therapy**
 - F. Addiction Counseling**
 - G. Behavior Analysis**

10-Minute Break

X. Old Business

- A. BSRB Investigation Policy – Consideration of Changes**
- B. Discussion on K.A.R. 102-1-15(g) for Licensed Psychology Profession and Possible Language for Other Professions**
- C. Discussion on Custodianship of Records in an Emergency Situation when a Practitioner is no Longer Able to Provide Care**
- D. Possible Delegation Motions Relating to K.S.A. 74-7501 to K.S.A. 74-7511**

XI. New Business

- A. Appointment of Advisory Committee Members**
 - i. Professional Counseling Advisory Committee**
 - 1. Melissa Briggs**
 - 2. Michael Countryman**
 - 3. Acha Goris**
 - 4. Vanessa Perez**
- B. Appointment of Board Members to Hearing Panels**
- C. Appointment of Permanent Member to Kansas Fights Addiction Grant Review Board**
- D. Consideration of Professional Counseling Advisory Committee Recommendation to Change Definition of “Related Field”**
- E. Consideration of Final Adoption of Changes to Regulations Following Public Comment on November 8, 2022 (Proposed Regulation Changes are Located at <https://ksbsrb.ks.gov/reg-stats/proposed>) with One Typographically/Clerical Correction to Statute**
 - i. Licensed Psychology - K.A.R. 102-1-1 and K.A.R. 102-1-5**
 - ii. Social Work - K.A.R. 102-2-1a; K.A.R. 102-2-8; K.A.R. 102-2-12**
 - iii. Professional Counseling – K.A.R. 102-3-1a; K.A.R. 102-3-3a; K.A.R. 102-3-7a**
 - iv. Master’s Level Psychology – K.A.R. 102-4-1a and K.A.R. 102-4-7a**
 - v. Marriage and Family Therapy – K.A.R. 102-5-1 and K.A.R. 102-5-7a**
 - vi. Addiction Counseling – K.A.R. 102-7-1 and K.A.R. 102-7-6**
- F. Consideration of New Recommended Changes to Regulations from Advisory Committees**
 - i. Removal of Physical Presence Requirement from “In Residence” Definition for Addiction Counseling, Marriage and Family Therapy, and Social Work**
 - ii. Adding Standard of Review of Applicants for Licensed Specialist Clinical Social Worker who Lack Clinical Practicum**
- G. Process for Executive Director Annual Evaluation**
- H. Discussion on Utilization of Experts to Review Programs Independent of Applicants**
- I. Discussion on Reciprocity Requirements for Professions**
- J. Implementation of 988 National Suicide Prevention Hotline and Requirement that Practitioners have an “After-Hours” Policy**
- K. Discussion on Possible Alternative Methods of Auditing Continuing Education Hours and Follow up Discussion on Presentation at September Meeting by CE Broker**
- L. Discussion on Format for Future Board Meetings**

XII. Adjournment



Public Comment to the Kansas Behavioral Sciences Regulatory Board

11/14/2022

Andrew Secor Ph.D., LCPC, NCC, CCMHC
President, Kansas Counseling Association

Executive Director Mr. Fye, Board Chair Ms. Jones, and members of the board, good morning and thank you for the opportunity to speak with you today. My name is Andrew Secor and I am the President of the Kansas Counseling Association and I am here today to speak on behalf of the executive council of the Kansas Counseling Association. The Kansas Counseling Association is a Branch of the American Counseling Association, the world's largest association exclusively representing professional counselors in various practice settings and exists to promote the counseling profession through education and advocacy for both clients and professionals.

My purpose in being here today is to generate awareness and conversation about the counseling compact legislation that is being enacted in various states around the county. The issue of counselor mobility and a client's ability to continue services when moving outside their providers service area is an issue well known to people in the mental healthcare field. The American Counseling Association explored ways to increase portability and mobility for licensed professional counselors for many years. Ultimately, the decision was made approximately 4 years ago to pursue the compact option. The compact legislation was developed by the National Center for Interstate Compacts at The Council of State Governments. The Kansas Counseling Association is actively pursuing support for this legislation.

The counseling compact creates an agreement between member states to allow a privilege to practice in each other's state. Compacts are not unusual and are growing in use. Currently, compacts exist for nurses, physicians, physical therapists, psychologists, emergency management personnel, speech-language pathologists, and audiologists. License compact legislation is under development for occupational therapists and occupational therapy assistants, physician assistants, and advanced practice nurses. It is important to state that this compact does not grant a license to any professional.

The compact also does not impact the scope of practice as defined by any member state and, therefore, does not affect regulatory authority. The counseling compact leaves state-specific licensure requirements in place, therefore, not impacting a member state's existing licensing system. According to information provided about the compact legislation by The Council of State Governments, there will be no significant fiscal implications for states.

There are specific requirements for professionals to be eligible for the privilege to practice in another state. These requirements include the following:

- 60 hour master's degree,
- post-graduate counseling experience,
- Have a social security number or an NPI number,
- Hold a valid license in their home state, which must be a member of the compact
- Have no encumbrances on any state license currently, and no adverse actions or - restrictions against any license within the previous two years,
- Pass an FBI Fingerprint-Based Criminal Background Check,
- Meet any jurisprudence requirements for the member state in which they are seeking a privilege,
- Complete any continuing education requirements by their home state only,
- Pay any fees for the privilege to practice.

The goal of the counseling compact, like all counseling compacts, is to eliminate barriers to practice and to client care by ensuring cooperation among member-state regulatory boards.

Some advantages of the counseling compact include:

- Preserves existing licensure systems,
- Enhancing public safety through a shared interstate database of licensure and disciplinary information,
- Improving access to professional counseling services,
- Enhancing mobility of professional counselors,
- supporting relocating military spouses,
- and improving continuity of care when clients travel or relocate,
- greater control/ability to regulate the profession in the state.

One of the key benefits of the compact to consumers is the ability of the client to remain in treatment despite leaving the state the counselor is licensed to practice in at the onset of services. This is a continuous problem for many clients as people are not as location dependent for work and our society continues to be ever mobile. The legislation could also address the issue of professionals practicing in the state without a license as more people have moved to telehealth services.

At this time, the compact commission has begun meeting since they achieved the total number needed of 10 states that enacted the legislation. As of today, 17 states have enacted the counseling compact legislation, including Nebraska, Colorado, and Utah. The states of Missouri, Iowa, and Minnesota have introduced legislation with action not taken during the most recent legislative sessions in those states. Besides these states, the compact is also endorsed by the American Association of State Counseling Boards, the American Counseling Association, the American Mental Health Counselors Association, and the National Career Development Association.

The National Board for Certified Counselors also endorses the compact with the contingency that a graduate degree in counseling from an accredited institution be listed as a specific requirement. To address this issue, information was placed on the compact website which indicates the legislation mirrors current standards in each state with all states requiring an earned master's degree to obtain licensure. Therefore, for a state to be eligible to join the compact they must license the profession of counseling, require the passage of a national exam, and require a post-graduate clinical experience. A professional seeking a privilege to practice would not be eligible without a license from their home state, which requires an earned master's degree.

It is the hope of the Executive Council of the Kansas Counseling Association that if this legislation were to come forward, the BSRB Board would provide support of this legislation. As indicated earlier, the information provided is only a snapshot of the compact legislation. My hope this morning is to bring awareness to the compact legislation and begin conversation on the topic. I am happy to provide additional information for your review should it be desired. I want to thank you for your time this morning as well as for your service to the mental health profession and the citizens of the State of Kansas.

Thank you,

Andrew Secor Ph.D., LCPC, NCC, CCMHC
KCA President

**BEHAVIORAL SCIENCES REGULATORY BOARD
BOARD MEETING MINUTES**

September 12, 2022

DRAFT MINUTES

- I. Call to Order and Roll Call.** The meeting was called to order by Chair Mary Jones at 10:00 am.
- Board Members.** Mary Jones, David Anderson, Donna Hoener-Queal, Jim Kilmartin, Jacqueline Lightcap, Richard Nobles, Johnna Norton, Andrea Perdomo-Morales, Cynthia Schendel, and Deb Stidham attended remotely over Zoom.
- BSRB Staff.** David Fye and Cindy D’Ercole attended by Zoom. Assistant Attorney Generals Laine Barnard, Jane Weiler, and Paul Keithley were present by Zoom.
- Other Attendees.** Leslie Sewester, Heart of America Professional Network; Don Oliva, CE Broker; and Todd Frye and Tara Arnold attended by Zoom.
- II. Agenda Approval.** David Anderson moved to approve the agenda as written. Cynthia Schendel seconded. The motion passed.
- III. New Board Member Jim Kilmartin.** The Board welcomed new public member Jim Kilmartin.
- IV. Public Comment**
- A.** Don Oliva, Senior Business Development Executive for CE Broker, provided information to the Board on alternative continuing education reporting and tracking.
 - B.** Leslie Sewester, Executive Director for Heart of America Professional Network, providing information on impaired provider programs.
 - C.** Todd Frye, Department Chair of Counselor Education for Mid America Nazarene University, and license applicant Tara Arnold provided public comment on K.A.R. 102-3-7a(b).
- V. Minutes Approval:** Donna Hoener-Queal moved to approve the minutes from the Board meeting on July 11, 2022. David Anderson seconded. The motion passed.
- VI. Executive Director's Report.** David Fye, Executive Director for the BSRB, reported on the following topics:
- A. BSRB Outreach.** Since January 2021, the BSRB has broadcast 75 Board or Advisory Committee meetings, which have been viewed nearly 2,000 times.

- B. Governor's Direction on State Offices and In-Person Meetings.** The Governor's direction limiting in-person meetings remains in place, so the BSRB will continue to hold Advisory Committee meetings and most Board meetings remotely or in hybrid form as long as there is adequate space for social distancing.
- C. Revenues and Expenditures.** The BSRB is a fee-funded agency, does not receive money from the State General Fund, and operates off the revenue the agency receives. By statute, the BSRB contributed back 10 percent of all revenue received, up to a cap of \$100,000 per fiscal year. At the beginning of FY 2022, the BSRB Fee Fund had a balance of about \$2.1 million. At the end of FY 2022, the BSRB Fee Fund had a balance of \$2.2 million.
- D. Budget Preparations for Future Years.** The 2022 Legislature approved the BSRB revised budget estimates for FY 2022 and FY 2023. All state agencies are required to submit a budget by September 15 of each year and the Executive Director will be submitting a revised budget estimate for FY 2023 as well as a new budget request for FY 2024 and FY 2025.
- E. 3-Year IT Plan.** At the end of each fiscal year, all state agencies are required to complete several end-of-the-year fiscal reports. One report details the agency's 3-year plan for IT changes and developments. The agency hopes to have the disciplinary database integrated into the licensing database, for some initial applications to be offered electronically, and for some paper records to be converted to digital records.
- F. Contracts with other State Entities.** The Executive Director provided updates on contract offers for services for FY 2023. The Executive Director noted that following the July Board meeting, he researched alternative legal services and will continue to collect information on this topic. The Executive Director noted he would encourage the Board to continue receiving services from the Attorney General's office and stated he will continue to have conversations with that office regarding improvements to the contractual agreement in the future. It was noted that the agency received information that there would be about a \$2,000 increase in the yearly cost of the agency's licensing database through the Board of Healing Arts.
- G. Update on Expert Review Process.** The Executive Director provided an update on the BSRB's utilization of experts for the review of certain license applications. The Executive Director asked Board members to refer names of potential experts to him.
- H. Supervisor Training.** The Executive Director noted he recently participated in three days of training for supervisors, offered by the Department for Children and Families.
- I. Legislative Updates.** During the 2021 Legislative session, HB 2066 was passed, which provided for expedited licensure for military members, military spouses, and select other individuals. Additionally, the bill provided an alternative method for reciprocity for certain applicants. The Executive Director summarized a report he provided to the

Legislature, which showed that the BSRB processed applicants under this bill in a very short timeframe during FY 2022. The average length of time between receipt of the initial documentation and having a complete file was about 30 days and the average length of time between having a complete file and a decision being issued was 5 days. The Executive Director will be presenting testimony to the KanCare Oversight Committee on September 27, 2022, on certain recommendations from the 2020 and 2021 Special Committees on Mental Health Modernization and Reform.

- J. Psychology Interjurisdictional Compact (PSYPACT) Update.** Kansas became an official member-state in PSYPACT on January 1, 2022, and this multi-state compact is currently in 34 states. The Executive Director provided an update on the number of licensed psychologists in Kansas who are practicing in other states under PSYPACT authority.

- K. Update on the Kansas Fights Addictions Grant Review Board (KFAGRB).** The KFAGRB was created by the 2021 legislature and is organized under the Attorney General's office. The enacting legislation named 11 members, including an individual determined by the BSRB. The Board of the BSRB previously named the Executive Director to serve temporarily as the agency's designee. The first meeting for the KFAGRB was on July 14, 2022. The Executive Director noted the second meeting was likely to be in late September. The Board expressed a desire to change the Board's designee to an individual with expertise treating addictions and asked the Executive Director to send a message to all Advisory Committees, noting the Board was seeking to name an Advisory Committee member to serve as the Board's designee, providing information about the KFAGRB, the qualifications for the position, and the expectations of the person serving on the Board. The Board asked the Executive Director to continue to serve as the Board's designee until a more permanent designee was determined. The Board noted an ideal candidate would have a high level of expertise treating addictions and would need to provide reports back to the Board on the activities of the KFAGRB. The Board asked the Executive Director to collect submission from interested Advisory Committee members, similar to the method used for Advisory Committee recruitment, and provided the Executive Director the authority to perform a preliminary narrowing of applicants to determine which applicants had the highest level of expertise matching the description sought by the Board and consistent with the statute. The final decision of the KFAGRB designee will be determined by the Board.

- L. Association of Social Work Boards (ASWB) Exam Pass Rate Analysis Report.** The Executive Director noted ASWB recently released a report on examination pass rates by demographic groupings. It was noted the report showed disparities between different categories of test takers. The Executive Director noted the full report and more information on actions ASWB has taken since the release of the report can be found on the ASWB website.

- M. Social Work Multi-State Compact Draft Language.** The Executive Director noted draft language for a social work multi-state compact has been released for review and

comment. It was noted that the drafters of the language hope to have the language finalized for consideration during the 2023 or 2024 legislative sessions.

- N. Other Updates.** The Board’s off-site annual planning meeting will be on Monday, October 24, 2022, in Olathe, KS. The address for the meeting will be posted on the BSRB website. The Executive Director noted he will be attending annual meetings for the Association of State and Provincial Psychology Boards (ASPPB) and ASWB over the next few months. The public hearing on proposed changes to regulations will be held at the BSRB office on November 8, 2022. Any comments at the meeting will be shared with the Board at the full Board meeting on November 14, 2022.
- VII. Staff Reports.** The Executive Director highlighted the number of permanent licenses under the BSRB.
- VIII. Complaint Review Committee (CRC) Report.** Lead Investigator for the BSRB, Cindy D’Ercole, provided documents showing the number of Reports of Alleged Violations since the start of FY 2023. In response to a past request from the Board, the Executive Director noted a new statistic is included on the reports, which shows the frequency of open cases and the frequency of complaints, compared to the number of permanent licenses for each of the professions. The new statistics show whether certain professions are experiencing a higher or lower percentage of complaints, relative to the number of licensees in that profession.
- IX. Professions Reports**
- A. Licensed Psychology.** The Advisory Committee met on August 2. The Advisory Committee continued to review the unprofessional conduct regulations and began to discuss accreditation standards. The next meeting will be on October 11.
- B. Social Work.** The Advisory Committee met on August 16 and received information on draft language for the social work compact. The Advisory Committee is having further conversation on past recommendations concerning having Board-approved supervisors.
- C. Professional Counseling.** The Advisory Committee met on August 1 and received information from individuals from the Council for State Government (CSG), who provided information on a multi-state compact for professional counseling. Additionally, the Advisory Committee reviewed educational standards for licensure, including requirements for degrees held by program chairs, the ratio of core faculty to non-core faculty, and the physical presence requirement in the “in residence” requirement. The next meeting will be on October 3.
- D. Master's Level Psychology.** The Advisory Committee met on August 31 and welcomed a new member to the Committee; discussed the “in residence” requirement for certain education; and discussed the use of psychometricians and the ability to provide psychological assessments. The next meeting is October 19.

- E. Marriage and Family Therapy.** The Advisory Committee welcomed two new members; received training for Board members and Advisory Committee members; recommended a change to remove the physical presence requirement for the “in residence” educational requirement; and discussed having a subcommittee for the creation of a supervision manual.
- F. Addiction Counseling.** The Advisory Committee met on June 24 and discussed possible changes to the unprofessional conduct regulations and the “in residence” requirements for educational programs. There was a discussion of bringing back lower levels of licensing at the next meeting on September 16.
- G. Behavior Analyst.** The Advisory Committee met on August 1 and discussed the unprofessional conduct regulations for the profession. The Committee discussed possible changes to licensure statutes but did not recommend any changes at this time. The next meeting is on October 4.

X. Old Business

- A. Continued Discussion on 988 National Suicide Prevention Hotline and Providers’ Responsibilities to Clients in Crisis.** David Anderson, Vice Chair for the Board, noted that in 2017, prior to his time on the Board, the facility where he worked had been listed by other practitioners as a resource if their clients were in crisis after hours. The Vice Chair had requested a clarification from the Board whether that practice would constitute unprofessional conduct. A message was sent by the Executive Director for the BSRB, noting the Board discussed this topic in a meeting on January 9, 2017, and the Board agreed that if a person was providing mental health or substance use disorder services that they had to have the ability to respond to their clients who were in crisis or make formal arrangements if they were going to have another group do that for them. The message noted that any licensee who did not respond to their client who was in crisis would be in danger of violating the unprofessional conduct regulations associated with their particular profession. A copy of the minutes from the Board’s meeting on January 9, 2017, was also provided to members of the Board. The Vice Chair noted he is seeking to have more clear language added to the statutes or regulations to provide notice to licensees of the expectations of conduct in this area. Board members also discussed whether practitioners should be able to list 988 as a resource for their clients who are in crisis after hours. Board members discussed whether the term “formal arrangement” should be defined. Advisory Committees were asked to discuss this topic and to bring back language for the Board to consider on this topic. The Executive Director noted that he would research the unprofessional conduct regulations to see if an existing regulation could be adjusted to address this topic.
- B. Continued Discussion on BSRB Investigation Policy.** The Board continued reviewing proposed changes to the Investigation Policy of the Board. The Board decided not to add social media to page 1 in the examples of what is considered “other

reasonably reliably written information.” Board members approved recommended changes through page 11 and will conclude review of proposed changes at the next Board meeting.

C. Delegation Motions Related to K.S.A. 74-7501 to K.S.A. 7511. Due to time limitations, this item was continued to the next Board meeting.

D. Consideration of Professional Counseling Advisory Committee Recommendation to Change Definition of “Related Field.” Due to time limitations, this item was continued to the next Board meeting.

XI. New Business

A. Board Discussion on BSRB Reciprocity Statutes and Regulations. Due to time limitations, this item was continued to the next Board meeting.

B. K.S.A. 65-7504(a) Behavior Analyst Language on Board Disciplinary Remedies. Due to time limitations, this item was continued to the next Board meeting.

C. Consideration of Utilization of Hearing Panels or the Office of Administrative Hearings for License Applicant Hearings. Due to time limitations, this item was continued to the next Board meeting.

XII. Adjournment. Cynthia Schendel moved to adjourn the meeting. Deb Stidham seconded the motion. The motion passed.

**BEHAVIORAL SCIENCES REGULATORY BOARD
SPECIAL BOARD MEETING MINUTES
OCTOBER 24, 2022**

DRAFT MINUTES

- I. Call to Order and Roll Call.** The meeting was called to order by Chair Mary Jones at 9:00 am.

Board Members. Mary Jones, David Anderson, Donna Hoener-Queal, Jim Kilmartin, Jacqueline Lightcap, Richard Nobles, Johnna Norton, Andrea Perdomo-Morales, Cynthia Schendel, Ric Steele, Laura Shaughnessy, and Deb Stidham attended in person.

BSRB Staff. BSRB Staff members David Fye, Leslie Allen, Cindy D’Ercole, Ashley VanBuskirk, Tyla Wadsworth, and Assistant Attorney General Jane Weiler attended in person.

Other Attendees. Blaise Mesa.

- II. Agenda Approval.** Cynthia Schendel moved to approve the agenda as written. David Anderson seconded. The motion passed.

- III. Overview and Update on BSRB Operations by Executive Director David Fye.** David Fye, Executive Director for the BSRB, provided an update on agency operations, including information on licensing, discipline, revenue, and expenditures. Board members requested a future report summarizing frequency of practitioner violations by type of violations.

- IV. Discussion and Possible Action on Items**

A. Use of Expert Review Process for Evaluation of Certain License Applicant Information. The Executive Director provided an overview of the expert review process utilized by the agency for the review of certain license applicants. In most situations, the BSRB uses a small set of experts when an applicant received their education from a program not accredited by a national accrediting body recognized by the BSRB, but the applicant may meet the requirements in regulation, though this analysis requires review of program and course specific information. The Executive Director note the agency has struggled to reach agreements with very many experts, so there are delays for some applicants while the applicants are waiting to be reviewed by an expert. As an alternative to the current process, the Executive Director provided information on the Center for Credentialing and Education (CCE), which performs these types of applicant reviews for other states. The Executive Director noted the cost would be around \$100 to \$150 per review, paid by the BSRB, though this is comparable to the amount currently being paid to experts for review services. CCE offers an opinion and report at the end of the review and guarantees a turn-around in 6 weeks. Board

members expressed concerns about the qualifications of individuals performing these types of reviews and the Board discussed other technical issues. The Board requested the Executive Director contact a representative from the company to provide more information to the Board and answer questions from Board members at the next full Board meeting.

- B. Licensing Hearings.** The Board discussed alternatives to the current practice of holding license hearing before all members of the Board. Members discussed the option of holding license hearing at the Office of Administrative Hearings, however it was noted that costs for these hearings would be expected to be significantly higher than the current cost for the license hearing process and other technical complications were noted as well. The Board discussed the option of holding license hearings before a subset of the Board serving as a hearing panel and Board members expressed support for this method. By consensus, the Board decided to begin using hearing panels for license hearings that will consist of five Board members, including one professional member licensed in that profession and one Board member serving as a public member. The remaining three members of each hearing panel could be any Board members. It was noted that certain license hearings that require a 2/3 vote of the Board to license certain applicants would need to be held before the entire Board.
- C. Impaired Provider Programs.** The BSRB does not currently utilize an impaired provider program. The Board recently received information on impaired provider programs. Under these types of programs, professionals struggling with substance use or mental health concerns can seek directly from program and licensing boards can use these programs as alternatives to other disciplinary measures. The Executive Director noted he spoke with representatives from other states concerning their utilization of these types of programs. There is not a consensus in other states regarding whether most similar agencies have impaired provider programs, and reports of outcomes from such programs are mixed. The Executive Director provided a summary of research he collected on other state agencies in Kansas utilizing impaired provider programs, such as the Board of Nursing and Board of Pharmacy. Board members spoke in favor of beginning to utilize an impaired provider program for licensees under the BSRB. Board members asked how the program would be funded. The Executive Director noted that most programs are funded by the agency's that participate in the program though some states require a small amount of the cost to be provided by the individual participating in the program. The Board discussed whether associations would be willing to contribute to the cost of the program. The Board discussed whether an individual utilizing the program would be able to do so anonymously, due to an unprofessional conduct regulation that states a practitioner must report to the Board if they are not able to practice. By consensus, the Board recommended for the Executive Director to move forward with getting information on possible vendors for these services through exploration of a Request for Proposals (RFP) process.
- D. License Reciprocity Requirements.** Leslie Allen, Assistant Director and Licensing Manager for the BSRB, summarized the general statutory requirements for reciprocity for professions under the BSRB. For most professions, there are two pathways for

reciprocity. The first path requires that an applicant holds a license from a jurisdiction that has substantially similar licensure requirements, though it was noted that most licenses in Kansas have detailed course and program requirements while most other states do not have as detailed requirements. It was also noted that the type of license examinations required in Kansas sometimes differ from what those required in other states. The second statutory reciprocity pathway requires that an applicant have a lack of serious disciplinary history, have attained an appropriate degree, and be licensed for four years and practicing in another jurisdiction. For applicants at the clinical level, most applicants must show they meet two of three criteria: (1) sufficient coursework or passage of the appropriate examination; (2) 3 years of clinical practice; or (3) an attestation from a professional meeting certain criteria that the applicant is competent to diagnose and treat. The Executive Director noted the Behavior Analyst statutes do not include reciprocity language, though a method of reciprocity is provided under enacted 2021 HB 2066 (now in statute as K.S.A. 48-3406). The Executive Director noted there are significant differences between the types of licenses issued in Kansas compared to other states, in part because some states have a system designed for applicants to move to a clinical level of license, while the licenses for the BSRB allow practitioners to practice at any level for an undefined period, or for a practitioner's entire career.

The Executive Director summarized the different reciprocity process under 2021 HB 2066/K.S.A. 48-3406, including expedited processing of applications for military members and military spouses. The Executive Director clarified the definition of a complete application, and that the statute calls for applicants to be evaluated first under the existing reciprocity statutes, then if they do not meet those standards, the BSRB is able to evaluate applicants under a different reciprocity process which calls for a similar scope of practice, having practiced one-year in another jurisdiction, and other requirements listed in the statute. Board members noted that applicants living in bordering states likely would not be able to apply for reciprocity under the standards in HB 2066/K.S.A. 48-3406, because they are not planning to reside in Kansas. It was noted that for some types or levels of licensure in Kansas, there may not be comparable licenses in other states. Board members expressed a desire to be able to license more individuals who had practiced in another jurisdiction for a significant period of time. The Executive Director noted that multi-state compacts are being discussed for the professional counselor profession and the social work profession, however the counseling compact would only be for the clinical level of licensing and it is unclear at this point whether the draft language for the social work compact will be ready for states to review during the 2023 legislative session or whether it would be ready for the 2024 legislative session, so it appears that multi-state compacts will not resolve all of the concerns regarding reciprocity standards.

Board members asked BSRB staff whether they could identify the main reasons some applicants are not eligible for licensure in Kansas. Staff reported that for the addiction counseling profession, the requirements in Kansas are very different than other states. Also, a growing number of applicants are not attending programs accredited by national accrediting bodies and are having difficulty meeting the alternative requirements in

regulation. Board members asked about the difference in license requirements between Kansas and other states. It was noted that in some situations, Kansas requires more credit hours than some states. Previously, Kansas had required more client contact hours than a majority of states, though statutory changes in 2021 brought Kansas in line with the majority of states after that legislation was passed. By consensus, the Board recommended asking Advisory Committees to consider changes to reciprocity requirements, to be forwarded back to the Board for consideration. It was noted that the reciprocity statutes for different professions are similar, but the main area of differences are the requirements for professions in regulation. Advisory Committees were asked to review current requirements in regulations for possible changes.

E. Proposal for Temporary Decreased Reinstatement Fee - 90-Day Time Range Every 5 Years. The Executive Director noted that one factor that contributes to the overall number of individuals holding permanent licenses under the BSRB are individuals who have allowed their licenses to expire. The Executive Director noted that one way to address workforce concerns may be to provide a creative solution to encourage former licensees to reinstate their licenses. Currently, after an individual has an expired license, to reinstate that license, the cost is double the renewal fee (as a reinstatement fee/penalty must be paid) and all continuing education hours must be obtained from the prior license period prior to reinstating the license. The Executive Director proposed a new plan to submit in regulation a process that would decrease the reinstatement fee during a 90-day period which would recur every 5 years. During that time, former licensees could reinstate their licenses for the regular renewal fee with no penalty. The Board discussed whether to eliminate the reinstatement fee/penalty and it was noted that there is no penalty for a practitioner's license expiring, so long as the practitioner does not practice after it has expired. Staff noted the reinstatement fee is helpful to ensure that licensees renew their licenses in a timely manner. As an alternative to the proposed solution, by consensus, the Board requested creation of a new option for reinstatement, for former licensees whose licenses had been expired for at least a year. Under this new method of reinstatement, these former licensees could seek reinstatement for half of the current cost to reinstate a license (paying only the renewal fee). Also, as an alternative to completing all necessary continuing education hours prior to reinstating, a new option would be created so if these applicants had not earned all continuing education hours currently required to fully reinstate a license, those applicants could request a temporary license for a period not to exceed six months, during which time those applicants would be able to earn the continuing education hours necessary to fully reinstate their license. The applicants' continuing education hours would be audited after they had completed the necessary hours and if the applicant had obtained the necessary hours, then this special temporary license would convert to a permanent license.

V. Lunch. The Board recessed for lunch.

VI. Continued Discussion on Possible Action on Items. Following lunch, the Chair of the Board resumed the meeting and continued discussion of items on the agenda.

- F. Interpretation of K.A.R. 102-3-7a(b) and K.A.R. 102-5-7a(b), for LCPC Applicants and LCMFT Applicants Pursuing Doctoral Degrees Seeking to Complete a Minimum of One Half of the Postgraduate Professional Experience Requirements Prior to Completion of a Doctoral Degree.** The Executive Director noted the BSRB has interpreted K.A.R. 102-3-7a(b) and 102-5-7a(b) to mean that applicants are able to use the provisions in the regulation to obtain half of the hours in pursuit of a clinical license, if they already hold a doctorate degree. The Board has been asked whether applicants who are in the process of obtaining a doctoral degree should be allowed to use the provision in regulation to obtain half of the hours while pursuing their doctoral degree. By consensus, the Board agreed that the BSRB should continue to use the current interpretation of the regulation and applicants must already hold their doctoral degree before seeking to use the provision allowing only half of the necessary hours. The Board did not recommend adding additional language to the regulations.
- G. Consideration of Changes to K.S.A. 65-7504 for the Behavior Analyst Profession, to Add Additional Disciplinary Remedies for Consistency with Other BSRB Professions.** The Executive Director noted that under K.S.A. 65-7504, the Board is limited in what disciplinary remedies could be brought against a Behavioral Analyst or Assistant Behavior Analyst that has committed unprofessional conduct and it was noted that the relevant statutory language does not match the list of remedies available to the Board in statutes for other professions. Also, in K.S.A. 65-7504(a)(15), the statute uses the term guilty of unprofessional conduct, though this phrasing is typically found in criminal statutes, rather than administrative statutes. David Anderson moved to request changes to K.S.A. 65-7504 providing disciplinary remedies consistent with the marriage and family therapy profession and changing the phrasing of (a)(15) to match the phrasing more closely in the relevant marriage and family therapy profession statute. Ric Steele seconded. The motion passed.
- H. Consideration of Adding Board Member for Behavior Analyst Profession.** K.S.A. 74-7501(a) identifies the process by which the Governor appoints 12 individuals to the Board, though the statute does not list a board member for the behavior analyst profession. Andrea Perdomo-Morales moved to request a statutory change to add a new member to the Board for the behavior analyst profession. Jim Kilmartin seconded the motion. The Executive Director noted that the yearly cost of adding a new member to the Board would be expected to increase BSRB expenditures by about \$3,000 to \$5,000 each year, based on projected meetings attended, mileage reimbursements, and other costs. The Board member serving as Chair of the Behavior Analyst Advisory Committee stated that the Behavior Analyst Advisory Committee would likely be supportive of this change, though the Advisory Committee had previously expressed concerns regarding any changes to statutes, due to uncertainty of other legislative changes. The motion to add a new member to the Board passed. The Executive Director noted that if the Board is supportive of making changes to this statute, he would recommend the Board clarify other phrasings describing professional Board members, to avoid any confusion based on levels of licensing described for some professions but not described for other professions in the statute. Jim Kilmartin moved to make

clarifying changes to that section of the statute. Donna Hoener-Queal seconded. The motion passed.

I. Consideration for Creation of Temporary License for Social Work Applicants from Schools that are in Candidacy for Accreditation. The Executive Director noted that the national accrediting body for the social work profession, the Council on Social Work Education (CSWE), utilizes an accreditation process that lasts longer than other professions, at times lasting three to three and a half years. CSWE utilizes a process called “candidacy.” During candidacy, schools meet thresholds to demonstrate they are on track to reach accreditation. When a program becomes accredited, CSWE will backdate the accreditation for the program to when the program entered candidacy. However, due to the length of the candidacy process, it is possible that applicants will graduate from schools while the program is in candidacy. Under the BSRB statutes and regulations, if an applicant receives their education from a non-CSWE accredited program, they must meet the requirements in regulations, which currently includes an in-residence physical presence requirement, which would be difficult, if not impossible for applicants from online programs to meet. The licensing board for social workers in Minnesota offers a one-year temporary license specifically to applicants who graduate from schools that are in candidacy for accreditation, and this temporary license can be extended by the Board if their program continues to be in candidacy. Applicants would be able to obtain a permanent license when their program becomes accredited. Board members asked whether this process can be used for other professions. The Executive Director noted that he did not believe it could be used for other professions, because other professions do not use an official process of candidacy and the accreditation process for other professions generally takes a shorter period of time. Additionally, the retroactive accreditation process CSWE utilizes when programs reach accreditation is not used in the same way by the accrediting bodies for the other professions, which deem a program accredited at the time they become the accreditation standards, rather than when those programs entered a pre-accreditation process, such as candidacy. Ric Steele moved to request statutory changes developing a new temporary license program for bachelor’s and master’s social work applicants who graduate from programs that are in candidacy for accreditation, similar to the model used by Minnesota. Cynthia Schendel seconded. The motion passed.

J. Discussion on Disparities in 2022 Association of Social Work Boards (ASWB) Exam Pass Rate Analysis. In August 2022, ASWB released a report with demographic data on examination pass rates for the different levels of social work licensing examinations. The report showed disparities in pass rates between different categories of individuals. The Executive Director noted that he has seen comments from individuals specifically concerning the disparities by race, age, and other groupings. The Council on Social Work Education (CSWE), the national accrediting body for social work programs, sent a letter to licensing bodies requesting those licensing bodies suspend the use of the ASWB licensing examinations (aside from the clinical level examination) and to accept CSWE accreditation as sufficient for most levels of licensing. The letter noted that Illinois stopped requiring an examination for licensure in January 2022. The Executive Director noted the statutes and regulations for the

social work profession currently require passages of an examination for licensure, so if the BSRB were to follow the recommendation by CSWE, the BSRB would either be unable to license social workers or would be in violation of current law.

Representatives from ASWB provided information to the Social Work Advisory Committee at the Advisory Committee meeting on October 17, 2022, and summarized actions that ASWB has taken following the release of this report, including making more examination test prep materials available to colleges and universities, utilization of certain processes to evaluate test questions for bias, holding townhall meetings to receive comments on this topic, and sharing other relevant materials posted on the ASWB website. The Executive Director shared communications from representatives from ASWB on social work regulations in different jurisdictions. Board members asked how the pass rate for Kansas schools compares to the national average and it was noted that the passage rate for Kansas is higher than the national average. Board members discussed whether similar demographic data was available for other professions under the BSRB, but it was noted that very few standardized examinations have released similar demographic data for comparison. Board members from the social work profession noted that the disparities were not uniform for all schools and representatives from ASWB informed the Advisory Committee they intend to continue this conversation with schools regarding why certain colleges and universities are experiencing these disparities while others are not experiencing the disparities. It was noted that some states only allow the examination to be taken a limited number of times, while other states have no limit, so there are multiple factors between states that could contribute to some of the differences in examination pass rates. It was noted that one state is seeking additional funding for students to have better access to test prep materials, to resolve certain equitability issues. The Board noted it intends to continue monitoring this situation.

K. Consideration of Requirements for Board-Approved Supervisors for Social Work. The Social Work Advisory Committee recommended forwarding to the Board for discussion a possible requirement for Board-approved supervisors for the social work profession. The Executive Director noted a bill requested by the BSRB during the 2021 legislative session included language to require Board-approved supervisors for the social work profession, though that language was removed from the bill when it was heard in legislative committees. In December 2021, the BSRB sent a survey to social workers, requested by the Social Work Advisory Committee, which collected feedback from social workers on supervision and other topics. Respondents to the survey noted problems while receiving supervision and difficulties from individuals who had served as supervisors. Board members discussed lack of supervisor training opportunities and concern that more restrictions would lead to fewer supervisors. It was noted that some individuals reported difficulty finding supervisors. Board members expressed support for the BSRB making available a list of individuals who had provided supervision. David Anderson moved to request statutory language for Board-approved supervisors for the social work profession. Donna Hoener-Queal seconded the motion. The motion passed.

L. Discussion on Continuing Education Requirements and Consideration of New Requirement for Continuing Education Hours in Diversity, Equity, and Inclusion (DEI) for Social Work Profession. The Social Work Advisory Committee previously recommended forwarding for Board discussion, whether there should be a new continuing education requirement in DEI. The Executive Director researched continuing education requirements in other states and provided a short memo to the Board comparing the continuing education requirements of the BSRB to continuing education requirements in other states. It was noted that while most states require some hours in ethics, the BSRB requirement of specific hours in diagnosis and treatment by practitioners is uncommon compared to the requirements in other states. However, 13 other continuing education topics are required in different states, including DEI, and that list was provided to the Board for review. Board members discussed whether to add a new continuing education requirement that would allow a licensee to choose between some of these different areas or whether to request legislation to require continuing education hours in DEI for all professions, while reducing the number of continuing education hours in diagnosis and treatment. Deb Stidham moved to reduce the required number of continuing education hours in diagnosis and treatment from 6 hours to 3 hours, and to add a new continuing education requirement of 3 hours in DEI, for each license renewal period, for all BSRB licensees that are able to diagnosis and treat. Ric Steele seconded the motion. The language to be used should be the same language used in the regulations for Texas, which states “acceptable cultural diversity hours include, but are not limited to, professional development regarding age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, and cultural economic status.” Board members noted concern about availability of continuing education classes in these areas. The motion passed. Deb Stidham moved that for levels of license that do not currently require continuing education hours in diagnosis and treatment, those licensees will have a new requirement of 3 continuing education hours in DEI. Mary Jones seconded. The motion passed.

M. Discussion on Educational Requirements for Professional Counseling Licenses in K.A.R. 102-3-3a, Concerning Requirements for Chairs of Other Related Fields. The Executive Director summarized requirements for license applicants in K.A.R. 102-3-3a, specifically that applicants must receive their education from a program that is not below the accreditation standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or meets other requirements in regulation. One of the requirements in regulation is that the program be chaired or directed by a person who holds a doctoral degree in counseling but does not allow for a degree to be held in other related fields. The Professional Counseling Advisory Committee recently discussed this requirement and did not recommend a change. Board members noted concerns that applicants may be denied for licensure, due to program chairs holding non-counseling degrees. Deb Stidham moved to add language to regulation to allow for the person chairing or directing a program to have a doctoral degree in counseling or other related fields. Ric Steele second the motion. The motion passed. Laura Shaughnessy voted no.

N. Discussion on Records of Deceased Practitioners Records. The Executive Director summarized the discussion by the Board and Advisory Committees during the previous year on the topic of how the BSRB can aid in situations when practitioners pass away unexpectedly, and another custodian of their records has not been identified. The Executive Director noted the Advisory Committees reviewed and made recommendations on other changes to the unprofessional conduct regulations for the professions this year, including unprofessional conduct on recordkeeping, and stated a possible solution may be to add language to the unprofessional conduct regulations for each profession that it would constitute unprofessional conduct if a practitioner failed to identify a custodian of their records in the event that they pass away unexpectedly. If this change is adopted, then the BSRB would be able to add a question to license renewal applications, asking practitioners to attest that they have identified a custodian of their records if they should pass away unexpectedly. Board members discussed whether there should be a requirement to list the name of the next custodian on the renewal application. Ric Steele moved to add language to the unprofessional conduct regulations, for all professions, that it would constitute unprofessional conduct for a practitioner to fail to have identified another custodian of their records in the event of an emergency so that they are no longer being able to provide care for a client. Donna Hoener-Queal seconded. The motion passed. The Board recommended having further discussion on how this process could be implemented at the next full Board meeting on November 14, 2022.

VII. Adjournment. Deb Stidham moved to adjourn the meeting. Cynthia Schendel seconded. The motion passed.

Executive Director's Report

Agency Updates

- Outreach
- Governor's Direction on In-Person Meetings in State Office Buildings
- Update on Revenues and Expenditures
- Update on Expert Review Process
- Updates from Board's Off-Site Planning Meeting on October 24, 2022

Legislative Updates

- KanCare Oversight Committee
- Joint Committee on Administrative Rules and Regulations

Other Updates

- Update on the Psychology Interjurisdictional Compact (PSYPACT)
- Update on the Kansas Fights Addiction Grant Review Board
- Association of Social Work Boards (ASWB) Exam Pass Rate Analysis Report
- Update on Social Work Multi-State Compact Draft Language
- Updates from Annual Meeting of the Association of State and Provincial Psychology Boards (ASPPB)
 - Update on the Examination for Professional Practice in Psychology (EPPP)

Advisory Committees / Other Meetings Facilitated

- September 16 – Addiction Counseling Advisory Committee Meeting
- September 26 – Hearing for License Applicant
- September 27 – License Application Review Meeting Under the Kansas Administrative Procedures Act (KAPA)
- September 30 – Professional Counseling Advisory Committee's Subcommittee on Unprofessional Conduct Regulation Review
- September 30 – BSRB Staff Meeting
- October 3 – Professional Counseling Advisory Committee
- October 3 – Presentation to Social Work Students on Licensing, Discipline, and Other Topics
- October 4 – Marriage and Family Therapy Advisory Committee Supervision Manual Subcommittee Meeting
- October 4 – Presentation to Social Work Students on Licensing, Discipline, and Other Topics
- October 5 – Behavior Analyst Advisory Committee Meeting
- October 10 – Complaint Review Committee Meeting
- October 11 – Hearing for License Applicant
- October 11 – Licensed Psychology Advisory Committee Meeting
- October 17 – Social Work Advisory Committee Meeting
- October 18 – Hearing for License Applicant
- October 19 – Master's Level Psychology Advisory Committee

- October 24 – BSRB Board’s All-Day Annual Planning Meeting, Olathe, KS
- October 31 – Presentation to Social Work Students on Licensing, Discipline, and Other Topics
- November 1 – Presentation to Social Work Students on Licensing, Discipline, and Other Topics
- November 3 – Addiction Counseling Advisory Committee Meeting
- November 8 – Open Meeting on Proposed Regulation Changes

Other Meetings Attended

- September 27 – Provided Testimony to Legislative Committee - Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight
- September 28 – Kansas Fights Addiction Grant Review Board Meeting
- September 30 – American Association of State Counseling Boards (AASCB) Monthly Meeting
- October 6 – Governor’s Cybersecurity Summit for Executives
- October 7 – Meeting with Department of Administration on Proposed Changes to Regulations
- October 18 – Provided Testimony to Joint Committee on Administrative Rules and Regulations
- October 20 – Engaging with ASWB Meeting
- October 26-30 – Presenter at Association of State and Provincial Psychology Boards (ASPPB) Annual Meeting, National Harbor, MD
- November 3 – Non-Cabinet Agency Leadership Meeting
- November 9 – State Purchasing Card Meeting

Upcoming Meetings of Note

- November 17-19 – ASWB Annual Meeting, Scottsdale, AZ



ASPPB

Association of State and
Provincial Psychology Boards

Supporting member jurisdictions in fulfilling their responsibility of public protection

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October 28, 2022

Dear ASPPB Member Boards:

The ASPPB Board of Directors (“Board”) would like to update member jurisdictions on the status of the EPPP. As you know, the EPPP was updated to include two parts (knowledge and skills) as a comprehensive examination that allows jurisdictions to more completely measure competency of candidates for licensure. In 2018, the Board made the decision to allow jurisdictions to use the EPPP (Part 2- Skills) optionally with the promise to membership to revisit the future of the EPPP in 2022.

Over the past several years the Board has spent considerable time gathering feedback from its jurisdictional members, liaisons to ASPPB, and various other stakeholders in the psychology community. Some of these activities have included discussions about the EPPP at ASPPB membership meetings, jurisdictional question and answer sessions, engagement with the training and education community, and the creation of the collaborative Examination Stakeholder Technical Advisory Group (ESTAG). Most recently, ASPPB conducted four Town Hall meetings during the summer of 2022. During the meetings, ASPPB provided those in attendance with a summary of the rationale for the development for the EPPP (Part 2- Skills), and questions surrounding the exam that have been raised by ASPPB membership and other stakeholders. Time was taken to share how those questions have been and continue to be addressed, and an overview was provided on the examination development process. Lastly, comment periods were made available for those who attended the Town Halls to share their thoughts and concerns regarding anything they heard in the presentation. In an effort to extend access to this important information, a recording of the presentation is available at <https://vimeo.com/743463541/0991a45ead>. Attached is a factual overview of the EPPP processes related to the main concerns that have been reported to ASPPB.

ASPPB is guided by its mission to assist its members with their primary responsibility of protecting the health, safety, and welfare of the public. In this effort, the Board remains committed to the ongoing development, refinement, and use of a valid, reliable, state-of-the-art competency assessment for those individuals that are seeking licensure to practice psychology. Consistent with the above, during its October 2022 meeting, the Board unanimously passed the following motion:

Effective no later than January 1, 2026, the EPPP is one examination with two parts, EPPP (Part 1 – Knowledge) and EPPP (Part 2 – Skills).

This means the EPPP will only be offered as a two-part examination effective January 1, 2026. We are aware that a number of jurisdictions are ready to move to the two-part model

immediately. Indeed, some already have. The transition in the registration portal can be accomplished fairly quickly. If your jurisdiction is ready to move forward, please notify Dr. Matt Turner at mturner@asppb.org.

Thank you for your continued efforts to ensure safe and competent practice in all of our jurisdictions.

The ASPPB Board of Directors

Alan B. Slusky, PhD, CPsych, President
Tomás R. Granados, PsyD, Past President
Herbert L. Stewart, PhD, President-Elect
Cindy Olvey, PsyD, Secretary-Treasurer
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College of Liberal Arts
& Sciences

October 24, 2022

Association of State and Provincial Psychology Boards
Kansas Behavioral Sciences Regulatory Board

SENT VIA Email: asppb@asppb.org and david.fye@ks.gov

We the undersigned, as stakeholders in the training of health service psychologists, take seriously the shared responsibility to engage in effective, fair, and unbiased processes of evaluation on the pathway to licensure as a psychologist. In light of those values and commitments, we are writing to express grave ongoing concerns about the proposed implementation of the EPPP-2. Many of these concerns have been expressed in prior publications and communications with the ASPPB, by multiple stakeholders across the profession and over several years. These concerns are amplified by ASPPB's current plans to pursue EPPP-2 implementation despite minimal progress and new barriers to mutually agreeable resolutions. As a result, we feel it is essential to highlight some of the most substantial ongoing concerns and to reiterate the critical importance of a truly collaborative approach to improving the licensure examination process if the profession wants to protect and serve a diverse public by ensuring a workforce that is both qualified and representative.

- **Prior attempts to address these concerns with ASPPB have not yielded substantive change.** The concerns detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.
- **EPPP-2 will create new barriers to practice amidst a national mental health crisis.** Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages.^{1,2,3} Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.

Clinical Child Psychology Program

Dole Human Development Center, Room 2015 | 1000 Sunnyside Avenue
Lawrence, KS 66045-7555 | (785) 864-4226 | Fax (785) 864-5024 | www.ccpp.ku.edu

- **EPPP-2 will further restrict diversity in the field.** Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates.^{4,5,6,7} Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.
- **EPPP-2 will not contribute meaningfully to enhancing protection of the public.** There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment.⁸ In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery.⁴ Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.
- **EPPP-2 creates new financial burdens for trainees.** The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress,^{9,10} and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.

In sum, as a doctoral program in clinical psychology in the state of Kansas, these co-signers remain deeply concerned about the negative impact of the proposed EPPP-2 on psychology candidates, the patients and communities we serve, and the field as a whole. We strongly advocate for a process that:

1. Implements specific action steps to address *each* of the concerns raised by the discipline's stakeholders. We recognize that ASPPB has taken some steps in this direction (e.g., altered fee structure), but the most critical and fundamental concerns remain.
2. Demonstrates readiness of ASPPB or whatever body ultimately oversees the discipline's licensure process to work with the communities of interest in a truly collaborative manner.

Sincerely,

The faculty of the University of Kansas Clinical Child Psychology Program

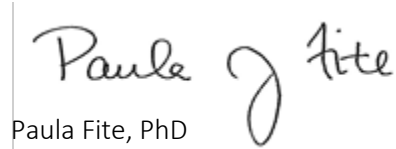


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From: [BSRB](#)
To: [Allen, Leslie \[BSRB\]](#); [Eye, David \[BSRB\]](#)
Subject: FW: Stop the adoption of the EPPP2
Date: Wednesday, October 26, 2022 1:03:02 PM

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear Board of Psychology,

I am writing to ask you to vote against the implementation of the EPPP Part 2 in your state. Creating a new, expensive, time-consuming barrier to licensure is not what our profession needs and will serve to harm rather than protect the public. Although I am not a resident of your state, I am a student who will be considering internship, fellowship, and job opportunities in your state over the next several years. Furthermore, your state's action will influence decision-making on this issue in other states across the nation.

- EPPP-2 will create new barriers to practice amidst a national mental health crisis. Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages. Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.
- EPPP-2 will further restrict diversity in the field. Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates. Existing research on the EPPP Part 1 suggests that Black and Latinx psychology candidates fail the exam at two to four times the rate as white candidates, creating unnecessary constriction of the workforce pipeline for psychologists of color. Adding another

standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.

- EPPP-2 will not contribute meaningfully to enhancing protection of the public. There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment. There is no evidence that a multiple-choice test would outperform those supervisory observations. In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery. Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.
- EPPP-2 creates new financial burdens for trainees. The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress, and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.
- Prior attempts to address these concerns with ASPPB have not yielded substantive change. The concerns detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.

ASPPB has not yet met the burden of proof that this proposed exam adds value to the licensure process. What is certain is that it will slow down the licensure process in the midst of existing provider shortages, and create unnecessary and disproportionate burdens on psychology candidates from underrepresented backgrounds. This is not the change our field needs. I urge you to vote no on the implementation of the EPPP2 in your state.

Sincerely,

Jack Andrews

Pronouns: he/him/his

AndrewsJH@missouri.edu

MD-PhD Student

Tom and Anne Smith MD-PhD Program, School of Medicine
Clinical Psychology, Department of Psychological Sciences
University of Missouri – Columbia

Please be aware that e-mail is not a secure medium and that confidentiality of e-mail cannot be guaranteed. If you think you have received this transmission in error, please notify the sender via return e-mail or other means.

From: [BSRB](#)
To: [Allen, Leslie \[BSRB\]](#); [Eye, David \[BSRB\]](#)
Subject: FW: EPPP part 2
Date: Wednesday, October 26, 2022 10:32:18 AM

From: Maria Avitia <m.avitia2019@gmail.com>
Sent: Tuesday, October 25, 2022 12:30 PM
To: Committee of Psychologists <scop@pr.mo.gov>; BSRB <BSRB@ks.gov>
Subject: EPPP part 2

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear Board of Psychology,

I am writing to ask you to vote against the implementation of the EPPP Part 2 in our state. Creating a new, expensive, time-consuming barrier to licensure is not what our state needs and will serve to harm rather than protect the public.

Personal comments in bold below

- EPPP-2 will create new barriers to practice amidst a national mental health crisis. Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages. Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.
- EPPP-2 will further restrict diversity in the field. Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates. Existing research on the EPPP Part 1 suggests that Black and Latinx psychology candidates fail the exam at two to four times the rate as white candidates, creating unnecessary constriction of the workforce pipeline for psychologists of color. Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.

This worries me greatly, as one of the few Spanish speaking latinas in the Kansas City area. We have a high proportion of Spanish speaking families. They struggle greatly to get appropriate services, and this will make it even harder.

- EPPP-2 will not contribute meaningfully to enhancing protection of the public. There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment

over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment. There is no evidence that a multiple-choice test would outperform those supervisory observations.

In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery. Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.

- EPPP-2 creates new financial burdens for trainees. The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress, and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.

Trainees also already struggle to make ends meet. When you consider the hours they put for the pay they receive, most are making below the minimum wage. Many have to pull extensive amounts of loans or get credit to make ends meet. Once they get licensed, they may need a higher paying job to pay everything off. This results in fewer people working on community mental health settings. Which again Leads to more disparities in our communities.

- Prior attempts to address these concerns with ASPPB have not yielded substantive change. The concerns detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.

ASPPB has not yet met the burden of proof that this proposed exam adds value to the licensure process. What is certain is that it will slow down the licensure process in the midst of existing provider shortages, and create unnecessary and disproportionate burdens on psychology candidates from underrepresented backgrounds. This is not the change our field needs. I urge you to vote no on the implementation of the EPPP2 in our state.

Thank you for your time and consideration.
Maria Avitia

Sent from my iPhone

From: [BSRB](#)
To: [Allen, Leslie \[BSRB\]](#); [Eye, David \[BSRB\]](#)
Subject: FW: EPPP-2
Date: Wednesday, October 26, 2022 10:48:35 AM

From: Griffith, Rebecca Lynne <rebecca.griffith@ku.edu>
Sent: Tuesday, October 25, 2022 6:47 PM
To: BSRB <BSRB@ks.gov>
Subject: EPPP-2

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear Board of Psychology,

I am writing to ask you to vote against the implementation of the EPPP Part 2 in our state. Creating a new, expensive, time-consuming barrier to licensure is not what our state needs and will serve to harm rather than protect the public.

- EPPP-2 will create new barriers to practice amidst a national mental health crisis. Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages. Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.
- EPPP-2 will further restrict diversity in the field. Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates. Existing research on the EPPP Part 1 suggests that Black and Latinx psychology candidates fail the exam at two to four times the rate as white candidates, creating unnecessary constriction of the workforce pipeline for psychologists of color. Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.
- EPPP-2 will not contribute meaningfully to enhancing protection of the public. There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment. There is no evidence that a multiple-choice test would outperform those supervisory observations. In contrast, evidence suggests that EPPP-2

scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery. Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.

- EPPP-2 creates new financial burdens for trainees. The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress, and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.
- Prior attempts to address these concerns with ASPPB have not yielded substantive change. The concerns detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.

ASPPB has not yet met the burden of proof that this proposed exam adds value to the licensure process. What is certain is that it will slow down the licensure process in the midst of existing provider shortages, and create unnecessary and disproportionate burdens on psychology candidates from underrepresented backgrounds. This is not the change our field needs. I urge you to vote no on the implementation of the EPPP2 in our state.

Very Sincerely,

Rebecca L. Griffith, M.A.

NIH F31 Predoctoral Fellow

Doctoral Candidate

Clinical Child Psychology Program

University of Kansas

Email: Rebecca.griffith@ku.edu

she/her/hers

From: [BSRB](#)
To: [Allen, Leslie \[BSRB\]](#); [Eye, David \[BSRB\]](#)
Subject: FW: Vote no on EPPP 2
Date: Wednesday, October 26, 2022 10:48:50 AM

-----Original Message-----

From: Christina Low <christinamailow@icloud.com>
Sent: Tuesday, October 25, 2022 7:50 PM
To: BSRB <BSRB@ks.gov>
Subject: Vote no on EPPP 2

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear Board of Psychology,

I am writing to ask you to vote against the implementation of the EPPP Part 2 in our state. Creating a new, expensive, time-consuming barrier to licensure is not what our state needs and will serve to harm rather than protect the public.

- EPPP-2 will create new barriers to practice amidst a national mental health crisis. Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages. Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.
- EPPP-2 will further restrict diversity in the field. Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates. Existing research on the EPPP Part 1 suggests that Black and Latinx psychology candidates fail the exam at two to four times the rate as white candidates, creating unnecessary constriction of the workforce pipeline for psychologists of color. Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.
- EPPP-2 will not contribute meaningfully to enhancing protection of the public. There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment. There is no evidence that a multiple-choice test would outperform those supervisory observations. In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery. Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.
- EPPP-2 creates new financial burdens for trainees. The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress, and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.
- Prior attempts to address these concerns with ASPPB have not yielded substantive change. The concerns

detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.

ASPPB has not yet met the burden of proof that this proposed exam adds value to the licensure process. What is certain is that it will slow down the licensure process in the midst of existing provider shortages, and create unnecessary and disproportionate burdens on psychology candidates from underrepresented backgrounds. This is not the change our field needs. I urge you to vote no on the implementation of the EPPP2 in our state.

Christina Low Kapalu, PhD
Licensed Psychologist
Children's Mercy Kansas City
816-234-3674

From: [McGill, Sarah](#)
To: [Allen, Leslie \[BSRB\]](#)
Subject: EPPP 2- Concerns and vote NO
Date: Friday, October 28, 2022 8:51:12 AM

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hello Leslie & the KS BSRB,

I hope you have been doing well. I am a clinical graduate student in the psychology department at Wichita State University. I am writing to ask you to vote against the implementation of the EPPP Part 2 in Kansas. Creating a new, expensive, time-consuming barrier to licensure is not what Kansas needs and will serve to harm rather than protect the public. Below are some of my concerns about the EPPP-2:

1. **EPPP-2 will create new barriers to practice amidst a national mental health crisis & provider shortage.** Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.
2. **EPPP-2 will further restrict diversity in the field.** Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates. Existing research on the EPPP Part 1 suggests that Black and Latinx psychology candidates fail the exam at two to four times the rate as white candidates, creating unnecessary constriction of the workforce pipeline for psychologists of color. Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.
3. **EPPP-2 will not contribute meaningfully to enhancing protection of the public.** There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment. There is no evidence that a multiple-choice test would outperform those supervisory observations. In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery. Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.
4. **EPPP-2 creates new financial burdens for trainees.** The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus

additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress, and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.

5. **Prior attempts to address these concerns with ASPPB have not yielded substantive change; and now the ASPPB is lobbying and pushing states for the requirement of the EPPP-2.** The concerns detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.

ASPPB has not yet met the burden of proof that this proposed exam adds value to the licensure process. What is certain is that it will slow down the licensure process in the midst of existing provider shortages and create unnecessary and disproportionate burdens on psychology candidates from underrepresented backgrounds. This is not the change our field needs. [I urge you to vote no on the implementation of the EPPP2 in our state.](#)

Thank you for your time,
Sarah McGill, M.A., LMLP
Clinical-Community Psychology Doctoral Program
Wichita State University

From: [BSRB](#)
To: [Allen, Leslie \[BSRB\]](#); [Eye, David \[BSRB\]](#)
Subject: FW: Concerns about EPPP-2
Date: Friday, October 28, 2022 10:27:12 AM

From: Quan, Huan <hxquan@shockers.wichita.edu>
Sent: Friday, October 28, 2022 9:52 AM
To: BSRB <BSRB@ks.gov>
Subject: Concerns about EPPP-2

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear Board of Psychology,

I am writing to ask you to vote against the implementation of the EPPP Part 2 in our state. Creating a new, expensive, time-consuming barrier to licensure is not what our state needs and will serve to harm rather than protect the public.

- EPPP-2 will create new barriers to practice amidst a national mental health crisis. Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages. Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.
- EPPP-2 will further restrict diversity in the field. Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates. Existing research on the EPPP Part 1 suggests that Black and Latinx psychology candidates fail the exam at two to four times the rate as white candidates, creating unnecessary constriction of the workforce pipeline for psychologists of color. Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.
- EPPP-2 will not contribute meaningfully to enhancing protection of the public. There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment. There is no evidence that a multiple-choice test would outperform those supervisory observations. In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery. Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.
- EPPP-2 creates new financial burdens for trainees. The EPPP-2 is expected to nearly double

the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress, and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.

ASPPB has not yet met the burden of proof that this proposed exam adds value to the licensure process. What is certain is that it will slow down the licensure process in the midst of existing provider shortages, and create unnecessary and disproportionate burdens on psychology candidates from underrepresented backgrounds. This is not the change our field needs. I hope you vote no on the implementation of the EPPP2 in our state. Thank you for your consideration!

Best,

Huan Quan, M.A., LMLP

Clinical-Community Psychology Doctoral Program

Wichita State University

1845 Fairmount Street

Wichita, KS 67260

From: [Slade, Samantha](#)
To: [Fye, David \[BSRB\]](#)
Cc: [Allen, Leslie \[BSRB\]](#)
Subject: Concerns regarding EPPP-2
Date: Wednesday, October 26, 2022 4:01:48 PM

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hello-

I am a clinical psychologist in Wichita, KS. I am writing to express my strong belief that the EPPP-2 should NOT be made to be a requirement of LP licensure. My concerns are outlined below:

- EPPP-2 will create new barriers to practice amidst a national mental health crisis. Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages. Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.
- EPPP-2 will further restrict diversity in the field. Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates. Existing research on the EPPP Part 1 suggests that Black and Latinx psychology candidates fail the exam at two to four times the rate as white candidates, creating unnecessary constriction of the workforce pipeline for psychologists of color. Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.
- EPPP-2 will not contribute meaningfully to enhancing protection of the public. There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment. There is no evidence that a multiple-choice test would outperform those supervisory observations. In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery. Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.
- EPPP-2 creates new financial burdens for trainees. The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress, and the likelihood of disproportionate impact on first-generation and low-income candidates who

are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.

- Prior attempts to address these concerns with ASPPB have not yielded substantive change. The concerns detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.

ASPPB has not yet met the burden of proof that this proposed exam adds value to the licensure process. What is certain is that it will slow down the licensure process in the midst of existing provider shortages, and create unnecessary and disproportionate burdens on psychology candidates from underrepresented backgrounds. This is not the change our field needs. I urge you to vote no on the implementation of the EPPP2 in our state.

Best,

Samantha Gregus Slade, Ph.D.,

(she, her, hers)

Assistant Professor

Department of Psychology

427 Jabara Hall

Wichita State University

Wichita, KS 67260

Phone: (316) 978-3759

Fax: (316) 978-3086

samantha.slade@wichita.edu

From: [BSRB](#)
To: [Allen, Leslie \[BSRB\]](#); [Fye, David \[BSRB\]](#)
Subject: FW: Stop the adoption of the EPPP2
Date: Wednesday, October 26, 2022 10:36:28 AM

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear Board of Psychology,

I am writing to ask you to vote **AGAINST** the implementation of the EPPP Part 2 in your state. Creating a new, expensive, time-consuming barrier to licensure is not what our state needs and will serve to harm rather than protect the public.

- EPPP-2 will create new barriers to practice amidst a national mental health crisis. Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages. Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.
- EPPP-2 will further restrict diversity in the field. Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates. Existing research on the EPPP Part 1 suggests that Black and Latinx psychology candidates fail the exam at two to four times the rate as white candidates; as a Latina-identifying woman, I am concerned that EPPP-2 will only create unnecessary constriction of the workforce pipeline for psychologists of color. Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.
- EPPP-2 will not contribute meaningfully to enhancing protection of the public. There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment. There is no evidence that a multiple-choice test would outperform those supervisory observations. In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery. Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.
- EPPP-2 creates new financial burdens for trainees. The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress, and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.
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over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.

ASPPB has not yet met the burden of proof that this proposed exam adds value to the licensure process. What is certain is that it will slow down the licensure process in the midst of existing provider shortages, and create unnecessary and disproportionate burdens on psychology candidates from underrepresented backgrounds. This is not the change our field needs. I urge you to vote no on the implementation of the EPPP2 in our state.

All the best,
Elysia Soria, PsyD
Pronouns: She/Her ([why pronouns matter](#))
Postdoctoral Scholar, Pediatric Pain Psychology
Anesthesiology, Perioperative, and Pain Medicine
Stanford University School of Medicine
Email: esoria@stanford.edu | Phone: 650.736.3485

From: [BSRB](#)
To: [Allen, Leslie \[BSRB\]](#); [Eye, David \[BSRB\]](#)
Subject: FW: Stop the adoption of the EPPP2
Date: Wednesday, October 26, 2022 10:39:40 AM

From: Leni Swails <lbwilco@kumc.edu>
Sent: Tuesday, October 25, 2022 2:49 PM
To: BSRB <BSRB@ks.gov>
Subject: Stop the adoption of the EPPP2

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear Board of Psychology,

I am writing to ask you to vote against the implementation of the EPPP Part 2 in our state. Creating a new, expensive, time-consuming barrier to licensure is not what our state needs and will serve to harm rather than protect the public.

- EPPP-2 will create new barriers to practice amidst a national mental health crisis. Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages. Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.
- EPPP-2 will further restrict diversity in the field. Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates. Existing research on the EPPP Part 1 suggests that Black and Latinx psychology candidates fail the exam at two to four times the rate as white candidates, creating unnecessary constriction of the workforce pipeline for psychologists of color. Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.
- EPPP-2 will not contribute meaningfully to enhancing protection of the public. There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment. There is no evidence that a multiple-choice test would outperform those supervisory observations. In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery. Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.

- EPPP-2 creates new financial burdens for trainees. The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress, and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.
- Prior attempts to address these concerns with ASPPB have not yielded substantive change. The concerns detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.

ASPPB has not yet met the burden of proof that this proposed exam adds value to the licensure process. What is certain is that it will slow down the licensure process in the midst of existing provider shortages, and create unnecessary and disproportionate burdens on psychology candidates from underrepresented backgrounds. This is not the change our field needs. I urge you to vote no on the implementation of the EPPP2 in our state.

Leni Swails, Ph.D. (she/her/hers)

Associate Professor, Licensed Psychologist

Department of Pediatrics, Division of Developmental and Behavioral Sciences

KU Medical Center

Direct Line: 913-588-5922

Scheduling: 913-588-6300

Fax: 913-274-3546

From: [Zettle, Robert](#)
To: [Allen, Leslie \[BSRB\]](#)
Subject: EPPP2
Date: Tuesday, October 25, 2022 2:28:45 PM

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Leslie,

I am writing to ask that the BSRB not support the implementation of the EPPP Part 2 in our state. Creating a new, expensive, time-consuming barrier to licensure is not what Kansas needs and will serve to harm rather than protect the public.

- EPPP-2 will create new barriers to practice amidst a national mental health crisis. Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages. Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.
- EPPP-2 will further restrict diversity in the field. Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates. Existing research on the EPPP Part 1 suggests that Black and Latinx psychology candidates fail the exam at two to four times the rate as white candidates, creating unnecessary constriction of the workforce pipeline for psychologists of color. Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.
- EPPP-2 will not contribute meaningfully to enhancing protection of the public. There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment. There is no evidence that a multiple-choice test would outperform those supervisory observations. In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery. Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.
- EPPP-2 creates new financial burdens for trainees. The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress, and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.
- Prior attempts to address these concerns with ASPPB have not yielded substantive change. The concerns detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to

their planned exam rollout.

ASPPB has not yet met the burden of proof that this proposed exam adds value to the licensure process. What is certain is that it will slow down the licensure process in the midst of existing provider shortages, and create unnecessary and disproportionate burdens on psychology candidates from underrepresented backgrounds. This is not the change our field needs. I urge the BSRB not support the implementation of the EPPP2 in our state.

Thanks in advance for your kind consideration in this matter. I would welcome any comments you might have concerning it and would also be open to discussing it further by phone (316-978-3081) or via Zoom with your and/or other members of the BSRB if you'd prefer. Take care.

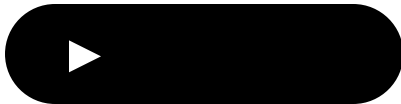


Donate

A social work licensing exam that people of color fail more often is under scrutiny in Kansas

KMUW | By [Blaise Mesa](#)

Published November 8, 2022 at 3:00 AM CST



Blaise Mesa / Kansas News Service

Some have called the social worker licensing exam racist because of the racial disparities seen in first-time pass rates.

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KMUW



White test takers are far more likely to pass the licensing exam than people of color or older test takers.

TOPEKA, Kansas — The test to become a licensed social worker is hard. It takes years of schooling, test prep — and depending on the exam — hundreds of hours of working in the field.

April Diaz, a fourth-year Ph.D. candidate at the University of Kansas, took the test in September and remembers some questions tripping her up, but not because she wasn't prepared.

"There are questions that I thought if I could sit down with the person who wrote the questions, I could explain to them why I was right, and they were wrong," she said

Diaz is no slouch, she won national academic scholarships and passed the test by a comfortable margin.

She isn't alone in her criticisms. The Association of Social Work Boards exam faces calls from across the country to pause the one test all social workers in the U.S. take to become licensed. It's been called flat-out racist and a barrier to getting people in social work who look more like many of their clients.

Older test takers and Kansans of color fail the test more often than white applicants. In Kansas, the test comes in three different forms for bachelor's, master's and clinical certification. In most cases, white test takers passed 20% more often on their first try when compared to people of color or older Kansans.

Bachelors level first time pass rates from 2011-2021:

White – 78.5%

Black – 55.3%

Hispanic/Latino – 46.7%

50 and older – 59.6%

Non-English speakers – 30.9%

Masters level first time pass rates from 2011-2021:

White – 88.9%

Now Playing
KMUW



Hispanic/Latino 70.4%
50 and older – 77.7%
Non-English speakers – 55.2%

Clinical level first time pass rates from 2011-2021:

White – 88%
Black – 56.1%
Hispanic/Latino – 75.6%
50 and older – 72.6%
Non-English speakers – 47.1%

The test can leave even people who've been studying, training and watching pros in the field in action intimidated.

“For people who are trying to pass the exam, I would just tell them don't think about the what-ifs,” Diaz said. “It's OK – just have your slightly problematic assumptions about people to pass the test.”

Test takers aren't allowed to share questions from the exam. Doing so would give other people an unfair advantage. But Diaz said some questions might ask what a social worker should do first. In reality, the answers were all things that should be done anyway, making the correct answer debatable.

The questions are multiple-choice, but she says some are better suited for short-answer responses.

Why the disparities?

The Kansas News Service spoke with multiple social work students, teachers, national and local advocacy groups. They were all puzzled by the disparities. Even though they agreed it produced problematic results – a better test would show little correlation between race, for instance, and test scores – but even the critics had a hard time identifying what would make them racist.

Humans are unique, so cultural upbringings could change how each person might answer a question. [Students of color usually perform worse on standardized testing.](#)

Now Playing
KMUW



university didn't even tell them about the licensing exam, so maybe their university didn't properly prepare them.

Kortney Carr, a doctoral student and associate professor of practice at the University of Kansas, has her own theory. She has seen, anecdotally, that Black people delay taking the test, opting to start working in the field first.

The lessons learned on the job don't square up with the answers to the test.

"It doesn't look like the textbook," she said. "They've developed their practice skill set. ... And then they take the test, the test is rooted very much in the textbook and how we teach. It just looks different at that time."

The tests can be expensive, which could make some head into the workforce first. For the clinical exam, someone can only take the test after two years of supervision. That means paying a social worker thousands of dollars to observe them until they are eligible to test, Carr said, adding another barrier to getting licensed. The longer it takes to save money to take the test, the further removed those people are from the classwork that would prepare them.

But those are all theories and the true solution, or solutions, is still unknown. That's why Darla Coffey, president and CEO of the Council on Social Work Education, wants every state to stop using the test until more can be learned.

Hundreds of colleges and universities have social work students, yet not every university is seeing the same issues.

At the University of Texas-Austin, for example, Hispanic/Latino and white students pass rates for the master's exam are both above 94%. At Indiana University, multiracial students pass the master's exam more often than their white counterparts. Both schools have disparities in other areas though.

Coffey said she doesn't want to see students continue to fail a problematic exam until the issues are addressed. She wants states to look into the data, and look at schools without disparities in pass rates, to begin finding solutions.



workers.

“We need to understand exactly what’s going on before we can move forward,” she said. “It’s very problematic to say, ‘Well, there’s just something wrong with the takers here. You know, they should just pass the test.’ No, there’s something wrong with the test.”

Finding a fix

Stacey Hardy-Chandler, president of the Association of Social Work Boards, said the group is looking to root out anything discriminatory.

The group is offering programs to better prepare teachers, publishes a free guidebook that includes sample questions and is working to get feedback from the community about suggested changes. That includes launching the social work census, which will survey hundreds of thousands of social workers to see what they do to gauge how well the exams reflect that.

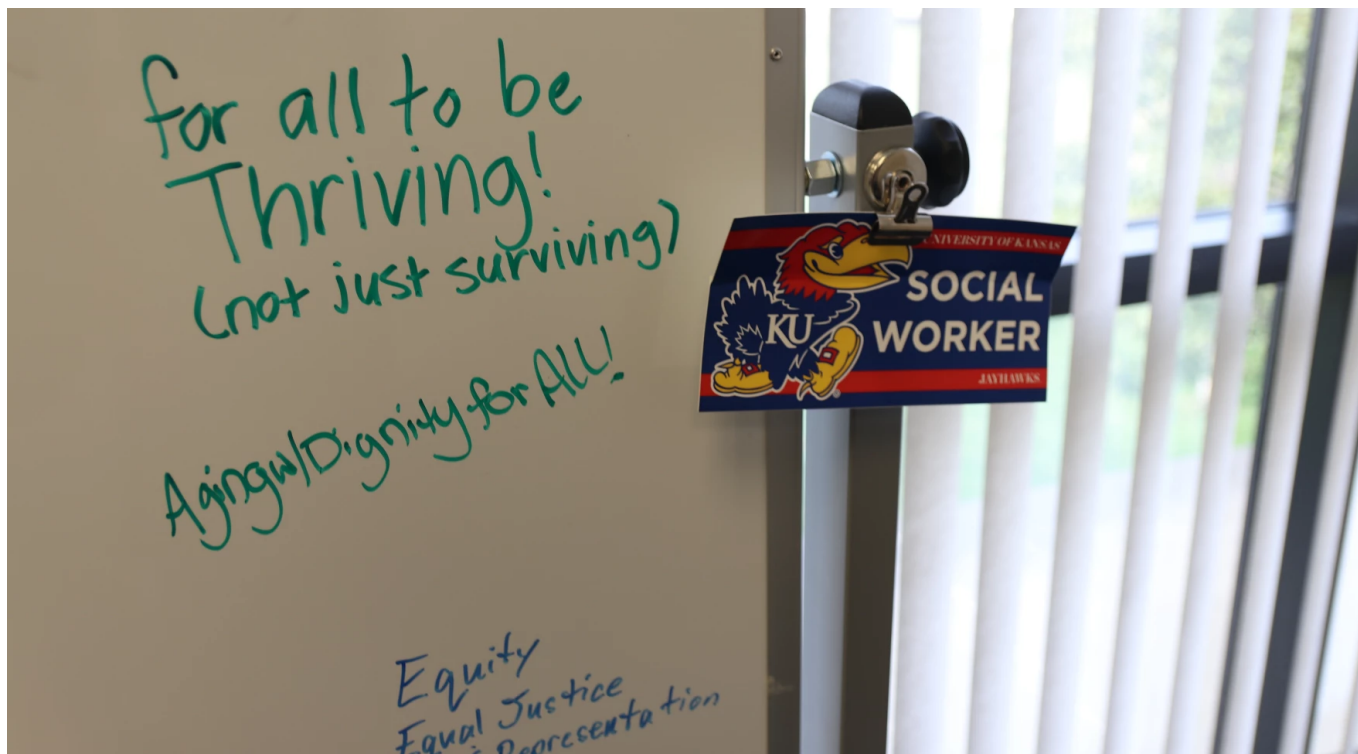
Hardy-Chandler said questions on the exam now are thoroughly vetted.

The questions are not written by ASWB. Item writers do it. Those writers then propose questions that are then reviewed by a separate team. If rejected, the question is workshopped for possible use later. If that question is approved, it will be put onto the test as a non-graded question.

Each test has 20 ungraded questions. Test takers will answer those questions, and after enough data is gathered, ASWB will see if that ungraded question has any bias. For example, if Black women are getting the question disproportionately wrong, the question is flagged and can be deleted or reworked. If it isn’t flagged, then the question gets added to the test.

“We can stand by this test for the technical reasons,” Hardy-Chandler told some members of the Kansas licensing board in October. “But we can also stand by this test because of the work that our subject matter experts do.”





Blaise Mesa / Kansas News Service

Kansans of color have lower first-time pass rates on the social work licensing exam.

The Kansas outlook

The Kansas Behavioral Science Regulatory Board has almost zero options on how it can move forward.

State law requires Kansas social workers be licensed with a nationally syndicated test, and the ASWB's test is the only player in this game. Pausing the use of the test would mean leaving more social workers unlicensed, or breaking state law by not having a testing requirement.

But calls for change persist.

Becky Fast, executive director of the Kansas chapter of the National Association of Social Workers, said the state could have more social workers if it didn't have the current guidelines.

She says Kansas doesn't need its three levels of tests.



competence.

“It’s not like you haven’t been passing tests for four years,” Fast said.

Despite concerns, the number of social workers is growing in Kansas. The total number of people jumped with an additional 500 social workers licensed since July 2018. Kansas has just over 8,000 licensed social workers.

Social workers don’t need a license to get a job, but the more desirable jobs usually require a license. Without some licenses, someone could hop over the state’s western border to Colorado, which requires social workers to pass fewer licensing exams for some levels of certification.

In total, 37 states and territories have bachelor’s, master’s and clinical licenses like Kansas. Eight states have just a clinical and master’s license. Two states have a license for just the highest level of expertise.

Carr, the doctoral student at the University of Kansas, said the tests need top-to-bottom changes. Questions could be reworked and surveys of the field could be taken, but problems will arise again if the group rewriting and reviewing questions lack diversity.

“We have to pass this test,” Carr said, “but it’s not necessarily an indication of your practice skill.”



Blaise Mesa reports on criminal justice and social services for the Kansas News Service in Topeka. You can follow him on Twitter @Blaise_Mesa or email him at blaise@kcur.org.

The Kansas News Service is a collaboration of KCUR, Kansas Public Radio, KMUW and High Plains Public Radio focused on health, the social determinants of health and their connection to public policy.

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Tags

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Blaise Mesa

As a criminal justice and social service reporter, it's my job to ensure the systems designed to help people are working as intended. Thousands of Kansans deal with the criminal justice or foster care systems each day. I strive to hold all agencies and departments accountable for the work they are doing. blaise@kcur.org.

[See stories by Blaise Mesa](#)



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KMWU EEO Report



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Behavioral Sciences Regulatory Board
History of Permanent Licenses January 2018 to Current

	July 2018	Jan 2019	July 2019	Jan 2020	Mar 2020	Jul 2021	Sept 2021	Nov 2021	Jan 2022	Mar 2022	May 2022	July 2022	Sept 2022	Nov 2022
LP	984	928	949	996	1,006	988	1,016	1,035	1,046	1,040	1,054	952	962	987
LASW	19	18	17	15	13	9	8	9	8	7	7	5	5	5
LBSW	1,725	1,668	1,638	1,601	1,577	1,466	1,427	1,413	1,393	1,389	1,377	1,346	1,327	1,313
LMSW	3,862	3,854	3,927	3,881	3,861	3,970	4,016	4,022	4,006	4,003	3,980	4,012	4,028	4,021
LSCSW	2,088	2,115	2,172	2,260	2,274	2,474	2,509	2,553	2,566	2,593	2,634	2,680	2,720	2,752
LPC	813	829	847	880	882	937	953	961	956	963	957	981	1,002	1,006
LCPC	619	661	704	747	747	843	896	929	947	978	945	1,034	1,047	1,077
LMLP	302	305	295	289	291	294	296	298	304	309	309	308	310	311
LCP	297	287	288	294	293	282	284	284	286	286	287	289	281	278
LMFT	347	335	324	330	327	335	324	319	329	326	330	330	318	312
LCMFT	566	587	611	618	620	681	703	719	726	736	745	754	763	773
LAC	620	612	618	572	569	578	520	520	521	524	522	522	523	526
LMAC	343	352	363	376	375	427	432	433	432	434	436	431	418	414
LCAC	527	546	566	546	541	570	536	537	542	547	551	556	561	566
LaBA	18	13	14	14	14	12	11	13	13	15	16	17	15	19
LBA	175	176	199	224	229	263	270	288	292	304	325	333	347	354
Total Permanent Licenses	13,305	13,286	13,532	13,643	13,619	14,129	14,201	14,333	14,367	14,454	14,475	14,550	14,627	14,714

Note : In March 2020, the state of Kansas began to experience the COVID-19 pandemic. During this time, the Governor released Executive Orders which delayed enforcement of expiration of licenses until the end of May 2021.

Behavioral Sciences Regulatory Board
History of Permanent Licenses January 2018 to Current

	July 2018	Jan 2019	July 2019	Jan 2020	Mar 2020	July 2021	Sept 2021	Nov 2021	Jan 2022	Mar 2022	May 2022	July 2022	Sept 2022	Nov 2022
Total LPs	984	928	949	996	1,006	988	1,016	1,035	1,046	1,040	1,054	952	962	987
Total SWs	7,694	7,655	7,754	7,757	7,725	7,919	7,960	7,997	7,973	7,992	7,998	8,043	8,080	8,091
Total PCs	1,432	1,490	1,551	1,627	1,629	1,780	1,849	1,890	1,903	1,941	1,902	2,015	2,049	2,083
Total LMLPs/LCPs	599	592	583	583	584	576	580	582	590	595	596	597	591	589
Total MFTs	913	922	935	948	947	1,016	1,027	1,038	1,055	1,062	1,075	1,084	1,081	1,085
Total ACs	1,490	1,510	1,547	1,494	1,485	1,575	1,488	1,490	1,495	1,505	1,509	1,509	1,502	1,506
Total BAs	193	189	213	238	243	275	281	301	305	319	341	350	362	373
Total Permanent Licenses	13,305	13,286	13,532	13,643	13,619	14,129	14,201	14,333	14,367	14,454	14,475	14,550	14,627	14,714

Note : In March 2020, the state of Kansas began to experience the COVID-19 pandemic. During this time, the Governor released Executive Orders which delayed the enforcement of expiration of licenses until the end of May 2021.

RAV Statistics for FY 2023

July 2022	
Received	11
Closed	9
Total # of Cases	102

January 2023	
Received	
Closed	
Total # of Cases	

August 2022	
Received	26
Closed	30
Total # of Cases	98

February 2023	
Received	
Closed	
Total # of Cases	

September 2022	
Received	10
Closed	8
Total # of Cases	100

March 2023	
Received	
Closed	
Total # of Cases	

October 2022	
Received	25
Closed	14
Total # of Cases	111

April 2023	
Received	
Closed	
Total # of Cases	

November 2022	
Received	
Closed	
Total # of Cases	

May 2023	
Received	
Closed	
Total # of Cases	

December 2022	
Received	
Closed	
Total # of Cases	

June 2022	
Received	24
Closed	29
Total # of Cases	100

Cases Open by FY					
FY 2017	0	FY 2018	3	FY 2019	0
FY 2020	4	FY 2021	7	FY 2022	42
FY 2023	55				

RAV Statistics for FY 2023

October 2022

Cases Open by License FY 2023

Profession	# Open	Percentage	Permanent Licenses	RAV/Licenses
LP	11	9.91%	987	0.0111
LMLP	4	3.60%	311	0.0129
LCP	3	2.70%	278	0.0108
LMFT	4	3.60%	312	0.0128
LCMFT	10	9.01%	773	0.0129
LPC	21	18.92%	1,006	0.0209
LCPC	9	8.11%	1,077	0.0084
LBSW/LASW	1	0.90%	1,318	0.0008
LMSW	25	22.52%	4,021	0.0062
LSCSW	13	11.71%	2,752	0.0047
LAC	6	5.41%	526	0.0114
LMAC	1	0.90%	414	0.0024
LCAC	0	0.00%	566	N/A
LBA/LaBa	1	0.90%	373	0.0027
No License	2	1.80%	N/A	N/A
Total	111	100.00%	14,714	0.0075

Cases Received for FY 2023 by License

Profession	# Received	Percentage	Permanent Licenses	RAV/Licensees
LP	10	13.89%	987	0.0101
LMLP	8	11.11%	311	0.0257
LCP	4	5.56%	278	0.0144
LMFT	2	2.78%	312	0.0065
LCMFT	6	8.33%	773	0.0078
LPC	9	12.50%	1,006	0.0089
LCPC	3	4.17%	1,077	0.0028
LBSW/LASW	0	0.00%	1,318	N/A
LMSW	12	16.67%	4,021	0.0030
LSCSW	7	9.72%	2,752	0.0025
LAC	3	4.17%	526	0.0057
LMAC	1	1.39%	414	0.0024
LCAC	1	1.39%	566	0.0018
LBA/LaBa	0	0.00%	373	N/A
No License	6	8.33%	N/A	N/A
Total	72	100.00%	14,714	0.0049



Replace with Current
BSRB Document Header

Behavioral Sciences Regulatory Board

Investigations: Policy and Procedures

Revised and approved by the
Board on July 13, 2009

Update after
edits resolved

I. Initial Office Process

Report of Alleged Violation

A. An investigation may be initiated by a ~~report of alleged violation~~ (RAV) which is received by the Behavioral Sciences Regulatory Board:

"Board"

1. Which may be a complaint lodged by a person.-
2. Other reasonably reliable written information (e.g., court decision, newspaper article, yellow pages ad, etc.).
3. Information that a licensee has failed to comply with the conditions of a lawful order or directive of the Board. ~~disciplinary or non-disciplinary consent agreement and order, or initial or final order.~~
4. Information indicating a possible violation received during the process of the initial issue of a license, renewal of a license, or reinstatement of a license.

Delete "-"

social media post?

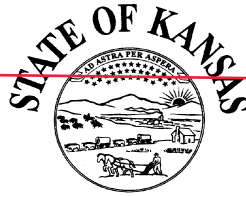
B. Request for Forms:

staff

1. Upon receiving a request for a RAV/complaint form, ~~Staff~~ shall comply with the requestor's preference of whether the form should be mailed, ~~E-mailed,~~ may ~~faxed,~~ or if the requestor will download the form from the Board's website.
2. Anyone wishing to file a complaint by electronic means shall be informed that the ~~Report of Alleged Violation~~ form should be completed in full and returned to the Board.

e-mailed

RAV



Insert new title
"Receipt of
Information:"

Add "When in..."

RAVs

C.

Receipt of ~~report of alleged violation~~, other reasonably reliable written information, information regarding non-compliance with a ~~disciplinary or non-disciplinary consent agreement and order, or initial or final order~~, or information indicating a possible violation received during the process of the initial issue of a license, renewal of a license, or reinstatement of a license:

lawful order or directive of the Board

Staff will date

verify date of receipt of

1. ~~Date~~ stamp the first page of the RAV or of the other information received.
2. ~~Place~~ the RAV or other information in the Special Investigator's ~~IN~~ box.
3. The Special Investigator will:
 - a. Assign a Case Number in sequence
 - b. Add the information to the Investigations ~~Data Base~~.
 - c. Prepare a case file folder.
 - d. Notify the licensee in a timely manner of the receipt of the complaint, a brief description of the information contained therein, and the identity of the complainant.
 - e. Notify the complainant or other reporter of the receipt of the information.

Rationale:
Info could
be audio/
video, etc.

Staff will place

(delete space)

inbox

Database

II. COMPLAINT REVIEW COMMITTEE

A. The review and evaluation of the investigated ~~reports of alleged violations (RAV)~~ will be performed by a standing Complaint Review Committee comprised of the following persons who will serve in a decision making capacity:

RAVs

1. a psychologist Board member,

licensed



licensed

Questions on
composition of CRC:
1. Add LAC/LMAC/
LCAC?
2. Keep Two Public
Members or One and
Another Rotating
Board Member?
3. 6th Member?

2. a social worker Board member,
3. a Board member who is:
 - a. a marriage and family therapist ~~or clinical marriage and family therapist,~~ or
 - b. a professional counselor ~~or a clinical professional counselor,~~ or
 - c. a masters level psychologist or clinical psychotherapist

4

2. 2 public Board members.

B. The following persons shall serve as members of the Complaint Review Committee in an advisory capacity:

1. the Board's Special Investigators
2. the Board's Executive Director, as needed.

C. Additionally, the Board's Disciplinary Counsel will be requested to serve as a member of the Complaint Review Committee in an advisory capacity.

D. The terms of the Complaint Review Committee for Board members shall be two years on a staggered basis. begin on Terms ~~are from~~ July 1st ~~to June 30th.~~

Discussion Item

E. The remaining ~~six~~ Board members will be available to serve on hearing panels (preferably 3-person hearing panels) for any case that proceeds to an administrative disciplinary hearing. The Executive Director is authorized to appoint hearing panel members who will be Board members not associated with the investigative phase and who do not have any conflict of interest.

F. The Board delegates the authority to take the following actions to the Complaint Review Committee:



BSRB Document Header
Only On Front Page

Summary Proceeding Orders

1. To issue ~~summary proceeding orders~~:
 - (a) to revoke, suspend, condition, or limit a license,
 - (b) to assess fines in the amount of ~~the maximum~~ **up to the statutory maximum** of \$ 1,000. ~~per violation~~, **delete period**
 - ~~(c) to assess costs in the amount of \$ 200. maximum,~~ **Board may only assess costs related to cases before OAH**
 - (c)** ~~(d)~~ to censure a licensee, and/or
 - (d)** ~~(e)~~ to revoke the license or registration of any licensee or registrant who voluntarily surrender such person's license or registration pending investigation of misconduct or while charges of misconduct against the licensee or registrant are pending;
2. To issue cease and desist orders to any person who has practiced without a valid license in a profession for which practitioners are required by law to be licensed; and
3. To apply to any court of competent jurisdiction for an order enjoining any licensed or unlicensed person who has engaged, or is about to engage, in any acts or practices that will constitute a violation of any practice act under the Board's jurisdiction. **settlement agreements (including Consent Agreements, Final Orders, and Diversion Agreements)**
- Discussion Item** 4. To approve any ~~consent agreement and order~~ over the signature of the ~~chair~~ **Chair** of the Complaint Review Committee.



III. Initial Review and Determination

- A. When the Behavioral Sciences Regulatory Board receives a completed RAV Report of ~~Alleged Violation~~, the Special Investigator and/or the Executive Director reviews the complaint and an initial determination is made as to whether to proceed with opening the case for investigation.
- B. Making the initial jurisdictional determination:
1. For a ~~an~~ RAV against a person licensed by BSRB, two criteria are used to determine whether the BSRB has jurisdiction:
 - a. The complaint pertains to a profession or scope of practice regulated by the Board.
 - b. The complaint alleges facts constituting non-compliance with, or violations of the rules, regulations, and/or Statutes, and/or Board ordered conditions governing the practice or conduct of the professional on whom the report is being filed.
 2. If the Special Investigator and/or Executive Director find that jurisdictional criteria are met, the case shall be docketed and an investigation shall be initiated.
 3. When the Special Investigator and/or the Executive Director need consultation to determine jurisdiction, the following procedure shall apply:
 - a. If during the initial jurisdictional determination process the Special Investigator and/or the Executive Director find that one or both of the two criteria are not met, the Special Investigator shall consult with ~~a~~



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the Chair

helpful

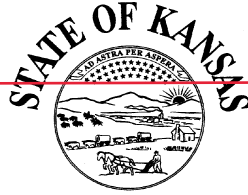
the RAV was filed
against

~~member~~ of the Complaint Review Committee. When ~~possible~~ the Committee member ~~shall~~ ^{may} be of the same profession as the person ~~complained against~~. ^c The Consultation may be in person, by telephone, fax or by E-mail. The Special Investigator shall document the decision made in consultation.

- b. If the Committee member determines that the Board has jurisdiction, the case shall be docketed and an investigation shall be initiated.
- c. If the Committee ~~member concurs with an assessment made by the Special Investigator and/or Executive Director that the Board does not have jurisdiction, or if the Committee~~ member is uncertain of jurisdiction, ~~the Special Investigation will forward a copy of all relevant documents to the Complaint Review Committee for review and determination as to whether the Board has jurisdiction.~~ If the Committee determines that the Board does not have jurisdiction, the case shall not be docketed. If the Committee determines that the Board has jurisdiction, the case shall be docketed and an investigation shall be initiated.

legal counsel for the Board will be consulted and the matter will be discussed at a Complaint Review Committee meeting.

- 4. If a determination that the Board does not have jurisdiction is made, the Special Investigator shall notify the complainant and licensee of the jurisdictional determination and the disposition of the complaint. If another Board or Agency ^{may have} ~~has~~ jurisdiction in the matter, the complainant will be notified which Board or Agency ~~has~~ ^{may have} jurisdiction. If the complaint is of



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sufficient concern, the **Special Investigator** can forward the information available directly to the Board or Agency which **may have** jurisdiction.

5. The Special Investigator shall update all information charts and logs.

D. Review and Determination: Possible **Violations:**

1. Docket case.

2. ~~Begin Investigation Worksheet.~~

2
3

3. Add relevant case information to Investigative **Database**.

4. Update **disciplinary information** in Licensure **Database**.

IV. Investigation Process

A. Licensee Notification

1. The purpose of an administrative investigation is to uncover facts and to facilitate the Board's regulatory goals and compliance with the law. In consideration of that goal and the nature of the investigative function, the Special Investigator is hereby given discretionary procedural authority in determining which manner a licensee under investigation is be notified of the allegations charged against them.
2. Licensee Notification can include but is not limited to:
 - a. An initial notification of complaint, if there will be a delay between the receipt of the complaint and the request for a written response.
 - b. Notification in writing with a request for a written response due in the Board office on or before a date indicated by the Special Investigator, usually a period of 30 days from the date of notification.



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c. At the conclusion of a personal interview with the licensee at which time the licensee is presented with written notification of the allegations.

Discussion Item - should language be added to allow for a stay on BSRB review if there is a pending criminal/civil case or investigation?

d. A combination of (b) and (c).

3. ~~In any case, the~~ **The** respondent/licensee shall be notified of the allegations in writing and asked to provide a written response to the Board.

Discussion Item

4. At the discretion of the Executive Director and/or Special Investigator, the respondent may receive one 15-day extension to prepare the response. At the discretion of the Executive Director, the respondent may receive a second 15-day extension on a showing of good cause.

B. During the investigation process, the Special Investigator should explore the strengths of the case, along with the weaknesses.

Discussion Item

C. The Special Investigator should interview witnesses, collect documents and other **including** evidence relevant to the allegation, ~~and explore all avenues for the basis or motive of the complaint.~~

D. If warranted, during the course of the investigation the Special Investigator may provide copies of documents obtained in the investigation and consult with:

1. a Complaint Review Committee member,
2. ~~a member of the Board who is not on the Complaint Review Committee,~~
3. ~~a former Board member of the profession involved, and/or~~
4. ~~another professional who has specialized expertise.~~

Discussion Item

3



- E. The Special Investigator should possess a working knowledge of the rules, regulations, and State ~~Statutes~~ statutes governing the professions licensed by the Board.
- F. Written Reports:
 - 1. The Special Investigator shall generate a written narrative report outlining the facts of the case as found in the investigation in relation to applicable statutes and/or regulations.
 - 2. Supplemental reports can be generated when necessary.
- G. The Special Investigator will notify the ~~complainant and~~ licensee by letter when the RAV ~~enters each next stage in the process.~~ is scheduled to be heard by the Complaint Review Committee
- H. Investigative subpoenas will be signed by the ~~Executive Director or by the Board Chairperson if the Executive Director is unavailable.~~ Chair of the Complaint Review Committee
- I. Pursuant to K.S.A. 74-7508(c)(3), the Special Investigator may advise proper Discussion item authorities or state agencies of information gathered during the investigation.

V. Complaint Review Committee Procedure

- A. Upon completion of the investigation, the Special Investigator shall:
 - 1. Prior to the Complaint Review Committee's meeting, provide a copy of the completed Narrative Report to each member of the Committee.
 - 2. Have the complete investigation file available at Complaint Review Committee meetings.
 - 3. ~~Have Consent Agreement and Order Referral forms available at Complaint Review Committee meetings, for completion at the Committee's direction if warranted.~~



B. Complaint Review Committee Evidentiary Determinations:

1. Prior to the Complaint Review Committee's meeting, each member of the Committee should read and preliminarily evaluate whether the narrative summary indicates that non-compliance or violation(s) of statute(s), regulation(s), or Board ordered conditions have occurred.
2. At its meetings the Complaint Review Committee will discuss, evaluate, and determine whether sufficient evidence exists to support a determination of non-compliance or a violation of statute(s) and/or regulation(s), and/or Board ordered conditions. (In making this determination, Committee members should bear in mind that a preponderance of the evidence, which is easily understood and conclusive in nature, is needed establish violation(s) of law at any subsequent disciplinary hearing).

↑
to

↑
statute or regulation
3. The Committee may direct the Special Investigator to conduct further interviews and/or to obtain additional documents.
4. At its discretion, the Committee may invite the licensee to a Committee meeting to discuss the RAV ~~report of alleged violation~~ and/or terms of any proposed ~~Consent Agreement and Order~~. settlement offer
5. For a disciplinary case, if the Committee determines sufficient evidence exists to support a determination of a violation of statute(s) and/or regulation(s), may consider aggravating/mitigating factors Committee members ~~will complete the Aggravating/Mitigating Factors form~~ when determining the proposed disposition of a case ~~to assess the seriousness of the violation(s). The purpose of this assessment is to guide the Committee in forming a basis for terms and conditions of any~~



~~proposed Consent Agreement and Order that may be offered to the licensee and/or to serve as recommendations to Disciplinary Counsel for appropriate discipline should the case proceed to hearing.~~

~~6. The Committee may direct the Special Investigator to obtain a Victim Impact Statement prior to finalizing the Aggravating/Mitigating Factors form.~~

6. 7. For a case involving asserted non-compliance or violation of a Board ordered condition, Committee members will assess the seriousness of the non-compliance or violation(s). The purpose of this assessment is to guide the Committee in forming a basis for terms and conditions of any proposed **or settlement agreement** ~~extended Consent Agreement and Order~~ that may be offered to the licensee and/or to serve as recommendations to Disciplinary Counsel for appropriate discipline should the case proceed to hearing.

C. Complaint Review Committee action determinations:

1. If at least 3 members of the Complaint Review Committee determine that **the** ~~there is insufficient evidence to proceed:~~ **does not show that a violation of the statutes or regulation has occurred**

- a. The Special Investigator will close the case.
- b. The Complaint Review Committee may authorize sending an educational letter or non-disciplinary letter of caution in order to alert the licensee that he/she may want to modify his/her conduct to avoid further complaints.
- c. The Special Investigator will notify complainant and respondent of the determination.



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2. If at least 3 members of the Complaint Review Committee determine that there is sufficient evidence to proceed:
- Disciplinary Counsel may be directed** ← that a violation of statute(s) or regulation(s) has occurred:
- a. **Disciplinary Counsel may be directed** Direct disciplinary counsel to initiate an administrative hearing by **disciplinary action by either a Summary Proceeding Order or** **Petition in Discipline** filing a disciplinary petition or show cause petition, as applicable.
- b. **Disciplinary Counsel may be directed** Direct disciplinary counsel to propose resolution of the case by a **either a public or non-public settlement agreement** Consent Agreement and Order (CAO) upon such terms and conditions as determined by the Committee.
- c. **the Committee may** If authorized by law, recommend county or district attorney initiate criminal proceedings.
- d. For minor or technical violations, the Complaint Review Committee may authorize a sending an educational or non-disciplinary letter of caution to the licensee.
- e. In the event of (2)(a) or (b), the Special Investigator shall provide a copy of the completed Narrative Report and all documents obtained during the investigation to the Board's Disciplinary Counsel.
- f. The Special Investigator will monitor the progress of cases referred to the Attorney General's Office ~~for resolution by Consent Agreement and Order or for hearing.~~

- D. Emergency procedures: In the event the Board's Special Investigator believes emergency procedures are warranted, **the Special Investigator** he shall consult with the **Chair** of the Complaint Review Committee and may consult with the Board's disciplinary counsel. After



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such consultation and if warranted, the Chair of the Complaint Review Committee may authorize emergency proceedings pursuant to K.S.A. 77-536.

Settlement

VI. ~~Consent~~ Agreement Process

settlement agreement

A. The Disciplinary Counsel prepares the ~~formal Consent Agreement and Order~~ and forwards it to the ~~respondent~~, or the ~~respondent's lawyer~~ if represented, along with

licensee

licensee's attorney

correspondence outlining the approval process and the date upon which the signed

settlement agreement

settlement agreement

CAO should be returned. Any negotiations regarding the terms of the CAO will be

done by the Disciplinary Counsel in consultation with the Complaint Review

Committee or its designee.

settlement agreement

B. Upon receipt of the signed CAO, the Disciplinary Counsel will present the agreement

Chair of the

or the Chair's designee on the CRC

to the Complaint Review Committee for final approval at the Committee's next

~~scheduled meeting.~~

signature

Discussion Item

C. ~~Approval: A designee of the Complaint Review Committee will sign and return the~~

~~The signed settlement agreement will be provided to the Special Investigator~~

~~CAO to the Executive Director or other designated Board staff who will then mail a~~

~~who will then execute the settlement agreement~~

~~copy of the CAO, along with a letter of correspondence, to the licensee.~~

D. ~~CAO not approved:~~ If Consent Agreement and Order negotiations are not successful

~~the matter will be returned to the CRC for further consideration.~~

~~in resolving the case, a petition will be filed and the case scheduled for hearing.~~

E. The Special Investigator will monitor the receipt of reports as required by the CAO

settlement agreement

and take steps to obtain those reports if not received as ordered.

F. The Special Investigator will monitor terms and/or conditions and the receipt of

reports as required by the CAO or Final Order and take steps to obtain these reports if

not received as ordered.



VII. Case Disposition Authority

- A. The Complaint Review Committee retains the authority to negotiate or settle the case until the close of the presentation of evidence in the hearing.
- B. The Hearing Panel assumes authority regarding the disposition of the case after the close of the presentation of evidence in the hearing.

102-1-15. Continuing education.

(a) Each applicant for renewal of licensure shall have earned 50 continuing education hours in the two years preceding an application for renewal. The required number of continuing education hours shall be prorated for periods of renewal that are less than the full two years, using the ratio of one- third of the continuing education hours for each six months since the date of licensure or most recent renewal. Continuing education hours for each type of continuing education activity as specified below in subsection (d) shall be prorated accordingly for those persons whose periods of renewal are less than the full two years. Each person who is licensed within six months of the current expiration period shall be exempt from the continuing education requirement for that person's first renewal period.

(b) The content of each continuing education activity shall be clearly related to the enhancement of psychology practice, values, skills, or knowledge.

(c) During each two-year renewal cycle and as part of the required continuing education hours, each licensed psychologist shall complete at least three continuing education hours of training on professional ethics and at least six continuing education hours related to diagnosis and treatment of mental disorders. These hours shall be obtained from any of the activities specified in paragraphs (d)(1), (d)(2), (d)(4), and (d)(6) of this regulation.

(d) Acceptable continuing education activities, whether taken within the state or outside the state, shall include the following:

(1) Attendance at workshops, seminars, and presentations that are sponsored, accredited, or conducted by educational institutions, professional associations, or private institutions. These activities shall be sponsored, accredited, or conducted by educational institutions, professional associations, or private institutions that are nationally or regionally accredited for training. Activities conducted by agencies, groups, or individuals that do not meet the requirements of national or regional accreditation shall be acceptable, if the content is clearly related to the enhancement of psychology skills, values, and knowledge. Actual contact hours, excluding breaks and lunch, shall be credited. A maximum of 50 continuing education hours shall be allowed;

(2) the first-time preparation and initial presentation of courses, workshops, or other formal training activities, for which a maximum of 15 continuing education hours shall be allowed;

(3) documented completion of a self-study program. A maximum of 12 continuing education hours shall be allowed;

(4) documented completion of a self-study program with a posttest that is conducted by a continuing education provider as described in paragraph (d)(1). A maximum of 40 continuing education hours shall be allowed;

(5) publication and professional presentation. Fifteen continuing education hours may be claimed for the publication or professional presentation of each scientific or professional paper or book chapter authored by the applicant. A maximum of 45 continuing education hours shall be allowed;

(6) completion of an academic course, for which a maximum of 15 continuing education hours shall be allowed for each academic semester credit hour;

(7) providing supervision as defined in K.A.R. 102-1-1, for which a maximum of 15 continuing education hours shall be allowed;

(8) receiving supervision as defined in K.A.R. 102-1-1, except in connection with any disciplinary action, for which a maximum of 15 continuing education hours shall be allowed;

(9) initial preparation for a specialty board examination, for which a maximum of 25 continuing education hours shall be allowed;

(10) participation in quality care, client or patient diagnosis review conferences, treatment utilization reviews, peer review, case consultation with another licensed psychologist, or other quality assurance committees or activities, for which a maximum of 15 continuing education hours shall be allowed;

(11) participation, including holding office, in any professional organization related to the applicant's professional activities, if the organization's activities are clearly related to the enhancement of psychology or mental health practice, values, skills, or knowledge. A maximum of 12 continuing education hours shall be allowed; and

(12) receiving personal psychotherapy that is provided by a licensed or certified mental health provider and is a part of a designated training program. A maximum of 20 continuing education hours shall be allowed.

(e) Each licensed psychologist shall be responsible for maintaining personal continuing education records. Each licensee shall submit to the board the licensee's personal records of participation in continuing education activities if requested by the board.

(f) In determining whether or not a claimed continuing education activity will be allowed, the licensed psychologist may be required by the board to demonstrate that the content was clearly related to psychology or to verify that psychologist's participation in any claimed or reported activity. If a psychologist fails to comply with this requirement, the claimed credit may be disallowed by the board.

(g) Any applicant who submits continuing education documentation that fails to meet the required 50 continuing education hours may request an extension from the board. The request shall include the applicant's reason for requesting an extension and a plan outlining the manner in which the applicant intends to complete the continuing education requirements. For good cause shown, the applicant may be granted an extension, which shall not exceed six months.

(Authorized by and implementing K.S.A. 74-7507; effective May 1, 1984; amended, T-85-35, Dec. 19, 1984; amended May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended July 24, 1989; amended Oct. 27, 2000; amended July 11, 2003.)

74-7501. Behavioral sciences regulatory board created; composition; appointment; terms, organization; compensation and expenses; executive director and other employees. (a) There is hereby created a behavioral sciences regulatory board consisting of 12 members appointed by the governor. The membership of the board shall be as follows: Two members of the board shall be licensed psychologists; two members of the board shall be licensed to engage in the practice of social work; one member of the board shall be a professional counselor; one member of the board shall be a marriage and family therapist and one member of the board shall be a licensed masters level psychologist; one member of the board shall be a licensed addiction counselor or a licensed clinical addiction counselor; and four members of the board shall be from and represent the general public. Each member of the board shall be a citizen of the United States and a resident of this state.

(b) The term of office of each member of the board shall be four years. No member of the board shall be appointed for more than two successive terms. Upon the expiration of a member's term of office, the governor shall appoint a qualified successor. Each member shall serve until a successor is appointed and qualified. Whenever a vacancy occurs in the membership of the board prior to the expiration of a term of office, the governor shall appoint a qualified successor to fill the unexpired term. The governor may remove any member of the board for misconduct, incompetency or neglect of duty.

(c) The board shall organize annually at its first meeting subsequent to June 30 and shall select from its members a chairperson and a vice-chairperson. Other meetings shall be held as the board designates. A majority of members appointed to the board shall constitute a quorum for the transaction of business.

(d) The board may appoint an executive director who shall be in the unclassified service of the Kansas civil service act and shall receive an annual salary fixed by the board, subject to approval by the governor. The board may employ clerical personnel and other assistants, all of whom shall be in the classified service under the Kansas civil service act. The board may make and enter into contracts of employment with such professional personnel as necessary, in the board's judgment, for the performance of its duties and functions and the execution of its powers.

(e) Members of the behavioral sciences regulatory board attending meetings of the board, or attending a subcommittee meeting thereof authorized by the board, shall be paid compensation, subsistence allowances, mileage and other expenses as provided in K.S.A. [75-3223](#), and amendments thereto.

History: L. 1980, ch. 242, § 1; L. 1981, ch. 299, § 61; L. 1982, ch. 347, § 48; L. 1986, ch. 299, § 41; L. 1988, ch. 304, § 3; L. 1990, ch. 286, § 7; L. 1992, ch. 116, § 39; L. 1996, ch. 153, § 42; L. 2010, ch. 45, § 16; July 1, 2011.

74-7502. Abolition of state board of examiners of psychologists and board of social work examiners; transfer of powers, duties and functions to behavioral sciences regulatory board; rules and regulations preserved. (a) On July 1, 1980, the following boards are hereby abolished:

- (1) The state board of examiners of psychologists created by K.S.A. 1979 Supp. [74-5303](#); and
- (2) the board of social work examiners created by K.S.A. 1979 Supp. 75-5349.

(b) All of the powers, duties and functions of the boards designated in subsection (a) and all of the powers, duties and functions of the secretary of social and rehabilitation services under K.S.A. [75-5346](#) to [75-5361](#), inclusive, and amendments thereto, are hereby transferred to and conferred and imposed upon the behavioral sciences regulatory board.

(c) The behavioral sciences regulatory board shall be the successor in every way to the powers, duties and functions of the boards designated in subsection (a) and to the powers, duties and functions of the secretary of social and rehabilitation services under K.S.A. [75-5346](#) to [75-5361](#), inclusive, and amendments thereto, in which the same were vested prior to the effective date of this act, except as otherwise provided by this act. Every act performed in the exercise of such powers, duties and functions by or under the authority of the behavioral sciences regulatory board shall be deemed to have the same force and effect as if performed by the boards designated in subsection (a) or by the secretary of social and rehabilitation services under K.S.A. [75-5346](#) to [75-5361](#), inclusive, and amendments thereto, in which the same were vested prior to the effective date of this act.

(d) Whenever the boards designated in subsection (a), or words of like effect, and the secretary of social and rehabilitation services in regard to the powers, duties and functions of the secretary under K.S.A. [75-5346](#) to [75-5361](#), inclusive, and amendments thereto, are referred to or designated by a statute, contract or other document, such reference or designation shall be deemed to apply to the behavioral sciences regulatory board.

(e) All rules and regulations of the boards designated in subsection (a) and rules and regulations of the secretary of social and rehabilitation services adopted under K.S.A. [75-5346](#) to [75-5361](#), inclusive, and amendments thereto, shall continue to be effective and shall be deemed to be duly adopted rules and regulations of the behavioral sciences regulatory board, until revised, amended, revoked or nullified pursuant to law. The board shall review such rules and regulations and shall adopt new rules and regulations, if necessary, pursuant to K.S.A. [77-415](#) et seq., and amendments thereto.

- (f) The behavioral sciences regulatory board shall be a continuation of the boards designated in subsection (a).

History: L. 1980, ch. 242, § 2; July 1.

74-7503. Transfer of certain officers and employees to board; civil service and retirement rights preserved; transfer of records and property; disposition of conflicts. (a) On July 1, 1980, officers and employees who were engaged prior to such date in the performance of powers, duties and functions of the boards designated in subsection (a) of K.S.A. [74-7502](#) or in assisting the secretary of social and rehabilitation services to carry out the provisions of K.S.A. [75-5346](#) to 75-5361, inclusive, and amendments thereto, and who, in the opinion of the behavioral sciences regulatory board are necessary to perform the powers, duties and functions of the behavioral sciences regulatory board shall become officers and employees of the behavioral sciences regulatory board and shall retain all retirement benefits and all rights of civil service which such officer or employee had before July 1, 1980, and their service shall be deemed to have been continuous. All transfers and any abolishment of positions of personnel in the classified civil service shall be in accordance with civil service laws and rules and regulations.

(b) All books, records and other property of the boards designated in subsection (a) of K.S.A. [74-7502](#) and of the department of social and rehabilitation services maintained in the course of administering the provisions of K.S.A. [75-5346](#) to 75-5361, inclusive, and amendments thereto, are hereby transferred to the behavioral sciences regulatory board on the effective date of this act.

(c) Whenever any conflict arises as to the proper disposition of any property or records as a result of any abolishment or transfer made under this act, or under authority of this act, such conflict shall be resolved by the governor, and the decision of the governor shall be final.

History: L. 1980, ch. 242, § 3; July 1.

74-7504. Rights preserved in legal actions and proceedings. (a) No suit, action or other proceeding, judicial or administrative, lawfully commenced, or which could have been commenced, by or against any board designated in subsection (a) of K.S.A. [74-7502](#) or under the provisions of K.S.A. [75-5346](#) to 75-5361, inclusive, and amendments thereto, or by or against any officer of the state in such officer's official capacity or in relation to the discharge of such officer's official duties, shall abate by reason of the taking effect of this act. The court may allow any such suit, action or other proceeding to be maintained by or against the behavioral sciences regulatory board.

(b) No criminal action commenced or which could have been commenced by the state shall abate by the taking effect of this act.

History: L. 1980, ch. 242, § 4; July 1.

74-7505. Abolition of fee funds; transfer of moneys and liabilities to behavioral sciences regulatory board fee fund. The psychologists fee fund, established by K.S.A. 1979 Supp. [74-5346](#), and the social work examiners fee fund, established by K.S.A. 1979 Supp. 75-5359, are hereby abolished. On the effective date of this act the director of accounts and reports shall transfer all moneys in such funds to the behavioral sciences regulatory board fee fund established by this act. On the effective date of this act, all liabilities of the psychologists fee fund, established by K.S.A. 1979 Supp. [74-5346](#), and the social work examiners fee fund, established by K.S.A. 1979 Supp. 75-5359, existing immediately prior to the effective date of this act are hereby transferred to and imposed on the behavioral sciences regulatory board fee fund.

History: L. 1980, ch. 242, § 5; July 1.

74-7506. Disposition of moneys received; behavioral sciences regulatory board fee fund established; approval of expenditures. The behavioral sciences regulatory board shall remit all moneys received by or for it from fees, charges or penalties to the state treasurer in accordance with the provisions of K.S.A. [75-4215](#), and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury. Ten percent of each such deposit shall be credited to the state general fund and the balance shall be credited to the behavioral sciences regulatory board fee fund, which is hereby established. All expenditures from the behavioral sciences regulatory board fee fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the chairperson of the behavioral sciences regulatory board or by a person or persons designated by the chairperson.

History: L. 1980, ch. 242, § 6; L. 2001, ch. 5, § 339; L. 2011, ch. 53, § 53; July 1.

74-7507. Powers, duties and functions of board. (a) The behavioral sciences regulatory board shall have the following powers, duties and functions:

(1) Recommend to the appropriate district or county attorneys prosecution for violations of this act, the licensure of psychologists act of the state of Kansas, the professional counselors licensure act, the social workers licensure act, the licensure of master's level psychologists act, the applied behavior analysis licensure act, the marriage and family therapists licensure act or the addiction counselor licensure act;

(2) compile and publish annually a list of the names and addresses of all persons who are licensed under this act, are licensed under the licensure of psychologists act of the state of Kansas, the professional counselors licensure act, the social workers licensure act, the licensure of master's level psychologists act, the applied behavior analysis licensure act, the marriage and family therapists licensure act or the addiction counselor licensure act;

(3) prescribe the form and contents of examinations required under this act, the licensure of psychologists act of the state of Kansas, the professional counselors licensure act, the social workers licensure act, the licensure of master's level psychologists act, the applied behavior analysis licensure act, the marriage and family therapists licensure act or the addiction counselor licensure act;

(4) enter into contracts necessary to administer this act, the licensure of psychologists act of the state of Kansas, the professional counselors licensure act, the social workers licensure act, the licensure of master's level psychologists act, the applied behavior analysis licensure act, the marriage and family therapists licensure act or the addiction counselor licensure act;

(5) adopt an official seal;

(6) adopt and enforce rules and regulations for professional conduct of persons licensed under the licensure of psychologists act of the state of Kansas, the professional counselors licensure act, the social workers licensure act, the licensure of master's level psychologists act, the applied behavior analysis licensure act, the marriage and family therapists licensure act or the addiction counselor licensure act;

(7) adopt and enforce rules and regulations establishing requirements for the continuing education of persons licensed under the licensure of psychologists act of the state of Kansas, the professional counselors licensure act, the social workers licensure act, the licensure of master's level psychologists act, the applied behavior analysis licensure act, the marriage and family therapists licensure act or the addiction counselor licensure act;

(8) adopt rules and regulations establishing classes of social work specialties which will be recognized for licensure under K.S.A. [65-6301](#) to [65-6318](#), inclusive, and amendments thereto;

(9) adopt rules and regulations establishing procedures for examination of candidates for licensure under the licensure of psychologists act of the state of Kansas, the professional counselors licensure act, the social workers licensure act, the licensure of master's level psychologists act, the applied behavior analysis licensure act, the marriage and family therapists licensure act, the addiction counselor licensure act and for issuance of such certificates and such licenses;

(10) adopt rules and regulations as may be necessary for the administration of this act, the licensure of psychologists act of the state of Kansas, the professional counselors licensure act, the social workers licensure act, the licensure of master's level psychologists act, the applied behavior analysis licensure act, the marriage and family therapists licensure act and the addiction counselor licensure act and to carry out the purposes thereof;

(11) appoint an executive director and other employees as provided in K.S.A. [74-7501](#), and amendments thereto; and

(12) exercise such other powers and perform such other functions and duties as may be prescribed by law.

(b) If an order of the behavioral sciences regulatory board is adverse to a licensee or registrant of the board, the actual costs shall be charged to such person as in ordinary civil actions in the district court. The board shall pay any additional costs and, if the board is the unsuccessful party, the costs shall be paid by the board. Witness fees and costs may be taxed in accordance with statutes governing taxation of witness fees and costs in the district court.

History: L. 1980, ch. 242, § 7; L. 1986, ch. 299, § 42; L. 1987, ch. 315, § 17; L. 1991, ch. 114, § 15; L. 1992, ch. 184, § 7; L. 1996, ch. 153, § 43; L. 2004, ch. 16, § 5; L. 2010, ch. 45, § 15; L. 2016, ch. 92, § 79; July 1.

Source or Prior Law:
74-5308, 75-5350.

74-7508. Investigations by board; access to documents and other evidence; oaths and testimony; subpoenas; confidentiality of information; exceptions; client or patient communications; violations; remedies; disciplinary action. (a) In connection with any investigation, based upon a written complaint or other reasonably reliable written information, by the behavioral sciences regulatory board, the board or its duly authorized agents or employees shall at all reasonable times have access to, for the purpose of examination, and the right to copy any document, report, record or other physical evidence of any person being investigated, or any document, report, record or other evidence maintained by and in possession of any clinic or office of a practitioner of the behavioral sciences, or other public or private agency if such document, report, record or other physical evidence relates to practices which may be grounds for disciplinary action.

(b) In all matters pending before the behavioral sciences regulatory board, the board shall have the power to administer oaths and take testimony. For the purpose of all investigations and proceedings conducted by the behavioral sciences regulatory board:

(1) The board may issue subpoenas compelling the attendance and testimony of witnesses or the production for examination or copying of documents, reports, records or any other physical evidence if such documents, reports, records or other physical evidence relates to practices which may be grounds for disciplinary action. Within five days after the service of the subpoena on any person requiring the production of any documents, reports, records or other physical evidence in the person's possession or under the person's control, such person may petition the board to revoke, limit or modify the subpoena. The board shall revoke, limit or modify such subpoena if in its opinion the documents, reports, records or other physical evidence required does not relate to practices which may be grounds for disciplinary action, is not relevant to the allegation which is the subject matter of the proceeding or investigation, or does not describe with sufficient particularity the documents, reports, records or other physical evidence which is required to be produced. Any member of the board, or any agent designated by the board, may administer oaths or affirmations, examine witnesses and receive such documents, reports, records or other physical evidence.

(2) The district court, upon application by the board or by the person subpoenaed, shall have jurisdiction to issue an order:

(A) Requiring such person to appear before the board or the board's duly authorized agent to produce documents, reports, records or other physical evidence relating to the matter under investigation; or

(B) revoking, limiting or modifying the subpoena if in the court's opinion the evidence demanded does not relate to practices which may be grounds for disciplinary action, is not relevant to the allegation which is the subject matter of the hearing or investigation or does not describe with sufficient particularity the documents, reports, records or other physical evidence which is required to be produced.

(3) (A) If the board determines that an individual has practiced without a valid license a profession regulated by the board for which the practitioners of the profession are required by law to be licensed in order to practice the profession, in addition to any other penalties imposed by law, the board, in accordance with the Kansas administrative procedure act, may issue a cease and desist order against such individual.

(B) Whenever in the judgment of the behavioral sciences regulatory board any person has engaged, or is about to engage, in any acts or practices which constitute, or will constitute, a violation of K.S.A. [65-6301](#) to [65-6320](#), inclusive, and amendments thereto, [74-5361](#) to [74-5374](#), inclusive, and K.S.A. [74-5375](#), and amendments thereto, the licensure of psychologists act, the marriage and family therapists licensure act or the alcohol and other drug abuse counselor registration act, or any valid rule or regulation of the board, the board may make application to any court of competent jurisdiction for an order enjoining such acts or practices, and upon a showing by the board that such person has engaged, or is about to engage in any such acts or practices, an injunction, restraining order, or such other order as may be appropriate shall be granted by such court without bond.

(c) Any complaint or report, record or other information relating to a complaint which is received, obtained or maintained by the behavioral sciences regulatory board shall be confidential and shall not be disclosed by the board or its employees in a manner which identifies or enables identification of the person who is the subject or source of the information except the information may be disclosed:

(1) In any proceeding conducted by the board under the law or in an appeal of an order of the board entered in a proceeding, or to any party to a proceeding or appeal or the party's attorney;

(2) to the person who is the subject of the information or to any person or entity when requested by the person who is the subject of the information, but the board may require disclosure in such a manner that will prevent identification of any other person who is the subject or source of the information; or

(3) to a state or federal licensing, regulatory or enforcement agency with jurisdiction over the subject of the information or to an agency with jurisdiction over acts or conduct similar to acts or conduct which would constitute grounds for action under this act. Any confidential complaint or report, record or other information disclosed by the board as authorized by this section shall not be redisclosed by the receiving agency except as otherwise authorized by law.

(d) Nothing in this section or any other provision of law making communications between a practitioner of one of the behavioral sciences and the practitioner's client or patient a privileged or confidential communication shall apply to investigations or proceedings conducted pursuant to this section. The behavioral sciences regulatory board and its employees, agents and representatives shall keep in confidence the content and the names of any clients or patients whose records are reviewed during the course of investigations and proceedings pursuant to this section.

(e) In all matters pending before the behavioral sciences regulatory board, the board shall have the power to revoke the license or registration of any licensee or registrant who voluntarily surrenders such person's license or registration pending investigation of misconduct or while charges of misconduct against the licensee are pending or anticipated.

(f) In all matters pending before the behavioral sciences regulatory board, the board shall have the option to censure the licensee or registrant in lieu of other disciplinary action.

History: L. 1980, ch. 242, § 8; L. 2001, ch. 154, § 1; L. 2004, ch. 16, § 6; L. 2016, ch. 92, § 80; July 1.

Source or Prior Law:

74-5309.

Revisor's Note:

Section was not amended in the 2016 session.

74-7509. Existing certificates and licenses continued in effect. All licenses issued prior to the effective date of this act under K.S.A. [75-5340](#) to 75-5361, inclusive, and amendments thereto, shall continue in force and effect until the expiration thereof as provided immediately prior to the effective date of this act under the provisions of the act under which such license was issued. All certificates issued prior to the effective date of this act under the certification of psychologists act of the state of Kansas shall continue in force and effect until the expiration thereof as provided immediately prior to the effective date of this act under the provisions of the act under which such certificates were issued.

History: L. 1980, ch. 242, § 26; July 1.

74-7510. Immunity from liability in civil actions for reporting, communicating and investigating certain information concerning alleged malpractice incidents and other information; conditions. (a) No person reporting to the behavioral sciences regulatory board in good faith and without malice any information such person may have relating to alleged incidents of malpractice, or the qualifications, fitness or character of, or disciplinary action taken against, a person licensed or registered by the board shall be subject to a civil action for damages as a result of reporting such information.

(b) Any state, regional or local association composed of persons licensed or registered to practice in a field governed by the behavioral sciences regulatory board and the individual members of any committee thereof, which in good faith and without malice investigates or communicates information pertaining to fitness or character of, or disciplinary action taken against, any licensee, registrant or certificate holder to the behavioral sciences regulatory board or to any committee or agent thereof, shall be immune from liability in any civil action that is based upon such investigation or transmittal or information if the investigation and communication was made in good faith and without malice and did not represent as true any matter not reasonably believed to be true.

History: L. 1989, ch. 276, § 6; July 1.

74-7511. Fingerprinting of applicants to practice profession regulated by board; procedure; collection and disposition of fees. (a) As part of an original application for or reinstatement of any license, registration, permit or certificate or in connection with any investigation of any holder of a license, registration, permit or certificate, the behavioral sciences regulatory board may require a person to be fingerprinted and submit to a state and national criminal history record check. The fingerprints shall be used to identify the person and to determine whether the person has a record of criminal history in this state or another jurisdiction. The behavioral sciences regulatory board is authorized to submit the fingerprints to the Kansas bureau of investigation and the federal bureau of investigation for a state and national criminal history record check. The behavioral sciences regulatory board may use the information obtained from fingerprinting and the criminal history for purposes of verifying the identification of the person and in the official determination of the qualifications and fitness of the person to be issued or to maintain a license, registration, permit or certificate.

(b) Local and state law enforcement officers and agencies shall assist the behavioral sciences regulatory board in the taking and processing of fingerprints of applicants for and holders of any license, registration, permit or certificate and shall release all records of adult convictions and nonconvictions and adult convictions or adjudications of another state or country to the behavioral sciences regulatory board.

(c) The behavioral sciences regulatory board may fix and collect a fee as may be required by the board in an amount equal to the cost of fingerprinting and the criminal history record check. Any moneys collected under this subsection shall be deposited in the state treasury and credited to the behavioral sciences regulatory board fee fund. The behavioral sciences regulatory board shall remit all moneys received by or for it from fees, charges or penalties to the state treasurer in accordance with the provisions of K.S.A. [75-4215](#), and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the behavioral sciences regulatory board fee fund.

History: L. 2016, ch. 92, § 34; July 1.

Behavioral Sciences Regulatory Board

Board Meeting – July 11, 2022

Action: Amended Adopted Failed Postponed Tabled Withdrawn
Delegation Motion on Hiring Clerical Staff and Other Assistants

I move that the use of the term “Board” in the following section of K.S.A. 74-7501(d), shall be a delegation of authority by the Board of the Behavioral Sciences Regulatory Board (BSRB) to the Executive Director of the BSRB, to act on behalf of the Board.

*The **board** may employ clerical personnel and other assistants, all of whom shall be in the classified service under the Kansas civil service act. The **board** may make and enter into contracts of employment with such professional personnel as necessary, in the **board's** judgment, for the performance of its duties and functions and the execution of its powers.*

Signature of Maker: _____

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| <input type="checkbox"/> Anderson | <input type="checkbox"/> Hoener-Queal | <input type="checkbox"/> Jones | <input type="checkbox"/> Lightcap |
| <input type="checkbox"/> Norton | <input type="checkbox"/> Nobles | <input type="checkbox"/> Perdomo-Morales | |
| <input type="checkbox"/> Sewester | <input type="checkbox"/> Shaughnessy | <input type="checkbox"/> Steele | <input type="checkbox"/> Stidham |
| <input type="checkbox"/> Schendel | | | |

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Behavioral Sciences Regulatory Board

Board Meeting – July 11, 2022

Action: Amended Adopted Failed Postponed Tabled Withdrawn
Delegation Motion Authorizing Approval of Expenditures from the BSRB Fee Fund

I move that the Executive Director for the Behavioral Sciences Regulatory Board (BSRB) will be considered a person designated by the Chairperson to approve vouchers related to expenditures from the BSRB Fee Fund, as described in the text below from K.S.A. 74-7506.

All expenditures from the Behavioral Sciences Regulatory Board Fee Fund shall be made in accordance with appropriation acts upon warrants of the Director of Accounts and Reports issued pursuant to vouchers approved by the Chairperson of the Behavioral Sciences Regulatory Board or by a person or person designated by the Chairperson.

Signature of Maker: _____

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| <input type="checkbox"/> Schendel | | | |

Behavioral Sciences Regulatory Board

Board Meeting – July 11, 2022

Action: Amended Adopted Failed Postponed Tabled Withdrawn
Delegation Motion on Hiring BSRB Staff Other than Executive Director

I move that the hiring of “other employees,” as referenced in K.S.A. 74-7507(a)(11), shall be delegated by the Board of the Behavioral Sciences Regulatory Board (BSRB) to the Executive Director of the BSRB, to act on behalf of the Board.

K.S.A. 74-7507(a) The Behavioral Sciences Regulatory Board shall have the following powers, duties and functions:

...

(11) appoint an executive director and other employees as provided in K.S.A. 74-7501, and amendments therto;

Signature of Maker: _____

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| <input type="checkbox"/> Sewester | <input type="checkbox"/> Shaughnessy | <input type="checkbox"/> Steele | <input type="checkbox"/> Stidham |
| <input type="checkbox"/> Schendel | | | |

Definition of “Related Field” Recommended Added to K.A.R. 102-3-1a By Professional Counselor Advisory Committee

(V) “Related field” means a degree program in the helping professions and may include any of the following:

- (1) Education;
- ~~(2) human development and family studies;~~
- (3) marriage and family therapy;
- (4) psychology;
- ~~(5) social work; and~~
- (6) theology.

102-2-6. Program approval. (a) Definitions. The following terms shall be defined as follows:

(1) "Core faculty member" means an individual who is part of the program's teaching staff and who meets the following conditions:

(A) Is an individual whose education, training, and experience are consistent with the individual's role within the program and are consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) is an individual whose primary professional employment is at the institution in which the program is housed; and

(C) is an individual who is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual's name in public and departmental documents.

(2) "In residence," when used to describe a student, means that the student is present at the physical location of the institution for the purpose of completing coursework during which the student and one or more core faculty members are in face-to-face contact either in person or by synchronous videoconferencing.

(3) "Primary professional employment" means a minimum of 20 hours per week of instruction, research, any other service to the institution in the course of employment, and the related administrative work.

(b) To be recognized and approved by the board, an undergraduate or graduate social work program shall be accredited by the council on social work education or shall be in substantial compliance with all of the following standards:

(1) The program shall have a curriculum plan that has been or will be fully implemented during the current academic year.

(2) The program shall have graduated a class of students or shall graduate a class of students during the current academic year.

(3) The social work program shall meet the following conditions:

(A) Have autonomy with respect to an identified budget and an established governance and administrative structure;

(B) have responsibility for participation in personnel recruitment, retention, promotion, and tenure decisions;

(C) have support staff assigned to the program; and

(D) have other necessary resources and authority required for the achievement of specified program objectives.

(4) The program shall have a field education program that is clearly incorporated as an integral component of the curriculum and the social work degree requirements. The field education program shall engage the student in supervised social work practice and experiential opportunities that apply classroom learning in the field setting.

(5) The program shall have a clear plan for the organization, implementation, and evaluation of the class and field curricula.

(6) The program shall have social work faculty advisors who are sufficiently knowledgeable about the social work program and who are available to advise social work students.

(7) The program's written policies shall make explicit the criteria for evaluation of student academic and field performance.

(8) The program's written policies shall include procedures for the termination of student participation in the professional social work degree program, and each student shall be informed of these termination procedures.

(9) The social work program shall be contained within a college or university that is regionally accredited.

(10) No less than 50% of the required program coursework shall be completed "in residence" at one institution, and the field education program shall be completed at the same institution.

(c) In addition to the standards in subsection (b) of this regulation, each undergraduate social work program that is not accredited by the council on social work education shall meet all of the following standards:

(1) The program shall specify in the university or college course catalog that its primary educational objective is preparation for beginning professional social work practice.

(2) The program coursework shall be identified and described in the course catalog of the university or college.

(3) The program shall have a designated director whose educational credentials include either a baccalaureate or a graduate degree in social work and who holds a full-time appointment in the educational institution.

(4) Each program faculty member who teaches the content on social work practice and each program faculty member who coordinates the field education program shall fulfill these requirements:

(A) Hold a graduate degree in social work; and

(B) have had two or more years of professional social work practice experience.

(5) The core faculty shall be responsible for essential program functions, including the following duties:

(A) Regular design, modification, approval, implementation, and evaluation of the program curriculum and educational policies;

(B) systematic and continual evaluation of program results in view of the specified objectives of the program;

(C) teaching of social work practice courses and other social work courses;

(D) coordination of field education program experiences and provision of instruction for the field education program; and

(E) establishment and maintenance of program integrity and attainment of program visibility.

(6) The program director shall have primary responsibility for the coordination and educational leadership of the program and shall be provided with the time and financial resources needed to fulfill those responsibilities.

(7) The program shall have a minimum of two full-time, core faculty members whose primary assignment is to the program.

(8) The field education program provided as part of the program shall consist of a minimum of 400 clock hours successfully completed in the field setting. Except as provided by paragraph (b)(3)(ii) of K.A.R. 102-2-2a, each student participating in the field education program shall be directly supervised by an individual either licensed or academically eligible for licensure in social work in the jurisdiction in which the supervised field education program is completed.

(d) In addition to the standards of subsection (b) of this regulation, each graduate social work education program that is not accredited by the council on social work education shall meet all of the following standards:

(1) The program shall be an integral part of an educational institution that is institutionally accredited to award the master's or doctoral degree in social work.

(2) The program shall specify in the university or college course catalog that it prepares graduate students for advanced social work practice.

(3) The educational level for which accreditation has been received shall be specified in any program documents referring to accreditation.

(4) The program shall have a full-time dean or director as its chief executive officer.

(5) The graduate program shall offer, as its basic program design, two full-time academic years of professional education that leads to a graduate degree in social work. A minimum of one academic year of the program shall be in full-time status, as defined by the educational institution.

(6) Each program faculty member who teaches the content on social work practice and each program faculty member who coordinates the field education program shall fulfill these requirements:

(A) Hold a master's degree in social work;

(B) have had post-master's professional social work practice experience;

and

(C) be qualified for licensure to practice social work in the state of Kansas.

(7) The program faculty shall have responsibility for curriculum design, modification, approval, and implementation and for systematic, continual evaluation of the program.

(8) The faculty shall be responsible for educational policy in matters of admission, advising, retention, and graduation of students.

(9) The faculty shall be responsible for continual and systematic guidance of students through the professional educational program.

(e) Upon request of the board, each school shall present documentation to the board that it has satisfactorily met the standards of subsection (b) and the

standards of either subsection (c) or (d), as applicable. (Authorized by K.S.A. 2005 Supp. 74-7507 and K.S.A. 65-6306; implementing K.S.A. 65-6306; effective May 1, 1982; amended May 1, 1987; amended Oct. 24, 1997; amended Oct. 27, 2006; amended P-_____.)

102-7-3. Educational requirements. (a)(1) “Core faculty member” means an individual who is part of the teaching staff of a program covered by this regulation and who meets the following conditions:

(A) Has education, training, and experience consistent with the individual’s role within the program and consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) has primary professional employment at the institution in which the program is housed; and

(C) is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual’s name in public and departmental documents.

(2) “In residence,” when used to describe a student, means that the student is ~~present at the physical location of the institution or at any other location approved by the board for the purpose of~~ completing coursework, during which the student and one or more core faculty members, adjunct faculty members, or agency internship supervisors are in face-to-face contact either in person or by synchronous videoconferencing.

(3) “Primary professional employment” means at least 20 hours each week of instruction, research, or any other service to the institution in the course of employment, and related administrative work.

(4) “Skill-based coursework” means those courses that allow students to work on basic helping skills including open-ended questions, clarification, interpretation, response to feelings, and summarization.

(b) To qualify for licensure as an addiction counselor with a baccalaureate degree in addiction counseling or a baccalaureate degree in a related field that included all coursework requirements, the applicant shall hold one of the following:

(1) A baccalaureate degree in addiction counseling or a related field. When the degree was granted, the program met the standards approved by the board;

(2) a baccalaureate degree in addiction counseling or a related field, if the applicant began the program on or before May 1, 2011 and the baccalaureate degree is conferred on or before June 1, 2012, from a program that was approved by the Kansas department of social and rehabilitation services, division of addiction and prevention services; or

(3) a baccalaureate degree in addiction counseling or a related field, if the applicant began the program on or before June 30, 2012, from a program that included at least 30 semester hours, or the academic equivalent, in coursework on substance use disorders and that meets the coursework requirements in subsection (c).

(c) Each applicant for licensure as an addiction counselor shall have satisfactorily completed formal academic coursework that contributes to the

development of a broad conceptual framework for addiction counseling theory and practice. This formal academic coursework shall be distributed across the substantive content areas specified in this subsection. For applicants who graduate on or after July 1, 2013, two of the following courses shall be completed while the student is in residence: methods of individual counseling, methods of group counseling, practicum one, or practicum two. A maximum of three semester hours, or the academic equivalent, may be completed in independent study. Except for the required courses in a practicum or its equivalent, there shall be at least three discrete and unduplicated semester hours, or the academic equivalent, in each of the following content areas:

(1) Introduction to addiction, which shall include the study of the nature of addiction and other substance use related problems; models, theories, philosophies, principles, implications for medical and mental health conditions that coexist with addiction, and evidence-based strategies of addiction prevention, treatment, relapse prevention, continuing care, and recovery; and the impact of addiction on the individual, family, and society;

(2) methods of individual counseling, which shall include the study of culturally informed, ethical, evidence based models and approaches to individual counseling; methods for establishing effective therapeutic relationships, developing realistic and achievable treatment goals, and assessing client substance use, functioning, motivation, and progress; and strategies for crisis prevention and intervention;

(3) methods of group counseling, which shall include the study of culturally informed, ethical, evidence-based models and approaches to group counseling; group facilitation and counseling skills; and methods for establishing group goals and treatment outcomes;

(4) addiction pharmacology, which shall include the study of the nature of psychoactive chemicals; the behavioral, psychological, physiological, and social effects of psychoactive substance use; symptoms of intoxication, withdrawal, and toxicity; toxicity screen options, limitations, and legal implications; and the use of pharmacotherapy for treatment of addiction;

(5) co-occurring disorders, which shall include the study of the symptoms of mental health and other disorders prevalent in individuals with substance use disorders, screening and assessment tools used to detect and evaluate the presence and severity of co-occurring disorders, and evidence-based strategies for managing risks associated with treating individuals who have co-occurring disorders;

(6) addiction services coordination, which shall include the study of administrative, clinical, evaluative, and referral activities used to connect clients with treatment services and other community resources; navigation and coordination across multiple systems; and case management and advocacy skills used to assist clients in achieving their treatment and recovery goals;

(7) legal and ethical issues, which shall include the study of established codes of ethical conduct, standards of professional behavior and scope of

practice; client rights, responsibilities, and informed consent; and confidentiality and other legal considerations in counseling;

(8) family and community studies, which shall include the study of family, social, and community systems; the impact of addiction on the family and society; and the development of culturally informed skills utilized in the treatment and recovery process;

(9) at least six semester credit hours, or the academic equivalent, of practicum or its equivalent, which shall include the following:

(A) An experience that integrates didactic learning that is related to substance use disorders with face-to-face, direct counseling experience that includes intake and assessment, counseling, treatment planning, discharge planning, documentation, and case management activities;

(B) at least 400 clock-hours of practice; and

(C) at least one hour of supervision for every 10 hours of practice.

Supervision shall be provided by the educational program's faculty and agency staff, at least one of whom shall be licensed in the behavioral sciences; and

(10) for applicants who graduate on and after July 1, 2012, at least three discrete and unduplicated semester hours, or the academic equivalent, in the study of research, which shall include the study of basic research design and methodology; critical evaluation and interpretation of professional research reports; introduction to data collection, performance measurement, and outcome evaluation; and the application of research results in a treatment setting.

(d) To qualify for licensure as an addiction counselor with a baccalaureate degree in a related field with additional coursework in addiction counseling, the following requirements shall be met:

(1) The college or university at which the applicant completed a baccalaureate degree in a related field shall be regionally accredited with accreditation standards equivalent to those met by Kansas colleges and universities.

(2) The applicant shall meet the coursework requirements in subsection (c).

(3) The program through which the applicant obtained additional coursework in addiction counseling shall meet the standards approved by the board as specified in subsections (i) and (j).

(e) To qualify for licensure as an addiction counselor while holding a baccalaureate social work license in Kansas, the applicant shall complete the coursework specified in paragraphs (c)(1), (4), and (9).

(f) To qualify for licensure as a clinical addiction counselor with a master's degree in addiction counseling or a master's degree in a related field that included all coursework requirements, the applicant shall hold one of the following:

(1) A master's degree in addiction counseling or a related field. When the degree was granted, the program met the standards approved by the board;

(2) a master's degree in addiction counseling or a related field, if the applicant began the program on or before May 1, 2011 and the master's degree is conferred on or before June 1, 2012 from a program that was approved by the Kansas department of social and rehabilitation services, division of addiction and prevention services; or

(3) a master's degree in addiction counseling or a related field. Part of the coursework completed for the master's degree shall be at least 30 graduate semester credit hours, or the academic equivalent, supporting the diagnosis and treatment of substance use disorders and shall meet the coursework requirements in subsection (g).

(g) Each applicant for licensure as a clinical addiction counselor shall have satisfactorily completed formal academic coursework that contributes to the development of a broad conceptual framework for addiction counseling theory and practice. This formal academic coursework shall be distributed across the substantive content areas specified in this subsection. For applicants who graduate on or after July 1, 2013, half of all skill-based coursework shall be completed while the student is in residence, as defined in this regulation. A maximum of three graduate semester hours, or the academic equivalent, may be completed in independent study. There shall be at least three discrete and unduplicated graduate semester hours, or the academic equivalent, in each of the following content areas:

(1) Addiction and recovery services, which shall include the study and critical analysis of philosophies and theories of addiction and scientifically supported models of prevention, intervention, treatment, and recovery for addiction and other substance-related problems;

(2) advanced methods of individual and group counseling, which shall include the study of practical skills related to evidence-based, culturally informed individual and group counseling techniques and strategies designed to facilitate therapeutic relationships and the educational and psychosocial development of clients as specifically related to their addiction;

(3) advanced pharmacology and substance use disorders, which shall include the study of the pharmacological properties and effects of psychoactive substances; physiological, behavioral, psychological, and social effects of psychoactive substances; drug interactions; medication-assisted addiction treatment; and pharmacological issues related to co-occurring disorders treated with prescription psychotropic medications;

(4) integrative treatment of co-occurring disorders, which shall include the study of the relationship between addiction and co-occurring mental or physical disorders or other conditions and evidenced-based models for the screening, assessment, and collaborative treatment of co-occurring disorders;

(5) assessment and diagnosis, which shall include the study of a comprehensive clinical assessment process that addresses age, gender, disability, and cultural issues; the signs, symptoms, and diagnostic criteria used

to establish substance use-disorder diagnoses; and the relationship between diagnosis, treatment, and recovery;

(6) professional ethics and practice, which shall include the study of professional codes of ethics and ethical decision making; client privacy rights and confidentiality; legal responsibilities and liabilities of clinical supervision; and professional identity and development issues;

(7) applied research, which shall include the study of the purposes and techniques of behavioral sciences research, including qualitative and quantitative approaches, research methodology, data collection and analysis, electronic research skills, outcome evaluation, critical evaluation and interpretation of professional research reports, and practical applications of research. A maximum of three semester hours, or the academic equivalent, may be completed in thesis or independent research courses;

(8) practicum or its equivalent, which shall meet the following requirements:

(A) Be a clinical experience that integrates didactic learning supporting the diagnosis and treatment of substance use disorders;

(B) include at least 300 hours of client contact; and

(C) provide at least one hour of supervision for every 10 hours of client contact. Supervision shall be provided by the program's faculty and agency supervisors, at least one of whom shall be licensed at the clinical level by the board; and

(9) six additional graduate semester hours of academic coursework that contributes to the development of advanced knowledge or skills in addiction counseling, supervision, or research.

(h) To qualify for licensure as a clinical addiction counselor with a master's degree in a related field with additional coursework in addiction counseling, the following requirements shall be met:

(1) The college or university at which the applicant completed a master's degree in a related field shall be regionally accredited with accreditation standards equivalent to those met by Kansas colleges and universities.

(2) The applicant shall meet the coursework requirements in subsection (g).

(3) The program through which the applicant obtained additional coursework in addiction counseling shall meet the standards approved by the board as specified in subsections (i) and (j).

(i) In order to be approved by the board, each addiction counseling program or related-field program, except the related-field degree listed in paragraphs (d)(1) and (h)(1), shall meet the following conditions:

(1) Have established program admission requirements that are based, in part or in full, on objective measures or standardized achievement tests and measures;

(2) offer education and training in addiction counseling, one goal of which is to prepare students for the practice of addiction counseling;

(3) require an established curriculum that encompasses at least one academic year of study for a baccalaureate degree or two academic years of study for a master's degree;

(4) have clear administrative authority and primary responsibility within the program for the core and specialty areas of training in addiction counseling;

(5) have an established, organized, and comprehensive sequence of study that is planned by administrators who are responsible for providing an integrated educational experience in addiction counseling;

(6) for a master's degree program, be coordinated or directed by an identifiable person who holds a graduate degree that was earned from a regionally accredited college or university upon that person's actual completion of a formal academic training program;

(7) have an identifiable, full-time core faculty member who holds an earned graduate degree in addiction counseling or a related field;

(8) have an established, identifiable body of students who are formally enrolled in the program with the goal of obtaining coursework for the concentration in the study of addiction counseling;

(9) require the student's major advisor to be a member of the program faculty;

(10) require each student to complete the institution's requirements for the number of credit hours that must be completed at that institution and to satisfactorily complete an addiction counseling practicum or its equivalent that is

provided by the program from which the student completes the concentration in the study of addiction counseling. The required practicum shall meet the following requirements:

(A) Accept as practicum students only applicants enrolled in the addiction counseling or related-field program;

(B) provide the majority of supervision by an individual who is licensed at the clinical level by the board;

(C) exist as a distinct and organized program that is clearly recognizable within an institution or agency, as well as in pertinent public, official documents issued by the institution or agency, and that is clearly recognizable as a training program for addiction counselors;

(D) identify students as being in training and not as staff members; and

(E) be an integrated and formally organized training experience, not an after-the-fact tabulation of experience; and

(11) conduct an ongoing, objective review and evaluation of each student's learning and progress and report this evaluation in the official student transcripts.

(j) In order to be approved by the board, each addiction counseling program or related-field program, except the related-field degree listed in paragraphs (d)(1) and (h)(1), shall meet the following requirements:

(1) Be regionally accredited, with accreditation standards equivalent to those met by Kansas colleges and universities;

(2) document in official publications, including course catalogs and announcements, the program description and standards and the admission requirements for the addiction counseling or related-field education and training program;

(3) identify and clearly describe in pertinent institutional catalogs the coursework, experiential, and other academic program requirements that must be satisfied before conferral of the degree;

(4) clearly identify and specify in pertinent institutional catalogs the intent to educate and train addiction counselors;

(5) have clearly established the addiction counselor or related-field education program as a coherent entity within the college or university that, when the applicant's degree was conferred, met the program standards in subsection (i);

(6) have conferred the degree upon the applicant's successful completion of an established and required formal program of studies; and

(7) have a library and equipment and resources available that are adequate for the size of the student body and the scope of the program offered.

(k) The following types of study shall not be substituted for or counted toward the coursework requirements of this regulation:

(1) Academic coursework that has been audited rather than graded;

(2) academic coursework for which the applicant received an incomplete or failing grade;

(3) coursework that the board determines is not closely related to the field or practice of addiction counseling;

(4) coursework or training provided by any college, university, institute, or training program that does not meet the requirements of subsections (i) and (j);
and

(5) any continuing education, in-service activity, or on-the-job training.

(Authorized by K.S.A. 2013 Supp. 74-7507; implementing K.S.A. 2013 Supp. 65-6610; effective, T-102-7-1-11, July 1, 2011; effective, T-102-10-27-11, Oct. 27, 2011; effective Jan. 20, 2012; amended, T-102-7-16-13, July 16, 2013; amended Dec. 2, 2013; amended P-_____.)

102-5-3. Education requirements. (a) Definitions. For purposes of this regulation, the following terms shall be defined as follows:

(1) “Core faculty member” means an individual who is part of the program’s teaching staff and who meets the following conditions:

(A) Is an individual whose education, training, and experience are consistent with the individual’s role within the program and are consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) is an individual whose primary professional employment is at the institution in which the program is housed; and

(C) is an individual who is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual’s name in public and departmental documents.

(2) “In residence,” when used to describe a student, means that the student is present at the physical location of the institution for the purpose of completing coursework during which the student and one or more core faculty members are in face-to-face contact either in person or by synchronous videoconferencing.

(3) “Primary professional employment” means a minimum of 20 hours per week of instruction, research, any other service to the institution in the course of employment, and the related administrative work.

(b) Each applicant for licensure shall ~~meet both of the following education requirements:~~

~~(1) Each applicant shall have been awarded a master's or doctoral degree that meets the standards in subsection (c), (e), or (f).~~

~~(2) The applicant shall have completed no less than 50% of the coursework for the degree "in residence" at one institution, and the required practicum shall be completed at the same institution.~~

(c) To qualify for licensure with a master's or doctoral degree from a marriage and family therapy program, both of the following requirements shall be met:

(1) The college or university at which the applicant completed a master's or doctoral degree in marriage and family therapy shall be regionally accredited, with accreditation standards equivalent to those in Kansas.

(2) The marriage and family therapy program through which the applicant completed a master's or doctoral degree either shall be accredited by the commission on accreditation for marriage and family therapy education or shall meet the standards set out in subsection (d).

(d) Each marriage and family therapy program that is not accredited by the commission on accreditation for marriage and family therapy education shall meet all of these conditions:

(1) The program requires satisfactory completion by the applicant of a marriage and family therapy practicum, or its equivalent, that is provided by the program and that fulfills these conditions:

(A) Is a part-time clinical experience that integrates didactic learning with clinical experience and that is completed concurrently with didactic coursework at a typical rate of five to 10 hours of direct client contact per week;

(B) consists of at least 300 total hours of client contact; and

(C) includes at least 60 total hours of supervision that is provided by the program's core faculty and off-site supervisors. The practicum shall provide a minimum of 30 supervised hours in an individual format and no more than 30 supervised hours in a group format. Supervision shall occur at least once a week.

(2) The program requires that each marriage and family therapy student successfully complete a minimum of nine graduate semester credit hours, or the academic equivalent, in each of the following substantive content areas:

(A) Human development and family study courses in which the interplay between interpersonal and intrapersonal development is stressed and issues of gender, ethnicity, and ecosystems are addressed as they relate to human development. These courses may include studies in sexuality, sexual functioning, sexual identity, sexism, stereotyping, and racism;

(B) theoretical foundations of marital and family functioning courses, including an overview of the historical development of systems theory and cybernetics, a study of the life cycle of the family, and a study of family processes

and the modification of family structures over time. These courses may include studies in the birth of the first child, adolescent sexual development, death of a family member, and issues of context, including gender and ethnicity; and

(C) marital and family assessment and therapy courses that underscore the interdependence between diagnosis or assessment and treatment by insuring that students can use appropriate assessment instruments and methods within a systemic context. These courses shall provide a thorough understanding of the major theoretical models of systemic change, including structural, strategic, intergenerational, contextual, experiential, systemic, and behavioral theories. These courses also shall teach the principles and techniques evolving from each theory. In addition, the courses shall identify the indications and contraindications for use of each theory or technique, and shall address the rationale for intervention, the role of the therapist, and the importance of considering gender and ethnicity in selecting and using assessment and treatment methods.

(3) The program requires that each marriage and family therapy student successfully complete a minimum of three graduate semester credit hours, or the academic equivalent, in each of the following substantive content areas:

(A) A professional study course that contributes to the development of a professional attitude and identity by examining the role of professional socialization, professional organizations, licensure and certification, the code of ethics, the legal responsibilities and liabilities of clinical practice and research,

and interprofessional cooperation, as these topics relate to the profession and practice of marriage and family therapy. A generic course in ethics shall not be considered appropriate for this area of study; and

(B) a research course in which students gain an understanding of research methodology, data analysis, computer research skills, and evaluation and critical examination of professional research reports. The emphasis of the course shall be placed on the quantitative and qualitative research that is relevant to marriage and family therapy.

(4) The program requires that at least 50% of the coursework for the degree be completed “in residence” at one institution, and the required practicum shall be completed at the same institution.

(e) To qualify for licensure with a master’s or doctoral degree in a related field, both of the following requirements shall be met:

(1) The college or university at which the applicant completed a master’s or doctoral degree in a related field shall be regionally accredited, with accreditation standards equivalent to those in Kansas.

(2) To be considered equivalent to a marriage and family therapy program, the related-field degree program shall have provided and the applicant shall have completed the requirements of subsection (d).

(f) To qualify for licensure with a master’s or doctoral degree in a related field with additional coursework in marriage and family therapy, both of the following requirements shall be met:

(1) The college or university at which the applicant completed a master's or doctoral degree in a related field shall be regionally accredited, with accreditation standards equivalent to those in Kansas.

(2) The marriage and family therapy program through which the applicant obtained additional coursework in marriage and family therapy either shall be accredited by the commission on accreditation for marriage and family therapy education or shall meet the standards approved by the board as set out in subsection (d).

(g) Each applicant for licensure as a clinical marriage and family therapist whose master's or doctoral degree is earned on or after July 1, 2003 shall meet the following education requirements:

(1) A graduate degree as required by the board for licensure as a licensed marriage and family therapist in accordance with subsection (c), (e), or (f); and

(2) in addition to or as a part of the academic requirements for the graduate degree, completion of 15 graduate semester credit hours, or the academic equivalent, supporting diagnosis and treatment of mental disorders using the "diagnostic and statistical manual of mental disorders" as specified in K.A.R. 102-5-14. Three of the 15 semester credit hours, or the academic equivalent, shall consist of a discrete academic course with the primary and explicit focus of psychopathology and the diagnosis and treatment of mental disorders as classified in the "diagnostic and statistical manual of mental disorders." The remaining 12 graduate semester credit hours, or their academic

equivalent, shall consist of academic courses with the primary and explicit focus of diagnostic assessment, interdisciplinary referral and collaboration, treatment approaches, and professional ethics or other coursework that specifically contains identifiable, equivalent instruction. The 15 graduate semester credit hours shall be from an educational institution and graduate degree program meeting the requirements described in subsection (c), (e), or (f).

(h) The following activities shall not be substituted for or counted toward any of the education or supervised experience requirements set out in subsections (b) through (g):

- (1) Academic courses that the applicant completed as a part of or in conjunction with undergraduate degree requirements;
- (2) independent studies;
- (3) thesis or independent research courses;
- (4) academic coursework that has been audited rather than graded;
- (5) academic coursework for which the applicant received an incomplete or a failing grade;

(6) graduate or postgraduate coursework or experiential training provided by colleges, universities, institutes, or training programs that do not qualify under subsection (c), (e), or (f); and

(7) continuing education, an in-service activity, or on the job training.

(Authorized by K.S.A. ~~2010~~ 2021 Supp. 65- 6404 and K.S.A. ~~2010~~ Supp. 74-7507; implementing K.S.A. ~~2010~~ 2021 Supp. 65-6404; effective March 29, 1993;

amended Dec. 19, 1997; amended July 7, 2003; amended Oct. 27, 2006;
amended April 15, 2011; amended P-_____.)

(Note: Language in this regulation reflects proposed changes to
K.A.R. 102-2-12, after public hearing on November 8, 2022)

102-2-12. Licensed specialist clinical social work licensure requirements.

(a) In order for an applicant who earns a degree before July 1, 2003 to qualify for licensure as a licensed specialist clinical social worker, the applicant shall meet, as a part of or in addition to the educational requirements specified in K.S.A. 65-6306, and amendments thereto, the following educational requirements:

(1) Satisfactory completion of at least three graduate academic hours in a discrete academic course whose primary and explicit focus is upon psychopathology and the diagnosis and treatment of mental disorders classified in the diagnostic manuals commonly used as a part of accepted social work practice;

(2) satisfactory completion of a graduate-level, clinically oriented social work practicum that meets the following requirements:

(A) Is taken after completion of the graduate-level, clinically focused academic courses that are prerequisite to entering the clinical practicum;

(B) is an integrated, conceptually organized academic experience and is not an after-the-fact tabulation of clinical experience;

(C) occurs in a practice setting that, by its nature and function, clearly supports clinical social work practice and consistently provides opportunities for

the supervised application of clinical social work practice knowledge, skills, values, and ethics; and

(D) provides training and close supervision in a wide range of clinical social work practice activities with a population of clients presenting a diverse set of problems and backgrounds.

(b) Each applicant for licensure as a specialist clinical social worker who earns a degree on or after July 1, 2003 shall meet the following requirements:

(1) Satisfactory completion of 15 graduate-level credit hours supporting diagnosis or treatment of mental disorders using the “diagnostic and statistical manual of mental disorders” adopted in K.A.R. 102-2-14. Three of the 15 credit hours shall consist of a discrete academic course whose primary and explicit focus is upon psychopathology and the diagnosis and treatment of mental disorders as classified in the “diagnostic and statistical manual of mental disorders.” The 15 graduate-level credit hours shall be from a social work program accredited by the council on social work education or a social work program in substantial compliance as prescribed in K.A.R. 102-2-6 and approved by the board; and

(2) completion of **one of the following experience requirements:**

(A) a graduate-level, supervised clinical practicum of professional experience that includes psychotherapy and assessment. The practicum shall integrate diagnosis and treatment of mental disorders with use of the “diagnostic and statistical manual of mental disorders” adopted in K.A.R. 102-2-14; **or**

(B) postgraduate supervised experience including psychotherapy and assessment. The experience shall integrate diagnosis and treatment of mental disorders with use of the diagnostic and statistical manual of mental disorders, as adopted in K.A.R. 102-2-14. The experience shall consist of not less than 200 hours of direct client contact. This direct client contact shall be in addition to the 3,000 hours of postgraduate, supervised experience required for each licensed specialist clinical social worker, as specified in subsection (c). The applicant shall provide documentation of this postgraduate experience on board-approved forms. The supervision shall comply with K.A.R. 102-2-8 and K.A.R. 102-2-12(c) and shall be in addition to the supervision requirements in K.A.R. 102-2-12(c)(4).

(c) Each applicant for licensure as a specialist clinical social worker shall meet the following requirements:

(1) Develop and cosign with the supervisor a clinical supervision training plan for the postgraduate supervised clinical experience required by K.S.A. 65-6306 and amendments thereto, on forms provided by the board. The applicant shall submit this plan to the board for consideration for approval before beginning clinical supervision. The clinical supervision training plan shall comply with K.A.R. 102-2-8 (d). If changes or amendments to the plan occur after initial board approval, these changes or amendments shall be submitted to the board for consideration for approval;

(2) complete, in not less than two years and not more than six years, at least 3,000 hours of satisfactorily evaluated postgraduate, supervised clinical

social work practice experience under the supervision of a qualified licensed specialist clinical social worker. At least 1,500 hours of the applicant's total postgraduate, supervised clinical experience shall be direct client contact conducting psychotherapy and assessments with individuals, couples, families, or groups;

(3) complete all required practice under supervision in accordance with K.A.R. 102-2-8 (d); and

(4) participate in at least one hour of clinical supervision for each 15 hours of direct client contact to total 100 hours of clinical supervision. At least 50 hours of supervision shall be individual supervision. 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. There shall be at least two separate clinical supervision sessions per month, at least one of which shall be individual supervision. The supervision shall integrate the diagnosis and treatment of mental disorders with the use of the "diagnostic and statistical manual of mental disorders" adopted in K.A.R. 102-2-14.

(d) At the time of the individual's application for licensure as a specialist clinical social worker, the applicant's supervisor shall submit documentation that is satisfactory to the board and ~~that~~ enables the board to evaluate the nature, quality, and quantity of the applicant's supervised clinical social work experience. This documentation shall include the following information:

- (1) A written summary of the types of clients and situations dealt with during the supervisory sessions;
- (2) a written summary that addresses the degree to which the goals and objectives of supervision have been met;
- (3) a written statement and supportive documentation that describes the applicant's practice setting and provides a summary of the applicant's practice activities and responsibilities that occurred while under supervision;
- (4) a statement indicating whether or not the applicant merits the public trust; and
- (5) an evaluation of the applicant's supervised clinical social work experience. (Authorized by K.S.A. 202 Supp. 65-6306, as amended by 2022 SB 453, sec. 3, K.S.A. 65-6308, and K.S.A. ~~2007 Supp. 74-7507~~; implementing K.S.A. 2021 Supp. 65-6306, as amended by 2022 SB 453, sec. 3, and K.S.A. 65-6308; effective, T-85-36, Dec. 19, 1984; effective May 1, 1985; amended May 1, 1987; amended Feb. 25, 1991; amended Oct. 24, 1997; amended Aug. 4, 2000; amended July 7, 2003; amended April 22, 2005; amended Feb. 13, 2009; amended P-_____.)