BEHAVIORAL SCIENCES REGULATORY BOARD
PROFESSIONAL COUNSELING ADVISORY COMMITTEE MEETING
MONDAY, APRIL 1, 2024

The meeting will be conducted virtually on the Zoom platform. Advisory Committee members, BSRB staff, and anyone approved for public comment will utilize the Zoom platform while other remote attendees will be directed to the YouTube broadcast (or the conference call phone number) to ensure a secure and accessible meeting. If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240. The Behavioral Sciences Regulatory Board may take items out of order as necessary to accommodate the time restrictions of Board members and visitors. All times and items are subject to change.

You may view the meeting here: https://youtube.com/live/KVAGaB9pz_Q?feature=share
To join the meeting by conference call: 877-278-8686, Pin: 327072.

Monday, April 1, 2024, at 10:00 a.m.

I. **Call to Order and Roll Call**

II. **Agenda Approval**

III. **Review and Approval of Minutes from Previous Advisory Committee Meeting on February 5, 2024.**

IV. **Executive Director's Report**

V. **Updates on Professional Counseling Multi-State Compact**

VI. **Old Business**
   A. **Discussion on Jurisprudence Examinations**

VII. **New Business**
   A. **Advisory Committee Membership**
   B. **Discussion on Board-Approved Supervisors**
   C. **Discussion on Questionnaire for Professional Counseling**
   D. **Review of K.A.R. 102-3-3a, and Consideration of Possible Changes**
   E. **Additional Topics for 2024?**

VIII. **Next Meeting: Monday, June 3, 2024, at 10 a.m.**

IX. **Adjournment**

BEHAVIORAL SCIENCES REGULATORY BOARD
PROFESSIONAL COUNSELOR ADVISORY COMMITTEE MEETING
FEBRUARY 5, 2024
Draft Minutes

I. **Call to Order**. Laura Shaughnessy, Chair of the Advisory Committee, opened the meeting and called roll.

Advisory Committee Members: Advisory Committee members who participated by Zoom were Laura Shaughnessy, Jim Kilmartin, Harriet Bachner, Michael Countryman, Bob Kircher, Vanessa Perez, Andrew Secor and Edil Torres-Rivera. Melissa Briggs and Acha Goris were absent.

BSRB Staff: David Fye and Leslie Allen were present by Zoom.

Guests: Callie Marino, Unber Ahmad, and Tammi Lee.

II. **Agenda Approval.** Jim Kilmartin moved to approve the agenda**.** Bob Kircher seconded. The motion passed.

III. **Presentation on the National Counselor Examination (NCE) and the National Clinical Mental Health Counseling Examination (NCMHCE) by Dr. Unber Ahmad, Director of Assessments and Lead Psychometrician, and Callie Marino, Vice President of Credentialing and Quality Assurance for the National Board for Certified Counselors (NBCC).** Dr. Unber Ahmad and Callie Marino provided the Advisory Committee with a history of the licensing examinations for professional counseling presentation and provided specific information about the development and utilization of the National Counseling Examination (NCE) and the National Clinical Mental Health Counseling Examination (NCMHCE).

IV. **Review and Approval of Minutes from Previous Advisory Committee Meeting on December 4, 2023.** Bob Kircher moved to approve the minutes from December 4, 2023. Michael Countryman seconded. The motion passed.

V. **Executive Director's Report**. David Fye, Executive Director for the BSRB, reported on agency updates, updates from recent Board meetings, and legislative updates.

VI. **Updates on Professional Counseling Multi-State Compact.** The Chair of the Advisory Committee, who also serves as the Professional Counseling Compact Commissioner for Kansas, informed the Advisory Committee that Greg Searls, formerly Executive Director for a composite mental health board in Wyoming, is the new Commissioner for the Professional Counseling Compact Commission. While there is not a set date for implementation, it is hoped that the Compact will be operational later this year.

VII. **Information from Annual Conference for the American Association of State Counseling Boards (AASCB) January 7-9, 2024.** The Executive Director, Chair of the

Advisory Committee, and the Chair of the Board, were able to attend the AASCB annual meeting. The Executive Director and Chair of the Advisory Committee provided summary information on the topics that were covered at the conference, including an emphasis on artificial intelligence and other technology. Other topics featured at the conference included supervision, disciplinary issues, and jurisprudence. It was noted that the Executive Director serves as a member of the by-law committee and presented information at the conference on a set of proposed by-law changes for AASCB, which were adopted by the membership at the conference.

VIII. Old Business

A. **Continued Discussion on Examination for Clinical License.** The Advisory Committee discussed that students in Kansas have a test passage rate that is 15.0 percent higher than the national average. It was noted the Advisory Committee may revisit the topic of examinations for the professional counseling profession at a future meeting.

IX. New Business

A. **Jurisprudence Examinations.** The Executive Director noted that some states require passage of a jurisprudence examination, to verify that licensees have an appropriate understanding of state-specific rules and requirements for practice. Kansas does not currently require passage of a jurisprudence examination for any of the professions, but there will be discussion by the Board to see if there is interest in the professions considering implementing this. It was noted that most multi-state compacts indicate that if a state requires passage of a jurisprudence examination for licensure, individuals practicing under an out-of-state compact could also be required to take that examination. Advisory Committee members expressed support for Kansas having a jurisprudence examination, noting it could be particularly helpful for licensees coming from other states. The Executive Director noted he would attempt to identify how many states require passage of a jurisprudence examination. Advisory Committee members asked how a requirement of a jurisprudence examination would affect the utilization of staff time. The Executive Director noted it would depend on the model, as some states have a version that operates more as a learning tool, so the Board could get a notification whether someone took it and whether they passed the examination, rather than having to utilize staff time scoring each examination.

B. **Discussion on Supervision.** The Executive Director noted differences in models of supervision requirements between states. It was noted that the BSRB recently assisted the Social Work Advisory Committee by providing a survey to social workers and collected the data in a report published on the BSRB website. If the Advisory Committee would like to consider a similar survey, staff could assist the members of the Committee to collect feedback on supervision and other topics.

C. **Review of K.A.R. 102-3-3a and Consideration of Possible Changes.** The Executive Director noted Advisory Committees are reviewing this regulation for potential changes. The Executive Director asked the members of the Advisory

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Committee to review the items in section (f) and (g) to see if those items are still necessary for non-accredited educational programs to meet. The Executive Director noted that if the language can be adjusted, the Advisory Committee could consider an adjustment to the language of this regulation to modify "not lower than" the national accrediting body standards, to instead reference either accredited or not accredited.

D. **Additional Topics for 2024.** Due to time limitations, this topic will be continued to the next meeting.

X. **Next Meeting.** Monday, April 1, 2024, at 10 a.m.

XI. **Adjournment.** Bob Kircher moved to adjourn. Andrew Secor seconded. The motion passed.

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Behavioral Sciences Regulatory Board
History of Permanent Licenses July 2015 to Current

	July 2015	July 2016	July 2017	July 2018	July 2019	Mar 2020	July 2021	July 2022	Sept 2022	Nov 2022	Jan 2023	Mar 2023	May 2023	July 2023	Sept 2023	Nov 2023	Jan 2024	Mar 2024
LP	897	967	926	984	949	1,006	988	952	962	987	999	1,010	1,015	1,034	1,054	1,074	1,083	1,094
LASW	22	21	21	19	17	13	9	5	5	5	4	4	4	4	4	4	4	4
LBSW	1,756	1,754	1,764	1,725	1,638	1,577	1,466	1,346	1,327	1,313	1,295	1,280	1,266	1,241	1,223	1,209	1,202	1,201
LMSW	3,519	3,684	3,774	3,862	3,927	3,861	3,970	4,012	4,028	4,021	4,023	4,016	4,034	4,087	4,100	4,101	4,102	4,107
LSCSW	1,966	2,009	2,033	2,088	2,172	2,274	2,474	2,680	2,720	2,752	2,769	2,804	2,838	2,900	2,936	2,969	2,980	3,009
LPC	648	733	760	813	847	882	937	981	1,002	1,006	1,012	1,014	1,021	1,047	1,085	1,105	1,110	1,108
LCPC	500	546	561	619	704	747	843	1,034	1,047	1,077	1,088	1,104	1,127	1,169	1,201	1,221	1,260	1,298
LMLP	288	304	303	302	295	291	294	308	310	311	315	323	328	335	339	338	337	341
LCP	291	298	294	297	288	293	282	289	281	278	276	277	277	276	275	278	277	281
LMFT	354	350	340	347	324	327	335	330	318	312	319	320	313	313	313	305	315	319
LCMFT	444	499	535	566	611	620	681	754	763	773	776	783	789	794	802	810	821	830
LAC	930	919	729	620	618	569	578	522	523	526	530	535	532	542	509	514	511	512
LMAC	-	-	262	343	363	375	427	431	418	414	421	415	417	415	422	431	430	435
LCAC	537	528	541	527	566	541	570	556	561	566	568	574	576	583	560	561	569	572
LaBA	-	-	15	18	14	14	12	17	15	19	21	18	20	19	18	18	16	18
LBA	-	-	129	175	199	229	263	333	347	354	363	370	388	396	416	427	436	441
Total Permanent Licenses	**12,152**	**12,612**	**12,987**	**13,305**	**13,532**	**13,619**	**14,129**	**14,550**	**14,627**	**14,714**	**14,779**	**14,847**	**14,945**	**15,155**	**15,257**	**15,365**	**15,453**	**15,570**

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 July 2015 to Current

	July 2015	July 2016	July 2017	July 2018	July 2019	Mar 2020	July 2021	July 2022	Sept 2022	Nov 2022	Jan 2023	Mar 2023	May 2023	July 2023	Sept 2023	Nov 2023	Jan 2024	Mar 2024
Total LPs	897	967	926	984	949	1,006	988	952	962	987	999	1,010	1,015	1,034	1,054	1,074	1,083	1,094
Total SWs	7,263	7,468	7,592	7,694	7,754	7,725	7,919	8,043	8,080	8,091	8,091	8,104	8,142	8,232	8,263	8,283	8,288	8,321
Total PCs	1,148	1,279	1,321	1,432	1,551	1,629	1,780	2,015	2,049	2,083	2,100	2,118	2,148	2,216	2,286	2,326	2,370	2,406
Total LMLPs/LCPs	579	602	597	599	583	584	576	597	591	589	591	600	605	611	614	616	614	622
Total MFTs	798	849	875	913	935	947	1,016	1,084	1,081	1,085	1,095	1,103	1,102	1,107	1,115	1,115	1,136	1,149
Total ACs	1,467	1,447	1,532	1,490	1,547	1,485	1,575	1,509	1,502	1,506	1,519	1,524	1,525	1,540	1,491	1,506	1,510	1,519
Total BAs	-	-	144	193	213	243	275	350	362	373	384	388	408	415	434	445	452	459
Total Permanent Licenses	**12,152**	**12,612**	**12,987**	**13,305**	**13,532**	**13,619**	**14,129**	**14,550**	**14,627**	**14,714**	**14,779**	**14,847**	**14,945**	**15,155**	**15,257**	**15,365**	**15,453**	**15,570**

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Behavioral Sciences Regulatory Board

Survey of Social Workers

February 2024

Introduction **3**

Question 1. In what county/counties do you practice social work? **4**

Question 2. Do you practice in a predominantly urban area, rural area, or frontier area? **20**

Question 3. What is the highest level of social work license you have attained in Kansas? **21**

Question 4. Would bachelor's-level social workers be interested in moving from a single-state license to a multi-state license if Kansas joins a multi-state compact?. **22**

Question 5. Would master's-level social workers be interested in moving from a single-state license to a multi-state license if Kansas joins a multi-state compact? **23**

Question 6. Would clinical-level social workers be interested in moving from a single-state license to a multi-state license if Kansas joins a multi-state compact? **24**

Question 7. Should Kansas discontinue requiring passage of a national examination as a license requirement for a bachelor's-level permanent social work license? **25**

Question 8. Should Kansas discontinue requiring passage of a national examination as a license requirement for a master's-level permanent social work license? **26**

Question 9. Should Kansas discontinue requiring passage of a national examination as a license requirement for a clinical-level permanent social work license? **27**

Question 10. If you provided clinical-level supervision to practitioners over the past two years, have you provided any supervision by televideo, rather than in-person? **28**

Question 11. If you provided clinical-level supervision by televideo over the past two years, based on your experiences, do you believe this flexibility has resulted in mostly positive changes, mostly negative changes, or something else? Based on what you have observed, has the ability to provide supervision remotely helped individuals better access supervision? **29**

Question 12. If you received clinical-level supervision over the past two years, have you received any supervision by televideo, rather than in person? **42**

Question 13. If you received clinical-level supervision by televideo over the past two years, do you believe the quality of supervision provided remotely has been mostly positive, mostly negative, or something else? Has the ability to receive supervision remotely helped with accessing supervisors? ... **43**

Question 14. Do you believe lowering the required number of continuing education hours from 40 hours to 30 hours would negatively affect professionalism and safe practice? **61**

Additional Comments **62**

Introduction

In the fall of 2023, members of the Social Work Advisory Committee for the Kansas Behavioral Sciences Regulatory (BSRB) requested the creation of a survey for social work licensees under the BSRB. The purpose of the survey was to collect input on matters affecting the social work profession and topics relevant to the work of the Advisory Committee. (The BSRB previously collected input from social work licensees using surveys in 2015 and 2021.) The Advisory Committee requested the Executive Director draft potential questions for a survey concerning the topics of clinical supervision, supervision by televideo, a proposed multi-state compact for the social work profession, the license examinations for each level of permanent license, and continuing education.

At the December 5, 2023, meeting of the Social Work Advisory Committee, the Executive Director presented draft questions to the members of the Advisory Committee for review and consideration. The members of the Advisory Committee expressed support for the questions and requested a short survey to obtain both qualitative and quantitative data. Additionally, questions were included on the survey to determine whether responses were submitted by a broad range of practitioners, including social workers practicing in urban, rural, and frontier areas.

As of January 12, 2024, the number of social workers with a permanent license under the BSRB totaled 8,288, including practitioners with associate level licenses, bachelor's level licenses, master's level licenses, and clinical level licenses. On Friday, February 2, 2024, all permanently licensed social workers under the BSRB received an e-mail from the BSRB stating that a message would be sent directly to them from SurveyMonkey.com with a link to complete a fourteen-question survey from the Social Work Advisory Committee for the BSRB, on topics relevant to the social work profession, and those individuals were encouraged to complete the survey. Licensees were asked to complete the survey no later than the end-of-the day on Friday, February 9, 2024. Reminder messages were sent to licensees who had not yet completed the survey on Wednesday, February 7, 2024, and Friday, February 9, 2024. The survey was officially closed at noon on Saturday, February 10, 2024.

Over the period of time that the survey was open for responses, 2,716 social workers completed the survey (compared to 1,087 social workers who completed a similar survey offered by the BSRB in December 2021). The results of the 2024 survey are included on the following pages.

Note: the following pages include survey responses from the social workers who completed the survey. Identical responses were groups and small edits were made for spelling and grammar, but otherwise language in this report reflects responses as they were provided in the survey.

Question 1. In what county/counties do you practice social work?
0
27
16 north west Kansas counties
17 Northwest Kansas
23 County's in SW KS.
Across the state in multiple and varying counties
Across the state, primarily Douglas
All (46 Responses)
All 105 counties (Statewide position)
All counties in the states of Kansas and Missouri
All counties in the states of Kansas and Oregon
all Kansas and Nebraska counties
All Kansas counties via Telehealth
All of Kansas telehealth
All of Kansas via telehealth
All of rural KS
All over NW and SW KS
All State of Kansas Counties
All via telehealth, Shawnee in person
All, practice located in Johnson
Allen (2 Responses)
Allen and Neosho
Allen, Anderson, and Neosho
Allen, Anderson, Clark, Finney, Ford, Gray, Haskell, Hodgeman, Johnson, Meade, and Seward
Allen, Crawford, Labette, Neosho, and Woodson
Allen, Labette, Montgomery, Neosho, Wilson, and Woodson
Allen, Neosho, and Woodson
Allen, Neosho, Wilson, and Woodson (2 Responses)
Allen, Neosho, Woodson, Wilson
America, Kansas, NE counties
Anderson
Anderson, Douglas, and Johnson
Anderson, Douglas, Johnson, Leavenworth, and Wyandotte
Anderson, Kansas, United States
Anderson, Linn, and Miami
Anderson/Allen
Arizona - returning to Kansas this year
Atchison (8 Responses)
Atchison and Leavenworth
Atchison and Leavenworth (2 Responses)
Atchison, Brown, and Leavenworth
Atchison, Brown, Clay, Jackson, Jefferson, and Nemaha

Atchison, Brown, Jackson, and Shawnee
Atchison, Douglas, Franklin, Johnson, and Shawnee
Atchison, Douglas, Johnson, Leavenworth, and Wyandotte (2 Responses)
Atchison, Douglas, Johnson, Leavenworth, Miami, Wyandotte
Atchison, Douglass, Johnson, Leavenworth, and Wyandotte
Atchison, Jefferson, Leavenworth, Miami, and Wyandotte
Atchison, Johnson, Leavenworth, Shawnee, and Wyandotte
Atchison, Leavenworth, and Wyandotte
Atchison, Leavenworth, and Wyandotte (2 Responses)
Atchison/Brown
Available in all due to virtual option but mostly Johnson and where K-State is
BA BU CL EK GW HP KM PR SU
Barber, Butler, Cowley, Elk, Greenwood, Harper, Kingman, Pratt, Sedgwick, and Sumner
Barber, Butler, Cowley, Elk, Greenwood, Harper, Kingman, Pratt, Sedgwick, and Sumner
Barber, Butler, Cowley, Harper, and Sedgwick
Barber, Harper, Kingman, and Pratt
Barber, Harper, Kingman, Pratt, and Sumner
Barber, Harper, Kingman, Pratt, Reno, and Sedgwick
Barber, Kingman, Pratt, Harper, Sumner, Cowley, Butler, Elk, Greenwood
Barton (3 Responses)
Barton and Ellis telehealth throughout the state
Barton and Pawnee
Barton, Butler, Ellsworth, Leavenworth, Norton, Pawnee, Reno, and Shawnee, and Sumner
Barton, Cedar, and Vernon
Barton, Ford, Pawnee, and Russell
Barton, Pawnee, Reno, and Sedgwick
Barton, Pawnee, Rice, and Stafford
Barton, Pawnee, Stafford
Barton, Rice, Stafford, Pawnee, Reno, Saline
Based in Sedgwick, but practice across the state
Bexar, TX
Bourbon (4 Responses)
Bourbon, Cherokee, Crawford, and Linn
Bourbon, Cherokee, Crawford, and Linn and others
Bourbon, Crawford, Cherokee, Labette, Montgomery
Bourbon, Crawford, Linn, and Miami
Brown (3 Responses)
Brown and Jackson
Brown and Nemaha
Brown Jackson Doniphan Nemaha
Brown, Atchison, Doniphan, Nemaha, and Jackson counties
Brown, Doniphan, Jackson, and Nemaha
Brown, Doniphan, Jackson, Johnson, Marshall, Nemaha, and Shawnee

Brown, Doniphan, Leavenworth, and Marshall
Brown, Doniphan, Nemaha, Marshall, Jefferson, Jackson, Pottawatomie, Wabaunsee. Sometimes Shawnee.
Brown, Nemaha
Brown, Nemaha, and Shawnee
Buchanan, MO (2 Responses)
Buchanan, MO, and all surrounding.
Butler (22 Responses)
Butler and Sedgwick
Butler and Sedgwick (5 Responses)
Butler, Barber, Comanche, Cowley, Clark, Chase, Edward's, Greenwood, Kingman, Kiowa, Marion, Pratt, Rice, Reno, Stanford, Harvey, Harper and Sumner
Butler, Chase, Cowley, Elk, Greenwood, Harper, Harvey, Kingman, Marion, McPherson, Reno, Saline, Sedgwick, and Sumner
Butler, Cowley, Elk, Greenwood, Kingman, Pratt, Sedgwick, and Sumner
Butler, Cowley, Harper, Harvey, Kingman, Sedgwick, Sumner
Butler, Cowley, Harvey, Kingman, Reno, Sedgwick, and Sumner
Butler, Cowley, Harvey, Reno, and Sedgwick
Butler, Cowley, McPherson, Reno, Rice, and Sedgwick
Butler, Cowley, Pratt, Sedgwick, and Sumner
Butler, Elk, and Greenwood
Butler, Elk, Greenwood, and Sedgwick
Butler, Ellsworth, Norton, Pawnee, Reno, Sedgwick, and Shawnee
Butler, Harvey, and Sedgwick (2 Responses)
Butler, Harvey, Jackson, Sedgwick, Wilson, and any county in KS for virtual needs
Butler, Harvey, Sedgwick, and Sumner
Butler, Kingman, Sedgwick, and Sumner
Butler, Labette, and Montgomery
Butler, Pratt, and Sedgwick
Butler, Reno, Saline, and Sedgwick
Butler, Sedgwick (5 Responses)
Butler, Sedgwick, Harvey
Butler, Sedgwick, McPherson
Butler, Sedgwick, Sumner
Butler, Sedgwick, Sumner, Cowley, multiple other counties across Kansas.
Cass and Johnson
Cass, Clay, and Jackson
Cass, Clay, Douglas, Jackson, Jefferson, Johnson, Jefferson, and Miami
Cass, Clay, Jackson, Johnson, and Wyandotte
Cass, Clay, Jackson, Johnson, Platte, and Wyandotte
Cass, Clay, Jackson, Johnson, Shawnee, and Wyandotte
Cass, Clay, Jackson, MO, Johnson, and Wyandotte
Cass, MO (2 Responses)

Chase
Chase, Coffey, Greenwood, Lyon, Morris, Osage, and Wabaunsee
Chase, Geary, Harper Lyon, Marion, McPherson, and Reno
Chase, Lyon, and Morris
Chautauqua
Chautauqua, Cowley, Elk, Montgomery, and Wilson
Chautauqua, Cowley, Elk, Montgomery, and Wilson
Chautauqua, Cowley, Elk, Montgomery, and Wilson
Chautauqua, Elk, Greenwood, Montgomery, and Wilson
Chautauqua, Greenwood, Montgomery, and Wilson
Cherokee (5 Responses)
Cherokee and Crawford
Cherokee, Crawford, Labette
Cherokee, Labette, Crawford, Montgomery
Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Norton, Osborne, Phillips, Rawlins, Rooks, Sherman, Smith, Thomas, Trego, and Wallace
Cheyenne, Ellis, Finney, Greely, Gove, Hamilton, Kearny, Lane, Logan, Ness, Rawlins, Rush, Russell, Scott, Sheridan, Sherman, Thomas, Trego, Wallace and Wichita
Clark, Comanche
Clark, NV (2 Responses)
Clay (11 Responses)
Clay and Jackson
Clay and Johnson
Clay and Ray counties for one job (school job). I work in downtown Kansas City at Children's Mercy where we serve a wide range of counties from both Kansas and Missouri.
Clay, Cloud, Geary, Jewell, Johnson, Mitchell, Pottawatomie, Republic, Riley, Washington, and Wyandotte
Clay, Cloud, Geary, Jewell, Marshall, Mitchell, Pott, Republic, Riley, and Washington
Clay, Cloud, Marshall, and Republic
Clay, Cloud, Marshall, Republic, Riley, Washington
Clay, Cloud, Washington, Mitchell, Republic
Clay, Dickinson, Geary, Marshall, Morris, and Riley
Clay, Dickinson, Geary, Pottawatomie, Republic, Riley, and Washington
Clay, Dickinson, Lincoln, Ottawa, and Saline
Clay, Jackson, and Johnson (4 Responses)
Clay, Jackson, and Platt
Clay, Jackson, Johnson, and Platte
Clay, Jackson, Johnson, Platte, and Ray
Clay, Jackson, Johnson, Platte, and Wyandotte
Clay, Jackson, Platte, and Wyandotte
Clay, Jackson, Ray in Mo and Johnson and Wyandotte in Kansas
Clay, Johnson, and Wyandotte
Clay, Johnson, Lawrence, Platte, Shawnee, and Wyandotte

Clay, MO, and Johnson, KS (2 Responses)
Clay, Phillips, and Riley
Clay, Pottawatomie, and Riley
Clay, Ray, and Platte counties in Missouri
Clay, Washington, Riley, Marshall, Republic, Cloud
Cloud (3 Responses)
Cloud and surrounding 64 counties.
Cloud republic
Cloud, although telehealth in Kansas
Cloud, Dickinson, Ellsworth, Kingman, Lincoln, McPherson, Saline, and Sedgwick
Cloud, Geary, and Riley
Cloud, Harvey, Lincoln, Marion, Republic, and Saline
Cloud, Jewell, Lincoln, Mitchell, and Republic
Coffee, Jackson, Lyon, Riley, and Shawnee
Coffey (2 Responses)
Coffey and Lyon
Contiwa, Greene, Phelps, and St. Louis
Cook, IL
Cowley (15 Responses)
Cowley and Montgomery
Cowley and Sumner
Cowley, Chautauqua, Montgomery
Cowley, Crawley, Ellis, Harvey, Reno, Sedgwick, and Sumner
Cowley, Elk, Montgomery, and Wilson
Cowley, Sedgwick, and Sumner
Cowley, Sumner (3 Responses)
CQ and Elk
Crawford (26 Responses)
Crawford and Cherokee
Crawford, Bourbon, Linn
Crawford, Johnson, and Wyandotte
Crawford, Montgomery, and Neosho
Crowley, Harvey, Sedgwick, and Sumner
Cumberland, ME
Currently employed as a Nurse not a Social Worker
Currently live overseas as a military spouse
Currently not practicing (4 Responses)
Currently not practicing. Spouse is active-duty military and we live out of state
Currently out of state
currently out of state. looking for telehealth options
Currently, none.
Dallas
Daviess, Grundy, Livingston, Caldwell, Caroll, Linn, Harrison (MO)

Decatur
Denton
Denton, TX
Denver
Dickenson, McPherson, Ottawa, and Saline
Dickinson (3 Responses)
Dickinson, Ellsworth, Ottawa, and Saline
Dickinson, Geary, and Riley
Dickinson, Geary, Potawatomie, and Riley
Dickinson, Geary, Sedgwick
Dickinson, Johnson, Leavenworth, McPherson, Saline, and Wyandotte
Dickinson, Saline, Geary, Clay
Do not practice in Kansas.
Douglas (134 Responses)
Douglas and Franklin
Douglas and Jackson
Douglas and Jefferson (2 Responses)
Douglas and Johnson (12 Responses)
Douglas and Leavenworth
Douglas and Miami
Douglas and Shawnee (8 Responses)
Douglas and throughout Belgium, Spain, and Portugal.
Douglas, but Jefferson and Shawnee people come to the office
Douglas, Ellis, Johnson, and Wyandotte
Douglas, Franklin, Jackson, Jefferson, Johnson, Leavenworth, Miami, Shawnee, Wabaunsee, and Wyandotte
Douglas, Franklin, Jefferson
Douglas, Franklin, Johnson, and Miami (2 Responses)
Douglas, Franklin, Johnson, Leavenworth, Linn, Miami, and Wyandotte
Douglas, Franklin, Johnson, Leavenworth, Miami, and Wyandotte
Douglas, Franklin, Johnson, Linn, and Miami
Douglas, Franklin, Johnson, Osage, Wyandotte
Douglas, Geary, Johnson, Riley, and Shawnee
Douglas, Geary, Johnson, Shawnee, and Wyandotte
Douglas, Geary, Marshall, Riley, and Shawnee
Douglas, Harvey, Leavenworth, Sedgwick, and Sumner
Douglas, Jackson, and Johnson
Douglas, Jackson, Jefferson, and Shawnee
Douglas, Jackson, Johnson, and Shawnee
Douglas, Jackson, Johnson, Shawnee, and Wyandotte
Douglas, Jackson, Osage, and Shawnee
Douglas, Jackson, Osage, Shawnee, and Wabaunsee
Douglas, Jefferson, and Shawnee (2 Responses)

Douglas, Johnson, and Wyandotte (4 Responses)
Douglas, Johnson, Leavenworth, and Shawnee
Douglas, Johnson, Leavenworth, and Wyandotte
Douglas, Johnson, Lyon, Pottawatomie, and Shawnee
Douglas, Johnson, Miami, Potawatomie, and Shawnee
Douglas, Johnson, Pottawatomie, Shawnee, and Wabaunsee
Douglas, Johnson, Reno, Scott, Shawnee, Wyandotte
Douglas, Johnson, Riley, Shawnee, and Wyandotte
Douglas, Johnson, Sedgwick, Franklin, Shawnee
Douglas, Johnson, Shawnee, and Wyandotte
Douglas, Leavenworth, and Shawnee
Douglas, Leavenworth, and Wyandotte
Douglas, Osage, and Shawnee
Douglas, plus Iowa and Nebraska.
Douglas, Shawnee, Johnson, Wyandotte, Edwards
Douglas, Wyandotte, Johnson
Edwards (3 Responses)
Edwards and Ford
Ellis (10 Responses)
Ellis and Trego
Ellis, Ellsworth, Russell, and Rush
Ellis, Ford, Phillips, Russell, and Rush
Ellis, Morris, Neosho, Pawnee, Reno, and Sedgwick
Ellis, Norton, Osborne, Phillips, and Smith
Ellis, Norton, Osborne, Russell, and Smith
Ellis, Phillips, Thomas
Ellis, Sedgwick, Wyandotte
Ellsworth
Ellsworth, Ottawa, and Saline
Ellsworth, Saline, and cover other counties as needed.
Entire State
Federal level
Finney (17 Responses)
Finney and Ford
Finney, Ford, Grant, and surrounding.
Finney, Gray, Scott, Lane, Kearny, Hamilton, Ford Hodgeman
Finney, Kearney, Hamilton
Finney, Scott
Finney, Scott, and Thomas
Finney, Scott, Ford, Greeley, Wichita, Lane
Finney, Seward, Lane
Florida (2 Responses)
Ford

Ford (7 Responses)
Ford and Gray
Ford and Sedgwick
Ford and Shawnee
FR, CF, OS, AN, MI, LN, BB
Franklin (5 Responses)
Franklin and Miami
Franklin and Wyandotte
Franklin, Anderson, Coffey and Osage counties
Franklin, Harvey, Johnson, and Wyandotte
Franklin, Johnson, Leavenworth, Miami, and Wyandotte
Franklin, Lyon, and Osage
Franklin, Miami, Osage, Anderson, Allen, Linn, Coffey, Neosho, Woodson, Wilson, Bourbon, Crawford, Cherokee, Labette, Montgomery, Chautauqua
From Geary Co east to the state line, and from Nebraska to Oklahoma
Geary (25 Responses)
Geary and Manhattan
Geary and Riley
Geary and Riley (7 Responses)
Geary, Lyon, and Morris
Geary, Lyon, Riley, and Saline - wherever I am needed.
Geary, Marshall, Morris, Pottawatomie, Riley, and Wabaunsee
Geary, Marshall, Pottawatomie, and Riley
Geary, Morris
Geary, Pottawatomie, and Riley
Geary, Riley, and Shawnee
Geary, Riley, Pottawatomie
Geary, Riley, Wabaunsee
Grant, Johnson and surrounding areas
Gray
Greene
Greenwood
Greenwood, Lyon, Osage, and Wabaunsee
Harper
Harper, Kingman, and Sedgwick
Harvey (19 Responses)
Harvey and McPherson (2 Responses)
Harvey and Reno (2 Responses)
Harvey and Sedgwick (9 Responses)
Harvey, Kingman, Lyons, McPherson, Reno, and Stafford
Harvey, Marion, and McPherson (4 Responses)
Harvey, Marion, and Saline
Harvey, Marion, McPherson

Harvey, Marion, McPherson, and Sedgwick (2 Responses)
Harvey, Marion, McPherson, Reno, and Rice
Harvey, Marion, McPherson, Reno, Rice, and Sedgwick
Harvey, Reno, and Sedgwick
Hawaii
Hays
I am dual licensed and work on the Missouri side.
I am in Jackson, MO, and I practice on zoom in KS and MO, where I am licensed.
I am not currently employed as a social worker but continue to hold my license.
I am telehealth only in Kansas, based in St Louis MO
I currently work out of state.
I do not currently practice because I am parenting/ living in TX.
I don't practice in Kansas.
I Live in New Mexico. I am retired.
I practice in Colorado Springs but am licensed in both Colorado and Kansas. El Paso, CO.
I practice in Jackson Co. Missouri
I retired from DCF but will answer because I maintain my license and will continue to earn CEUs to maintain license.
I work for the Federal Government so I practice on military installations
I work virtually.
I work virtually so I can see clients in every Kansas county, but I am in Sedgwick.
I'm not practicing at this time.
I'm retired but maintain my license. I spent my last 21 years working in Reno.
I'm licensed but don't currently practice SW.
In Kansas Johnson Co in Missouri several counties.
Jackson (57 Responses)
Jackson (MO), Johnson, and Wyandotte
Jackson and Johnson (10 Responses)
Jackson and Platte Counties in MO - I serve MO and KS patients.
Jackson and Pottawatomie
Jackson and Shawnee (3 Responses)
Jackson and Wyandotte
Jackson MO telehealth
Jackson primarily (2 Responses)
Jackson, Jefferson, Shawnee, and surrounding.
Jackson, Johnson, and Leavenworth
Jackson, Johnson, and Wyandotte
Jackson, Johnson, and Wyandotte
Jackson, Johnson, and Wyandotte (2 Responses)
Jackson, MK, and Johnson, KS
Jackson, MO (24 Responses)
Jackson, MO and Leavenworth, KS
Jackson, MO, and Johnson, KS (20 Responses)

Jackson, MO, and Wyandotte, KS
Jackson, MO, Johnson, and Wyandotte
Jackson, MO, Telehealth Johnson, KS
Jasper (2 Responses)
Jefferson (5 Responses)
Jefferson and Shawnee (2 Responses)
Jefferson, Johnson, Shawnee, and Wyandotte
Jefferson, Ks, but I am an online practitioner, so I have clients from all over the state.
Jefferson, Leavenworth, Shawnee, Douglas, and Wyandotte
Jewell
JO, WY, DG, LV, AT
John
Johnson (348 Responses)
Johnson and JA, MO
Johnson and Leavenworth (2 Responses)
Johnson and Miami
Johnson and Miami
Johnson and Overland Park
Johnson and Sedgwick
Johnson and Shawnee (7 Responses)
Johnson and surrounding counties
Johnson and Wilson
Johnson and Wyandotte (50 Responses)
Johnson Douglas Franklin Miami Wyandotte
Johnson Douglas-in Kansas and Jackson-in Missouri
Johnson mostly
Johnson primarily but I am clinically licensed in KS and MO.
Johnson, but I have staff across northeastern Kansas.
Johnson, Douglas, Franklin, Leavenworth, Miami, and Wyandotte
Johnson, Kingman, and Wilson
Johnson, KS, and Clay, MO
Johnson, Leavenworth, and Wyandotte (5 Responses)
Johnson, Leavenworth, Linn, Miami, and Wyandotte
Johnson, Leavenworth, Wyandotte (2 Responses)
Johnson, Leavenworth, Wyandotte, Jackson (MO)
Johnson, Lyon, Osage, and Shawnee
Johnson, Miami (2 Responses)
Johnson, Miami, and Wyandotte
Johnson, Miami, and Wyandotte (5 Responses)
Johnson, Ray, Clay, and Platte, MO
Johnson, Sedgwick, and Shawnee (2 Responses)
Johnson, Shawnee, and Wyandotte (3 Responses)
Johnson, St. Louis, Wyandotte

Johnson, Wyandotte, and others
Johnson, Wyandotte, KC Metro
Johnson, Wyandotte, whole KC metro
Kansas (16 Responses)
Kansas and Missouri
Kansas City, KS
Kansas City, MO (previously Johnson Co)
Kansas remote
Kansas Telehealth
Kansas, Missouri
Kansas-retired
KC metro
KC MO and KC KS metro areas and surrounding
Kearny
Kingman (2 Responses)
Kingman and Pratt
Kiowa
KS and AZ
KS and Missouri. Office in Johnson
Ks and MO counties. Mainly metro KC area
Labette (12 Responses)
Labette and Neosho
Labette and Newton
Labette, Montgomery, and Neosho
Lake
Lane
Lauren
Lawrence
Leavenworth (32 Responses)
Leavenworth and Ellis
Leavenworth and Shawnee (4 Responses)
Leavenworth and Wyandotte (2 Responses)
Leavenworth, Sedgwick, and Shawnee
Licensed in KS. Working in MO.
Lincoln
Lincoln and Russell
Logan and Sheridan
LV, DP, JO, AT, WY, DG, FR
Lyon (10 Responses)
Lyon and Greenwood
Lyon and Osage
Lyon, Morris, and Shawnee
Lyon, Pottawatomie, and Shawnee

Mainly Reno but can reach all in Kansas.
Manatee
Many, I work virtually.
Many.
Marion (5 Responses)
Marion and McPherson
Marion and Shawnee
Marion, McPherson, and Reno
Marion, Reno, Saline, and Sedgwick
Marshall (2 Responses)
Marshall and Nemaha
Marshall and Washington
Marshall primarily and others via telehealth as needed/requested.
Marshall, Nemaha, Pottawatomie, Shawnee, and Wabaunsee
McPherson (11 Responses)
McPherson and Reno (2 Responses)
McPherson, Reno, and Saline
Meade and Seward
Miami
Miami (18 Responses)
Miami and Franklin
Missouri (9 Responses)
Missouri Clay Platte Ray
Missouri- Clay, Platte, Jackson. Occasionally Shawnee, KS
Missouri, US
Mitchell (3 Responses)
MO, KS, SD, IA
Monmouth
Montgomery
Montgomery (2 Responses)
Montgomery and Wilson
Montgomery, Cowley, Wilson, Elk, CQ
Montgomery, MD
Morris
Morris and Shawnee
Most of Kansas (2 Responses)
Mostly in the KC area, I just got licensed in Missouri as well due to the proximity, but I haven't needed to utilize it yet.
Multiple -- all for metro KC
Multiple (4 Responses)
My office is in Saline. I see people from the surrounding area via telehealth, e.g., Ellsworth, Finney, and Lincoln.
My team practices across Kansas

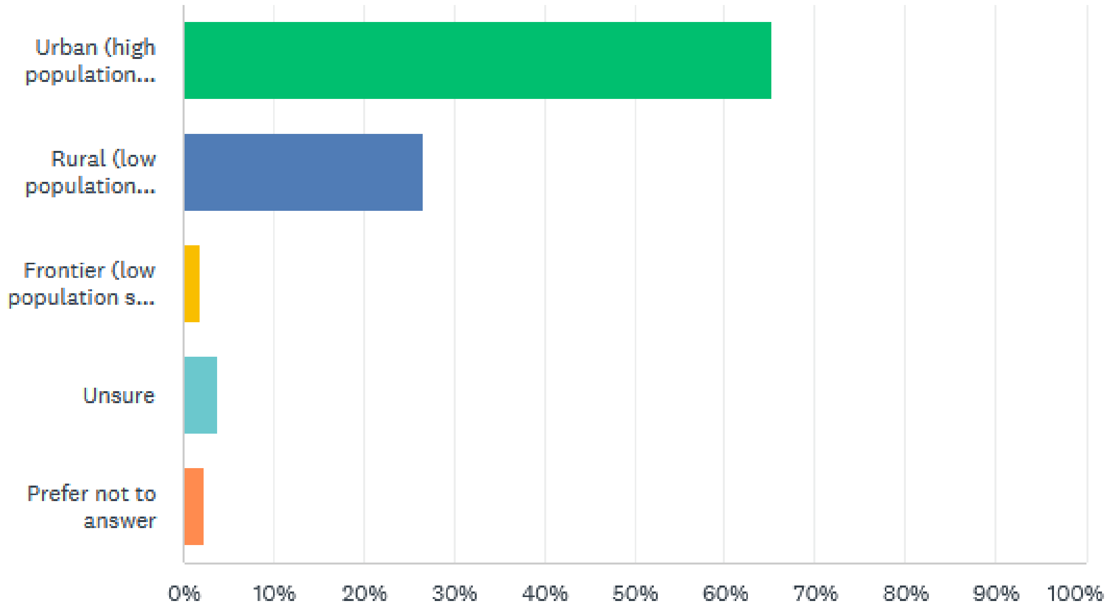
N/A - not currently practicing (2 Responses)
N/A (10 Responses)
Nassau Florida
NE Kansas, Douglas, Johnson, Osage, and Shawnee
Nebraska (DCF PRC part time work)
Nemaha (2 Responses)
Neosho (2 Responses)
No longer practice.
None (11 Responses)
None (Out of State)
None in KS. I am in Indiana right now.
None right now
None, currently. I just moved back from practicing in North Carolina.
None. Retired. (3 Responses)
None-currently retired, volunteer with common table
North central
Northeast Kansas Counties (primarily Johnson, Leavenworth, and Wyandotte)
Norton (2 Responses)
Norton, Phillips, Rooks, Sherman, Smith, and Thomas
Not currently employed/practicing (5 Responses)
Not currently practicing/disabled
Not currently practicing; retired from DCF in 2023
Not in KS just keep license.
Nowata
NT, GH, TR, DC, SD, GO, LO, TH, RA, CH, SH, WA
Oklahoma, OK
Osage (3 Responses)
Osage and Shawnee
Osage and Shawnee (2 Responses)
Osage, Riley, and Shawnee
Osborne, Phillips, Rooks, Russell, and Smith
Ottawa (3 Responses)
Out of state (2 Responses)
Out of State, practice out of Ohio (Cuyahoga)
Outside of Kansas - Fairfax, VA
Oversee multiple staff serving Wyandotte, Johnson and majority of counties in Missouri.
Pawnee (7 Responses)
Phillips (2 Responses)
Physically work in Geary but serve counties across the state via telehealth.
Pinellas
Platte (5 Responses)
Pott and Riley
Pottawatomie (4 Responses)

Pottawatomie and Riley
Pottawatomie and Riley (5 Responses)
Pottawatomie and Shawnee
Pottawatomie and Wabaunsee
Pottawatomie and Wabaunsee
Practiced in Reno
Pratt (2 Responses)
Pratt Kiowa Stafford Rice
Primarily Clinical SW in Douglas, Jackson, Johnson, and Shawnee
Primarily Douglas
Primarily in Missouri
Primarily in the state of Maine, but also Douglas, Rawlins and Morris in Kansas, Boulder in Colorado
Primarily Jefferson- occasionally Shawnee
Primarily Johnson and Wyandotte
Primarily Johnson for my main job. I also work as a virtual therapist and have clients throughout KS and MO.
Primarily Sedgwick, Reno
Remote only
Reno (38 Responses)
Reno and Sedgwick (4 Responses)
Reno, McPherson, Rice, Stafford, Harvey
Reno, Rice, McPherson (2 Responses)
Reno, Rice, McPherson, Barton, Pawnee, Stafford
Retired (5 Responses)
Retired Johnson
Retired still have active license Barton.
Retired was Sedgwick.
Retired/Western Ks previously
Rice (2 Responses)
Riley (52 Responses)
Riley and Pottawatomie (2 Responses)
Riley and Shawnee (2 Responses)
RN, SG,KM, LY, Pt, hV others as assigned
Rural counties in Kansas
Rush
Russell
Saint Louis
Saline (35 Responses)
Saline and surrounding- also MO
Saline primary and multiple other
Saline, Shawnee, and statewide by telemedicine
Sedgwick (396 Responses)

Sedgwick and others with teletherapy
Sedgwick and Shawnee (2 Responses)
Sedgwick and surrounding
Sedgwick, Butler (8 Responses)
Sedgwick, live in Kingman.
Sedgwick, Telehealth across Kansas
Several
Several in SW Kansas, mostly in Ford
Seward (3 Responses)
SG and BU
SG, BU, Harvey, SU, CL, Reno
Shawnee - KS; Travis - TX
Shawnee (193 Responses)
Shawnee and surrounding counties (2 Responses)
Shawnee and Wabaunsee
Shawnee and Wyandotte
Shawnee -not working at this time
Shawnee, Kansas in general via telehealth.
Shawnee, physical location & see clients virtually all over Kansas.
Sheridan
Sherman (3 Responses)
Southeast Kansas (3 Responses)
Southwest Kansas (2 Responses)
Stafford
State of Kansas
Statewide supervision
Statewide but based in Douglas.
Statewide via Telehealth
Stay at home mom, applying to MSW program.
Sumner
Sumner (4 Responses)
Telehealth
Telehealth so all are possible. Johnson currently.
Telehealth throughout the state (2 Responses)
Telehealth, all counties
Terrent, TX
The United States
Thomas (2 Responses)
Topeka/statewide
United States (50 Responses)
USA/ Riley
Utah
Various

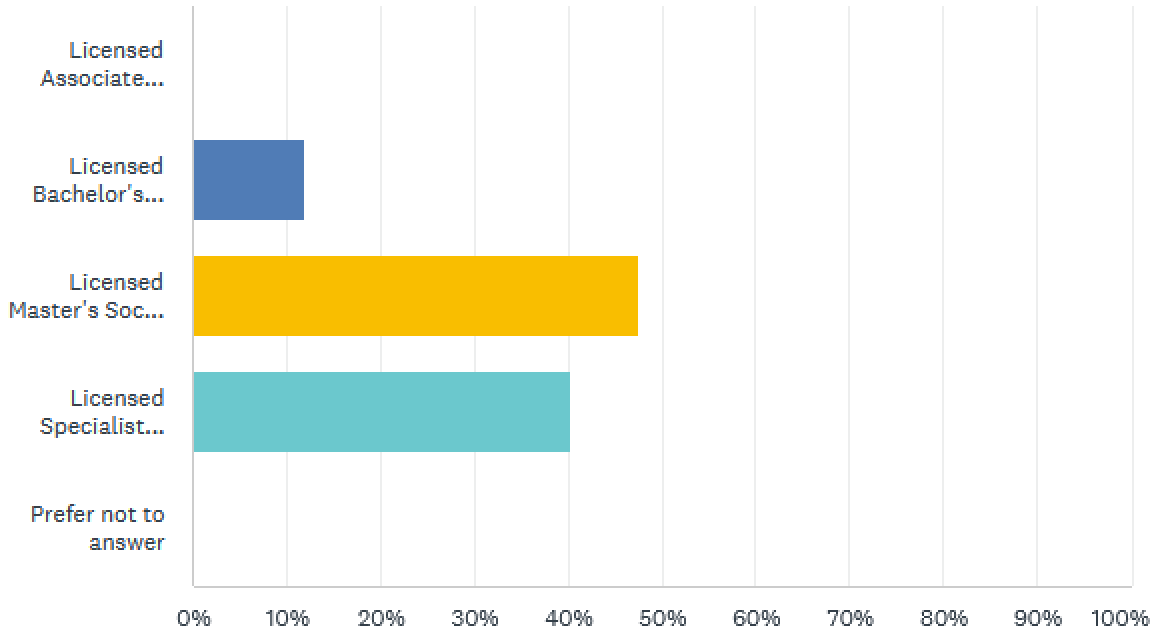
Virtual (2 Responses)
Wabaunsee
Washington, DC
Western 65 counties of Kansas
Western half of Kansas
Western Kansas
Western Kansas counties
Wichita
Williamson
Wilson
Woodson
Working through remote/telehealth in Douglas through an agency that serves Brown, Doniphan, Jackson, and Nemaha
WY JO FR MI DG
WY/JO/DG/LV/AT
Wyandotte (95 Responses)
Wyandotte (but support KS patients from many counties)
Wyandotte primarily

Question 2. Do you practice in a predominantly urban area, rural area, or frontier area?



ANSWER CHOICES	RESPONSES	
Urban (high population size)	65.23%	1,756
Rural (low population size)	26.63%	717
Frontier (low population size and high geographic remoteness)	2.01%	54
Unsure	3.75%	101
Prefer not to answer	2.38%	64
TOTAL		2,692

Question 3. What is the highest level of social work license you have attained in Kansas?

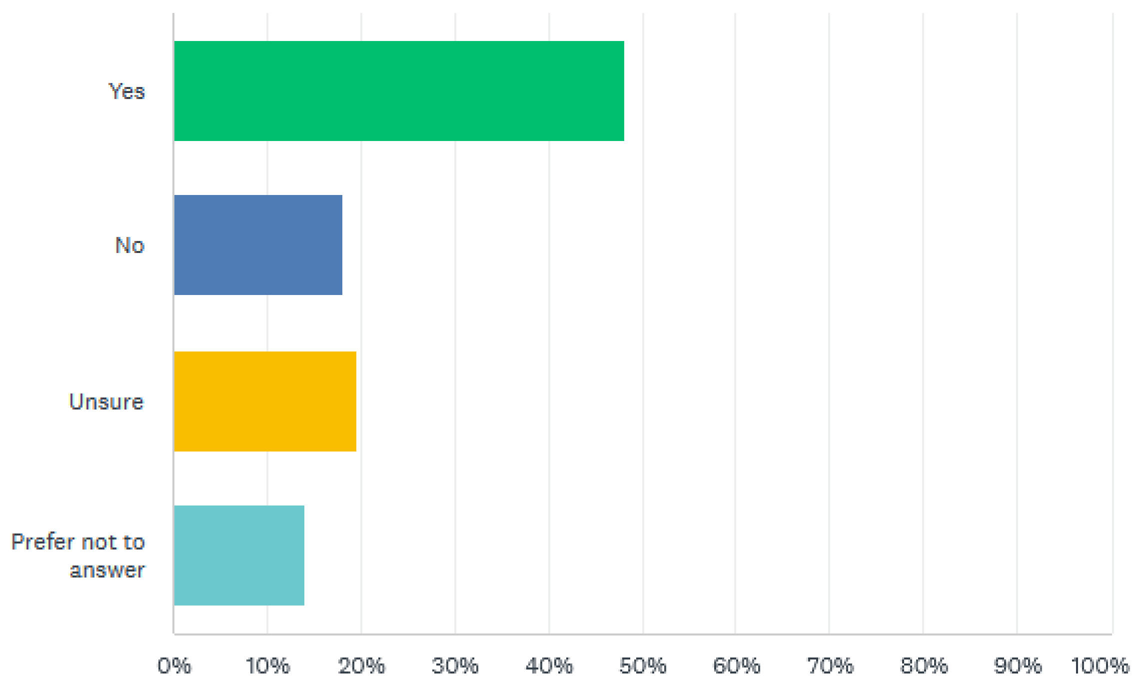


ANSWER CHOICES	RESPONSES	
Licensed Associate Social Work (LASW) license	0.11%	3
Licensed Bachelor's Social Work (LBSW) license	11.91%	323
Licensed Master's Social Work (LMSW) license	47.51%	1,288
Licensed Specialist Clinical Social Work (LSCSW) license	40.21%	1,090
Prefer not to answer	0.26%	7
TOTAL		2,711

Question 4. <u>This question is for bachelor's-level social work licensees.</u> *2024 HB 2484 would add Kansas to a multi-state compact for the social work profession, which would allow Kansas to continue to offer single-state licenses (for practice in Kansas only) or multi-state licenses (which would allow a licensee to practice in Kansas AND all other states that join the multi-state compact.*

According to information on the social work compact website swcompact.org, the primary eligibility requirements for an individual to hold a LBSW multi-state license includes: (1) attaining an accredited bachelor of social work degree or higher; (2) passing a qualifying national exam; (3) holding or being eligible for an active, unencumbered license in the home state; (4) payment of any applicable fees; and (5) passage of a background check conducted by the home state.

Currently, the price of an original LBSW license in Kansas is $100 and the price of a two-year license renewal is $50. ***If totals remained consistent for a single-state license, and prices for multi-state licenses totaled $200 for an original license and $100 for a 2-year license renewal, would you be interested in moving from a single-state license to a multi-state license?***

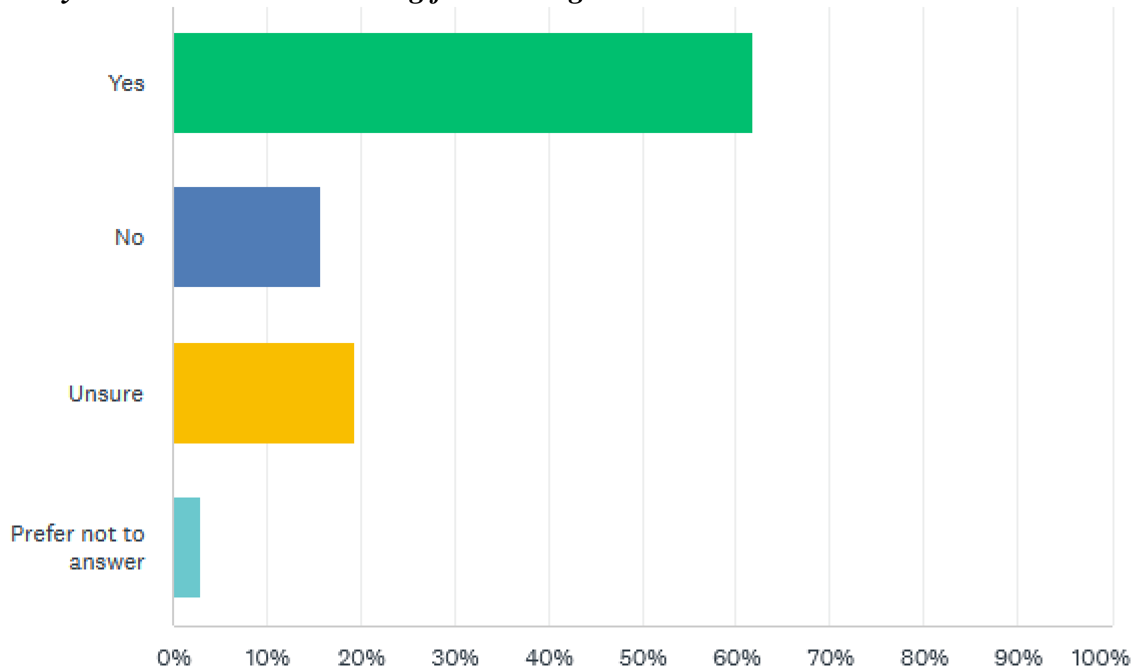


ANSWER CHOICES	RESPONSES	
Yes	48.18%	265
No	18.18%	100
Unsure	19.64%	108
Prefer not to answer	14.00%	77
TOTAL		550

Question 5. ***<u>This question is for master's-level social work licensees.</u>*** *2024 HB 2484 would add Kansas to a multi-state compact for the social work profession, which would allow Kansas to continue to offer single-state licenses (for practice in Kansas only) or multi-state licenses (which would allow a licensee to practice in Kansas AND all other states that join the multi-state compact.*

According to information on the social work compact website swcompact.org, the primary eligibility requirements for an individual to hold a LMSW multi-state license includes: (1) attaining an accredited master's of social work degree or higher; (2) passing a qualifying national exam; (3) holding or being eligible for an active, unencumbered license in the home state; (4) payment of any applicable fees; and (5) passage of a background check conducted by the home state.

Currently, the price of an original LMSW license in Kansas is $150 and the price of a two-year license renewal is $75. ***If totals remained consistent for a single-state license, and prices for multi-state licenses totaled $300 for an original license and $150 for a 2-year license renewal, would you be interested in moving from a single-state license to a multi-state license?***

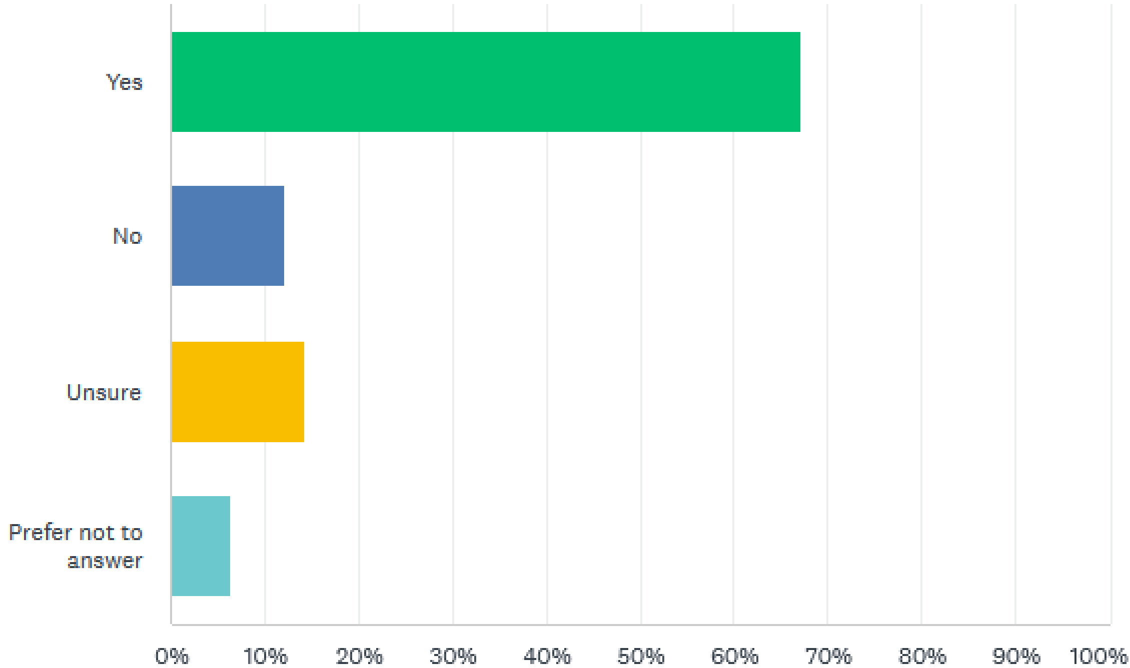


ANSWER CHOICES	RESPONSES	
Yes	61.84%	977
No	15.70%	248
Unsure	19.49%	308
Prefer not to answer	2.97%	47
TOTAL		1,580

Question 6. <u>This question is for clinical-level social work licensees.</u> *2024 HB 2484 would add Kansas to a multi-state compact for the social work profession, which would allow states to continue to office single-state licenses (for practice in Kansas only) or multi-state licenses (which would allow a licensee to practice in Kansas AND all other states that join the multi-state compact.*

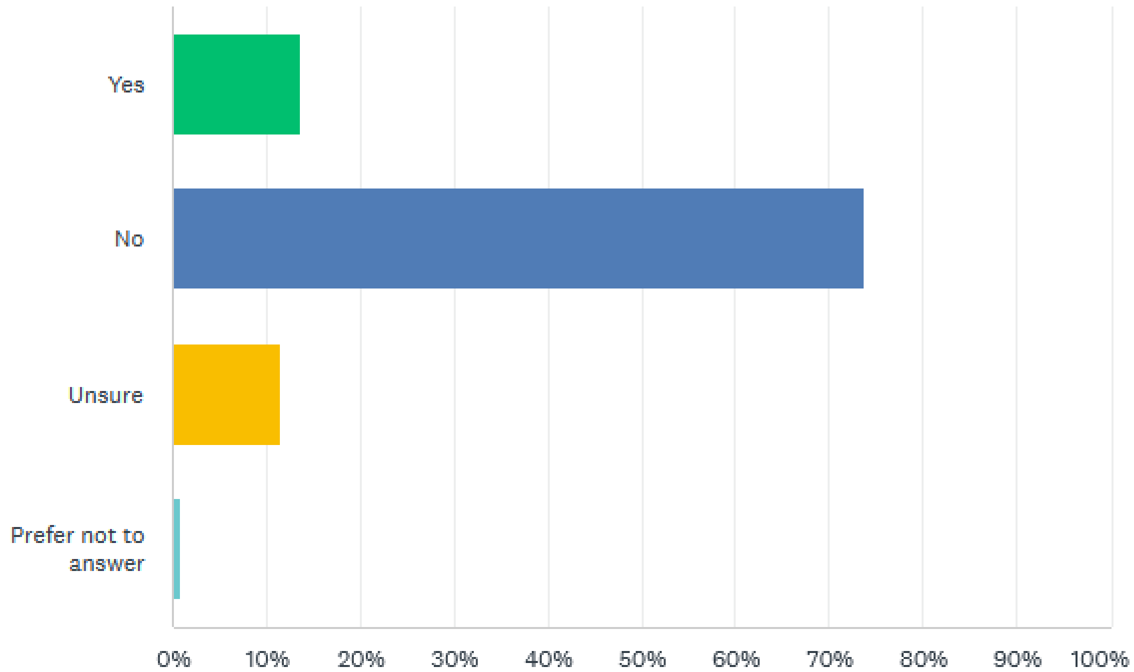
According to information on the social work compact website swcompact.org, the primary eligibility requirements for an individual to hold a clinical social work multi-state license includes: (1) attaining an accredited bachelor of social work degree or higher; (2) passing a qualifying national exam; (3) completion of 3,000 hours or 2-years of post-graduate supervised clinical practice; (4) holding or being eligible for an active, unencumbered license in the home state; (5) payment of any applicable fees; and (6) passage of a background check conducted by the home state.

Currently, the price of an original clinical social work license in Kansas is $150 and the price of a two-year license renewal is $100. ***If totals remained consistent for a single-state license, and prices for multi-state licenses totaled $300 for an original license and $200 for a 2-year license renewal, would you be interested in moving from a single-state license to a multi-state license?***



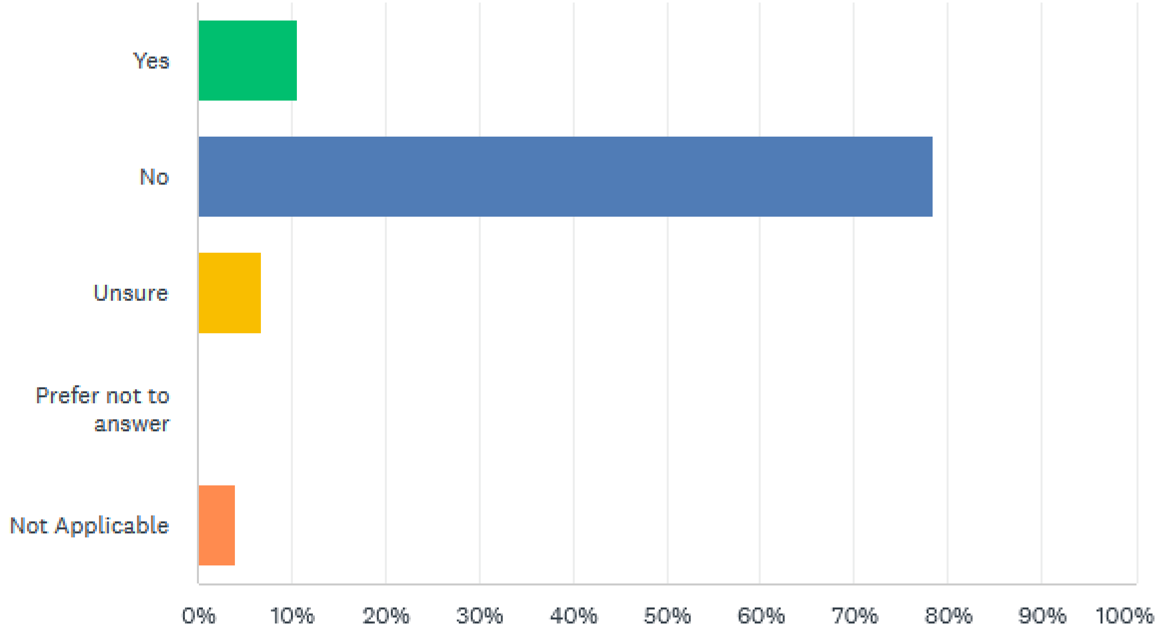
ANSWER CHOICES	RESPONSES	
Yes	67.06%	855
No	12.24%	156
Unsure	14.35%	183
Prefer not to answer	6.35%	81
TOTAL		1,275

Question 7. <u>This question is for all social work licensees.</u> Should Kansas discontinue requiring passage of a national examination as a license requirement for a bachelor's-level permanent social work license? *(Note: A change to this requirement would require a change to law. Also, the social work multi-state compact requires passage of a national examination for this level of license.)*



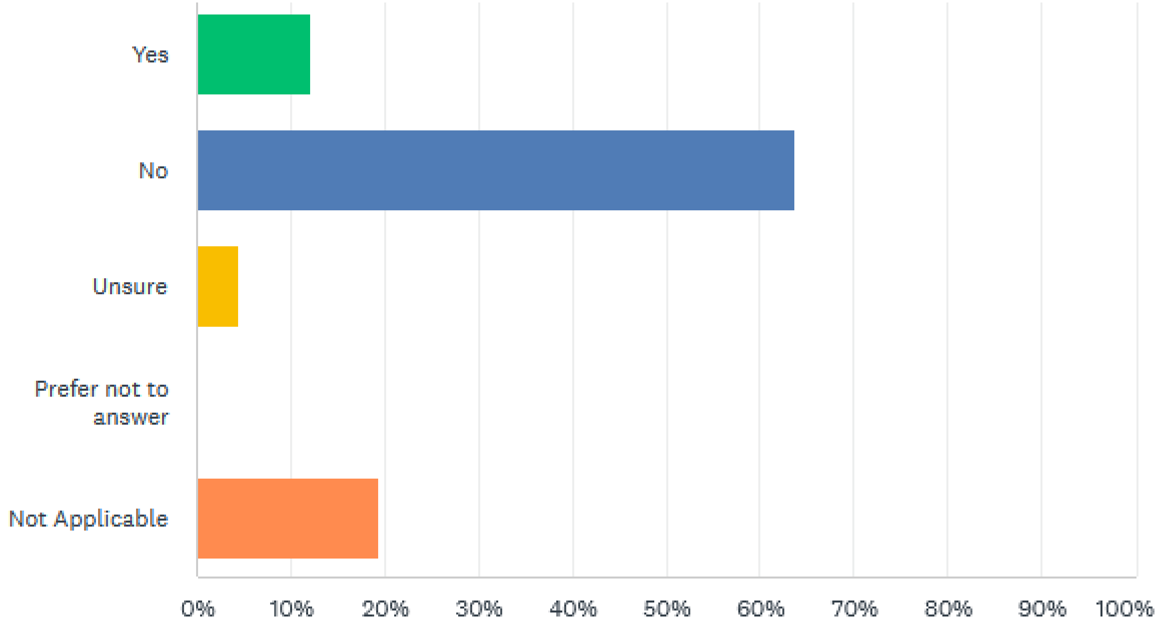
ANSWER CHOICES	RESPONSES	
Yes	13.71%	360
No	73.80%	1,938
Unsure	11.54%	303
Prefer not to answer	0.95%	25
TOTAL		**2,626**

Question 8. <u>This question is for master's-level and clinical-level social work licensees.</u> Should Kansas discontinue requiring passage of a national examination as a license requirement for a master's-level permanent social work license? *(Note: A change to this requirement would require a change to law. Also, the social work multi-state compact requires passage of a national examination for this level of license.)*



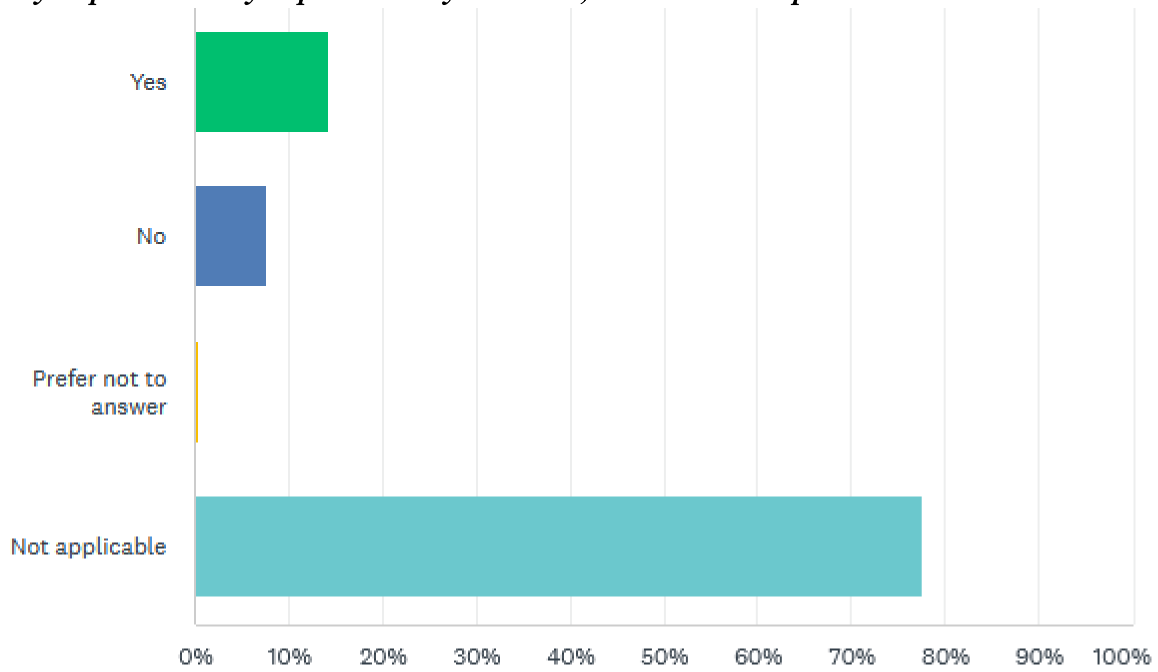
ANSWER CHOICES	RESPONSES	
Yes	10.57%	250
No	78.36%	1,854
Unsure	6.85%	162
Prefer not to answer	0.21%	5
Not Applicable	4.02%	95
TOTAL		**2,366**

Question 9. <u>This question is for clinical-level social work licensees.</u> Should Kansas discontinue requiring passage of a national examination as a license requirement for a clinical-level permanent social work license? *(Note: A change to this requirement would require a change to law. Also, the social work multi-state compact requires passage of a national examination for this level of license.)*



ANSWER CHOICES	RESPONSES	
Yes	12.11%	212
No	63.85%	1,118
Unsure	4.57%	80
Prefer not to answer	0.17%	3
Not Applicable	19.30%	338
TOTAL		**1,751**

Question 10. If you provided clinical-level supervision to practitioners over the past two years, have you provided any supervision by televideo, rather than in-person?



ANSWER CHOICES	RESPONSES	
Yes	14.30%	277
No	7.64%	148
Prefer not to answer	0.41%	8
Not applicable	77.65%	1,504
TOTAL		**1,937**

Question 11. If you provided clinical-level supervision by televideo over the past two years, based on your experiences, do you believe this flexibility has resulted in mostly positive changes, mostly negative changes, or something else? Based on what you have observed, has the ability to provide supervision remotely helped individuals better access supervision? Please explain: *(Note:* Individual text responses were provided by survey responders, which are included below (answers with the same response were grouped together and are bolded):
1. 100% positive, removes many barriers
2. A specified amount of in person time necessary.
3. Absolutely critical to allow televideo supervision given our rural and frontier practice area
4. Absolutely improved access to supervision and feels important for those who may work in more rural locations and lack access to appropriate supervision.
5. Absolutely it creates better access.
6. Absolutely positive in terms of flexibility and not cutting in to service time with commuting.
7. Absolutely! Combining in-person with video allowed for more flexibility in scheduling. I like doing a mix of the two and definitely appreciated saving the drive time during me busier months.
8. Absolutely. Supervision has been very successfully through televideo. I provide both supervision in person and through video and there has been no difference in quality of supervision. It has been extremely helpful for my supervisees in regard to money spent traveling to me, and trying to find childcare.
9. Absolutely. The ability to use televideo supervision has reduced accessibility issues, allowed for more schedule flexibility, and in general been helpful for more options.
10. All positive
11. All positive. It provides for flexibility in scheduling for all parties. It also allows access to a supervisor across the state.
12. Allows to reduce travel or exposure to illness. Please do not reverse.
13. Based on my experience, this increased flexibility has resulted in positive change demonstrated by reduced disruption in the supervision schedule and increased access to supervisors in other parts of the state.
14. Being able to offer televideo has made clinical supervision so much more accessible and offers more options to people in rural areas. Televideo is 100% successful and has been a game changer for social work supervision. Never take this option away - it would be detrimental to our field.
15. Being able to provide supervision via televideo has been extremely positive. I provide supervision for those social workers who see clients from a very specific population. Providing specialized supervision allows them to see an LSCSW who is more familiar with relevant issues within the population etc and they aren't' forced to try and find an in person LSCSW around them. Televideo has done amazing things for therapy and therapy access and it's doing the same things for supervision. Increasing access to good supervision is how we get more social workers and rise to meet the needs in our community.
16. Being able to use remote for supervision has increased flexibility.
17. Better access
18. Better experience with flexibility and positive changes
19. completely benefited. Can literally not think of a negative reason to not allow it.

20. Considering drive time for some to meet, and if there's an unexpected cancellation, its MUCH easier to reschedule and meet virtually. It just allows for greater flexibility scheduling and overall access. Changes have felt positive for me.
21. definitely a positive impact
22. Definitely helped with accessibility of supervision and has made scheduling sessions easier without drive time or the supervisee having to leave work or home. I have been able to provide supervision for social workers who live in areas where supervision is less available.
23. Definitely positive. It's as effective as in person and provides flexibility and ease of commitment.
24. Did not provide any clinical-level supervision in past two years.
25. Due to COVID, supervision could continue even if there were health related concerns on either end--supervisor or supervisee. It also allowed for working supervisee's to not have to miss a larger chunk of work time to receive their supervision--lunch hour, etc. The quality is unchanged whether you are in person or on telehealth--just make it easier, cheaper, and benefits both parties.
26. Especially in rural areas, cutting "windshield "time is a significant quality of life improvement. When self-care is optimal, learning is also optimized. in both therapy and in supervision, individuals who are vested in learning and moving forward, will do so whether they do it face-to-face or in a telehealth platform.
27. Harder to judge emotions at times
28. Has made access to supervision more convenient and has not impacted quality/outcome.
29. Have not
30. Helped
31. I believe it absolutely results in positive changes making it easier for supervisor schedule and supervisee scheduling. I do prefer in-person but my work schedule doesn't always allow that. I do include in-person supervision regularly.
32. I believe it provides the flexibility needed which allows better access to those who are not able to receive quality supervision in their area.
33. I believe past covid that the accessibility to televideo helped with time constraints and with the needs of supervisees to complete their work/employment without travel concerns.
34. I believe that the televideo supervision is a great advantage for both the supervisor and the supervisee. It cuts down on travel expenses and allows for both to have additional time to see clients if needed.
35. I believe the availability of televideo has increased access to supervision for supervisees. I believe it is a functional method of providing supervision and will continue to utilize televideo.
36. I believe this has been a great change. In group sup, it allows SWKs from multiple places to work together and discuss issues.
37. I didn't provide clinical level supervision over the past two years.
38. I do a combination of both in-person and online supervision sessions. I feel it has offered the most flexibility to clinicians trying to pursue their clinical licensure.
39. I do believe that the option of virtual supervision makes the service more accessible and gives licensees more options. It also, unfortunately, can then make supervision of these clinicians more difficult if they are in a private practice setting. If the licensee is receiving oversight as part

of a larger practice, then I 100% support virtual. However, without that oversight, I have concerns...based on my current experience with a licensee.
40. I feel it has given people the flexibility with their job and time. It does have its negative impact on people who struggle with the discipline it takes to work remotely. But I find I'm more available online to help my staff.
41. I feel it is positive as it allows for flexibility but continues to offer high standard of interactions
42. I feel it was a very positive experience.
43. I felt it was positive. We met remotely when I was out ill.
44. I have an intern and we do supervision via teams weekly. It's easy to connect and screen share etc.
45. I have done a blend of in person and video. This has increased access for supervision in highly rural areas.
46. I have done this under my MO license, not my KS license but it definitely provides better access to supervision in either case.
47. I have had no problems with supervision remotely and people have responded positively
48. I have not but I would not be opposed
49. I have not supervised anyone in the past 2 years for a social work license but am supervising social workers for gambling counselor certification using tele-video sessions.
50. I have observed positive changes, allowing individuals to attend supervision when it may have been canceled in the past (due to work schedule with travel restrictions, transportation struggles etc). Also, clinicians who have moved to a different city have been able to continue supervision with a change to a different supervisor.
51. I haven't but having this flexibility is important. Telehealth is valid. Supervision via televideo is valid.
52. I oversee clinical programs at the agency in which I am employed. Others do provide clinical supervision. With shortage of eligible therapist in Kansas, the ability to connect virtually has been beneficial and mostly positive.
53. I prefer live face to face supervision, but I have met with Clinical candidates via Televideo when I was sick or out of town or the candidate was out of town. This allowed for myself and my Clinical candidates to not have to make up missed days of supervision.
54. "I provide my most recent clinical supervisee initial in-person supervision until the pandemic and the notification from BSRB that supervisors could provide supervision via HIPPA compliant telehealth platforms. I used a HIPPA compliant platform called Simple Practice which was great. I found televideo supervision sessions to be very useful communication-wise and truly allowed my supervisee to gain much better access and often allowed less time away from their social work employment because of the travel time to meet in-person. NOTE: I really appreciate that BSRB reached out to social workers in order to understand and share our perspectives. This is certainly a more equitable organizational action. Thank you!!"
55. I provide supervision in Missouri and have for 5 years. I have done that via video even before COVID. It is the only way to coordinate schedules and allow for access.

56. I see televideo supervision as mostly positive. I have consistently supervised LMSWs over the past several years, and I find that eliminating the travel time associated with in-person supervision is a significant benefit to me and my supervisees.
57. I think it is the key to growing our Mental health force in the nation.
58. I think it offers an opportunity for more familiarity with Telehealth
59. I think it was a useful option.
60. I think televideo helps clinicians receive the supervision they need, especially when their current job cannot provide clinical supervision. It has only been a positive experience.
61. I think this has allowed positive changes to occur. This allows for people in outlying counties to seek supervision and not spend hours of their day driving to and from. It has helped us retain employees as we are able to offer supervision.
62. I use televideo when convenient due to various reasons. Car trouble, having a cold, etc. A time saver in general related to travel. I see very little differences, although most people including myself, prefer in-person
63. improved access- rural communities especially need flexibility of televideo- saved so many hours of driving time and created opportunities for student and new social workers to proceed with education and obtaining licenses
64. In person is better.
65. In the last two years, I have only done supervision in the same room but provided it through televideo extensively in the past. I see no difference in the quality of supervision between the two modalities. It makes it possible for social workers in remote areas to access supervision.
66. In the past 2-3 years, supervision has mostly consisted of master's level social work students and the occasional master's level student. The few times illness or poor weather required tele-meetings, the process ensued with little disruption to our usual meet-ups. That said, I would not prefer to conduct tele-supervision on a regular basis. Too much information/understanding, etc. can missed. And for many students, they want the 1:1, in-person, feeling of really "being heard"!
67. Increased access to supervisors with expertise in specialized populations such as eating disorders
68. Indifferent
69. It 100% has provided positive changes due to the flexibility and consistency for my supervisee's. I've had one supervisee move from the local area and televideo allowed us to continue our work and progress together. Televideo has also allowed me to continue work with another supervisee who is undergoing chemo and needs to isolate at home.
70. It allowed for better access to supervision and continuity.
71. It allows to continue getting supervision in all weather and health conditions, also helps while working if our schedules are too busy.
72. It certainly has been positive and flexible.
73. It has absolutely been a positive experience. I believe social workers should be at the forefront if not leading the way to changes. We have to figure out ways to meet people where they are.
74. It has absolutely improved access to supervision! I would t have been able to provide supervision more often than not if it wasn't an option.

75. It has been a generally positive experience. I have been able to provide more frequent supervision at various accessible times.
76. It has been a mostly positive change. It allows supervision to occur more often with less invasion into work time, and less cancellations.
77. It has been a necessary evil. The supervisor and supervisee cannot be as present under such circumstances as they can in person.
78. It has been a positive experience as it has removed barriers: cost of gas, traveling time, schedule problems, inclement weather conditions that could have disrupted supervision.
79. It has been a very positive change and helps individuals more easily access supervision without question.
80. It has been mostly positive. The majority of supervision sessions were conducted in person however due to scheduling conflicts or being out of town, the option to do televideo allowed supervision to occur without any interruptions.
81. It has been positive, allowing for more flexibility.
82. It has been positive, due to my supervisee and I working in two different office locations within our group practice.
83. It has been positive. We were able to meet when one or both of us were out of town and/or sick and the quality of supervision was the same. Both of us were prepared for session and created a private/confidential space to focus on supervision tasks, skill building, etc.
84. It has definitely been positive and has improved access.
85. It has markedly increased access and consistency of attendance.
86. It has resulted in positive changes, allowing for more flexibility and allowing supervisees to have more options in selecting a supervisor that is a good fit for them
87. It increases flexibility which is nice. I don’t believe anything is lost.
88. It is convenient in cases of illness or other complications, but my supervisees continue to prefer in-person. I'm in an urban area, though, and I can see it benefiting those in rural areas.
89. It was a convenient way to get supervision in as we are in different states
90. It was a very helpful option to have. Normally we met in-person but it allowed supervision to happen even if one person had a cold or was feeling a little unwell.
91. It was helpful on being flexible with schedules on both individuals. It helped also when there was illnesses and were able to still meet and meet their minimum requirement.
92. It was not as good as in person.
93. It works for supervision, but not for direct service provision to consumers.
94. It would help immensely in the frontier areas.
95. It's been positive. Provides more opportunities for SW who don't have access to supervisors in their area. Offers more flexibility in scheduling. Less gas money/time spent traveling. Occasional technical issues can be annoying, but tolerable.
96. I've found this to be a positive change that allows for greater flexibility in scheduling my supervisees, particularly those that reside in rural communities.
97. more availability. I think the standard needs to be there, but now people can do it without issues of distance and time constriction.
98. Mostly positive (4 Responses)

99. Mostly positive - has allowed me to provide supervision even while traveling for work and made me more willing to be a supervisor for master's level social workers seeking supervision
100. Mostly positive - this assists with time management covering material and insight from group supervisions
101. Mostly positive and better access
102. Mostly positive and better access.
103. Mostly positive as it has reduced the difficulty of participating and increased access on a mor consistent basis.
104. Mostly positive by far - the flexibility it provides myself and my supervisees far outweighs any small technical issues that rarely arises. It cuts commute time and expenses for both parties and maintains work/client schedules much easier for each party as well.
105. Mostly positive change, yes it has helped individuals better access supervision.
106. Mostly positive changes (2 Responses)
107. mostly positive changes and has increased access
108. mostly positive changes, flexibility- even for those in the same area- but in different office locations, or if one is out sick due to COVID/quarantine
109. Mostly positive changes, gives easier access to supervision in rural areas where you may have to travel for in-person resulting in possible significant loss of billable services.
110. Mostly positive changes. Individuals have more access and can acquire the hours needed
111. Mostly positive changes. It allows greater flexibility with differing schedules, time off etc. Allows supervisors to reach students who love far away without traveling costs.
112. Mostly positive changes. The world is much different since after covid and being able to meet via televideo is essential. It is also helpful for clinicians in rural areas where they would have to drive significant miles to meet with a supervisor in person.
113. "Mostly positive changes. All LMSW's I supervised lived in the same town that I practice, but during COVID the Telehealth option provided a safe and effective way to continue their clinical hours. It also provided flexibility with scheduling and attending individual and group supervision appointments."
114. Mostly positive changes--supervisees have worked on the other side of town as me and have had less travel time as well as ability to meet with me over a lunch period.
115. Mostly positive due to SW Kansas having limited access for LMSWs to receive supervision.
116. "Mostly positive”
117. MOSTLY POSITIVE. Being able to provide virtual clinical supervision allows a supervisee to find the right skilled professional to supervise when without a geographical limitation and improves the attendance weekly for supervision.
118. Mostly positive, allowing for more regular and impromptu supervision when needed. Also allowed for supervision in areas where clinical supervisors are generally unavailable geographically.
119. Mostly positive, better ability to meet needs in the moment, able to respond faster to clinical needs.
120. mostly positive, easier access, less travel time and expense

121. Mostly positive, especially for rural social workers. The savings in energy, fuel, travel, hours of windshield time, and exposure in some cases to pockets of influenza risk are a plus.
122. Mostly positive, gave access and convenience to the supervisee
123. Mostly positive, virtual meetings tend to cause a lack of participation because people try to multitask, and don't give their full attention. So, keeping participants engaged is key.
124. mostly positive. It allows for remote access to supervision since it doesn't require in-person attendance. Is as effective for the supervision to occur remotely as in-person
125. Mostly positive. Helps with busy schedules and distance. Bigger area of rural Kansas but as people move farther West in person could require 1-2 hours of travel, which may not be realistic.
126. Mostly positive. Increased capability.
127. Mostly positive. It allows flexibility and reduces the amount of time/money spent for travel.
128. Mostly positive. It has reduced the number of times an individual had to reschedule supervision because televideo allows more flexibility.
129. Mostly positive; In rural areas it's hard to find clinical therapists who provide supervision.
130. mostly positive-improved access to quality supervisors, decreased travel cost and supervisors don't have to factor the cost of the office space into the rate that they charge.
131. My experience is the supervision by televideo has not been negatively affected, does provide better access to supervision.
132. My experience was it being a hybrid supervision -- at times in person and at times by video. It worked well, in part because it parallels what is happening in the clinical realm.
133. "N/A re: clinical supervision. Very effective clinical telehealth therapy with private cts utilizing a range of modalities."
134. Neutral to positive
135. Not provided
136. Oh yes, very much so! It makes it easier accessible to supervisees! It's an added bonus when hiring staff.
137. Positive (9 Responses)
138. Positive allows for more flexibility in scheduling No different than meeting in person
139. Positive - flexibility.
140. Positive - has helped access supervision
141. Positive and yes it gave improved access
142. Positive as military spouse this allows me to keep providing supervision no matter where my spouse's job takes us.
143. Positive because it has resulted in more flexibility for the staff and thus is emphasizing self care. For example, it is still important for staff to stay home from work if they are sick. With covid, for example, sometimes your symptoms are mild and you're able to continue to work and prevent the spread to our vulnerable staff or clients. Telehealth is a necessity.
144. Positive change and allows more access to more qualified providers and ability for those working within the field to maintain work/financial ability to provide for family and ability to access supervision outside of traditional work schedules m-f 8-5 pm
145. Positive change, allows clinicians to better fit supervision in their schedule if they are providing virtual sessions to clients.

146. Positive change. Easier to schedule supervision. Televideo has been helpful for the practice of social work.
147. Positive changes (3 Responses)
148. Positive changes as being face to face for supervision is not necessary at all for learning, opened up opportunities for supervision of staff is rural or remote areas
149. Positive changes have included being more consistent with supervision times when done via video calls and more access to supervision for supervisees who may live/work far away from supervisors.
150. Positive changes including better access although I prefer face to face supervision
151. Positive changes when access to supervision was limited due to Covid lack of anyone who could provide supervision. In addition, driving time from location to location could be reduced or eliminated by TeleVideo supervision, a win-win situation.
152. "Positive changes, as someone who had supervision in person to begin with and then moved to remote, there was no chance in the quality of the supervision and if remote hasn't been an option, I would have had to find a new supervisor in the middle of my hours.
153. As a clinical supervisor through my employment, the agency would not be able to meet the need for those looking for supervision. "
154. Positive changes, I work for an organization with several sites. It would be more challenging to complete clinical supervision without televideo options. Additionally, its allowed for my supervisee to outreach immediately when needed.
155. Positive changes, yes
156. Positive changes. Able to meet during normal business hours. Decrease on travel time and less stress finding locations. Some of my supervisees are over an hour away.
157. Positive changes. Definitely has made access easier for both me as supervisor and my supervisee. I appreciate being able to use televideo as needed for supervision.
158. Positive changes. Folks from across the state can more easily access clinical supervisors in other areas. This has been great.
159. Positive changes. It allows for greater flexibility in scheduling and is just as effective.
160. Positive changes. It allows supervisee to get supervision with less impact on their busy workday, so they can better care for clients and themselves.
161. Positive changes. It allows us to have more flexibility and opportunities to meet.
162. Positive changes. This has reduced barriers for access to supervision.
163. Positive due to flexibility in overcoming travel barriers (e.g., snow, prohibitive distance)
164. Positive experience and more accessible to all.
165. Positive experience. Allows supervisor and supervises better access to supervision and the ability to be more flexible. I still so at least 1 time a month in person.
166. Positive- Helps in rural and frontier areas to be able to consistently see staff as required. Helps to be flexible to reschedule more easily if needed at times due to taking out the travel time.
167. Positive in regard to clients being able to attend sessions without hardship.
168. Positive! Yes, it has really helped Rural areas such as Hayes, Andover etc
169. Positive! It's absolutely helped individuals better access supervision and been very helpful to supervisees with limited transportation or childcare support.

170. Positive! We've got to keep up with technology! Allowing us to provide supervision despite physical proximity has been game changing. Allowing me to supervise more people and keep up with my work!
171. Positive, allows for flexibility so I can have the time to provide supervision in my workplace
172. Positive, much greater access and even more frequent support as needed.
173. positive, sometimes it is very difficult for clinicians to find local supervision, and, during the pandemic it was crucial for that to continue (clinical supervision).
174. Positive, yes, being able to access supervision due to distant location or more privacy allows for growth. (If my supervisor is not in my circle of people as sometimes happens in smaller communities, it can be easier to be vulnerable with the process.)
175. Positive. It requires less driving and allows supervisees to find a good fit for supervisor, even if that person is not geographically nearby.
176. Positive. Tele video is a flexible, efficient, and supportive practice.
177. Positive. Yes, it provides better access. I have met in person with everyone I provide televideo supervision to before we start to meet remotely.
178. Positive. Better access. Better overall. Continue to allow televideo!
179. Positive. It's great for providers that are far from the office, and it works just as well. Better attendance.
180. Positive. Removes barriers to weekly supervision as we mostly work remotely and in the community.
181. Positive. Weather, traffic and illness doesn't prevent SW from accessing supervision.
182. Positive. Yes. When distance or illness are an issue, virtual is a great option.
183. Positively impacted. Telehealth option is necessary in our mobile world we live in. Not allowing remote would be an unnecessary step backward.
184. Primarily positive experience.
185. Provided televideo supervision in 2020-21 related to the pandemic. Worked ok, though not as ideal as in person training, in my opinion. A hybrid model might be equally effective.
186. Provision of supervision via telehealth simply allows for flexibility of scheduling. This allows for improved consistency in attendance.
187. Remote supervision accommodated my physical disability and geographic barriers to meeting in person.
188. Televideo allows for more flexibility to complete supervision sessions consistently with less interruption from patient care
189. Televideo has been helpful for me. It helps to view materials when screen sharing. It saves on printing. It helps if individuals are at different locations and do need to commute. It helps when the weather is bad and when outbreaks occur that caused social distancing.
190. Televideo has increased the ability for LMSW's to access supervision, both in terms of availability of supervisors and time management (not having to drive long distances to the supervisor's location)
191. Televideo has resulted in positive changes, especially in rural Kansas where people might not have access to an LSCSW who is willing to provide supervision in their community or have

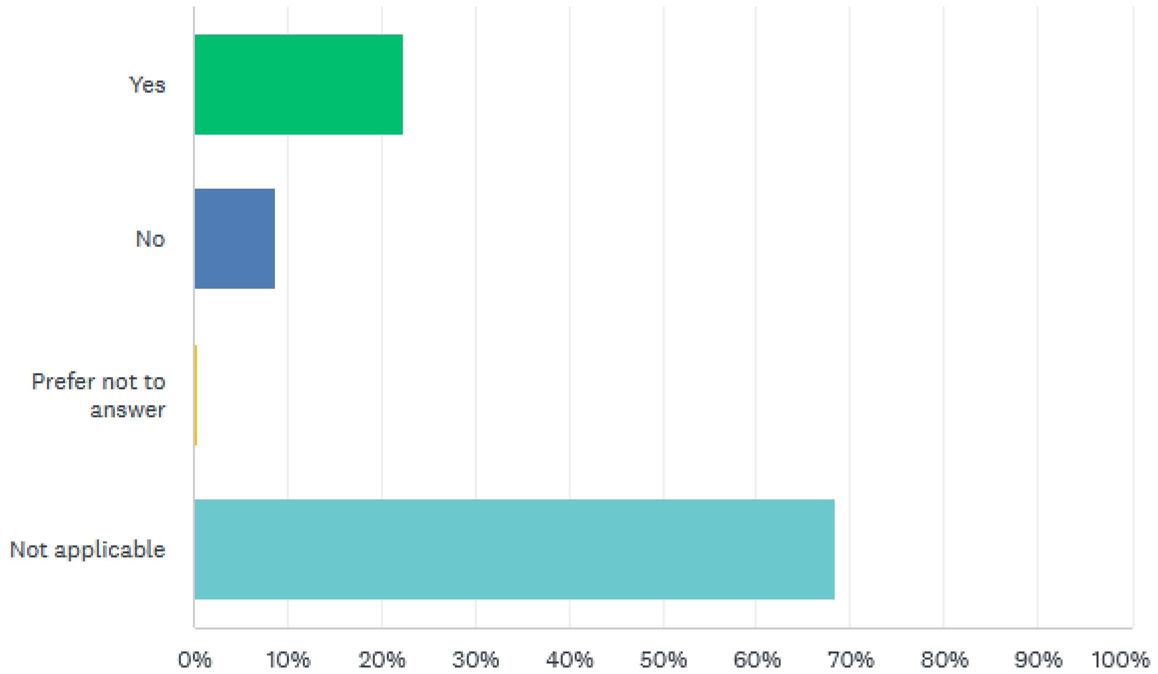
an extensive distance to drive for supervision. The only negative is when people do not have a solid internet connection.
192. Televideo helps to provide access to supervision especially in rural and frontier area. I do believe a combination of in person and televideo is most helpful.
193. Televideo supervision has expanded availability to rural areas. In a time of high demand, this tool has been a real time-saver. More effective use of time plus better ability to overcome obstacles such as weather or exposure to illness of all communicable types.
194. televideo supervision in my experience has improved accessibility, scheduling conflicts, and all-around reduced barriers to getting/providing supervision weekly.
195. the content of supervision session remained unchanged in relation to the mode of supervision. It has kept my supervisee safe as she has not had to travel in icy weather.
196. The flexibility of televideo has significantly improved the availability of social work services, including supervision.
197. This allowed greater flexibility for scheduling when an agency has multiple locations and ability to work from home some days.
198. This allows a broader selection of practitioners. I find remote work very effective.
199. This depends on the supervisee. Some use it as a crutch and others as when they absolutely need it. I feel that I want to put requirements for my supervisees, but not sure if that can be done since it is my preference. The sessions are more in depth with information in person.
200. This has allowed consistent meetings for me and my supervisees. Our schedules don't always allow for drive time to offices.
201. This has allowed me to supervise SW in a more accommodating environment to ensure they can complete their goals
202. This has been positive and has allowed people more flexibility to achieve their clinical licenses
203. This has created positive changes. It would have been a time and location barrier to meet in person weekly for supervision. Televideo supervision has allowed me to meet my supervisee's weekly supervision needs.
204. This has had a very positive impact on my supervisees.
205. this is a great step forward. It has absolutely improved access for supervisees
206. This has been beneficial because it allowed for flexibility for both myself and the candidate. We were able to utilize technology to review things much easier as well.
207. This opportunity allowed my supervisee who lived in a different town to be able to avoid the travel expense along with cost of supervision. We did meet in person from time-to-time to review records on clinical cases on which I signed off.
208. This positive change has allowed for providing supervision when it would otherwise not be possible.
209. This type of supervision allows the Social Worker to be matched with specialists and people who match their clinical need. I believe this is highly beneficial.
210. Travel distance would have been a prohibitive factor for one of my supervisees.
211. very beneficial to being able to provide necessary supervision in rural areas. Particularly during COVID and bad weather.

212. Very positive and just as effective as in-person supervision. Here's a tip: stop allowing non-clinically licensed LMSW's or any non-clinical master's of any profession starting their own practices without on-site clinical supervision! This negatively affects clients and our profession.
213. Very positive changes. I have been able to provide supervision to clinicians working and living remotely even though I do not.
214. Very positive- has been extremely helpful in accessing supervision with minimal to no problems
215. Very positive. This has expanded the reach of supervision and allowed those in rural and frontier areas to receive this crucial support.
216. Virtual meetings are becoming a standard in all areas in a modern world. I use a combination of televideo and in person sessions throughout the extensive time supervision is required. I believe having completed training towards becoming a nationally certified telehealth provider was most beneficial.
217. with having telehealth providers, it is much more convenient
218. Yes (7 Responses)
219. Yes - just as effective as face to face.
220. Yes because it not only improves access to a supervisor, it allows for more flexibility and scheduling
221. Yes because less travel time is involved, and one can see supervisees in a day. It is helpful to social workers who cannot find supervisors in a more rural area.
222. Yes, I do.
223. Yes it has helped especially if someone is ill or recovering from covid we can still meet
224. Yes it has made supervision easier for the supervisee and supervisor.
225. Yes- it makes Supervision much more accessible and practical.
226. Yes, its helped rural social workers receive supervision
227. Yes telehealth has made supervision much easier in rural areas
228. Yes, they were able to participate and be flexible and manage time better without having to try and get somewhere
229. Yes this affords both parties to be more flexible with time and overall availability
230. Yes this meets the needs with ever changing needs and allows for quality care for supervision
231. Yes to all of the above. It has been a mostly positive change and has helped significantly with access.
232. Yes! The counties in which myself and my supervisees work are all rural/frontier. Without telehealth, clinical supervision would not be possible for any of them as I am the only LSCSW currently in the organization. It also increases efficiency and maintains more time for clients as there is no additional travel time.
233. YES!! Only positive benefits that I have noted.
234. Yes, ability to meet remotely helps when supervision sessions need rescheduled or when weather is bad.
235. Yes, as is true for therapy sessions as well. My supervisee was able to continue during covid, during illness which was not debilitating but which was infectious.

236. Yes, being able to provide supervision via televideo was beneficial in my situation. It allowed me to provide supervision regularly while maintaining a busy schedule. I continued to meet in-person with the supervisee on a regular basis to maintain contact and relationship.
237. Yes, better flexibility, better access to resources and better time management.
238. Yes, by reducing travel time and having more options across the State.
239. Yes, can meet more regularly
240. Yes, during the height of pandemic was very valuable and in general worked well.
241. Yes, easier access and more flexibility has resulted in highly positive changes.
242. Yes, has allowed collaboration across state lines and enhanced overall quality of service.
243. Yes, I do believe the televideo option allowed for greater flexibility and gave those in rural areas working on their clinical license a more diverse choice of clinical supervisors.
244. Yes, I live in a r
245. Yes, I was able to provide supervision throughout the pandemic and the one who has completed their hours passed their exam and has had a clinical license since this past fall. I believe an effective supervisor offers a mixture of modalities including in-person and televideo and group (when able). I believe some sessions still need to be in-person but televideo if in-person is not accessible.
246. Yes, increased flexibility for many reasons.
247. Yes, it allows for flexibility
248. Yes, it allows you to provide supervision more easily and conveniently.
250. Yes, it had made it easier even with those near because of time demands and costs with travel.
251. yes, it has been effective. i would add it is best if you have some kind of prior relationship/knowledge of staff you are working with.
252. Yes, it has definitely been a positive for access to supervision.
253. Yes, positive it slows more flexibility
254. Yes, prior to providing any telehealth services, I was experiencing an abundance of reschedules or cancellations for transportation, weather, illness etc. Telehealth has afforded more flexibility and more consistency with all services across the board.
255. Yes, televised supervision has been a positive change and does not impact the ability to appropriately supervise.
256. Yes, the ability to provide supervision remotely has created greater access for those working on a clinical license to receive supervision from a clinical licensed social worker
257. yes, the results have been positive
258. Yes. Geographic distance is made irrelevant, which means persons in rural or frontier areas can choose from more options for supervision.
259. Yes. It allows for more scheduled supervision since it can be done from anywhere and at any time.
260. Yes. It is effective and very important in frontier counties.
261. Yes. Supervisee moved to another state. Zoom made it possible to continue meeting.
262. Yes. The option is needed and access to supervisors very helpful. I think it’s still very effective just as teletherapy can be.

263. "Yes. The world has changed since Covid. Also, generational changes are occurring, and a lot of services take place online."
264. Yes. Easier access and less time constraints
265. Yes. Good alternative when weather strikes or possible illness/exposure.
266. Yes. I am in a large community, and I have multiple office locations as do my supervisees. We rarely are at the same location, and while we try to meet in person as often as possible, having this flexibility to change to televideo on occasions has been extremely helpful to maintain the consistency of our scheduled sessions.
267. Yes. It should be an option to do in person and video supervision.
268. Yes. Yes. Yes! The option for tele health improves access to clinical supervision at times that are needed beyond scheduled weekly supervision when the supervisee is in a different office or location. It improves access if the supervisor or supervisee is sick (contagious) but able to ask work or function. It opens a variety of options for supervisees to identify a social worker that might work somewhere else in the state who has a specific specialty.
269. Yes...it helps with the ability to coordinate schedules, is more flexible, provides access to Social Workers in rural areas, is less time consuming when removing transportation requirement.

Question 12. If you received clinical-level supervision over the past two years, have you received any supervision by televideo, rather than in person?



ANSWER CHOICES	RESPONSES	
Yes	22.42%	444
No	8.69%	172
Prefer not to answer	0.35%	7
Not applicable	68.54%	1,357
TOTAL		1,980

Question 13. If you received clinical-level supervision by televideo over the past two years, do you believe the quality of supervision provided remotely has been mostly positive, mostly negative, or something else? Has the ability to receive supervision remotely helped with accessing supervisors? Please explain: (*Note:* Individual text responses were provided by survey responders, which are included below (answers with the same response were grouped together and are bolded):

1. 100% positive
2. A majority of my supervision has been in person. I am indifferent to in-person or tele-video.
3. Absolutely helped the availability, consistency and quality of supervision received.
4. Absolutely! It is helpful to be able to schedule when it's convenient for all involved.
5. Accessibility has been easier. I have never had in person supervision so I cannot compare.
6. Accessing supervision via televideo has provided a flexibility assuring meetings can happen as frequent as needed, reduces travel time, and allows more options for when supervision can occur.
7. All positive.
8. All positive. It's easier and less barriers to in person (schedules, travel, etc.)
9. Almost identical to in person supervision. Better in that we have more ability to meet and flexibility around scheduling.
10. Attending supervision via telehealth is still very effective and as allowed a great flexibility change for my schedule. It allows me to have more time to see clients as well
11. Being able to access supervision remotely increased access and provided extremely positive results in my experience.
12. Being able to receive supervision remotely has been a wonderful experience because the quality (in my opinion) is the same in person but more accessible for my supervisor who is incredibly busy and allowed me to spend the I would have to drive being able to see clients.
13. Being in the same facility but different locations has made meeting in person difficult at times of high work volume. Being able to reach out virtually has increased accessibility
14. By being able to access supervision via televideo, it has greatly improved my experience. Since I am in a more rural area, I am very limited as to who in my town would be able to provide clinical supervision. By engaging in supervision via televideo, I have been able to connect with a supervisor from a different town who has been an amazing and positive support. It's the best supervision I've ever had hands down and I wouldn't have been able to travel to her otherwise.
15. Comparable to in-person
16. Completely positive and absolutely!!
17. Completely positive, I prefer meeting on television for ease of scheduling with my clinical supervisor.
18. Definitely positive. I am currently in clinical consultation (supervision) with a clinician from New York City who is a professor in a certificate program I'm enrolled in. Without televideo, I would be unable to further my clinical education in this way and would be unable to benefit from the greater experience and expertise of clinicians outside my geographic area.
19. Did not change quality, made it easier to access
20. differs
21. Essential given geographical constraints
22. Extremely positive

23. Generally, I've had a positive experience and remote supervision has been especially helpful given the length of travel from working in such remote communities to accessing my supervisor.
24. Good
25. Having televideo options for supervision has been extremely helpful and a positive experience!
26. Helped
27. Helpful. I have mostly done group supervision by telehealth. I find it helpful to access supervision and peer support.
28. High quality, particularly helpful during the pandemic.
29. I believe it definitely is better in person but due to weather or location might not be possible for some.
30. I believe it has been mostly positive. I enjoyed supervision via video and is easier to schedule supervision times via video.
31. I believe my clinical supervision was equally beneficial when in person and via televideo. I didn't feel there were any barriers to quality. While both clinical supervisors I worked with were based in my work setting, my work setting has continued to allow us to have a limited hybrid schedule (3 days in office and up to 2 days working from home). This enabled my clinical supervisor and I to meet on our desired day and time even though there were times that our in office/ WFH schedules didn't match up.
32. I believe televideo supervision is a fantastic option! Many times both my supervisor and I were in between client appointments. Being able to televideo was a great convenience.
33. I believe that it was positive and quite beneficial. Conversations were not as time limited as face to face due to a more flexible, slightly more casual and comfortable interaction.
34. I believe that Telehealth and video conferencing are effective and efficient and definitely relatable to client work
35. "I believe the quality of supervision has been positive, and that receiving remote/telehealth supervision has not in any way diminished the quality and effectiveness of supervision.
36. Due to a physical condition (complex connective tissue disorder) and my need to work from home (I would be physically unable to work outside of my home), remote/telehealth clinical practice and supervision have made it possible for me to contribute and provide services to people in need. I am, though, still under supervision since I don't yet have my LSCSW). "
37. I can now see my supervisor for my 1099 via zoom without traveling 200 miles.
38. I currently receive mostly remote supervision, but the last year I received in person supervision. My supervision experience with my remote supervisor is a much more positive one than my previous supervisor. I believe this is because I was able to find one in a more populated area, so I had more quality options for supervision.
39. I didn't receive clinical level supervision over the past two years.
40. I do not believe televideo has offered anything different than in person would have offered. It does offer most availability to supervisors.
41. I do not think the telehealth aspect of the supervision was what negatively impacted the quality of supervision received. I think a quality supervisor can provide quality supervision via telehealth. I like that supervision can be available via telehealth but do prefer to attend in person whenever possible.

42. I don't think it's as good of an experience as in person, however most social workers have busy schedules therefore video is the most convenient.
43. I feel it is very positive. The number of LSCSW's willing to offer supervision is limited; therefore, access to well qualified, reliable LSCSW's increases with the use of televideo meetings.
44. I feel like this level of supervision has been mostly positive as it has aided in accessibility for both me and my supervisor. We are able to meet on a flexible basis if necessary, which we would not be able to do without meeting over televideo.
45. I feel the interactions with my supervisor are the same quality via telehealth as in person. This is huge for ease of scheduling supervision!
46. I find it easier to get on and talk and get things accomplished.
47. I graduated in 2020 so I had to do a lot of supervision through Telehealth. I also currently receive play therapy supervision via Telehealth. I find that I am able to receive the same level of supervision in person as through Telehealth.
48. I had a mostly positive experience with clinical supervision via tele-video. It assisted in continuing supervision during the COVID crisis.
49. I have completed clinical supervision years ago, but I meet with my Director via this method effectively. Access is improved across multiple offices and locations.
50. I have had a positive experience with televideo. It allows for more flexibility.
51. I have had less than a couple months of clinical supervision mostly remote and my experience has been very positive. Having the option to do remote allows more time in my already hectic schedule. It has definitely made it much easier in accessing clinical supervisors.
52. I have not provided I am being supervised and it has been wonderful and quick access.
53. I have not used televideo yet but appreciate this option
54. I have only received in person supervision
55. I have received post clinical supervision for additional certification and televises has been key to getting great quality supervision. Getting good supervision may mean you need access to someone who doesn't live close enough to easily see them. But also, there are circumstances where televideo is very helpful even when they are close by because life happens!
56. I have utilized zoom for supervision, and it has helped with connecting supervisors and other therapists. It is effective.
57. I offer televideo and it has been all positive feedback from supervisees.
58. I only received supervision via virtual methods if my supervisor or I was unable to be there in person, which was fairly limited overall. I thought it was fine because I already had an established relationship with my supervisor at the time.
59. I oversee clinical programs at the agency in which I am employed. Others in the programs I oversee do receive clinical supervision virtually. With shortage of eligible therapist in Kansas, the ability to connect virtually has been beneficial and mostly positive.
60. I prefer in-person interaction, but I do not feel that televideo supervision was negative in any way. It allowed me to continue supervision when my supervisor and I were not in the same place.
61. I think it was beneficial. I wish there was more structure to the supervision though. Like what exactly the expectations are.

62. I think it would have been about the same or maybe even easier. It is easier to coordinate schedules via phone than in person.
63. I was fortunate to receive supervision in person AND remotely which promoted convenience and quality.
64. I would say mostly positive, with a young child, a private practice and second employment, the flexibility of remote supervision has been extremely important in assisting with completing my hours!
65. I'd like to comment on the exam issue but there's no place to do that. I would like the KS law to still require an exam for every level of licensure, but it would be helpful to re-word it so that KS could provide an alternate exam if that's warranted. I know ASWB is making some changes, and hopefully they'll be good, but I don't wish for us to be locked into their exam only. Also, I don't think that lowering the CE requirement to 30 hours would negatively affect practice, but I am loathe to lower the requirements. I still remember when it used to be 60 hrs.
66. I'm a doctoral student at Smith College School for Social Work. I met my current clinical supervisor participating in a (previous) certificate program at this SW School. This was conducted in person and through ZOOM meetings. When I started doctoral training this summer, I met her in person a second time to determine if we were going to work together. All clinical supervision that's occurred by ZOOM occurred after the working relationship was decided on. Televideo sessions since this time have been very positive.
67. In my experience it has been positive. It allows me to ensure I get my weekly supervision while at the same time it doesn't take too much away from my other responsibilities (ex. work, family, etc). Even if it saves 20-30 minutes of travel time, it is helpful if necessary.
68. It allowed for being able to meet when physically it would have presented too many challenges to name to meet consistently
69. It allowed us to meet, even when one of us was out of town.
70. It has absolutely helped with getting supervision. The quality has been the same as in person meetings and at times made discussing challenging cases almost immediate compared to scheduling in person meetings.
71. It has been a very positive experience, and my access to a supervisor widened tremendously!
72. It has been beneficial at times due to schedule, weather or other factors but I prefer in person. I do think it makes it easier to find a supervisor though.
73. It has been incredibly positive. It has vastly increased accessibility of supervisors and time that we can meet and also makes our time better able to be focused on clinical work.
74. It has been most sufficient and positive experience.
75. It has been mostly positive as it allowed me to still have supervision even if I was feeling unwell, had a client schedule right after, or needed to go out of town on the scheduled day. There was no significant change in the supervision quality.
76. It has been mostly positive. Receiving supervision remotely was absolutely necessary to accessing a supervisor.
77. It has been mostly positive. It has helped my ability to access supervisors.
78. It has been positive and helpful.
79. It has been positive because it has allowed my supervisor to be more accessible to me. We have been able to find supervision times more easily than if we had to do in-person

80. It has been positive. It is incredibly helpful to have televideo supervision as all people involved are busy and maintain their office in different locations. This makes it easy to join in without getting to a conference room.
81. It has been very helpful and a positive experience for me. It has also saved me a lot of time not having to commute to elsewhere to see someone in person.
82. It has been very positive and absolutely helped in terms of access!
83. It has been very positive and convenient.
84. It has been very positive.
85. It has definitely been more positive. Not being able to do televideo supervision would have significantly impacted my ability to work toward my clinical license. I have done both in person and televideo and do not believe I am missing out on anything by doing mostly televideo. Group supervision has been more easily accessible as well which adds positively to the learning experience.
86. It has helped maintain the supervision requirements with the added flexibility with the option to participate remotely.
87. It has helped me in many moments as it reduces the pressure to coordinate schedules so tightly and allows for different experiences and timing of meetings to be available.
88. It has helped me so much because I have 3 children at home. Telehealth has been positive!
89. It has helped my peers pursuing clinical licensure significantly.
90. it has helped with accessibility / flexibility of scheduling supervision meetings
91. It has increased my ability to participate regularly in supervision. Remote supervision has greatly increase access for me personally and removed a dig barrier for me.
92. It has still been just as beneficial as when i did it in person.
93. It helps to access at times, but I feel there is more richness to in person supervision
94. It isn't a common practice to receive supervision this way. Mainly I have received it when one of us needed that as an option to stay in compliance. It is an extremely beneficial option when needed.
95. It was a little over two years ago. I completed 1 or two sessions over televideo. It was convenient and no different than in person.
96. It was a positive experience and it absolutely helped me access supervision.
97. It was a positive experience to meet by televideo. We are all busy and being able to adapt and meet in person and by televideo is important.
98. It was a positive experience. It provided flexibility when I couldn’t attend in person.
99. It was during 2020-2022 due to concerns related to covid and masking/social distance mandates for those facilities/environment
100. It was fine and allowed me to obtain clinical license.
101. It was helpful in maintaining consistency when weather/health would have prevented meeting.
102. It was just as helpful as in person
103. It was more convenient than meeting in person with work schedules, traffic ect
104. It was positive and helpful that I didn’t have to miss work to have to drive to her office
105. It was positive, and this is very beneficial for people who would otherwise have difficulty accessing supervision.

106. It was positive, but I did not continue it.
107. It was very helpful and instances when one of us was working out of state or temporarily attending a conference. This way I had no break in supervision and my supervisor was consistent
108. It was very positive and more easily accessible to receive supervision with telehealth as an option! I'm so grateful for the change.
109. It was very positive as this happened seldom but was effective
110. It's been positive and allowed for flexibility with the supervisor so that they can provide supervision as well as pursue their other endeavors, I.e. their own clients, etc. As a supervisee, it opens up more opportunities to gain supervision.
111. It's been positive and it helped to be remote
112. It's made it a lot easier to schedule appointments that work with my schedule and my supervisor's schedule.
113. Most of my supervision sessions are remote, and they have all been positive and effective. I am in Salina and my supervisor is in Wichita. She is quality and trustworthy, and I don't think I'd be able to find anyone like her in Salina. So, televideo has been crucial for my ability to access my supervisor!
114. Mostly helpful
115. Mostly positive (25 Responses)
116. Mostly positive - it has allowed me to access a great supervisor with a schedule similar to mine.
117. Mostly positive - it is convenient and takes away barriers of the time and resources required for a commute, and it does not take away from supervision quality. I did appreciate meeting in person every so often, but televideo was extremely helpful.
118. Mostly positive - the ability to receive supervision remotely has helped tremendously in accessing supervision. It has allowed continued supervision despite busy, conflicting schedules and when one of us has been out of town. It has also allowed for meetings when one of us has been ill or recently exposed to COVID-19 or other contagious viruses. At times there have been connectivity issues however I feel the benefits of receiving supervision remotely has far outweighed any positives.
119. Mostly positive - we're able to staff cases sufficiently via televideo.
120. Mostly positive allowing greater flexibility and access to supervisors, and limiting time commuting for supervision services (i.e. I can fit supervision between other appointments). Only negative is difficulty reviewing paperwork/documentation together is more difficult.
121. Mostly positive and allowed me to get more supervisions without worrying about transportation.
121. Mostly positive and allows meetings to happen with less stress.
122. Mostly positive and definitely made supervision more accessible and affordable
123. Mostly positive and extremely helpful in accessing supervisors
124. Mostly positive and has helped with accessing supervisor.
125. Mostly Positive and it has help with access
126. Mostly positive and it has made it easier to access supervision without giving up time for clients.
127. Mostly positive and made availability to di supervision easier as well.

128. Mostly positive and made supervision immensely more accessible.
129. Mostly positive and makes access easy and effective reducing time barriers
130. Mostly positive and remote access helped accessing supervisors
131. Mostly positive and yes, I would say it has helped me to access supervision i otherwise would either have to travel for or not receive.
132. Mostly positive as it opens up more opportunities to meet during busy schedule times.
133. mostly positive- has worked better with schedules and still being able to have the full supervision session
134. Mostly positive- more flexible, can still meet if ill, etc.
135. Mostly positive- Yes, in person is challenging at times with the daily demand of our jobs.
136. Mostly positive, absolutely helps with access and loss of time traveling to meet in person.
137. Mostly positive, allowed me to have supervisor in my clinical specialty even though we were ~1 hour apart. No difference in quality of interaction over video.
138. Mostly positive, allows me to speak with my clinical supervisor in real time while still at work.
139. Mostly positive, increased accessibility
140. Mostly positive, increased flexibility for many of my colleagues.
141. Mostly positive, it allowed for more group supervision and flexibility in scheduling time.
142. Mostly positive, it has ensured that my supervisor was more available and could easily fit supervision into both schedules, in addition it did not hinder the learning process
143. Mostly Positive, it has helped with accessing supervisors. I was able to interview for supervisors across state lines so my "pool" for potential supervisors was bigger. And it helps with my work schedule in that I don't have to take time out to travel to meet with my supervisor, I get to do it online and then get back to work.
144. Mostly positive, it has significantly helped me be able to reach my clinical license sooner.
145. Mostly positive, made seeking supervision more accessible
146. Mostly positive, more access to shared resources, and handouts in real time.
147. Mostly positive, my supervisor lived an hour away so being able to meet by televideo enabled us to continue to meet regularly even when weather was bad, or we had other scheduling conflicts.
148. Mostly positive, no concerns. Has helped tremendously with competing schedules.
149. "Mostly positive, no noticeable difference in format, really.
150. Yes, the ability to receive supervision remotely HAS helped with accessing supervisors!"
151. Mostly positive, same quality as in person.
152. Mostly positive, the level of supervision is equal to in person and allows for accessibility
153. Mostly positive, tremendously helped access regular consistent supervision
154. Mostly positive. Allowed some flexibility to meet needs.
155. Mostly positive. I think it has been much more convenient and probably allowed me to participate at a higher level than I might have otherwise. I probably would have missed more sessions and it would have taken longer.
156. Mostly positive. It has definitely helped with accessing supervisors.
157. Mostly positive. It was much more accessible and relevant.

158. mostly positive. Quality is dependent on the people not the format. Saves money and time in travel weekly. Time saved allows me to provide another hour seeing clients.
159. Mostly positive. Supervisors are not always available locally, however their insight, guidance, and knowledge do not require them to be in person to share.
160. Mostly positive. Without remote access to supervision, it would have been unavailable or significantly more expensive for me to receive. Without the remote option I am not sure it would have been an option. I would have either not pursued my license or chosen to practice in a more urban setting rather than the rural setting that I'm providing services in.
161. Mostly positive. Accessibility has been so helpful in managing two people's schedules.
162. Mostly positive. Allowed me to maintain more of a work life balance and my supervisor was more easily accessible given both of our schedules.
163. Mostly positive. I am able to access my supervisor more easily and group supervisions are made possible that would otherwise not be.
164. Mostly positive. I am the spouse of a military member; moving every couple of years is a given. Being able to access my supervisor remotely has taken a huge burden off my shoulders. Additionally, receiving supervision remotely has allowed me to maintain continuity while attaining the required supervision hours.
165. Mostly positive. I can still see my supervisor on the video and I feel my supervision both in person and virtually greatly impact my clinical skills for the better. There is not a difference in my opinion. I also would not always be available to leave my work building to get to supervision so the virtual option has made attaining my hours much more accessible.
166. Mostly positive. I have been receiving supervision in my current state of Arizona and attending online has helped me access services as I do not currently have an LMSW at my work site.
167. Mostly Positive. I prefer in-person engagement, but it allowed me to get my needed supervision times in in spite of both my supervisor and mines often hectic schedules.
168. Mostly positive. I recently relocated from Alaska to Kansas. There were no clinical supervisors where I lived due to the lack of resources in this remote village. If not for remote access, I would not have been able to have a clinical supervisor.
169. Mostly positive. I think meeting in person would have been much more difficult to accomplish.
170. Mostly positive. It allows flexibility and accommodates bad weather.
171. Mostly positive. It allows great flexibility for a profession that can be unpredictable and hard to get away to commute for supervision.
172. Mostly positive. It definitely made it easier to access my supervisor.
173. Mostly positive. It has allowed flexibility for both myself and my supervisor that would otherwise be impossible due to single mother status.
174. Mostly positive. It has allowed me more access to my clinical supervisor without sacrificing quality.
175. Mostly positive. It has allowed me to schedule clinical supervision more easily in my work schedule. I am unsure I would be able to schedule supervision at this time due to travel time/ scheduling conflicts otherwise without it.

176. Mostly positive. It has enhanced my ability to seek supervision from people outside of my organization and it has been more convenient.
177. Mostly positive. It has helped significantly.
178. Mostly positive. It helps to access supervision on a more flexible schedule.
179. Mostly positive. It made supervision more accessible.
180. Mostly positive. It makes supervision more assessable. Traveling to and from supervision takes 30 minutes in itself.
181. Mostly positive. It offers improved accessibility for travel and scheduling logistics, with more minimal interference to regular work / client hours before and after supervision. No notable drawbacks in communication or quality of supervision when done remotely. Allows for easy visual sharing of resources / information.
182. Mostly positive. It was more convenient. I feel it was just as effective as in-person.
183. Mostly positive. It was only done a couple of times, but it was a way to ensure supervision was completed. Televideo didn't take away from what was being discussed.
184. Mostly positive. It's really helped me access it with limited childcare support.
185. Mostly positive. It's been very helpful for me to stay in track and receive excellent supervision even through bad weather busy schedules.
186. Mostly positive. My supervisor has made extra effort to understand my practice, visiting my office and scheduling in-person time but it is primarily online. Remote supervision would be the only way I could received supervision. I live in a rural community and would have to travel at least 1 hour (round trip) to receive supervision. That would take 2 hours out of my work day every week and is far less reasonable for me to manage.
187. Mostly positive. Rarely but occasionally my supervisor is traveling for work, but we are still able to do supervision during the week due to the availability of televideo.
188. Mostly positive. Remotely helped tremendously with a busy lifestyle!
189. Mostly positive. Stays on-subject, more organized, better overall experience.
190. Mostly positive. Televideo has allowed me and my supervisor flexibility in our schedules to see one another. The commute to each other is lengthy so we can have supervision with greater ease.
191. Mostly positive. Television did not affect supervision access for me.
192. Mostly positive. The quality of the supervision does not seem to change when it's in person vs when it's by televideo. It has helped access supervision when one of us is ill/not in the office.
193. Mostly positive. There is a shortage in QUALITY supervisors and televideo is the only way to meet with my clinical supervisor.
194. Mostly positive. There is no change to the quality of supervision via video versus in person. The ability to receive supervision remotely helps immensely.
195. Mostly positive. This method has allowed for greater ease in meeting times and fitting clinical supervision sessions into a busy schedule.
196. Mostly positive. We were easily able to share education materials via the platform, and were able to avoid cancelling due to childcare issues, transportation concerns etc.
197. Mostly positive. With the pandemic I would have had to pause on obtaining my clinical hours for my LSCSW.
198. Mostly positive. Yes, has helped with access.

199. Mostly positive. Yes, having the ability to receive supervision remotely has helped with accessing supervisors.
200. Mostly positive. Yes, it’s helped with the flexibility.
201. Mostly positive. Yes, because it is more convenient and there is no travel involved.
202. Mostly positive. Yes, it has allowed continuity of supervision.
203. Mostly positive. Yes, remote access helped provide me with access to a supervisor without having to spend additional time outside of work commuting to receive in-person supervision.
204. Mostly positive. Yes, the ability to receive supervision remotely has helped with accessing supervisors. When I initially started seeking supervision, finding one locally was challenging, however I was able to obtain a supervisor clinically licensed here in Kansas but residing in another. In that we are able to do our supervision remotely. Which is greatly appreciated!
205. Mostly positive. Yes. I live in Lenexa Ks and my supervisor is in Independence MO.
206. Mostly positive. Yes. Remote supervision allowed me to do my job more efficiently by only requiring one hour for supervision rather than requiring me to drive both ways to access it. Remote supervision also allowed me access to a broader skill set than only what was available through employment.
207. Mostly Positive. Yes, has helped with access, and was able to find clinical supervisor with similar professional interest outside of current working relationships, which helps with professional growth.
208. Mostly positive; increase accessibility to supervision has helped rural populations receive adequate and quality supervision
209. Mostly positive; it has made supervision more accessible and easier with a busier schedule
210. mostly positive; more accessible, more flexible, better for expenses/mental health
211. Mostly positive; remote availability of clinical supervision has been helpful (only use this media when unavoidable)
212. Mostly Positive; yes. There are times when my clinical supervisor is not able to be at my worksite or meet face to face, and it helps us to be able to meet and discuss things just as we would in person.
213. Mostly positive; Yes, this has helped in maximizing the amount of time for a supervision session (allowing the supervisor and supervisee to jump in right away, versus get situated when meeting at a secure location).
214. Mostly positive-it made supervision convenient and easy to fit in during my work day.
215. Mostly supportive
216. Much easier to access supervisors!
217. My clinical supervision conducted remotely has been immensely helpful and extremely convenient, given that we are able to connect remotely. If we had to meet in person, this would become a barrier to receiving clinical supervision and furthering my career.
218. "My clinical supervision has been a combination of televideo and in-person. The quality of my tele-supervision has been very positive. Having televideo as an available option improved both accessibility and flexibility (ex. weather).”
219. My experience has been mostly positive. And because of the lack of supervisors in my city of residence, it has definitely made accessing a supervisor much more attainable.

220. My experience has been positive with both in-person and the few televideo supervision sessions.
221. My experience has been very positive. It has allowed us more flexibility which allows my supervisor to be more available.
222. My experience with receiving supervision by televideo has been mostly positive. I ability to receive supervision remotely has helped immensely with accessing supervisors. I had a bigger pool of supervisors to choose from than I would have had if only in-person supervision was allowed.
223. My experience with televideo clinical-level supervision has been mostly positive. The ability to receive this service remotely has allowed me to serve more clients throughout multiple counties. I have been able to receive supervision from multiple people within my specific practice of clinical work, which I would not be able to attain in person.
224. My experience with televideo supervision has been a good one. My supervisor holds licenses in 3 states and lives primarily in another state. There are few LCSW's available in my area. Without the ability to complete televideo supervision I don't know that I would have been able to work toward my clinical license.
225. My supervision quality has not been impacted by virtual sessions. The most significant impact for me has been that my supervision time frame would be extended by 6 months to a year if I did not have that option. So I highly favor the virtual option.
226. My supervisor has been wonderful through remote
227. N/A (not currently under supervision, but I do feel like it would have been helpful during my supervision)
228. N/A I have become used to telehealth/televideo as an educator, trainer, therapist, manager working with staff 100% remote.
229. negatively effected
230. Neutral
231. No I don't believe it has been negatively impacted as we do not always rely on televideo, only hybrid.
232. No it worked well for me
233. No negative impact from remote supervision and yes, it's a huge help with accessing supervisors.
234. Not at all positive, I felt like my clinical supervision failed to provide any content of value. No oversight over the televideo option allows clinical supervisors to do little to no preparation for supervision.
235. Not provided
236. Oh yes, very much so! It makes it easier accessible to supervisees! It's an added bonus when hiring staff.
237. Personally, televideo was more favorable for me given my hectic schedule. I could jump on a Teams call rather than having to drive somewhere else. Also, depending on the day, there were immediate needs that I couldn't avoid, and it made moving supervision to a later time or different date a lot easier. It wouldn't have worked sometimes if my supervision was in-person because the person would have already been at the meeting site. My supervisor works within the same company as me, but we work at two different locations so televideo was more beneficial for us.

238. Positive (21 Responses)
239. Positive - and yes, it has helped with access as it requires less time away from patient care for both supervisor and supervisee.
240. Positive yes it has helped to access supervisors
241. positive (I am referring to ongoing supervision not for the level of obtaining licensure); it still feels effective despite some challenges like for sharing handouts.
242. Positive. Helps with supervision in a rural area.
243. Positive and accessible
244. Positive and has been a great asset! I was able to find a great supervisor who via telehealth
245. Positive and has helped with access
246. Positive and helped with accessing my supervisor. She was unable to leave her home due to a fall but it did not prevent us from meeting and the quality of supervision felt the same.
247. Positive and increased availability of both myself and the supervisor to receive adequate supervision time.
248. Positive and very helpful in accommodating my unusual schedule.
249. Positive and very helpful!
250. Positive and yes it has helped to access my supervisor
251. Positive and yes, helped with accessibility especially during the pandemic
252. Positive because having an option for more supervisors in rural areas is great.
253. Positive due to the amount of time and accessibility for both me and my supervisor. I appreciate the flexibility.
254. Positive experience and was helpful to have the flexibility during work schedules.
255. Positive experience w/ televideo, and yes, it is helpful to access my supervisor much more easily.
256. Positive experience with additional in-person training
257. Positive experience. As someone who lived in MO during my clinical supervision, the televideo option made it possible to have supervision with a well-known and highly regarded supervisor who was over an hour from my home.
258. positive experience. helps with time management and was able to stay with someone i trusted when i moved cities for work.
259. Positive if there is an agenda and talking points
260. Positive in being able to access supervisors.
261. Positive--- in person is preferable
262. Positive it has helped me get the correct amount and not have to have travel time
263. Positive. Yes, I wouldn’t be able to receive clinical supervision with my agency without the remote option.
264. Positive, and yes the convenience and flexibility was important
265. Positive, and yes the time spent I feel is focused and can be convenient
266. Positive, as a school social worker sometimes I am unable to leave the building. This has made it possible to still access my supervision.
267. Positive, definitely helps with locating a supervisor.
268. Positive, has increased access to supervisor, especially during inclement weather

269. Positive, it has allowed for increased flexibility and more consistent supervision meetings. It also facilitates real time review of tools, resources and information to better inform our discussion.
270. Positive, it helped to meet the needs of both of our schedules and I still got quality supervision.
271. Positive, saves drive time and allows me more flexibility
272. Positive, when combined also with in-person supervision also provided on a regular basis.
273. Positive, yes in terms of access
274. Positive (2 Responses)
275. Positive. I live in a rural area and access to meet for clinical supervision would be challenging for in person. We do a combination of remote and in person and I don't feel any negative impact of the remote access.
276. positive. No challenges whatsoever.
277. Positive. Accessible and convenient
278. Positive. All of my clinical supervision was in person, however I have been working on EMDR certification and that has been remote and has been amazing.
279. Positive. Having access to televideo has improved access to my supervisor!
280. Positive. Helped with limiting travel and reducing time conflicts.
281. Positive. Helps access supervisors, more flexibility in scheduling with high caseloads, etc.
282. Positive. I believe access to televideo supervision is beneficial in helping with access to supervisors.
283. Positive. I believe this allows for both supervisor and supervised to reduce travel time and have more time in their day.
284. Positive. I was able to both in person and televideo. It does offer access for areas limited
285. Positive. It allowed me to continue supervision when complicated circumstances arose such as childcare, illness and highly urgent issues.
286. Positive. It depends on quality of the supervisor, as well as level of commitment by both parties.
287. Positive. It gives me better availability to meet with my supervisor
288. Positive. It has had no impact on the supervision I have received.
289. Positive. It has made it more accessible due to scheduling and conflicts or illness.
290. Positive. It provides much more flexibility, coordination of schedules, and helps to connect supervisors with supervisees who are not local to one another or within the same agency.
291. Positive. It was more conducive to my schedule.
292. Positive. It was only one time while my supervisor was sick.
293. Positive. It's the primary thing that made it possible
294. Positive. Televideo makes connections possible with far less barriers.
295. Positive. This has helped my ability to access clinical supervision.
296. Positive. We were able to screen share and review documents with ease. It was very professional and productive.
297. Positive. Yes I was able to have a supervisor across the state the offered great advise and help and wouldn't of got that if I wasn't able to get if I wasn't allowed telehealth
298. Positive. Yes, it helps.

299. Positive; Allowed for flexibility in adhering to supervision requirements during periods of unpredictability.
300. Positive; helped
301. Positive; yes
302. Positively
303. Positively influenced by removing barriers to in-person attendance and coordination
304. Positives it's not my preference but has been nice to have an alternative when needed for things like scheduling changes or inclement weather.
305. Primarily positive. It certainly helps accessing supervisors, even within my own organization due to how spread out the organization is.
306. Quality has been positive. Ability to receive supervision via televideo has been beneficial and increases time available to provide direct services to individuals (reduction in drive time = more time with clients)
307. Receiving clinical supervision via televideo has been very helpful, it provides with me flexibility to meet with my clinical supervisor as often as needed and allows for concerns to be addressed more promptly as I do not have to drive to meet with her.
308. Remote access to my clinical supervisor has been paramount, as we live three hours away from one another. I believe that my clinical supervision with this individual has been extremely positive. I have had other supervisors in the past (in person) that have not worked out as well for me. So, allowing remote/televideo clinical supervision has helped me access the RIGHT supervisor.
309. Remote clinical supervision was extremely positive. It allowed flexibility and less costly overall.
310. Remote is sufficient for supervision. More time and access to meet with supervisors due to everyone's busy schedules.
311. Remote supervision as a back up to in person has been a great option and mostly positive
312. Remote supervision has been 100% a positive experience. It provides me more access to my supervisor when needed and more times available to meet because I don't have to go to an actual building/location to meet/commute times.
313. Remote supervision has been very positive and an important way to help get weekly supervision in
314. Remote supervision was no different than in person; in regard to quality. The accessibility of a remote option was very helpful in certain situations (ex. Supervisor or myself was sick).
315. Remote, I believe is a great option for various reasons rather transportation, Weather, accessibility. I personally am able to obtain positive experiences through this form and believe it is helpful overall.
316. Supervision is typically conducted in-person and was only moved to be virtual on 2 occasions when one of us was sick. It didn't impact the quality of supervision and did help with accessibility.
317. Supervision provided via televideo was a completely positive experience. I was able to get supervision from someone who specialized in the area of expertise I am most interested in. It allowed me to spend less time commuting and more time on focusing what was important.

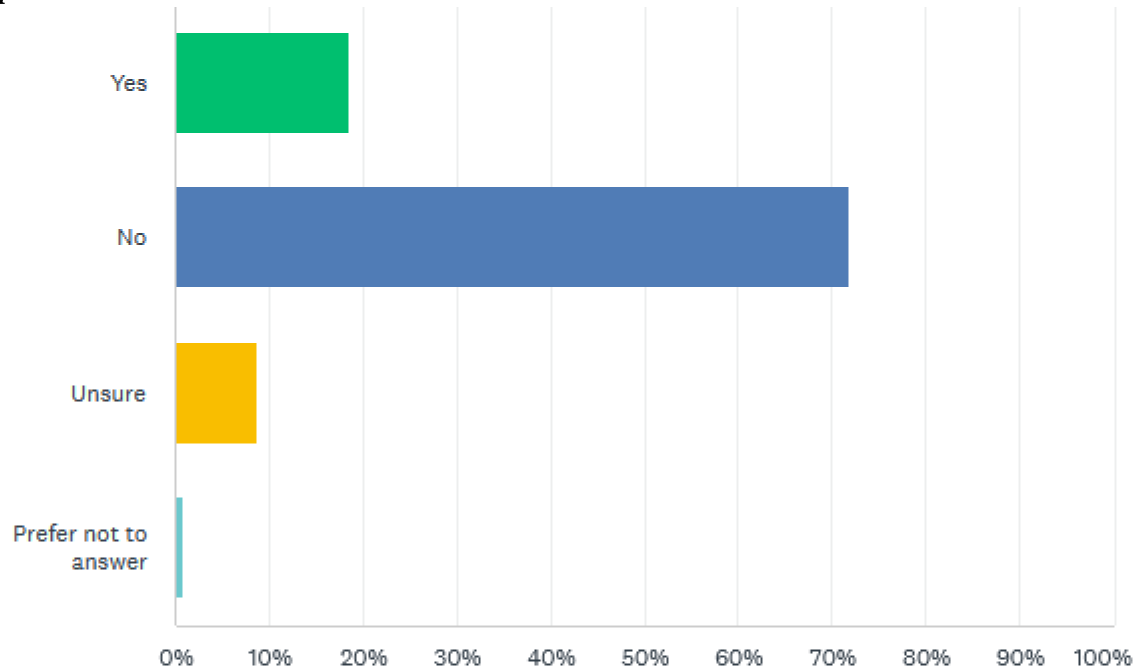
318. Supervision via telehealth has been positive. I prefer in person supervision, but it has been really great to have the option in inclement weather, if not feeling well, etc.
319. Televideo and virtual modalities are not the same quality as in-person. It is almost absurd to dispute that point.
320. Televideo has been very helpful. I encourage we continue to all for this option. It opens the door to qualified supervision by opening the door to supervision options.
321. Televideo has made supervision more accessible because my supervisor is in a different county, however I would say the quality of supervision over televideo is mostly negative because I can see my supervisor scrolling Facebook in her glasses.
322. Televideo supervision allowed me and my clinical supervisor to review the clinical record at the same time while remaining face to face on video. For social workers in a rural area, allowing televideo increases the quality of supervision, as it would be more difficult to have a supervisor without a dual relationship or other conflict of interest in a small community.
323. Televideo supervision has allowed for group supervision. With this, I have been able to learn from other supervisees and guidance from our supervisor that I would not obtain due to schedule conflicts for in person supervision. Televideo supervision has been highly beneficial.
324. Televideo supervision has been positive. It increases access to supervisors as we work in multiple locations and have different schedules.
325. Televideo supervision is a positive change that helps people access needed supervision. It does not have any negative impact on supervision quality.
326. Televideo supervision was efficient and positive. It allowed for more efficient use of my time by not having to travel to my supervisor's office. I was able to find a supervisor that was in my interest area with greater ease because of televideo.
327. The ability to do televideo supervision has been helpful if weather or other factors deter me from attending in person. The quality of the televideo supervision is hit and miss but that is more so on the supervisor than on any other factors.
328. The ability to have supervision over televideo was a positive experience. My supervisor was not always in my local area, so the ability to do supervision remotely was important. Also, the ability to have remote supervision allows the opportunity for those in rural areas to have the opportunity to have supervision.
329. The ability to move supervision in person to televideo as need arises has given me to opportunity to continue gaining supervision and see as many clients as possible.
330. The ability to use remote options for supervision was very important to me for accessing clinical supervision during and after the pandemic. I feel the quality was similar to in person supervision and at times better. It was easier to share materials and discuss using screen share and this allowed for me to gather more resources and tools.
331. The quality of my supervision has been positive.
332. "The quality of televideo supervision is overall positive.
333. Televideo supervision is not of as high quality as is in-person supervision.
334. Receiving supervision remotely does help in accessing supervision (self-explanatory, such as in context of physical illness sxs or transportation or other logistical challenges)."
335. The remote option has been positive. It has allowed me to pick supervisors that are in alignment with my population and therapeutic approaches.

336. There have been no supervisors available to me, in person or not.
337. There were only a couple of times that we had to do supervision remotely. It did not affect the quality of supervision. Mainly my supervision is in person.
338. This allowed more options for supervisors.
339. This has allowed me to meet with supervisors who are not only LSCWS, but also RPTS and helped me in both learning more about my clinical skills, as well as my play therapy skills at the same time.
340. This has been a mostly positive experience. I have been able to meet with my supervisor more regularly and it has helped in scheduling around their and my other meetings/appointments.
341. This has been a positive change to increase accessibility, ensure clinical oversight, and improve client care.
342. This has been a positive experience
343. This has been all positive. It helps with scheduling.
344. This has been essential!!
345. This has only been positive. I was living in a rural area and could receive supervision from my supervisor who lived in an urban setting. It also allowed for greater time flexibility. Lastly, I was able to have more options for supervisors.
346. This is not about this question per se, but there was nowhere to put additional comments…but I wanted to bring up the LSCSW exam. I took it and missed by 1 point. It was so stressful, and my mental health suffered from the anxiety. I have been a sw for over 23 years and have passed both the LBSW and LMSW exams. Would BSRB be willing to consider taking a second look at sw's that missed by such a small margin on the exam? It's 1 point, but I cannot take it again due to the stress.
347. This type of supervision allows the Social Worker to be matched with specialists and people who match their clinical need. I believe this is highly beneficial.
348. Though I prefer in-person because I would always rather meet with someone in person vs online in any situation, I did find tele-supervision to be as effective as in-person supervision.
349. Very positive (3 Responses)
350. Very positive and allowed for some flexibility considering how much I have to work to afford paying for my own clinical supervision.
351. Very positive and beneficial
352. Very positive and realistic as traveling to and from takes away from my daily duties.
353. Very positive and very thankful for the opportunity to be able to do that!
354. Very positive because of my strong bond with the individual. The tele aspect did not diminish.
355. Very positive, it's easier to fit into my schedule when completed over televideo.
356. Very positive. It allowed more freedom and time for my supervisor and I when arranging our appointment times.
357. Very positive. Virtual supervision has allowed us to meet when weather is bad, children are sick, etc. I find value in both in person and virtual supervision. I tend to be more open on virtual sessions.
358. Yes (11 Responses)
359. Yes especially with scheduling conflicts

360. Yes- I feel with technology televideo supervision is no different than in person supervision
361. Yes, I felt my supervisor and meetings were high quality and fine
362. Yes, I have never felt like there was an issue with televideo supervision. My supervisor handled it very effectively.
363. Yes, I have received positive results. It has allowed me to save gas going out of town as well as remain available for my clients. I've also had some car trouble which would have otherwise made traveling for supervision very difficult as well as more expensive due to gas reasons.
364. Yes it has all been positive no downside at all.
365. Yes it has helped when my supervisor was busy and it would have resulted in a cancelled session otherwise.
366. Yes, it is helpful to have multiple options
367. Yes it was a positive experience and helped to make supervision more accessible.
368. Yes it was mostly positive, being able to meet for supervision by televideo was very helpful for access, it increased the times available for us to schedule and meet, cut down on travel time and expense, and seemed very beneficial to have as an option for both supervisor and supervisee!
369. Yes, it's been mostly positive. It's allowed for ability to keep supervision appointments when other weather, scheduling, or transportation issues they have gotten in the way otherwise.
370. Yes more convenient and just as helpful
371. Yes more flexibility
372. Yes most of my supervision was remote and good quality and It significantly reduced what would have been barriers for in person supervision.
373. Yes mostly positive
374. Yes remote is conducive to work schedule
375. Yes this has helped immensely in accessing quality supervision.
376. Yes! It removes barriers and allows the supervision to continue when life brings challenges.
377. Yes! It was easily accessible & I could see resources quickly. I was providing a lot of Telehealth & supervision in the way was helpful to be able to model & transfer skills practiced.
378. Yes! My clinical supervisor was always available and supportive.
379. Yes! Perfect all the way around for flexibility with schedules.
380. Yes! This has been so helpful, as when someone is sick or traveling, meeting can still occur.
381. Yes, all positive. Accessibility has been positively affected as well.
382. Yes, definitely positive. Remote supervision allowed me to continue my clinical supervision during the pandemic when it was necessary if I was sick, my children were sick, or my supervisor was sick. Without it, I'm not sure if I would've been able to complete the clinical licensing process.
383. Yes, I loved my video supervision. It was great to add it into my workday instead of taking off time to drive and meet someone. It was very high quality.
384. Yes, I'm blessed with the best without this it would Not be possible
385. yes, it has been positive and necessary in my circumstances given some life events with family health issues making office visits difficult.
386. Yes, it has been very positive.
387. Yes, it has made supervision attainable and should remain an option.

388. Yes, it was quality supervision that was received.
389. Yes, there are times my clinical supervisor is working at a different location than me so it is very convenient to do televideo instead.
390. Yes, when I was working in a rural area, access via televideo saved me multiple hours of drive time and helped me to maximize my patient/client contact.
391. Yes. Makes it much easier to receive supervision when both are busy professionals who sometimes don't have time to be in the same space.
392. Yes. I believe being remote added so much flexibility and removed a lot of barriers. My supervisor experience was mostly positive.
393. Yes. It was a positive experience and helps with access.
394. Yes. My supervisor would not be able to meet every week in person only.
395. Yes. Super helpful to have the option of virtual. Saves time.

Question 14**. Kansas currently requires 40 hours of continuing education every two-year license period for each level of permanent social work license.* ***Do you believe lowering the required number of hours from 40 hours to 30 hours would negatively affect professionalism and safe practice?



ANSWER CHOICES	RESPONSES	
Yes	18.62%	483
No	71.78%	1,862
Unsure	8.71%	226
Prefer not to answer	0.89%	23
TOTAL		**2,594**

Additional Comments

The Behavioral Sciences Regulatory Board thanks all social works who completed the 2024 Survey of Social Workers. In addition to the feedback that was provided through the survey, a handful of individuals sent messages to the BSRB with additional comments, so those comments have been summarized below:

- One individual stated they loved this approach;
- One individual noted they had been licensed as a bachelor's level social worker for several decades and expressed discouragement with the lack of jobs available for social workers at the bachelors and master's levels of licensure. This individual expressed a request for a way be able to advance to a higher level of license based on years of practice, noting that it would not be feasible to return to school and incur student loans;
- One individual asked if it would be permitted to share information for the survey on a social media group site (*note*: the BSRB informed this individual that it would be appropriate to share news about the survey, but not to share the individual message, as that was sent to his personal e-mail with a specific link for him to take the survey.);
- Two individuals noted being unable to receive the survey (*note*: the BSRB followed up with both individuals and offered to work with these individuals to obtain their responses. One individual agreed and the results from this individual were entered manually into the survey results and are reflected in the combined report. Several other e-mail "bounce-back" notices were received by the agency, so the BSRB followed up to update contact information and to send the survey to individuals who did not receive it originally.)
- One individual noted difficulty answering the demographic question on the survey, as he holds two different employment positions, and one job involves work in an urban setting while another job involves work throughout the entire state;
- One individual expressed concern that the survey questions may be written in a misleading way and noted that they might have answered some questions differently if they did not read the questions closely. This individual also expressed concerns with being asked to provide feedback on topics, such as a proposed multi-state compact, without more details being made clear, such as whether a person would need to pay a fee for a multi-state license if someone is already licensed in Kansas;
- One individual stated interest in learning the outcomes from the survey, specifically concerning the question on a potential decrease in continuing education hours. This individual expressed support for decreasing the required hours from 40 hours to 30 hours and noted that workshops can be costly, given social worker salaries. (*Note*: the BSRB informed this individual that the survey responses would be included in a report and a link to the report would be sent to all social workers when the report was available.); and
- One individual expressed concern regarding a possible decrease in professional standards, such as discontinuing a national examination and lowering continuing education hours from 40 hours to 30 hours. This individual noted the social work community should be working to strengthen professional standards to better serve clients, given the need for ethics, advanced critical thinking, and communication skills.

102-3-3a. Education requirements. To qualify for licensure as a professional counselor or a clinical professional counselor, the applicant's education shall meet the applicable requirements specified in this regulation.

(a) Each of the following terms, as used in this regulation, shall have the meaning specified in this subsection:

(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.

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

(b) At the time of application, each applicant shall have met the following requirements:

(1) Received either a master's or a doctoral degree in counseling, or a related field, from a program that meets one of the following requirements:

(A) Is not below the accreditation standards of the council for the accreditation of counseling and related educational programs; or

(B) meets the requirements in subsections (f) and (g); and

(2) as a part of or in addition to the coursework completed for the graduate degree in counseling or a related field, completed at least 60 graduate semester hours, or the academic equivalent, of which at least 45 graduate semester hours, or the academic equivalent, shall clearly meet the coursework requirements in subsection (c).

(c) Each applicant shall have satisfactorily completed formal academic coursework that contributes to the development of a broad conceptual framework for counseling theory and practice as a basis for more advanced academic studies. This formal academic coursework shall consist of at least 45 graduate semester hours, or the academic equivalent, that are distributed across the substantive content areas provided in this subsection. None of these credit hours shall be earned through independent study courses. There shall be at least two

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discrete and unduplicated semester hours, or the academic equivalent, in each of the following substantive content areas:

(1) Counseling theory and practice, which shall include studies in the basic theories, principles, and techniques of counseling and their applications to professional settings;

(2) the helping relationship, which shall include studies in the philosophical bases of helping relationships and the application of the helping relationship to counseling practice, as well as an emphasis on the development of practitioner and client self-awareness;

(3) group dynamics, processes, and counseling approaches and techniques, which shall include studies in theories and types of groups, as well as descriptions of group practices, methods, dynamics, and facilitative skills;

(4) human growth and development, which shall include studies that provide a broad understanding of the nature and needs of individuals at all developmental levels and in multicultural contexts;

(5) career development and lifestyle foundations, which shall include studies in vocational theory, the relationship between career choice and lifestyle, sources of occupational and educational information, approaches to career decision-making processes, and career development exploration techniques;

(6) appraisal of individuals and studies and training in the development of a framework for understanding the individual, including methods of data

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gathering and interpretation, individual and group testing, and the study of individual differences;

(7) social and cultural foundations, which shall include studies in change processes, ethnicity, subcultures, families, gender issues, the changing roles of women, sexism, racism, urban and rural societies, population patterns, cultural mores, use of leisure time, and differing life patterns. These studies may come from the behavioral sciences, economics, political science, and similar disciplines;

(8) research and evaluation, which shall include studies in the areas of statistics, research design, development of research, development of program goals and objectives, and evaluation of program goals and objectives;

(9) professional orientation, which shall include studies in the goals and objectives of professional organizations, codes of ethics, legal considerations, standards of preparation and practice, certification, licensing, and the role identities of counselors and others in the helping professions; and

(10) supervised practical experience, which shall include studies in the application and practice of the theories and concepts presented in formal study. This experiential practice shall be performed under the close supervision of the instructor and on-site supervisor with the use of direct observation and the preparation and review of written case notes. Direct observation may include the use of one-way mirrors in a counseling laboratory, the use of videotaped or

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audiotaped sessions, or the use of synchronous videoconferencing or similar synchronous communication devices.

(d) Each applicant for licensure as a clinical professional counselor whose master's or doctoral degree is earned before July 1, 2003 shall have earned the graduate degree in accordance with subsections (b) and (c).

(e) Each applicant for licensure as a clinical professional counselor whose master's or doctoral degree is earned on or after July 1, 2003 shall meet the following education requirements:

(1) Have earned a graduate degree in accordance with subsections (b) and (c);

(2) in addition to or as a part of the academic requirements for the graduate degree, have completed 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" adopted in K.A.R. 102-3-15. The 15 graduate semester credit hours, or the academic equivalent, shall include both of the following:

(A) The applicant shall have satisfactorily completed two graduate semester hours, or the academic equivalent, of discrete coursework in ethics and two graduate semester hours, or the academic equivalent, of discrete coursework in psychopathology and diagnostic assessment, including the study of the latest edition of the "diagnostic and statistical manual of mental disorders" and assessment instruments that support diagnosis.

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(B) The applicant shall have satisfactorily completed coursework addressing treatment approaches and interdisciplinary referral and collaboration; and

(3) Have met one of the following experience requirements:

(A) Satisfactory completion of 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. 102-3-15 and shall include at least 280 hours of direct client contact; or

(B) completion of additional direct client contact hours providing psychotherapy and assessment as part of the postgraduate supervised experience. The experience shall consist of the number of hours that the applicant was lacking to attain 280 hours of direct client contact during the practicum. The postgraduate hours and the practicum hours completed shall total at least 280 hours. This experience shall be in addition to the 3,000 hours of postgraduate, supervised experience required for each licensed clinical professional counselor as required in K.A.R. 102-3-7a.

(f) In order to be approved by the board, each educational program in professional counseling, or a related field, shall meet the following requirements:

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

(2) require an established curriculum that encompasses at least two academic years of graduate study;

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

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

(5) engage in continuous systematic program evaluation indicating how the mission objectives and student learning outcomes are measured and met;

(6) be chaired or directed by an identifiable person who holds a doctoral degree in counseling or a related field 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, professional faculty whose members hold earned graduate degrees in professional 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 a degree;

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(9) require an appropriate practicum, internship, or field or laboratory training in professional counseling that integrates didactic learning with supervised clinical experience;

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

(11) require that at least 30 graduate semester credit hours, or the academic equivalent, of coursework be completed in residence at one institution and require that the practicum or internship be completed at the same institution; and

(12) require that the number of graduate semester hours, or the academic equivalent, delivered by adjunct faculty does not exceed the number of graduate semester hours, or the academic equivalent, delivered by core faculty members.

(g) In order for an applicant to qualify for licensure, the college or university at which the applicant completed the degree requirements for counseling or a related field shall meet these 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 of the professional counseling education and training program;

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(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 graduate degree in counseling;

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

(5) have clearly established the professional counselor education program as a coherent entity within the college or university that, when the applicant's graduate degree was conferred, met the program standards in subsection (f); and

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

(h) The following types of study shall not be substituted for or counted toward the coursework requirements of subsections (b), (c), (d), and (e):

(1) Academic coursework that the applicant completed as a part of or in conjunction with the undergraduate degree requirements;

(2) academic coursework that has been audited rather than graded;

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

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

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(5) graduate or postgraduate coursework or training provided by any college, university, institute, or training program that does not meet the requirements of subsections (f) and (g); and

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

(i) The following types of study may be counted toward the 60 graduate semester hours required under paragraph (b)(2):

(1) No more than six graduate semester hours of independent study that is related to the field or practice of counseling, except that independent study shall not be used to meet any of the substantive content area requirements specified in subsection (c); and

(2) no more than four graduate semester hours for thesis research and writing. (Authorized by K.S.A. ~~2021~~ 2023 Supp. 65-5804a and K.S.A. 74-7507; implementing K.S.A. ~~2021~~ 2023 Supp. 65-5804a; effective Dec. 19, 1997; amended July 19, 2002; amended Aug. 8, 2003; amended Oct. 27, 2006; amended Dec. 12, 2014; amended Dec. 16, 2022; amended P-

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