Behavioral Sciences Regulatory Board

Protecting and serving consumers of behavioral science services

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

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Supervision Manual

"A Guide for the Licensed Clinical Marriage and Family Therapist Supervisor"

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1. LCMFT Supervision Manual Purpose

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

2. Acknowledgement

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

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

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

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

K.S.A. 65-6402 - Definitions

K.S.A. 65-6404 - Qualifications for Licensure

K.S.A. 65-6402 - Authorization to Diagnose Mental Disorders

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

K.A.R 102-5-1 - Definitions – *Subsection (c) is the definition of clinical MFT practice*

K.A.R. 102-5-4a. - Application for Licensure

K.A.R. 102-5-2 - Fees

K.A.R. 102-5-12 - Unprofessional Conduct

K.A.R. 102-5-7a. - Supervision – *Requirements for Post-Graduate Experience*

K.A.R. 102-5-7b. - Board Approved Clinical Supervisor

K.A.R. 102-5-14 - Designation of Referral Source for Use in the Diagnosis and Treatment of Mental Disorders

Click this link to view the website page where all marriage & family therapist statutes & regulations are listed.

4. LCMFT Supervision Process and Forms Licensure Statutes and Regulations

a. Definition of LCMFT Clinical Supervision

BSRB statutes and/or Regulations

K.A.R. 102-5-1 - Definitions (n) "Marriage and family therapy supervision" means a formal professional relationship between the supervisor and supervisee that promotes the development of responsibility, skill, knowledge, attitudes, and ethical standards in the practice of marriage and family therapy.

b. Role of LCMFT Clinical Supervisor

BSRB Statutes and/or Regulations

K.S.A. 65-6402 - **Diagnosis and treatment of mental disorders by certain marriage & family therapists authorized.** The following licensed marriage and family therapists may diagnose and treat mental disorders of the American Psychiatric Association designated by the board by rules and regulations: (c) "Licensed clinical marriage and family therapist" means a person who engages in the independent practice of marriage and family therapy including the diagnosis and treatment of mental disorders specified in the edition of the diagnostic and statistical manual of mental disorders of the American psychiatric association designated by the board by rules and regulations and is licensed under this act. (d) "Licensed marriage and family therapist" means a person who engages in the practice of marriage and family therapy, is licensed under this act and engages in the practice of marriage and family therapy only under the direction of a licensed clinical marriage and family therapist, a licensed psychologist, a person licensed to practice medicine and surgery or a person licensed to provide mental health services as an independent practitioner and whose licensure allows for the diagnosis and treatment of mental disorders.

c. Clinical MFT Practice

BSRB Statutes and/or Regulations

DEFINITIONS:
K.A.R. 102-5-1 (*c*) **"Clinical marriage and family therapy practice"** means the professional application of marriage and family therapy theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including behavioral, emotional, and mental disorders. Clinical marriage and family therapy shall include the following:
(1) Assessment;
(2) diagnosis of mental disorders;
(3) planning of treatment, which may include psychotherapy and counseling;
(4) treatment intervention directed to interpersonal interactions, intrapsychic dynamics, and life management issues;
(5) consultation; and
(6) evaluation, referral, and collaboration

K.S.A. 65-6402 (*d*) **"Marriage and family therapy"** means the assessment and treatment of cognitive, affective or behavioral problems within the context of marital and family systems and includes the diagnosis and treatment of mental disorders as authorized under the marriage and family therapists licensure act.

K.A.R. 102-5-1 (*g*) **"Direct clinical contact"** means the provision of marriage and family therapy services to a client or clients in an individual, family, or group format with interaction being conducted in person or remotely with real-time, two-way interactive audio, visual, or audiovisual communications, including the application of videoconferencing, in which confidentiality is protected. Interaction that includes electronic mail, instant messaging, texting, or facsimile shall not be considered direct client contact.

d. Legal Responsibilities and Liability Risk for LCMFT Clinical Supervision

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

K.S.A. 65-6408 **Refusal to grant, suspension, condition, limitation, qualification, restriction or revocation of license; grounds.** (a) The board may refuse to issue, renew or reinstate a license, may condition, limit, revoke or suspend a license, may publicly or privately censure a licensee or may impose a fine not to exceed $1,000 per violation upon a finding that a licensee or an applicant for license:

(1) Is incompetent to practice marriage and family therapy. "Incompetent to practice marriage and family therapy" means:

(A) One or more instances involving failure to adhere to the applicable standard of care to a degree that constitutes gross negligence, as determined by the board;

(B) repeated instances involving failure to adhere to the applicable standard of care to a degree that constitutes ordinary negligence, as determined by the board; or

(C) a pattern of practice or other behavior that demonstrates a manifest incapacity or incompetence to practice marriage and family therapy;

(2) has been convicted of a felony offense and has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;

(3) has been convicted of a misdemeanor against persons and has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;

(4) is currently listed on a child abuse registry or an adult protective services registry as the result of a substantiated finding of abuse or neglect by any state agency, agency of another state, the District of Columbia or the United States, territory of the United States or another country and the applicant or licensee has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;

(5) has violated a provision of the marriage and family therapists licensure act or one or more of the rules and regulations of the board;

(6) has obtained or attempted to obtain a license or license renewal by bribery or fraudulent representation;

(7) has knowingly made a false statement on a form required by the board for license or license renewal;

(8) has failed to obtain continuing education credits required by rules and regulations of the board;

(9) has been found to have engaged in unprofessional conduct as defined by applicable rules and regulations adopted by the board;

(10) has had a professional registration, license or certificate revoked, suspended or limited, or has had other disciplinary action taken, or an application for registration, license or certificate denied, by the proper regulatory authority of another state, territory, District of Columbia or another country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof; or

(11) has violated any lawful order or directive of the board previously entered by the board.

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

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

K.A.R. 102-5-12 - Unprofessional Conduct

e. LCMFT Clinical Supervision Training Plan

BSRB Statutes and/or Regulations

K.A.R. 102-5-1 - Definitions (d) **"Clinical supervision training plan"** means a formal, written agreement that establishes the supervisory framework for postgraduate clinical experience and describes the expectations and responsibilities of the supervisor and the supervisee.
Clinical Supervision Training Plan Form
Example -Template How to Write a Clinical Supervision Plan (see pages 11 – 12)
Sample - Supervision Log and Supervision Meeting form (see pages 13 – 14)

f. LCMFT Clinical Supervision Hour Summary

BSRB Statutes and/or Regulations

Regulations relevant to clinical supervision hours:
K.A.R. 102-5-1 (c) K.A.R. 102-5-7a

Complete **all** minimum requirements in no fewer than two years and no more than six.
3000 total hours of supervised clinical experience

- 1500 hours – Direct Client Contact
- 1500 hours – Professional Hours

1500 hours of "Direct Client Contact"

- **At least 1500** hours MUST be Direct Client Contact:
  - Face to Face (in person or electronically)
  - Individual, Family or Group service to client system
  - Conducting Psychotherapy, Diagnosis (although the diagnosis does not have to be official) and Assessment

1500 hours of "Professional Hours"

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

Complete 100 total hours of Clinical Supervision

- Must meet for at least 1 hour of supervision for every 15 hours of direct
- All supervision is face-to-face, either in person or, if confidentiality is technologically protected, by synchronous video conferencing
- If extenuating circumstances are present, the board may approve supervision that is not face-to-face
- 50 hours of supervision (out of 100 total required) must be individual supervision
- Up to 50 hours of supervision may be group supervision

g. Training Plan Amendments

BSRB Statutes and/or Regulations

In pertinent part, K.A.R. 102-5-7a (h) All changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board.

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

Training Plan Amendment - Supervisor Changes

Training Plan Amendment-Worksite Changes

5. LCMFT Application Process

BSRB Statutes and/or Regulations and Forms

Application for Licensure: K.A.R. 102-5-4a.

LCMFT Application Packet - including instructions and supervisor's attestation

6. Common Questions Asked and Answered

Website FAQs (click here) Once there, scroll down for LCMFT information.

7. Writing A Clinical Supervision Training Plan

How to Write a Clinical Supervision Training Plan

13. Describe the format and schedule for supervision.

a. Describe the schedule for supervision.
b. What is the ratio of supervision to direct client contact that you will receive?
c. How many supervision hours will be individual?
d. Will you receive group supervision? If so, how many supervision hours will be done in group? Also, how many supervisees will be in the group?
e. What is the total number of supervision hours you will complete?

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

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

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

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

15. Review the definition of clinical marriage and family therapy practice below (KAR 102-5-1 (c)) list the clinical supervision goals and briefly describe how the supervisee will attain those goals. Additional goals may be provided, however, goals based upon numbers 1 – 6 must be provided.

(c) "Clinical marriage and family therapy practice'' means the professional application of marriage and family therapy theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including behavioral, emotional, and mental disorders. Clinical marriage and family therapy shall include the following:
(1) Assessment;
(2) diagnosis of mental disorders;
(3) planning of treatment, which may include psychotherapy and counseling;
(4) treatment intervention directed to interpersonal interactions, intrapsychic dynamics, and life management issues;
(5) consultation; and
(6) evaluation, referral, and collaboration.

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

For you to achieve these goals, what must you do?

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

How will your supervisor help you attain the goals listed in number 16?

17. Describe the contingency plans for missed supervision sessions and if the approved clinical supervisor is unavailable. Provide the name of the emergency supervisor (Required).

An emergency supervisor is someone you would contact in an emergency or crisis if you could not contact your approved clinical supervisor. He/she can be anyone who is clinically licensed because you will not be accruing any supervision towards the LCMFT with this person.
A back up supervisor is someone with whom you would meet for supervision if your clinical supervisor is unavailable, either because of an unplanned or extended absence. This person must be approved in writing by the Board.
Please note: Anyone whose name is provided in your answer to this question is NOT automatically approved to provide supervision. No hours accrued under this supervisor (or supervisors) may be used toward the required hours for the LCMFT unless he/she is approved by completing section IV, V and VI of the training plan or by submitting a training plan amendment after the training plan has been approved. Any supervisor with whom you wish to accrue hours towards the LCMFT must be approved by the Board. Approval is provided by submitting the appropriate documentation to the Board.

8. Sample Forms

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

SUPERVISION LOG (SAMPLE)

Date	Direct Client Contact Min. 1500 Hours	Indirect/other Up to 1500	Total Hours Min. 3000 Hours	Individual Supervision Hours	Group Supervision Hours	In Person Y/N	Total Supervision Hours	Brief Description of Content
mm/dd/yy								
mm/dd/yy								
mm/dd/yy								

Sample Sample

SAMPLE

SUPERVISION MEETING FORM (SAMPLE)

Date: _____

Supervisee(s): _____

Clinical Supervisor: _____

Where supervision took place:_____In person Y N

Supervision meeting start time: _____End time: _____

Issues discussed/client cases: _____

_____

_____

Supervisee strengths: _____

_____

_____

Supervisee areas for improvement/concerns: _____

_____

_____

Issues discussed/client cases: _____

_____

_____

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

_____

_____

Supervisee comments or concerns: _____

_____

_____

Supervisee Signature:_____

Clinical Supervisor Signature:_____

SAMPLE