

**Possible Edit to KAR 102-3-3a Requested by Todd Frye**

**Regulation Being Addressed 102-3-3a. Education requirements.**

Request: add an 11<sup>th</sup> required training area for licensure in Kansas.

**Kansas Licensure Board Curricular Requirements**

- (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 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

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(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 audiotaped sessions, or the use of synchronous videoconferencing or similar synchronous communication devices\*\*; and\*\*

**(11) technology-assisted counseling and telehealth practice, which shall include studies in the ethical and legal considerations specific to the delivery of counseling services through electronic and telecommunications technologies, informed consent and confidentiality in technology-mediated practice, selection and use of HIPAA-compliant platforms, clinical considerations unique to distance service delivery including therapeutic relationship development and crisis intervention, and multicultural and equity dimensions of technology access and use.**

### **Rationale for Adding Technology-Assisted Counseling and Telehealth Practice to Kansas Licensure Curricular Requirements**

#### **Background**

The ten curricular areas currently required for Kansas counselor licensure represent the foundational competencies of professional counseling practice. They were established to ensure that every licensed counselor in Kansas possesses the knowledge, skills, and ethical grounding necessary to serve clients competently and safely. That standard — competence as the threshold for licensure — is precisely what motivates this proposed addition.

Telehealth is no longer a supplemental or specialized mode of counseling delivery. It is a primary modality through which a substantial and growing portion of mental health services are delivered in Kansas and nationally. A graduate-level curriculum that does not address technology-assisted counseling practice is no longer preparing students for the profession they will actually enter.

#### **The Competence Standard Already Requires It**

The ACA Code of Ethics requires counselors to practice only within the boundaries of their competence, and to develop competence in new areas through education, training, and supervised experience before offering services. The Kansas licensure law reflects this same standard. When telehealth was an emerging or occasional practice, competence in it was reasonably acquired through continuing education after licensure. That rationale no longer holds. Telehealth is now a standard, expected, and in many practice settings primary mode of service delivery. Requiring licensure candidates to demonstrate competence in it at the curricular level is simply the application of the existing competence standard to the current reality of the profession.

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### **What Current Graduates Are Encountering**

Newly licensed counselors in Kansas are entering a professional environment in which they may be expected from their first day of employment to deliver services via video platform, navigate informed consent processes specific to telehealth, manage therapeutic frame disruptions unique to the home environment, and intervene in crises when a client's location is unknown or unstable. Many are also encountering clients whose access to technology is limited by geography, income, or disability — creating equity dimensions that require clinical awareness. Graduate programs that have not addressed these competencies leave students underprepared, and the gap between preparation and practice falls on clients.

### **What the Proposed Curricular Area Addresses**

The proposed item (11) is not a technology training requirement in a narrow or procedural sense. It addresses the ethical, legal, clinical, and multicultural dimensions of technology-assisted practice — content that is continuous with what is already required in items (7), (8), (9), and (10). Specifically:

The ethical and legal content in item (11) extends the professional orientation content already required in item (9), addressing the ways in which existing ethical obligations — informed consent, confidentiality, duty to warn, scope of competence — are complicated and sometimes transformed by technology-mediated practice.

The clinical content addresses how core counseling skills, including relationship development, assessment, and crisis intervention, are applied differently when the counselor and client are not physically co-located — content that is directly continuous with items (1) and (2).

The multicultural and equity content extends the social and cultural foundations already required in item (7), recognizing that technology access is not uniformly distributed and that culturally responsive practice requires awareness of how platform requirements, broadband access, privacy constraints in shared living spaces, and digital literacy interact with client identity and circumstance.

The supervised practical experience requirement in item (10) already explicitly references synchronous videoconferencing as a permissible medium for direct observation. It would be an inconsistency in the regulation to permit technology-mediated supervision while not requiring that students develop competence in technology-mediated practice itself.

### **Precedent in Other States**

Several states have already recognized that telehealth competence must be addressed at the regulatory level rather than left entirely to continuing education. Mississippi requires that licensed professional counselors and supervisors who provide distance services hold the Board Certified TeleMental Health credential or complete a minimum of nine hours of professional training in specified telemental health content areas before delivering those services. Alabama and Georgia have both codified prerequisite telehealth training requirements for MFTs and

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counselors at the practice level. Embedding that competency in the curricular requirements — rather than creating a parallel prerequisite process — is the more efficient and more coherent regulatory approach, because it addresses the gap at the point of initial preparation rather than after licensure has already been granted.

### **Conclusion**

The existing curricular requirements exist because the Kansas licensure board determined that competent, ethical, and effective counseling practice requires preparation in each of those ten areas. The conditions of professional practice have changed in ways that are permanent. A counselor who graduates without education in technology-assisted practice is not fully prepared for the profession. The proposed addition of item (11) closes that gap in a manner consistent with the structure, language, and intent of the existing regulation.

### **Alternative request.**

The amended language for area 9 could be adjusted without adding a 10<sup>th</sup> area of required training:

(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\*\*, **including the ethical, legal, and practice standards specific to technology-assisted and telehealth service delivery\*\*;**

The case for embedding in (9) rather than creating a standalone item is administratively lighter; programs don't have to add a new course or restructure curriculum, they expand existing professional orientation content. That may reduce resistance from training programs.

The case against it is equally honest. Folding telehealth into (9) risks treating it as an ethical and legal checklist rather than a clinical competency. The multicultural and equity dimensions — digital access disparities, privacy constraints in shared living spaces, cultural dimensions of technology use — have no natural home in a professional orientation course. Neither does clinical skill application: how relationship development, crisis intervention, and assessment work differently at a distance. Those competencies belong in items (1), (2), and (7) respectively, which is precisely the argument for a standalone item — it captures content that genuinely crosses multiple existing domains and would be diluted or lost if housed in any single one.