



Clinical Supervision of Pre-Licensed Providers (ASW, AMFT, APCC) Policy

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 Dr. Georgina Yoshioka, Interim Director
 7DF8077EFA674B2
 Georgina Yoshioka, DSW, MBA, LCSW, Interim Director

Policy In accordance with California Code of Regulations (CCR) Title XVI, licensed clinical providers of the Department of Behavioral Health (DBH) who are designated as clinical supervisors will provide weekly clinical supervision towards licensure to license eligible staff while they are pursuing credentialing requirements of relevant licensing boards or educational institutions.

Purpose To ensure staff that are pre-licensed and acting in a clinical role will be appropriately supervised by licensed staff and seek professional licensure with the Board of Behavioral Sciences (BBS).

Definition(s) **Associate:** An unlicensed person registered with the BBS as an Associate Clinical Social Worker (ASW), Associate Marriage Family Therapist (AMFT), or Associate Professional Clinical Counselor (APCC). An Associate must possess a master’s degree from an accredited university.

Clinical Supervision: The oversight of a pre-licensed provider providing clinical services to clients. Oversight includes monitoring and evaluating the extent, kind, and quality of clinical services performed by the supervisee is consistent with the training and experience of the person being supervised. This does not include administrative oversight or employment related matters such as performance evaluations or disciplinary actions.

Clinician/Therapist: A mental health care professional that assesses and diagnoses, provides treatment and holds a valid license (Medical Doctor (MD), Nurse Practitioner (NP), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Licensed Psychologist) or valid registration (AMFT, APCC or ASW) or has been granted waived status by the Department of Health Care Services.

Group Supervision: Face-to-face supervision consisting of one supervisor and no more than eight supervisees.

Individual Supervision: Face-to-face supervision consisting of one supervisor and one supervisee.

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Clinical Supervision of Pre-Licensed Providers (ASW, AMFT, APCC) Policy, Continued

Definition(s), continued

Licensed Practitioner of the Healing Arts (LPHA): Any health practitioner who possesses a valid California clinical licensure in one of the following professional categories:

- Physician (Medical Doctor or Doctor of Osteopathy)
- Nurse Practitioners (NP)
- Licensed Clinical Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)

Pre-Licensed Providers: Providers registered with the BBS.

Professional Licensing Waiver: There are two different types of waivers but for the purposes of this policy, out-of-state waiver is being referenced. A waiver is needed for a provider who is licensed by another state, but not licensed in CA. The waiver allows a qualified person to be employed for up to five (5) years for the purpose of taking the required CA licensing examination. The provider must also be registered with the BBS.

Supervisee: A pre-licensed provider under the supervision of a LPHA.

Triadic Supervision: Face-to-face supervision consisting of one supervisor and two supervisees. It is counted under the law as equivalent to individual supervision for BBS registrants (AMFTs, ASWs and APCCs in these disciplines).

Pre-Licensing Requirements

All Pre-Licensed Providers will be registered with the BBS or waived by DHCS according to the rules and regulations of their appropriate disciplines.

The Clinical Supervisor and the Pre-Licensed Provider will familiarize themselves with the requirements and regulations of their appropriate regulatory agency and for their applicable discipline.

- Clinical Supervisors for:
 - Waivered Psychologists will follow Clinical Supervision of Pre-Licensed Psychologists Policy (CLP0842), and
 - Registrants will follow the guidelines of the BBS.
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Clinical Supervision of Pre-Licensed Providers (ASW, AMFT, APCC) Policy, Continued

Requirements to be Clinical Supervisors of AMFT, ASW and APCC

The BBS requires the following minimum requirements for those providing clinical supervision:

- All clinical supervisors must be licensed as an LCSW, LMFT, LPCC, Licensed Clinical Psychologist, or Licensed Physician or Surgeon certified in Psychiatry by the American Board of Psychiatry and Neurology.
- License is not under suspension or probation.
- Have been licensed in CA or any other state for at least two (2) years out of the last five (5) years prior to the commencement of supervision.
- Have practiced psychotherapy during at least two (2) years out of the last five (5) years prior to the commencement of supervision OR
- Provided direct supervision to ASWs, APCCs, AMFTs who perform psychotherapy during at least two (2) years out of the last five (5) years prior to the commencement of supervision.
- Completed a minimum of 15 hours of supervision training that meets the course provider and course content requirements specified in regulation within 60 days of the commencement of supervision, Licensed Clinical Psychologists and Psychiatrists are exempt from this requirement.
 - Six (6) hours of continuing professional development in supervision is required each renewal cycle thereafter.
- Sign and comply with all required supervision-related forms:
 - *Self-Assessment Report* in order to inform the Board they are supervising, and to self-certify they meet all qualifications to supervise.
 - *BBS Supervision Agreement* prior to commencement of supervision.
 - *Weekly Log* is required to be completed by a supervisor with a supervisee pursuing an LCSW beginning January 1, 2022.
 - *New Supervision Agreement* within 60 days of a change in supervisor.

DBH requires the following of staff seeking to be Clinical Supervisors:

- Meet performance standards, and
- Obtain approval from direct chain of command up to Program Manager II.

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Clinical Supervision of Pre-Licensed Providers (ASW, AMFT, APCC) Policy, Continued

Required Actions of Clinical Supervisors

The following actions are required of Clinical Supervisors:

- Ensure a supervision agreement has been completed and the supervisee understands all terms and conditions thereof;
- Ensure a supervisee is receiving the correct ratio of supervision to direct contact hours: one unit of supervision for up to 10 client contact hours provided by Associates, with an additional unit of supervision in each week with more than 10 client contact hours. One unit of supervision equals one hour of individual/triadic or two hours of group.
- Self-monitor for and address supervision dynamics such as, but not limited to, countertransference, intrapsychic, interpersonal, or trauma related issues that may affect supervision;
- Notify the supervisee of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure that affects the supervisor's ability or right to practice or supervise;
- Ensure the possession of sufficient experience, training, and education in the area of clinical supervision to competently supervise associates;
- Persons licensed by BBS who provide supervision shall complete the minimum supervision training or coursework specified in section 1821.3;
- When it becomes necessary for a supervisee to obtain supervision temporarily from a substitute supervisor, a supervision agreement will be signed and the substitute supervisor shall meet all supervisor qualifications required by BBS. Substitute supervision that will exceed 30 days consecutive calendar days will require a new supervision plan;
 - A supervisor and a supervisee who are in a supervisory relationship that existed prior to January 1, 2022, are **not** required to complete a supervision agreement. The supervisee shall instead submit the previously required signed *supervisor responsibility statement* with the application for licensure.

Important Note: An ACSW is required a minimum of 104 weeks of supervision, 13 weeks of which (individual and/or triadic), must be supervised by a LCSW. In addition, a minimum of 1700 of the total licensure hours must be supervised by an LCSW

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Clinical Supervision of Pre-Licensed Providers (ASW, AMFT, APCC) Policy, Continued

Supervisor training and coursework requirements

Persons **licensed by BBS** who provide supervision shall complete, at a minimum, supervision training or coursework as follows:

- Licensees who commence supervision for the first time in California shall obtain fifteen (15) hours in supervision training or coursework obtained from a government agency or from a continuing education provider specified as acceptable by BBS;

The training or coursework content shall include, but not be limited to, current best practices and current industry standards, which include legal requirements, professional codes of ethics, and research focused on supervision as outlined by BBS;

If ...	Then ...
Taken from a government agency or from an acceptable continuing education provider	The training or coursework shall have been taken within two (2) years prior to commencing supervision, or within 60 days after commencing supervision.
Taken at a master's or higher level from an accredited or approved postsecondary institution	The training or coursework shall have been taken within four (4) years prior to commencing supervision, or within 60 days after commencing supervision.
A licensee who previously served as a BBS qualified supervisor, but has not supervised for the past two (2) years	Shall take six (6) hours of supervision training or coursework within 60 days of resuming supervision.

Note: Supervisors shall complete a minimum of six (6) hours of continuing professional development in supervision meeting BBS specifications during each subsequent renewal period while providing supervision;

Supervisor coursework and training exemptions:

BBS will accept a valid and active approved supervisor certification from one of the following entities as a replacement of the above training requirements:

- The American Association for Marriage and Family Therapy (AAMFT);
- The American Board of Examiners in Clinical Social Work (ABECSW);
- The California Association of Marriage and Family Therapists (CAMFT),
- The Center for Credentialing and Education (CCE).

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Roles and Responsibilities

The following table shows the role and responsibilities of participants in clinical supervision:

Role	Responsibility
Clinical Supervisee	<ul style="list-style-type: none"> • Review and sign supervision agreement with designated clinical supervisor; • Maintain knowledge of all current regulatory requirements as determined by the licensing board; • Maintain current registration with the BBS; <ul style="list-style-type: none"> – If licensed out of state, then also needs Professional Licensing Waiver with DHCS. • Take a written <i>Law and Ethics exam</i> within the first year of their BBS registration; <ul style="list-style-type: none"> – If the applicant fails the exam, a minimum of one attempt per renewal cycle is required to renew the registration with the BBS until the exam is passed; • Maintain and retain weekly supervision log (ASW, APCC, AMFT) and ensure it is signed by the supervisor; • Obtain supervised experience within six (6) years. A registration number cannot be renewed more than five (5) times; • Submit the <i>BBS Experience Verification (ASW, APCC, AMFT/Trainee)</i> form once all required hours and experience have been procured with the Application for Licensure and Examination; • Actively work towards licensure to receive clinical licensure supervision; • Remain responsible for the pursuit of their license including maintaining registration with the BBS, monitoring the expiration date of registration and/or DHCS waiver, obtaining hours as required by their governing board, securing the training required, being proactive in securing and attending clinical supervision, and passing the licensing exams.

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Clinical Supervision of Pre-Licensed Providers (ASW, AMFT, APCC) Policy, Continued

Roles and Responsibilities
continued

Role	Responsibility
Clinical Supervisor	<ul style="list-style-type: none"> • Review and sign supervision agreement with designated clinical supervisee; • Know and understand the laws and regulations pertaining to the supervision of pre-licensed providers and the experience required for licensure as a clinical social worker, marriage family therapist or professional clinical counselor; • Remain responsible to ensure the supervision they provide and hours they sign for meet the requirements and regulations of the appropriate regulatory agency; • Complete an <i>assessment of the ongoing strengths and limitations</i> of the supervisee at least once a year and upon completion or termination of supervision and will provide copies of all assessments to the supervisee; • Monitor and evaluate the extent, kind, and quality of clinical services performed by the supervisee; • Establish written procedures for supervisees to contact the supervisor or, in the supervisor's absence, procedures for contacting an alternative on-call supervisor to assist in handling crises and emergencies; • Ensure each client is informed the supervisee is unlicensed and is functioning under the direct supervision of the supervisor; • Monitor and evaluate the supervisee's assessment, diagnosis, and treatment decisions and providing regular feedback; <ul style="list-style-type: none"> – Must have access to client records and treatment information of all clients being treated by the supervisee; • Ensure the supervisee's compliance with laws and regulations governing the practice of clinical social work; marriage and family therapy, professional clinical counselor; • Review the supervisee's progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor; • Ensure client assessments and treatment plans are co-signed by a licensed practitioner;

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Roles and Responsibilities continued

Role	Responsibility
Clinical Supervisor (continued)	<ul style="list-style-type: none"> • Maintain documentation of each Clinical Supervision session which includes dates of supervision, clients reviewed, and any specific safety issues or specific directions or tasks to be completed; • Provide direct observation or review of audio or video recordings of the supervisee's counseling or therapy, as deemed appropriate by the supervisor, with the client's written authorization; • Provide at least one (1) week prior written notice to a supervisee of the supervisor's intent not to sign for any further hours of experience for such person <ul style="list-style-type: none"> – A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision; • Complete Clinical Supervision training per regulations of the governing licensing board.

Claiming of Hours

As mandated by CCR Title XVI, clinical supervisors are responsible for tracking hours accrued annually toward licensure. DBH expects providers to meet all requirements of BBS supervision standards and record the accrued hours for each associate. Pre-licensed providers shall maintain logs ([ASW](#), [APCC](#), [AMFT/Trainee](#)) documenting the hours accrued each week.

The number of clinical practice hours that may be claimed is fundamentally defined by the number of qualifying hours of practice the individual actually performs each week. BBS regulations sets the maximum hours they will accept at 40 weekly hours of clinical practice while under supervision. DBH is setting maximum standards for all supervisees involved:

- A clinical supervisee in a direct service position may claim a maximum of 38 hours per week of direct service, and
- A clinical supervisee in a direct service position should have a minimum of two hours of individual or triadic supervision or one hour of individual supervision and two hours of group supervision.

Note: any deviation from the above, will require approval by a DBH Deputy Director.

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Clinical Supervision of Pre-Licensed Providers (ASW, AMFT, APCC) Policy, Continued

Claiming of Hours, continued

Acceptable Components and Methods of Supervision for Licensure Hours:

- Individual sessions with case review (in person);
- Direct observation or side-by-side session (with client) with subsequent consultation;
- Review of video or audio recordings of sessions, with subsequent discussion;
- Group supervision sessions shall include no more than eight (8) persons receiving supervision, even if there are two or more supervisors present. Group supervisors must ensure the amount and degree of supervision is appropriate for each supervisee;
 - Group supervision can be broken into one-hour sessions, as long as both increments (full two hours) are provided in the same week as the experience being claimed, and
- Supervisees employed by DBH (an exempt setting) may obtain supervision via live two-way videoconferencing in accordance with Business & Professions Code § 4996.23. The supervisor is responsible for ensuring client confidentiality is preserved.

Note: Individual or group supervision provided over the telephone is prohibited in any setting.

Clinical Supervisor/ Supervisee relationship

Clinical supervision can be provided by an employee's direct operational supervisor or any other licensed/qualified employee so long as the Supervisor/Supervisee relationship **does not** create a conflict of interest for either party:

- A supervising clinician cannot be a spouse, domestic partner, or relative of the supervisee;
- The supervising clinician cannot currently have or previously had a personal, professional, or business relationship with the supervisee that undermines the authority or effectiveness of the supervision;
- If during the course of supervision, the Clinical Supervisor becomes aware of any physical or emotional impairment of a Supervisee that significantly impacts their work with DBH clients, this information shall be shared with appropriate parties to maintain the safety of the clients involved.

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Clinical Supervision of Pre-Licensed Providers (ASW, AMFT, APCC) Policy, Continued

Executive, Public Health Orders and Enforcement Discretion

This DBH Policy is subject to all California Executive and Public Health Orders modifying the above requirements for Board licensees, registered associates, and trainees. BBS may temporarily provide limited waivers to certain requirements at their discretion. Additionally, the Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) may publish Enforcement Discretion during public health emergencies.

Related Policy or Procedure

DBH Standard Practice Manual:

- Clinical Supervision of Pre-Licensed Psychologists Policy (CLP0842)
 - Registration and Licensure Requirements for Pre-Licensed Clinical Therapists Policy ([HR4012](#))
 - License Exam Prep Program Policy ([TRN8010](#))
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Reference(s)

- California Business and Professions Code § 651, 728, 4996.20, 4996.21, 4996.23, 4996.23.1, 4980.43.1, 4980.43.2, 4980.43.5, 4999.12, 4999.46.1, 4999.46.2, 4999.46.5;
 - California Code of Regulations (16 CCR) section 1387, 1387.1, 1387.2, 1387.5, 1396.2, 1397, 1811, 1820, 1821, 1870, 1870.1, 1833, 1833.1, 1820.7 1821;
 - DMH Notice No. 96-02, 96-03;
 - DMH Letter No. 10-03;
 - DHCS MHSUDS Information Notice 14-005;
 - SB 1478, Chapter 489, Statutes of 2016;
 - Welfare and Institutions Code (W&IC) Section 5751.2 (c), (d), and (e).
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