



ORIGINAL: 2178

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State Board of Social Workers, Marriage and
Family Therapists and Professional Counselors
c/o Eva Cheney, Counsel
P. O. Box 2649, 116 Pine Street
Harrisburg, PA 17105-2649

April 12, 2001

Dear State Board Members,

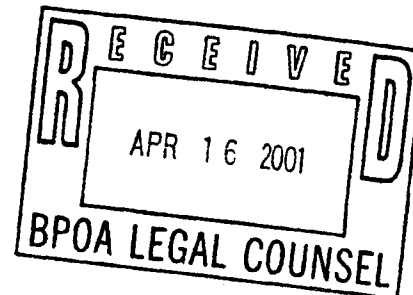
- Ref: (a) Act 136, The Professional Counselor Licensing Bill
(b) State Board of Social Workers, Marriage and Family Therapists and
Professional Counselors, Proposed Rulemaking (Licensure) to Act 136.
Pennsylvania Bulletin, 31(12), 1547-1668, March 24, 2001. (ref. # 16A-694).

I am writing as a concerned citizen (living in Montgomery County), as well as a behavioral healthcare professional who has worked in many positions as a counselor and clinical director for more than 21 years, and currently teaches in and manages MCP Hahnemann University's undergraduate degree program which grants a Bachelors of Science in Addictions Counseling Sciences.

I am deeply concerned regarding the noninclusion of **Certified Addictions Counselors with Masters Degrees** in the Proposed Rulemaking (ref. b) for Act 136 (ref. a). This exclusion of a clearly identifiable and competent group of counseling professionals delivering specialized services to the State's large population of individuals with drug and alcohol problems is puzzling to say the least. The fact that at least ten other states (e.g., Maine, Minnesota, New Hampshire, New Jersey, New Mexico, North Dakota, Rhode Island, Tennessee, Texas, and Wyoming) already license Addictions Counselors, while others are considering similar licensure, raises additional questions as to the absence of this profession from the licensure proposal.

There are two primary questions which must be asked in the process of amending Act 136 via the Proposed Rulemaking:

1. What criteria is being used which would differentiate the qualifications and functions of Masters Degreed Certified Addictions Counselors to such an extent that they would not be considered comparable to those professions included in this proposal, e.g., Social Workers, Rehabilitation Counselors, Art Therapists, Music Therapists, Dance Therapists, Drama Therapists, and Clinical Mental Health Counselors, Masters Degreed Psychologists, and National Certified Counselors? There is nothing in Act 136 or the proposed changes which would suggest why Masters Degreed Certified Addictions Counselors are not equally acknowledged with the other professions mentioned.



REVIEW COMMISSION
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NORTHERN TIER COUNSELING

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REVIEW COMMITTEE

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APR 16 2001
BPOA LEGAL COUNSEL

Dear: Eva Cheney, Counsel
State Board of Social Workers, Marriage & Family Therapists
and Professional Counselors
116 Pine Street, PO Box 2649.
Harrisburg, PA 17105
Reference # 16A-694

Dear Ms. Cheney:

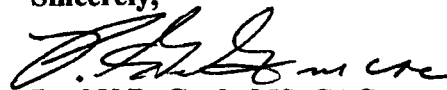
Please take the time to read this brief yet important letter. I am a Masters degree educated clinician as well as a Certified Addictions Counselor since 1989. I also chair the Drug and Alcohol Committee for the Pennsylvania Community Providers Association, (PCPA). My current position at present is Director of Outpatient Services for a company that employees 130 individuals. I'm therefore speaking on their behalf as well as the numerous drug and alcohol providers across the state that belong to the Pennsylvania Community Providers Association.

My concerns are related to the recent regulations related to Act 136, The Professional Counselor Licensing Bill. The exclusion of the Pennsylvania Certified Addictions Counselor is mind boggling to me. The current populations that we are treating on the front lines are very often dual diagnosis constituents suffering from both mental health and drug and alcohol abuse issues. My best-trained and most effective therapists on staff are the Masters level clinicians that are also Certified Addictions Counselors. These dually trained clinicians even act as consultants on these types of issues to our licensed psychologists. The Certified Addictions Counselor standards require three years of full time face to face counseling, at which time they can take the written exam for certification. They must then present a case study and also sit for an oral exam. They are certified only if they pass all these requirements.

I am, therefor, strongly advocating for the inclusion within the regulations that a Master's Degree clinician with Certification as an Addictions Counselor be included under the grandparenting regulations.

I hope that this mishap can be corrected for the benefit of our communities and those that have chosen a career path based on helping others.

Sincerely,



Paul N.D. Grula MS, CAC
Director of Outpatient Services

Board of Directors

- Polly Dawsey
- Ray Depaola
- Henry C. Dunn
- Rev. Harry Ferguson
- Jack Fox
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- Patricia Myers
- Larry Sharer
- Cheryl Wood-Walter

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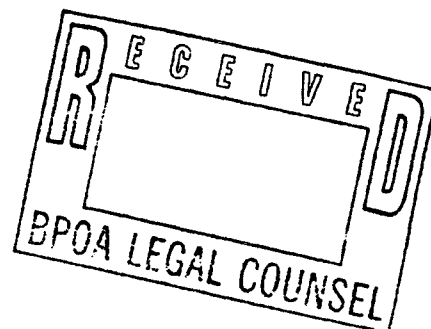
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Philadelphia Child and Family Therapy Training Center, Inc.

ORIGINAL: 2178

Marion Lindblad-Goldberg, Ph.D., Director
C. Wayne Jones, Ph.D., Associate Director

April 16, 2001



Eva Cheney, Board Counsel
State Board of Social Workers, Marriage and Family Therapists,
and Professional Counselors
116 Pine Street
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Cheney:

The Social Workers, Marriage and Family Therapists, and Professional Counselors Act 136 was signed into law on 12/21/98. I am writing to offer public comment on the proposed licensure regulations.

I am a licensed Ph.D. clinical psychologist with 34 years of professional experience and Director of the Philadelphia Child and Family Therapy Training Center, Inc. This post-graduate training center (which includes a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy) is an outgrowth of the Family Therapy Training Center founded by Salvador Minuchin, M.D. (one of the founders of family therapy) in 1975, and located at the Philadelphia Child Guidance Center until July 1999 when the training center became its own corporation. As a training center, we have a strong international, national, regional, and local reputation in training professionals in marital and child- or adolescent-focused family therapy. We probably have trained more family therapists than any other center in the world.

Our training center faculty members (4 licensed psychologists and two board-certified child psychiatrists) have advocated for marriage and family licensure in Pennsylvania for over 25 years and congratulate you for helping to make this important event a reality. On the whole, we feel that the proposed licensure regulations have been well done and we appreciate the tremendous effort expended. We do, however, have some concerns that we hope you will consider as revisions before the proposed licensure regulations become law.

***Field closely related to the practice of marriage and family therapy: as defined in § 48.1:** The current definition includes degrees in the fields of social work, counseling psychology, clinical psychology, educational psychology, counseling, and child development and family studies.

We believe that this list of fields is too restrictive. There are other fields that have incorporated the practice of marriage and family therapy for the benefit of the consumer. Professionals from these fields take post-graduate training programs in marriage and family therapy programs such as ours to ensure their competency in this area of practice. The fields that we feel should be included in the regulations are: pastoral counseling (with a counseling or master of divinity degree); psychiatric nursing; and psychiatry.

***Transition Language for Supervision Requirement:** The definition of "supervisor" in § 48.1 and § 48.3 requires that all marriage and family therapy supervision be provided by licensed marriage and family therapists. For those professionals currently ineligible for grandparenting and currently working under supervision to meet licensure requirements, the supervision would not be acceptable since licensure is not yet available for marriage and family therapists in Pennsylvania.

Education, Consultation, Supervision

***Acceptable Clinical Experience:** Individual and group therapy are excluded from the list of services that can be provided by marriage and family therapists as part of their supervised clinical experience in § 48.13(b)(1). All the required 1,800 hours of direct client contact required for licensure must be couple and family therapy.

This requirement appears restrictive given the manner in which clinical practice is conducted statewide in agencies and institutions. Professionals working in partial hospitalization programs, inpatient programs, residential treatment facilities, and family based mental health services programs conduct couple and family therapy sessions, individual sessions, and, often, group therapy sessions. Restricting "acceptable clinical experience" would be a hardship for these professionals.

***Experience Requirement for Grandparenting:** § 48.15 sets forth the requirements for licensure under the grandparenting provision. It includes the following: "(4) Demonstrated proof of practice of marriage and family therapy for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of marriage and family therapy requirement, the applicant's practice shall have consisted of at least 15 hours per week with 10 of those hours consisting of direct client contact."

Those professionals who otherwise qualify for grandparenting would be denied a license if they have fewer than 10 hours of direct client contact per week. Many senior marriage and family therapists statewide have shifted to teaching, supervision, administration, or consultation that has reduced their weekly hours of direct client contact. It would be extremely unfortunate if the most senior marriage and family therapists in the state would be denied licensure because of this restrictive direct client contact requirement. It should be noted that there is no direct client contact requirement for persons seeking to be grandparented as Licensed Clinical Social Workers.

***Continuing Education Requirement for Grandparenting:** § 48.15 (5)(vi) outline the educational requirements for grandparenting of marriage and family therapists who have master's degrees of less than 48 semester hours but not less than 36 semester hours. These individuals can use continuing education hours (at a ratio of 15 continuing education hours equaling 1 semester hour) to achieve a total of 48 semester hours. Unfortunately, all continuing education courses must be approved by the American Association for Marriage and Family Therapy (AAMFT) according to the proposed licensure regulations. Since AAMFT does not approve continuing education offerings, marriage and family therapists needing to use CE hours will not be licensable under this section of the regulations as written. Therefore we suggest that CE hours approved by the American Psychological Association, the American Board of Certified Counselors, etc., should be allowable.

***Hours of Supervised Clinical Experience:** Two subsections of § 48.13(b) of the proposed regulations require that the first 1,800 of the 3,600 hours of supervised clinical experience required for licensure be supervised by a marriage and family therapist. The remaining 1,800 hours may be supervised by an individual who holds a license in a related field. For professionals employed by an agency or institution that does not provide an MFT supervisor, any agency hours of supervision would not be able to be counted until the professional had completed the required 1,800 hours supervised by a marriage and family therapist supervisor.

We suggest that this restrictive regulation be changed so that the word "first" is eliminated. It could then read: "1,800 of the 3,600 hours of supervised clinical experience required for licensure by supervised by a marriage and family therapist, etc."

***Supervision of Clinical Experience:** § 48.13(b)(5) describes the nature of the supervision of the clinical experience for marriage and family therapists. It indicates that: "The supervisor, or one to whom supervisory responsibilities have been delegated, shall meet with the supervisee for a minimum of 2 hours for every 40 hours of supervised clinical experience. At least 1 of the 2 hours shall be with the supervisee individually and in person, and at least 1 of the 2 hours shall be with the supervisee in a group setting and in person."

For those ineligible for grandparenting who are currently working under supervision in order to meet licensure requirements, only "1 on 1" supervision hours would count for individual supervision (with a maximum of 90 hours). The current standard for programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy defines "individual supervision" as including 2 supervisees with one supervisor. Including 2 supervisees with one supervisor is not only a better "learning laboratory" for the supervisory process, but is also more cost effective for agencies. Currently the mental health agencies and institutions in Pennsylvania are overstretched in their efforts to provide services to consumers.

Consequently, clinical supervision is often sacrificed. Our concern is that this regulation is too restrictive and will present a hardship for many licensure applicants.

I appreciate your time in reading this letter and hope that you will consider our concerns.

Sincerely,



Marion Lindblad-Goldberg, Ph.D.

Director, Philadelphia Child and Family Therapy Training Center, Inc.

Associate Professor of Clinical Psychology, Department of Psychiatry, University of Pennsylvania School of Medicine

CC: Clarence Bell
Charles Dent
Mario Civera

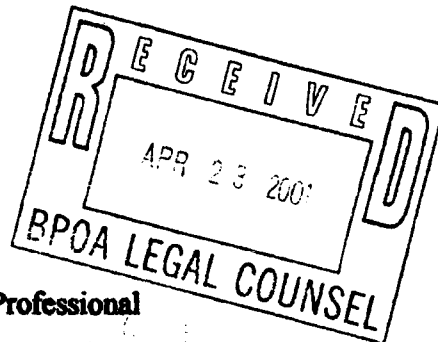
ORIGINAL: 2178

Marguerite L. Babcock, M.Ed., M.A.C., C.A.C., N.C.C.

**R.R.1, Box 138 Acme PA 15610
724-593-7139 allele@lhtc.net**

April 16, 2001

Eva Cheney, Board Counsel
State Board of Social Workers, Marriage and Family Therapists, and Professional
Counselors
116 Pine Street
P.O. Box 2649
Harrisburg PA 17105-2649



Re: Response to Proposed Licensure Regulations,
16A-694

Dear Ms. Cheney:

I extend my thanks to the Board for their hard work on regulations for Act 136. The extension of licensing in Pennsylvania is much needed, for both clients and professionals.

This letter outlines my concerns with the regulations in their present draft. I write from the perspective of someone who has been working in the addictions field for over 22 years. As you know, this field has no specific licensing currently available in Pennsylvania.

1. Grandparenting:

- A. As stated by the Pennsylvania Alliance of Counseling Professionals, the minimum weekly hourly practice and direct client contact requirement should be dropped from the regulations. Due to merited job promotions, many of the most accomplished counselors in addictions work have been employed in supervisory or administrative positions for several years, and could not meet the client contact requirements. Discouraged by managed care requirements for licensing, many other long-term addictions counselors have moved into related fields such as education or consulting. To keep the presently proposed client contact requirement would mean that less, rather than more, experienced addictions counselors would be eligible for grandparenting under Act 136.
- B. Concerning sources for continued education hours to meet grandparenting requirements, it is not clear from the present draft of regulations whether courses approved by NBCC, CRT, CBMT or ATCB would just automatically be accepted (barring those on office management or practice building) -- or whether *only* courses approved by those sources would be accepted. If the latter is the case, then this list is too restrictive. An alternative would be that suggested by PACP, including any training related to professional counseling.

2. **"Field closely related to the practice of professional counseling":**

This is mentioned in the requirements for educational degrees. As defined in §49.1 of the present draft of regulations, the list of related fields may be too restrictive. If the word "includes" in the definition means "includes but not restricted to," then the list is only suggestive. However, if "includes" means "only," then several important fields seem to be left out. I am not at all sure that my Master's degree in Counselor Education would fit into this list, and many accomplished counselors in addictions work hold this degree.

It is extremely commendable that major goals of Act 136 are to improve professional competency and to protect consumers. However, the issues I have noted above will, unless addressed, create significant barriers to very able addictions counselors becoming licensed under this Act. Due to the demands of managed care for licensing, many of us in the addictions field have lost our jobs to clinicians who were licensed but otherwise unprepared for work with addicted clients. This is grossly unfair to us, and dangerous for our consumers. However, we do not want an act that primarily encourages less experienced addictions workers to be licensed. That would also be unfair to veterans in the addictions field and harmful for our clients.

Addictions counselors, and especially the more experienced ones, need licensing in this State. Although several of us in the addictions field have pushed to have licensing enacted for our specific work, that has not happened in Pennsylvania. Act 136 is a wonderful opportunity to correct this situation, if the regulations are modified to fit the need.

Thank you very much for your attention to my remarks.

Sincerely,

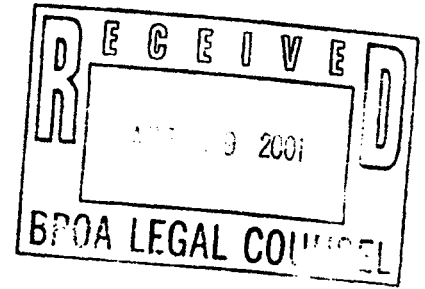


Marguerite Babcock, M.Ed., M.A.C., C.A.C., N.C.C.

CC: Independent Regulatory Review Commission
PA Senate Consumer Protection and Professional Licensure Committee, Bell and
Kukovich
PA House Professional Licensure Committee, Civera

ORIGINAL: 2178

State Board of Social Workers
Marriage and Family Therapists & Professional Counselors
116 Pine St.
PO Box 2649
Harrisburg, PA 17105
C/o Eva Cheney, Counsel



Dear Board:

I am writing you regarding regulations related to Act 136, The Professional Counselor Licensing Bill. Although I do hold not a masters degree, (I hold a BHS with a specialty in counseling, a CAC from PA and a CSW from NJ), I am strongly advocating for the inclusion within the regulations of the following:

Inclusion under the grandparenting regulations of individuals in possession a Master's degree and CAC.

Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptance exam.

Inclusion under the grandparenting regulations of individuals in possession Of the Master's degree in Human Services as provided by Lincoln University.

The regulations fail to recognize the Master's level addiction specialists who represent, by far, the largest specialty treatment population in the Commonwealth. These individuals have achieved a competency-based, clinically supervised credential under strict guidelines.

The regulations are notably discriminatory of minority populations through the exclusion of the Master's degree in HS. The vast majority of individuals holding this degree are working with minority populations in our urban centers. The exclusion of this degree from the grandparenting regulations is a disservice to the cause of providing racial, ethnic, and culturally sensitive counseling services within the Commonwealth of Pennsylvania and may directly and indirectly impact the provision of services to minorities.

I strongly urge your consideration in this matter as means of assuring that the citizens of our Commonwealth are provided counseling services that serve our diverse communities.

Sincerely,

Lois BeCrott'Emley BHS, CAC, CSW

Lois BeCrott'Emley BHS, CAC, CSW
242B Mt Pleasant Rd.
Sewell, NJ 08080
Home Phone: 856 374-9181
Cc: PCB Board

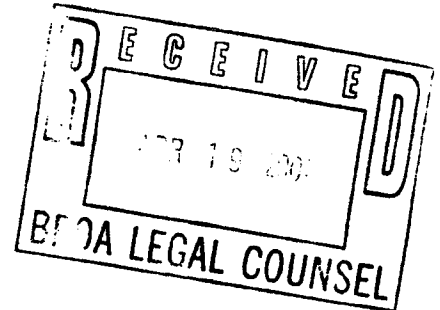
APR 16, 2001

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ORIGINAL: 2178

182 Glenfield Drive
Pittsburgh, PA 15235
April 16, 2001

State Board of Social Workers, Marriage & Family
Therapists & Professional Counselors
C/O Eva Cheyney, Counselor
116 Pine Street
BOX 2649
Harrisburg, PA 17105



Re: #16A - 694
Act # 136

Dear Ms. Cheyney,

I am currently a CAC recognized by PCB and holder of a master's degree. I have approximately eight years of experience in addiction counseling.

Regulations being promulgated by SB of SW, etc. appears to be complicating or denying opportunity to many in the addiction field, regardless of academic background.

Regulations also appear to bar licensing eligibility to a large bloc of minority counselors holding master's degrees in human service.

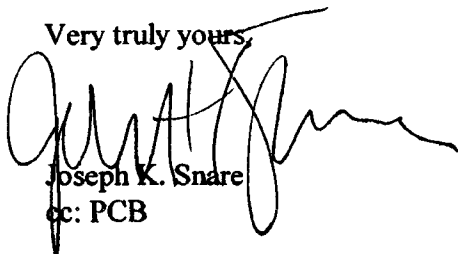
If music therapists, dance therapists, and art therapists are deemed worthy of licensing eligibility, why restrictions on addiction counselors?

It would be discriminatory to bar license eligibility to a large number of persons who are certified and competent, but currently lack extensive academic preparation.

I recommend that:

1. Individuals with a master's degree and CAC be grand parented.
2. Grand parenting includes the IC and RC exam for addiction counselors as an acceptable exam.
3. Grandparent as an acceptable master's degree that is offered by Lincoln University, (Master's - Human Services).

Very truly yours,



Joseph K. Snare
cc: PCB

Vertical text on the right side of the page, possibly a stamp or a list of names, including 'BEA LEGAL COUNSEL' and 'APR 19 2001'.

CHARLES V. SCOTT

ORIGINAL: 2178

April 16, 2001

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REVIEW COMMISSION

State Board of Social Workers
Marriage and Family Therapists,
and Professional Counselors
c/o Eva Cheney, Counsel
116 Pine Street
PO Box 2649
Harrisburg, PA 17105

Dear Counsel:

This letter expresses grave concern for the regulations recently released relative to ACT 136, the Professional Counselor Licensing Bill. It is difficult for me to comprehend how music, drama and other specialists are recognized in the regulations but Master's level Certified Addictions Counselors have been omitted. ON the surface, this appears as an affront to not only those professionals in the addictions field but also to the consumers served by these professionals.

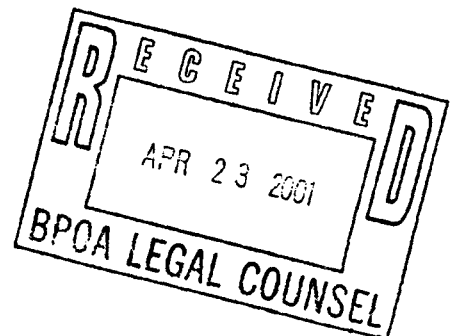
I am sure you are aware of the rigors of the competency based CAC Master's level credential. with that awareness, one must ask why this credential has not been recognized, especially in light of the size of the population served.

I strongly advocate the recognition of this credential by including the Master's level CAC in the grandparenting regulations.

Sincerely,



Charles V. Scott



ORIGINAL: 2178

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APR 23 2001

J EDWARD CONWAY
1121 SPRING GARDEN STREET
PHILADELPHIA PA 19123

BPOA LEGAL COUNSEL

2001 APR 26 11:10:30

April 16, 2001

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS,
and PROFESSIONAL COUNSELORS

Att. Eva Cheney, Counsel
116 Pine St. PO Box 2649
Harrisburg PA 17105

Dear Ms Cheney,

I am writing to you as a Certified Addiction Counselor as well as a concerned resident of the Commonwealth of Penna. The recent publication of the regulations related to Act 136, The Professional Counselor Licensing Bill, raises concerns for the health and welfare of substance abusers seeking counseling services. The problems are with the grandfathering issues and are not statutory in nature. The regulations fail to recognize Master's Level Addiction Specialists who represent the largest specialty treatment population in the Commonwealth. Most notably, Certified Addiction Counselors with a Master's Degree are not recognized by these regulations. We are individuals who have achieved a high level of competency, are clinically supervised and hold credentials regulated by the International Certification and Reciprocity Consortium.

I am strongly advocating for the inclusion within the regulations of the following:

- a. Inclusion under the Grandfathering regulations of individuals in possession of a Master's Degree and Certification as an Addiction Counselor We are called CAC diplomate.
- b. Inclusion under the grandfathering regulations, the IC&RC national exam for Addiction Counselors as an acceptable examination.

I sincerely urge your consideration in this matter as a means of assuring that the citizens of our commonwealth are provided counseling services that serve our diverse communities.

Sincerely

J Edward Conway, CAC diplomate

J Edward Conway, CAC diplomate
1121 Spring Garden St.
Phila. PA 19123
215 763 1909

cc. PCB Board

ORIGINAL: 2178

A. C. Casey, Jr.
124 Cherry St.
Sharon Hill, Pa. 19079

Ms Cheney,
State Board of Social Workers, Marriage & Family Therapists,
and Professional Counselors
116 Pine St
P. O. Box 2649
Harrisburg, Pa. 17105

Dear Ms Cheney,

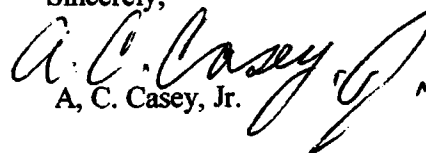
I am writing to you as a Presbyterian Minister (retired) who, as a long time resident of Pennsylvania, has worked with the drug and alcohol addicted. I have been aware of my limited ability in the field and have wished that I could refer to qualified counselors. I had to accept that there were no licensed professional counselors in the field, and that there was no differentiation between trained competent counselors and reformed addicts who hung up shingles on their own.

I rejoiced when the Professional Counselor Licensing Bill was introduced. Here, at last, was the opportunity for Master's level addiction counselors to be licensed so that they could practice with full protection of License and Malpractice Insurance, and with the recognition and dignity which they deserve. I am appalled to find out that Certified Addictions Counselors with Master's Degrees are not recognized by the Licensing bill.

I understand that with little change in the bill as it is written those who possess Master's Degrees and Certification as Addictions Counselors can be included under something called "grandparenting" regulations and that under the same regulations the IC & RC national exam for addiction counselors can be recognized as an acceptable.

I sincerely urge consideration of this matter as a means of increasing the availability of counseling to a large segment of the citizens of the Commonwealth who are now at the mercy of chance.

Sincerely,


A. C. Casey, Jr.

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BPOA LEGAL COUNSEL

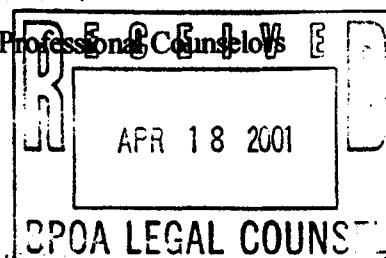
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BPOA LEGAL COUNSEL

ORIGINAL: 2178

April 16, 2001

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REVIEW COMMISSION

Ms. Eva Cheney
State Board of Social Workers, Marriage & Family Therapists, Professional Counselors
116 Pine St. PO Box 2649
Harrisburg, PA 17105



RE: #16A-694

Dear Mis Cheney:

I am responding to the proposed legislation for licenser for Professional Counselors. I am concerned that there seems to be no consideration for Certified Addictions Counselors. It seems that by ignoring us you will slight a significant clinical piece of therapy. We provide essential collateral information that is no less important to the overall treatment than any other aspect of client centered therapy. Actually, I have worked in mental health and addictions treatment and it is fair to say that neither discipline is a "golden cow" and in most cases it is an integration of services that provide the best treatment modality. I think it would be unwise of the steering committee to negate the contribution addiction therapy plays and will only further oppress a segment of the human service profession that is already looked down upon.

Another problem I have is the process of grandfathering into the system. I have a 32 credit Masters in Social Sciences. Several years ago, when licenser was first being proposed, I talked to a couple of universities about how I could bolster my credentials. Everybody had a sort of a "wait and see attitude." They agreed that it was stupid to take "for credit courses when I didn't know if they would be accepted anywhere. What I did was take 'not for credit courses' (one at Alvernia College and one at Albright College, dual diagnosis and abnormal psychology respectively.) I am also certified in Cognitive Behavioral Therapy from The Philadelphia College of Osteopathic Medicine. So you can see, I did what I thought I needed to improve my clinical skills and also acknowledge any short comings in my credentials.

The universities need some direction to assist students and existing professionals to the requirements for licenser. It is unreasonable to only give people who lack some of the specifics in the grandfathering clause one year to to get up to speed. Recently, I spoke to Dr. Claudia Heferkamp at Millersville College and when the semester slows down, she is willing to meet with me to go over my transcripts.. The Millersville University sent me a catalogue and really I have much of what is required for their MS in Counseling Psychology. If I can work something out with them, I would be more than willing to enroll and get up to speed for gaining a professional credential with State of Pennsylvania.

The bottom line is that I would like the steering commettee to know that I am in all favor of

licenser and to set standards and ethical criteria that will further improve our professional status. I am a professional who has in my own way done what ever I could to also improve that status by my own self examination and personal responsibility to meet the highest standards. I don't want to be shut out of the process after giving my entire adult life to working with and assisting people. It is the only thing that I know how to do and to rejected by my peers would be devastating.

Thank you for taking the time to read my letter. I appreciate it.

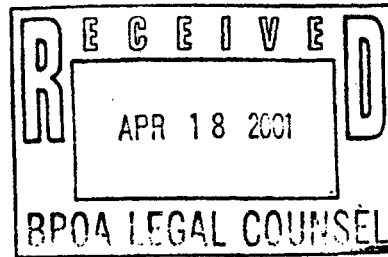
Be well,

Anthony Tomeo MA, CAC

Anthony Tomeo, MA, CAC

ORIGINAL: 2178

Heather Yasolsky, M.A., C.A.C.
P.O. Box 152
Main Street
Ramey, PA 16671



RECEIVED
2001 APR 20 10:07
REVIEW COMMISSION
April 15, 2001

Dear Ms. Cheney –

I am writing to you as a Certified Addictions Counselor who is presently employed by the Commonwealth of Pennsylvania, Department of Corrections, at SCI-Houtzdale. The recent publication of the regulations related to Act 136, The Professional Counselor Licensing Bill, raises concerns for the health and welfare of substance abusers seeking counseling services. I believe the insurance companies pre-set limit of 28 days of treatment, and usual approval for only 4-7 days of treatment already greatly harms any chance of success for marriages, families, and single people who are involved with those who use substances. Act 136 only adds further harm to these clients already suffering. The regulations fail to recognize Master's level addiction specialists who represent, by far, the largest specialty treatment population in the Commonwealth. Most notably, Certified Addiction Counselors with a Master's degree are not recognized by the regulations. These individuals have achieved a competency-based, clinically supervised credential under strict guidelines as provided by the International Certification & Reciprocity Consortium (IC&RC). Requirements for Certified Addictions Counselors to maintain Continuing Education Credits to ensure renewal of our Certifications maintains a level of growth and professionalism for those people in the field serving clients. Lack of recognizing these professionals as certifiable is reprehensible.

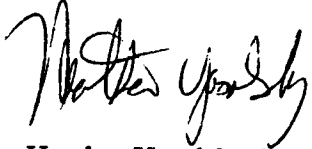
The regulations are also notably discriminatory of minority populations through the exclusion of the Master's Degree in Human Services. The vast majority of individuals holding this Master's degree are working with minority populations in our urban centers. The exclusion of this degree from the grandparenting regulations is a disservice to the cause of providing racial, ethnic, and culturally sensitive counseling services within the Commonwealth of Pennsylvania and may directly and indirectly impact the provision of services to minorities.

I am strongly advocating for the inclusion within the regulations of the following:

- Inclusion under the grandparenting regulations of individuals in possession of a Master's Degree and Certification as an Addiction Counselor (CAC)
- Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable exam.
- Inclusion under the grandparenting regulations of individuals in possession of the Master's Degree in Human Services as provided by Lincoln University

I sincerely urge your consideration in this matter as a means of assuring that the citizens of our Commonwealth are provided counseling services that serve our diverse communities. There would be no benefit in further hindering a clients ability to attain services by professionals, trained and committed to working in the ever changing field of Substance Abuse Counseling.

Sincerely,

 M.A., C.A.C.

Heather Yasolsky, M.A., C.A.C.
814/378-9778

cc: PCB Board

ORIGINAL: 2178

101 Livingston Court
N. Wales, PA 19454

RECEIVED
2001 APR 19 AM 9:52
INDEPENDENT REGULATORY REVIEW COMMISSION

April 14, 2001

Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Re: Proposed Licensure Regulations (16A-694)

Dear Sir or Madam:

The Pennsylvania Alliance of Counseling Professionals has submitted recommendations to correct a few areas of the Licensure requirements so that qualified counseling professionals are not excluded because of a few provisions.

I am concerned that I will not qualify if changes are not made because I am a Supervisor of a Department of Counselors. I have a Master's in Counseling Psychology and a Bachelor's from Penn State University in Rehabilitation Education. I have six years of formal education and I hold certifications as a Certified Rehabilitation Counselor, Certified Case Manager and Certified Disability Case Manager. I maintain each certification by completing 80 to 100 continuing education units for each certification every 5 years. I use my counseling skills everyday in my position as a Supervisor. I do not believe that I could have successfully trained and mentored counselors in my Department without being a qualified and professional Counselor

Therefore, I am urging you to adopt the changes in the proposed regulations so that I can be eligible for licensure. Thank you very much for your time and assistance in this very important matter.

Sincerely,

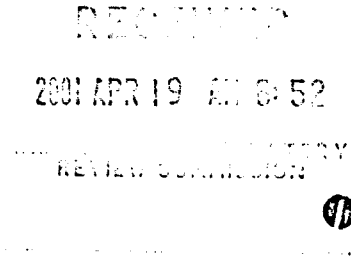

Susan Zurick, M.Ed., CRC, CCM, CDMS

Case Management Supervisor

101 Livingston Court
North Wales, PA 19454

April 12, 2001

Eva Cheney, Board Counsel
State Board of Social Workers, Marriage and Family Therapists, and Professional
Counselors
116 Pine Street
P.O. Box 2649
Harrisburg, PA 17105-2649



Subject: Proposed Licensure Regulations (16A-694)

Dear Attorney Cheney:

I am a Case Management Supervisor who is a 1981 graduate of Temple University's Master's Degree program in Counseling Psychology. My Bachelor's degree is in Rehabilitation Counseling from The Pennsylvania State University. As a Case Management Supervisor, I have successfully supervised, trained, and mentored counselors for the past eleven (11) years. Prior to becoming a supervisor, I counseled physically disabled adults overcome major impairments and develop a functional lifestyle which included competitive employment. I have read the proposed regulations for licensure of professional counselors that were published in the Pennsylvania Bulletin on March 24, 2001. Even though I am generally pleased with the proposed regulations, I am very concerned about a number of specific provisions that are included. Specifically, I am concerned about the following issues:

1. The limited number of fields included in the proposed definition of a "field closely related to the practice of professional counseling" [in § 49.1] will exclude from licensure many well-qualified and experienced professional counselors who meet all of the other licensure requirements. The list should be expanded to include more degree titles and a list of course work that would define a degree as being related to the practice of professional counseling should be developed.
2. The proposed experience requirement for grandparenting [§ 49.15(4)] is unfair. By requiring that qualifying practice consist of 15 hours per week with 10 hours of direct client contact, the proposed regulations for licensure by exemption (grandparenting) would unfairly and unnecessarily deny licensure to many well-qualified, experienced practitioners. Among those persons who would unfairly and unnecessarily be eliminated under this proposed regulation are: an experienced counselor who has been promoted to a supervisory or administrative position; an experienced counselor who is now an educator, someone, such as a

school counselor or college counselor, who works 9 months per year; an experienced retired counselor who maintains a part-time practice; an experienced counselor who has voluntarily cut back on practice (perhaps to raise a family or care for an elderly parent; and an experienced counselor who has been reassigned to less direct client contact because of being unable to get a license in the past. The proposed requirement needs to be significantly reduced, or preferably eliminated.

3. Many current graduate students and recent graduates will be unable to meet the internship requirements set forth in § 49.2(9) of the proposed regulations because many counselor preparation programs will be unable to provide these experiences in a timely fashion. For a limited period of time (perhaps 5 years), 6 semester hours of practicum/internship should be accepted in lieu of the proposed requirement.
4. Under the proposed regulations [§ 49.15(5)(iv)(C)] legitimate continuing education hours will be disallowed for licensure by exemption (grandparenting) if they were not approved by one of a very few organizations named in the proposed regulations. The regulation should be changed to include a greater variety of qualifying continuing education.
5. Exposure to group supervision for professional counselors is not allowed by the proposed regulations [§ 49.13(b)(5)]. Group supervision should be permitted.
6. The proposed regulations that require that the first 1800 hours of supervised clinical experience required for licensure be done by a professional counselor [§§ 49.13(b)(2) and 49.13(b)(4)(i)] disallows quality supervision that may already be being provided by a professional in a related discipline. This proposed requirement is unfair to all those who are currently working in the field and receiving supervision from someone other than a professional counselor. There is no reason that that supervised clinical experience should not count toward licensure. The requirement that the first 1800 hours of supervised clinical experience be supervised by a professional counselor should be stricken. Also, until people are licensed, it is not clear who would be regarded as a professional counselor. Clarification is needed.
7. The proposed regulations that require that the first 1800 hours of supervised clinical experience to be provided by a professional counselor [§§ 49.13(b)(2) and 49.13(b)(4)(i)] is likely to have an adverse effect in rural areas of the state where there are limited numbers of professionals and where supervision by professionals in related fields is the norm rather than the exception. Provision for a waiver of this requirement should be provided for those in rural areas or in other extraordinary circumstances.

The Pennsylvania Alliance of Counseling Professionals has submitted comments that address each of these concerns more thoroughly and that provide concrete suggestions for changes in the proposed regulations. I concur with those suggestions and urge the Board to adopt them.

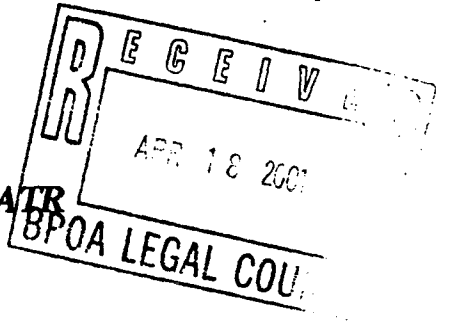
Sincerely,

**Susan Zurick, M.Ed., CRC, CCM, CDMS
Case Management Supervisor**

**cc: Independent Regulatory Review Commission
Senate Consumer Protection and Professional Licensure Committee
House Professional Licensure Committee
Senator Stewart J. Greenleaf
Representative Kate Harper**

RUSH

ORIGINAL: 2178



CHERYL J. TURETSKY, M.A., ATR
Registered Art Therapist
1419 Patrick Court
Maple Glen, PA 19002
(215) 540-0467

RECEIVED
APR 20 11:14:05
REVIEW OF REGULATIONS

April 15, 2001
Reference #: 16A-964

Eva Cheney, Board Counsel
State Board of Social Workers, Marriage and Family
Therapists, and Professional Counselors
161 Pine Street
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Attorney Cheney:

I wish to express my gratefulness for the hard work that the State Board has done in developing proposed Regulations for Professional Counselors. This work clearly reflects an intention to protect mental health consumers, permit choice of diverse services and permit qualified practitioners to provide services.

I concur with the views expressed by the Pennsylvania Alliance of Counselling Professional (PACP), regarding the proposed Professional Counselor Regulations. *PACP's most recent response to the proposed Regulations in the form of 'Concerns' and 'Suggestions' very much reflects my own concerns and recommendations.*

I am a Registered Art Therapist. I have had 1000 hours of pre-professional clinical experience during graduate school, as well as 1000+ supervised hours of postgraduate professional experience. I graduated MCP-Hahnemann in May of 1997 with a degree in Creative Arts in Therapy and an advanced sub-specialty in art therapy. Course work included at least two semesters and sometimes more of at least five of the educational requirements specified by proposed subsection 49.2.

I have worked with adults, children, senior adults and adolescents both pre-professionally during my masters program, and professional during post-masters supervised experience. My professional supervision has mostly been by the person who was Director of my Creative Arts in Therapy graduate program at MCP-Hahnemann and, after that, by a psychiatrist working at the particular mental health setting in which I practiced. Much of my supervision has been individual and in person. Also, there have been a good number of group supervision in person sessions during this period.

(Continued, Page 2)

CHERYL J. TURETSKY, M.A., ATR
Registered Art Therapist
1419 Patrick Court
Maple Glen, PA 19002
(215) 540-0467

April 15, 2001
Reference #: 16A-964
Page 2

I worked very hard during my graduate studies. I also put much effort into my postgraduate professional work; additionally, the satisfaction surveys during my post-graduate professional work show my clients have been satisfied. I very much believe my graduate studies are sufficient for, and that my post-graduate supervised professional experience should count towards, licensure. I believe it would be inequitable if this hard work and effort would be rendered meaningless. *It would not be rendered meaningless if the views expressed by the PACP in their most recent response to the proposed Professional Counselor Regulations in the form of 'Concerns' and 'Suggestions' were to be utilized and/or adopted.*

Thank you very much for your consideration of this very important matter.

Sincerely,



Cheryl J. Turetsky, M.A., ATR

cc: Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Senator Greenleaf
27 North York Road
Willow Grove, PA 19090-3419

Representative Civera
232 Long Lane
Upper Darby, PA 19082
Fax: 610-352-3389

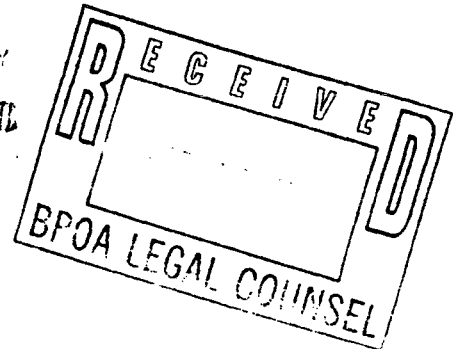
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April 14, 2001

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2001 APR 20 11:05

REVIEW COMMISSION

State Board of Social Workers
c/o Eva Cheney, Counsel
116 Pine Street
P.O. Box 2649
Harrisburg, PA 17105



Re: Act 136

Dear Ms. Cheney,

I am deeply concerned about the recent publication on Act 136, The Professional Counselor Licensing Bill, as it relates to substance abusers seeking treatment within our Commonwealth.

By way of background, I serve as an administrator for White Deer Run, Inc. I have been a Certified Addiction Counselor (CAC) in the State of Pennsylvania since 1988 and have been working in the addictions field since 1984. In 1996 I obtained my Master's Degree and in 1998, I obtained my CAC Diplomate.

The Professional Counselor Licensing Bill raises significant concerns for the future of substance abusers seeking treatment. First and foremost, the failure to license existing addiction professionals will continue to contribute to the limiting of access to effective substance abuse treatment for substance abusers having managed care plans or HMO's. Please allow me to explain: In my capacity as administrator, one of my responsibilities has been to establish contractual relationships with managed care organizations (MCO's). On more than one occasion, I have been told by some MCO/HMO contract representatives that the reason they require "Licensed Professionals" to provide services is that it "reduces [their] liability" if the individual providing the services is also licensed. Because of the shortage of "Licensed Addiction Professionals" this often means waiting for appointments, or settling for an LSW with minimal or no addiction treatment background. In some cases, this may mean the client must travel farther to see someone the insurance will approve.

I am a strong advocate for competency-based certification, credentialing and licensing, but I am also aware that there are some who use "licensure" for something other than what it was intended (i.e., to reduce liability rather than to ensure competence). In order to protect clients from exclusion from services for the wrong reasons and to ensure competency in the provision of all services, it is critical that **all competent providers who meet the established minimum standards** be included in the passage of a licensing bill. The fundamental problems with the regulations as they now stand are the grandfathering issues and that the regulations are non-statutory in nature. The regulations do not recognize Master's level addiction specialists who represent, by far,

the largest specialty treatment population in our state. Furthermore, a percentage of these individuals are former consumers of services who have recovered from addiction, obtained a Master's Degree, and obtained a competency-based, clinically supervised credential under strict guidelines as provided by the International Certification & Reciprocity Consortium (IC&RC).

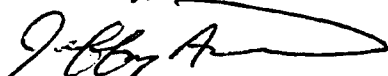
In addition to these concerns, the regulations perpetuate the pervasive and discriminatory practice of institutional racism within our society. By this I am referring to the exclusion of the Master's Degree in Human Services (MHS) as offered by Lincoln University, our nation's oldest African American university. I obtained my MHS at Lincoln University on May 5, 1996. As a Caucasian attending Lincoln University, I was challenged to grow as a professional as never before. The workload was incredible, the exposure to cultural diversity and the expectation for development of cultural competency skills was beyond any I've experienced. The professionals who walk out of this program are the ones who are now working in many of our urban centers with our minority populations. You may also be surprised to find about 20% of them working in non-urban areas providing services in all types of human services settings. This University is Middle States Accredited and all of the professors are Doctoral Level, or Master's level and licensed by your own board. The exclusion of this degree from the grandfathering regulations is a disservice to the cause of providing racial, ethnic, and culturally competent counseling services within this state, which will clearly impact services to minorities both in terms of cost, access and availability.

I am strongly advocating for the inclusion of the following in the regulations:

1. Include Certified Addiction Counselors holding Master's Degrees under the grandfathering regulations.
2. Include the Master of Human Services Degree from Lincoln University as an acceptable degree under the grandfathering regulations.
3. Include the IC&RC National Exam for Addiction Counselors as an acceptable exam under the grandfathering regulations.

It is my sincere hope that you will give these issues strong consideration. The Board's decision will have a serious impact on the provision of substance abuse services in this Commonwealth. A licensing bill has been long overdue, but please do not exclude one of the largest groups in the state that needs to be included.

Sincerely,

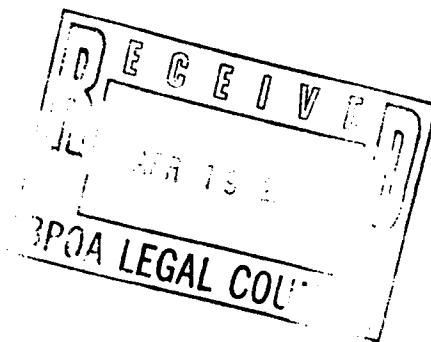


Jeffrey A. Thomas, MHS, CAC/DP
1550 Overbrook Road
Williamsport, PA 17701-1726
jeffth@suscom.net

cc: PCB Board

ORIGINAL: 2178

State Board of Social Workers,
Marriage & Family Therapists, & Professional Counselors
C/o Eva Cheney, Counsel
116 Pine St., PO Box 2649
Harrisburg, PA 17105



Reference: #16A-694

April 14, 2001

Dear Ms. Cheney,

I am writing to you both as a Drug & Alcohol counselor as well as a concerned resident of the Commonwealth of Pennsylvania. I am presently ineligible for counselor licensure although I have over twenty-five years experience serving adults in community-based outpatient, medical center, and private practice settings providing addiction and mental health services. My experience also includes six years as a clinical supervisor in the field of addiction treatment.

I obtained a Master of Science in Education (Counselor Education) Degree from Duquesne University in 1978. At that time, this degree required thirty (30) credits. Despite having this degree and my many years of counseling experience, I am ineligible for licensure. Several years ago when I attempted to become certified by the NBCC (in preparation for licensure eligibility opportunities), I was advised that I needed to have completed a minimum of a 48-credit program just to qualify to take the exam.

My employment and career advancement has not required a CAC since I have a Master's Degree. (It should be noted that I am presently eligible for the CAC credential, and actually held the credential from 1979-1981. Since the CAC credential didn't provide licensure eligibility, I elected to discontinue the recertification application process.) I would apply for the CAC credential if it enabled me to become eligible for licensure, which has become increasingly imperative in today's managed behavioral health-care environment. In addition, my employment opportunities and ability to treat clients with private insurance has already been restricted by my lack of licensure in spite of my advanced degree, continuing education hours, and extensive clinical experience. An exclusion from eligibility under the Professional Counselor Licensing Bill would further restrict my ability to continue employment as a professional therapist and addictions counselor.

It is my opinion that those in the addiction and mental health fields should not be penalized by inability to become licensed simply because of a change in the number of credits required to obtain a Master's Degree in our chosen occupation. Our years of extensive experience should be considered when developing eligibility rules for the Professional Counselor Licensing Bill. Some sort of 'Grandparenting' clause would enable those of us with advanced degrees and years of experience to continue serving the addiction and mental health needs of the public.

Sincerely,

Alan J. Galeza, M.S.Ed.
73 Timber Ln.
Trafford, PA 15085-1206
(412) 374-0701

cc: PCB Board

Original: 2178
April 13, 2001

RECEIVED

2001 APR 20 AM 9:59

PROFESSIONAL COUNSELORS
REVIEW COMMISSION

Ms. Cheney
State Board of Social Workers, Marriage & Family Therapists and Professional
Counselors
116 Pine Street
P. O. Box 2649
Harrisburg, PA 17105

Dear Ms. Cheney:

It has been brought to my attention by my daughter-in-law, Claudia Casey Arndts, who is a Master's Level Certified Addiction Counselor, that the regulations relating to Act 136, the Professional Counselor Licensing Bill currently being worked on would not allow her to be grandfathered in for licensure.

The current regulations fail to recognize that Master's level addiction specialists, such as Claudia, represent the largest specialty treatment population in the Commonwealth. Counselors like her have achieved a competency based, clinically supervised credential under the strict guidelines provided by the International Certification & Reciprocity Consortium (IC&RC).

I am asking you to seriously consider the inclusion of the following with the regulations:

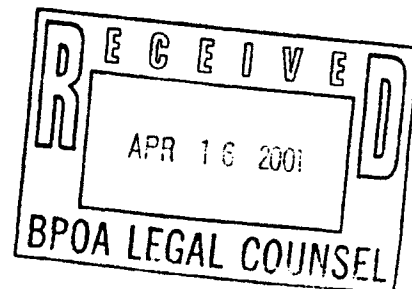
- Inclusion under the grandparenting regulations of individuals possessing a Master's Degree and Certification as an Addiction Counselor.
- Inclusion under the grandparenting regulations of the IC&RC national exam for Addiction Counselors as an acceptable exam.

Thank you for your kind attention in this matter.

Sincerely,



Patricia K. Arndts
8109 Jeanes Street
Philadelphia, PA 19111-2326
pkarndts@aol.com



ORIGINAL: 2178

Cassandra Howell
127 Liberty Drive
Newtown, PA 18940-1147



RECEIVED
2001 APR 18 AM 9:49

CHEMICAL DEPENDENCY
TREATMENT, MANAGEMENT AND COMMUNITY SERVICE
REVIEW COMMISSION

April 13, 2001

Counseling Center

Eva Cheney, Counsel
State Board of Social Work, Marriage &
Family Therapist & Professional Counselors
P. O. Box 2649
116 Pine Street
Harrisburg, PA 17105-2649

Dear State Board Members:

Professionally, I have functioned in the addictions/mental health field since 1978. During that time I have worked both clinically and as a clinical supervisor. My tenure of employment has covered working in a children's clinic with families and their dependents, providing services to both adolescents and adults in non-profit treatment centers, a prison, working with managed care persons for the purpose of patient placement in outpatient or inpatient facilities and community outreach programs. At the time that I completed my Masters degree in Counseling and Psychology, Specialization Family Systems from Lesley College, Cambridge, Ma. The graduation requirement was 36 credits. Further education and supervised training was completed at the recognized Extern Program of the Philadelphia Child Guidance Clinic. This is a nine-month program (September to May) which aims to achieve competency in assessing and Changing families and couples and to expand a therapist's style. I received live and videotape supervision of her cases within an eight-person training group (two supervisors), which met eight hours a day, once a week for 30 sessions, or a total of 240 hours. In addition, I attended eight six-hour conceptual workshops, or a total of 48 didactic hours.

The Grandfathering clause finds my education appropriate but indicates that I am not eligible for the NBCC exam of 48 credits from a Masters Program to test. This is a "catch 22" in the Grandfathering clause. It is imperative that you consider the following related to Act 136: The Professional Counselor licensing Bill, State Board of Social Workers, Marriage and Family Therapists and Professional Counselors (ref. #16A-694) Act 136 Grandfathering clause.

The fact is that Certified Addictions Counselors, particularly at the Masters Level, have met nationally-based standards (established by the International Certification & Reciprocity Consortium) of education and continuing education, demonstrated competencies through work performance, a written exam, and clinical supervision, and adhere to a code of professional ethics equal in breadth and sophistication to any of behavioral health care professions included in the proposal.

I advocate that the board reviewing the Grandfathering clause be clear on the following information:

Those who hold a Masters degree in an accepted discipline and who are MAC (Masters of Addictions Counseling), have completed ICRC National Exam testing to receive this Certification. Individuals who are further Certified with a CCS Credential (Certified Addictions Supervisor) have completed extensive

Chemical Dependency Treatment, Management and Community Service
275 S. Main Street, Park Terrace Office Center, Suite 11, Doylestown, PA 18901
215-340-1765 ~ FAX 215-340-1762

Page two
State Board Members
4/12/01

Continuing education credits beyond the criteria needed for completion of the 48 credit Masters degree and must maintain required education credits beyond this level on an annual basis.

Propose the following be entered into the Grandfathering clause:

Addictions Professionals have an appropriate Masters degree of no less than 36 credits, have a Certification of MAC (Masters of Addictions Counseling) and the advanced CCS (Certified Clinical Supervisor) Certificate. These Professionals have passed the ICRC National Exam and are exempt from further testing. Acceptance of the International Certification and Reciprocity Consortium's National Exam as fulfilling examination prerequisite.

The details of this rather lengthy, in-depth certification process and the professional standards for Addictions Counselors are readily available from The Pennsylvania Certification Board (POC is Mary Jo Mather at 717-540-4455). Additionally, several states (e.g., New Jersey, Texas, Wyoming) already license addictions counselors, with others in the process of considering similar licensure.

The issue before you therefore lies not in the nature or qualifications of the Addictions Counseling profession, but why a decision was made to ignore the information I have described, and exclude a group of dedicated, competent professionals from Act 136. I might add that these are individuals, who on a daily basis provide critically essential services to deeply troubled clients and their families, which impact both those individuals, as well as the well-being of the local community, and society as a whole - no more and no less important a function as the professions included in the proposal being discussed.

A question before you for consideration is:

What will the long-term impact of this exclusion of the Addictions Counseling profession from Act 136 be on the continuation and improvement of effective drug and alcohol treatment and prevention in the Commonwealth, as well as, on the retention of talented and skilled individuals in this field? A particularly serious outcome will probably result from managed care organizations not paying for services provided by non-licensed professionals.

I ask that you give your most positive consideration to including this group of professionals, who specialize in treating a very significant cohort of people that present for behavioral health services in Pennsylvania.

Respectfully submitted,



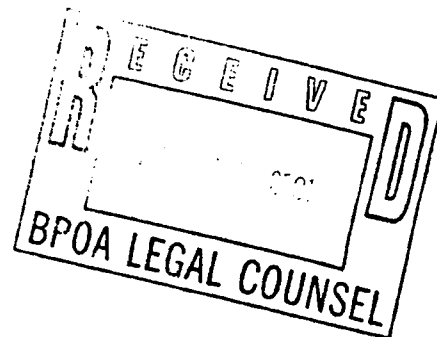
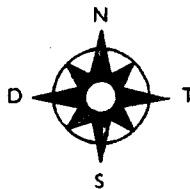
Cassandra Howell, MA, MAC, CCS

CH/bva

cc: Hon. Mario J. Civera, Jr.
Senator Bell
Independent Regulatory Review Commission

ORIGINAL: 2178

NEW DIRECTIONS Treatment Services



**Ms. Eva Cheney, Counsel,
State Board of Social Workers, Marriage and Family Therapists and Professional
Counselors,
116 Pine Street,
P.O. Box 2649,
Harrisburg, PA 17105-2649
13th April, 2001**

Dear Ms. Cheney,

Enclosed are my comments, objections and suggestions regarding the
proposed provisions of Chapter 49 for licensure of professional counselors.
49.12 (1)

Sincerely,

Margaret Desmond

**Margaret Desmond, MA, NCC
Program Director**

RECEIVED
2001 APR 20 AM 11:07
NEW JERSEY
COMMISSION



49.12 (1)

How and by whom will the term “ good moral character” be defined and measured? Is it to be measured by a person’s beliefs or behaviors? Definitions of moral vs. amoral/immoral vary widely and behaviors and beliefs that may be viewed as immoral by some are protected under the constitution, i.e. the right to nondiscrimination based on one’s beliefs, sexual orientation etc.

Professional associations and credentialing organizations have a clearly defined code of ethics that define the parameters of ethical conduct and practice in a profession. The board should adopt a code of ethics in lieu of this standard.

49.13 (b)

This is unnecessary as it is already provided for by Release of Confidential Information State and Federal regulations when confidential information is disclosed to an outside agency/individual. Discussions concerning specific cases within an agency between supervisor and supervisee are permitted, are considered essential to good practice and are in fact mandated by most regulatory/accreditation organizations.

49.13 (b) (5)

One hour of individual supervision for every 20 hours of supervised clinical experience will place an unnecessary burden on many treatment facilities. Group discussion of cases is essential to a team approach to treatment, generally average 2 hours per week and is mandated by most Standards of Care. Mandating 2 hours of individual supervision in a 40 hour work- week will force agencies to sacrifice the team approach. One hour would be adequate for every 40 hours.

49.13 (b) (6)

If exception to this can be requested why include this requirement? Requiring documentation to prove that this provision creates an undue hardship seems to be burdensome in itself. Limiting supervision to 6 employees for one supervisor is not realistic.

49.13 (b) (7)

This exceeds the standard 2 weeks notice of termination of employment required of most employees. Will a supervisor leaving a particular place of employment be held to this 60 day written notice requirement?

49.15 (6)

This conflicts with 49.13 (7)

49.15 (4) This excludes from “grand-fathering” those who (presumably) by virtue of their expertise and experience have been in supervisory positions for the longest periods, i.e. those who have been clinical supervisors for more than 2 of the 7 years immediately prior to application.

Clinical Supervision requires a high level of competence and continuing education to stay abreast of current and developing trends in treatment. Supervisors monitor treatment of numerous clients on a daily basis. Their positions require not only counseling skills but also training skills, the knowledge and experience to develop treatment policies and procedures and the ability to monitor compliance with regulatory, ethical and treatment standards. Only those in the smallest treatment settings can spend the minimum 10 hours per week in direct client contact and provide adequate clinical supervision at the same time.

This provision will exclude from licensure, the most experienced and valuable staff while allowing those with less experience (2 years or less as a supervisor) to meet the requirement.

49.15 (5) (iv) A

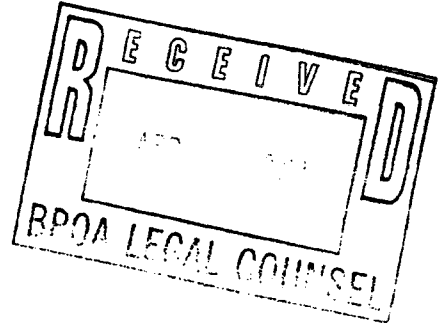
Continuing Education Hours are classified by target audience and topic, not by level of difficulty. How will a "Master's level difficulty" be determined?

49.15 (6) (i)

NBCC is accredited by the National Commission for Certifying Agencies (NCCA). It is a division of the National Organization for Competency Assurance (NOCA). The NCC certification is accepted by the State of Delaware and the District of Columbia as sufficient for licensure. It is a credential accepted by many insurance companies and by Federal contract managers. Why is the State of PA not willing to accept NCC and other recognized certifications at least during the "grand-fathering" period? If this were the case, Pennsylvania would have a pool of licensed professionals during the transition.

ORIGINAL: 2178

April 13, 2001



State Board of Social Workers, Marriage & Family Therapists, & Professional Counselors

C/o Eva Cheney, Council
116 Pine Street
P.O. Box 2649
Harrisburg, PA 17105

RE: #16A-694

Dear Ms. Cheney:

I am writing to you as a Certified Addictions Counselor as well as a concerned resident of the Commonwealth of Pennsylvania. The recent publication of the regulations related to Act 136, The Professional Counselor Licensing Bill, raises concerns for the health and welfare of substance abusers seeking counseling services. The fundamental problems with the regulations involve the grandparenting issues and are non-statutory in nature. The regulations fail to recognize Master's level addiction specialists who represent, by far, the largest specialty treatment population in the Commonwealth. Most notably, Certified Addiction Counselors with a Master's degree are not recognized by the regulations. These individuals have achieved a competency-based, clinically supervised credential under strict guidelines as provided by the International Certification & Reciprocity Consortium (IC&RC). Furthermore, these individual are the preferred provider of services to clients seeking drug and alcohol treatment and, as such, are included in the Department of Transportation regulations outlining the qualifications of Substance Abuse Professionals.

I am strongly advocating for the inclusion within the regulations of the following:

- Inclusion under the grandparenting regulations of individuals in possession of a Master's Degree and Certification as an Addiction Counselor (CAC).
- Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable exam.

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REVIEW DEPARTMENT
11

I sincerely urge your consideration in this matter as a means of assuring that the citizens of our Commonwealth are provided counseling services that serve the needs of the community.

Sincerely,

A handwritten signature in cursive script that reads "Kristin Breidenbach".

Kristin Breidenbach, M.A., C.A.C.

23 East Sixth Street

Unit B-12

Pottstown, PA 19464

610-323-1110

cc: PCB Board

ORIGINAL: 2178

April 12, 2001

State Board of Social Workers
Marriage & Family Therapists
& Professional Counselors
c/o Eva Cheney, Counsel
116 Pine St., PO Box 2649
Harrisburg, PA 17105

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REVIEW COMMUNICATION
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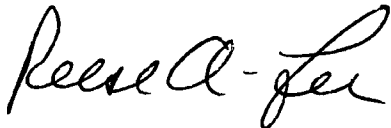
Dear Ms. Cheney:

I am writing you as a proud member of the Alcohol and Other Drug Treatment Community and as a Certified Addiction Counselor Diplomate with a Masters Degree. I am referring to #16A-694 and the published regulations of Act 136. What concerns me the most is that Masters degree professionals are not recognized by these regulations. Those of us with Masters degrees have attained the highest of standards and our credentials are strictly administered by the International Certification & Reciprocity Consortium (IC&RC). The primary issue I have with the regulations involves the grandparenting clause.

Therefore, I am strongly recommending that CAC professionals with Masters degrees be included under the grandparenting regulations. In addition, those with Masters degrees in Human Services from Lincoln University should also have the same inclusion as alumnus, like myself, do from other institutions of learning.

Thank you for your serious consideration of this matter, as it directly affects thousands of individuals and families seeking AOD Treatment now and in the future.

Sincerely,



Reese A. Lee M.Ed., C.A.C. Diplomate
RR 2 Box 334A
Munson, PA 16860
(814) 345-6273

cc: PCB Board

RECEIVED
APR 18 2001
BPOA LEGAL COUNSEL

Robert Schoenholtz, M.S., ATR-BC
640 S. Highland Ave.
Merion Station, PA 19066
(610) 761-1905

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2001 APR 19 AM 8:51

INDEPENDANT REGULATORY
REVIEW COMMISSION

Independant Regulatory Review Commission
333 Market St., 4th Floor
Harrisburg, PA 17101
April 12, 2001

To Whom It May Concern:

Thank you for your work in regard to regulations for professional counselors. I am an Creative Arts Therapist who has practiced Art Therapy for 30 years, Professional Registration with the American Art Therapy Association in 1974, and Board Certified by the Art Therapy Certification Board in 1996. I have worked consistently as an Art Therapist for all of this time in a variety of settings including a Pennsylvania state hospital, a college, a private hospital, and in private practice. I have worked with various client populations including children, adolescents, young adults, adults, and older adults. I am a Past President of the Delaware Valley Art Therapy Association and have served on many committees with the American Art Therapy Association. I have also worked as a supervisor of Art Therapists and a part time lecturer in the graduate program in Art Therapy at Marywood University in Scranton for the last 6 years along with my Art Therapy client practice.

I do have some concerns which I would like to call to your attention.

In Regulation 49.1, Creative Arts Therapists should be listed as well. I believe that Creative Arts Therapy has been considered all along to be a part of this, and has been a participant in the development of the current document. It is a serious oversight that Creative Arts Therapy is not specifically mentioned.

In Regulation 49.13b, Standards for Supervisors is too restrictive and does not reflect similar standards in other similar professions such as Social Work.

Of utmost importance to me, in Regulation 49.15, Exemption from Licensure Exam, my concern is that a duly Registered and Board Certified Art Therapist such as myself, but surely not limited to me, would be denied licensure because of not meeting the current description of education requirements. For a long time practitioner such as myself the current standards for Registration and Board Certification were much less stringent. (It was not necessary to have Master's Degree at the time.) Although I do have a Master's degree now, it was not done under the current standards upon which the Regulations are based, but rather those of the 1970's. I do not feel that, as an active, senior therapist whose livelihood depends on continuation of my Art Therapy practice, I should be denied Grandfathering because standards have evolved over the years while I continued to contribute.

Thank you for your interest in this matter and your attention to my concerns.

Sincerely,



Robert Schoenholtz, M.S., ATR-BC



**PENNSYLVANIA ALLIANCE
OF COUNSELING PROFESSIONALS**

1018 Bethlehem Pike • P.O. Box 787 • Spring House, PA 19477-0787

ORIGINAL: 2178

RECEIVED
2001 APR 17 11:30 AM

REVIEW COMMISSION
1-800-570-6622

April 12, 2001

Eva Cheney, Board Counsel
State Board of Social Workers, Marriage and Family Therapists, and Professional
Counselors
116 Pine Street
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Attorney Cheney:

Subject: Proposed Licensure Regulations (16A-694)

Attached are comments from the Pennsylvania Alliance of Counseling Professionals (PACP) on the proposed regulations (16A-694) for licensure of marriage and family therapists and professional counselors prepared by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors (Board) and published on March 24, 2001 in the Pennsylvania Bulletin. The Pennsylvania Alliance of Counseling Professionals (PACP), is an organization that represents six professional organizations: the Pennsylvania Counseling Association (PCA), the Pennsylvania Association for Marriage and Family Therapy (PAMFT), the Pennsylvania Mental Health Counselors Association (PAMHCA), the Pennsylvania Association for Counselor Education and Supervision (PACES), the Pennsylvania Association of Rehabilitation Professionals (PARP), and the Pennsylvania Coalition of Creative Arts Therapies Associations (PCATA). PACP has been active in effecting the passage of the Social Workers, Marriage and Family Therapists and Professional Counselors Act (P.L. 1017, No. 136) and has followed closely the development of the proposed licensure regulations on behalf of its member organizations.

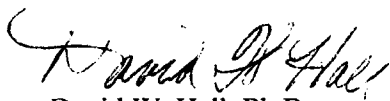
PACP would first like to thank the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors for its effort and skill in drafting the proposed regulations for the licensure of marriage and family therapists, professional counselors, and clinical social workers. The Board took on, and in a relatively short time completed, the very difficult task of expanding an existing board and drafting three separate sets of regulations. The proposed regulations provide needed uniformity in basic standards while acknowledging the unique history and practices in the three professions being regulated.

Because PACP represents marriage and family therapists and professional counselors our comments will focus on those sections of the proposed regulations dealing with marriage

and family therapists (Chapter 48) and professional counselors (Chapter 49). With the few exceptions noted in the attached comments, PACP believes that the regulations proposed by the Board reflect the intent of Act 136: to protect consumers from unqualified practitioners without creating undue barriers to receiving services and without creating undue barriers to entering the market by providers of those services.

Despite the excellent work done by the Board, PACP has concerns about some of the specific provisions of the proposed regulations and their impact on members of our professions and on the consumers we serve. Attached you will find a listing of those sections of the proposed regulations that are of particular concern to marriage and family therapists and to professional counselors, a description of each concern, and our suggested changes. We have also outlined several points of concern shared by our two professions. We have also appended a listing of technical concerns (some of which may be rendered moot if the Board accepts our suggestions for substantive changes). We urge the Board to carefully consider concerns unique to each professional group as it makes the final adjustments in the licensure regulations.

Sincerely,



David W. Hall, Ph.D.

President, Pennsylvania Alliance of Counseling Professionals

Attachment

cc: Independent Regulatory Review Commission
Senate Consumer Protection and Professional Licensure Committee
House Professional Licensure Committee
File

**Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)**

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PENNSYLVANIA COMMISSION ON PROFESSIONAL REGULATION

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Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Marriage and Family Therapy Concerns

**FIELD CLOSELY RELATED TO THE PRACTICE OF MARRIAGE AND
FAMILY THERAPY**

Concern:

Marriage and family therapists are extremely concerned about the limited number of fields included in the following definition in § 48.1:

Field closely related to the practice of marriage and family therapy - Includes the fields of social work, counseling psychology, clinical psychology, educational psychology, counseling and child development and family studies.

Limiting the degrees that are acceptable for licensure to the six listed above will exclude from licensure many well-qualified and experienced marriage and family therapists who meet all of the other licensure requirements.

Marriage and family therapy developed and continues to operate as a multi-disciplinary field with much of its training at a post-Master's degree level. Individuals with graduate degrees in a wide range of the service professions later choose to pursue specialized training in marriage and family therapy. The specific courses an individual has taken and the nature of the supervised clinical experience one has obtained are the definitive training experiences for marriage and family therapists at the present time, not the specific graduate degree one has completed. Three of the four accredited marriage and family therapy training programs in Pennsylvania are postgraduate programs that accept applicants from a variety of backgrounds, including such fields as medicine, nursing, the ministry, education, and psychology as well as the fields listed in the proposed regulations. Training of marriage and family therapists may shift entirely to degree programs in a university setting at some future date, but that is not where most of the training occurs today in Pennsylvania. Since the proposed regulations for marriage and family therapists include a detailed outline in § 48.2 of the specific coursework required for licensure, a broader definition of *closely related fields* would maintain protection for the public without excluding qualified professionals from licensure.

Suggestion:

Change the definition of "*Field closely related to the practice of marriage and family therapy*" in § 48.1 to read as follows:

Field closely related to the practice of marriage and family therapy--Includes the fields of social work, ~~counseling psychology, clinical psychology,~~

educational psychology, counseling, and child development and family studies, medicine, nursing, ministry/theology, education, or any other field acceptable for entry into postgraduate training in marriage and family therapy.

Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Marriage and Family Therapy Concerns

TRANSITION LANGUAGE FOR SUPERVISED CLINICAL EXPERIENCE

Concern:

The absence of a transition period for the supervised clinical experience requirements described in the following subsections of § 48.13(b) is of concern to marriage and family therapists:

(2) Supervision for the clinical experience shall be provided by a supervisor as defined in §47.1 (relating to definitions). However, the first 1,800 hours shall be supervised by a licensed marriage and family therapist who has received certification as an approved supervisor or supervisor-in-training by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3 (relating to qualifications for supervision until January 1, 2010).

(4)(i) A supervisor who is temporarily unable to provide supervision shall designate a qualified substitute. However, for the first 1,800 hours delegation must be to another licensed marriage and family therapist who has received certification as an approved supervisor by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3.

(5) The supervisor, or one to whom supervisory responsibilities have been delegated, shall meet with the supervisee for a minimum of 2 hours for every 40 hours of supervised clinical experience. At least 1 of the 2 hours shall be with the supervisee individually and in person, and at least 1 of the 2 hours shall be with the supervisee in a group setting and in person.

The act includes a pipeline for the educational requirements for licensure, that is, a transition period for programs to come up to standard and for individuals who have been trained or are being trained under the current standards to be eligible for licensure. A similar pipeline for supervised clinical experience was not needed since all applicants could complete any additional hours that were needed to meet the licensure standard. However, the Board's proposed definitions for marriage and family therapy supervisors in § 48.1 and § 48.3 require *all* marriage and family therapy supervisors to be licensed. This creates a transition problem for non-grandparenting licensure applicants until marriage and family therapy supervisors have an opportunity to become licensed in Pennsylvania. A pipeline adjustment is imperative.

A related pipeline adjustment in the proposed regulations is needed to move from the current AAMFT standard for *individual supervision* to the standard outlined in the proposed regulations. The AAMFT definition of individual supervision is that it should

be “face-to-face with one supervisor and one *or two* (italics added) supervisees.” If the AAMFT definition is not going to be used in the licensure regulations for marriage and family therapists, then it is critical that a transition phase be inserted. Training programs and marriage and family therapy supervisors need time to adjust to the new standard and individuals who have already completed supervised clinical experience hours under the current standard should be able to use those hours in meeting the licensure requirement.

Suggestion:

Add the following to § 48.13(b):

During the 5 years after the board has promulgated final regulations, individuals who meet the educational requirements of § 48.13 (a)(3) may include the following as part of their required clinical supervised experience:

- a) clinical experience supervised by an unlicensed marriage and family therapist who has received certification as an approved supervisor or supervisor-in-training by AAMFT or by a marriage and family therapist who is not yet licensed but who meets the remaining criteria listed in §48.3,**
- b) hours of individual supervised clinical experience received with one other supervisee present.**

Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Marriage and Family Therapy Concerns

ACCEPTABLE SERVICES FOR CLINICAL EXPERIENCE

Concern:

Individual and group therapy are excluded from the list of services that can be provided by marriage and family therapists as part of their supervised clinical experience in §48.13(b)(1). This subsection reads as follows:

At least one-half of the experience shall consist of providing services in one or more of the following areas:

- (i) Assessment.
- (ii) Couples therapy.
- (iii) Family therapy.
- (iv) Other systems interventions.
- (v) Consultation.

The exclusion of individual therapy in § 48.13(b)(1)'s listing of services provided by marriage and family therapists supports the common stereotype that marriage and family therapists provide only marriage and family therapy services. Working with individuals from a family systems perspective is an important part of the training and ongoing practice of marriage and family therapists. Omitting individual therapy from this listing unduly restricts the supervised clinical experience for marriage and family therapists and will greatly increase the difficulty of accumulating 1,800 hours of direct client contact in order to meet the licensure requirements. The act defines the practice of marriage and family therapy as "the delivery of psychotherapeutic services to *individuals*, couples, families and *groups* (italics added)." The listing of services that marriage and family therapists can provide as part of their supervised experience must reflect the full range of services outlined in Act 136.

Suggestion:

Change the list of services in § 48.13(b)(1) to read as follows:

- (i) Assessment.
- (ii) Individual therapy.
- (iii) Couples therapy.
- (iv) Family therapy.
- (v) Group therapy.
- (vi) Other systems interventions.
- (vii) Consultation.

Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Marriage and Family Therapy Concerns

CONTINUING EDUCATION REQUIREMENTS

Concern:

The requirements for acceptable continuing education hours outlined in subsections §48.15(5)(v) and §48.15(5)(vi) effectively eliminate the use of continuing education hours to meet the educational requirements for licensure under the grandparenting provision for marriage and family therapists. These two subsections include the following statement:

Continuing education satisfactory to the Board shall meet the following requirements:

- (A) Masters level difficulty.
- (B) Excludes courses in office management or practice building.
- (C) Any course approved by AAMFT.

AAMFT does not approve continuing education offerings for marriage and family therapists. Since no other source of approved continuing education hours is included in these sections, marriage and family therapists would apparently not be able to use continuing education hours they have completed to meet the education requirement as allowed by these subsections. § 48.15(5)(v)(C) and §48.15(5)(vi)(C) need to be rewritten so that marriage and family therapists may take advantage of this option.

Suggestion:

Change § 48.15(5)(v)(C) and §48.15(5)(vi)(C) to read as follows:

(C) Any course which is related to the practice of marriage and family therapy that has been approved by AAMFT for continuing education credit for Licensed Psychologists or Licensed Social Workers, has been approved by NBCC, CRC, CBMT, AATA, ADTA, or NADT, or has been offered by AAMFT or PAMFT and any other course which is related to the practice of marriage and family therapy.

Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Marriage and Family Therapy Concerns

SUPERVISION IN A GROUP SETTING

Concern:

Supervision in a group setting is required for marriage and family therapists in § 48.13(b)(5) which reads:

The supervisor, or one to whom supervisory responsibilities have been delegated, shall meet with the supervisee for a minimum of 2 hours for every 40 hours of supervised clinical experience. At least 1 of the 2 hours shall be with the supervisee individually and in person, and at least 1 of the 2 hours shall be with the supervisee in a group setting and in person.

Supervision of clinical experience in a group setting is a valuable part of the training for marriage and family therapists; our concern is with *requiring* one of every two hours of supervision to be in this form. Because of the limited numbers of marriage and family therapy supervisors in agency and institutional settings, many marriage and family therapists will have to privately contract for at least half of their required hours of supervision. The number of appropriate supervisors is also limited. To put an additional restriction on the form of the supervision creates an undue hardship on those seeking to fulfill this requirement. In large urban areas it may be feasible to access and schedule group supervision. In the rest of the state where there are few supervisors, a finite number of potential supervisees, and where individuals from a wide variety of work settings are spread over a large geographic area, forming groups and coordinating schedules for group supervision could be extremely difficult, if not impossible. *Allowing* rather than *requiring* group supervision will encourage it while maintaining needed flexibility.

Suggestions:

- Change the wording in § 48.13(b)(5) to read as follows:

At least 1 of the 2 hours shall be with the supervisee individually and in person; ~~and at least 1 of the 2 hours shall~~ may be with the supervisee in a group setting and in person.

- If the Board cannot endorse the above suggestion, it is imperative that this group supervision requirement be added to the pipeline adjustments suggested in a preceding section headed “Transition Language for Supervised Clinical Experience.”

Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Professional Counselor Concerns

**DEFINITION OF FIELD CLOSELY RELATED TO THE PRACTICE OF
PROFESSIONAL COUNSELING**

Concern:

Professional counselors are concerned that the definition of a field closely related to the practice of professional counseling contained in § 49.1 is drawn too narrowly and that otherwise well-qualified applicants would be excluded. That definition reads as follows:

Field closely related to the practice of professional counseling--Includes the fields of social work, clinical psychology, educational psychology, counseling psychology and child development and family studies.

Professional counselors are concerned that limiting the definition of "closely related fields" to those listed in the proposed regulation will exclude many well-qualified and experienced professionals who meet all of the other licensure requirements from becoming licensed. Professional counseling, as defined in the act, is a profession with many areas of specialization. Graduate preparation in counseling is, has been, and continues to be offered under a variety of degree titles, some of which contain the word "counseling" (community counseling, mental health counseling, school counseling, rehabilitation counseling, pastoral counseling) and some that do not (art therapy, dance/movement therapy, music therapy, drama therapy).

Suggestion:

We believe that rather than define a "field closely related to the practice of professional counseling," the Board should define, a "master's degree in a field closely related to the practice of professional counseling." This is the approach that the Board has taken elsewhere in § 49.1 where it has defined a "Doctoral degree in a field closely related to the practice of professional counseling." We believe that an appropriate definition would read as follows:

Master's degree in a field closely related to the practice of professional counseling—Includes either:

(a) degrees in the fields of creative arts therapy (art therapy, dance therapy, dance/movement therapy, drama therapy, music therapy), psychodrama, social work, clinical psychology, educational psychology, counseling psychology, child development and family studies, or;

(b) any degree in any applied behavioral science that includes a supervised clinical experience (such as practicum or internship) and that includes at least a two semester hour or 3 quarter hour course in any five (5) of the following areas:

1. Human growth and development--studies that provide an understanding of the nature and needs of individual at all developmental stages.

2. Social and cultural foundations--studies that provide an understanding of issues and trends in a multicultural and diverse society.

3. Helping relationships--studies that provide an understanding of counseling and consultation processes.

4. Group work--studies that provide an understanding of group development, dynamics, counseling theories, group counseling methods and skills and other group approaches.

5. Career and lifestyle development--studies that provide an understanding of career development and related life factors.

6. Appraisal--studies that provide an understanding of individual and group approaches to assessment and evaluation.

7. Research and program evaluation--studies that provide an understanding of types of research methods, basic statistics, and ethical and legal considerations in research.

8. Professional orientation--studies that provide an understanding of all aspects of professional functioning including history, roles, organizational structures, ethics, standards and credentialing.

By allowing the applicant to either demonstrate having a master's degree with a specific title or to demonstrate having a master's degree with well-defined coursework, this definition would cover virtually any master's degree that could be legitimately regarded as related to the practice of professional counseling as defined in the Act, regardless of the year in which the degree was obtained and regardless of the specific title of the

degree. Otherwise qualified persons should not be denied a license because their degree title does not match a finite list so long as there is a supervised clinical experience and courses in a sufficient number of areas related to professional counseling. We urge the Board to adopt the definition provided above.

If the Board agrees, it will be necessary to revise the definition of "Doctoral degree in a field closely related to the practice of professional counseling." PACP suggests the following revision:

Doctoral degree in a field closely related to the practice of professional counseling –Includes either: A

(a) doctoral degree degrees in the fields of creative arts therapy (art therapy, dance therapy, dance/movement therapy, drama therapy, music therapy), psychodrama, social work, clinical psychology, educational psychology, counseling psychology, child development and family studies, or;

(b) any other doctoral degree in any applied behavioral science which is awarded upon after successful completion of a program master's degree in a field closely related to the practice of professional counseling and that includes advanced (beyond the master's level) clinical instruction and which includes advanced (beyond the master's level) coursework that meets the criteria in § 49.2 (relating to educational requirements) in any five (5) of the following areas:

1. Human growth and development--studies that provide an understanding of the nature and needs of individual at all developmental stages.

2. Social and cultural foundations--studies that provide an understanding of issues and trends in a multicultural and diverse society.

3. Helping relationships--studies that provide an understanding of counseling and consultation processes.

4. Group work--studies that provide an understanding of group development, dynamics, counseling theories, group counseling methods and skills and other group approaches.

5. Career and lifestyle development--studies that provide an understanding of career development and related life factors.

6. Appraisal--studies that provide an understanding of individual and group approaches to assessment and evaluation.

7. Research and program evaluation--studies that provide an understanding of types of research methods, basic statistics, and ethical and legal considerations in research.

8. Professional orientation--studies that provide an understanding of all aspects of professional functioning including history, roles, organizational structures, ethics, standards and credentialing.

By allowing the applicant to either demonstrate having a doctoral degree with a specific title or to demonstrate having a doctoral degree with well-defined coursework and clinical instruction, this definition would cover virtually any doctoral degree that could be legitimately regarded as related to the practice of professional counseling as defined in the Act, regardless of the year in which the degree was obtained and regardless of the specific title of the degree.

Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Professional Counselor Concerns

INTERNSHIP REQUIREMENTS

Concern:

Many current students and recent graduates will be unable to meet the internship requirements set forth in §49.2(9) because many counselor preparation programs will be unable to provide these experiences in a timely fashion.

Professional counselors, especially counselor educators, have concerns about the educational requirements set forth in § 49.2. The educational requirements in this section define the course work and clinical instruction requirements that must be met to satisfy the definition of a "planned program of 60 semester hours or 90 quarter hours of graduate coursework in counseling or a field closely related to the practice of professional counseling" that is referred to in § 49.1. We believe that the Board's reasoning in adopting this set of educational requirements is sound and urge that this section of the proposed regulations be retained.

This section poses a difficulty, however, for graduate programs that do not yet provide 600 hours of internship. A number of counselor educators who agree that 600 hours of internship is an appropriate standard, are concerned that they will be unable to offer that amount of clinical instruction to current students and recent graduates. They point out that clinical instruction courses are tutorial forms of instruction with very low faculty to student ratios. They are expensive to operate and require a significant amount of effort developing suitable internship placement sites. They seek a transition period to give time for their programs to develop their clinical instruction courses. Given the difficulty that institutions are reporting in offering additional clinical instruction courses immediately, it is likely that many whose graduate program offered (or continues to offer) less than a 600 hour internship would find it difficult to find such a course to meet the educational requirements of a planned graduate program in counseling.

Suggestion:

The act provides, in § 7(F)(2)(i), a transition period for graduate programs that do not offer a minimum of a 48 semester hour master's degree. That section expires five years following promulgation of final regulations. A similar transition period should be provided to allow programs to develop appropriate internship experiences. We suggest that § 49.2(9) be amended as follows:

(9) Clinical instruction--(Includes 100 clock hours of supervised practicum experience and 600 clock hours of supervised internship experience.) The supervised internship experience shall begin after

completion of the supervised practicum experience. For a period of five years following promulgation of final regulations, this requirement may be satisfied by completion of a total of six semester hours or 9 quarter hours of practicum/internship experience.

We urge the Board to not eliminate or reduce any of the educational requirements proposed in § 49.2, except as noted above. As the Board has recognized, the proposed requirements are congruent with well-established national standards and licensure laws in the majority of other jurisdictions.

Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Professional Counselor Concerns

CONTINUING EDUCATION REQUIREMENTS

Concern:

Under the proposed regulations legitimate continuing education hours will be disallowed for licensure by exemption (grandparenting). The continuing education requirement set forth in § 49.15(5)(iv)(C) defines what continuing education is acceptable to the Board for purposes of grandparenting. That section reads:

(C) Any course approved by NBCC, CRC, CBMT or ATCB, and which does not include a course in office management or practice building.

We believe that, for the purpose of grandparenting, this is far too restrictive. Quality continuing education not approved by one of the named organizations would be disallowed. Frequently agencies, professional organizations, and colleges and universities offer quality continuing education programs that are not approved by one of the named organizations but which the board should allow, at least for grandparenting. Also, we believe that the Board mistakenly listed ATCB when they meant to list AATA.

Suggestion:

Revise this section as follows:

(C) Any course approved by NBCC, CRC, CBMT, ~~or ATCB~~ AATA, ADTA or NADT, or which is approved for continuing education credit for licensed psychologists or licensed social workers, or any other course which is related to the practice of professional counseling, and which does not include a course in office management or practice building.

Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Professional Counselor Concerns

GROUP SUPERVISION

Concern:

Exposure to group supervision for professional counselors is not allowed by the proposed regulations. Supervision is widely recognized by professional counselors and counselor educators to be a key process in the professional development of counselors. Individual and group supervision each play important, though somewhat different roles in this process.

Suggestion:

Professional counselors would like to see the following revision to § 49.13(b)(5):

(5). The supervisor, or one to whom supervisory responsibilities have been delegated, shall meet ~~individually and in person~~ with the supervisee for a minimum of ~~1 hour~~ 2 hours for every ~~20~~ 40 hours of supervised clinical experience. The supervisor, or one to whom supervisory responsibilities have been delegated, shall meet individually and in person with the supervisee; however, one of the 2 hours may be with the supervisee in a group setting and in person.

This suggested revision would recognize the importance of a balance between individual and group supervision that is seen in the counseling profession as essential for professional growth and development, and would be congruent with the comparable regulation for marriage and family therapists [§ 48.13(b)(5)].

Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Professional Counselor Concerns

**POTENTIAL DIFFICULTIES ACQUIRING SUPERVISION BY A
PROFESSIONAL COUNSELOR**

Concern:

Imposing arbitrary limits on who can be a supervisor and when such supervision can count is likely to have an adverse effect in rural areas of the state where there are limited numbers of professionals and where supervision by professionals in related fields is the norm rather than the exception.

Suggestion:

To accommodate those in extraordinary circumstances, such as those professionals living and working in rural areas, PACP suggests that the following amendments be added, in places deemed appropriate by the Board, to § 49.13:

If the provisions in § 49.13(b)(2) or in § 49.13(b)(4)(i) create an undue hardship on a supervisee, the supervisee may request an exemption to the requirement that 1800 hours of supervised clinical experience be supervised by a licensed professional counselor or, until January 1, 2006, by a professional who meets the educational requirements of §49.15(5) and who has 5 years experience in the practice of professional counseling. The request shall state, in writing, the reasons why this provision creates a hardship on the supervisee and why it is necessary that supervision be provided by an individual who holds at least a master's degree and a license in a related field and who has 5 years experience in that field. In no case will the number of hours of supervised clinical experience be reduced. Before making a determination, the Board may require a personal appearance by the supervisee.

Note: This suggested change incorporates revisions to the definition of supervisor (in §49.1) and to §§ 49.13(b)(2) and 49.13(b)(4)(i) that are suggested by PACP in a separate section of this document related to supervision requirements for licensure.

Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Concerns Shared by Marriage and Family Therapists and Professional Counselors

**EXPERIENCE REQUIREMENT FOR LICENSURE BY EXEMPTION
(GRANDPARENTING)**

Concern:

Marriage and family therapists and professional counselors are extremely concerned that § 48.15(4) and § 49.15(4) of the proposed regulations related to licensure by exemption (grandparenting) would unfairly and unnecessarily deny licensure to many well-qualified, experienced practitioners. These sections of the proposed regulations read as follows:

§ 48.15(4) Demonstrated proof of practice of marriage and family therapy for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of marriage and family therapy requirement, the applicant's practice shall have consisted of at least 15 hours per week, with 10 of those hours consisting of direct client contact.

§ 49.15(4) Demonstrated proof of practice of professional counseling for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of professional counseling requirement, the applicant's practice shall have consisted of at least 15 hours per week with 10 of those hours consisting of direct client contact.

Specifically, we are concerned that for an applicant's practice to qualify for licensure by exemption (grandparenting), their practice shall have consisted of at least 15 hours per week with 10 hours per week of direct client contact. We believe that the minimum hourly requirement and the direct client contact requirement should be dropped for the following reasons:

- Although it appears that the Board adopted a requirement for a minimum number of hours per week and for a minimum number of direct client contact hours per week in order to provide a level of protection for consumers, this requirement restricts eligibility for grandparenting far more than the language of the act [P.L. 1017, No. 136 §9(B) and (C)]. These sections of the statute include significant protection for consumers by specifying, among other things, a minimum number of credits required for a qualifying degree, a requirement for continuing education for those with master's degrees of less than 48 credits, a requirement for the applicant to hold a national certification and to have passed a national examination. Since the act itself contains adequate protection, increasing the restrictiveness of the experience requirement is unnecessary, especially when

doing so would be patently unfair to a large number of professionals and those consumers they serve.

- The proposed requirement would prohibit otherwise qualified persons with significant experience from being grandparented. Those who would be unfairly excluded would include:
 - An experienced practitioner who has been promoted to a supervisory or administrative position who continues to see a few clients each week or who provides clinical supervision of several professional staff but who no longer spends 10 hours per week providing direct client contact. This experienced supervisor or administrator, who would not be eligible to be grandparented under the proposed regulation, would not be able to supervise new marriage and family therapists or professional counselors working to meet their supervised clinical experience requirement for licensure. Other sections of the proposed regulations [§ 48.13 and § 49.13] specify that one half of the supervised clinical experience required for new licensees be provided by professionals in one's own field who must eventually be licensed themselves. The proposed regulations would deny grandparenting to these most experienced professionals and would serve to significantly reduce the pool of qualified supervisors who will be required to meet the supervision needs of new licensees. This situation serves neither consumers nor the professions being regulated.
 - An experienced practitioner who is now an educator. Educators typically have significant clinical experience, but, due to the nature of their work, are necessarily limited in the amount of direct client contact they can provide. Educators will provide at least some of the supervision that will be required for new licensees under other sections of the proposed regulations. Arbitrarily denying a license to educators who are experienced practitioners reduces the number of supervisors who will be needed to meet the supervision needs of new licensees. Having a profession's educators excluded from licensure serves neither consumers nor the professions being regulated.
 - An experienced practitioner who works only during the academic year (a school counselor or a practitioner working in a college or university counseling center, for example). This individual would not meet the requirement for 15 hours per week with 10 hours per week of direct client contact. These practitioners may have significant clinical experience, but due to the fact that their work is done on an academic calendar year they could not meet a requirement that specifies weekly minimum hours. Having practitioners who work on an academic calendar excluded from licensure serves neither the consumers served by those professionals or the professions being regulated.
 - An experienced professional who is semi-retired but who maintains a part-time practice. Such an individual may have extensive experience but, due to being semi-retired, could not meet the proposed requirements. Excluding these experienced professionals from licensure serves no one well.

- An experienced professional (who may have worked full-time in the field in prior years) who has voluntarily cut back on working hours in order to raise a family or care for an elderly family member or one whose hours have been curtailed by the effects of managed care. Such individuals could not become licensed unless they are still providing 10 hours of direct client contact per week.
- An experienced professional whose employment has been curtailed or who has been reassigned from direct client contact to indirect services simply because they were not eligible for a professional license. Disruption of services to consumers as a result of this reassignment of experienced professionals away from direct client contact is well documented in the "Sunrise Evaluation Report" submitted to the Department of State by PACP in July of 1997. We believe that restoring those relationships and restoring the opportunity to provide services to qualified individuals was a significant goal of the act that would be thwarted by the Board's proposed regulation to require a minimum number of hours and especially a minimum number of hours in direct client contact.
- The corresponding proposed regulation for grandparenting of clinical social workers [§ 47.13b (4)] contains no direct client contact requirement for licensed clinical social worker applicants. Licensed social workers who are supervisors, administrators, educators, working on an academic calendar, semi-retired, and part-time practitioners will retain their social work license and not be excluded from the clinical social work license. Marriage and family therapists and professional counselors in similar situations will be denied any license. This situation is extremely unfair and serves only to promote the interest of one profession over two others. While it does not appear that the Board's intent was to produce a more favorable market environment for one profession than for others, it is the effect of the proposed regulation.
- PACP is aware that several hundred individuals have already been issued Clinical Social Work licenses. So far as we have been able to determine, these licenses have been issued without applying either a direct client contact requirement or any minimum weekly hours of practice standard (the application form for a clinical social work license does not ask for verification of either minimum weekly hours of practice or hours spent in direct client contact). It seems patently unfair that two professional groups (marriage and family therapists and professional counselors) should be held to a standard that has, at least in practice, not been applied to clinical social workers. This is especially discriminatory when the standard that has been applied in practice for clinical social workers is lower than the standard in the proposed regulations [§ 47.13b (4)].

Suggestion 1:

We strongly believe, for the reasons stated above, that both the weekly minimum hours of practice and the weekly minimum hours of direct client contact be dropped. We urge the board to change § 48.15(4) and § 49.15(4) of the proposed regulations to read as follows:

§ 48.15(4) Demonstrated proof of practice of marriage and family therapy for at least 5 of the 7 years immediately prior to the date of application for license. ~~To satisfy the practice of marriage and family therapy requirement, the applicant's practice shall have consisted of at least 15 hours per week, with 10 of those hours consisting of direct client contact.~~

§ 49.15(4) Demonstrated proof of practice of professional counseling for at least 5 of the 7 years immediately prior to the date of application for license. ~~To satisfy the practice of professional counseling requirement, the applicant's practice shall have consisted of at least 15 hours per week with 10 of those hours consisting of direct client contact.~~

Suggestion 2:

If the Board is unwilling to delete the hourly requirements, then we believe that the appropriate remedy is to decrease the minimum hours for practice. In this case, we would suggest that § 48.15(4) and § 49.15(4) of the proposed regulations be amended to read as follows:

§ 48.15(4) Demonstrated proof of practice of marriage and family therapy for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of marriage and family therapy requirement, the applicant's practice shall have consisted of at least 15 10 hours per week, ~~with 10 of those hours consisting of direct client contact.~~

§ 49.15(4) Demonstrated proof of practice of professional counseling for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of professional counseling requirement, the applicant's practice shall have consisted of at least 15 10 hours per week ~~with 10 of those hours consisting of direct client contact.~~

Summary:

Whatever approach the Board elects to adopt, on this issue we prefer that, if possible, there be uniformity in the regulations for clinical social workers, marriage and family

therapists, and professional counselors. We believe that the fairest approach, and the one most compatible with the Board's past practice issuing licenses to clinical social workers, is to adopt our first suggestion: elimination of both the weekly number of hours of practice for all three professions and the weekly minimum hours in direct client contact for marriage and family therapists and professional counselors.

The next best approach would be to eliminate any direct client contact requirement and require 10 hours per week of practice for all professions being regulated by the Board. First, we see no justification for the Board to impose a "direct client contact" requirement on marriage and family therapists and on professional counselors but not on clinical social workers. Second, while PACP is reluctant to make recommendations for revisions to proposed regulations pertaining to social work, it is difficult to see why social work supervisors/administrators, social work educators, school social workers, part-time clinical social workers, semi-retired clinical social workers, and other well qualified social workers should be denied the opportunity to apply for the licensed clinical social work license by grandparenting due to an overly restrictive requirement.

Even if the Board is reluctant to lower the hourly requirement suggested for clinical social workers, we believe that fairness requires the Board to consider the differences in circumstances between social workers and the other groups being regulated. Social workers who cannot acquire the clinical social work license will continue to be licensed as social workers. They will not experience the disruption in their careers that marriage and family therapists and professional counselors have been subjected to. They will continue to enjoy an advantage in the labor market that would be denied to well-qualified marriage and family therapists and professional counselors. They will keep their jobs and be promoted. Their clients will not have longstanding therapeutic relationships disrupted. In short, a 20 hour per week practice requirement will have a far less negative impact on social workers than a 15 hour per week practice requirement will have on marriage and family therapists, professional counselors, and the clients served those professionals.

Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Concerns Shared by Marriage and Family Therapists and Professional Counselors

SUPERVISION REQUIREMENT FOR LICENSURE

Concern:

Requiring that the first 1800 hours of supervised clinical experience required for licensure be done by a professional in one's own field unfairly disallows quality supervision that may already be being provided by a professional in a related discipline.

Marriage and family therapists and professional counselors are extremely concerned about § 48.13b, subsections (2) and (4)(i) and § 49.13(b), subsections (2) and (4)(i) of the proposed regulations, which read as follows:

§ 48.13(b)(2). Supervision for the clinical experience shall be provided by a supervisor as defined in § 47.1 (relating to definitions). However, the first 1,800 hours shall be supervised by a licensed marriage and family therapist who has received certification as an approved supervisor or supervisor-in-training by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3 (relating to qualifications for supervision until January 1, 2010).

§ 48.13(b)(4)(i). A supervisor who is temporarily unable to provide supervision shall designate a qualified substitute. However, for the first 1,800 hours delegation must be to another licensed marriage and family therapist who has received certification as an approved supervisor by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3

§ 49.13(b)(2). Supervision for the clinical experience shall be provided by a supervisor as defined in § 49.1. The first 1,800 hours shall be supervised by a licensed professional counselor, or, until January 1, 2006, a professional counselor with 5 years experience as a professional counselor.

§ 49.13(b)(4)(i). A supervisor who is temporarily unable to provide supervision shall designate a qualified substitute. However, for the first 1,800 hours delegation shall be to another licensed professional counselor, or, until January 1, 2006, a professional counselor with 5 years experience as a professional counselor.

The specific concern in the above sections relates to the proposed requirement that the first 1800 hours of supervised clinical experience be obtained from a professional in one's

own field. Requiring that 1800 hours, even the first 1800 hours, of clinical experience to be supervised by a professional in one's own field has some obvious advantages. Unfortunately, requiring that the first 1800 hours be provided by a professional in one's own field will create a number of difficulties. It will penalize marriage and family therapists and professional counselors who are employed by agencies or institutions where no acceptable supervisor in their field is available. These individuals will have to purchase private marriage and family therapy or professional counseling supervision, but they will not be able to begin counting any otherwise acceptable supervision they receive as part of their employment until they have completed all 1800 hours of supervision by the marriage and family therapy or professional counseling supervisor. This will unnecessarily prolong the accumulation of the required 3600 hours of supervised clinical experience and the subsequent licensure of these individuals.

We expect that there are hundreds of individuals who have been working professionally since 1997 or earlier who will not be eligible for grandparenting. (Grandparenting requires five years experience out of the seven years immediately prior to application, and given that the window will close in March of 2002, we conclude that no one who completed her or his degree requirements later than March of 1997 could possibly be eligible. Even some who completed educational requirements earlier than March of 1997 would not be eligible if they experienced difficulty obtaining a job or if their employment was interrupted.) These individuals may be obtaining quality supervision from individuals from a variety of professions that include psychiatry, psychology and social work. That supervision would not count under the proposed regulations. This seems unfair to those who have been working and obtaining supervision and who have likely been unaware that the Board may adopt a regulation that would negate that supervision, require them to begin again the count toward 3600 hours, and delay their eligibility for licensure.

A related concern is that all supervisors from related fields hold at least a master's degree.

Finally, until professional counselors are licensed, the meaning of the term "professional counselor" used in § 48.13(b)(4)(i) and § 49.13(b)(4)(i) may be ambiguous. This is due in part to fact that professional counseling, as defined in the Act, includes many specialties, some of which are identified by the title "counselor" (community counseling, mental health counseling, school counseling, rehabilitation counseling, pastoral counseling) and some that are not (art therapy, dance/movement therapy, music therapy, drama therapy).

Suggestions:

To clarify supervision requirements for marriage and family therapists we suggest that the definition of *Supervisor* in § 48.1 and the supervision requirements in § 48.13b, subsections (2) and (4)(i) of the proposed regulations be amended as follows:

Definition of *Supervisor* (in § 48.1):

***Supervisor*--An individual providing supervision to a supervisee who is a marriage and family therapist licensed under the act and has received certification as an approved supervisor or supervisor-in-training by the AAMFT. However, until January 1, 2010, an individual who meets all of the criteria in § 48.3 (relating to qualifications for supervisor until January 1, 2010) shall also be included as a supervisor. A supervisor may also include an individual who holds at least a master's degree and a license in a related field and who has 5 years experience in that field.**

§ 48.13(b)(2). Supervision for the clinical experience shall be provided by a supervisor as defined in § ~~47.1~~ 48.1 (relating to definitions). However, ~~the first~~ 1,800 hours shall be supervised by a licensed marriage and family therapist who has received certification as an approved supervisor or supervisor-in-training by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3 (relating to qualifications for supervision until January 1, 2010).

§ 48.13(b)(4)(i). A supervisor who is temporarily unable to provide supervision shall designate a qualified substitute. However, for ~~the first~~ 1,800 hours delegation must be to another licensed marriage and family therapist who has received certification as an approved supervisor by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3

To clarify supervision requirements for professional counselors, and to clarify who can provide supervision until January 1, 2006, we suggest that the definition of *Supervisor* in § 49.1 and the supervision requirements in § 49.13(b), subsections (2) and (4)(i) of the proposed regulations be amended as follows:

Definition of *Supervisor* (in § 49.1):

***Supervisor*--An individual providing supervision to a supervisee who is a professional counselor licensed under the act and has 5 years experience as a professional counselor. However, until January 1, 2006, the term shall include an individual who is a professional**

counselor who meets the educational requirements of § 49.15(5) and who has with 5 years experience as a in the practice of professional counselor-counseling. A supervisor may also include an individual who holds **at least a master's degree and a license in a related field and who has 5 years experience in that field.**

§ 49.13(b)(2). Supervision for the clinical experience shall be provided by a supervisor as defined in § 49.1. ~~The first 1,800 hours shall be supervised by a licensed professional counselor, or, until January 1, 2006, a professional counselor who meets the educational requirements of § 49.15 (5) and who has with-5 years experience as a in the practice of professional counselor-counseling.~~

§ 49.13(b)(4)(i). A supervisor who is temporarily unable to provide supervision shall designate a qualified substitute. However, for the ~~first 1,800 hours~~ delegation shall be to another licensed professional counselor, or, until January 1, 2006, a professional ~~counselor who meets the educational requirements of § 49.15 (5) and who has with-5 years experience as a in the practice of professional counselor counseling.~~

Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Addendum

TECHNICAL COMMENTS RELATED TO MARRIAGE AND FAMILY THERAPY

Chapter 48: In the chapter title the word "Mariage" should be changed to "Marriage."

§48.1: In the definition of "AAMFT", the word "Therapists" should be changed to "Therapy" to accurately reflect the name of the organization being referred to.

§48.1: In the definition of "Institution of higher education," the phrase "State Sytem (sic)" should be "State System of Higher Education."

§48.2(4)(i): The word "areas" should be changed to "area."

§48.12(3): The e-mail address should be changed from "socialwopados.state.pa.us" to "socialwo@pados.state.pa.us."

§48.12(4): Although the applicant for licensure is required to include the appropriate fee, the applicant cannot comply because the fee has not been set.

§48.12(5): Because there is no requirement in the practice act for an applicant to submit two certificates of recommendation, the Board has no apparent authority to impose such a requirement. It is unclear what purpose the requirement is intended to serve or whether the Board intends to use the certificates of recommendation to help determine if some other licensing requirement has been met. Unless the Board can justify a linkage to some other requirement, the paragraph should be deleted.

§48.13: Throughout this section, there are references to certain words and terms "as defined in §48.1" or "as defined in §§48.1 and 48.2." These references are unnecessary; potentially confusing; and, in some instances, erroneous.

The beginning of §48.1 states, "The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise." Therefore, words and terms used in §48.13 automatically have the meanings given to them in §48.1.

Including references in §48.12 to §48.1 unnecessarily lengthens §48.13. Furthermore, in some instances, the inclusion of these references causes confusion as to the specific words or terms "as defined in §48.1" is intended to modify. Unlike §§48.15 and 49.13, which use similar references, §49.15 does not use such references. If such references are unnecessary in §49.15, there is no apparent reason for including them in §§48.13, 48.15,

and 49.13. Finally, because §48.2 is not a definition section, the use of “as defined in §§48.1 and 48.2” is inaccurate.

§48.13(a)(3)(ii)(B): To be consistent with the act, both the master’s degree in a closely related field and the graduate-level coursework must be from an accredited educational institution. However §48.13(a)(3)(ii)(B) would impose the requirement only on the graduate level coursework.

§48.13(a)(4)(ii): The word “complete” should be changed to “completed” in the first sentence.

§48.13(b)(2): The reference in the first sentence to §47.1 should be changed to §48.1. To be consistent with the definition of “Supervisor” in §48.1, the word “either” should be inserted after “supervised by” in the second sentence.

§48.13(b)(3): The word “patients” should be changed to “patient’s.”

§48.13(b)(4)(i): To be consistent with the definition of “Supervisor” in §48.1, the word “either” should be inserted after “must be to” in the second line and the phrase “or supervisor-in-training” should be inserted after “supervisor” in the third line.

§48.13(b)(8): The word “calandar” should be changed to “calendar” in the fifth line.

In addition, throughout this section there are numerous references to certain words and terms “as defined in §48.1.” These references are unnecessary and potentially confusing.

The beginning of §48.1 states, “The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise.” Therefore, words and terms used in 48.13 automatically have the meanings given to them in §48.1.

Including references in §48.15 to §48.1 unnecessarily lengthens §48.15. Furthermore, in some instances, the inclusion of these references causes confusion as to the specific words or terms “as defined in §48.1” is intended to modify. Unlike §§48.13 and 49.13, which use similar references, §49.15 does not use such references. If such references are unnecessary in §49.15, there is no apparent reason for including them in §§48.13, 48.15, and 49.13.

§48.15(2): Although the applicant for licensure is required to include the appropriate fee, the applicant cannot comply because the fee has not been set.

§48.15(3): The regulation would allow a person to apply for licensure without examination up to March 25, 2002. However, §9(b)(1) of the practice act requires such an application to be filed no later than three years from the effective date of §9(b)(1). Under Section 8 of Senate Bill 619, all sections of that legislation were to become effective in

60 days. The Governor signed SB 619 on December 21, 1998. [See also the Purdon's annotation to §9 of the practice act (63 P. S. § 1909) which specifies that the amended §9 was to become effective 60 days from December 19, 1999.] Sixty days from December 21, 1998, was February 19, 1999. Three years from February 19, 1999 will be February 19, 2002, rather than March 25, 2002. [See 1 Pa. C. S. §1908 regarding the computation of time].

Although it would be beneficial to postpone the deadline as long as possible, it is important to avoid the problems which could arise if an applicant were to file after February 19, 2002. Therefore, the Board should verify the date of March 25, 2002, and explain how that date was determined.

§48.15(5)(v): The phrase "and which meets the requirements of clauses (A) and (B)" should be inserted after "AAMFT" in clause (C).

§48.15(5)(vi): The phrase "and which meets the requirements of clauses (A) and (B)" should be inserted after "AAMFT" in clause (C).

Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

Addendum

TECHNICAL COMMENTS RELATED TO PROFESSIONAL COUNSELING

§49.1: In the definition of “Institution of higher education,” the phrase “State System” should be “State System of Higher Education.”

§49.12(4): Although the applicant for licensure is required to submit the appropriate fee, the applicant cannot comply because the fee has not been set.

§49.12(5): Because there is no requirement in the act for an applicant to submit two certificates of recommendation, the Board has no apparent authority to impose such a requirement. It is unclear what purpose the requirement is intended to serve or whether the Board intends to use the certificates of recommendation to help determine if some other licensing requirement has been met. Unless the Board can justify a linkage to some other requirement, the paragraph should be deleted.

§49.13: Throughout this section, there are references to certain words and terms “as defined in §49.1.” These references are unnecessary and potentially confusing.

The beginning of §49.1 states “The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise.” Therefore, words and terms used in §49.13 automatically have the meanings given them in §49.1.

Including references in §49.13 to §49.1 unnecessarily lengthens §49.13. Furthermore, in some instances, the inclusion of these references causes confusion as to the specific words or terms “as defined in §49.1” is intended to modify. Finally, unlike §§48.13 and 48.15, which use similar references, §49.15 does not use such references. If such references are unnecessary in §49.15, there is no apparent reason for including them in §§48.13, 48.15, and 49.13.

§49.13(a)(1): The phrase “of this subsection” should be changed to “in §49.12 (relating to general qualifications for licensure).”

§49.13(a)(4)(i): The phrase “set forth” should be inserted after “criteria” in the second line in order to be consistent with §49.13(a)(4)(ii).

§49.13(b)(2): To be consistent with the definition of “Supervisor” in §49.1, the word “either” should be inserted after “supervised by” in the second line and the phrase “with 5 years of experience as a professional counselor” should be inserted after “counselor” where it first appears in the second line.

§49.13(b)(4)(i): To be consistent with the definition of “Supervisor” in §49.1, the word “either” should be inserted after “shall be to” in the second line and the phrase “with 5 years experience as a professional counselor” should be inserted after “counselor” where it first appears in the third line.

§49.13(b)(8): The word “calandar” should be changed to “calendar” in the fifth line.

§49.14: The section number for “Standards for supervisors” should be changed from “§47.14” to “§49.14.”

§49.15(2): Although the applicant for licensure is required to include the appropriate fee, the applicant cannot comply because the fee has not been set.

§49.15(3): The regulation would allow a person to apply for licensure without examination up to March 25, 2002. However, §9(c)(1) of the act requires such an application to be filed no later than three years from the effective date of §9(c)(1). Under Section 8 of Senate Bill 619, all sections of that legislation were to become effective in 60 days. The Governor signed SB 619 on December 21, 1998. [See also the Purdon’s annotation to §9 of the practice act (63 P. S. § 1909) which specifies that the amended §9 was to become effective 60 days from December 19, 1999.] Sixty days from December 21, 1998, was February 19, 1999. Three years from February 19, 1999 will be February 19, 2002, rather than March 25, 2002. [See 1 Pa. C. S. §1908 regarding the computation of time].

Although it would be beneficial to postpone the deadline as long as possible, it is important to avoid the problems which could arise if an applicant were to file after February 19, 2002. Therefore, the Board should verify the date of March 25, 2002, and explain how that date was determined.

§49.15(5)(i) and (ii): To be consistent with clauses (iii) and (iv), “Have” should be substituted for “Holds” in both clause (i) and clause (ii).

§49.15(5)(iv): The word “feild” should be changed to “field” in the second line. To be consistent with “Have” in the first line, “have” should be substituted for “has” in the third line.

§49.15(6)(ii): The word “given” should be substituted for “giving” in the second line.

ORIGINAL: 2178

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INDEPENDENT REGULATORY
REVIEW COMMISSION



Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

April 12, 2001

Danielle Kissel
40 Penns Court
Aston, PA 19014

Reference #: 16A-964

To whom it may concern,

This letter is to express my gratitude for efforts made in developing the proposed Regulations for Professional Counselors. These efforts clearly reflect an intention to provide professional standards in order to: protect PA mental health consumers; provide a way for consumers to receive more diverse services; and to facilitate opportunities through which qualified, experienced practitioners can increasingly provide their services.

My professional counseling specialty is in the field of the Creative Arts Therapies, sub-specialty Dance/Movement Therapy, and am due to receive my Master's degree from Hahnemann University in 2002. The efforts made by the State Board will have tremendous implications for my future in the mental health field.

Despite the excellent work done by all involved, I have some sincere concerns about some of the provisions of the proposed regulations. I concur with the views expressed by the Pennsylvania Alliance of Counseling Professionals (PACP), regarding the proposed Professional Counselor Regulations. PACP's most recent Letter of Response to the proposed Regulations (in the form of PACP "Concerns" and "Suggestions") closely reflects my own concerns/suggestions.

In anticipating applying for state licensure, I am particularly concerned about the following Regulation provisions and share my suggestions for Regulation adjustments, as follows:

Regulation #49.1: the Creative Arts Therapies modalities of Dance/Movement, Art, Music, and Drama should be defined and listed within this section.

Thank you in advance for your consideration in this matter.

Sincerely,


Danielle Kissel, BA



READING AREA COMMUNITY COLLEGE

10 South Second Street, P.O. Box 1706
Reading, PA 19603-1706

610/372-4721
FAX: 610/607-6254

ORIGINAL: 2178

April 12, 2001

Independent Regulatory Review Commission
333 Market St., 14th Floor
Harrisburg, PA 17101

To Whom It May Concern:

I am writing to ensure that school counselors, like myself, are eligible under Grandparenting 49.15 of the Counselor licensure law (16A-964).

I have been a counselor at Reading Area Community College for the past eleven years, working twelve months a year. During this time I have had direct contact (counseling) with clients/students for at least 20 hours a week. I am a member of the American Counseling Association, PA Counseling Association, and am a Nationally Certified Counselor (NCC). My master's degree in Counseling is comprised of 39 credits, and I have an additional 9 credits in School Psychology as well as NCC approved CEUs.

I know there are countless other school counselors that have the same credentials as myself. I am asking that we could be ensured licensure based on our extensive experience and credentials.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carl Cesarz'. The signature is written in a cursive, flowing style.

Carl Cesarz, M.S., N.C.C.

RECEIVED

2001 APR 16 PM 12:01

To: Eva Cheney

4/12/01

REVIEW COMMISSION

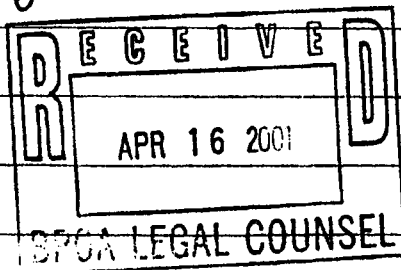
I AM A CAC with a Master's Degree
(a 33 credit hr Ed.M), I actually garnered 36 credits.

I have worked in this field since 1971.

I ask that you consider grandfathering
me in Act 136 Prof'l Counselor Licensing
Bill.

I struggled for my College Education
and my certification. I have consistently
taken courses to keep my skills current.

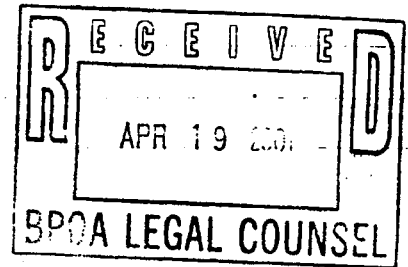
I find it unjust to arbitrarily write-
off my commitment to this field by
excluding me from my professional
licensing.



William H. Stolz
425 Centre St
Ashland, Pa 17921
570-875-4844

4-12-01

Eva Cheney, Board Counsel
State Board of Social Workers, Marriage &
Family Therapists and Professional Counselors
116 Pine St
PO Box 2649
Harrisburg, PA 17105-2649



Dear Attorney Cheney,

This letter is to express my thanks for efforts that the State Board has made in developing the proposed Regulations for Professional Counselors. These efforts seem to reflect an intention to provide professional standards in order to protect PA mental health consumers, provide more services to consumers, and to facilitate opportunities for qualified practitioners to offer their services.

My professional specialty is as an Art Therapist. I have worked with children, adults and older adults in hospital and foster care programs as well as a variety of senior settings. I have been a supervisor to other students, interns and professional staff and have led workshops on topics related to healing and Art Therapy.

Despite excellent work being done by you and the Board I have some concerns about several provisions in the proposed regulations. I concur with the views expressed by the PA Alliance of Counselors, Professionals, regarding the proposed Prof. Counselor Regulations. PAC P's most recent response to the proposed Regulations in "Concerns" and "Suggestions" closely reflect my own concerns/recommendations.

In Particular, the Regulation provisions which are of concern to me with suggested changes are as follows:

- 1) Regulation 49.15 - This 'grandparenting' section should not require restricted direct client contact hours. Hourly requirements should be restricted to practice hours only.
- 2) Regulation 49.13b - In my opinion the PC regulation section is too restrictive regarding standards for supervision.
- 3) Regulation 49.1 - Creative Art Therapists should be listed in the PC definition section as a 'field closely related to the practice of professional counseling'.

Thank you for your time and consideration in this matter.

Sincerely,
 Sharif, ATR
MA



Board Certified
Medical Psychotherapist
and Psychodiagnostician
Certificate # 1070-1991

Natalie J. Charney, MA, MEd, ABMPP, CCBT



Clinical Associate in Psychiatry
Medical School
University of Pennsylvania

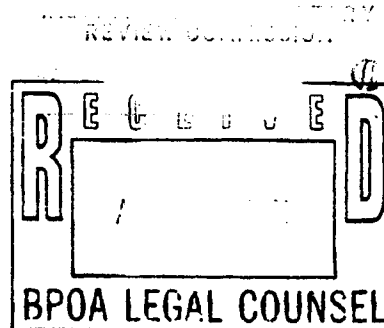


Certified
Cognitive-Behavioral Therapist
Certificate # 11563

ORIGINAL: 2178

April 12, 2001

Eva Cheney, Counsel
State Board of Social Workers, Marriage and
Family Therapists and Professional Counselors
116 Pine Street
PO Box 2649
Harrisburg, PA 17105-2649



RE: 16A-694

Dear Ms. Cheney:

I am writing to urge you to include the **National Association of Cognitive-Behavioral Therapists Certified Cognitive-Behavioral Therapist certification (CCBT)** under § 49.15. Exemption from licensure examination, (6) Demonstrated holding one of the following in the Proposed Rulemaking regarding the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors [49 PA. Code CHES, 47-49] which appeared in the Pennsylvania Bulletin's March 24, 2001 (Vol. 31, No. 12, pp. 1547-1668) edition. Given that five (5) of the seven (7) certifications listed in the above section, pertain to *specialty* treatment paradigms (i.e. Rehabilitation, Art, Dance, Music and Drama therapy), that the CCBT certification is not among those listed seriously concerns me for the following reasons:

Aside from the fact that I and others in the Commonwealth of Pennsylvania hold the CCBT credential, as you may know, cognitive-behavioral therapy (CBT) is one of the leading, state-of-the art and most sought after treatment paradigms today. It is recognized and employed around the world. Moreover, alone and in combination with medication, CBT is the model that is most frequently recommended for treatment of many of the mental health disorders listed in the Diagnostic and Statistical Manual of Mental Disorders, including but not limited to mood, anxiety and psychotic disorders. Additionally, CBT is the treatment paradigm that is most often supported by managed behavioral health care organizations in the nation because its effectiveness has been scientifically proven via replicated studies around the world. As a Professional Counselor, I am charged with the responsibility of helping clients with mental disorders and other issues feel and function better. To meet that responsibility, I deliberately sought out training and *certification* in the treatment model that has *proven* to be the most effective treatment—CBT.

To be certified in CBT requires a similarly rigorous process as does all seven (7) certifications currently listed under § 49.15. Exemption from licensure examination, (6) Demonstrated holding one of the following—and more. To be considered for CCBT certification, one must complete the educational requirements (a minimum of a Masters' degree from an accredited institution of higher learning), receive specialty training in CBT, and pass a certification examination to demonstrate professional competence in the field. In my case, I completed two (2) Masters' degrees at the University of Pennsylvania, one in Counseling Psychology and the other in Social Gerontology, and I received specialty training in CBT at the University of Pennsylvania's Center for Cognitive Therapy under the direction of its founder, *Aaron T. Beck, MD*. To retain my CCBT certification, I must provide proof of CBT-related continuing education credits on an annual basis.



9921-J1 Bustleton Avenue Philadelphia Pennsylvania 19115 215-464-0464



2. What will be the long-term impact of this exclusion of the Addictions Counseling profession from Act 136 be on the continuation and improvement of effective drug and alcohol treatment and prevention in the Commonwealth, and on the retention of talented and skilled individuals in this field? A particularly serious outcome will result from the trend in managed care organizations to not reimburse the services of non-licensed professionals, effectively leading to the decline of addictions specialists and their programs, as they become unable to compete in the marketplace. Who among those professions in the proposal is qualified to treat drug and alcohol problems, or clinically supervise the provision of such services?

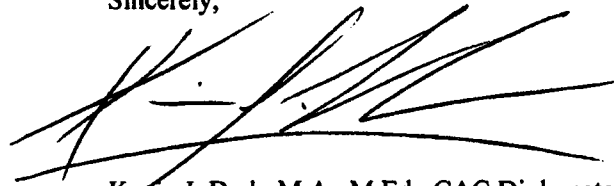
There is no question that Certified Addictions Counselors, particularly at the Masters Level, have met nationally-based standards (established by the International Certification & Reciprocity Consortium) of education and continuing education, demonstrated competencies through work performance, a written exam, an oral exam, clinical supervision, and adhere to a code of professional ethics equal in breadth and sophistication to any of behavioral health care professions included in the proposal. The details of this in-depth professional certification process and the standards of conduct for Addictions Counselors are readily available from The Pennsylvania Certification Board (contact Mary Jo Mather at 717-540-4455).

The issue, therefore, lies not in the nature or qualifications of the Addictions Counseling profession, but in how and why a decision was reached to ignore the information I have described, and exclude a group of dedicated, competent professionals from Act 136. I would further observe that these are individuals who, on a daily basis, provide critically essential services to deeply troubled clients and their families, which impact both those individuals as well as the well-being of the local community, and society as a whole – no more and no less important a function than those of the professions included in the proposal being discussed.

I would be pleased to discuss this matter further with you, and will conclude with my suggestions for facilitating Act 136 to become a more viable vehicle for serving the Commonwealth's behavioral healthcare needs by making the following additions to the Proposed Rulemaking:

1. Acceptance of Certified Addictions Counselors with Masters Degrees in the list of professions to be recognized.
2. The grandparenting regulations accept individuals with appropriate Masters Degrees and Certified as Addictions Counselors in the State of Pennsylvania.
3. Acceptance of the International Certification & Reciprocity Consortium's national exam as fulfilling the examination prerequisite.

Sincerely,



Kevin J. Drab, M.A., M.Ed., CAC Diplomate
Assistant Professor of Mental Health Sciences

cc: Pennsylvania Certification Board, Senator Stewart J. Greenleaf, Representative Lawrence Curry

ORIGINAL: 2178

Lisa M. Visciarelli
206 Wedgewood Drive
Pittsburgh, PA 15227
H: 412-884-6939
W: 412-431-3363

4/12/01

Eva Cheney, Counsel
State Board of Social Workers, Marriage and Family
Therapists & Professional Counselors
P.O. Box 2649
116 Pine Street
Harrisburg, PA 17105-2649

Dear Ms. Cheney:

I currently hold the credentials as a Certified Addictions Counselor in the state of Pennsylvania. In addition I have earned a Masters in School Psychology and hold a certification as a Cognitive Behavioral Therapist.

The recent publication of regulations related to Act 136 greatly concern me as a professional in the Addictions field. It is shocking to me that it does not recognize Master's level addictions specialists when, in fact, the population treating those with chemical dependencies hold, by majority, that credential. In addition, by population, addictions, is the largest specialty treatment in Pennsylvania. Therefore, this makes little to no sense to me.

I recall the testing process in achieving my CAC and it is no small feat. For the above regulations to ignore such an important credential in this field is negligent and, quite honestly, disrespectful.

I am strongly advocating for the inclusion within the regulations of the following:

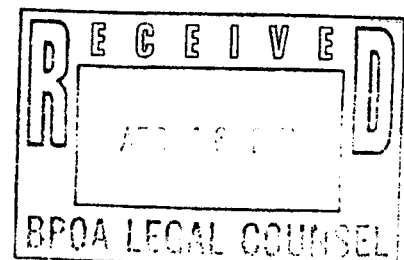
- Inclusion under the grandparenting regulations of individuals in possession of a Master's Degree and Certification as an Addiction Counselor. (CAC)
- Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable exam.
- Inclusion under the grandparenting regulations of individuals in possession of the Master's Degree in Human Services as provided by Lincoln University.

Those who hold these credentials do exceptional work in this field; ignorance of this by our Commonwealth will not only do our professional a great injustice, but most importantly will do our clients a great injustice.

Sincerely:



Lisa M. Visciarelli, M.S.Ed., CAC, CCBT



RECEIVED
2001 APR 20 11 01 AM '01
STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS & PROFESSIONAL COUNSELORS

ORIGINAL: 2178

Jeanne M. Kelch
1278 Estate Drive
West Chester, Pennsylvania 19380-1263
Home Phone 610 692 8859
Email Jkelch8860@aol.com

12 April 2001

Eva Cheney, Counsel
State Board of Social Workers, Marriage and Family
Therapists & Professional Counselors
PO Box 2649, 116 Pione Street
Harrisburg, Pa. 17105-2649

RECEIVED
2001 APR 20 11:02
REVIEW, COMMISSION

Dear Ms. Cheney,

I am writing to you as Certified Addiction Counselor and as one who holds a Bachelor of Science in Nursing. I am Director of Family Services at Mirmont Treatment Center. I am the mother of an addict and I work with addicts and their families. Everyday I see the awful toll that addiction takes on addicts and their families.

Those of us who hold the CAC certification had been the heart of addiction treatment. We have been personally affected by the disease of addiction and have decided to do something about it. We have become educated, worked hard, and become certified to treat addicts and their families. We care about them.

I find it most interesting that the effort by the Pennsylvania Alliance of Counseling Professionals towards Act 136 did not include the Pennsylvania Certification Board. Addiction counselors were excluded from the proposed regulations. What would be the purpose in excluding those who have been providing treatment for many years? As most professions develop and change, grandfathering is seriously considered. This bill seems to be an attempt to devalue the fine work done by people truly committed to this field.

According to statistics from the National Treatment Plan Initiative, there are 13 to 16 million people in need of treatment for alcohol or drug abuse in any given year in this country, but only 3 million receive treatment. Treatment has been proven to be cost effective. Yet we incarcerate individuals instead of investing in their rehabilitation to make them productive citizens.

I take strong exception to the movement of exclusion rather than inclusion when so many desperately need help. To exclude those who have been in the front lines of addiction treatment seems foolhardy. Thank you for your consideration of this matter as a means of ensuring that citizens of this Commonwealth are provided with service That is so desperately needed.

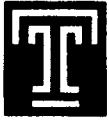
Sincerely,



Jeanne M. Kelch

cc: Honorable Elinor Z. Taylor
Pennsylvania House of Representatives

RECEIVED
APR 16 2001
BPOA LEGAL COUNSEL



TEMPLE UNIVERSITY
A Commonwealth University

Division of Student Affairs
University Counseling Services

Sullivan Hall, Lower Level (007-85)
Philadelphia, Pennsylvania 19122

April 12, 2001

Eva Cheney, Counsel
State Board of Social Workers, Marriage and Family
Therapists & Prof. Counselors
Harrisburg, PA 17105-2649

RECEIVED
2001 APR 20 AM 11:02
REVIEW COMMUNICATIONS
40

Re: Act 136/#16A-694

Dear Ms. Cheney,

As a concerned citizen of the Commonwealth of Pennsylvania, and as a Certified Addictions Counselor Diplomate for many years, I am writing to address regulations related to Act 136 The Professional Counselor Licensing Bill.

As it is written, the bill does not include Master's level Certified Addictions Counselors, nor Human Services Master's level professionals. This is of great concern due to the large numbers of consumers served by these skilled addictions specialists.

I am strongly urging you to consider including, (1) Grandparenting regulations for Master's level Certified Addictions Counselors, (2) Making the IC&RC national exam for addiction counselors an acceptable exam for grandparenting, and (3) Grandparenting for Master's in Human Services professionals (like those with degrees from Lincoln University which specialize in servicing racial and ethnic minorities).

Our many diverse populations, especially those with addictions, will be much better served by including the aforementioned recommendations.

Sincerely,

F. Robert Schiraldi, EdD, CACD
Coordinator, Alcohol & Other Drug Programs

RECEIVED
BPOA LEGAL COUNSEL

ORIGINAL: 2178

Dalton L. Rumfield, Jr., M.S., NCC
1771 Everly Way
Quakertown, PA 18951

April 12, 2001

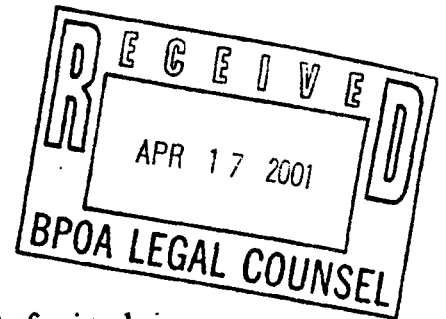
Eva Cheney, Board Counsel
State Board of Social Workers, Marriage and Family Therapists, and Professional
Counselors
116 Pine Street
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Attorney Cheney:

Subject: Proposed Licensure Regulations (16A-694)

My name is Dalton L. Rumfield, Jr. I am a Professional Counselor in private practice. In addition, I provide consultation services to a variety of agencies. I have read the proposed regulations for licensure of professional counselors that were published in the Pennsylvania Bulletin on March 24, 2001. Even though I am generally pleased with the proposed regulations, I am very concerned about a number of specific provisions that are included. Specifically, I am concerned about the following issues:

1. The limited number of fields included in the proposed definition of a "field closely related to the practice of professional counseling" [in § 49.1] will exclude from licensure many well-qualified and experienced professional counselors who meet all of the other licensure requirements. The list should be expanded to include more degree titles and a list of course work that would define a degree as being related to the practice of professional counseling should be developed.
2. The proposed experience requirement for grandparenting [§ 49.15(4)] is unfair. By requiring that qualifying practice consist of 15 hours per week with 10 hours of direct client contact, the proposed regulations for licensure by exemption (grandparenting) would unfairly and unnecessarily deny licensure to many well-qualified, experienced practitioners. Among those persons who would unfairly and unnecessarily be eliminated under this proposed regulation are: an experienced counselor who has been promoted to a supervisory or administrative position; an experienced counselor who is now an educator, someone, such as a school counselor or college counselor, who works 9 months per year; an experienced retired counselor who maintains a part-time practice; an experienced counselor who has voluntarily cut back on practice (perhaps to raise a family or care for an elderly parent; and an experienced counselor who has been reassigned to less direct client contact because of being unable to get a license in the past. The proposed requirement needs to be significantly reduced, or preferably eliminated.

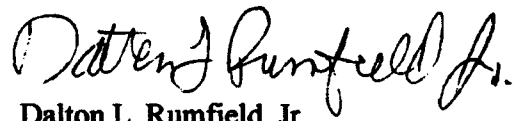


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REVIEW COMMISSION

3. Many current graduate students and recent graduates will be unable to meet the internship requirements set forth in § 49.2(9) of the proposed regulations because many counselor preparation programs will be unable to provide these experiences in a timely fashion. For a limited period of time (perhaps 5 years), 6 semester hours of practicum/internship should be accepted in lieu of the proposed requirement.
4. Under the proposed regulations [§ 49.15(5)(iv)(C)] legitimate continuing education hours will be disallowed for licensure by exemption (grandparenting) if they were not approved by one of a very few organizations named in the proposed regulations. The regulation should be changed to include a greater variety of qualifying continuing education.
5. Exposure to group supervision for professional counselors is not allowed by the proposed regulations [§ 49.13(b)(5)]. Group supervision should be permitted.
6. The proposed regulations that require that the first 1800 hours of supervised clinical experience required for licensure be done by a professional counselor [§§ 49.13(b)(2) and 49.13(b)(4)(i)] disallows quality supervision that may already be being provided by a professional in a related discipline. This proposed requirement is unfair to all those who are currently working in the field and receiving supervision from someone other than a professional counselor. There is no reason that that supervised clinical experience should not count toward licensure. The requirement that the first 1800 hours of supervised clinical experience be supervised by a professional counselor should be stricken. Also, until people are licensed, it is not clear who would be regarded as a professional counselor. Clarification is needed.
7. The proposed regulations that require that the first 1800 hours of supervised clinical experience to be provided by a professional counselor [§§ 49.13(b)(2) and 49.13(b)(4)(i)] is likely to have an adverse effect in rural areas of the state where there are limited numbers of professionals and where supervision by professionals in related fields is the norm rather than the exception. Provision for a waiver of this requirement should be provided for those in rural areas or in other extraordinary circumstances.

The Pennsylvania Alliance of Counseling Professionals has submitted comments that address each of these concerns more thoroughly and that provide concrete suggestions for changes in the proposed regulations. I concur with those suggestions and urge the Board to adopt them.

Sincerely,

A handwritten signature in cursive script that reads "Dalton I. Rumfield, Jr." The signature is fluid and connected, with a prominent initial 'D'.

Dalton I. Rumfield, Jr.
Professional Counselor

ORIGINAL: 2178

April 12th, 2001
139 Laurel Road
Sharon Hill, PA 19079

State Board of Social Workers, Marriage & Family Therapists, and Professional Counselors
116 Pine Street
P.O. box 2649
Harrisburg, PA 17105

Dear Ms. Cheney

I am writing to you as a Master's level Certified Addiction Counselor as well as a concerned resident of the Commonwealth of Pennsylvania. The recent publication of the regulations related to act 136, the Professional Counselor Licensing Bill, raises some concern for the health and welfare of substance abusers seeking counseling services. The main problems with the regulations involve the grandparenting issues and are non-statutory in nature. The regulations fail to recognize Master's level addiction specialists such as myself, who represent the largest specialty treatment population in the Commonwealth. Most notably, Certified Addiction Counselors with a Master's Degree are not recognized by the regulations. We, as a group, have achieved a competency based, clinically supervised credential under strict guidelines as provided by the International Certification & Reciprocity Consortium (IC&RC).

I am strongly advocating for the inclusion within the regulations of the following:

- ◆ Inclusion under the grandparenting regulations of individuals in possession of a Master's Degree and Certification as an Addiction Counselor.
- ◆ Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable exam.

I sincerely urge consideration in this matter as a means of assuring that the citizens of our Commonwealth are provided counseling services that serve our diverse communities.

Sincerely

Claudia C. Arndts, MS, CAC

Claudia C. Arndts
610-522-0663
c3fluter@hotmail.com

Cc: PCB Board

RECEIVED
2001 APR 20 10:11 AM '01
STATE BOARD OF SOCIAL WORKERS, MARRIAGE & FAMILY THERAPISTS, AND PROFESSIONAL COUNSELORS

RECEIVED
BPOA LEGAL COUNSEL

Independent Regulatory Review Committee
c/o John R. McGinley, Jr., Chairman
333 Market Street, 14th Floor
Harrisburg, PA 17101
Reference: # 16A-694

RECEIVED

2001 APR 11 AM 9:05

INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Mr. McGinley Jr., Chairman;

I am writing to you as a Master's of Human Services (MHS) degree graduate as well as a concerned resident of the Commonwealth of Pennsylvania. The recent published regulations related to Act 136, referring to the Professional Counselor Licensing Bill, fall short to make specific reference to a Master's Degree in "Human Services" as an acceptable qualifying degree for licensure. Also, it fails to make reference to Addictions Specialist, Certification Addiction Counselor (CAC), who represents the largest specialty treatment population in the state. The regulations, which create a new licensure category for "Professional Counselors" do not incorporate appropriate standards including grand-parenting standards for counselors specializing in addictions treatment or Master's Degree in Human Services. The regulations overtly discriminate against racial minorities by excluding persons' who obtained the Masters of Human Services Degree (MHS), a 54-semester hours graduate program from being licensed as professional counselors.

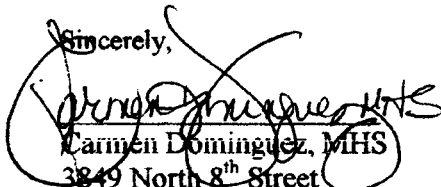
The MHS program is derived from Lincoln University (LU) located near West Chester; Pennsylvania was founded to provide educational opportunities to African Americans. LU recently obtained an Urban Campus Center near 30th and Market STs. Furthermore, it has also drawn students from other minority groups, including Latinos. The MHS degree offered by LU trains graduate students to perform assessment and therapeutic services to individual, families and groups, provide crisis intervention, and perform the other tasks and services described under Act 136's definition of "Professional Counselors". The board has failed to accept and recognize the MHS in its list of acceptable Master's programs. This exclusion of a large number of Lincoln graduates holding the MHS degree construed as a violation of equal protection laws. Moreover, this ethically and vastly reduces the availability of culturally similar professionals for Latino and African American consumers residing in the Commonwealth of Pennsylvania who need professional counseling services.

I am strongly advocating for the inclusion within the Act 136 regulations of the following:

- Inclusion under the grandparenting regulations of individuals in possession of the Master's Degree in Human Services derived from Lincoln University.
- Inclusion under the grandparenting regulations of individuals in possession of a Master's Degree and Certification as an Addiction Counselor and the acceptance for the CAC national exam as well.

I sincerely urge your attention and regard in this matter to assure that the citizens of diverse populations in our Commonwealth are provided with counseling services they deserve.

Sincerely,



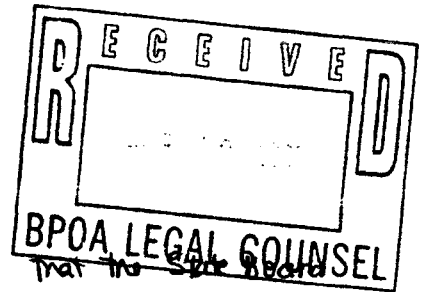
Carmen Dominguez, MHS
3849 North 8th Street
Philadelphia, PA 19140

Cc: PA Certification Board (PCB)
Graduate Alumni Chapter (GAC) of Lincoln University, PA

Carol Martin Johnson
4708 Kingessing Ave
Phila. PA 19143
April 12, 2001

ORIGINAL: 2178

Eva Cheney, Board Counsel
State Board of Social Workers, Marriage and
Family Therapists and Professional Counselors
116 Pine Street / P.O. Box 2649
Harrisburg, PA 17105-2649



Dear Attorney Cheney,

This letter is to express my gratitude for efforts that the State Board has made in developing the proposed Regulations for Professional Counselors. These efforts reflect an intention to provide professional standards in order to: protect Pennsylvania mental health consumers; provide a way for consumers to receive more diverse services; and to facilitate opportunities through which qualified, experienced practitioners can increasingly provide their services.

I am a graduate student in Art Therapy at the Hahnemann University Creative Art in Therapy program. As a student I have some sincere concerns about some of the provisions of the proposed regulations. I concur with the views expressed by the Pennsylvania Alliance of Counseling Professionals, regarding the proposed Professional Counselor Regulations. PAACP's most recent letter of response to the proposed Regulations closely reflects my own concerns/suggestions.

In anticipating applying for state licensure in the next few years, I am concerned about the following regulatory provisions and share my suggestion for regulation adjustments, as follows:

Regulation # 49.1 - Creative Arts Therapists
are not listed by name. Please mention
us by name.

Thank you in advance for your consideration in
this matter

Sincerely,

Carol Martin Johnson

NORTHERN TIER COUNSELING

RECEIVED
2001 APR 18 11:14:58
REVIEW COMMUNITY

RECEIVED
APR 16 2001
BPOA LEGAL COUNSEL

Dear: Eva Cheney, Counselor
State Board of Social Workers, Marriage & Family Therapists
and Professional Counselors
116 Pine Street, PO Box 2649.
Harrisburg, PA 17105
Reference # 16A-694

Dear Ms. Cheney:

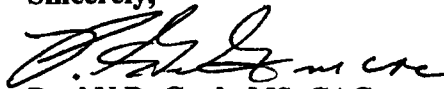
Please take the time to read this brief yet important letter. I am a Masters degree educated clinician as well as a Certified Addictions Counselor since 1989. I also chair the Drug and Alcohol Committee for the Pennsylvania Community Providers Association, (PCPA). My current position at present is Director of Outpatient Services for a company that employees 130 individuals. I'm therefore speaking on their behalf as well as the numerous drug and alcohol providers across the state that belong to the Pennsylvania Community Providers Association.

My concerns are related to the recent regulations related to Act 136, The Professional Counselor Licensing Bill. The exclusion of the Pennsylvania Certified Addictions Counselor is mind boggling to me. The current populations that we are treating on the front lines are very often dual diagnosis constituents suffering from both mental health and drug and alcohol abuse issues. My best-trained and most effective therapists on staff are the Masters level clinicians that are also Certified Addictions Counselors. These dually trained clinicians even act as consultants on these types of issues to our licensed psychologists. The Certified Addictions Counselor standards require three years of full time face to face counseling, at which time they can take the written exam for certification. They must then present a case study and also sit for an oral exam. They are certified only if they pass all these requirements.

I am, therefor, strongly advocating for the inclusion within the regulations that a Master's Degree clinician with Certification as an Addictions Counselor be included under the grandparenting regulations.

I hope that this mishap can be corrected for the benefit of our communities and those that have chosen a career path based on helping others.

Sincerely,


Paul N.D. Grula MS, CAC
Director of Outpatient Services

Board of Directors

- Polly Dawsey
- Ray Depaola
- Henry C. Dunn
- Rev. Harry Ferguson
- Jack Fox
- Frank McShane
- Patricia Myers
- Larry Sharer
- Cheryl Wood-Walter

RR#1, Box 137
Towanda, PA
18848

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570-265-6741

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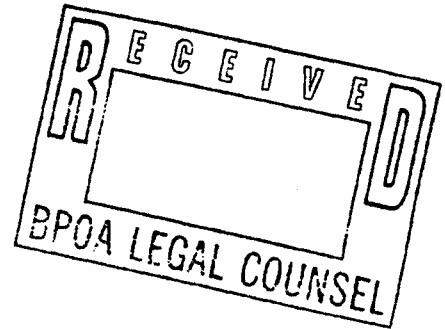
Troy

Wyalusing

Philadelphia Child and Family Therapy Training Center, Inc.

ORIGINAL: 2178

Marion Lindblad-Goldberg, Ph.D., Director
C. Wayne Jones, Ph.D., Associate Director



April 16, 2001

Eva Cheney, Board Counsel
State Board of Social Workers, Marriage and Family Therapists,
and Professional Counselors
116 Pine Street
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Cheney:

The Social Workers, Marriage and Family Therapists, and Professional Counselors Act 136 was signed into law on 12/21/98. I am writing to offer public comment on the proposed licensure regulations.

I am a licensed Ph.D. clinical psychologist with 34 years of professional experience and Director of the Philadelphia Child and Family Therapy Training Center, Inc. This post-graduate training center (which includes a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy) is an outgrowth of the Family Therapy Training Center founded by Salvador Minuchin, M.D. (one of the founders of family therapy) in 1975, and located at the Philadelphia Child Guidance Center until July 1999 when the training center became its own corporation. As a training center, we have a strong international, national, regional, and local reputation in training professionals in marital and child- or adolescent-focused family therapy. We probably have trained more family therapists than any other center in the world.

Our training center faculty members (4 licensed psychologists and two board-certified child psychiatrists) have advocated for marriage and family licensure in Pennsylvania for over 25 years and congratulate you for helping to make this important event a reality. On the whole, we feel that the proposed licensure regulations have been well done and we appreciate the tremendous effort expended. We do, however, have some concerns that we hope you will consider as revisions before the proposed licensure regulations become law.

***Field closely related to the practice of marriage and family therapy: as defined in § 48.1:** The current definition includes degrees in the fields of social work, counseling psychology, clinical psychology, educational psychology, counseling, and child development and family studies.

We believe that this list of fields is too restrictive. There are other fields that have incorporated the practice of marriage and family therapy for the benefit of the consumer. Professionals from these fields take post-graduate training programs in marriage and family therapy programs such as ours to ensure their competency in this area of practice. The fields that we feel should be included in the regulations are: pastoral counseling (with a counseling or master of divinity degree); psychiatric nursing; and psychiatry.

***Transition Language for Supervision Requirement:** The definition of "supervisor" in § 48.1 and § 48.3 requires that all marriage and family therapy supervision be provided by licensed marriage and family therapists. For those professionals currently ineligible for grandparenting and currently working under supervision to meet licensure requirements, the supervision would not be acceptable since licensure is not yet available for marriage and family therapists in Pennsylvania.

Education, Consultation, Supervision

***Acceptable Clinical Experience:** Individual and group therapy are excluded from the list of services that can be provided by marriage and family therapists as part of their supervised clinical experience in § 48.13(b)(1). All the required 1,800 hours of direct client contact required for licensure must be couple and family therapy.

This requirement appears restrictive given the manner in which clinical practice is conducted statewide in agencies and institutions. Professionals working in partial hospitalization programs, inpatient programs, residential treatment facilities, and family based mental health services programs conduct couple and family therapy sessions, individual sessions, and, often, group therapy sessions. Restricting “acceptable clinical experience” would be a hardship for these professionals.

***Experience Requirement for Grandparenting:** § 48.15 sets forth the requirements for licensure under the grandparenting provision. It includes the following: “(4) Demonstrated proof of practice of marriage and family therapy for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of marriage and family therapy requirement, the applicant’s practice shall have consisted of at least 15 hours per week with 10 of those hours consisting of direct client contact.”

Those professionals who otherwise qualify for grandparenting would be denied a license if they have fewer than 10 hours of direct client contact per week. Many senior marriage and family therapists statewide have shifted to teaching, supervision, administration, or consultation that has reduced their weekly hours of direct client contact. It would be extremely unfortunate if the most senior marriage and family therapists in the state would be denied licensure because of this restrictive direct client contact requirement. It should be noted that there is no direct client contact requirement for persons seeking to be grandparented as Licensed Clinical Social Workers.

***Continuing Education Requirement for Grandparenting:** § 48.15 (5)(vi) outline the educational requirements for grandparenting of marriage and family therapists who have master’s degrees of less than 48 semester hours but not less than 36 semester hours. These individuals can use continuing education hours (at a ratio of 15 continuing education hours equaling 1 semester hour) to achieve a total of 48 semester hours. Unfortunately, all continuing education courses must be approved by the American Association for Marriage and Family Therapy (AAMFT) according to the proposed licensure regulations. Since AAMFT does not approve continuing education offerings, marriage and family therapists needing to use CE hours will not be licensable under this section of the regulations as written. Therefore we suggest that CE hours approved by the American Psychological Association, the American Board of Certified Counselors, etc., should be allowable.

***Hours of Supervised Clinical Experience:** Two subsections of § 48.13(b) of the proposed regulations require that the first 1,800 of the 3,600 hours of supervised clinical experience required for licensure be supervised by a marriage and family therapist. The remaining 1,800 hours may be supervised by an individual who holds a license in a related field. For professionals employed by an agency or institution that does not provide an MFT supervisor, any agency hours of supervision would not be able to be counted until the professional had completed the required 1,800 hours supervised by a marriage and family therapist supervisor.

We suggest that this restrictive regulation be changed so that the word “first” is eliminated. It could then read: “1,800 of the 3,600 hours of supervised clinical experience required for licensure by supervised by a marriage and family therapist, etc.”

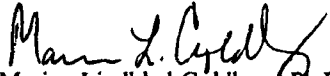
***Supervision of Clinical Experience:** § 48.13(b)(5) describes the nature of the supervision of the clinical experience for marriage and family therapists. It indicates that: “The supervisor, or one to whom supervisory responsibilities have been delegated, shall meet with the supervisee for a minimum of 2 hours for every 40 hours of supervised clinical experience. At least 1 of the 2 hours shall be with the supervisee individually and in person, and at least 1 of the 2 hours shall be with the supervisee in a group setting and in person.”

For those ineligible for grandparenting who are currently working under supervision in order to meet licensure requirements, only “1 on 1” supervision hours would count for individual supervision (with a maximum of 90 hours). The current standard for programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy defines “individual supervision” as including 2 supervisees with one supervisor. Including 2 supervisees with one supervisor is not only a better “learning laboratory” for the supervisory process, but is also more cost effective for agencies. Currently the mental health agencies and institutions in Pennsylvania are overstretched in their efforts to provide services to consumers.

Consequently, clinical supervision is often sacrificed. Our concern is that this regulation is too restrictive and will present a hardship for many licensure applicants.

I appreciate your time in reading this letter and hope that you will consider our concerns.

Sincerely,



Marion Lindblad-Goldberg, Ph.D.

Director, Philadelphia Child and Family Therapy Training Center, Inc.

Associate Professor of Clinical Psychology, Department of Psychiatry, University of Pennsylvania School of Medicine

CC: Clarence Bell
Charles Dent
Mario Civera

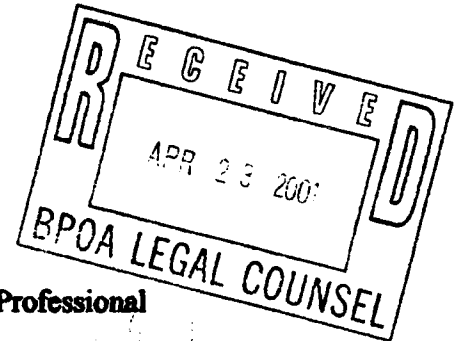
ORIGINAL: 2178

Marguerite L. Babcock, M.Ed., M.A.C., C.A.C., N.C.C.

**R.R.1, Box 138 Acme PA 15610
724-593-7139 allele@lhtc.net**

April 16, 2001

Eva Cheney, Board Counsel
State Board of Social Workers, Marriage and Family Therapists, and Professional
Counselors
116 Pine Street
P.O. Box 2649
Harrisburg PA 17105-2649



Re: Response to Proposed Licensure Regulations,
16A-694

Dear Ms. Cheney:

I extend my thanks to the Board for their hard work on regulations for Act 136. The extension of licensing in Pennsylvania is much needed, for both clients and professionals.

This letter outlines my concerns with the regulations in their present draft. I write from the perspective of someone who has been working in the addictions field for over 22 years. As you know, this field has no specific licensing currently available in Pennsylvania.

1. Grandparenting:

- A. As stated by the Pennsylvania Alliance of Counseling Professionals, the minimum weekly hourly practice and direct client contact requirement should be dropped from the regulations. Due to merited job promotions, many of the most accomplished counselors in addictions work have been employed in supervisory or administrative positions for several years, and could not meet the client contact requirements. Discouraged by managed care requirements for licensing, many other long-term addictions counselors have moved into related fields such as education or consulting. To keep the presently proposed client contact requirement would mean that less, rather than more, experienced addictions counselors would be eligible for grandparenting under Act 136.
- B. Concerning sources for continued education hours to meet grandparenting requirements, it is not clear from the present draft of regulations whether courses approved by NBCC, CRT, CBMT or ATCB would just automatically be accepted (barring those on office management or practice building) -- or whether *only* courses approved by those sources would be accepted. If the latter is the case, then this list is too restrictive. An alternative would be that suggested by PACP, including any training related to professional counseling.

2. "Field closely related to the practice of professional counseling":

This is mentioned in the requirements for educational degrees. As defined in §49.1 of the present draft of regulations, the list of related fields may be too restrictive. If the word "includes" in the definition means "includes but not restricted to," then the list is only suggestive. However, if "includes" means "only," then several important fields seem to be left out. I am not at all sure that my Master's degree in Counselor Education would fit into this list, and many accomplished counselors in addictions work hold this degree.

It is extremely commendable that major goals of Act 136 are to improve professional competency and to protect consumers. However, the issues I have noted above will, unless addressed, create significant barriers to very able addictions counselors becoming licensed under this Act. Due to the demands of managed care for licensing, many of us in the addictions field have lost our jobs to clinicians who were licensed but otherwise unprepared for work with addicted clients. This is grossly unfair to us, and dangerous for our consumers. However, we do not want an act that primarily encourages less experienced addictions workers to be licensed. That would also be unfair to veterans in the addictions field and harmful for our clients.

Addictions counselors, and especially the more experienced ones, need licensing in this State. Although several of us in the addictions field have pushed to have licensing enacted for our specific work, that has not happened in Pennsylvania. Act 136 is a wonderful opportunity to correct this situation, if the regulations are modified to fit the need.

Thank you very much for your attention to my remarks.

Sincerely,

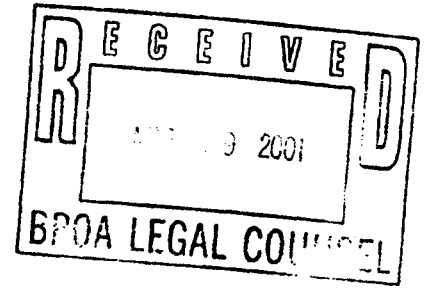


Marguerite Babcock, M.Ed., M.A.C., C.A.C., N.C.C.

CC: Independent Regulatory Review Commission
 PA Senate Consumer Protection and Professional Licensure Committee, Bell and
 Kukovich
 PA House Professional Licensure Committee, Civera

ORIGINAL: 2178

State Board of Social Workers
Marriage and Family Therapists & Professional Counselors
116 Pine St.
PO Box 2649
Harrisburg, PA 17105
C/o Eva Cheney, Counsel



Dear Board:

I am writing you regarding regulations related to Act 136, The Professional Counselor Licensing Bill. Although I do hold not a masters degree, (I hold a BHS with a specialty in counseling, a CAC from PA and a CSW from NJ), I am strongly advocating for the inclusion within the regulations of the following:

Inclusion under the grandparenting regulations of individuals in possession a Master's degree and CAC.

Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptance exam.

Inclusion under the grandparenting regulations of individuals in possession Of the Master's degree in Human Services as provided by Lincoln University.

The regulations fail to recognize the Master's level addiction specialists who represent, by far, the largest specialty treatment population in the Commonwealth. These individuals have achieved a competency-based, clinically supervised credential under strict guidelines.

The regulations are notably discriminatory of minority populations through the exclusion of the Master's degree in HS. The vast majority of individuals holding this degree are working with minority populations in our urban centers. The exclusion of this degree from the grandparenting regulations is a disservice to the cause of providing racial, ethnic, and culturally sensitive counseling services within the Commonwealth of Pennsylvania and may directly and indirectly impact the provision of services to minorities.

I strongly urge your consideration in this matter as means of assuring that the citizens of our Commonwealth are provided counseling services that serve our diverse communities.

Sincerely,

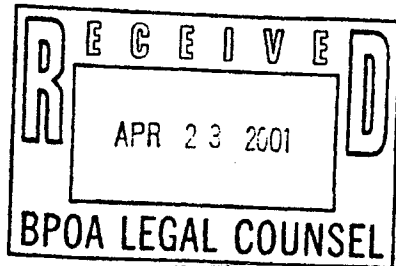
Lois BeCroft'Emley BHS, CAC, CSW

Lois BeCroft'Emley BHS, CAC, CSW
242B Mt Pleasant Rd.
Sewell, NJ 08080
Home Phone: 856 374-9181
Cc: PCB Board

APR 16, 2001

Vertical stamp: APR 16 2001
BPOA LEGAL COUNSEL

ORIGINAL: 2178



Mr. Tracy Mickelson, M.Ed. CAC
1527 Shoemaker Ave.
W. Wyoming, PA 18644
(570) 288-4072

Eva Cheney, Counsel
State Board of Social Workers, Marriage and Family Therapists and Professional Counselors
PO Box 2649, 116 Pine St
Harrisburg, PA 17105-2649

Dear Ms. Cheney:

I am writing you this letter as a Certified Addictions Counselor and former family therapist. I was in the mental health field for over 11 years and presently have been in drug and alcohol field for close to two and a half years. I am in the process of applying to take the test for National Counseling Certification. I am doing this in preparation of the licensing bill that was recently passed. I qualify to take this test as I have a Master's Degree in psychology. If it were not for this opportunity, I would not have the chance to be licensed in the counseling field as Act 136 does not pertain to Master's level CAC professionals.

I hypothesize that this will create problems in the field of addiction treatment. HMO's are requiring more advanced degrees, licensing, and certification. As this happens, as in my case, those counselors with Master's Degrees in psychology and related fields will go for this licenser and quite possibly leave the addiction treatment field. I feel that it is imperative that we have this licensing opportunity in the addiction-related field to be competitive.

Thank you for your consideration in this matter.

Sincerely,

Tracy Mickelson, M.Ed. CAC
cc: PCB Board

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01 APR 20 AM 9:36
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DIVISION

2001 APR 25 10:00 AM
REVIEW COMMISSION



Belmont Center for Comprehensive Treatment

Einstein

Jefferson Health System

2001 APR 26 PMID: 80

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APR 23 2001

BPOA LEGAL COUNSEL

ORIGINAL: 2178

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Jefferson HomeCARE

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Alliance Partners

- AtlantiCare
- Christiana Care Health System
- Pottstown Memorial Medical Center
- Riddle Memorial Hospital
- Underwood-Memorial Hospital

Eva Cheyney, Board Counsel
State Board of Social Workers, Marriage and Family
Therapists and Professional Counselors
116 Pine Street / P. O. Box 2649
Harrisburg, PA 17105-2649

Dear Attorney Cheyney,

This letter is to express my appreciation of your efforts & those of the State Board towards developing regulations for professional counselors.

I am a Creative Arts Therapist with a specialty in Dance Movement Therapy, certified as American dance Therapist registered since 1984 with a Masters degree from Hahnemann University. I have served on their faculty since graduation. I am also an NCC. Having worked clinically for over 25 years in a variety of mental health settings, I have also been an editor for The Arts In Psychotherapy and International Journal. I have provided supervision for masters level students for over 23 years and served as president of the Philadelphia ADTA.

The March 24, 2002 date for submitting applications for grandparenting is of concern to me, since it is unclear when the board will be ready to take applications. While I concur with the views expressed by PACP re: Professional Counselor Regs and their letter of response to the proposal, I want to particularly express my distress that the Creative Arts therapy does not appear specifically in the definition in 49.1.

Thank you for your consideration of these matters.

Tabitha Leatherbee
MCAT, ADTR, NCC

Cheney, Eva

RECEIVED

From: Flinchum, Clara
Sent: Monday, April 23, 2001 9:29 AM
To: Cheney, Eva
Subject: FW: Social Workers, Marriage and Family Therapists and Professional Counselors Act. 63 P.S.). 16A-964

2001 APR 26 PM 10:28

REVIEW COMMISSION

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

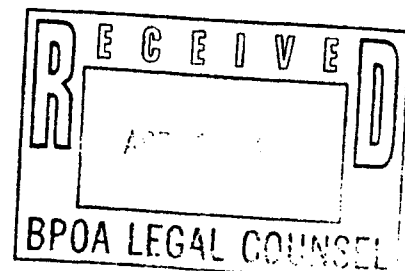
From: Sherri [mailto:hope_sw@hotmail.com]
Sent: Saturday, April 21, 2001 12:10 PM
To: socialwo@pados.dos.state.pa.us
Subject: RE: Social Workers, Marriage and Family Therapists and Professional Counselors Act. 63 P.S.). 16A-964

Eva Cheney, Board Counsel
 State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors
 116 Pine Street
 P.O. Box 2649
 Harrisburg, PA 17105-2649
 Dear Ms. Cheney:

I am extremely concerned about the practica/internship requirements in the proposed professional counselor licensure bill (Social Workers, Marriage and Family Therapists and Professional Counselors Act. 63 P.S.). I am starting my supervised practica/internship next Fall. The requirements for the practica/internship (they are considered the same) consist of 320 hours of on-site supervised counseling as well as 50 hours of group supervision at Chestnut Hill. This is done over a period of two semesters. This in no way meets your requirements for a 100 hour practicum and 600 hour internship, and there is no provisions in my program to meet these requirements. I have no problem taking the required 12 additional course hours to have a total of 60 following graduation. The way this is set up in the bill it is not required to be part of the initial degree program. However, I will have a problem with the practica/internship requirements since the option to meet these requirements does not exist for me. My suggestion is that you create a transition period that allows programs to meet this requirement. In the meantime, those of us that are graduating next year should be waived from this requirement as long as we have met a 6 semester hour requirement.

My other concern is that there does not appear to be any provision for cognitively disabled persons who are unable to perform on specific fact multiple choice tests, which is how the NCE is structured. I am one of those persons. Throughout my Master's program I have been accommodated by being provided with exams that indicate that I can use what I have learned within a counseling session. I currently have a 4.0 GPA with only one class remaining. I have also been told that I will make an excellent counselor. However, based on the NCE's requirements it is likely that I will never be able to receive a license.

Thank you,
 Sherri Wes
 5900 Constitution Ct.
 North Wales, PA 19454



2001 APR 26 11:09:17

Dear Mr. Roebuck:

I am writing to you as a Case Manager for Hall-Mercer at Pennsylvania Hospital. I am also a concerned resident of the Commonwealth of Pennsylvania. The recent publication of the regulations related to Act 136, in particular the section related to Professional Counselors, raises concerns for the health and welfare of individuals seeking counseling services. The fundamental problems with the regulations involve the grandfathering issues and are non-statutory in nature. The regulations fail to recognize the human services professional. These individuals are employed in varied counseling occupations throughout the State of Pennsylvania and around the United States.

The regulations are also notable discriminatory of minority populations through the exclusion of the Master's Degree in Human services as offered by Lincoln University, the nation's oldest African American University. The vast majority of individuals holding this Master's degree are working with minority populations in our urban centers. The exclusion of this degree from the grandparenting regulations is a disservice to the cause of providing racial, ethnic, and culturally sensitive counseling services within the Commonwealth of Pennsylvania and may directly impact the provision of services to minorities.

I am strongly advocating for the inclusion under the grandfathering regulations of individuals in possession of the Master's degree in Human Services as provided by Lincoln University of Pennsylvania.

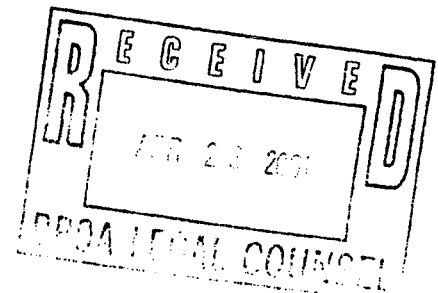
I sincerely urge your consideration in this matter as a means of assuring that the citizens of our Commonwealth are provided counseling services that serve our diverse communities.

Sincerely,
Regina Jones, MHS
Regina Jones
1417 So. Vodges St.
Phila., Pa. 19143

cc.

John R. McGinley, Jr., Chairman
Independent Regulatory Review Committee

Eva Cheney, Counsel
State Board of social Workers, Marriage &
Family Therapist & Professional Counselors



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 Phone 717-657-7078
 mail@paproviders.org

FAX 717-657-3552
 www.paproviders.org



PENNSYLVANIA COMMUNITY PROVIDERS ASSOCIATION

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April 23, 2001

Eva Cheney, Counsel
 State Board of Social Workers, Marriage and Family
 Therapists and Professional Counselors
 116 Pine St.
 P.O. Box 2649
 Harrisburg, PA 17105-2649

Reference Number 16A-694

Dear Ms. Cheney:

The Pennsylvania Community Providers Association is a trade association representing over 200 community-based agencies that provide mental health, mental retardation, substance abuse, children's, and other human services. Our members cover all 67 counties in the Commonwealth, and it is estimated that they serve almost 1 million Pennsylvanians each year.

Enclosed please find our comments regarding the Proposed Rulemaking by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors (49 Pa. Code, Chapters 47 - 49).

Support for Comments Submitted by our Colleagues

We would like to reiterate the comments of a member of our association, Barry Wyrick, who submitted his comments on March 28, 2001. As Mr. Wyrick stated in reference to grandfathering:

"As currently written, the regulations will not allow for "grandfathering" of individuals who have direct counseling experience in their professional experience, but for the past several years have been engaged in supervisory, administrative, or education positions. It is critical that these individuals be grandfathered for licensure. Let me provide some examples of individuals who would not be eligible for licensure as the regulations are currently written:

"PCPA promotes a community-based, responsive and viable system of agencies providing quality services for individuals receiving mental health, mental retardation, addictive disease and other related human services"

- A. "A Professor of Counseling at an accredited educational institution who holds an Ed.D. in Counselor Education, has 12 years of experience providing direct, clinical services, is certified as an NCC and a CCMHC, but has been a full-time professor for 8 years.
- B. "A Director of Outpatient Services at a community mental health center who holds a 48-hour master's degree in counseling from an accredited university, has over 20 years of experience in the field, holds certification as an NCC, but has been a full-time clinical supervisor (providing supervision but no direct client service) for the past 4 years.
- C. "An Agency Administrator who holds a 48-hour master's degree in counseling from an accredited university, has 13 years of experience in the field, holds certification as an NCC and a CCMHC, but has been a full-time administrator and clinical supervisor for the past 3 years.

"These individuals all fail to be eligible for the grandfathering clause because they do not meet the requirement in 49.15.4 of practicing for at least 5 of the past 7 years at least 15 hours per week *with 10 of those hours consisting of direct client contact*. These individuals are not currently engaged in direct client contact, which is not defined in the regulations, but I assume means one of the activities described in 49.13(b)(1) including assessment, counseling, therapy, psychotherapy, other therapeutic interventions, and consultation. However, these are key individuals to be eligible for grandfathering, *as they will be the ones who will be providing the education and supervision of new licensees*. I believe that it would be inappropriate to exclude from license eligibility these individuals because they have progressed in their professional roles to positions of educators, administrators, and supervisors.

"Therefore, I would recommend that 49.15.4 (Relating to the Exemption from the licensure examination) be revised to read as follows:

"Demonstrated proof of practice of professional counseling for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of professional counseling requirement, the applicant's practice shall have consisted of at least 15 hours per week with 10 of those hours consisting of ~~direct client contact~~ *activities defined in Chapter 49.13.4(b)(1), direct supervision of individuals engaged in those activities, and/or instruction in a counseling program or in a program closely related to the practice of professional counseling at an accredited educational institution.*

"It is only through adopting this change that we can assure that our most highly qualified and experienced counselors will be eligible for licensure so that they can act as clinical supervisors as defined in the regulations and serve as role models for other counselors in pursuing licensure."

PCPA is also very concerned about the grandfathering time frame. With the current comment period in effect, and the ensuing changes to be made, the true period of time individuals can go through the grandfathering process is extremely short. We would recommend that this time frame be expanded to allow an adequate amount of time for individuals to participate in this process.

We would also like to reinforce the comments of the PA Association of Counseling Professionals as posted on their web site on March 30, 2001 in relation to two issues, supervision and fields defined as closely related to the practice of professional counseling.

Supervision

- **Number of Hours:**
"Two subsections of § 49.13 of the proposed regulations would require that the first 1,800 of the 3,600 hours of supervised clinical experience required for licensure be supervised by a licensed professional counselor, or, until January 1, 2006, a professional counselor with 5 years experience as a professional counselor. If you are not eligible for grandparenting and are currently working under supervision in order to meet licensure requirements, your supervision will not be acceptable to the Board unless it is being provided by a professional counselor. Supervised clinical experience with supervision provided by anyone in a related discipline would be disallowed until 1,800 of hours of that experience is supervised by a professional counselor. If the proposed regulations are adopted, you might have to begin your supervised clinical experience all over again. Also, while it seems reasonable to require that half (but not the first half) of one's supervised clinical experience be under the supervision of a professional in one's own discipline, the Board has not provided any possibility of a waiver for applicant's in exceptional circumstances who may be unable to obtain within-discipline supervision (such as those living and working in rural areas)."
- **Group Supervision:**
"Despite the fact that both individual and group supervision is highly valued in professional counseling, group supervision is not allowed by the proposed regulations [see § 49.13(b)(5)]. If you obtain, or expect to obtain, supervision in a group setting, that supervision will not count. PACP believes that group supervision should be allowed as an option for at least some of the supervision that is required."

Field closely related to the practice of professional counseling

"§ 49.1 of the proposed regulations defines " Field closely related to the practice of professional counseling" as follows: "Includes the fields of social work, clinical psychology, educational psychology, counseling psychology and child development and family studies."

"If your degree is not specifically in counseling or one of the fields defined as being closely related, but you would otherwise qualify, you would be denied a license. PACP believes that this definition must be changed and/or the list expanded."

We would also like to add that individuals included in any such expansion including the field of psychology in general would also meet the requirements stated in §49.12

Specific PCPA Comments and Recommendations

49.12 General Qualifications for Licensure

(1) "The Applicant is of good moral character." How and by whom will the term "good moral character" be defined and measured? Is it to be measured by a person's beliefs or behaviors? Definitions of moral vs. amoral/immoral vary widely and behaviors and beliefs that may be viewed as immoral by some are protected under the constitution. Most professional associations and credentialing organizations have a clearly defined code of ethics that define the parameters of ethical conduct and practice in a profession. The Board should adopt a code of ethics in lieu of this standard.

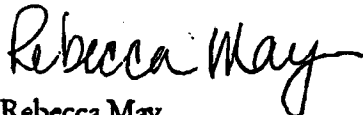
49.13 Licensed Professional Counselor

(b) (3) It is unnecessary to require written permission to discuss the patient's case with the supervisor. This has already been provided for by Release of Confidential Information State and Federal regulations when confidential information is disclosed to an outside agency/individual. Discussions concerning specific cases within an agency between supervisor and supervisee are permitted, are considered essential to good practice and are in fact mandated by most regulatory/accreditation organizations.

Finally, we recommend that Certified Addiction Counselors with a Master's degree be included under the auspices of the current regulations to ensure that individuals providing counseling to persons in substance abuse treatment will be recognized for their expertise.

PCPA is very supportive of the development of these regulations and urge the Board to continue in this process. Thank you for your attention to this matter. Please do not hesitate to contact me if you have any questions.

Sincerely,



Rebecca May
Policy Specialist

State Board of Social Workers, Marriage & Family Therapist, & Professional Counselors
c/o Eva Cheney
Counsel
116 Pine Street
PO Box 2649
Harrisburg, PA 17105

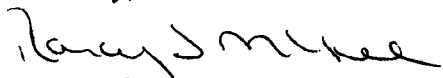
Dear MS. Cheney,

I am writing to you in regard to the recent publication of the regulations related to Act 136, The Professional Counselor Licensing Bill. I am a Master's prepared counselor with certifications in the addiction field. I have spent 25 years of my career working with individuals and families in a therapeutic environment. After reviewing the regulations I want to express my concerns with several issues. The first involves the issue with the minimum number of credits to be eligible for grandparenting is completion of a Master's program of 36 credits. I completed 45 graduate credits but was unable to sit for the NBCC exam which required 48 credits. This in itself appears to be contradictory and questionable in nature.

The second issue concerns the failure of the Act to address addiction counselors as a specialty group. How this can be is extremely alarming to me after extensive work in the field. When I returned to school to pursue my educational endeavors it was apparent to me that I needed to obtain specific training and competencies in this area.. The requirements put forth by PCB were stringent and clinically challenging. This oversight on the Committee's part is damaging to the health and welfare of individuals and families with addiction issues.

I am strongly advocating for the inclusion of these regulations. As a productive citizen of the Commonwealth of Pennsylvania I am urging you to take action on these matters. I have and will continue to provide counseling services in the addiction field. My hope is that we recognize the importance of specialized training and licensing in this area of service as well as the other areas presented in Act 136.

Sincerely,


Nancy J. McKee M.Ed., CAC, CCS
813 Clearfield Road, Box 18
Fenelton, PA. 16034

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Mimi Matter Scalia
16 Taylors Lane
Cinnaminson, NJ 08027 NEW COMMISSION

Reference #: 16A-964

Eva Cheney, Board Counsel
State Board of Social Workers, Marriage and Family Therapists,
And Professional Counselors
116 Pine Street/PO Box 2649
Harrisburg, PA 17105-2649

Dear Attorney Cheney,

You have my appreciation and gratitude for efforts that the State Board has made in developing the proposed Regulations for Professional Counselors. These efforts clearly reflect an intention to provide professional standards in order to: a) protect PA mental health consumers; b) provide a way for consumers to receive more diverse services; c) to facilitate opportunities through which qualified, experienced practitioners can increasingly provide their services.

My professional counseling specialty is in the field of the Creative Arts in Therapies, planning on completing my masters degree at MCP Hahnemann University in 2001. This degree includes an advanced sub-specialty in Art Therapy, with a subsequent certification as an art therapist. I have worked as an art therapy intern for two years in a number of mental health settings, working with a variety of populations, including adult patients in a crisis mental health unit of hospital, severely abused children and adults with drug and alcohol related issues at a homeless shelter in North Philadelphia, and currently am doing art therapy group and individual sessions with incarcerated youth in a treatment program housed in a detention center.

I am also involved in multicultural work in the Philadelphia area, working as a Diversity Workshop facilitator and trainer and creativity coach for the National Green Circle Program (a human relations program), supervisor of an after school program and art teacher. I designed and implemented an after-school Children's Creativity Workshop at Safe Haven, a program for children in crisis in West Philadelphia. Since I am finishing my masters degree in Philadelphia, have been working in Philadelphia, and plan to move to Philadelphia upon graduation this year, this is a serious concern.

Despite the excellent work done by you and the Licensure Board, I have some concerns about some of the provisions of the proposed regulations. I concur with the views expressed by the Pennsylvania Alliance of Counseling Professional (PACP) regarding the proposed Professional Counselor Regulations. PACP's most recent Letter of Response to the proposed Regulations (in the form of PACP "Concerns" and "Suggestions") closely reflects my own concerns and suggestions.

In anticipating applying for state licensure, I am particularly concerned about the following Regulation provisions and share my suggestions for Regulation adjustments, as follows:

Regulation #49.1 Unfortunately, the category of Creative Arts Therapies has not been included. Creative Arts Therapists, i.e., Art Therapists, Dance/Movement Therapists and Music Therapists, need to be listed here.

Regulation #49.13b The Standards for Supervisors need to be more inclusive, specifically including Creative Arts Therapists.

Regulation #49.15 The Grandparenting clause, which provides exemption from Licensure Exam should be applied to the Creative Arts in Therapies as well.

Thank you, Attorney Cheney, in advance for your consideration of this urgent matter.

Sincerely,

Mimi Matter Scalia

Mimi Matter Scalia
BA, Fine Arts
MA, Creative Arts in Therapy, Pending

ORIGINAL: 2178



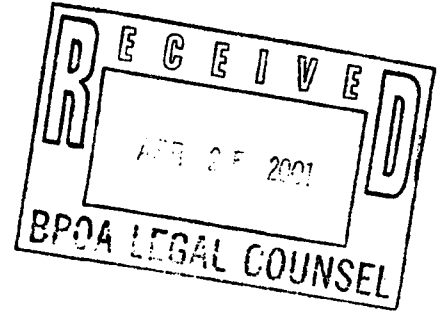
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RENEW COMMISSION



April 23, 2001

Eva Cheyney, Board Counsel
State Board of Social Workers, Marriage & Family Therapists,
& Professional Counselors
116 Pine Street/PO Box 2649
Harrisburg, PA 17105-2649



RE: Regulations for Professional Counselors

Dear Attorney Cheyney:

I first wish to express my gratitude for efforts that the State Board has made in developing proposed Regulations for Professional Counselors. These efforts clearly reflect an intention to provide professional standards in order to 1) protect mental health consumers in PA; 2) provide a way for consumers to receive, and agencies to offer, more diverse services; and 3) to facilitate opportunities through which qualified, experienced practitioners can provide their services.

My professional counseling specialty is in the field of Creative Arts Therapy, having received my masters degree at New York University in 1993. This degree included an advanced specialty in drama therapy with subsequent certification as a Registered Drama Therapist.

I have worked as a therapist for 10 years for North Philadelphia Health System, at the Girard Medical Center, in the Rehabilitative Creative Arts Therapy Service. I have worked with in-patient clients in our dual-diagnosis intake, acute, extended acute, subacute, and forensic programs, as well as in our geropsychiatric program. I have also worked on our dual-diagnosis non-hospital and forensic male residential programs. In out-patient programs, I have conducted drama therapy groups in addictions and presently co-facilitate an out-patient Trauma Recovery and Empowerment Group (TREM), co-sponsored with BHTEN, for dual-diagnosed women survivors of abuse.

In my 11th year at Girard, I have taken the position of addictions counselor in the Out-patient/Addictions Program. As a consultant I have worked as a therapist in an early prevention program for children from households affected by domestic violence; and with dual-diagnosed geriatric residents at Elwyn Institute in Media.

--continued--



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State Licensing Board

Page Two

I have precepted masters' candidates in Psychiatric Nurse Practitioner from Hahnemann University, in group therapy process; and been a guest teacher at Chestnut Hill and Beaver Colleges, most recently with bachelors candidates in Psychology. I have co-presented in-services at Girard Medical Center and at several conferences, including those sponsored by NADT, ASGPP, and Hahnemann/MCP.

I do have some concerns about some of the provisions of the proposed regulations. I have been the Drama Therapy representative in the past to the Board of Directors of the PA Coalition of Creative Arts Therapy Associations, a member of the Pennsylvania Alliance of Counseling Professionals (PACP). I would like to inform you that I concur with PACP's most recent Letter of Response to the proposed Regulations, which takes the form of "Concerns" and "Suggestions." Their carefully considered remarks closely reflect my own concerns and suggestions.

Thank you in advance for your consideration of this matter.
Warm regards,

Isabel-Lee Malone, MA, RDT
ISABEL-LEE MALONE, MA, RDT
Out-patient Program/Addictions
3 Tower, Girard Medical Center

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