

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

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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

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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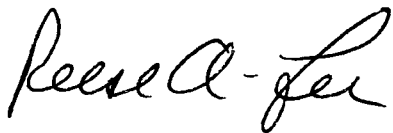
Dear Ms. Cheney:

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.

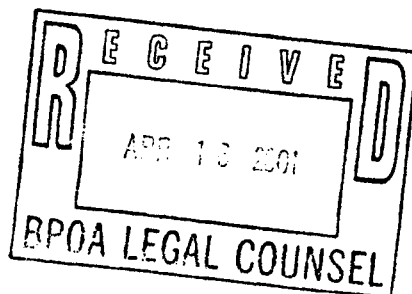
Thank you for your serious consideration of this matter, as it directly affects thousands of individuals and families seeking AOD Treatment now and in the future.

Sincerely,



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

cc: PCB Board





**PENNSYLVANIA ALLIANCE
OF COUNSELING PROFESSIONALS**

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

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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.

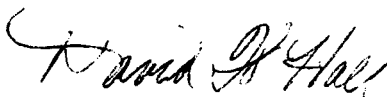
PACP would first like to thank the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors for its effort and skill in drafting the proposed regulations for the licensure of marriage and family therapists, professional counselors, and clinical social workers. The Board 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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HARRISBURG, PA

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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.



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,

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

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

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2001 APR 18 PM 12:01

To: Eva Cheney

4/12/01

REVIEW COMMISSION

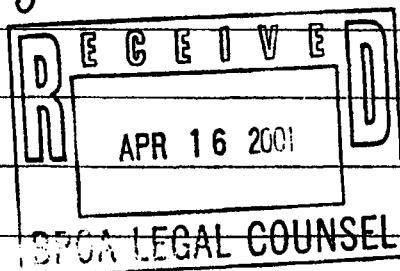
I AM A CAC with a Master's Degree
(a 33 credit hr Ed M), I actually garnered 36 credits.

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.

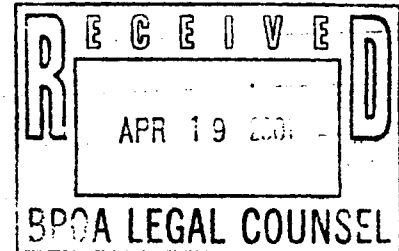
I find it unjust to arbitrarily write-
off my commitment to this field by
excluding me from my professional
licensing.



William H. Stoltz
425 Centre St
Oakland, 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 Counseling Professionals, regarding the proposed Prof. Counselor Regulations. PACP'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 restricts direct client contact hours. Hourly requirements should be restricted to practice hours only.
- 2) Regulation 49.136 - 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,
, 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

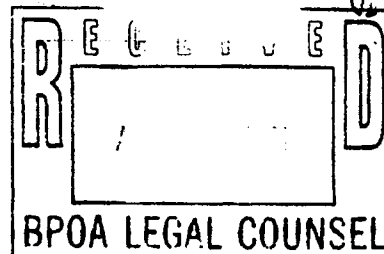


Certified
Cognitive-Behavioral Therapist
Certificate # 11563

ORIGINAL: 2178

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

April 12, 2001



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





ORIGINAL: 2178

Kevin J. Drab, M.A., M.Ed., CAC Diplomate
Associate Director, Addictions Counseling Sciences Program
College of Nursing and Health Professions
Mail Stop 507 • 245 N. 15th Street • Philadelphia, PA 19102-1192
TEL 215.762.6922 • FAX 215.762.7889 • E-MAIL Kevin.Drab@drexel.edu
www.mcphu.edu

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,

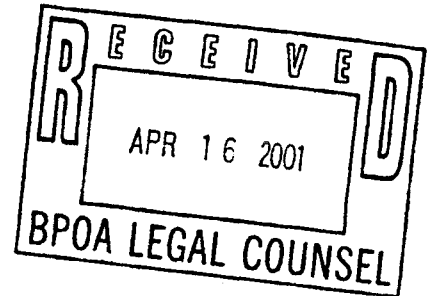
Ref: (a) Act 136, The Professional Counselor Licensing Bill
(b) State Board of Social Workers, Marriage and Family Therapists and
Professional Counselors, Proposed Rulemaking (Licensure) to Act 136.
Pennsylvania Bulletin, 31(12), 1547-1668, March 24, 2001. (ref. # 16A-694).

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.



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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?

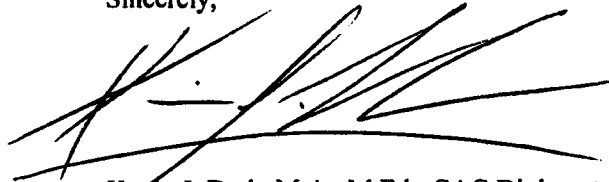
There is no question that Certified Addictions Counselors, particularly at the Masters Level, have met nationally-based standards (established by the International Certification & Reciprocity Consortium) of education and continuing education, demonstrated competencies through work performance, a written 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,

A handwritten signature in black ink, appearing to read 'Kevin J. Drab', with a stylized flourish extending from the end.

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:

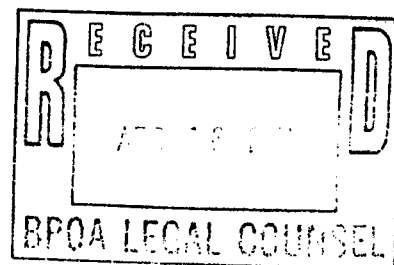
- Inclusion under the grandparenting regulations of individuals in possession of a Master's Degree and Certification as an Addiction Counselor. (CAC)
- Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable exam.
- Inclusion under the grandparenting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



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2001 APR 20 PM 6:59
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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

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.

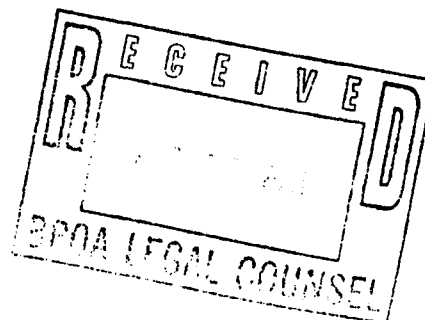
As it is written, the bill does not include Master's level Certified Addictions Counselors, nor Human Services Master's level professionals. This is of great concern due to the large numbers of consumers served by these skilled addictions specialists.

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



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2001 APR 20 AM 11:02
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ORIGINAL: 2178

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

April 12, 2001

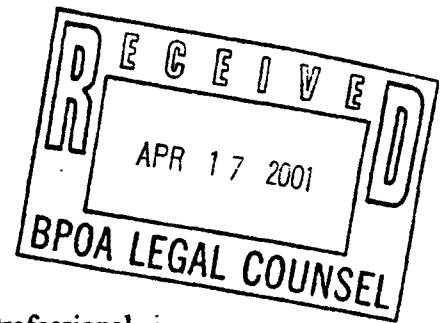
Eva Cheney, Board Counsel
State Board of Social Workers, Marriage and Family Therapists, and Professional
Counselors
116 Pine Street
P.O. Box 2649
Harrisburg, PA 17105-2649

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.

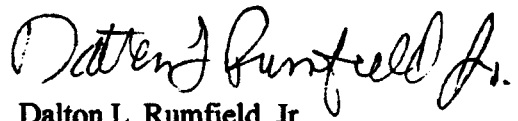


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3. Many current graduate students and recent graduates will be unable to meet the internship requirements set forth in § 49.2(9) of the proposed regulations because many counselor preparation programs will be unable to provide these experiences in 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.".

Dalton I., Rumfield, Jr.
Professional Counselor

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

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.

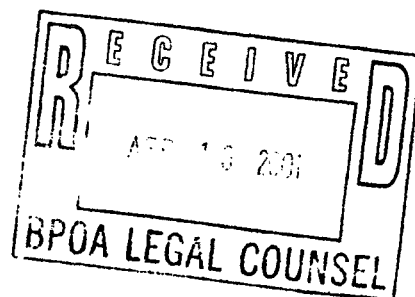
I take strong exception to the movement of exclusion rather than inclusion when so many desperately need help. To exclude those who have been in the front lines of addiction treatment seems foolhardy. Thank you for your consideration of this matter as a means of ensuring that citizens of this Commonwealth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

Sincerely,



Jeanne M. Kelch

cc: Honorable Elinor Z. Taylor
Pennsylvania House of Representatives



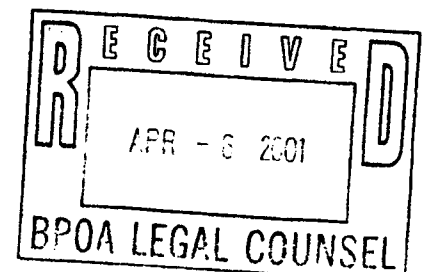
ORIGINAL: 2178

**DEAR: STATE BOARD OF SOCIAL WORKERS, MARRIAGE & FAMILY
THERAPISTS, & PROFESSIONAL COUNSELORS, c/o EVA CHENEY,
COUNSEL, 116 PINE STREET., PO BOX 2649, HARRISBURG, Pa**

17105

I AM WRITING TO YOU AS DRUG AND ALCOHOL TREATMENT SPECIALIST WITH A CAC,0991 WORKING FOR THE DEPARTMENT OF CORRECTIONS. AS WELL AS A CONCERNED RESIDENT OF THE COMMONWEALTH OF PA. THIS CONCERNS #16A-694. THERE APPEARS TO BE SOME FUNDAMENTAL PROBLEMS WHICH I HOPE CAN BE ADDRESSED. APPARENTLY IN THE LISTING OF SPECIALTY COUNSELING GROUPS THERE IS NO MENTION OF ADDICTIONS SPECIALISTS? THE LARGEST SPECIALTY TREATMENT POPULATION IS SERVED BY ADDICTIONS SPECIALISTS. THE EXCLUSION OF ADDICTIONS SPECIALISTS FROM ACT 136 IS EITHER BY DESIGN OR ERROR. THIS COULD BE REMEDIED BY INCLUDING " HOLDING A CERTIFIED ADDICTION COUNSELOR CREDENTIAL FROM THE PENNSYLVANIA CERTIFICATION BOARD (PCB), PASSING THE ADDICTION COUNSELOR EXAMINATION GIVEN BY THE INTERNATIONAL CERTIFICATION & RECIPROCITY CONSORTIUM (IC&RC) AND HOLDING A MASTER'S DEGREE. I HOPE THIS WOULD BE CONSIDERED AS I KNOW MANY OF MY COLLEAGUES IN THE ADDICTIONS FIELD OF WORK HAVE MASTERS DEGREE'S. I WOULD LIKE TO ADD THAT MANY IN THE WORKING FIELD OF ADDICTIONS TREATMENT HAVE LONG BEEN DEDICATED TO MAINTAINING A CERTIFIED ADDICTIONS COUNSELOR CERTIFICATE. THE VERY NATURE OF THE WORK ITSELF HAS LITTLE OR NO REAL REWARDS (MONETARILY OR PERSONALLY) EXCEPT FOR A FEW THANK YOU'S FROM CLIENT'S. PERSONALLY I HAVE ALWAYS BEEN SUBJECT TO OTHER PROFESSIONALS WHO HAVE SCRUTINIZED THE TYPE OF WORK THAT I DO AND WOULD NOT DO THIS KIND OF WORK. (AS IF THEY ARE ABOVE IT ?) THE CURRENT PCB CODE OF ETHICS IS VERY APPROPRIATE AND WORTHY OF ANY PROFESSIONAL'S ADHERENCE. THE TRAINING REQUIRED TO MAINTAIN A PCB CERTIFICATION HAS IMPROVED OVER THE YEARS AND IS OF THE HIGHEST QUALITY. I AM NOT DISCOUNTING THE VALUE OF HAVING A MASTER'S DEGREE IN A SPECIALIZED AREA. HOWEVER I DO BELIEVE THAT ACTUAL WORK IN A SPECIALIZED AREA SHOULD BE GIVEN MERIT. IT WILL ALWAYS BE EQUAL OR BETTER ANY BOOK, THEORETICAL, OR QUANTITATIVE MEASURE OF HOW TO APPLY THERAPEUTICS TO A GIVEN SPECIFIC POPULATION. I BELIEVE THAT ADDICTIONS TREATMENT IS NOT AN EXACT SCIENCE BUT A VERY PROFICIENTLY PRACTICED BLEND OF KNOWLEDGE AND SKILLS USED IN DAY TO DAY COUNSELING TREATMENT PROVIDED DIRECTLY TO THE INDIVIDUAL WITH ADDICTIVE TYPE TRAITS. IF IT IS ONE SURE THING I HAVE LEARNED WITH REGARD TO ANY TYPE OF LICENSING PROCEDURES IS THAT MONEY IS GOING TO GO SOMEWHERE. IT IS A LOT ABOUT MONEY. THIS IS NOT A POPULAR THING TO SAY BUT IT IS THE TRUTH. EVERYONE INVOLVED IN THE PROCESS WILL EXPECT TO GAIN MONETARILY. I HOPE ADDICTIONS COUNSELORS HAVE NOT BEEN LEFT OUT BECAUSE OF LACK OF PROSPECTIVE MONEY TO BE MADE THROUGH THE SERVICES PROVIDED. IF IT IS NOT PECUNIARY THEN I WOULD HOPE IT IS NOT BECAUSE OF NEGLECT FROM IGNORANCE ABOUT ADDICTIONS TREATMENT COUNSELORS. IF IT IS NONE OF THE ABOVE REASONS I HOPE IT ISN'T FROM JUST PLAIN OLD LOATHING OF ADDICTIONS TREATMENT COUNSELORS. I AM STRONGLY ADVOCATING FOR THE INCLUSION WITHIN THE REGULATIONS THE FOLLOWING: INCLUSION UNDER THE GRANDPARENTING REGULATIONS OF INDIVIDUALS IN POSSESSION OF A MASTER'S DEGREE AND CERTIFICATION AS AN ADDICTIONS COUNSELOR (CAC). INCLUSION UNDER THE GRANDPARENTING REGULATIONS OF THE IC&RC NATIONAL EXAM FOR ADDICTION COUNSELORS AS AN ACCEPTABLE EXAM. THE INCLUSION OF INDIVIDUALS IN POSSESSION OF THE MASTER'S DEGREE IN HUMAN SERVICES AS PROVIDED BY LINCOLN UNIVERSITY

SINCERELY,
MARK BOWMAN, CAC
COMPANY ROAD BOX 55
WEST DECATUR, Pa 16878
cc: PCB BOARD



April 12, 2001

Dear Ms. Eva Cheney,

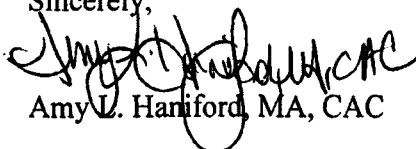
As a master's level, certified addictions counselor, I am concerned about the recent publication of the regulations related to Act 136, The Professional Counselor Licensing Bill, and it's failure to include and recognize addiction specialists. Failure to recognize master's level certified addiction counselors is more than offensive to the professional but more importantly poses threat to the largest specialty treatment population in the entire Commonwealth. A population that has already taken a significant hit from non-related regulations like managed care organizations, which has forced numerous facilities to close their doors ultimately affecting the victims ability to receive treatment as necessary. In addition, Act 136 unfairly and unjustifiably excludes Certified Addictions Counselors who withhold a Master's degree. As a certified addiction counselor I have successfully demonstrated knowledge, skills and professional competencies under clinical supervision and strict guidelines as provided by the International Certification & Reciprocity Consortium (IC&RC), and I find the fundamental problems with the regulations in relationship to grand-parenting alarming.

In addition to targeting master's level addiction counselors, the non-statutory regulations unfortunately targets those professionals that withhold a Master's Degree in Human Services from Lincoln University. The master's degree offered by Lincoln University has provided opportunity for the majority who possess this degree to provide care in areas of strong need. Although addiction is in no way exclusive to minority populations in urban areas, addiction is noted in high concentrations in these areas. Many professionals who have received their degree from Lincoln University have dedicated their time and efforts to working with victims and their families in urban centers. It is my impression that excluding this group of professionals does a significant disservice to the efforts of fighting the war on addiction and the cause towards providing racial, ethnic and culturally sensitive counseling services within the Commonwealth.

It is my intent in writing to address this issue and identify myself as an advocate to include in the regulations; grand-parenting privileges for those who possess a Master's Degree and Certification as an Addiction Counselor (CAC); and recognize in these regulations, the IC&RC national exam as acceptable for addiction counselors. Of the same importance, to include the ability for those who possess a well-earned master's degree in human services from Lincoln University under the grand-parenting regulations.

I appreciate your time and sincerely urge your consideration in this matter. Such a resolution promises to be able to continue to offer the people of the Commonwealth of Pennsylvania with accessibility of counseling services that serve numbers in our society.

Sincerely,

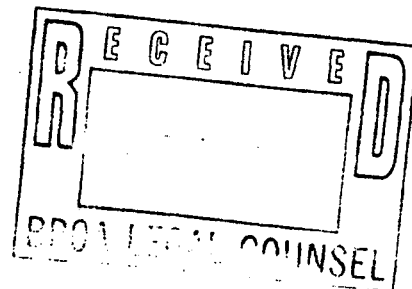

Amy L. Hariford, MA, CAC

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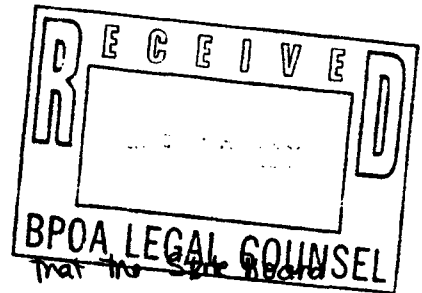
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Carol Martin Johnson
4708 Kingessing Ave
Phila. PA 19143
April 12, 2001

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. P.A.C.P.'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

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

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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.

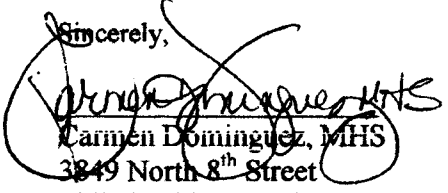
The MHS program is derived from Lincoln University (LU) located near West Chester; Pennsylvania was founded to provide educational opportunities to African Americans. LU recently obtained an Urban Campus Center near 30th and Market STs. Furthermore, it has also drawn students from other minority groups, 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

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

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APR 12 2001
STATE BOARD OF SOCIAL WORKERS, MARRIAGE & FAMILY THERAPISTS, AND PROFESSIONAL COUNSELORS

