

ORIGINAL: 2178

Patricia M. Dwyer, D.Min.

956 Moravia Street
Bethlehem, PA 18015

April 19, 2001

RECEIVED

2001 APR 30 AM 8:49

REVIEW COMMISSION



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

Dear Attorney Cheney:

Subject: Proposed Licensed Regulations (16A-694)

I have read the proposed regulations for licensure of marriage and family therapists 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 several of the provisions. I concur with the suggestions for specific changes in the proposed regulations for marriage and family therapists that have been submitted to you by the Pennsylvania Alliance of Counseling Professionals (PACP) and urge the Board to adopt them.

Section 48.1 is of particular concern to me personally. I have enclosed a copy of PACP's comments and suggestions regarding this issue. If the degree requirement is limited to the degrees listed in 48.1 (social work, counseling psychology, clinical psychology, educational psychology, counseling and child development) and are not amended, I will not be licensable as a marriage and family therapist even though I meet all the other qualifications for licensure.

I received a master degree from LaSalle University in Pastoral Counseling with a speciality in Marriage and Family Therapy. At the time I attended LaSalle University, they offered two degrees: Pastoral Counseling with a speciality in marriage and family therapy, or Human Service Psychology. Since my interest was marriage and family therapy, I choose the Pastoral Counseling degree. Am I to be denied a license because LaSalle University, at that time, did not offer any of the above mentioned master degrees? I certainly hope not. I wanted to expand my marriage and family therapy knowledge based and received a D.Min. Degree from The Eastern Baptist Theological Seminary in Couples and Family Therapy. Since there were no other marriage and family therapy doctoral program in Philadelphia, Eastern Baptist Seminary was my only choice. Am I again to be denied a license because I could not leave my family and chronically ill husband to move to another state to complete a doctoral degree in marriage and family therapy?

My master degree from LaSalle was a 55 credit degree with 49 of those credits in marriage and family therapy. Because of the degree work I did at LaSalle University, I was accepted by AAMFT as an Associate Member. Once I completed the required post-degree clinical work and supervision, I was accepted as a Clinical Member of AAMFT. I was later accepted as an AAMFT Approved Supervisor and two years after that, my course in Supervision was accredited by AAMFT as an AAMFT Approved Supervision Course. I have been a marriage and family therapist since 1982, a supervisor since 1985, and since 1987 have been teaching and training supervisors. I am currently adjunct faculty in the family therapy, counseling psychology, clinical psychology, and pastoral counseling master programs at Moravian Theological Seminary, LaSalle University, and Chestnut Hill College. I also am currently adjunct faculty in the doctoral programs at Hahnemann University and Chestnut Hill College.

I have been the president of the Pennsylvania Association for Marriage and Family Therapy and was the founder and first president of the Pennsylvania Alliance of Counseling Professionals. When I helped write the current Act, we never intended to deny a license to anyone who did not meet the academic and clinical requirements, nor did we intend to limit the title of degrees colleges, universities and seminaries could offer as long as they met the "60 planned program" requirement. It was never our intention to limit the programs beyond marriage and family therapy "acceptable to the Board" as being those limited to the field of psychology, social work, and sociology. I suggest adding "but not limited to" to the list of degrees in Section 48.1 or accept the wording as suggested on page 4 of PACP's response to the proposed regulations. See Attachment I.

Section 48.13(b)(1) restricts marriage and family therapists from working with individuals or groups. Many of my clients are individuals working on family issues, some are widows and widowers, orphaned single adult children without siblings, and adults who are geographically distanced from their families. Am I to tell these individuals when they seek therapy that I cannot work with them because the Regulations state I can only work with couples and families? I certainly hope not. Just because I am a marriage and family therapist, it does not mean I am not trained and competent to work with individuals and groups. Such a restriction makes it clear that there is a common misunderstanding about what marriage and family therapist do and are trained to do. My hope is that the Board that represents my discipline is more informed about the practice of marriage and family therapy and the training of marriage and family therapists. I recommend the Board add "Individual and Group therapy" to the list of services in section 48.3(b)(1). See Attachment II.

Section 48.15(5)(v) mandates three requirements for continuing education. Since AAMFT does not approve continuing education courses, it is impossible for marriage and family therapists to comply with this requirement. I propose eliminating AAMFT from Section 48:15(5)(v). See Attachment III.

Section 48.13(b)(5) mandates one out of every two supervision hours be in group supervision. As a director of The Family Institute of Philadelphia, an COAMFTE Approved Program, I find

this requirement impossible. Because of the limited number of AAMFT Approved Supervisors working in agencies, my students would be required to seek additional supervision beyond what the Institute offers and COAMFTE requires. In addition to students' tuition, they would be required to pay for additional supervision. I believe this requirement would be grossly unfair to beginning clinicians. I suggest the language be changed from "shall" to "may" as suggested on page 9 of PACP's response to the proposed regulations. See Attachment IV.

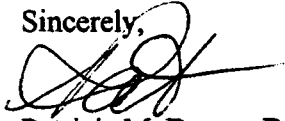
Section 48.15(4) requires me to demonstrate proof of that in my practice I am delivering at least 15 hours of direct client contact hours per week. As a director of an COAMFTE Approved Program, I am unable to meet this requirement. My position requires me to be at the Institute for 30 hours a week. Two days each week I am at the Institute until after 7pm. I teach at least one graduate level course per semester and those courses are taught in the evening hours. That now leaves one other weekday evening and one night and a day a per weekend to see 15 clients. The question then remains, when I am I suppose to have a life? Be with my family? Strange that a family therapist cannot be with her family because the regulations required her to work "at least 15" more hours per week with clients. When therapists, counselors, or social workers deliver 15 hours of direct client contact hours, they also deliver another four (4) to five (5) hours of paperwork and phone time. Now I am required, by law, to add to my work a full-time job and teaching job 20 additional hours per week. I strongly suggest this requirement be eliminated. I am not even in favor of the compromise PACP suggested of "at least 10 hours per week". Working full time and teaching one course per semester and having five (5) to six(6) direct client contact hours per week is more than enough. Full-time professors have the luxury of teaching as part of their work load and can teach during day-time hours. Adjunct professors teach during the evening hours as additional work to their full time jobs. Requiring us to work beyond what we can physically, mentally, and ethically do is asking too much. I suggest you drop the hour requirement completely.

As the director of The Family Institute of Philadelphia, I am well aware that my faculty is working full time doing direct client contact hours. The faculty at the Institute teach one night a week and supervise one to two hours a week. They will have not trouble with the 10 or 15 hour requirement. I, on the other hand, as the director do not have that ability. Am I to be denied a license because I am the director? I certainly hope not.

It would be a devastating blow to me personally to be denied a license since I was the person who was the founder PACP, helped write the current Act, and worked for five (5) years to get the bill passed. I do not understand how what we wrote to be inclusive has become exclusive.

I urge your adoption of PACP's suggestions, except the 10 hour direct contact hours, for marriage and family therapists, especially the sections I noted above.

Sincerely,



Patricia M. Dwyer, D.Min

cc:: Independent Regulatory Review Commission
Senate Consumer Protection and Professional Licensure Committee
House Professional Licensure Committee
Senator Lisa Boscola
Representative T. J. Rooney
File

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

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."

ORIGINAL: 2178

MARY LOUISE BROSS
258 East Market Street

April 19, 2001

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

RECEIVED
2001 APR 30 AM 8:44

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



Dear Attorney Cheney:

Subject: Proposed Licensed Regulations (16A-694J)

I have read the proposed regulations for licensure of marriage and family therapists 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 several of the provisions. I concur with the suggestions for specific changes in the proposed regulations for marriage and family therapists that have been submitted to you by the Pennsylvania Alliance of Counseling Professionals (PACP) and urge the Board to adopt them.

Section 48.1 is of particular concern to me personally. I have enclosed a copy of PACP's comments and suggestions regarding this issue. If the degree requirement is limited to the degrees listed in 48.1 (social work, counseling psychology, clinical psychology, educational psychology, counseling and child development) and are not amended, those who majored in marriage and family therapy in pastoral counseling programs will not be licensed. Presently many practicing marriage and family therapists who got their degrees in pastoral counseling programs will not be able to continue their careers even though they met all educational and clinical requirements. It would be a mistake to deny a license to anyone who did not meet the academic and clinical requirements, or to limit the title of degrees colleges, universities and seminaries could offer as long as they met the "60 planned program" requirement. I suggest adding "but not limited to" to the list of degrees in Section 48.1 or accept the wording as suggested on page 4 of PACP's response to the proposed regulations. See Attachment I.

Section 48.13(b) (I) restricts marriage and family therapists from working with individuals or groups. Family therapy is not only a technique for helping families relate better to each other, it is a perspective of the individual personality defined in part by the individual's embeddedness in family and community. When I relate to a client in a individual session I use all my family therapy knowledge to understand this person. Many of my clients are individuals in foster care whose main concern is reconciling family issues. Many teenagers are working on family issues, some clients are divorced and are considering creating a blended family, some are widows and widowers, and adults who are geographically distanced from their families. It would be very short-sighted to refuse to treat individuals because the Regulations state I can only work with couples and families? One important use of family therapy techniques has been to assist difficult group relationships in corporate settings. Would it not be strange if a marriage and family therapists would not be able to deliver this service. My hope is that, the Board that represents my discipline is more informed about the practice of marriage and family therapy and the training of marriage and family therapists. I recommend the Board add "Individual and Group therapy" to the list of services in section 48.3(b)(1). See Attachment H.

Section 48.15(5)(v) mandates three requirements for continuing education. Since AAMFT does not approve continuing education courses, it is impossible for marriage and family therapists to comply with this requirement. I propose eliminating AAMFT from Section 48:15(5Xv). See Attachment III.

Section 48.13(bX5) mandates one out of every two supervision hours be in group supervision. This requirement would be impossible to execute. Because of the limited number of AAMFT Approved Supervisors working in agencies, students would be required to seek additional supervision beyond what the Institute offers and COAMFTE requires. In addition to

students' tuition, they would be required to pay for additional supervision. I believe this requirement would be grossly unfair to beginning clinicians. I suggest the language be changed from "shall" to "may" as suggested on page 9 of PACP's response to the proposed regulations. See Attachment IV.

Section 48.15(4) requires me to demonstrate proof that in my practice I am delivering at least 15 hours of direct client contact hours per week. Since I am not a licensed professional I must work in a agency where I may only work part-time. I may not always get 15 hours of direct client contact hours per week. Therefore, as a fee-for-service therapist I am unable to meet this requirement. Along with face-to-face contact I may spend another 10 hours using all my professional skills in telephone conversations, writing treatment plans, conferring with treatment teams, etc. This "clinical experience" ought to be valued.

I urge your adoption of PACP's suggestions, except the 10 hour direct contact hours, for marriage and family therapists, especially the sections I noted above.

Sincerely,



Mary Louise Bross, M.A., Ed.S.

cc: Independent Regulatory Review Commission
Senate Consumer Protection and Professional Licensure Committee
House Professional Licensure Committee
Senator Lisa Boscola
Representative Steve Samuelson

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

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

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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:

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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."

ORIGINAL: 2178

Jennifer Lemisch, ATR-BC
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jalemisch@hotmail.com

RECEIVED

2001 APR 24 AM 9:49

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



Eva Cheyney, Board Counsel
State Board of Social Workers, Marriage and Family
Therapists and Professional Counselors
116 Pine Street
PO Box 2649
Harrisburg, PA 19082

Reference #: 16A-964

April 19, 2001

Dear Attorney Cheyney,

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 clearly 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 to meet their needs; and to facilitate opportunities which qualified, experienced practitioners can increasingly provide their services.

My professional specialty is in the Creative Arts Therapies, with an advanced degree in Art Psychotherapy. I have worked as a therapist for over 8 years in various mental health settings. These settings have included working extensively with children and adolescents in all levels of care (outpatient mental health, inpatient psychiatry). I have also worked as a supervisor of students who are in process of earning their master's degree and volunteer as a member of the board of the Delaware Valley Art therapy Association.

Despite the excellent work done by you and the Licensure Board; I have some concerns about some of the provisions of the proposed regulations. **I concur with the views expressed by the Pennsylvania Alliance of Counseling Professionals (PACP), regarding the proposed Professional Counselor Regulations. PACP's most recent response to the proposed regulations in the form of 'concerns' and 'suggestions' closely reflect my own concerns and recommendations.**

Thank you in advance for your consideration on this matter.

Sincerely,

Jennifer Lemisch, ATR-BC

cc: IRCC
Senator Bell
Representative Civera



ORIGINAL: 2178

April 19, 2001

RECEIVED

2001 APR 24 AM 10:03

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

INDEPENDENT REGULATORY
REVIEW COMMISSION

NORTHWESTERN
HUMAN
SERVICES
OF
PHILADELPHIA

Dear Sir or Madam:

My name is Denise Phillips. I am a Creative Arts Therapist with a specialty in Art Therapy. I am the Legislative Chair for the Delaware Valley Art Therapy Association. I agree with and support the views of the Pennsylvania Alliance of Counseling Professionals (PACP). More specifically, I concur with the views expressed by PACP regarding the proposed Professional Counselor Regulations.

My concerns apply specifically to Chapter 49. In the definitions section, 49.1 I concur with PACP's view the "Creative Arts Therapies including Art Therapy, Dance/Movement Therapy, Music Therapy, and Drama Therapy should clearly be listed in the PC Definition section as a 'Field Closely related to the practice of professional counseling. I feel strongly that all the aforementioned modalities should be listed to prevent any future confusion about whom this definition specifically applies to. As Creative Arts Therapists, we maintain high professional standards and being listed clearly in the definition section would assist with recognition by the general public.

Regarding the 'Grand-parenting section, 49.15, I feel strongly that this section should not require restrictive direct client contact hours. Hourly requirements should be limited to 'practice' hours only. It appears that other types of professional counselors, social workers to be specific are not under such strict private practice regulations, and it is unclear why this would apply only to Creative Arts Therapists. Furthermore, I support PACP's position that in sub-section 49.15(5)(C): the 'American Dance Therapy Association (ADTA)' needs to be added to the list of organizations that approves CE hours. These less restrictive hours would allow those in private practice to maintain their practice without direct client contact, allowing more time for PR and public awareness. Additionally, keep in mind the difficulties of acquiring clients in this era of Managed Care.

My final concern applies to Regulation 49.13b, Standards for Supervisors I am in agreement with PACP, and find it too restrictive. Please review the number and types of supervision hours required by the Creative Arts Therapists (CAT's) National Credentialing Boards. Please keep in mind the number, types of supervision hours CAT's have acquired before being eligible for licensure, and include these in the regulation. For example, Art Therapists are required to acquire supervision with a Registered Art Therapist, 100 hours, before being eligible for registration. Perhaps these hours could be included, and CAT's could acquire licensure through supervision with accredited CAT's (accredited meaning having done so through that modality's national credentialing board.

Thank you for your time and attention to this matter

Sincerely,

Denise R. Phillips MA
Adjunctive Therapist Coordinator

CC:

Eva Cheny, Board Counsel

Senate Consumer Protection and Professional Licensure Committee

House Professional Licensure Committee



Belmont Center for Comprehensive Treatment

EINSTEIN

Jefferson Health System

April 19, 2001

2001 APR 26 AM 10:34

REVIEW COMMISSION

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APR 23 2001

BPOA LEGAL COUNSEL

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

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 - Albert Einstein Medical Center
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Jefferson HomeCARE

Jefferson SeniorCARE

Alliance Partners

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

Dear Attorney Cheyey,

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 clearly reflect an intention to provide professional standard 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 specialty is in the Creative Arts Therapies, with an advanced sub-specialty in Art Therapy & Certified Addictions Counseling. I have worked as a therapist for nine years in a number of mental health settings. These settings have involved working with client populations including chronic mentally ill, addictions, geriatric & foster care children. I have also worked as a program coordinator and a student supervisor.

Despite the excellent work done by you and the licensure board, 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 Professional regarding the proposed Professional Counseling Regulations. PACP's most recent response to the proposed Regulations in the form of 'concerns' and suggestions' closely reflect my own concerns and recommendations.

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

- **Regulations 49.1 Definitions –CATs should be listed here**
- **Regulations 49.13b Standards for supervisors – too restrictive**
- **Regulations 49.15 Exemptions from Licensure Exam (grand-parenting clause)**

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

Strongly concerned,

Terry Fox – Moore
Belmont Behavioral Health
8001 Roosevelt Boulevard
Philadelphia PA 19152

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APR 23 2001

BPOA LEGAL COUNSEL

RUDYARD L. CRIDER
438 Parkside Road
Camp Hill, Pennsylvania 17011

REVIEW COMMISSION

April 19, 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)

I believe professional licensure is a necessary benefit to the consumer and to our profession. Currently, I am working at Holy Spirit Hospital Community Mental Health Center and have been with the Outpatient Service, now called Behavioral Health Service, since 1978. My titles are Senior Psychotherapist and Program Supervisor. I hold a Master's degree in Community Counseling from Shippensburg University and graduated in 1978 from a 36-hour program. I have two certifications:

- Certified Clinical Mental Health Counselor (CCMHC) certification from the Academy of Certified Clinical Mental Health Counselors (ACCMHC) and I have passed the credentialing examination given by ACCMHC. This is considered to be a specialty certification of the NBCC.
- National Certified Counselor certification from the National Board for Certified Counselors (NBCC).

I have had many years of clinical experience and over the years have supervised graduate students from Shippensburg University in their field experience. As I read the proposed regulations for licensure for professional counselors published in the Pennsylvania Bulletin on March 24, 2001, I am very concerned about some of the experience requirements for Licensure by Exemption (Grandparenting). The following are my concerns:

1. The definition of Professional Counselors is too narrowly defined. As I read the definition, it does not include the field of Community Counseling or Mental Health Counseling. My Community Counseling degree included course work in Human Growth and Development, Helping Relationships, Group Work, Appraisal, Research Personal Adjustment, Supervised Clinical Experience and other pertinent courses to the field. After I graduated and worked in the Mental Health field, I attained my specialty by meeting the requirements and passing a national examination and was certified as a Clinical Mental Health Counselor. In my way of thinking, the Professional Counselor Licensure Regulations definition should have the word "counseling" and include the fields of Community Counseling and Mental Health Counseling.
2. I am concerned that the first 1800 hours of supervised clinical experience is to be done by a professional counselor. As I prepared for my certification in 1981-1982, I

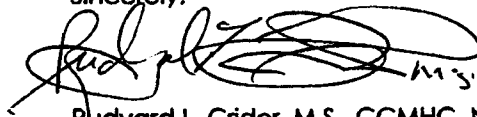
completed 3,500 hours of clinical supervision by a Licensed PhD. Psychologist, which met the Certification Board's guidelines for approved supervision to acquire my certification. I have also had many hours (years) of Supervision by Board Certified Clinical Psychiatrists and continue to have this supervision. I strongly believe this needs to be included as valid supervision to be accepted as part of the professional counselor licensure regulations in the grandparenting provision.

3. The experience requirement of requiring a qualifying practice of 15 hours per week with 10 hours of direct client contact can be unfair to clinicians like myself who continue to do direct client contact but have recently taken on program supervision duties in his service that diminishes the direct client time. I feel since I have worked as a direct client contact clinician for years (1978), have acquired a Master's level degree in Counseling, have passed the NBCC Examination for Clinical Mental Health Counseling and continue to be supervised by clinical psychiatrists—this experience should enable me to become licensed under the grandparenting provision.
4. The requirements for continuing education for the purpose of grandparenting are too restrictive. I have kept up with the continuing education requirement to keep my certifications in good standing. But, I do attend workshops put on by pharmaceutical companies to educate practitioners on the latest effects of psychotropic medications and it does not say approved by NBCC. That is just one example—I have attended other workshops over the years where the provider did not apply for NBCC approval. I would recommend some provision for the acceptance of such seminars to be counted toward continuing education.

I am familiar with the Pennsylvania Alliance of Counseling Professionals and share their suggestion for changes in the proposed regulations. I do hope you will consider my suggestions and the PACP suggestions and urge the Board to accept them.

Thank you for taking this matter into consideration.

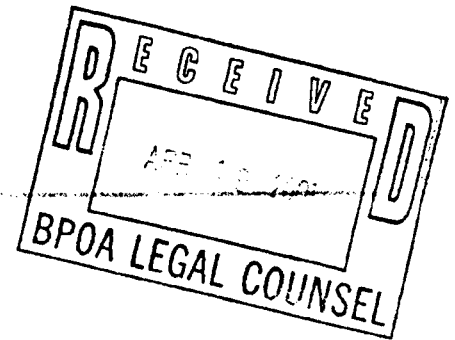
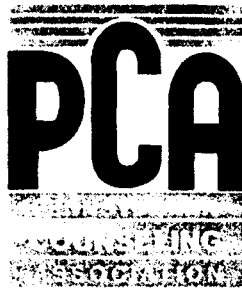
Sincerely,



Rudyard L. Crider, M.S., CCMHC, NCC
Senior Psychotherapist

Cc: Independent Regulatory Review Commission
Senate Consumer Protection and Professional Licensure Committee
House Professional Licensure Committee
Senator Harold F. Mowery, Jr.
Representative Patricia H. Vance

ORIGINAL: 2178



The Pennsylvania Counseling Association
P.O. Box 113
Shippensburg, PA 17257

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)

I am the President of the Pennsylvania Counseling Association (PCA) and am writing on behalf of our membership and the PCA Executive Committee. The executive board has read the proposed regulations for licensure of professional counselors that were published in the Pennsylvania Bulletin on March 24, 2001. Even though we are generally pleased with the proposed regulations, we are very concerned about a number of specific provisions that are included. Specifically, we are 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

*A Branch of the American Counseling Association
1-800-338-8806*

Visit PCA on the World Wide Web at <http://www.uofs.edu/pca/>

3. 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
4. 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.
5. 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.
6. 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.
7. Exposure to group supervision for professional counselors is not allowed by the proposed regulations [§ 49.13(b)(5)]. Group supervision should be permitted.
8. 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.
9. 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

Page Three

10. 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. We concur with those suggestions and urge the Board to adopt them.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Ford Brooks". The signature is stylized and cursive.

Dr. Ford Brooks, NCC, CAC
President-Pennsylvania Counseling Association
2000-2001

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

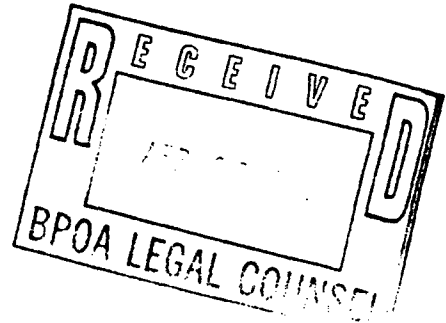
ORIGINAL: 2178

Patricia M. Dwyer, D.Min.
956 Moravia Street
Bethlehem, PA 18015

April 19, 2001

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2001 APR 30 AM 9:55

REVIEW COMMISSION



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

Dear Attorney Cheney:

Subject: Proposed Licensed Regulations (16A-694)

I have read the proposed regulations for licensure of marriage and family therapists 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 several of the provisions. I concur with the suggestions for specific changes in the proposed regulations for marriage and family therapists that have been submitted to you by the Pennsylvania Alliance of Counseling Professionals (PACP) and urge the Board to adopt them.

Section 48.1 is of particular concern to me personally. I have enclosed a copy of PACP's comments and suggestions regarding this issue. If the degree requirement is limited to the degrees listed in 48.1 (social work, counseling psychology, clinical psychology, educational psychology, counseling and child development) and are not amended, I will not be licensable as a marriage and family therapist even though I meet all the other qualifications for licensure.

I received a master degree from LaSalle University in Pastoral Counseling with a speciality in Marriage and Family Therapy. At the time I attended LaSalle University, they offered two degrees: Pastoral Counseling with a speciality in marriage and family therapy, or Human Service Psychology. Since my interest was marriage and family therapy, I choose the Pastoral Counseling degree. Am I to be denied a license because LaSalle University, at that time, did not offer any of the above mentioned master degrees? I certainly hope not. I wanted to expand my marriage and family therapy knowledge based and received a D.Min. Degree from The Eastern Baptist Theological Seminary in Couples and Family Therapy. Since there were no other marriage and family therapy doctoral program in Philadelphia, Easter Baptist Seminary was my only choice. Am I again to be denied a license because I could not leave my family and chronically ill husband to move to another state to complete a doctoral degree in marriage and family therapy?

My master degree from LaSalle was a 55 credit degree with 49 of those credits in marriage and family therapy. Because of the degree work I did at LaSalle University, I was accepted by AAMFT as an Associate Member. Once I completed the required post-degree clinical work and supervision, I was accepted as a Clinical Member of AAMFT. I was later accepted as an AAMFT Approved Supervisor and two years after that, my course in Supervision was accredited by AAMFT as an AAMFT Approved Supervision Course. I have been a marriage and family therapist since 1982, a supervisor since 1985, and since 1987 have been teaching and training supervisors. I am currently adjunct faculty in the family therapy, counseling psychology, clinical psychology, and pastoral counseling master programs at Moravian Theological Seminary, LaSalle University, and Chestnut Hill College. I also am currently adjunct faculty in the doctoral programs at Hahnemann University and Chestnut Hill College.

I have been the president of the Pennsylvania Association for Marriage and Family Therapy and was the founder and first president of the Pennsylvania Alliance of Counseling Professionals. When I helped write the current Act, we never intended to deny a license to anyone who did not meet the academic and clinical requirements, nor did we intend to limit the title of degrees colleges, universities and seminaries could offer as long as they met the "60 planned program" requirement. It was never our intention to limit the programs beyond marriage and family therapy "acceptable to the Board" as being those limited to the field of psychology, social work, and sociology. I suggest adding "but not limited to" to the list of degrees in Section 48.1 or accept the wording as suggested on page 4 of PACP's response to the proposed regulations. See Attachment I.

Section 48.13(b)(1) restricts marriage and family therapists from working with individuals or groups. Many of my clients are individuals working on family issues, some are widows and widowers, orphaned single adult children without siblings, and adults who are geographically distanced from their families. Am I to tell these individuals when they seek therapy that I cannot work with them because the Regulations state I can only work with couples and families? I certainly hope not. Just because I am a marriage and family therapist, it does not mean I am not trained and competent to work with individuals and groups. Such a restriction makes it clear that there is a common misunderstanding about what marriage and family therapist do and are trained to do. My hope is that the Board that represents my discipline is more informed about the practice of marriage and family therapy and the training of marriage and family therapists. I recommend the Board add "Individual and Group therapy" to the list of services in section 48.3(b)(1). See Attachment II.

Section 48.15(5)(v) mandates three requirements for continuing education. Since AAMFT does not approve continuing education courses, it is impossible for marriage and family therapists to comply with this requirement. I propose eliminating AAMFT from Section 48:15(5)(v). See Attachment III.

Section 48.13(b)(5) mandates one out of every two supervision hours be in group supervision. As a director of The Family Institute of Philadelphia, an COAMFTE Approved Program, I find

this requirement impossible. Because of the limited number of AAMFT Approved Supervisors working in agencies, my students would be required to seek additional supervision beyond what the Institute offers and COAMFTE requires. In addition to students' tuition, they would be required to pay for additional supervision. I believe this requirement would be grossly unfair to beginning clinicians. I suggest the language be changed from "shall" to "may" as suggested on page 9 of PACP's response to the proposed regulations. See Attachment IV.

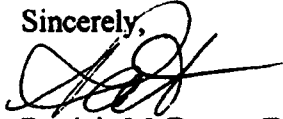
Section 48.15(4) requires me to demonstrate proof of that in my practice I am delivering at least 15 hours of direct client contact hours per week. As a director of an COAMFTE Approved Program, I am unable to meet this requirement. My position requires me to be at the Institute for 30 hours a week. Two days each week I am at the Institute until after 7pm. I teach at least one graduate level course per semester and those courses are taught in the evening hours. That now leaves one other weekday evening and one night and a day a per weekend to see 15 clients. The question then remains, when I am I suppose to have a life? Be with my family? Strange that a family therapist cannot be with her family because the regulations required her to work "at least 15" more hours per week with clients. When therapists, counselors, or social workers deliver 15 hours of direct client contact hours, they also deliver another four (4) to five (5) hours of paperwork and phone time. Now I am required, by law, to add to my work a full-time job and teaching job 20 additional hours per week. I strongly suggest this requirement be eliminated. I am not even in favor of the compromise PACP suggested of "at least 10 hours per week". Working full time and teaching one course per semester and having five (5) to six(6) direct client contact hours per week is more than enough. Full-time professors have the luxury of teaching as part of their work load and can teach during day-time hours. Adjunct professors teach during the evening hours as additional work to their full time jobs. Requiring us to work beyond what we can physically, mentally, and ethically do is asking too much. I suggest you drop the hour requirement completely.

As the director of The Family Institute of Philadelphia, I am well aware that my faculty is working full time doing direct client contact hours. The faculty at the Institute teach one night a week and supervise one to two hours a week. They will have not trouble with the 10 or 15 hour requirement. I, on the other hand, as the director do not have that ability. Am I to be denied a license because I am the director? I certainly hope not.

It would be a devastating blow to me personally to be denied a license since I was the person who was the founder PACP, helped write the current Act, and worked for five (5) years to get the bill passed. I do not understand how what we wrote to be inclusive has become exclusive.

I urge your adoption of PACP's suggestions, except the 10 hour direct contact hours, for marriage and family therapists, especially the sections I noted above.

Sincerely,



Patricia M. Dwyer, D.Min

cc:: Independent Regulatory Review Commission
Senate Consumer Protection and Professional Licensure Committee
House Professional Licensure Committee
Senator Lisa Boscola
Representative T. J. Rooney
File

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REVIEW COMMISSION

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

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."

ORIGINAL: 2178

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2001 APR 27 10:55
RENEWAL COMMISSION

Jennifer Lemisch, ATR-BC
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Upper Darby, PA 19082
610.789.5310
jalemisch@hotmail.com

Eva Cheyney, Board Counsel
State Board of Social Workers, Marriage and Family
Therapists and Professional Counselors
116 Pine Street
PO Box 2649
Harrisburg, PA 19082

Reference #: 16A-964

April 19, 2001

Dear Attorney Cheyney,

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 clearly reflect an intention to provide professional standards in order to: protect Pennsylvania mental health consumers; provide a way for consumers to receive more divers services to meet their needs; and to facilitate opportunities which qualified, experienced practitioners can increasingly provide their services.

My professional specialty is in the Creative Arts Therapies, with an advanced degree in Art Psychotherapy. I have worked as a therapist for over 8 years in various mental health settings. These settings have included working extensively with children and adolescents in all levels of care (outpatient mental health, inpatient psychiatry). I have also worked as a supervisor of students who are in process of earning their master's degree and volunteer as a member of the board of the Delaware Valley Art therapy Association.

Despite the excellent work done by you and the Licensure Board; I have some concerns about the 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 response to the proposed regulations in the form of 'concerns' and 'suggestions' closely reflect my own concerns and recommendations.**

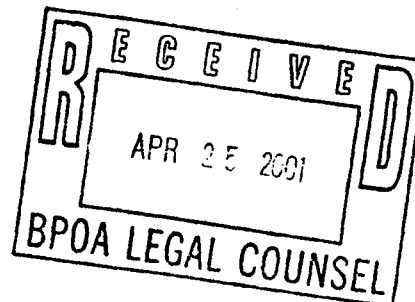
Thank you in advance for you consideration on this matter.

Sincerely,



Jennifer Lemisch, ATR-BC

cc: IRCC
Senator Bell
Representative Civera





ORIGINAL: 2178

April 19, 2001

State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors
116 Pine Street
P.O. Box 2649

NORTHWESTERN HUMAN SERVICES OF PHILADELPHIA
Harrisburg, PA 17105-2649

APR 26 11:10 AM
REVIEW COMMISSION

Dear Eva Cheny:

My name is Denise Phillips. I am a Creative Arts Therapist with a specialty in Art Therapy. I am the Legislative Chair for the Delaware Valley Art Therapy Association. I agree with and support the views of the Pennsylvania Alliance of Counseling Professionals (PACP). More specifically, I concur with the views expressed by PACP regarding the proposed Professional Counselor Regulations.

My concerns apply specifically to Chapter 49. In the definitions section, 49.1 I concur with PACP's view the "Creative Arts Therapies including Art Therapy, Dance/Movement Therapy, Music Therapy, and Drama Therapy should clearly be listed in the PC Definition section as a Field Closely related to the practice of professional counseling. I feel strongly that all the aforementioned modalities should be listed to prevent any future confusion about whom this definition specifically applies to. As Creative Arts Therapists, we maintain high professional standards and being listed clearly in the definition section would assist with recognition by the general public.

Regarding the 'Grand-parenting section, 49.15, I feel strongly that this section should not require restrictive direct client contact hours. Hourly requirements should be limited to 'practice' hours only. It appears that other types of professional counselors, social workers to be specific are not under such strict private practice regulations, and it is unclear why this would apply only to Creative Arts Therapists. Furthermore, I support PACP's position that in sub-section 49.15(5)(C): the 'American Dance Therapy Association (ADTA)' needs to be added to the list of organizations that approves CE hours. These less restrictive hours would allow those in private practice to maintain their practice without direct client contact, allowing more time for PR and public awareness. Additionally, keep in mind the difficulties of acquiring clients in this era of Managed Care.

My final concern applies to Regulation 49.13b, Standards for Supervisors I am in agreement with PACP, and find it too restrictive. Please review the number and types of supervision hours required by the Creative Arts Therapists (CAT's) National Credentialing Boards. Please keep in mind the number, types of supervision hours CAT's have acquired before being eligible for licensure, and include these in the regulation. For example, Art Therapists are required to acquire supervision with a Registered Art Therapist, 100 hours, before being eligible for registration. Perhaps these hours could be included, and CAT's could acquire licensure through supervision with accredited CAT's (accredited meaning having done so through that modality's national credentialing board.

Thank you for your time and attention to this matter

RECEIVED

APR 23 2001

BPOA LEGAL COUNSEL

Sincerely,

Denise R. Phillips MA
Adjunctive Therapist Coordinator

CC:

- Independent Regulatory Review Commission
- Senate Consumer Protection and Professional Licensure Committee
- House Professional Licensure Committee

ORIGINAL: 2178

April 19, 2001

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

Dear State Board...:

I am writing in regards to the regulations related to Act 136, The Professional Counselor Licensing Bill. I am letting you know about my concern for people with substance abuse that are now, and will be, in need of counseling. I am a Licensed Practical Nurse and Certified Addictions Counselor. I have been working as a counselor in the substance abuse field for over 17 years. The treatment field has already been traumatized by the closing of many treatment centers. Further trauma by the loss of highly talented experienced individuals would deprive the public of needed care.

This new bill, if it is passed as is, will have another negative effect. The individual holding to the master's degree in Human Services as offered by Lincoln University, the nation's oldest African American university are among some of the professionals that would be excluded. This would be unacceptable to professionals like myself or to the general public since minorities appear to be the population affected most directly by their exclusion.

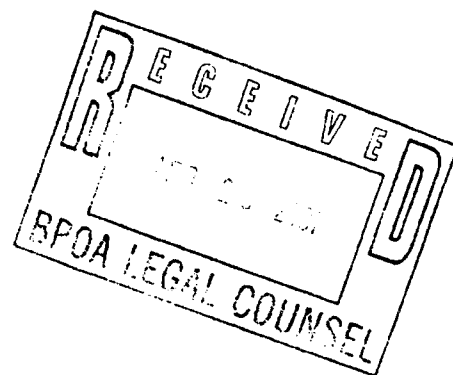
The fact is that all CAC and Master's degreed professionals have achieved a competency based clinically supervised credential; all under strict guidelines as provided by International Certification and Reciprocity Consortium (IC & RC). We are therefore qualified to treat those suffering from chemical dependency. We should not have to be concerned that exclusions from Act 136 would jeopardize our certifications.

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

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

2001 APR 19 9:37

REVIEW COMMISSION



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

Sincerely,

Darlene Kaye Lpn, CAC

Darlene Kaye, LPN, CAC
17503 Williams Road
Meadville, PA 16335
(814) 382-8589

cc: PCB Board

ORIGINAL: 2178

Dana M. Greene

839 Delaware Avenue
Bethlehem, Pa. 18103

Telephone 610 866-7558
Fax 610 758-8475

State Board of Social Workers
Marriage and Family Therapists, & Professional Counselors
c/p Eva Cheney, Counsel,
116 Pine St.,
P.O. box 2649
Harrisburg, Pa. 17105

Dear State Board of Social Workers,

I am writing to you as a Certified Addictions Counselor Diplomate, a Certified Clinical Therapist, and the holder of a Master's Degree in Education. I have spent close to thirty years in the public and private sector of the human services field. Currently, I provide 15 hours of supervision at KidsPeace, a not for profit agency that provides a continuum of care for children and their families, and I work in my own private practice where I am supervised by two different psychologists.

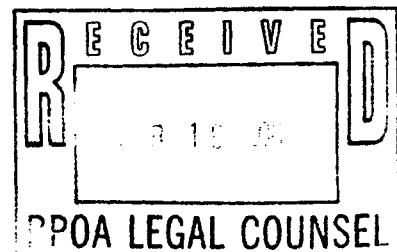
I am writing to you regarding Act 136, and I am referencing # 16A-694. I am asking you to support the inclusion of Addictions Specialists in the current bill going before the legislature in Pennsylvania for licensure. There are many individuals in Pennsylvania who have licensure, but few of them are experts in substance abuse and often feel "out of the water" when faced with this issue. There are many of us in the field who have a great deal of expertise and who are working already in the field. We could use licensure to help us with serving our clients better.

The requirements to become a CAC are stringent and involve 3000 hours or so of face to face supervised sessions, several hundred hours of training, and a test. The CAC Diplomate involves the same thing only it also requires at least two years of experience and a master's degree. All of us must provide proof of continuing education in order to retain our credentials which are renewed every two years.

Thank you very much for your support in advance.

Dana M. Greene
Dana M. Greene

cc: PCB



ORIGINAL: 2178

ALAN SHAPIRO MA, C.A.C. Diplomate
2240 FARMERSVILLE ROAD
BETHLEHEM PA 18020
(610) 954-5580

2001 APR 26 10:10:01

REVIEW COMMISSION

April 19, 2001

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

re: # 16A-694

Dear Ms. Cheney:

I am writing to you as a concerned C.A.C. Diplomate employed in the drug and alcohol treatment field for the past 14 years, currently employed as the substance abuse program director for Catholic Charities and in private practice. As a resident of the Commonwealth of Pennsylvania, I am truly concerned over how the bill could be published without including valuable and necessary input from the PA Certification Board. The recent publication of the regulations related to Act 136, The Professional Counselor Licensing Bill, elicits concerns for the health and welfare of substance abusers seeking counseling services and is exclusionary of those holding the Certified Addictions Counselor (CAC) credential. The regulations published are problematic in that, alarmingly Certified Addictions Counselors with a Master's degree are not recognized by the regulation despite representing the largest specialty treatment population in the Commonwealth.

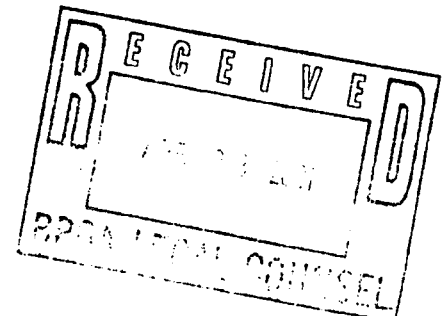
I am a Nationally Certified Addictions Counselor who devotes all of my practice to the treatment of substance abuse clients and their families. I'm wondering how you can declare other Professional Counselors Licensure to deal with substance abusers intermittently in their practice and deny an experienced specialist whose entire practice deals on a full time basis with treatment of addicts and their families.

I find the regulations to be exclusionary and unjust. I hold a 45 credit Master's degree from Kutztown University in Counseling Psychology and find it hard to believe this will not be recognized. I have worked in a variety of settings on multi-disciplinary teams and was always recognized as an asset to the establishment. It has been my experience that many mental health professionals know very little about addictions and continue to treat clients who are actively using, often times enabling them rather than helping them.

I strongly urge you to reconsider you present grand parenting regulations. Also, as part of my concerns I want to request reevaluation of the grand parenting regulations of the IC and RC national exam for addiction counselors as an acceptable exam and inclusion of individuals in possession of a Masters Degree.

Sincerely,
Alan Shapiro M.A., C.A.C.
Alan Shapiro MA, C.A.C. Diplomate #0619
2240 Farmersville Road
Bethlehem, PA 18020
(610) 866-5756

cc: PCB Board



Original; 2178

RECEIVED

APR 23 2001

BPOA LEGAL COUNSEL

Adina Rosenberg, MCAT, ADTR, LPC
1449 Dolington Road
Yardley, PA 19067
4/19/01

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

Reference #: 16A-964

2001 APR 25 11:10:05
REVIEW COMMISSION

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 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, having received my masters degree at Hahnemann University in 1989. This degree included an advanced sub-specialty in Dance/Movement Therapy. I have worked as a creative arts therapist for 12 years mostly in community mental health settings that service children and families in public schools and day care centers, which has provided unique opportunities to develop creative programs for at-risk children. I have also worked as a supervisor, a director, and a consultant. I am also a licensed professional counselor in the state of New Jersey.

Despite the excellent work done by you and the Licensure Board, 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: I concur with the PACP's view that 'Creative Arts Therapies - including Art Therapy, Dance/Movement Therapy, Music Therapy, and Drama Therapy' should be listed in the PC Definition section as a 'Field closely related to the practice of professional counseling'.

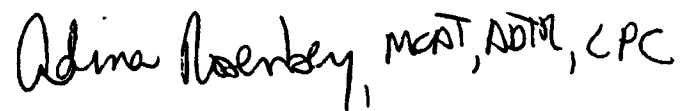
Regulation #49.13b: It is my opinion that this PC Regulations section is too restrictive re: supervision requirements. As a therapist who has personally received and continues to provide group supervision for dance/movement therapists, I believe that group supervision should be allowed as an option for at least some of the supervision that is required.

Regulation # 49.15: This "Grand-parenting" section should not require restrictive direct

client contact hours. Hourly requirements should be limited to 'practice' hours only." Further in this Regulation, I support the PACP's position that in the sub-section 49.15 (5)(C): the 'American Dance Therapy Association (ADTA) needs to be added to the list of organizations that approves CE hours. Personally, I am active in the PA Chapter of the ADTA, and I attend workshops sponsored by the chapter. The chapter just recently began to approve CE credits for these workshops, which is especially helpful for those who are members of the ADTA and National Board Certified Counselors. Having passed the National Certification Exam, I will be applying for NBCC status as well.

Thank you in advance for your consideration on this matter.

Sincerely,

A handwritten signature in black ink that reads "Adina Rosenberg, MCAT, ADTR, LPC". The signature is written in a cursive style.

Adina Rosenberg, MCAT, ADTR, LPC

cc: IRRC/Senator Bell/Senator Conti/Rep. Greenwood/Rep. Civera

ORIGINAL: 2178

Adina Rosenberg, MCAT, ADTR, LPC
1449 Dolington Road
Yardley, PA 19067
4/19/01

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

To Whom It May Concern:

Enclosed is a copy of my comments for your review.

I appreciate your time in this matter.

Sincerely,

Adina Rosenberg, MCAT, ADTR
Adina Rosenberg, MCAT, ADTR, LPC

RECEIVED

2001 APR 24 AM 9:46

INDEPENDENT REGULATORY
REVIEW COMMISSION



RECEIVED
2001 APR 24 AM 9:46
PENNSYLVANIA BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPY
REVIEW COMMISSION

Adina Rosenberg, MCAT, ADTR, LPC
1449 Dolington Road
Yardley, PA 19067
4/19/01

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

Reference #: 16A-964

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 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, having received my masters degree at Hahnemann University in 1989. This degree included an advanced sub-specialty in Dance/Movement Therapy. I have worked as a creative arts therapist for 12 years mostly in community mental health settings that service children and families in public schools and day care centers, which has provided unique opportunities to develop creative programs for at-risk children. I have also worked as a supervisor, a director, and a consultant. I am also a licensed professional counselor in the state of New Jersey.

Despite the excellent work done by you and the Licensure Board, 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: I concur with the PACP's view that 'Creative Arts Therapies - including Art Therapy, Dance/Movement Therapy, Music Therapy, and Drama Therapy' should be listed in the PC Definition section as a 'Field closely related to the practice of professional counseling'.

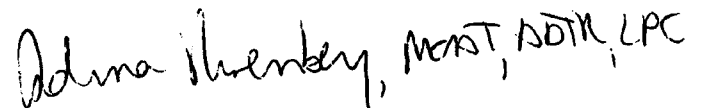
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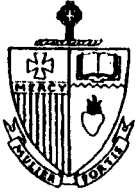
Thank you in advance for your consideration on this matter.

Sincerely,

A handwritten signature in black ink that reads "Adina Rosenberg, MCAT, ADTR, LPC". The signature is written in a cursive style.

Adina Rosenberg, MCAT, ADTR, LPC

cc: IRRC/Senator Bell/Senator Conti/Rep. Greenwood/Rep. Civera



Misericordia

Learning Resource Center

ORIGINAL: 2178

RECEIVED

2001 MAY -2 AM 8:42

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

April 18, 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:

I have a M.S. in Counseling from an CACREP accredited institution and I take great pride in providing competent and ethical service as a counselor. 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 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 a school counselor or college counselor who works 9 or 10 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 aging 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 eliminated.
2. Under 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.
3. Exposure to group supervision for professional counselors is not allowed by the proposed regulations [49.13(b)(5)]. Group supervision should be allowed.
4. 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 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.

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 agree with those suggestions and urge the Board to adopt them.

Sincerely,

Cynthia A. March, M.S., NCC

**cc: ✓ Independent Regulatory Review Commission
Senate Consumer Protection and Professional Licensure Committee
House Professional Licensure Committee
Senator Charles D. Lemmond, Jr.
Representative Phyllis Mundy**

Ellen Schelly Hill, MMT, ADTR, NCC
Assistant Professor, Clinical Coordinator



Creative Arts in Therapy Program
Mail Stop 905 • 245 North 15th Street
Philadelphia, PA 19102-1192

TEL 215.762.7851 • FAX 215.762.6933
E-MAIL Ellen.Schelly-Hill@drexel.edu

ORIGINAL: 2178

April 18, 2001

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

Attached for your attention is a letter I sent to Eva Cheyney,
Board Counsel; State Board of Social Workers, Marriage and
Family Therapists and Professional Counselors stating a serious
concern I have and suggestion for a clause revision in the
proposed regulations for Professional Counselor Licensure
Reference #: 16A-964

Thank you,

A handwritten signature in cursive script that reads 'Ellen Schelly Hill'.

Ellen Schelly Hill, MMT, ADTR, NCC

2001 APR 24 11:10:09
REGISTRATION DIVISION



Ellen Schelly Hill, MMT, ADTR, NCC
Assistant Professor, Clinical Coordinator
College of Nursing and Health Professions
Creative Arts in Therapy Program
Mail Stop 905 • 245 N. 15th Street • Philadelphia, PA 19102-1192
TEL 215.762.7851 • FAX 215.762.6933 • E-MAIL Ellen.Schelly-Hill@drexel.edu

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

April 17, 2001

RECEIVED
001 APR 24 AM 10:09
REVIEW COMMISSION

Dear Attorney Cheyney,

I have just reviewed the proposed Regulations for Professional Counselors. I am impressed with and grateful for the conscientious work of the State Board. However, I concur with the Pennsylvania Alliance of Counseling Professionals (PACP) "Concerns" and "Suggestions" in their most recent letter of response. I want, in particular, to detail my concerns about the Grandfathering requirements set forth in 49.15 and to suggest a revision which will insure that Mental Health consumers, students, and agencies continue to benefit from the experienced contributions of the Grandparents of the professional counseling field.

I am a "grandparent". My professional counseling specialty is in Creative Arts Therapies, with a specialty in Dance/Movement Therapy. I received my masters degree in 1979. **I am an advanced clinician with 22 years of clinical experience, 16 years supervisory experience, 9 years of university teaching experience, who has published and presented professionally. However, under the currently proposed terms of grandparenting I would not qualify for licensure as a professional counselor in the State of Pennsylvania.** For the past 5 years my principle work has been as Assistant Professor and Clinical Coordinator of the Creative Arts in Therapy Graduate Education Program and previously as the Associate Director of the Behavioral Counseling Sciences Program at MCP Hahnemann University. Although I have kept my foot in direct clinical practice by providing a weekly therapy group (and hope to continue), the demands of my primary faculty and administrative roles have limited the number of hours I can currently spend in direct clinical contact. I do not meet the hour requirements set forth for Grandparenting in 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 involving direct client contact"

There is no similar restrictive direct client contact requirement for persons seeking grandparenting as Licensed Clinical Social Workers under the same bill. I believe that there are many excellent professional counselors who have moved into administrative or academic roles following lives of primary clinical practice who continue to devote a small number of hours to direct service. I believe the Grandfathering regulations need to insure that these counselors may continue to practice and their clients benefit from their experienced service. I recommend revision of Grandparenting clause 49.15 to read:

Must have completed at least three years or 3,600 hours of clinical experience and 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 a week as a professional counselor in a clinical, supervisory, administrative and/or educational role.

Please give thoughtful consideration to my concerns and suggestion for revision. I believe the revision would serve the needs of consumers, students, agencies and professional counselors alike. And thank you again for the hard work of the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors.

Sincerely,

A handwritten signature in cursive script that reads "Ellen Schelly Hill". The signature is written in black ink and is positioned below the word "Sincerely,".

Ellen Schelly Hill, MMT, ADTR, NCC

ORIGINAL: 2178

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2001 APR 23 AM 11:17

INDEPENDENT REGULATORY
REVIEW COMMISSION

April 18, 2001

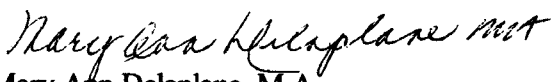
Eva Cheney, Board Counsel
State Board of Social Workers, Marriage and Family
Therapists, and Professional Counselors
116 Pine Street
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Cheney:

I am writing to urge you to petition the Board to specify both Human Services Psychology and Pastoral Counseling as M.A. degrees that are professional counseling degrees or are degrees in "a field closely related to the practice of professional counseling".

I graduated from LaSalle University in Philadelphia with a M.A. degree in Pastoral Counseling in the Marriage and Family Therapy tract. I have been practicing in the Marriage and Family Therapy field for 6 years. I thank you for taking this information to the Board.

Sincerely,


Mary Ann Delaplane, M.A.
8822 Duveen Drive
Wyndmoor, PA 19038-7462

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

Lois S. Halsel, M.A.
Marriage, Family & Pastoral Counselor



Sowing Seeds of Hope

Christian Counseling & Consulting 1226 W. Broad Street Quakertown, PA 18951 215-529-9830

April 18, 2001

RECEIVED
APR 21 AM 10:11
INDEPENDENT REGULATORY REVIEW COMMISSION

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

RE: Reference number 16A-964

Dear Sir or Madam:

I have read the proposed regulations for licensure for marriage and family therapists 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 several of the provisions. I concur with the suggestions for specific changes in the proposed regulations for marriage and family therapists that have been submitted to you by the Pennsylvania Alliance of Counseling Professionals (PACP) and urge the Board to adopt them.

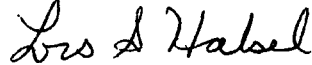
The section of the PACP comments entitled "Definition of Field Closely Related to the Practice of Professional Counseling" is of particular concern to me personally. I have enclosed a copy of PACP's comments and suggestions regarding this issue. If the requirement for "Field Closely Related to the Practice of Professional Counseling" is not changed, I will not be licensable as a marriage and family therapist even though I meet all of the other qualifications for licensure.

Prior to graduate studies, I was employed as a social worker for 10 years for the Department of Public Welfare in Indiana and then in Montgomery County, Pennsylvania. As a foster care worker, I received training in family therapy in a pilot project. This led to my interest in further education in counseling. I graduated from the Moravian Theological Seminary, Bethlehem, PA in 1987 with a Master of Arts in Pastoral Counseling (MAPC). Immediately following graduation, I took an additional 30 credit hours of courses and supervised clinical experience at the Wiley House Pastoral Institute in Bethlehem, PA. In 1991, I became a clinical member of the American Association of Marriage and Family Therapists. For the past 12 years, I have been employed as an outpatient counselor at a community mental health agency where I have had 8-10 direct

contact hours per week. I have also been employed in private practice for these same years seeing 5-10 clients per week. For the past 5-7 years my practice has been severely limited due to the lack of licensure for pastoral counselors and marriage and family therapists. I have worked very hard to keep abreast of current marriage and family counseling techniques so that when licensure became a reality, I would be able to be licensed without having to meet additional requirements which would involve unnecessary expense and time. I am acutely aware that at the community mental health agency where I am employed, many clinicians have been hired who have had far less training and experience than myself simply because they were licensed social workers. **It is time to end this biased and unfair practice.**

I urge your adoption of the PACP suggestions for marriage and family therapists, especially the section noted above.

Sincerely,



Lois S. Halsel, M.A.

Marriage and Family Therapist

Attachment (1)

cc: Independent Regulatory Review Commission

Sen. Clarence Bell, Chairman, Senate Consumer Protection and Professional Licensure Committee

Sen. Charles Dent, Vice Chairman, Senate Consumer Protection and Professional Licensure Committee

Sen. Lisa Boscola, Minority Chair, Senate Consumer Protection and Professional Licensure Committee

Rep. Julie Harhart, House Professional Licensure Committee

Rep. Richard Grucela, District 137

Rep. T. J. Rooney, District 133

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**

REVIEW OF COMMUNICATIONS
2011 MAR 24 6:10:11
PENN STATE

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) 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.

ORIGINAL: 2178

Linda L. Lyons M.S.,NCC
426 Harrison Ave
Scranton, PA 18510
April 18, 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

RECEIVED
2001 APR 23 AM 9:40
REVIEW COMMISSION

Dear Attorney Cheney:

Subject: Proposed Licensure Regulations (16A-694)

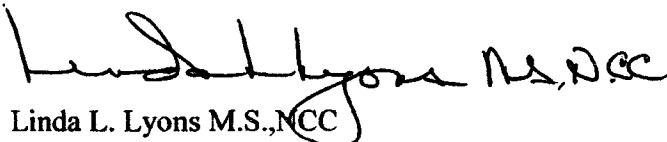
I am a National Certified Counselor. I have read the proposed regulations for licensure of professional counselors that were published in the Pennsylvania Bulletin on March 24, 2001. Even though I am generally pleased with the proposed regulations, I am very concerned about a number of specific provisions that are included. Specifically, I am concerned about the following issues:

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

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

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

Sincerely,



Linda L. Lyons M.S., NCC

**cc: Independent Regulatory Review Commission
Senate Consumer Protection and Professional Licensure Committee
House Professional Licensure Committee
Senator Bob Mellow
Representative Fred Belardi
File**

ORIGINAL: 2178

PHILHAVEN Behavioral Healthcare Services

283 South Butler Road
P.O. Box 550
Mt. Gretna, PA 17064

April 18, 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

RECEIVED
2001 APR 23 11:15
STATE BOARD OF SOCIAL WORKERS
MARRIAGE AND FAMILY THERAPISTS
AND PROFESSIONAL COUNSELORS
HARRISBURG, PA

Dear Attorney Cheney:

Subject: Proposed Licensure Regulations (16A-694)

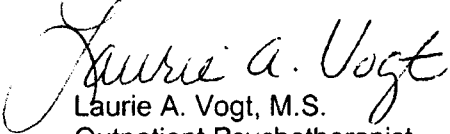
I have read the proposed regulations for licensure of marriage and family therapists that were published in the Pennsylvania Bulletin on March 24, 2001. Even though I am generally pleased with the proposed regulations, I am very concerned about several provisions. I concur with the suggestions for specific changes in the proposed regulations for marriage and family therapists that have been submitted to you by the Pennsylvania Alliance of counseling Professionals (PACP) and urge the Board to adopt them.

The section in the PACP comments entitled Experience Requirement for Grandparenting is of particular concern to me personally. I have enclosed a copy of PACP's comments and suggestions regarding this issue. If the requirement for clinical experience of at least 15 hours per week, 10 of those hours consisting of direct client contact, is not changed, I will not be licensable as a marriage and family therapist even though I meet all of the other qualifications for licensure.

I have completed an M.S. in Martial and Family Therapy from Fuller Theological Seminary in Pasadena, CA. Fuller is an accredited institution with a 48-hour master's program. I am a clinical member of AAMFT which required 200 supervision hours on 1000 client contact hours post graduate work. I have seven years of post graduate experience as a marriage and family therapist. For four of those years, I worked extensively with couples in an intensive marital therapy model. In addition, I have handled an outpatient caseload that has included couples, families and individuals. Within those seven years, I have worked full-time but also part-time to help raise a young family. The reality is that without a license, I am challenged to fill the caseload hours that I want.

I urge your adoption of the PACP suggestions for marriage and family therapists, especially the section noted above.

Sincerely,


Laurie A. Vogt, M.S.
Outpatient Psychotherapist

Attachment

cc: Independent Regulatory Review Commission
Senate Consumer Protection and Professional Licensure Committee
House Professional Licensure Committee
Noah W. Wenger, State Senator
Leroy Zimmerman, State Representative
File:aamft

marriage and family therapists in Pennsylvania. A transition period for supervision by unlicensed marriage and family therapists is needed.

Read PACP's comments on the transition language issue.

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

Read PACP's comments on the issue of acceptable clinical experience..

- **Experience Requirement for Grandparenting:** § 48.15 sets forth the requirements for licensure under the grandparenting provision. It includes the following:

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

If you are otherwise qualified for grandparenting, you would be denied a license if you have fewer than 10 hours of direct client contact per week. Thus, if your case load has been reduced because of semi-retirement, family responsibilities, managed care, or because your responsibilities as a marriage and family therapist have shifted to teaching, supervision, administration, or consultation, you will not be licensable unless this section is changed. Incredibly, there is no direct client contact requirement for persons seeking to be grandparented as Licensed Clinical Social Workers.

Read PACP's comments on the issue of grandparenting requirements.

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

Read PACP's comments on the issue continuing education..

- **Hours of Supervised Clinical Experience:** Two subsections of § 48.13(b) of the proposed regulations require that the first 1,800 of the 3,600 hours of supervised clinical experience required for licensure be supervised by a marriage and family therapist. The remaining 1,800 hours may be supervised by an individual who holds a license in a related field. This means that if you are employed by an agency or institution that does not provided an MFT supervisor, you would not be able to count

5619 Fair Oaks Street
Pittsburgh, PA 15217-1033
April 18, 2001

RECEIVED

2001 APR 26 AM 8:52

STATE BOARD OF SOCIAL WORKERS
LICENSURE COMMISSION

Eva Cheney, Board Counsel
State Board of Social Workers, MFT's and PC
116 Pine Street, Box 2649
Harrisburg, PA 17105-2649

RE: 16A-964

Dear Ms. Cheney,

I am writing this letter to you to address some of what I consider to be major flaws in the Proposed Licensure Regulations for Professional Counselors and Marriage and Family Therapists. Since I am both a National Certified Counselor (NCC) as well as a Clinical Member of The American Association for Marriage and Family Therapy (AAMFT), I feel eminently qualified to address these concerns. I will do that by telling you a bit about myself for I am a wonderful example of the flaws contained in the proposed legislation. Despite considerable education, training, supervision and years in the profession, I would be denied licensure!

I am 53 years old. I received my Masters degree in Counseling from the Education Department of Duquesne University in 1975. The number of credits required for that degree was 30 semester hours. In addition to the extensive one year training and supervision I received at Western Psychiatric Institute and Clinic's Family Therapy Clinic (WPIC) as part of my Masters degree, from 1974-1975 (for which I received only 3 semester hour credits!), I did an additional year of training and supervision, post-masters from 1975-1976, prior to seeking employment. This extensive training was done prior to any type of certification programs being started; those started well into the 1980's. I have been working in the field of counseling and marital and family therapy ever since I started my first post masters job in 1976. That's over 25 years!

From the time I began my training at WPIC in 1974, I have attended Continuing Education courses, workshops and/or conferences. As you know, to maintain the NCC credentials, 100 hours of continuing education are required within each 5 year certification period. That has never been a problem for me. In addition, when I applied for clinical membership in AAMFT, I provided them with documentation of all continuing education credits I had taken since 1975!

In terms of clinical supervision, I was extremely fortunate, for I had some of the best clinicians in the field on Marriage and Family Therapy: Carol Anderson, Susan Stewart, Paulina McCullough and Elaine Portner. All of these people are published in the field and highly respected by their peers.

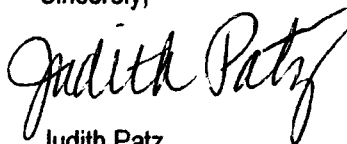
So there you have it. I am someone who has the education, training, supervision and experience of over 25 years in the fields of Counseling and Marital and Family Therapy yet I would be denied licensure! I think that there needs to be separate Grandfathering requirements for those of us who trained prior to 1980 because, prior to that date, there were very few formalized programs in Marriage and Family Therapy or in Counseling as we know it now. AAMFT did this as part of their credentialing process for those who received their degree prior to 1979, for just that reason. And I think you would agree that their requirements for Clinical Membership are quite stringent. This Board would be well advised to follow their lead in this regard. Professionals such as myself are valuable resources in the field and should not be left back at the barn like an old horse!

The specific areas of concern under the Grandparenting Provision are:

1. An exception to the 36 hour minimum Masters degree must be instituted for those who received their degree prior to 1980.
2. "Field closely related to the practice of professional counseling " must be expanded to include Education departments with counseling majors, especially if the degree was received prior to 1980.
3. The proof of practice portion should include both direct service as well as supervision as does the Social Worker guidelines.
4. Continuing Education Requirement is too restrictive in terms of which group approved it, especially for MFT's. it needs to be expanded.

I appreciate your taking the time to read and review this letter in addition to appreciating all of your hard work in this area.

Sincerely,

A handwritten signature in black ink that reads "Judith Patz". The signature is written in a cursive, flowing style.

Judith Patz,
M.S.ED, NCC,AAMFT

ORIGINAL: 2178

TO: The Independent Regulatory Review Commission

FROM: Judith Patz, MS.ED, NCC, AAMFT

RE: 16A-964

RECEIVED
2001 APR 26 AM 8:52
INDEPENDENT REGULATORY
REVIEW COMMISSION
1

Enclosed please find a copy of a letter sent to Eva Cheney, Board Counsel for the State Board of Social Workers, MFT's and Professional Counselors. I would appreciate it if you would review it. I feel this matter is of the utmost importance.

Thank you.

RECEIVED

18 April 2001

2001 APR 23 AM 11:11

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

REGULATORY
REVIEW COMMISSION



Dear Mr. McGinley;

As a Certified Addiction Counselor I am concerned about the grand-fathering regulations in regards to act 136 (Professional Counselor Licensing Bill) The grand-fathering provision, as I read it does not include any professional counselor working in the drug and alcohol field. Most noticeably absent is the recognition of addiction specialist who currently hold both a Master's degree and are certified in the State of Pennsylvania as addiction counselors. Since drug addiction is noted to be of epidemic proportions in the United States the lack of provisions for grand-fathering these specialist is unforgivable. It would seem that the State Board considers a person's ability to draw or dance more important then having a person live a clean and sober life style. I strongly urge the State Board to re-evaluate their grand-fathering clause to included addiction specialists who treat a major health problem in the United States.

Another disturbing factor in regards to the grand- fathering regulations is the obvious discrimination of those addiction specialist who hold a Master's Degree from Lincoln University. These Lincoln graduates have not only earned 54 credits from an accredited college, but as part of the schools requirements all students must be gainfully employed in the Human Service Field for at least five years prior to attending school, and throughout their graduate studies. Another one of the schools requirements is that the student must have supervision from a professional holding a Master' s Degree or Doctorate Degree throughout all his/her courses of study. This preceptor must sign off on all projects submitted to the school to ensuring that the student conducted all assignments independently and professionally.

I personal believe that if the content of educational material was considered instead of the academic jargon that is used, it would be found that the educational program at Lincoln University far surpasses the requirements of major reputable colleges who grant master degrees.

I am strongly requesting that the state board include the following regulations:

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

I would certainly hope that the board would reconsider this matter to ensure that licensing would also benefit the people who treat the major health issue facing our communities today; that is, drug addiction.

Sincerely,

LaRue Carrigan-Houser, MHS, CAC

LaRue Carrigan-Houser, MHS, CAC
1905 Glendale Avenue
Bethlehem, PA 18018
610.865,4662
cc: Pennsylvania Certification Board

PCEB

Pastoral Counselors Examination Board
1701 S. Prospect, Suite 19, Champaign, IL 61820
217-356-4357 or decondan@msn.com

September 20, 2000

To Whom It May Concern:

This is to certify that Mary (Dyer) Hubbard successfully passed the Pastoral Counselors Examination in 1995. The Pastoral Counselors Examination has been standardized to the norms of pastoral counselors throughout the United States.

Sincerely,



Daniel C. Henderson
President
Pastoral Counselors Examination Board

RECEIVED
201 APR 19 11:11:51
PASTORAL COUNSELORS EXAMINATION BOARD

SAMPLE ITEMS

1. According to Erikson's psychosocial view of development, the struggle between industry and inferiority occurs during
 - A. school age.
 - B. middle age.
 - C. infancy.
 - D. adolescence.
2. Which of the following is not an axis dimension of the DSM-IV?
 - A. age of syndrome appearance
 - B. physical disorder
 - C. psychiatric syndrome displayed
 - D. psychological stressors
3. In *The Living Human Document*, Charles Gerkin proposes a(n) _____ approach to pastoral counseling.
 - A. hermeneutic
 - B. client centered
 - C. analytical
 - D. structural
4. The core idea at the root of the meaning of ministry is
 - A. status.
 - B. worship.
 - C. proclamation.
 - D. service.
5. In the context of sexual or domestic violence in the family, Marie Fortune argues that
 - A. justice is the precondition for forgiveness.
 - B. mediation is a valuable pastoral resource.
 - C. forgiveness allows victims to forget their abuse.
 - D. the perpetrator's religious conversion is a primary goal.
6. Statistically, the means of three or more samples may be compared simultaneously by using
 - A. the chi-square test.
 - B. the t test.
 - C. the analysis of variance.
 - D. the correlation coefficient.
7. Which of the following tests is primarily intended to measure psychopathology?
 - A. Minnesota Multiphasic Personality Inventory
 - B. Edwards Personal Preference Inventory
 - C. The Personality Orientation Inventory
 - D. Sixteen Personality Factors Test
8. African-American family structures differ from many middle-class European American family structures in that
 - A. there are seldom two parents.
 - B. the extended family is the prevalent model.
 - C. they are usually matriarchal.
 - D. generational differences are relatively unimportant.
9. Edwin H. Friedman studied the emotional life of synagogues and churches under the rubrics of
 - A. Jungian psychology.
 - B. Freudian psychology.
 - C. Adlerian psychology.
 - D. Systemic family therapy.
10. Ron Taffel and Rosemary Masters identify certain variables that limit the ability a woman has to change her life (e.g. in therapy). Which of the following is not one of those variables?
 - A. Number of children
 - B. Economic viability
 - C. Perceived empathic support
 - D. Level of education
11. According to the *AAPC Code of Ethics*, it is permissible to use testimonials from clients when advertising one's services
 - A. if the client provides written release for the testimonial.
 - B. if no individual client names are used in the advertisement.
 - C. if the ad copy has been reviewed before publication by the AAPC.
 - D. none of the above.

CASE SCENARIO

John is a 50 year old white married male. He is referred to you by a managed care company where he has had an initial assessment interview by a psychologist prior to assignment. The client says to you that he is seeking therapy because he is anxious about decisions he has to make in life. He is considering a career change. In fact, he has made several career changes in his life, seeming to do well in each field until he decides to try something different. His speech is rapid and he frequently changes subjects. The report from the managed care company psychologist who did the assessment says, "John is clearly manic-depressive, as evidenced by his pressured speech." You are suspicious of the correctness of the diagnosis.

1. Given the above information, what additional information can be sought immediately in order to confirm the correctness of the diagnosis.

- A. The reputation of the person doing the initial assessment.
- B. The effectiveness of medication in treating the disorder.
- C. Indications of the cycle involved in the bi-polar illness.
- D. Test results from either an MMPI or MMPI-2.

2. It is determined by further questioning that the bi-polar diagnosis is probably not valid. Given the above information, which of the following is most likely to be an alternative diagnosis.

- A. Schizophrenia
- B. Attention Deficit Disorder
- C. Schizotypal Personality Disorder
- D. Dependent Personality Disorder

3. Which of the following spiritual issues would most likely be involved with this person.

- A. Issues related to how he fits in the world.
- B. Issues related to how we relates to other people.
- C. Issues related to how well he avoids doing inappropriate things.
- D. Issues related to his extending grace to himself.

4. In the above scenario, the client had been asked by the psychologist doing the initial assessment to make an appointment with a psychiatrist for evaluation regarding the appropriateness of lithium. He indicates to you that he has not made the appointment and asks if you think he needs to follow through. If you were to answer his question, the best answer would be

- A. To advise him to delay the appointment until you have done more testing and evaluation.
- B. To advise him to follow what the managed care representative had asked him to do.
- C. To advise him that the diagnosis given at his initial assessment was probably wrong and that he should go back to the managed care company for further assessment.
- D. To advise him not to go for medical evaluation since the diagnosis is clearly wrong.

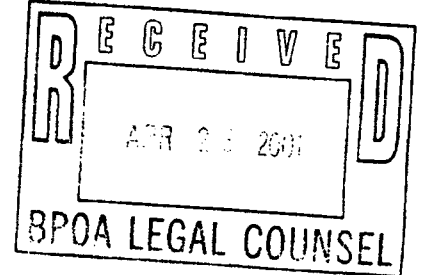
5. Given only the above information, the most appropriate treatment plan for you would focus on would involve

- A. Further assessment
- B. Medication and further assessment
- C. Career counseling
- D. Relaxation training

ORIGINAL: 2178

PHILHAVEN Behavioral Healthcare Services

283 South Butler Road
P.O. Box 550
Mt. Gretna, PA 17064



April 18, 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)

I have read the proposed regulations for licensure of marriage and family therapists 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 several provisions. I concur with the suggestions for specific changes in the proposed regulations for marriage and family therapists that have been submitted to you by the Pennsylvania Alliance of counseling Professionals (PACP) and urge the Board to adopt them.

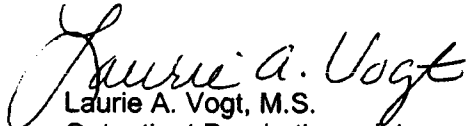
The section in the PACP comments entitled Experience Requirement for Grandparenting is of particular concern to me personally. I have enclosed a copy of PACP's comments and suggestions regarding this issue. If the requirement for clinical experience of at least 15 hours per week, 10 of those hours consisting of direct client contact, is not changed, I will not be licensable as a marriage and family therapist even though I meet all of the other qualifications for licensure.

I have completed an M.S. in Martial and Family Therapy from Fuller Theological Seminary in Pasadena, CA. Fuller is an accredited institution with a 48-hour master's program. I am a clinical member of AAMFT which required 200 supervision hours on 1000 client contact hours post graduate work. I have seven years of post graduate experience as a marriage and family therapist. For four of those years, I worked extensively with couples in an intensive marital therapy model. In addition, I have handled an outpatient caseload that has included couples, families and individuals. Within those seven years, I have worked full-time but also part-time to help raise a young family. The reality is that without a license, I am challenged to fill the caseload hours that I want.

I urge your adoption of the PACP suggestions for marriage and family therapists, especially the section noted above.

APR 23 2001
BPOA LEGAL COUNSEL
116 PINE STREET
HARRISBURG, PA 17105-2649

Sincerely,


Laurie A. Vogt, M.S.
Outpatient Psychotherapist

Attachment

cc: Independent Regulatory Review Commission
Senate Consumer Protection and Professional Licensure Committee
House Professional Licensure Committee
Noah W. Wenger, State Senator
Leroy Zimmerman, State Representative
File:aamft

marriage and family therapists in Pennsylvania. A transition period for supervision by unlicensed marriage and family therapists is needed.

Read PACP's comments on the transition language issue.

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

Read PACP's comments on the issue of acceptable clinical experience..

- **Experience Requirement for Grandparenting:** § 48.15 sets forth the requirements for licensure under the grandparenting provision. It includes the following:

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

If you are otherwise qualified for grandparenting, you would be denied a license if you have fewer than 10 hours of direct client contact per week. Thus, if your case load has been reduced because of semi-retirement, family responsibilities, managed care, or because your responsibilities as a marriage and family therapist have shifted to teaching, supervision, administration, or consultation, you will not be licensable unless this section is changed. Incredibly, there is no direct client contact requirement for persons seeking to be grandparented as Licensed Clinical Social Workers.

Read PACP's comments on the issue of grandparenting requirements.

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

Read PACP's comments on the issue continuing education..

- **Hours of Supervised Clinical Experience:** Two subsections of § 48.13(b) of the proposed regulations require that the first 1,800 of the 3,600 hours of supervised clinical experience required for licensure be supervised by a marriage and family therapist. The remaining 1,800 hours may be supervised by an individual who holds a license in a related field. This means that if you are employed by an agency or institution that does not provided an MFT supervisor, you would not be able to count

ORIGINAL: 2178

Adina Rosenberg, MCAT, ADTR, LPC
1449 Dolington Road
Yardley, PA 19067
4/19/01

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

To Whom It May Concern:

Enclosed is a copy of my comments for your review.

I appreciate your time in this matter.

Sincerely,

Adina Rosenberg, MCAT, ADTR
Adina Rosenberg, MCAT, ADTR, LPC

RECEIVED

2001 APR 24 AM 9:46

INDEPENDENT REGULATORY
REVIEW COMMISSION

ORIGINAL: 2178

RECEIVED
2001 APR 24 AM 9:45
FACTORY
REVIEW COMMISSION

Adina Rosenberg, MCAT, ADTR, LPC
1449 Dolington Road
Yardley, PA 19067
4/19/01

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

Reference #: 16A-964

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 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, having received my masters degree at Hahnemann University in 1989. This degree included an advanced sub-specialty in Dance/Movement Therapy. I have worked as a creative arts therapist for 12 years mostly in community mental health settings that service children and families in public schools and day care centers, which has provided unique opportunities to develop creative programs for at-risk children. I have also worked as a supervisor, a director, and a consultant. I am also a licensed professional counselor in the state of New Jersey.

Despite the excellent work done by you and the Licensure Board, 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: I concur with the PACP's view that 'Creative Arts Therapies - including Art Therapy, Dance/Movement Therapy, Music Therapy, and Drama Therapy' should be listed in the PC Definition section as a 'Field closely related to the practice of professional counseling'.

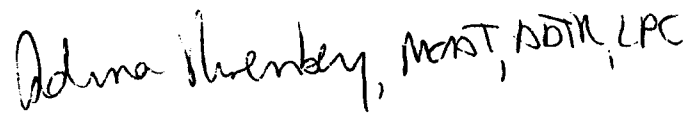
Regulation #49.13b: It is my opinion that this PC Regulations section is too restrictive re: supervision requirements. As a therapist who has personally received and continues to provide group supervision for dance/movement therapists, I believe that group supervision should be allowed as an option for at least some of the supervision that is required.

Regulation # 49.15: This "Grand-parenting" section should not require restrictive direct

client contact hours. Hourly requirements should be limited to 'practice' hours only." Further in this Regulation, I support the PACP's position that in the sub-section 49.15 (5)(C): the 'American Dance Therapy Association (ADTA) needs to be added to the list of organizations that approves CE hours. Personally, I am active in the PA Chapter of the ADTA, and I attend workshops sponsored by the chapter. The chapter just recently began to approve CE credits for these workshops, which is especially helpful for those who are members of the ADTA and National Board Certified Counselors. Having passed the National Certification Exam, I will be applying for NBCC status as well.

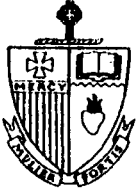
Thank you in advance for your consideration on this matter.

Sincerely,

A handwritten signature in black ink that reads "Adina Rosenberg, MCAT, ADTR, LPC". The signature is written in a cursive style.

Adina Rosenberg, MCAT, ADTR, LPC

cc: IRRC/Senator Bell/Senator Conti/Rep. Greenwood/Rep. Civera



Misericordia

Learning Resource Center

ORIGINAL: 2178

RECEIVED

2001 MAY -2 AM 8:42

RECEIVED
LABORATORY
REVIEW COMMISSION

April 18, 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:

I have a M.S. in Counseling from an CACREP accredited institution and I take great pride in providing competent and ethical service as a counselor. 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 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 a school counselor or college counselor who works 9 or 10 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 aging 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 eliminated.
2. Under 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.
3. Exposure to group supervision for professional counselors is not allowed by the proposed regulations [49.13(b)(5)]. Group supervision should be allowed.
4. 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 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.

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 agree with those suggestions and urge the Board to adopt them.

Sincerely,

Cynthia A. March, M.S., NCC

cc: ✓ Independent Regulatory Review Commission
Senate Consumer Protection and Professional Licensure Committee
House Professional Licensure Committee
Senator Charles D. Lemmond, Jr.
Representative Phyllis Mundy

Ellen Schelly Hill, MMT, ADTR, NCC
Assistant Professor, Clinical Coordinator



Creative Arts in Therapy Program
Mail Stop 905 • 245 North 15th Street
Philadelphia, PA 19102-1192
TEL 215.762.7851 • **FAX** 215.762.6933
E-MAIL Ellen.Schelly-Hill@drexel.edu

ORIGINAL: 2178

April 18, 2001

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

Attached for your attention is a letter I sent to Eva Cheyney, Board Counsel; State Board of Social Workers, Marriage and Family Therapists and Professional Counselors stating a serious concern I have and suggestion for a clause revision in the proposed regulations for Professional Counselor Licensure Reference #: 16A-964

Thank you,

A handwritten signature in cursive script that reads 'Ellen Schelly Hill'.

Ellen Schelly Hill, MMT, ADTR, NCC

2001 APR 24 11:10:09
60-0117 42-0111-102
RECEIVED
APR 24 2001



Ellen Schelly Hill, MMT, ADTR, NCC
Assistant Professor, Clinical Coordinator
College of Nursing and Health Professions
Creative Arts in Therapy Program
Mail Stop 905 • 245 N. 15th Street • Philadelphia, PA 19102-1192
TEL 215.762.7851 • FAX 215.762.6933 • E-MAIL Ellen.Schelly-Hill@drexel.edu

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

April 17, 2001

RECEIVED
2001 APR 24 AM 10:09
REVIEW COMMISSION

Dear Attorney Cheyney,

I have just reviewed the proposed Regulations for Professional Counselors. I am impressed with and grateful for the conscientious work of the State Board. However, I concur with the Pennsylvania Alliance of Counseling Professionals (PACP) "Concerns" and "Suggestions" in their most recent letter of response. I want, in particular, to detail my concerns about the Grandfathering requirements set forth in 49.15 and to suggest a revision which will insure that Mental Health consumers, students, and agencies continue to benefit from the experienced contributions of the Grandparents of the professional counseling field.

I am a "grandparent". My professional counseling specialty is in Creative Arts Therapies, with a specialty in Dance/Movement Therapy. I received my masters degree in 1979. **I am an advanced clinician with 22 years of clinical experience, 16 years supervisory experience, 9 years of university teaching experience, who has published and presented professionally. However, under the currently proposed terms of grandparenting I would not qualify for licensure as a professional counselor in the State of Pennsylvania.** For the past 5 years my principle work has been as Assistant Professor and Clinical Coordinator of the Creative Arts in Therapy Graduate Education Program and previously as the Associate Director of the Behavioral Counseling Sciences Program at MCP Hahnemann University. Although I have kept my foot in direct clinical practice by providing a weekly therapy group (and hope to continue), the demands of my primary faculty and administrative roles have limited the number of hours I can currently spend in direct clinical contact. I do not meet the hour requirements set forth for Grandparenting in 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 involving direct client contact"

There is no similar restrictive direct client contact requirement for persons seeking grandparenting as Licensed Clinical Social Workers under the same bill. I believe that there are many excellent professional counselors who have moved into administrative or academic roles following lives of primary clinical practice who continue to devote a small number of hours to direct service. I believe the Grandfathering regulations need to insure that these counselors may continue to practice and their clients benefit from their experienced service. I recommend revision of Grandparenting clause 49.15 to read:

Must have completed at least three years or 3,600 hours of clinical experience and 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 a week as a professional counselor in a clinical, supervisory, administrative and/or educational role.

Please give thoughtful consideration to my concerns and suggestion for revision. I believe the revision would serve the needs of consumers, students, agencies and professional counselors alike. And thank you again for the hard work of the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors.

Sincerely,

A handwritten signature in cursive script that reads "Ellen Schelly Hill". The signature is written in black ink and is positioned below the word "Sincerely,".

Ellen Schelly Hill, MMT, ADTR, NCC

ORIGINAL: 2178

RECEIVED

2001 APR 23 AM 11:17

INDEPENDENT REGULATORY
REVIEW COMMISSION



April 18, 2001

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

Dear Ms. Cheney:

I am writing to urge you to petition the Board to specify both Human Services Psychology and Pastoral Counseling as M.A. degrees that are professional counseling degrees or are degrees in "a field closely related to the practice of professional counseling".

I graduated from LaSalle University in Philadelphia with a M.A. degree in Pastoral Counseling in the Marriage and Family Therapy tract. I have been practicing in the Marriage and Family Therapy field for 6 years. I thank you for taking this information to the Board.

Sincerely,

Mary Ann Delaplane, M.A.
8822 Duveen Drive
Wyndmoor, PA 19038-7462

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

RECEIVED

ORIGINAL: 2178

2001 MAY 23 AM 8:42

Tuesday, May 22, 2001

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

REGISTRY
REVIEW COMMISSION

Dear Senator Bell:

I am writing in response to Act 136, The Professional Counselor Licensing Bill. In its current form the Act has some serious problems

The first area of concern is that the Act in its current form will not accept Certified Addiction Counselors at the Master's level for Licensing. The Act will not accept the national exam that is taken for certification and administered by the International Certification & Reciprocity Consortium (IC&RC). Which is utilized by this State's Certification Board. This exam is utilized by other States and internationally as a controlled means to identify individuals with the skills and knowledge necessary to practice as an Addiction counselor. This includes States that License individuals in this professional field.

Secondly, the Master Addiction Counselor examination and certification confirmed by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) is also not accepted. Both of these exams are accepted by the Federal government as acceptable levels of achievement to practice Drug and Alcohol treatment in accordance with Federal Department of Transportation guidelines.

Thirdly, the Act restricts which Colleges and Universities will be acceptable institutions from which your degree will be recognized. Two universities not currently accepted are Lincoln University and The Pennsylvania State University. By excluding Lincoln University they will be excluding a majority of the minority counselors currently certified in the field. I also find it hard to believe that the Counseling Education Masters with an emphasis in Chemical Dependency from Penn State is unacceptable. This is one of the states premier educational institutions.

I would like your help in addressing these issues. I currently have a Master's in Counseling Education with a Chemical Dependency emphasis from Penn State. I am also a Master Addiction Counselor (MAC), a certification from NAADAC, and I hold a Certified Addiction Counselor (CAC) from the PCACB. These certifications currently allow me to practice as a Counselor for Substance Abuse at both the State and National level. But, I can not obtain licensure under the current requirements of Act 136.

These issues can be resolved by having the Act amended during the open comment period. The Act should be amended to include the following:

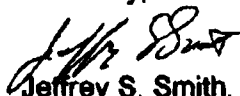
- Inclusion under the grandparenting regulations of individuals in possession of a Master's Degree and Certification as an Addiction Counselor (CAC).
- Inclusion under the grandparenting regulations of individuals in possession of a Master's Degree and Certification as a Master Addiction Counselor from NAADAC (MAC).
- Inclusion under grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable exam.
- Inclusion under grandparenting regulations of the NAADAC national exam for Master Addiction Counselors as an acceptable exam.
- Inclusion under grandparenting regulations of individuals in possession of the Master's Degree in Human Services provided by Lincoln University.
- Inclusion under grandparenting regulations of individuals in possession of the Master's Degree in Counseling Education with an emphasis in Chemical Dependency from The Pennsylvania State University.

If these changes are not made it will have a serious impact on my ability of earning a living. Once Act 136 is in effect and Licensed Professional Counselors (LPC) are practicing, Managed Care Providers may no longer accept my credentials. This would render my Master's degree and certifications worthless. I do not think that the passing of this Act was intended to put people out of work, but it may happen. It will also have a major impact on the minority counselors, which will create problems in the cities of this state.

Now is the time to make the changes needed to ensure that all the residents of this Commonwealth will have the appropriately trained professionals needed to provide Substance Abuse Treatment.

I enclosed a copy of the letter that I have sent in response to the LPC Board.

Sincerely,



Jeffrey S. Smith, M.Ed., MAC, CAC
109 Seymore Avenue
State College, PA 16803-1630

ORIGINAL: 2178

IRRC

From: Jim Rinck [jrjrnck@sunlink.net]
Sent: Sunday, May 20, 2001 6:39 PM
To: Indep Reg Rev Comm; Senator Ed Helfrick
Subject: Proposed rulemaking

Re: Proposed rulemaking (16a-694)
49 PA Code Chapters 47-49
State Board of Social Workers, Marriage and Family Therapists and
Professional Counselors

Dear Honorable Members:

I am concerned about shortcomings in the proposed regulations as listed below:

*Reciprocity: as required by earlier law, we need a reciprocal licensing relationship so that social workers can practice across state lines. The LCSW regs do not address this area. In practical terms, we will be cut off from all other states if we cut off all other states.

*Supervision: is poorly written and DOES have a financial burden as defined. Do not define all of the details as you do. It is too cumbersome.

1. Set an amount of hours total as a goal and a time limit (5 years) to accomplish the goal.
2. Have LCSW candidate keep a record of dates and times of supervision.
3. Have the supervisor keep a record of dates and times of supervision (for example in his/her appointment book).
4. Have the supervisor sign off on the record of supervision.

*Be certain that LCSW trainees are eligible for insurance company coverage or they will never get the training they need to become LCSWs. Insurance companies routinely exclude psychology interns from their list of covered professionals thereby preventing an intern from getting experience.

*Lumping Social Work together with other professions obscures the unique practice of professional social work.

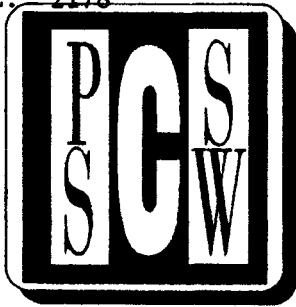
Thank you for your hard work and for considering my thoughts.

R. James Rinck, LSW
610 N Eighth St, Selinsgrove, PA 17870
570-374-7767

LEGISLATIVE
REVIEW COMMISSION

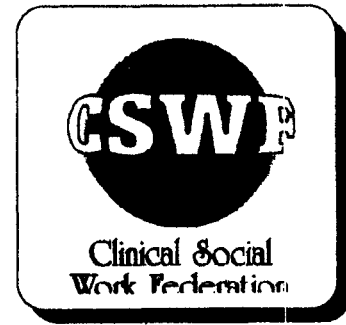
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**PENNSYLVANIA SOCIETY
FOR
CLINICAL SOCIAL WORK**

112 Carol Lane, Richboro, PA 18954
215-942-0775 or 800-429-7579
(outside the 215 or 610 area codes)



May 16, 2001

John Jewett and Colleagues
Independent Regulation Review Commission
333 Market Street, 14th floor
Harrisburg, PA 17101

Re: Proposed Rulemaking (16A-694)
State Board of Social Workers, Marriage and
Family Therapist and Professional Counselors

RECEIVED
2001 MAY 22 AM 8:59
INDEPENDENT REGULATION REVIEW COMMISSION

Dear Mr. Jewett:

I want to thank the Commission for allowing us to come and present our concerns to you on April 11, 2001. David Tive, lobbyist, Roberta Eisenberg, LCSW and myself came to let you know how we felt about the recently proposed supervision regulations for Act 136, the new law for Clinical Social Work, Marriage and Family Therapists and the Professional Counselors. We very much appreciate your thoughtful consideration and questions on these proposed regulations.

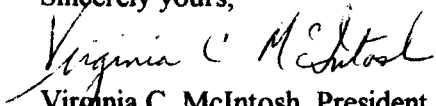
In addition, I would like to support letters from Renee Cardone, LSW, who presents another problem with these regulations. At least so far, there has not been any proposal for experienced licensed or otherwise credentialed social workers moving in from other states who want to resume a private practice here and/or to teach or administrate while maintaining their clinical license. These experienced professionals should not be required to return to needing supervision as recent master degeed LSWs do in order to qualify for their LCSW, just because they moved to this state. Their experience and supervision elsewhere should be transferable, assuming it is at all comparable, as social work is fairly universal in this country. If there is a need for the newcomers to learn the state laws, they may do as we all do, or the Pennsylvania Licensing Board could require a test for the Pennsylvania laws, but not require additional supervision.

The second and last point I want to emphasize is that these proposed regulations need to have a provision for new graduates who won't have known at the time of graduation what kind of supervision is required of them, since the regulations won't be published as yet. Therefore, they could caught between not being eligible for grandparenting, because of not having the amount of experience before the grandparenting period is over, and not wanting to start beginning post graduate supervision when the regulations are finally published because they will already have had three to five years experience

with some kind of supervision which may not fit the final published requirements. These people need to be accommodated as well.

Thank you for your patience and attention to these details. We value the work the Commission does on these matters. And again it was a pleasure to meet you.

Sincerely yours,

A handwritten signature in black ink that reads "Virginia C. McIntosh". The signature is written in a cursive style with a large initial "V" and "M".

Virginia C. McIntosh, President

215-844-1995, gmacapple@aol.com

ORIGINAL: 2178



Bucknell

Psychological Services
Bucknell University
Lewisburg, Pennsylvania 17837

Phone: 570-577-1604
Fax: 570-577-1849

May 17, 2001

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

Re: Proposed Rulemaking (16A-694)
State Board of Social Workers, Marriage and Family Therapists, and
Professional Counselors Licensure

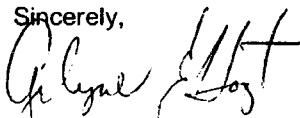
Dear Members of the Independent Regulatory Review Commission:

I am requesting that the Independent Regulatory Review Commission ensure the intent of Act 136 of 1998 by noting in its comments to the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors the need for the establishment of fair and realistic procedures that allow for experienced clinical social workers moving their practices to the Commonwealth to become licensed in Pennsylvania.

The Act provides for the granting of "a reciprocal license" by the State Board (Section 10) if the other state also grants reciprocity. Since most other states do not, at this time, grant "reciprocity", the effect is that experienced clinical social workers moving their practices to the Commonwealth cannot achieve the same level of licensure in Pennsylvania. Thus, it would make it difficult, if not impossible, for us at Bucknell University to attract and hire clinical social workers eligible to fill positions for which we might do nationwide job searches. Experienced clinicians will be reluctant, if not unwilling, to move to the Commonwealth if relocating here will mean that they lose advanced licenses for which they have worked long and hard and which are expected of the caliber of candidates we seek to attract to this University.

In order to have been licensed in other states, clinical social workers almost certainly have gone through rigorous processes in the states (including passing a national exam) to demonstrate clinical competence, advanced knowledge and ethical practice. I believe that having achieved licensure in other states, especially when having been required to demonstrate competence through oral and/or written examinations and supervised clinical experience, is sufficient proof of competence to safeguard the citizens of the Commonwealth from incompetent and unethical practice. Clinical social workers' status as competent, ethical practitioners is readily available, with their permission, from the State Boards responsible for licensure in their home states and from any malpractice insurance carrier covering their practices.

Thank you for your consideration of the above matter.

Sincerely,

Arlyne E. Hoyt, M.S.Ed.
Director

Cc: Rep. Mario Civera
Rep. Russell Fairchild
Dr. Thomas Matta

RECEIVED
2001 MAY 22 AM 9:19
INDEPENDENT REGULATORY REVIEW COMMISSION

May 8, 2001

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

RECEIVED
2001 MAY -8 PM 3: 24

REGULATORY
REVIEW COMMISSION



RE: Proposed Rulemaking (16A-694)
State Board of Social Workers, Marriage & Family Therapists, Professional Counselors

To the IRRC:

I am writing about my concerns for Act 136 Regulations on Chapters 47, 48, and 49, as published in the March 23, 2001, issue of the Pennsylvania Bulletin. First, let me say that I understand and appreciate all of the hard work that the Board has put into drafting these important regulations. Until a fellow social worker informed me of these regulations, I had no idea they had been proposed. I am further concerned that the NASW and similar social work membership organizations have not had time to disseminate and comment on these proposed regulations.

My specific concerns are as follows:

- In general, I would like to see the regulations simplified and less detailed.
- Chapter 47.12c(5) the stipulation that a supervisee must receive a minimum of 1 hour for every 20 hours of supervised clinical experience. This appears to be an excessive amount of supervisory hours for a licensed professional and a burden for the current non-profit agencies and hospitals. Licensed social workers already have two lengthy supervised internships totaling between 1,094 and 1,288 hours as students where supervision is 1-2 hours per 15 to 23 hours of direct practice work and usually pass an exam, often clinical by graduation. I would suggest that the supervision requirement be changed to 1 hour for every 40 hours of clinical practice.
- Chapter 47.12c(5) also states that only individual supervision be counted. Not only will this pose a burden on many agencies, which barely provide supervision now. But it will not allow for the rich learning experience that group supervision can provide. I would suggest that group supervision be allowed along with individual supervision.
- Chapter 47.12c(3), 47.12d(7) requires the supervisee to obtain written permission from the client to discuss the case with the supervisor. This is contrary to a long tradition of agencies supervising new professional without such written permission. Further, we are not referring to students, but to licensed social workers.
- Chapter 47.12d(11) which requires the supervisor to observe client/patient sessions of the supervisee or review recordings of these sessions on a regular basis. This requirement is not possible at many such worksites. Very few facilities have the ability to comply with the direct observation without intruding on the working alliance and underlying the authority of the therapist. I strongly object to intrusion upon the therapy relationship by these requirements. Having a supervisor present completely changes the nature of the therapeutic relationship. Further, few clients would agree to live recordings of their sessions. I would recommend that this passage be changed to state that "Supervision shall include, but not be limited to, the review of case presentations; process recordings; and audiotapes, videotapes, and direct observation where possible."
- Chapter 47.12d(7) states that a supervisor must give a supervisee 60 days notice before leaving a worksite. This recommendation does not seem realistic when the current

practice is for employees to give employers 2 weeks notice. What would happen if the supervisor did not give this notice?

- Chapter 47.12c(8) regarding the stipulation for a minimum of fifteen hours per week at one setting for a least 6 months. Many young professionals work part-time while raising children or can only find clinical positions, which are less than half time, piecing several such jobs together. I would like to see this modified by providing an option for 10 hours per week for 9 months at one work place.
- I am also concerned about the meaning of 3600 hours of clinical practice. Does this mean face to face sessions only or does it include collateral contacts such as phone calls, referrals, consultations with other agencies and/or professional, record keeping, etc.? I think it should be the latter interpretation, since some cases often require so many other contacts.
- I am also concerned about the LSW social workers who will have met 3600 post masters degree hours of clinical practice by March 2002, but did not have knowledge of what supervision would be required because these regulations were not determined when they were accumulating their 3600 hours. Provisions need to be made for these professional so that they do not have to start their supervision again after 3-5 years as an LSW.
- I am concerned about language stating that individuals may only possess an LCSW or an MFT, but not both. If persons should be interested in pursuing both credentials, it seems unfair to disallow this recognition. If persons can hold multiple graduate degrees, why should they not be allowed to hold multiple licenses?
- Further, I am concerned about the stipulation that continuing education credits be limited to direct practice only. It seems that requiring that a percentage of these credits pertain to direct practice would seem more in spirit with the mission of social work and social action.
- Finally, because we live in a mobile society I think it is important to address reciprocity with other states. This would also benefit practitioners who live or work in bordering states.

Thank you for taking the time to read and consider my concerns. I appreciate the long and hard work that has gone into drafting these lengthy regulations.

Sincerely,

Catherine A. Shooter, MSW/LSW

ORIGINAL: 2178

IRRC

From: Shooter, Catherine [shooter@roo.susqu.edu]
Sent: Tuesday, May 08, 2001 2:40 PM
To: 'irrc@irrc.state.pa.us'
Subject: Proposed Rulemaking (16A-694)



LCSW4.doc

Dear IIRC Representative:

Attached is a letter that I have composed regarding my concerns about the draft regulations for Licensed Clinical Social Workers. I have also faxed and sent a hard copy of this letter. Thank you for your time and consideration.

Catherine A. Shooter, MSW/LSW

<<LCSW4.doc>>

RECEIVED

2001 MAY -8 PM 3:24

REVIEW COMMISSION





ORIGINAL: 2178

Susquehanna University

COUNSELING CENTER
514 University Avenue
Selinsgrove, Pennsylvania 17870-1001
570-372-4238

RECEIVED

May 8, 2001

2001 MAY 11 AM 8:53

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

RE: Proposed Rulemaking (16A-694)
State Board of Social Workers, Marriage & Family Therapists, Professional Counselors

To the IRRC:

I am writing about my concerns for Act 136 Regulations on Chapters 47, 48, and 49, as published in the March 23, 2001, issue of the Pennsylvania Bulletin. First, let me say that I understand and appreciate all of the hard work that the Board has put into drafting these important regulations. Until a fellow social worker informed me of these regulations, I had no idea they had been proposed. I am further concerned that the NASW and similar social work membership organizations have not had time to disseminate and comment on these proposed regulations.

My specific concerns are as follows:

- In general, I would like to see the regulations simplified and less detailed.
- Chapter 47.12c(5) the stipulation that a supervisee must receive a minimum of 1 hour for every 20 hours of supervised clinical experience. This appears to be an excessive amount of supervisory hours for a licensed professional and a burden for the current non-profit agencies and hospitals. Licensed social workers already have two lengthy supervised internships totaling between 1,094 and 1,288 hours as students where supervision is 1-2 hours per 15 to 23 hours of direct practice work and usually pass an exam, often clinical by graduation. I would suggest that the supervision requirement be changed to 1 hour for every 40 hours of clinical practice.
- Chapter 47.12c(5) also states that only individual supervision be counted. Not only will this pose a burden on many agencies, which barely provide supervision now. But it will not allow for the rich learning experience that group supervision can provide. I would suggest that group supervision be allowed along with individual supervision.
- Chapter 47.12c(3), 47.12d(7) requires the supervisee to obtain written permission from the client to discuss the case with the supervisor. This is contrary to a long tradition of agencies supervising new professional without such written permission. Further, we are not referring to students, but to licensed social workers.
- Chapter 47.12d(11) which requires the supervisor to observe client/patient sessions of the supervisee or review recordings of these sessions on a regular basis. This requirement is not possible at many such worksites. Very few facilities have the ability to comply with the direct observation without intruding on the working alliance and underlying the authority of the therapist. I strongly object to intrusion upon the therapy relationship by these requirements. Having a supervisor present completely changes the nature of the therapeutic relationship. Further, few clients would agree to live recordings of their sessions. I would recommend that this passage be changed to state that "Supervision shall include, but not be limited to, the review of case presentations; process recordings; and audiotapes, videotapes, and direct observation where possible."
- Chapter 47.12d(7) states that a supervisor must give a supervisee 60 days notice before leaving a worksite. This recommendation does not seem realistic when the current

practice is for employees to give employers 2 weeks notice. What would happen if the supervisor did not give this notice?

- Chapter 47.12c(8) regarding the stipulation for a minimum of fifteen hours per week at one setting for a least 6 months. Many young professionals work part-time while raising children or can only find clinical positions, which are less than half time, piecing several such jobs together. I would like to see this modified by providing an option for 10 hours per week for 9 months at one work place.
- I am also concerned about the meaning of 3600 hours of clinical practice. Does this mean face to face sessions only or does it include collateral contacts such as phone calls, referrals, consultations with other agencies and/or professional, record keeping, etc.? I think it should be the latter interpretation, since some cases often require so many other contacts.
- I am also concerned about the LSW social workers who will have met 3600 post masters degree hours of clinical practice by March 2002, but did not have knowledge of what supervision would be required because these regulations were not determined when they were accumulating their 3600 hours. Provisions need to be made for these professional so that they do not have to start their supervision again after 3-5 years as an LSW.
- I am concerned about language stating that individuals may only possess an LCSW or an MFT, but not both. If persons should be interested in pursuing both credentials, it seems unfair to disallow this recognition. If persons can hold multiple graduate degrees, why should they not be allowed to hold multiple licenses?
- Further, I am concerned about the stipulation that continuing education credits be limited to direct practice only. It seems that requiring that a percentage of these credits pertain to direct practice would seem more in spirit with the mission of social work and social action.
- Finally, because we live in a mobile society I think it is important to address reciprocity with other states. This would also benefit practitioners who live or work in bordering states.

Thank you for taking the time to read and consider my concerns. I appreciate the long and hard work that has gone into drafting these lengthy regulations.

Sincerely,



Catherine A. Shooter, MSW/LSW

RECEIVED
2001 MAY 11 AM 8:53

209 Charles Avenue
Selinsgrove, PA 17870-1105
May 9, 2001

Rep. Mario Civera, Chair
Professional Licensure Committee
Ryan Office Building
Harrisburg, PA 17120-2020

REGULATORY
REVIEW COMMISSION

Proposed Rulemaking (16A-694)
State Board of Social Workers, Marriage and Family Therapists, and
Professional Counselors

Dear Representative Civera:

Thank you for meeting with our group of social workers from the Pennsylvania Society for Clinical Social Work (PSCSW) and from the Pennsylvania chapter of NASW (NASW-PA) last Monday, April 30. I have spent the last week continuing to inform myself of the issues related to the proposed regulations referred to above. I hope you and the Professional Licensure Committee will consider the following as you prepare your comments to the State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors.

I wish to make two points with regard to the proposed regulations:

1. I support the written comments already submitted to the State Board by the Pennsylvania Society for Clinical Social Work and by the Pennsylvania Social Work Coalition.

2. An important issue for me and clinical social workers licensed in states other than Pennsylvania is how to get the equivalent license here in the Commonwealth of Pennsylvania. I have practiced social work for nearly 20 years and I have been a Licensed Clinical Social Worker for 14 years in the State of Virginia. Yet, with the proposed regulations, it appears that the only way for me to achieve the equivalent license in Pennsylvania is to undergo the same procedure as a social worker who has never been licensed as a clinical social worker. I believe there needs to be a fair procedure established for social workers who are licensed in other states to obtain an equivalent license in Pennsylvania.

It appears that the legislation (Act 136 of 1998) intended there to be provision for social workers licensed in other states to continue to earn their livelihood by achieving licensure in Pennsylvania. The Act (Section 6) empowers the Board of Social Work, Marriage and Family Therapy and Professional Counselors to "...pass upon the qualifications and fitness of applicants for licenses and reciprocal licenses...." In a phone conversation with the Board on May 4, 2001, I was told that the Board has never established procedures for reciprocity. This may be because, despite the fact that Section 9.1 appears to specify the terms for reciprocity, such reciprocity does not exist, in a practical sense.

It is common knowledge among social workers across the United States that real reciprocity does not exist. (I am in the process of gathering the actual facts about other states' reciprocity clauses, but have not been able to get the information in time to include it in this letter. I will send along the information as soon as I can compile it.) An individual social worker moving his/her practice from one state to another can get caught in the bind of being on either end of the reciprocity dilemma (i.e., coming from or moving to a state with or without a reciprocity clause).

At present, therefore, social workers licensed in other states have no practical vehicle to achieve licensure in Pennsylvania. We "fall through the cracks" between (nonexistent)

reciprocity and the so-called "grandfathering clause" (Section 47.13b.) of the proposed regulations. That latter section seems intended to provide a way to license experienced clinical social workers who have been practicing in Pennsylvania during the long process of passing a licensure law. For those social workers, it makes sense to require being actively engaged in practice in this Commonwealth "for at least 5 of the last 7 years immediately prior to the date of application for licensure." It also makes sense to require a credential such as the Board Certified Diplomate (BCD), the Qualified Clinical Social Worker (QCSW) or the Diplomate in Clinical Social Work (DCSW), certifications which help assure a practitioner's competence to be "grandfathered in" (exempted from taking the clinical licensure examination).

In the case of experienced social workers licensed in other states, they have already demonstrated competence through the process of licensure in those states. [In my case, in order to be licensed in Virginia, among other requirements, I had to:

(1) have 200 hours of face-to-face clinical supervision. (Incidentally, this exceeds what is in the proposed regulations, which would require 1 hour of clinical supervision for every 20 hours of clinical experience for the required 3600 hours of supervised clinical experience; this is 180 hours of clinical supervision);

(2) prepare written case material illustrating two different types of treatment modality (psychotherapy and group work) and orally defend the treatment in front of the State Examining Board;

(3) pass the clinical level exam given by the ASWB; and

(4) pass an objective test demonstrating basic knowledge of the portions of the Code of Virginia governing the practice of social work in Virginia.] Therefore, requiring social workers already licensed in other states to obtain additional credentials such as the BCD, QCSW or the DCSW seems unnecessary and even superfluous. The time and money involved in pursuing these unnecessary credentials could be better spent, respectively, serving clients and paying for required continuing education.

I respectfully suggest the following remedy: Grant equivalent licenses to social work practitioners licensed in other states. Taking an objective exam demonstrating basic knowledge of the Code of Pennsylvania governing the practice of social work would seem to be a reasonable request of applicants new to practicing in the Commonwealth. (Actually, mastery of the fundamentals of the laws governing the practice of one's profession would seem to be an appropriate requirement of any licensee.)

Thank you for your consideration of the above two points as you prepare comments to the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors. I appreciate the time and effort you and the other members of the Committee dedicate to ensuring the protection of the public through professional licensure.

Sincerely,



Renée J. Cardone, M.S.W.
Licensed Social Worker (PA)
Licensed Clinical Social Worker (VA)

pc: Manuel Manolios
Rep. Russell H. Fairchild
IRRC

ORIGINAL: 2178
Cynthia Chestnut
3643 Locust Walk Philadelphia, Pennsylvania, 19104-6230

Joyce McKeever, Deputy Chief Counsel
Department of State

Clara Flinchum, Board Administrator
State Board of Social Workers, Marriage
And Family Therapist and Professional
Counselors

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
State Board of Social Workers, Marriage and Family
Therapist and Professional Counselors
Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649

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

May 7, 2001

RE: Proposed Rulemaking (16A-694)
State Board Of Social Workers, Marriage and Family Therapist and
Professional Counselors Licensure

Dear Sir or Madam:

I am requesting a copy of the final-form rulemaking as stated in Section 5.1
of Act 24-1997 upon written request to Board.

Thank you,


Cynthia Chestnut

c.c. Anthony Hardy Williams
Senate Box 203008
Harrisburg, PA 17120-3008
Room 366 Capitol Bldg

REGULATORY
REVIEW COMMISSION

2001 MAY 14 AM 9:08

RECEIVED

April 17, 2001

2001 APR 26 11:10:20

REVIEW COMMISSION

State Board of Social Workers,
Marriage & Family Therapists, & Professional Counselors
C/O Eva Cheney, Counsel
116 Pine St., P.O. Box 2649
Harrisburg, PA 17105
Ref.# 16A-694

RECEIVED

APR 23 2001

BPOA LEGAL COUNSEL

Dear Ms. Cheney,

I am writing this letter as a Certified Addiction Counselor, Diplomate, and also as a concerned citizen of the Commonwealth of Pennsylvania. I am disappointed, as well as appalled, that Act 136 does not recognize counselors with a Master's degree, especially the Master's degree offered by Lincoln University in Human Services.

As a graduate of Lincoln University, I experienced first-hand the impact that my thesis had on the Latino community. I began a Latino component at the Intensive Outpatient Program (Drug Free) at North Philadelphia Health System. I started out with five clients, providing culturally competent services to Latinos in their native language. Today, the Latino Program provides services to forty-five consumers. It has successfully graduated approximately fifty to sixty Latino consumers, which translates into fifty to sixty responsible citizens prepared to be active members of their communities. It has also provided employment to Latino counselors who provide culturally sensitive treatment to our consumers.

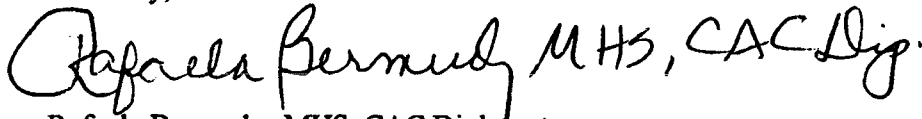
To not afford culturally competent counselors the opportunity to obtain professional licensure in their field of expertise would surely be a disservice to the Latino community. This bureaucratic move to systematically exempt Master's degree counselors from licensure can be viewed as discriminatory in nature. Please assist the Latino community in continuing to provide culturally competent services to their communities.

I strongly advise for the inclusion within the regulations of the following:

- Under the grandparenting regulations, to include individuals with a Master's degree and Certification as an Addiction Counselor (CAC).
- Under the grandparenting regulations, to include the International Certification & Reciprocity Consortium (IC&RC) national exam as an acceptable exam.
- Under the grandparenting regulations to include the individuals who possess the Master's Degree in Human Services, as provided by Lincoln University.

Your urgent consideration in this matter is appreciated. The Latino community of the Commonwealth deserves to receive culturally competent services by licensed Latino professionals.

Sincerely,

A handwritten signature in black ink that reads "Rafaela Bermudez MHS, CAC Dip." The signature is written in a cursive style with a large initial 'R'.

Rafaela Bermudez MHS, CAC Diplomat

cc: PCB Board

ORIGINAL: 2178

COPY

Evelyn A. Stupp, M.Div.
Clinical Member, American Association for Marriage and Family Therapy
Office: Third and Island Streets, Hamburg, PA 19526
Mailing Address: 234 North 4th Street, Hamburg, PA 19526
Phone: 610-562-9878

RECEIVED
2001 MAY 11 AM 8:50
HARRISBURG
PROFESSIONAL COUNSEL

May 5, 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)

I have read the proposed regulations for licensure of marriage and family therapists that were published in the Pennsylvania Bulletin on March 24, 2001. Although I am generally pleased with the proposed regulations, I am very concerned about several of the provisions. I concur with the suggestions for specific changes in the proposed regulations for marriage and family therapists that have been submitted to you by the Pennsylvania Alliance of Counseling Professionals (PACP) and urge the Board to adopt them.

While I endorse **all** suggested changes in the seven areas addressed by PACP for marriage and family therapists, the section entitled "Field Closely Related to the Practice of Marriage and Family Therapy" is of particular interest to me personally. (See copy of PACP's suggestions regarding this issue.) If the definition of "field closely related..." is not expanded to include the additional fields noted in PACP's suggestion (specifically ministry), I will not be licensable as a marriage and family therapist even though I meet the other qualifications for licensure. Also, I particularly urge your support of the suggestions in the sections "Acceptable Services for Clinical Experience", "Experience Requirements" and those related to "Supervision" and "Supervised Clinical Experience". (See copies.)

As a Clinical Member of the American Association for Marriage and Family Therapy (AAMFT) since July, 1996, I have a pastoral background (M.Div. degree) and postgraduate training from an AAMFT accredited and approved program in marriage and family therapy. In order to qualify for Clinical Membership in AAMFT, I had to meet approved standards and requirements relating to education, clinical experience and supervision. As a marriage and family therapist providing individual, couple, family and group therapy, as well as consultations/workshops from a family systems perspective, I have experience working in private practice, as a contract therapist for reputable and accredited counseling agencies/services, and as part of a treatment team providing therapy in a psychiatric hospital. I take seriously my obligation to "stay current" with continuing education seminars in fields pertaining to marriage and family and mental health issues, as well as ongoing consults and clinical supervision by licensed professionals. In summary, I am a well-qualified and experienced marriage and family therapist and should be licensable.

I urge your adoption of the PACP suggestions for marriage and family therapists. Thank you.

Sincerely,

Evelyn A. Stupp
Evelyn A. Stupp

Attachments/PACP Suggestions

Cc: ✓ Independent Regulatory Review Commission
Senate Consumer Protection and Professional Licensure Committee,
Senator Clarence Bell, Chair and Senator Charles Dent, Vice-Chair
House Professional Licensure Committee, Hon. Mario Civera, Chair
Senator David Brigtbill
Representative David Argall