

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)

Concerns Shared by Marriage and Family Therapists and Professional Counselors

EXPERIENCE REQUIREMENT FOR LICENSURE BY EXEMPTION (GRANDPARENTING)

Concern:

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

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

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

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

- Although it appears that the Board adopted a requirement for a minimum number of hours per week and for a minimum number of direct client contact hours per week in order to provide a level of protection for consumers, this requirement restricts eligibility for grandparenting far more than the language of the act [P.L. 1017, No. 136 §9(B) and (C)]. These sections of the statute include significant protection for consumers by specifying, among other things, a minimum number of credits required for a qualifying degree, a requirement for continuing education for those with master's degrees of less than 48 credits, a requirement for the applicant to hold a national certification and to have passed a national examination. Since the act itself contains adequate protection, increasing the restrictiveness of the experience requirement is unnecessary, especially when doing so would be patently unfair to a large number of professionals and those consumers they serve.
- The proposed requirement would prohibit otherwise qualified persons with significant experience from being grandparented. Those who would be unfairly excluded would include:
 - An experienced practitioner who has been promoted to a supervisory or administrative position who continues to see a few clients each week or who provides clinical supervision of several professional staff but who no longer spends 10 hours per week providing direct client contact. This experienced supervisor or administrator, who would not be eligible to be grandparented under the proposed regulation, would not be able to supervise new marriage and family therapists or professional counselors working to meet their supervised clinical experience requirement for licensure. Other sections of the proposed regulations [§ 48.13

and § 49.13] specify that one half of the supervised clinical experience required for new licensees be provided by professionals in one's own field who must eventually be licensed themselves. The proposed regulations would deny grandparenting to these most experienced professionals and would serve to significantly reduce the pool of qualified supervisors who will be required to meet the supervision needs of new licensees. This situation serves neither consumers nor the professions being regulated.

- An experienced practitioner who is now an educator. Educators typically have significant clinical experience, but, due to the nature of their work, are necessarily limited in the amount of direct client contact they can provide. Educators will provide at least some of the supervision that will be required for new licensees under other sections of the proposed regulations. Arbitrarily denying a license to educators who are experienced practitioners reduces the number of supervisors who will be needed to meet the supervision needs of new licensees. Having a profession's educators excluded from licensure serves neither consumers nor the professions being regulated.
- An experienced practitioner who works only during the academic year (a school counselor or a practitioner working in a college or university counseling center, for example). This individual would not meet the requirement for 15 hours per week with 10 hours per week of direct client contact. These practitioners may have significant clinical experience, but due to the fact that their work is done on an academic calendar year they could not meet a requirement that specifies weekly minimum hours. Having practitioners who work on an academic calendar excluded from licensure serves neither the consumers served by those professionals or the professions being regulated.
- An experienced professional who is semi-retired but who maintains a part-time practice. Such an individual may have extensive experience but, due to being semi-retired, could not meet the proposed requirements. Excluding these experienced professionals from licensure serves no one well.
- An experienced professional (who may have worked full-time in the field in prior years) who has voluntarily cut back on working hours in order to raise a family or care for an elderly family member or one whose hours have been curtailed by the effects of managed care. Such individuals could not become licensed unless they are still providing 10 hours of direct client contact per week.
- An experienced professional whose employment has been curtailed or who has been reassigned from direct client contact to indirect services simply because they were not eligible for a professional license. Disruption of services to consumers as a result of this reassignment of experienced professionals away from direct client contact is well documented in the "Sunrise Evaluation Report" submitted to the Department of State by PACP in July of 1997. We believe that restoring those relationships and restoring the opportunity to provide services to qualified individuals was a significant goal of the act that would be thwarted by the Board's proposed regulation to require a minimum number of hours and especially a minimum number of hours in direct client contact.
- The corresponding proposed regulation for grandparenting of clinical social workers [§ 47.13b (4)] contains no direct client contact requirement for licensed clinical social worker applicants. Licensed social workers who are supervisors, administrators, educators, working on an academic calendar, semi-retired, and part-time practitioners will retain their social work license and not be excluded from the clinical social work license. Marriage and family therapists and professional counselors in similar situations will be denied any license. This situation is extremely unfair and serves only to promote the interest of one profession over two others. While it does not appear that the Board's intent was to produce a more favorable market environment for one profession than for others, it is the effect of the proposed regulation.
- PACP is aware that several hundred individuals have already been issued Clinical Social Work licenses. So far as we have been able to determine, these licenses have been issued without

applying either a direct client contact requirement or any minimum weekly hours of practice standard (the application form for a clinical social work license does not ask for verification of either minimum weekly hours of practice or hours spent in direct client contact). It seems patently unfair that two professional groups (marriage and family therapists and professional counselors) should be held to a standard that has, at least in practice, not been applied to clinical social workers. This is especially discriminatory when the standard that has been applied in practice for clinical social workers is lower than the standard in the proposed regulations [§ 47.13b (4)].

Suggestion 1:

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

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

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

Suggestion 2:

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

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

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

Summary:

Whatever approach the Board elects to adopt, we believe that on this matter there must be uniformity in the regulations for clinical social workers, marriage and family therapists, and professional counselors. We believe that the fairest approach, and the one most compatible with the Board's past practice issuing licenses to clinical social workers, is to adopt our first suggestion: elimination of both the weekly

number of hours of practice for all three professions and the weekly minimum hours in direct client contact for marriage and family therapists and professional counselors.

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

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

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

Marriage and Family Therapy Concerns

TRANSITION LANGUAGE FOR SUPERVISED CLINICAL EXPERIENCE

Concern:

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

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

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

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

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

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

Suggestion:

Add the following to § 48.13(b):

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

a) clinical experience supervised by an unlicensed marriage and family therapist who has received certification as an approved supervisor or supervisor-in-training by AAMFT or by a marriage and family therapist who is not yet licensed but who meets the remaining criteria listed in §48.3,

b) hours of individual supervised clinical experience received with one other supervisee present.

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

Concerns Shared by Marriage and Family Therapists and Professional Counselors

SUPERVISION REQUIREMENT FOR LICENSURE

Concern:

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

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

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

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

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

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

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

hours of supervision by the marriage and family therapy or professional counseling supervisor. This will unnecessarily prolong the accumulation of the required 3600 hours of supervised clinical experience and the subsequent licensure of these individuals.

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

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

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

Suggestions:

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

Definition of *Supervisor* (in § 48.1):

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

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

§ 48.13(b)(4)(i). A supervisor who is temporarily unable to provide supervision shall

designate a qualified substitute. However, for ~~the first 1,800 hours~~ delegation must be to another licensed marriage and family therapist who has received certification as an approved supervisor by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3

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

Definition of *Supervisor* (in § 49.1):

***Supervisor*—An individual providing supervision to a supervisee who is a professional counselor licensed under the act and has 5 years experience as a professional counselor. However, until January 1, 2006, the term shall include an individual who is a professional counselor who meets the educational requirements of § 49.15 (5) and who has with 5 years experience as a in the practice of professional counselor counseling. A supervisor may also include an individual who holds at least a master's degree and a license in a related field and who has 5 years experience in that field.**

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

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

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

Marriage and Family Therapy Concerns

SUPERVISION IN A GROUP SETTING

Concern:

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

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

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

Suggestions:

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

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

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

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

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 ~~approved by AAMFT~~ which is related to the practice of marriage and family therapy and which meets the requirements of clauses (A) and (B).

ORIGINAL: 2178

Carl A. Jensen, D. Min.

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Diplomate, The American Association of Pastoral Counselors
Approved Supervisor, The American Association for Marriage and Family Therapy

9233 Barton Drive
Pittsburgh, PA 15237

April 29, 2001

Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, Pennsylvania 17101
Reference number 16A-964

RECEIVED
2001 MAY -3 AM 10:01
INDEPENDENT REGULATORY REVIEW COMMISSION


To Whom It May Concern:

Enclosed is my letter to the State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors regarding proposed regulations for the licensure of marriage and family therapists. Although there is much that I agree with, there is one change that I believe is important:

My proposal is this: **For the purposes of grandparenting, any educational program that has been accepted by the American Association for Marriage and Family Therapy (AAMFT) for meeting a particular standard will be accepted by the licensing board for meeting a comparable requirement of the board. This would parallel the status that the proposed regulations already give to AAMFT accreditation, but would apply to those whose course of study was accepted by AAMFT, even though they did not complete a program that was accredited as a whole.**

Please consider the enclosed letter. I hope that I can count on your support.

Sincerely,



Carl A. Jensen, D. Min.

Telephone 412/661-1239
e-mail: JENVILLECA@aol.com

Diplomate, The American Association of Pastoral Counselors
Approved Supervisor, The American Association for Marriage and Family Therapy

9233 Barton Drive
Pittsburgh, PA 15237

April 29, 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
Reference number 16A-964.

Dear Ms. Cheney:

I am writing regarding the regulations that have been proposed by State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors for the licensure of marriage and family therapists. In the main, I support these proposals. However, I do believe that some changes are vital in the area of grandparenting.

By way of introduction, I am a Clinical Member and Approved Supervisor in the American Association for Marriage and Family Therapy (AAMFT), a Director of Training at a state licensed outpatient psychiatric clinic, an instructor at the University of Pittsburgh School of Social Work Post-Masters Family Therapy Certificate program, and a Clinical Instructor in Psychiatry at the University of Pittsburgh Medical School/Western Psychiatric Institute and Clinic. I have been in full time practice since 1984. Yet, I may not be licensed under the current proposals.

The issue has to do with the definition of educational and continuing education requirements. The proposals may fit the current context well, but not that of those of us who have been practicing for decades.

My proposal is this: **For the purposes of grandparenting, any educational program that has been accepted by the American Association for Marriage and Family Therapy (AAMFT) for meeting a particular standard**

will be accepted by the licensing board for meeting a comparable requirement of the board. This would parallel the status that the proposed regulations already give to AAMFT accreditation, but would apply to those whose course of study was accepted by AAMFT, even though they did not complete a program that was accredited as a whole.

My rational is this:

- The licensing board already has recognized that the American Association for Marriage and Family Therapy (AAMFT) has a longstanding, comprehensive, expert role in evaluating and recognizing training;
- AAMFT Clinical Members and Approved Supervisors already have met these requirements in good faith;
- When AAMFT has accepted educational achievements that are not accepted by the licensing board, the result is that qualified marriage and family therapists who have been serving the public for decades may be denied licensure.

In addition, I believe that the current clinical caseload for those grandparented needs to be reduced to what is reasonable for administrators, supervisors, and educators. What is acceptable for continuing education credits also needs to be broadened to include what has been accepted in good faith by employers and/or professional associations. In addition, the "closely related degree" provision needs to be interpreted broadly.

On balance, the licensing board has done well. These additional changes, however, are vital in order to make licensure possible for those of us who have been serving the public well for a long time.

I hope that I can count on your support for my proposal: **For the purposes of grandparenting, any educational program that has been accepted by the American Association for Marriage and Family Therapy (AAMFT) for meeting a particular standard will be accepted by the licensing board for meeting a comparable requirement of the board.**

Thanks.

Sincerely,

A handwritten signature in cursive script, appearing to read "Carl Jero".

800 BETHLEHEM PIKE
ERDENHEIM-GLENSIDE, PA 19038
215-233-9127

RECEIVED
JUN 1 1 11 59 29
REVIEW COMMISSION

4/26/01

Eva Cheney, Board Counsel
State Board of Social workers, Marriage and Family Therapists, and Professional Counselors
116 Pine St.
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 in 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, "FIELD CLOSELY RELATED TO THE PRACTICE OF MARRIAGE AND FAMILY THERAPY" 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" continues to exclude "medicine, nursing, ministry/theology, education, or any other field acceptable for entry into postgraduate training in marriage and family therapy," I may not be licensable as a marriage and family therapist even though I meet all of the other qualifications for licensure.

The following summary is offered to illustrate that one can be an appropriate candidate for licensure but not hold a degree included in the currently restrictive labeling of the regulations. I received my Ph.D. from Harvard University in 1972. I was in a special Ph.D. program in which the candidate and an advisor design the course of study. My training specialized in developmental psychology, social relations, and philosophy of mind. This included all the courses of the track for clinical psychology except the internship. However, the label for the degree is "Ph.D in Education." This label did not prevent me from doing a postgraduate internship at the Wurzel Clinic of the former Philadelphia Psychiatric Center. I continued my marriage & family therapy in the Clinical School of the Family Institute of Philadelphia whose faculty was composed of its founding members. I received my certificate of completion in 1980. After several years, more experience I joined the faculty of this Clinical School where, among other responsibilities, I designed and taught the "Object Relations and Psychopathology Course for Family Therapists." I have continuously been a clinical supervisor since 1991 and an AAMFT-Approved Supervisor since 1993. I have been a Clinical Member of AAMFT since 1993. My 15-hr/week clinical practice has been continuous since 1980, seeing families, couples and adult individuals in a perspective that combines family systems, communication skills and psychodynamics.

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

Sincerely,

Gail Zivin, Ph.D.
Professor, Psychiatry and Human Behavior
Jefferson Medical College

Attachment: PACP Response to 16A-694, re: "Field closely related to..."

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

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:

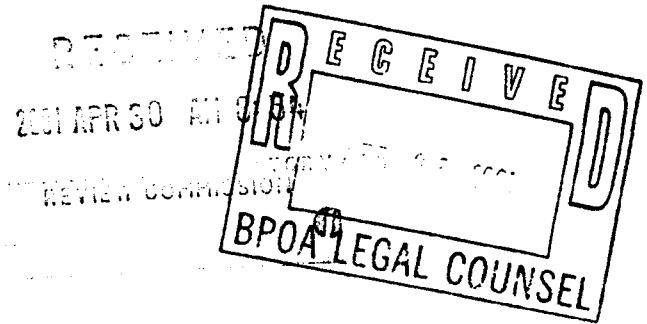
Field closely related to the practice of marriage and family therapy--Includes the fields of social work, ~~counseling psychology, clinical psychology, educational psychology, counseling, and~~ child development and family studies, ~~medicine, nursing, ministry/theology, education, or any other field acceptable for entry into postgraduate training in marriage and family therapy.~~

ORIGINAL: 2178

The Family Institute of Philadelphia

Pioneers in Family Therapy

1527 Brandywine Street
Philadelphia, PA 19130-4002
215-567-1396



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)

As the current director of The Family Institute of Philadelphia Clinical School, a COAMFTE Program, I am very concerned about how the limitation of degrees will affect our ability to recruit and maintain students. The Mission of The Family Institute of Philadelphia is to serve the poor by providing quality mental health care to those who can least afford it. To that end, our students work in the Institute's Clinic and at the NorthEast Treatment Centers. Our Urban Track students are currently working with low income urban families and attend the Institute to continue and expand their training. With the limitation of degrees listed in 48.1 our ability to serve the poor in Philadelphia will be severely limited if we have to limit who we can accept into our COAMFTE Approved program. I urge the Board to accept PACP's suggestion regarding the restriction of degree titles. See Attachment I.

Section 48.13(b)(1) restricts the services of marriage and family therapists. Historically people have under the impression that marriage and family therapists are not trained to work with individuals and groups. This is an incorrect assumption. COAMFTE requires students to complete 500 hours of direct client contact and 250 of those hours are to be with couples and families. Even COAMFTE understands that therapists must be trained to work with individuals and groups. I suggest the Board accept PACP's suggestions on page 7 regarding the restriction of services that can be delivered. See Attachment II.


Section 48.15(5)(v) requires marriage and family therapists to take continuing education courses that are accepted by AAMFT. Since AAMFT does not approve continuing education courses, although, I have been a strong advocate that AAMFT would do so, it is impossible to meet this requirement. I urge the Board to reconsider this impossible requirement and accept the suggestions of PACP on page 8. See Attachment III.

Section 48.13(b)(5) requires that a supervisors to be with a supervisee "at least 1 of the 2 hours"..." in a group setting." Although group supervision is valuable to the supervisee,

COAMFTE requires one(1) hour of individual supervision for every five(5) hours of direct client contact. I can offer my students group supervision after the 1-5 ratio is met, but not before. To legislate the direct opposite of what COAMFTE requires would put all COAMFTE Approved Programs in a position that would mandate us to obey the law of PA and, therefore, be denied COAMFTE approval. If we cannot maintain our COAMFTE approval, we lose the ability train marriage and family therapists at a post-degree level. I strongly urge the Board to accept the suggestions made by PACP on page 9. See Attachment IV

I strongly urge you to adopt PACP's suggestions for marriage and family therapists, especially the sections noted above. PACP has supported licensure from its inception. It understands the laws and regulations of every state that license marriage and family therapists and COAMFTE requirements. You can rely on their expert opinion. PACP's only interest is in sound legislation for all marriage and family therapists. PACP's only purpose has been to protect and enhance the field of marriage and family therapy and professional counseling. Nothing they are suggesting would do anything but enhance the current regulations and make them equal to the best of what AAMFT and ACA suggest for licensure requirements.

Sincerely,



Patricia M. Dwyer, D.Min.
Director: Clinical School

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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2001 APR 30 11:03 AM
Pennsylvania Alliance of Counseling Professionals
Response to Proposed Licensure Regulations (16A-694)

REVIEW COMMISSION
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."



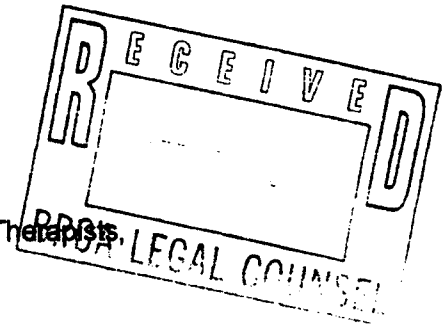
BETHANY COUNSELING MINISTRY

A Ministry of Bethany Children's Home

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APR 30 AM 8:52

REVIEW COMMISSION



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Director
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Fax: 610-437-3417
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Director
First UCC
611 Washington Street
P.O. Box 402
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Phone: 610-375-9212
Fax: 610-375-0704
Email: BethanyRdg@aol.com

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

RE: reference number 16A-964

Dear Ms. Cheney,

We were recently informed that proposed regulations for Licensure of Professional Counselors by your Board in the March 24th, 2001 issue of the Pennsylvania Bulletin might exclude a number of our counselors. We have several counselors who hold Masters of Arts degrees in Pastoral Counseling and several who hold Master of Divinity Degrees. Each of these counselors is certified either by the American Association of Marriage and Family Therapists or the American Association of Pastoral Counselors.

We respectfully request that the definition of "field closely related to the practice of professional counseling" given in section 49.1 of the proposed regulation be amended to include the phrase "but not limited to" following the word "includes" in the definition. This amendment would allow many of our very qualified staff to function within the standards and guidelines intended by the board.

We affirm the Board's commitment to consumer protection and a guaranteed standard for professional counselors. It is the hope of our agency and many small agencies such as ours that our counselors be included in the new regulations and they be allowed to continue to function as the dedicated professionals they are.

Sincerely,

Rev. David E. Gallick
Director

DEG:ccr

cc: 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

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2001 APR 30 AM 8:46

REVIEW COMMISSION

TCRY



April 25, 2001
1551 North Alden Street
Philadelphia, PA 19107

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

Reference No. 16A-694

Attention: John R. McGinley, Jr.

I obtained a Master's of Human Services (MHS) Degree from the Graduate Study Program at Lincoln University in 1989. I am also a resident of the Commonwealth of Pennsylvania. I am writing in reference to the recent publication of the regulations related to ACT 136. I am very concerned about the part of the stated publication's reference to Professional Counselors. This raises concerns for the health and welfare of consumers seeking counseling services. The fundamental problems in regards to the regulations involve the grandfathering issues and are non-statutory in nature. The regulations fall short on recognizing the human services professional. These human services professionals are employed in varied counseling occupations throughout the State of Pennsylvania as well as around the United States.

The regulations are also notable discriminatory of minority populations by the exclusion of the MHS Degree as offered by Lincoln University. Lincoln is the nation's oldest African American University. The vast majority of human services professionals holding Lincoln's MHS Degree are working with minority populations in our urban centers. The exclusion of this degree from the stated regulations is definitely a disservice to the cause of providing racial, ethnic and culturally sensitive counseling services within the Commonwealth of Pennsylvania. This could result in directly and indirectly impacting the provision of services to minorities.

I am very strongly advocating for the inclusion of the MHS Degree as provided by Lincoln University. For any response to this letter I can be contacted at the above address. My telephone number is 215-877-0473. My e-mail address is MrJ. Baker 2000 @ MSN.Com.

Sincerely,

A handwritten signature in black ink, appearing to read "James A. Baker". The signature is written in a cursive style with a large initial "J" and a prominent "A".

James A. Baker

Kathleen Stank
103 South Valley Road
Paoli, PA 19301

Reference # 16A-964
Eva Cheney, Board Counsel
State Board of Social Workers, Marriage and
Family Therapists, and Professional Counselors
116 Pine Street, P.O. Box 2649
Harrisburg, PA 17105 – 2649

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2001 APR 24 AM 10:08
REVIEW COMMISSION

Dear Attorney Cheney,

I am a Creative Arts Therapist and am writing to express my thanks for all of the effort expended by the State Board in developing the proposed regulations for Professional Counselors. I recognize that this effort reflects an intention to increase the professional standards of practitioners while protecting mental health consumers.

My professional specialty is in the Creative Arts Therapies with an advanced sub-specialty in Art Therapy. I have worked as a therapist for 10 years in different mental health settings, working with children, adolescents and adults. I currently work at the Crime Victims' Center of Chester County, where I work with clients who are having difficulties due to experiencing some type of traumatic event. I have also worked as an educator.

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 reflects my own concerns and recommendations. In particular, the Regulation provisions which are of concern to me, with suggested changes, are as follows:

Regarding Regulation # 49.1

My Concern: Many Professional Counselors, including the specialty of Creative Arts Therapies, are concerned that the current list of "fields closely related to the practice of professional counseling – *excludes* many well qualified and experienced professionals, such as the Creative Arts Therapies.

My Suggestion: Edit the definition of "Field closely related to Professional Counseling" to include the language: "Includes, but is not limited to...." Or "To a Master's degree in...." And to add the fields of: "**Creative Arts Therapies**, including Art Therapy, Music Therapy and Dance Therapy".

Sincerely,



Kathleen Stank MA ATR-BC

Dear Mr. Roebuck:

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

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

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

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

Sincerely,

Regina Jones, RNS

Regina Jones

1417 So. Vodges St.

Phila., Pa. 19143

cc.

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

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

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INDEPENDENT REGULATORY
REVIEW COMMISSION

2001 APR 24 AM 9:59



**American
Association for
Marriage and
Family Therapy**

*Building the future
through marriage
and family therapy*

April 24, 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:

After careful review of the proposed regulations, the American Association for Marriage and Family Therapy (AAMFT) is very pleased with the standards developed by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors. We believe these regulations are a significant step toward comprehensive licensing standards. The AAMFT would like to support those concerns expressed by the Pennsylvania Association for Marriage and Family Therapy (PAMFT) with minor modifications. AAMFT's revisions follow the PAMFT information and can be identified by capitalization.

- **FIELD CLOSELY RELATED TO THE PRACTICE OF MARRIAGE AND FAMILY THERAPY** (See Appendix A for a copy of PACP's more detailed comments on this issue.)

Marriage and family therapists seeking licensure under both the regular and grandparenting provisions would be affected by the proposed definition of "*field closely related to the practice of marriage and family therapy*" in § 48.1. As it is written, this definition would exclude from licensure a group of experienced marriage and family therapists who meet the current standards for the field and who would normally be licensable under the grandparenting provision. As a result, many of the senior members of our field would not be able to supervise the clinical experience of new members of the field seeking licensure. This definition would also exclude from licensure a group of marriage and family therapists now in training who had every reason to think that their marriage and family therapy training (which met the current national standards) would meet the educational standard for licensure. The current definition would also impose new parameters on those who could enter marriage and family therapy training programs in the future with the expectation of becoming licensed marriage and family therapists.

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*AAMFT actively seeks to
be enriched through the
strength, power, and
wisdom of diversity.*

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2001 APR 27 AM 8:41

REVIEW COMMISSION



Appendix B includes examples of the type of marriage and family therapists that would be excluded from licensure solely because of the field in which they completed their graduate degree(s). The 47 Pennsylvania marriage and family therapists who completed these questionnaires meet all of the other qualifications for marriage and family therapy licensure under the grandparenting provision. The largest group of questionnaires is from therapists who have degrees in religion, theology or the ministry. This is to be expected since the clergy played a key role in the development of the field of marriage and family therapy and comprise a significant segment of the profession at the current time. Physicians, nurses, and educators are also represented in the questionnaires; these professionals have also been major contributors to the evolution of the field and continue to be active members of the marriage and family therapy profession. The attached questionnaires also include marriage and family therapists with degrees in law, psychological services, psycho-educational processes, psychology of reading, social relations, social science and health behavior, and creative art therapy.

Since the regulations outline the graduate level coursework that meets the educational requirements for licensure of marriage and family therapists in § 48.2, unduly limiting the definition of *closely related fields* would reduce the multi-disciplinary richness of our profession without providing any added protection for the public. PAMFT strongly urges adoption of the following change in the definition of “*Field closely related to the practice of marriage and family therapy*” 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, medicine, nursing, ministry/theology, education, or any other field acceptable for entry into postgraduate training in marriage and family therapy.**

- **CONTINUING EDUCATION REQUIREMENTS** (See Appendix A for a copy of PACP’s more detailed comments on this issue.)

Another group of experienced marriage and family therapists would be excluded from licensure under the grandparenting provision if the continuing education requirement in § 48.15(5)(v)(C) and § 48.15(5)(vi)(C) is not changed. Since AAMFT does not approve continuing education offerings as this provision requires, marriage and family therapists are effectively prohibited from using continuing education hours to meet the education requirements for licensure under the grandparenting provision.

PAMFT urges the adoption of the following change in § 48.15(5)(v)(C) and § 48.15(5)(vi)(C):

(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. OTHER COURSES RELATED TO THE PRACTICE OF MARRIAGE AND FAMILY THERAPY AS APPROVED BY THE PENNSYLVANIA STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS, AND PROFESSIONAL COUNSELORS.

- **EXPERIENCE REQUIREMENT FOR LICENSURE BY EXEMPTION (GRANDPARENTING)** (See Appendix A for a copy of PACP's more detailed comments on this issue.)

PAMFT is concerned that a third group of well-qualified, experienced marriage and family therapists will be excluded from licensure under the grandparenting provision if the restrictive language included in § 48.15(4) is used to determine whether individuals have met the experience requirement for the practice of marriage and family therapy. It is the intent of the grandparenting provision to include, not exclude, experienced members of the field who have met other educational, certification, and examination requirements. Appendix C includes 22 questionnaires from marriage and family therapists who would be excluded from licensure solely by this proposed subsection.

PAMFT urges the adoption of the following change in § 48.15(4):

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

If the Board is unwilling to delete the hourly requirements, then PAMFT believes that the appropriate remedy is to require a decreased minimum number of hours of practice. In this case, we would suggest that § 48.15(4) of the proposed regulations be amended to read as follows:

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

- **TRANSITION LANGUAGE FOR SUPERVISED CLINICAL EXPERIENCE** (See Appendix A for a copy of PACP's more detailed comments on this issue.)

If the regulations for licensure of marriage and family therapists are not revised to include a pipeline for the supervised clinical experience requirement, §48.13(b)(2) and § 48.13(b)(5) will exclude from licensure all of those individuals who have already completed their training but are not eligible for licensure under the grandparenting provision. It will also either exclude from licensure or unfairly extend the training period for those who have already begun training under the current AAMFT standards for supervised clinical experience.

PAMFT strongly urges the following addition to § 48.13(b):

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

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

Three additional subsections of the proposed licensure regulations for marriage and family therapists, if approved as written, place an undue burden on

individuals completing the requirements for licensure outlined in Act 136 without providing additional protection to the consumer.

- **ACCEPTABLE SERVICES FOR CLINICAL EXPERIENCE** (See Appendix A for a copy of PACP's more detailed comments on this issue.)

Individual and group therapy are excluded from the list of services that marriage and family therapists can provide as part of their supervised clinical experience in § 48.13(b)(1), even though Act 136 includes these services in its definition of the practice of marriage and family therapy. This omission would unduly restrict the supervised clinical experience for marriage and family therapists and would greatly increase the difficulty of accumulating 1,800 hours of direct client contact in order to meet licensure requirements.

PAMFT strongly urges the following change in § 48.13(b)(1):

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

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

- **SUPERVISION REQUIREMENT FOR LICENSURE** (See Appendix A for a copy of PACP's more detailed comments on this issue.)

The proposed requirement in § 48.13(b)(2) and § 48.13(b)(4)(i) that the first 1,800 hours of supervised clinical experience must be supervised by a professional in one's own field is unduly restrictive and will unnecessarily prolong the accumulation of the required 3,600 hours of supervised clinical experience for many marriage and family therapists. It will penalize therapists employed by agencies or institutions where no marriage and family therapy supervisors are available. These individuals will have to purchase private supervision, but will not be able to begin counting any otherwise acceptable supervision they receive as part of their employment until they have completed all 1,800 hours of supervision by the marriage and family therapy supervisor.

PAMFT urges the following changes:

Definition of *Supervisor* (in § 48.1):

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

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

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

- **SUPERVISION IN A GROUP SETTING** (See Appendix A for a copy of PACP's more detailed comments on this issue.)

PAMFT is concerned that *requiring* one of every two hours of supervision to be in a group setting, as outlined in § (48.13(b)(5), will create an undue hardship for those seeking to fulfill the supervised clinical experience requirement for licensure without providing any additional protection for the consumer. *Allowing* rather than *requiring* group supervision would encourage it while maintaining needed flexibility.

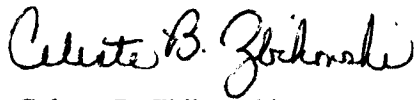
PAMFT urges the Board to make the following change in § (48.13(b)(5):

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.

These amendments will strengthen the licensing standards for marriage and family therapists and provide significant protection to the citizens of Pennsylvania. We appreciate your consideration of our comments.

Sincerely,


David Bergman
Government Affairs Manager


Celeste B. Zbikowski
Professional Standards Specialist

cc: Independent Regulatory Review Commission
Pennsylvania Association for Marriage and Family Therapy



American
Association for
Marriage and
Family Therapy

*Building the future
through marriage
and family therapy*

ORIGINAL: 2178

April 24, 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:

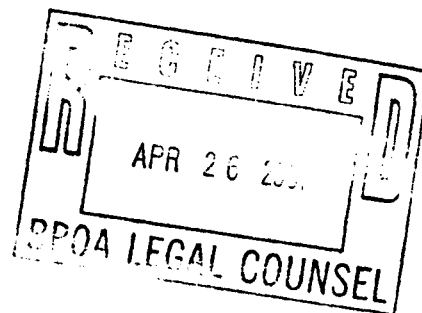
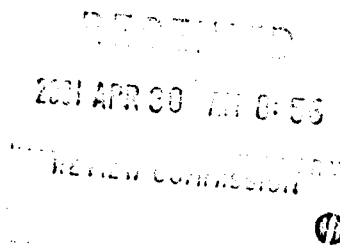
After careful review of the proposed regulations, the American Association for Marriage and Family Therapy (AAMFT) is very pleased with the standards developed by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors. We believe these regulations are a significant step toward comprehensive licensing standards. The AAMFT would like to support those concerns expressed by the Pennsylvania Association for Marriage and Family Therapy (PAMFT) with minor modifications. AAMFT's revisions follow the PAMFT information and can be identified by capitalization.

- **FIELD CLOSELY RELATED TO THE PRACTICE OF MARRIAGE AND FAMILY THERAPY** (See Appendix A for a copy of PACP's more detailed comments on this issue.)

Marriage and family therapists seeking licensure under both the regular and grandparenting provisions would be affected by the proposed definition of "*field closely related to the practice of marriage and family therapy*" in § 48.1. As it is written, this definition would exclude from licensure a group of experienced marriage and family therapists who meet the current standards for the field and who would normally be licensable under the grandparenting provision. As a result, many of the senior members of our field would not be able to supervise the clinical experience of new members of the field seeking licensure. This definition would also exclude from licensure a group of marriage and family therapists now in training who had every reason to think that their marriage and family therapy training (which met the current national standards) would meet the educational standard for licensure. The current definition would also impose new parameters on those who could enter marriage and family therapy training programs in the future with the expectation of becoming licensed marriage and family therapists.

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AAMFT actively seeks to
be enriched through the
strength, power, and
wisdom of diversity.



Appendix B includes examples of the type of marriage and family therapists that would be excluded from licensure solely because of the field in which they completed their graduate degree(s). The 47 Pennsylvania marriage and family therapists who completed these questionnaires meet all of the other qualifications for marriage and family therapy licensure under the grandparenting provision. The largest group of questionnaires is from therapists who have degrees in religion, theology or the ministry. This is to be expected since the clergy played a key role in the development of the field of marriage and family therapy and comprise a significant segment of the profession at the current time. Physicians, nurses, and educators are also represented in the questionnaires; these professionals have also been major contributors to the evolution of the field and continue to be active members of the marriage and family therapy profession. The attached questionnaires also include marriage and family therapists with degrees in law, psychological services, psycho-educational processes, psychology of reading, social relations, social science and health behavior, and creative art therapy.

Since the regulations outline the graduate level coursework that meets the educational requirements for licensure of marriage and family therapists in § 48.2, unduly limiting the definition of *closely related fields* would reduce the multi-disciplinary richness of our profession without providing any added protection for the public. PAMFT strongly urges adoption of the following change in the definition of “*Field closely related to the practice of marriage and family therapy*” 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, medicine, nursing, ministry/theology, education, or any other field acceptable for entry into postgraduate training in marriage and family therapy.**

- **CONTINUING EDUCATION REQUIREMENTS** (See Appendix A for a copy of PACP’s more detailed comments on this issue.)

Another group of experienced marriage and family therapists would be excluded from licensure under the grandparenting provision if the continuing education requirement in § 48.15(5)(v)(C) and § 48.15(5)(vi)(C) is not changed. Since AAMFT does not approve continuing education offerings as this provision requires, marriage and family therapists are effectively prohibited from using continuing education hours to meet the education requirements for licensure under the grandparenting provision.

PAMFT urges the adoption of the following change in § 48.15(5)(v)(C) and § 48.15(5)(vi)(C):

(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.~~ OTHER COURSES RELATED TO THE PRACTICE OF MARRIAGE AND FAMILY THERAPY AS APPROVED BY THE PENNSYLVANIA STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS, AND PROFESSIONAL COUNSELORS.

- **EXPERIENCE REQUIREMENT FOR LICENSURE BY EXEMPTION (GRANDPARENTING)** (See Appendix A for a copy of PACP's more detailed comments on this issue.)

PAMFT is concerned that a third group of well-qualified, experienced marriage and family therapists will be excluded from licensure under the grandparenting provision if the restrictive language included in § 48.15(4) is used to determine whether individuals have met the experience requirement for the practice of marriage and family therapy. It is the intent of the grandparenting provision to include, not exclude, experienced members of the field who have met other educational, certification, and examination requirements. Appendix C includes 22 questionnaires from marriage and family therapists who would be excluded from licensure solely by this proposed subsection.

PAMFT urges the adoption of the following change in § 48.15(4):

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

If the Board is unwilling to delete the hourly requirements, then PAMFT believes that the appropriate remedy is to require a decreased minimum number of hours of practice. In this case, we would suggest that § 48.15(4) of the proposed regulations be amended to read as follows:

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

- **TRANSITION LANGUAGE FOR SUPERVISED CLINICAL EXPERIENCE** (See Appendix A for a copy of PACP's more detailed comments on this issue.)

If the regulations for licensure of marriage and family therapists are not revised to include a pipeline for the supervised clinical experience requirement, §48.13(b)(2) and § 48.13(b)(5) will exclude from licensure all of those individuals who have already completed their training but are not eligible for licensure under the grandparenting provision. It will also either exclude from licensure or unfairly extend the training period for those who have already begun training under the current AAMFT standards for supervised clinical experience.

PAMFT strongly urges the following addition to § 48.13(b):

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

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

Three additional subsections of the proposed licensure regulations for marriage and family therapists, if approved as written, place an undue burden on

individuals completing the requirements for licensure outlined in Act 136 without providing additional protection to the consumer.

- **ACCEPTABLE SERVICES FOR CLINICAL EXPERIENCE** (See Appendix A for a copy of PACP's more detailed comments on this issue.)

Individual and group therapy are excluded from the list of services that marriage and family therapists can provide as part of their supervised clinical experience in § 48.13(b)(1), even though Act 136 includes these services in its definition of the practice of marriage and family therapy. This omission would unduly restrict the supervised clinical experience for marriage and family therapists and would greatly increase the difficulty of accumulating 1,800 hours of direct client contact in order to meet licensure requirements.

PAMFT strongly urges the following change in § 48.13(b)(1):

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

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

- **SUPERVISION REQUIREMENT FOR LICENSURE** (See Appendix A for a copy of PACP's more detailed comments on this issue.)

The proposed requirement in § 48.13(b)(2) and § 48.13(b)(4)(i) that the first 1,800 hours of supervised clinical experience must be supervised by a professional in one's own field is unduly restrictive and will unnecessarily prolong the accumulation of the required 3,600 hours of supervised clinical experience for many marriage and family therapists. It will penalize therapists employed by agencies or institutions where no marriage and family therapy supervisors are available. These individuals will have to purchase private supervision, but will not be able to begin counting any otherwise acceptable supervision they receive as part of their employment until they have completed all 1,800 hours of supervision by the marriage and family therapy supervisor.

PAMFT urges the following changes:

Definition of *Supervisor* (in § 48.1):

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

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

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

- **SUPERVISION IN A GROUP SETTING** (See Appendix A for a copy of PACP's more detailed comments on this issue.)

PAMFT is concerned that *requiring* one of every two hours of supervision to be in a group setting, as outlined in § (48.13(b)(5), will create an undue hardship for those seeking to fulfill the supervised clinical experience requirement for licensure without providing any additional protection for the consumer. *Allowing* rather than *requiring* group supervision would encourage it while maintaining needed flexibility.

PAMFT urges the Board to make the following change in § (48.13(b)(5):

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.

These amendments will strengthen the licensing standards for marriage and family therapists and provide significant protection to the citizens of Pennsylvania. We appreciate your consideration of our comments.

Sincerely,


David Bergman
Government Affairs Manager


Celeste B. Zbikowski
Professional Standards Specialist

cc: Independent Regulatory Review Commission
Pennsylvania Association for Marriage and Family Therapy



Belmont Center for Comprehensive Treatment

Einstein

Jefferson Health System

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REVIEW COMMISSION



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 - Belmont Behavioral Health
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 - Willowcrest
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- Frankford Hospitals
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 - Frankford
 - Torresdale
- Main Line Health
 - Bryn Mawr Hospital
 - Bryn Mawr Rehab
 - Lankenau Hospital
 - Mid County Senior Services
 - Paoli Memorial Hospital
 - Wayne Center
- Magee Rehabilitation
- Thomas Jefferson University Hospital
 - Methodist Hospital
 - Methodist Hospital Nursing Center

Jefferson HealthCARE physicians

Jefferson HomeCARE

Jefferson SeniorCARE

Alliance Partners

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

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

Dear Attorney Cheyney,

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

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

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

Thank you for your consideration of these matters.

Tabitha Leatherbee
MCAT, ADTR, NCC

ORIGINAL: 2178
Independent Regulatory Review Committee
c/o John R. McGinley, JR., Chairman
33Market Street, 14th Floor
Harrisburg, PA. 17101
Reference: #16A-694

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INDEPENDENT REGULATORY REVIEW COMMISSION

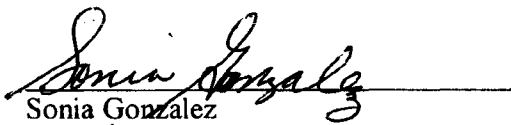


Dear Mr. McGinley, Jr., Chairman;

I am writing to you as a concerned citizen of the Common Wealth of Pennsylvania. Act 136 refers to the Professional Counselor Licensing Bill, which falls short to recognize the Master of Human Services (MHS) degree from Lincoln University (LU) as an acceptable qualifying degree for licensure. The new licensure category for "Professional Counselors" does not incorporate appropriate standards including grandfathering standards for counselors in possession of the MHS degree. The MHS degree is derived from LU and provides educational opportunities to minorities including Latinos. The MHS degree prepares students to perform therapeutic services to individuals, families, groups, and other tasks described under Act 136 's definition of "Professional Counselors". To exclude the MHS degree would overtly discriminate against racial minorities in possession of this 54-semester hours graduate degree.

Additionally, exclusion of the MHS degree would construe as a violation of equal protection laws. To deprive the Latino and African American consumers of culturally diversified professionals providing theses services would be a travesty. I urge your board for the inclusion of individuals in possession of the MHS degree under the grandfathering regulations. I strongly advocate your attention in this matter in assurance that the citizens of diverse populations in Pennsylvania are provided with the counseling services they warrant.

Sincerely,


Sonia Gonzalez
738 WEST TIUGA STREET
PHILADELPHIA PA 19140

CROZER

ORIGINAL: 2178

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REVIEW COMMISSION

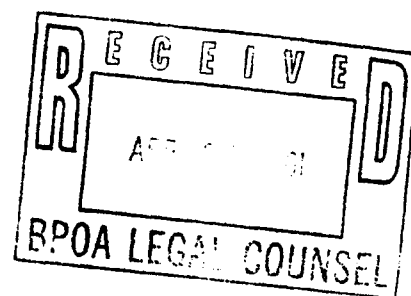
CROZER-CHESTER MEDICAL CENTER

ONE MEDICAL CENTER BOULEVARD • UPLAND, PA 19013-3995 • 610-447-2000

Mary Alice Clear, M.C.A.T., A.T.R.-B.C.
640 Upper Gulph Road
Wayne, Pa. 19087
April 20, 2001

RE: 16A-964

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



Dear Attorney Cheyney:

This letter is to express my 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 far 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. I have worked as a therapist for 21 years in a number of mental health settings. These settings have involved working with client populations including geriatric, adults and children in both the day geriatric, and out patients settings, as well as a number of years on acute care hospital unit. I have also worked as Senior Adjunct Instructor and Clinical Field Supervisor for the Hahnemann Graduate School Program in the Creative Arts, Coordinated Services in Partial Hospital Services at Elwyn Inst, Coordinator of Creative Arts in Therapy Program in Acute Care at Crozer Chester Medical Center, and served as a member of Delaware County Citizens Committee to evaluate Mental Health Programs.

Despite the excellent work done by you and the Licenser 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 response to the proposed Regulations in the form of "Concerns" and "suggestions" closely reflect my own concerns and recommendations.



A member of Crozer-Keystone Health System

Member of Voluntary Hospitals of America, Inc.

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

Regulation 49.1 Definitions - The current list of "fields closely related to the practice of professional counseling" - excludes many well qualified and experienced professionals such as **Creative Arts Therapies**. **My suggestion Edit the definition of "Field closely related to Professional Counseling" to language "Includes, but is not limited to Creative Arts Therapies, including Art Therapy, Dance/movement Therapy, Music Therapy and Drama Therapy."**

Regulations 49.13b - Standards for Supervision Appears too restrictive and excludes CT's who supervise their specialty and must be certified and trained to do so.

Regulation 49.15 "Grand-parenting" section should not require restrictive direct contact hours. Hourly requirements should be limited to 'practice" hours only. I also agree with PACP's position of sub-section 49.15(5)C, the American Dance Therapy Association (ADTA) needs to be added to the list of organizations that approve CE hours. I am also concerned that Educators who train and supervise future CAT's as well as other specialties may not be able to meet the direct hourly requirements due to their full academic load, yet represent leaders in our field and could be excluded from licenser under the current regulation.

Thank you in advance for your consideration on this matter.

Sincerely,



Mary Alice Clear, M.C.A.T., A.T.R.,BC

ccSen C. Bell, Consumer Protection & Professional Licensure Comm.
Rep. Ciera, House Professional Licensure Committee
Rep. Carole Rubley
Sen.
IRRC



**Pennsylvania
Psychiatric Society**

The Pennsylvania
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American Psychiatric Association

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ORIGINAL: 2178

April 23, 2001

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

Re: Proposed Regulation 16A-694

Dear Ms. Cheney:

I am writing on behalf of the Pennsylvania Psychiatric Society, representing 1800 physicians who specialize in the treatment of mental illness, to comment on the Board's proposed regulations pursuant to Act 63 of 1998. The regulations in question were published in the March 24 issue of *Pennsylvania Bulletin*.

As professionals who frequently work with those who will be regulated under the Act and who often treat the same patients/clients, we are keenly interested in the establishment of standards for the licenses established by these regulations. We have comments in several areas:

1. Qualifications for serving as a supervisor - § 47.1, 48.1, and 49.1, pertaining to licensed clinical social workers, marriage and family therapists, and professional counselors, respectively, all allow professionals to serve as supervisors who are not in the same profession as the supervisee, if they meet the other qualifications and are in a "related" field. "Related" field is not defined in any of the sections. On the other hand, the term "field closely related to the practice of professional counseling," which relates to qualifications for licensure (as opposed to supervision), is defined in those sections. We recommend defining the term "related" field, and including psychiatry in the definition of a related field for purposes of supervising the clinical experience of trainees. Having been trained extensively in the provision of treatments used by many who will be licensed in Act 63, psychiatrists often supervise social workers, therapists, and counselors in employment situations, and take legal responsibility for the work of those social workers, therapists, and counselors. It would not make sense to eliminate psychiatrists as a class from the ability to supervise, in a training setting, people who can benefit from their expertise in the very interventions which the trainees are licensed to provide.
2. §47.12c (b) (1) (i) - This section contains a description of the required clinical service for a social worker seeking licensure as a Licensed Clinical Social Worker. In § 47.12c (b) (1) (i), "diagnosis" is one of 5 areas that, together, must make up at least ½ of the prospective licensee's supervised, clinical experience. We strongly object to the inclusion of diagnosis in this list, since it requires the licensee to provide a service that is not included in the scope of practice in the Act itself. The diagnosis of a mental disorder has a very different meaning from "assessment," which does appear in the definition of "Practice of Clinical Social Work" in the Act. (We would note that "diagnosis" appeared in earlier versions of the final bill; its absence from the enacted bill reflects legislative intent as we understand it, and as we understood it at the

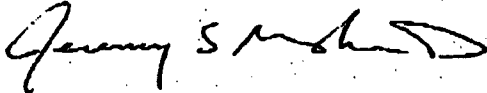
time that the bill's details were being worked out among the various, interested parties).

3. § 48.1 and §48.3— These sections allow marriage and family therapists until the year 2010 to conform to the Act's requirements to serve as Supervisors. Licensed Clinical Social Workers and Professional Counselors have only until 2006 to meet the requirements. What is the justification for such a lengthy time period?
4. §48.13 (a) (3) — This section, which deals with educational qualifications for licensure as a marriage and family therapist, is extraordinarily confusing. For example, it appears to limit licensure to people who complete programs within 5 years of the regulations' promulgation, cutting off everyone else in the future. This is surely not the intent of either the Act or the regulations. The section also uses the term "in a field closely related to marriage and family therapy" in a manner that seems to exclude those whose educational programs are actually IN marriage and family therapy. Further, the section requires licensees to complete 60 semester hour programs that are then defined as 48-hour programs. To the extent that the language of the Act is confusing on this point, the regulations should clarify the intent; they should not simply repeat confusing language.
5. §49.13 — similar problems occur in this section, pertinent to the educational requirements for professional counselors. Again, we recommend that the regulations be re-written to clarify the Act's requirements so that they can be easily understood.
6. § 47.12 (c) (6), 48.13 (6), and 49.13 (6) — these sections allow supervisors to supervise up to 6 trainees at a time. We recommend that this be reduced to three. Six is too many to allow supervision of the intensity and focus necessary for meaningful and substantive training.
7. § 49.2 — Educational requirements for Licensed Professional Counselors — this section establishes minimum hour requirements for educational courses in certain areas. We recommend that § 49.2 (3), coursework in "helping relationships," be changed as too vague to be meaningful. We also recommend the strengthening of the course requirements commensurate with the scope of practice. Professional Counselors, as defined in the Act, may provide both individual counseling and psychotherapy, neither of which are the subject of required coursework under this section. Yet we note that under § 49.13 (b), they must provide psychotherapy during their supervised clinical experience. Substantive instruction should precede the application of the service.
8. § 47.13b, 48.15, and 49.15 — these sections set forth requirements for exemption from the licensure examinations under the "grandfather" section of the Act. For Licensed Clinical Social Workers, the experience standard is at least 20 hours per week (within 5 of the last 7 years) of LCSW work. For Marriage and Family Therapists and Professional Counselors, the standard is only 15 hours per week, and only ten of those must be in direct client contact. We question the disparity between the LCSW requirement and that for the other categories, and believe that the standard of 20 hours provides a more appropriate protection.
9. Referral requirement — we note that the regulations are silent on Section 20.2 of the bill that was enacted. This section requires that professionals licensed under the Act refer certain patients to other providers. It requires that they refer to other, appropriate, licensed practitioners those clients with health care problems that fall outside the boundaries of their professional experience. More specifically, the Act requires that they refer to others when there is reason to believe that the client's condition is biologically based, and those who are suicidal or psychotic. We assume

that the absence of any pertinent regulations is due to a decision by the Board that the Act's requirements are sufficiently clear as to make regulations unnecessary. However, we also note that the Board repeated many of the Act's requirements in the regulations, presumably to make it easier for those it regulates to be familiar with its important provisions. If the Board intends for the regulations to serve as a primary resource for licensees, we request and recommend that the referral requirements be included in the final document.

We appreciate the opportunity to provide our comments, and hope that you find them helpful as the regulatory process proceeds.

Sincerely yours,



Jeremy S. Musher, MD, FAPA
President

cc: Independent Regulatory Review Commission
The Honorable Mario Civera
The Honorable Jeffrey Piccola

Act 63 regs

Facsimile Cover Sheet



To: IRCC
Company:
Phone: 783-5475
Fax: 783-2664

From: Gwen Lehman
Company: PA Psychiatric Society
Phone: 800-422-2900
Fax: 717-558-7841

Date: April 23, 2001
Pages Including this cover page: 4

Comments:

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2001 APR 23 PM 3:50
REVIEW COMMISSION



**Pennsylvania
Psychiatric Society**

The Pennsylvania
District Branch of the
American Psychiatric Association

President

Jeremy S. Musher, MD

President-Elect

Lawrence A. Real, MD

Past President

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Vice President

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E-mail glehman@pamedsoc.org

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ORIGINAL: 2178

April 23, 2001

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2001 APR 27 AM 8:51

LEGISLATIVE
REVIEW COMMISSION

Ms. Eva Cheney, Counsel
State Board of Social Workers, Marriage and Family Therapists,
and Professional Counselors

P. O. Box 2649
Harrisburg, PA 17105-2649

Re: Proposed Regulation 16A-694

Dear Ms. Cheney:

I am writing on behalf of the Pennsylvania Psychiatric Society, representing 1800 physicians who specialize in the treatment of mental illness, to comment on the Board's proposed regulations pursuant to Act 63 of 1998. The regulations in question were published in the March 24 issue of *Pennsylvania Bulletin*.

As professionals who frequently work with those who will be regulated under the Act and who often treat the same patients/clients, we are keenly interested in the establishment of standards for the licenses established by these regulations. We have comments in several areas:

1. Qualifications for serving as a supervisor - § 47.1, 48.1, and 49.1, pertaining to licensed clinical social workers, marriage and family therapists, and professional counselors, respectively, all allow professionals to serve as supervisors who are not in the same profession as the supervisee, if they meet the other qualifications and are in a "related" field. "Related" field is not defined in any of the sections. On the other hand, the term "field closely related to the practice of professional counseling," which relates to qualifications for licensure (as opposed to supervision), is defined in those sections. We recommend defining the term "related" field, and including psychiatry in the definition of a related field for purposes of supervising the clinical experience of trainees. Having been trained extensively in the provision of treatments used by many who will be licensed in Act 63, psychiatrists often supervise social workers, therapists, and counselors in employment situations, and take legal responsibility for the work of those social workers, therapists, and counselors. It would not make sense to eliminate psychiatrists as a class from the ability to supervise, in a training setting, people who can benefit from their expertise in the very interventions which the trainees are licensed to provide.
2. §47.12c (b) (1) (i) - This section contains a description of the required clinical service for a social worker seeking licensure as a Licensed Clinical Social Worker. In § 47.12c (b) (1) (i), "diagnosis" is one of 5 areas that, together, must make up at least ½ of the prospective licensee's supervised, clinical experience. We strongly object to the inclusion of diagnosis in this list, since it requires the licensee to provide a service that is not included in the scope of practice in the Act itself. The diagnosis of a mental disorder has a very different meaning from "assessment," which does appear in the definition of "Practice of Clinical Social Work" in the Act. (We would note that "diagnosis" appeared in earlier versions of the final bill; its absence from the enacted bill reflects legislative intent as we understand it, and as we understood it at the

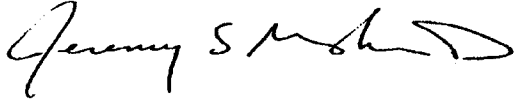
time that the bill's details were being worked out among the various, interested parties).

3. § 48.1 and §48.3– These sections allow marriage and family therapists until the year 2010 to conform to the Act's requirements to serve as Supervisors. Licensed Clinical Social Workers and Professional Counselors have only until 2006 to meet the requirements. What is the justification for such a lengthy time period?
4. §48.13 (a) (3) – This section, which deals with educational qualifications for licensure as a marriage and family therapist, is extraordinarily confusing. For example, it appears to limit licensure to people who complete programs within 5 years of the regulations' promulgation, cutting off everyone else in the future. This is surely not the intent of either the Act or the regulations. The section also uses the term "in a field closely related to marriage and family therapy" in a manner that seems to exclude those whose educational programs are actually IN marriage and family therapy. Further, the section requires licensees to complete 60 semester hour programs that are then defined as 48-hour programs. To the extent that the language of the Act is confusing on this point, the regulations should clarify the intent; they should not simply repeat confusing language.
5. §49.13 – similar problems occur in this section, pertinent to the educational requirements for professional counselors. Again, we recommend that the regulations be re-written to clarify the Act's requirements so that they can be easily understood.
6. § 47.12 (c) (6), 48.13 (6), and 49.13 (6) – these sections allow supervisors to supervise up to 6 trainees at a time. We recommend that this be reduced to three. Six is too many to allow supervision of the intensity and focus necessary for meaningful and substantive training.
7. § 49.2 – Educational requirements for Licensed Professional Counselors – this section establishes minimum hour requirements for educational courses in certain areas. We recommend that § 49.2 (3), coursework in "helping relationships," be changed as too vague to be meaningful. We also recommend the strengthening of the course requirements commensurate with the scope of practice. Professional Counselors, as defined in the Act, may provide both individual counseling and psychotherapy, neither of which are the subject of required coursework under this section. Yet we note that under § 49.13 (b), they must provide psychotherapy during their supervised clinical experience. Substantive instruction should precede the application of the service.
8. § 47.13b, 48.15, and 49.15 – these sections set forth requirements for exemption from the licensure examinations under the "grandfather" section of the Act. For Licensed Clinical Social Workers, the experience standard is at least 20 hours per week (within 5 of the last 7 years) of LCSW work. For Marriage and Family Therapists and Professional Counselors, the standard is only 15 hours per week, and only ten of those must be in direct client contact. We question the disparity between the LCSW requirement and that for the other categories, and believe that the standard of 20 hours provides a more appropriate protection.
9. Referral requirement – we note that the regulations are silent on Section 20.2 of the bill that was enacted. This section requires that professionals licensed under the Act refer certain patients to other providers. It requires that they refer to other, appropriate, licensed practitioners those clients with health care problems that fall outside the boundaries of their professional experience. More specifically, the Act requires that they refer to others when there is reason to believe that the client's condition is biologically based, and those who are suicidal or psychotic. We assume

that the absence of any pertinent regulations is due to a decision by the Board that the Act's requirements are sufficiently clear as to make regulations unnecessary. However, we also note that the Board repeated many of the Act's requirements in the regulations, presumably to make it easier for those it regulates to be familiar with its important provisions. If the Board intends for the regulations to serve as a primary resource for licensees, we request and recommend that the referral requirements be included in the final document.

We appreciate the opportunity to provide our comments, and hope that you find them helpful as the regulatory process proceeds.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Jeremy S. Musher". The signature is fluid and cursive, with a large, stylized "M" and "S".

Jeremy S. Musher, MD, FAPA
President

cc: Independent Regulatory Review Commission
The Honorable Mario Civera
The Honorable Jeffrey Piccola

Act 63 regs

ORIGINAL: 2178

Lisa Millhouse, M.S.
Child & Family Therapist

1251 Wallace Street #6
York, PA 17403
(717) 848-4162

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2001 MAY -7 AM 8:31

April 23, 2001

INDEPENDENT REGULATORY
REVIEW COMMISSION



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

Subject: Proposed Licensure Regulations (16A-694)

Dear Attorney Cheney:

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

1. 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.
2. 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. Licensed psychologists should be considered an acceptable supervisor since they provide counseling services. However, additional clarification is needed.

Sincerely,

Lisa Millhouse

Lisa Millhouse, M.S.
Child & Family Therapist

Enclosures

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

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

Concerns Shared by Marriage and Family Therapists and Professional Counselors

SUPERVISION REQUIREMENT FOR LICENSURE

Concern:

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

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

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

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

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

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

The specific concern in the above sections relates to the proposed requirement that the first 1800 hours of supervised clinical experience be obtained from a professional in one's own field. Requiring that 1800 hours, even the first 1800 hours, of clinical experience to be supervised by a professional in one's own field has some obvious advantages. Unfortunately, requiring that the first 1800 hours be provided by a professional in one's own field will create a number of difficulties. It will penalize marriage and family therapists and professional counselors who are employed by agencies or institutions where no acceptable supervisor in their field is available. These individuals will have to

purchase private marriage and family therapy or professional counseling supervision, but they will not be able to begin counting any otherwise acceptable supervision they receive as part of their employment until they have completed all 1800 hours of supervision by the marriage and family therapy or professional counseling supervisor. This will unnecessarily prolong the accumulation of the required 3600 hours of supervised clinical experience and the subsequent licensure of these individuals.

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

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

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

Suggestions:

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

Definition of *Supervisor* (in § 48.1):

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

§ 48.13(b)(2). Supervision for the clinical experience shall be provided by a supervisor as defined in § ~~47.1~~ 48.1 (relating to definitions). However, ~~the first~~ 1,800 hours shall be supervised by a licensed marriage and family therapist who has

received certification as an approved supervisor or supervisor-in-training by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3 (relating to qualifications for supervision until January 1, 2010).

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

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

Definition of *Supervisor* (in § 49.1):

Supervisor—An individual providing supervision to a supervisee who is a professional counselor licensed under the act and has 5 years experience as a professional counselor. However, until January 1, 2006, the term shall include an individual who is a professional counselor who meets the educational requirements of § 49.15 (5) and who has with 5 years experience as a in the practice of professional counselor counseling. A supervisor may also include an individual who holds at least a master's degree and a license in a related field and who has 5 years experience in that field.

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

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

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

Professional Counselor Concerns

INTERNSHIP REQUIREMENTS

Concern:

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

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

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

Suggestion:

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

(9) Clinical instruction—(Includes 100 clock hours of supervised practicum experience and 600 clock hours of supervised internship experience.) The supervised internship experience shall begin after completion of the supervised practicum experience. For a period of five years following promulgation of final regulations, this requirement may be satisfied by completion of a total of six semester hours or 9 quarter hours of practicum/internship experience.

ORIGINAL: 2178

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

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2001 APR 23 AM 11:26

INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Mr. McGinley, Jr., Chairman;

I am writing to you as a concerned citizen of the Commonwealth of Pennsylvania. Act 136 refers to the Professional Counselor Licensing Bill, which does not recognize the Master of Human Services (MHS) degree from Lincoln University (LU) as an acceptable qualifying degree for licensure. The new licensure category for "Professional Counselors" does not incorporate appropriate standards including grandfathering standards for counselors in possession of the MHS degree. To exclude the MHS degree would blatantly discriminate against racial minorities in possession of this 54-semester hours graduate degree.

Additionally, to deprive the Latino and African American consumers of culturally diversified professionals providing these services would be a travesty. I urge your board for the inclusion of individuals in possession of the MHS degree under the grandfathering regulations. The citizens of diverse populations in Pennsylvania should be provided with the counseling services they need.

Sincerely,


Juanita Zayas
3849 N. 8th Street
Philadelphia PA 19140



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2001 APR 23 AM 11:12

REVIEW COMMISSION

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

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", written over a horizontal line.

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

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

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2001 APR 23 AM 11:14

REVIEW COMMISSION

RE: reference number 16A-964

Dear Ms. Cheney:

The purpose of this letter is to ask for your help in correcting an unfortunate situation that could result from the proposed regulations for Licensure of Professional Counselors published by your Board in the March 24, 2001 issue of the Pennsylvania Bulletin. If enacted as currently written, these regulations would seem to exclude from licensure the current students and graduates of our Master of Arts in Pastoral Counseling (MAPC) degree program at Moravian College and Theological Seminary in Bethlehem, PA.

Since 1980, our school has been offering this degree, which is accredited by the Association of Theological Schools in the United States and Canada and by the Commission on Higher Education of the Middle States Association of Colleges and Schools. Our degree is thus recognized by the Council for Higher Education as called for in the regulations. The Moravian Theological Seminary Board of Trustees has also approved, as a highest priority goal, our achievement of accreditation for the MAPC degree by the Council for the Accreditation of Counseling and Related Programs (CACREP) by the year 2005.

Since our MAPC degree will meet these two major criteria for recognition of a professional counseling degree program as stated in the Board's regulations, I respectfully request that the definition of "field closely related to the practice of professional counseling" given in section 49.1 of the proposed regulations be amended to include all degrees which meet the state's standards for professional counselor education. I therefore concur with the suggested amendment proposed by the Pennsylvania Alliance of Counseling Professionals, which reads as follows:

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

(a) degrees in the fields of creative arts therapy (art therapy, dance therapy, dance/movement therapy, drama therapy, music therapy), psychodrama, social work, clinical psychology,

educational psychology, counseling psychology, child development and family studies, or;

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

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

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

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

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

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

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

7. Research and program evaluation-- studies that provide an understanding of types of research

**methods, basic statistics, and ethical
and legal considerations in research.**

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

This amendment would allow our students and graduates, as well as many other graduates from a variety of duly accredited counseling related degree programs, to function within the standards and guidelines intended by your board and to receive appropriate recognition as professional counselors.

Along these lines, I also concur with, and fully support, the other suggested amendments to the regulations regarding grandparenting, supervision requirements, internships, and continuing education that were recently sent to your Board by the Pennsylvania Alliance of Counseling Professionals.

I share the Board's concern for consumer protection and a guaranteed standard for professional counselors, and I applaud the excellent work your Board has already done in preparing these regulations in a relatively short period of time. I sincerely hope that you will give every possible consideration to these proposed amendments at your next meeting of the Board. If you have further questions, do not hesitate to call me at 610-861-1524 or contact me by e-mail at *meuwit01@moravian.edu*

Sincerely, *Rev. Dr. William R. Hartung*
Moravian Theological Seminary
Bethlehem,
Pennsylvania

Cc: Independent Regulatory Review Commission [333 Market Street, 14th Floor
Harrisburg, Pennsylvania 17101]

**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



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REVIEW COMMISSION



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

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', written over a horizontal line.

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

Andrew H. Johanson, Jr., D.Min.

Marriage and Family Therapy

Clinical Member & Approved Supervisor of American Association of Marriage and Family Therapy
Diplomate of American Association of Pastoral Counselors

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)

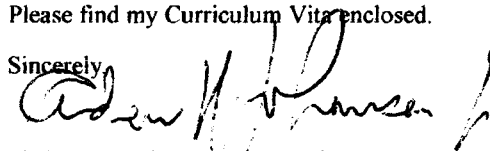
I have read the proposed regulations for licensure of marriage and family therapists that were published in the Pennsylvania Bulletin on March 24, 2001. Even though I am generally pleased with the proposed regulations, I am very concerned about several of the provisions. I concur with the suggestions 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 in the PACP comments entitled 49.1 educational requirements is of particular concern to me personally. I respectfully request that the definition of "field closely related to the practice of professional counseling" given in section 49.1 of the proposed regulations be amended to include all degrees which meet the state's standards for professional counselor education. I therefore concur with the suggested amendment proposed by the Pennsylvania Alliance of Counseling Professionals, which reads as follows: **Master's degree in a field closely related to the practice of professional counseling.** If 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 been a therapist for thirty years in the practice of individual, marriage and family therapy. My psychotherapy training was with the Philadelphia Mental Health Clinic for three years (1972-1975) with Medical Psychiatrists, where I studied psychodynamics of Human Development; I saw clients and was supervised by a psychologist and psychiatrists. Upon successful completion of that education which is generally provided for psychiatrists, I was awarded a Certificate of Applied Psychiatry. I earned my Doctoral of Ministry Degree at Eastern Baptist Theological Seminary. My emphasis was on marriage and family; with a doctoral thesis on enriching marriages. My latest training was at Penn Council for Relationships, Division of Family Study, Department of Psychiatry, University of Pennsylvania School of Medicine. I was awarded Certified in Marriage, Family and Sex Therapy (1992). In furthering my credentials I have also become a Diplomate in the American Association of Pastoral Counselors (highest level of membership). With all of this intensive education in Individual, Marriage, Family Therapy and hundreds of hours of supervision I am not qualified to sit for the exam for marriage and family therapy according to the current standards. I would appreciate your consideration so I would be able to take the marriage and family licensing exam. Potentially with this license, I would be pleased to help contribute to the field & support the efforts of our discipline. Thank you for your consideration.

Please find my Curriculum Vita enclosed.

Sincerely,



Andrew H. Johanson, Jr., D.Min.

cc: Independent Regulatory Review Commission
Senate Consumer Protection and Professional Licensure Committee
House Professional Licensure Committee
Senator Edwin Holl
Representative Lawrence H. Curry
File

RECEIVED
INDEPENDENT REGULATORY REVIEW COMMISSION

2001 APR 23 AM 10:59

RECEIVED

North Penn Counseling, 52 East Main Street, Lansdale, PA 19446, (215) 362-1780

Curriculum Vita
Andrew H. Johanson, Jr.

Present Position: **Private Practice in Child, Individual, Couple, Family, Sex Therapy**
 Lansdale, Wyndmoor and Bethlehem, Pennsylvania.
 Adjunct Professor at Moravian Theological Seminary
 Teaching "Human Sexuality"

Supervisor at Pastoral Counseling Center; Group Therapy
 Leader, Adult Survivors of Sexual Abuse; Minister's Support
 Group; Therapy Group for Traumatized Adolescence;
 Bethlehem, Pennsylvania

Business Consultant/ Executive Coach/Certified from the
 Center for Creative Leadership's 'Benchmarks'

Office Address: **North Penn Counseling Center**
 52 East Main Street
 Lansdale, PA 19446
 215-362-1780

Home Address: **535 East Willow Grove Ave.**
 Wyndmoor, PA 19038

EDUCATIONAL EXPERIENCE

Certified in Marriage, Family and Sex Therapy 1992
Penn Council For Relationships, Philadelphia, PA (Post
Doctoral Work)
Division of Family Study, Department of Psychiatry
The University of Pennsylvania School of Medicine

Doctor of Ministry 1977
Eastern Baptist Theological Seminary, Philadelphia, PA
Thesis: Toward Development of a Marriage Enrichment
Program for Seminary Couples

Certificate of Applied Psychiatry
Psychoanalytical Psychotherapy 1972 - 1975
Philadelphia Mental Health Clinic, Philadelphia, PA

Bachelor of Divinity 1966
Master of Divinity 1970
Crozer Theological Seminary, Rochester, NY

RECEIVED
2001 APR 23 AM 11:01
JERRY
REVIEW COMMISSION

Andrew H Johanson Jr., D.Min

**Bachelor of Arts 1963
Davis & Elkins College, Elkins, WV
Major: Religion & Philosophy
Minor: Psychology, Speech**

**Supervision with:
Child Psychiatrist (over 40 hours).
[Personal Psychotherapist with same analyst (over 1050
hours).]
Marriage and Family Therapist of the School of Modern
Psychoanalysis (372 hours)
Penn Council For Relationships, Division of Family Study,
Department of Psychiatry, University of Pennsylvania School
of Medicine, Philadelphia, PA (260 hours)**

PROFESSIONAL MEMBERSHIPS & HONORS

**Clinical Member of American Association of Marriage &
Family Therapy
Diplomate, American Association of Pastoral Counselors
Approved Supervisor, American Association of Marriage &
Family Therapy
Distinguished Rotarian Award 2000
Past President of Blue Bell Rotary Club
Tower Award, Outstanding Alumni Award, Davis & Elkins
College 1995
Billy Edwards Memorial Award, Standing Sportsmen ,
Suitland High School, 1959**

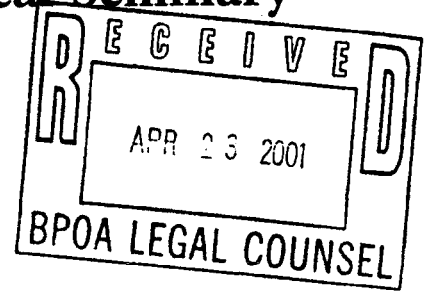
**Some Of The
Presentations
Given**

**"Why Men and Women Do Not Understand Each Other."
"The Family, Past, Present, and Future."
"All Stressed Up And No Where To Go."
"Surviving And Thriving As A Single Parent."
"Stress And Ministry..Psychological Aspects."
"Male Spirituality And Masculine Sexuality."
"Adult Survivors Of Sexual Abuse: Individual And Group
Dynamics."
"Female & Male Sexual Myths"
"Spirituality And Inter Faith Couples."
"Human Sexuality And Disabilities."
"Looking at the whole person: An important way to treat
sexual disorders."
"The Challenges of Marital Relationship"
"How to Nurture Your Marital Relationship"**



Eastern Baptist Theological Seminary

Celebrating 75 years



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

RE: Reference number 16A-964

Dear Ms. Cheney,

It has been brought to our attention that the proposal regulations for Licensure of Professional Counselors published by your Board in the March 24, 2001 issue of the Pennsylvania Bulletin may create a serious professional problem for the current students and graduates of our Doctor of Ministry degree in Concentration in Marriage and Family at Eastern Baptist Theological Seminary.

Since 1980, our school has been offering this degree, which is accredited by the Association of Theological Schools in the United States and Canada and by the Commission on Higher Education of the Middle States Association of Colleges and Schools. Our degree is thus recognized by the Council for Higher Education as called for in the regulations.

The Theological Seminary Board of Directors had also approved the faculty's priority goal for the seminary in designing this particular degree program back in 1978 implemented in 1980. We have over 350 graduates representing the globe. Many of our graduates continue in additional clinical training apply for and are accepted into "clinical membership" of American Association of Marriage and Family Therapy (AAMFT).

We respectfully request that the definition of "field closely related to the practice of professional counseling" given in section 49.1 of the proposed regulations be amended to include the phrase "but not limited to" following the word "includes" in the definition. It our understanding that this phrase was in an earlier version of the regulations but was omitted in this current proposal. This amendment would allow our seminarians and graduates, as well as many others who have graduated from a variety of duly accredited graduate and post-graduate related degree programs to function within the standards and guidelines intended by your board.

We share the Board's concern for consumer protection and a guaranteed standard for professional counselors and therapists, and we sincerely desire that our graduates will be able to receive the recognition they deserve as clinicians. If you have further questions, do not hesitate to call me at 610.645.9334 or email: wbarnes@ebts.edu.

Sincerely,

Dr. Will G. Barnes

Director of Doctor of Ministry Program in Marriage and Family

Associate Professor

Clinical Member of American Association of Marriage and Family Therapy

RECEIVED
2001 APR 25 AM 10:02
BPOA LEGAL COUNSEL

CC:

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

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

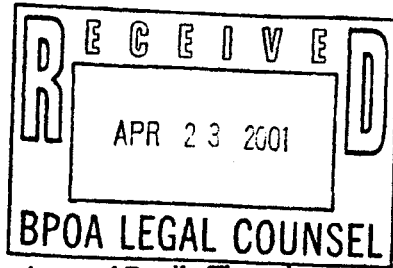
Sen. Charles Dent, Vice Chairman, Senate Consumer Protection and Professional Licensure Committee

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

Rep. Julie Harhart, House Professional Licensure Committee

Rep. T. J. Rooney, District 133

ORIGINAL: 2178



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

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

Dear Ms. Cheney:

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

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

Thank you for your consideration in this matter.

Sincerely,

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

RECEIVED
01 APR 20 AM 9:36
HEALTH LICENSING
DIVISION

2001 APR 25 10:04
Review Commission

ORIGINAL: 2178

Victoria C. Anderson, MA
128 Manton Street
Philadelphia, PA 19147

2001 APR 26 PM 10:20

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

Dear Attorney Cheyney,

This letter is to express my gratitude for and interest in the 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 and provide a way for consumers to receive more diverse services. Such opportunities also mean an expansion of areas where experienced practitioners can increasingly provide their services.

My professional specialty is in the Creative Arts Therapies, with an advanced sub-specialty in Art Therapy. I have been a student for the past two years, and have worked in nursing home, adolescent residential and public school facilities. In these roles, I have worked with many individuals who live with depression, memories of severe trauma, neglect and learning disabilities. I have also worked in many educational settings in the past, including schools that addressed special needs populations.

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 response to the proposed Regulations in the form of "Concerns" and "Suggestions" closely reflects my own concerns and recommendations.**

In particular, the Regulation provisions that are of concern to me, with suggested changes, are 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 49.15: I support PACP's position that this 'Grand-Parenting' section should not require restrictive direct client contact hours. Hourly requirements should be limited to 'practice' hours only. I also 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.

Regulation 49.13: I would also like to express my agreement with PACP's statement that this PC Regulations section is too restrictive regarding supervision requirements.

As a new graduate of MCP Hahnemann University's Art Therapy program, I am concerned for my own future and for the future of my talented colleagues. These concerns stem from a wish to provide services that we strongly believe can benefit a variety of populations, communities and organizations. Your efforts to integrate feedback from the professionals impacted by these regulations are greatly appreciated.

Sincerely,



Victoria C. Anderson, MA

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APR 23 2001

BPOA LEGAL COUNSEL

Cheney, Eva

RECEIVED

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

2001 APR 26 AM 10:28

REVIEW COMMISSION

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

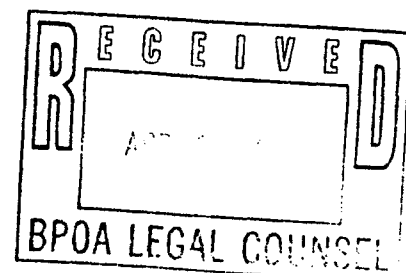
From: Sherri [mailto:hope_sw@hotmail.com]
Sent: Saturday, April 21, 2001 12:10 PM
To: socialwo@pados.dos.state.pa.us
Subject: RE: Social Workers, Marriage and Family Therapists and Professional Counselors Act. 63 P.S.). 16A-964

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

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

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

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



4/23/2001



Belmont Center for Comprehensive Treatment

Einstein

Jefferson Health System

2001 APR 26 PM 10:30

REVIEW COMMISSION

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APR 23 2001



BPOA LEGAL COUNSEL

ORIGINAL: 2178

Members

- Albert Einstein Healthcare Network
 - Albert Einstein Medical Center
 - Belmont Behavioral Health
 - Germantown Community Health Services
 - MossRehab
 - Willowcrest
 - Willow Terrace
- Frankford Hospitals
 - Bucks County
 - Frankford
 - Torresdale
- Main Line Health
 - Bryn Mawr Hospital
 - Bryn Mawr Rehab
 - Lankenau Hospital
 - Mid County Senior Services
 - Paoli Memorial Hospital
 - Wayne Center
- Magee Rehabilitation
- Thomas Jefferson University Hospital
 - Methodist Hospital
 - Methodist Hospital Nursing Center

Jefferson HealthCARE physicians

Jefferson HomeCARE

Jefferson SeniorCARE

Alliance Partners

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

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

Dear Attorney Cheyney,

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

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

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

Thank you for your consideration of these matters.

Tabitha Leatherbee
MCAT, ADTR, NCC

ORIGINAL: 2178
Phone 717-657-7078
mail@paproviders.org

FAX 717-657-3552
www.paproviders.org



PENNSYLVANIA COMMUNITY PROVIDERS ASSOCIATION

2400 Park Drive • Harrisburg, PA 17110-9303

BOARD OF DIRECTORS

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George J. Kimes

April 23, 2001

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

Reference Number 16A-694

Dear Ms. Cheney:

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

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

Support for Comments Submitted by our Colleagues

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

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

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

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

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

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

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

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

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

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

Supervision

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

Field closely related to the practice of professional counseling

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

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

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

Specific PCPA Comments and Recommendations

49.12 General Qualifications for Licensure

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

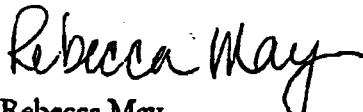
49.13 Licensed Professional Counselor

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

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

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

Sincerely,



Rebecca May
Policy Specialist

2001 APR 26 AM 9:47

Dear Mr. Roebuck:

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

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

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

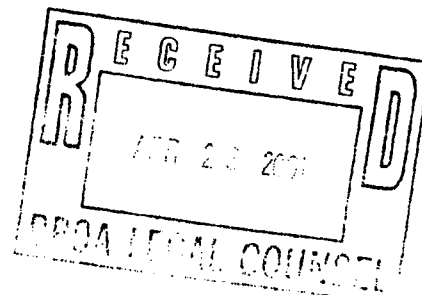
I sincerely urge your consideration in this matter as a means of assuring that the citizens of our Commonwealth are provided counseling services that serve our diverse communities.

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

cc.

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

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



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

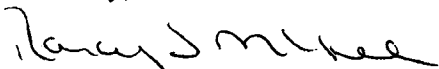
Dear MS. Cheney,

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

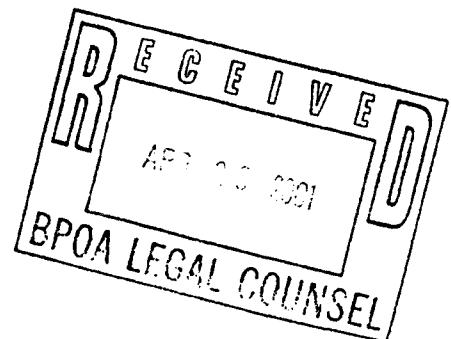
The second issue concerns the failure of the Act to address addiction counselors as a specialty group. How this can be is extremely alarming to me after extensive work in the field. When I returned to school to pursue my educational endeavors it was apparent to me that I needed to obtain specific training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

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

Sincerely,



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



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RECEIVED COMMISSION