

KATHLEEN SEBELIUS
Governor

PHYLLIS GILMORE
Executive Director



712 S. Kansas Ave.
Topeka, Kansas 66603-3817
(785) 296-3240
FAX (785) 296-3112
www.ksbsrb.org

BEHAVIORAL SCIENCES REGULATORY BOARD
FILING OF CLINICAL SUPERVISION TRAINING PLAN

In order to begin accruing hours and working toward the LCMFT you must submit a training plan for pre-approval to the Board.

- The enclosed Clinical Supervision Training Plan needs to be developed between you and the person who has agreed to be your supervisor.
- Please answer ALL questions. The form needs to be filled out completely, and legibly.
- You must receive approval, in writing, from the Board before you may begin your supervision.
- Supervision requirements may not be finished in less than two years.
- There is no fee to file a Clinical Supervision Training Plan.
- You will be notified in writing by the Board office within 30 days regarding approval of your training plan. If you have not received notification within 30 days, please contact the board office.
- Once the training plan has been approved you must keep the Board up to date with any changes. Any changes to the approved training plan must be submitted **within 45 days of the change** or the hours accrued during that time period will not be counted.

The following applies **only to supervision that began prior to July 1, 2000**.

- If a training plan was filed with the Board prior to July 1, 2000 there is no need to complete a new training plan.
- If there are changes that take place you will submit them with your application for LCMFT when your supervision is complete.
- If a training plan was not submitted to the Board office before July 1, 2000 the supervision will be reviewed under current requirements.

KATHLEEN SEBELIUS
Governor

PHYLLIS GILMORE
Executive Director



712 S. Kansas Ave.
Topeka, Kansas 66603-3817
(785) 296-3240
FAX (785) 296-3112
www.ksbsrb.org

BEHAVIORAL SCIENCES REGULATORY BOARD

**Clinical Supervision Training Plan
Licensed Marriage and Family Therapist**

INSTRUCTIONS: Persons currently licensed as LMFT or LMFT Temporary, who wish to complete the post graduate supervised professional experience requirement for licensure as a LCMFT, must do so under a Clinical Supervision Training Plan approved by the Board in accordance with K.S.A. 65-6404 (b) (1) (d) and K.A.R. 102-5-7a (please review). Before beginning the postgraduate clinical training, the following plan must be completed by the supervisee and supervisor, submitted to the Board office, and notice of approval received from the Board office.

I. Information regarding supervisee:

Name _____

Home Address _____

City, State, Zip _____ Home Phone _____

Cell Phone _____ Email _____
(Optional)

Work Agency _____

Address _____

City, State, Zip _____ Work Phone _____

License number _____ Issue date _____ Expiration date _____

Degree & Track _____ University _____

II. Information regarding supervisor:

Name _____

Address _____ work or home

Phone _____ Email _____

Professional credentials: Degree _____ Conferred on _____

License type and Number _____ State _____

Initial date of issue _____ Expiration date _____

Does this license authorize the supervisor to practice independently? Yes _____ No _____

Has the supervisor practiced clinical marriage & family therapy for a minimum of two years? Yes _____ No _____

If not, you are not eligible to be a clinical supervisor.

Is the supervisor currently under disciplinary investigation, sanction, or practice limitation or any other adverse action imposed by a state credentialing board or professional organization? Yes _____ No _____

If yes, please explain fully in an attached, signed statement.

III. Information regarding the Supervision Setting

Name of Agency and address where the supervisee will be participating in the supervised work experience.

Please include an official copy of your job description with your training plan.

Agency _____

Address _____

City, State, Zip _____ Phone _____

Title of supervisee's position in this supervised setting? _____

IV. Information regarding Supervision Training Plan:

Please provide answers to the following questions on a separate sheet of paper:

1. Describe the supervisees practicum experience, including how many direct client contact hours, received with the Masters Degree.
2. Will the supervisee be using the DSM IV in diagnosing clients?
3. Please list some specific diagnosis the supervisee is expected to work with.
4. What are the anticipated types of clients to whom the supervisee will be providing services?
5. What services will the supervisee be providing to clients?
6. What are some psychotherapy theories the supervisee plans to use in treating clients?
7. What dates are expected to be covered with the Supervision Training Plan?
(*Training plan must be approved by the board before post graduate hours can begin and be accrued.*)
8. Please list the clinical supervision goals and briefly describe how you will attain those goals. Be sure to review the definition of clinical marriage and family therapy and incorporate into your goals. **Also, include goals that relate to diagnosis and treatment of mental disorders. Include a description that specifies how you will meet the requirement to provide 1500 hours of psychotherapy and assessment. (See K.A.R. 102-5-1(c))**
9. Please outline the supervisor's responsibilities in relation to these goals and objectives.
10. Please outline the supervisee's responsibilities in relation to these goals and objectives.
11. Describe the plan for documenting the date, length, format, (group or individual) and location of each supervisory session.
12. Please describe the schedule for supervision sessions. How many will be individual, how many group, and the number of supervisees in a group? Please include how many hours of supervision you will complete and how many supervisory sessions you will complete.
13. Please describe the plan for documenting the supervisee's progress toward meeting the required 4000 hours of supervised clinical experience.
14. Please describe the plan for documenting the supervisee's progress toward meeting the required 1500 hours of direct face to face client contact providing psychotherapy and assessment services.
15. Describe the plan for evaluating the supervisee's progress in supervision. Periodic written evaluations are encouraged.

16. Describe the plan for notifying the clients that the supervisee is practicing under supervision, the limits of confidentiality under supervision, and the name contact information for the supervisor.
17. Describe the process for renegotiating this plan if warranted, including the need to submit all changes to the board office **within 45 days of the change**.
18. Please describe the process for remediating conflicts between the supervisor and supervisee.
19. Please describe the contingency plans for emergency supervision, missed supervision sessions, and supervision while the supervisor is unavailable. Be sure to include a backup supervisor.

Will the supervisee be involved in the process of diagnosing clients? Yes _____ No _____
If answer is yes, please describe how.

Will the supervisee, under the direction of the supervisor, be providing psychotherapy to the clients? Yes _____ No _____
If answer is yes, please describe how.

V. Information regarding the supervisory relationship:

Please read K.A.R. 102-5-7a before answering the following questions.

1. **Per K.A.R. 102-5-7a(d)(1)** - Does the supervisor have professional authority and responsibility for the supervisee's clinical functioning in the practice of clinical marriage and family therapy? Yes _____ No _____
2. Does the supervisor have a dual relationship with the supervisee? Yes _____ No _____
3. Does the supervisor have knowledge of and experience with the supervisee's client population? Yes _____ No _____
4. Does the supervisor have knowledge of and experience with the methods of practice that the supervisee will employ? Yes _____ No _____
5. Does the supervisor have an understanding of the organization and administrative policies and procedures of the supervisee's practice setting? Yes _____ No _____
6. Is the supervisor a staff member of the practice setting? Yes _____ No _____

If not, please answer the following questions:

- A. Is the supervisor's responsibility for the supervisee clearly defined in terms of client cases to be supervised, their role in personnel evaluation within the practice setting? Yes _____ No _____
- B. Is the responsibility for payment of supervision clearly defined? Yes _____ No _____
- C. Is the supervisee paying the supervisor directly for supervision? Yes _____ No _____
- D. Does the supervisor maintain responsibility to the client and the practice setting? Yes _____ No _____

7. Will the supervisor perform the following?

- A. Provide oversight, guidance, and direction of the supervisee's clinical practice of clinical marriage and family therapy by assessing and evaluating the supervisee's performance? Yes _____ No _____
 - B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or marriage and family therapy consultation? Yes _____ No _____
 - C. Provide documentation of supervisory qualifications to the supervisee? Yes _____ No _____
 - D. Periodically evaluate the supervisee's clinical functioning? Yes _____ No _____
 - E. Provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and supervisee. Yes _____ No _____
 - F. Ensure that the each client knows that the supervisee is practicing clinical marriage and family therapy under supervision? Yes _____ No _____
8. Does the supervisor have a thorough knowledge and understanding of BSRB statutes and regulations regarding the requirements of post graduate supervision for the supervisee's profession? Yes _____ No _____

VI. Supervisors and Supervisees Attestation

We, the undersigned supervisee and supervisor, acknowledge that we have both read and agree to all aspects of this plan, and have read and understand the post graduate supervised work experience requirements set forth in regulations. We attest, to the best of our knowledge, that this plan meets the training requirements as outlined in statute and regulation, including the requirements for the provision of psychotherapy and assessment as well as the required supervision. We also attest that the forgoing information constitutes an accurate and honest description of the duties to be performed by the supervisee.

Additionally, the supervisee hereby gives consent to the supervisor to discuss supervision or performance issues with the supervisee's clients, other professionals in the practice setting, the Board, or any other individual to whom either is professionally accountable.

Signature of Supervisor Date

Signature of Supervisee Date

You should receive a written response regarding your clinical training plan from the board office within 30 days. If you have not received a response within 30 days from submission, please contact the board office.

Attention supervisors, for additional information regarding clinical supervision, please see the website at: www.ksbsrb.org