SUPERVISION OF PSYCHOLOGISTS, SOCIAL WORKERS, PROFESSIONAL MENTAL HEALTH COUNSELORS AND MARRIAGE AND FAMILY THERAPISTS PREPARING FOR LICENSURE

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Directive clarifies the duties and responsibilities of Department of Veterans Affairs (VA) staff who are licensed independent practitioners and who serve as clinical supervisors to psychologists, social workers, professional mental health counselors, or marriage and family therapists who are not yet licensed to practice at the independent level.

2. SUMMARY OF CHANGES. Professional Mental Health Counselors and Marriage and Family Therapists are added to this Directive. The definition of psychosocial counseling is removed.

3. RELATED ISSUES. None

4. RESPONSIBLE OFFICE. The Chief Consultant for Mental Health (10P4M) is responsible for the contents of this Directive. Questions may be referred to 202-461-4058.


6. RECERTIFICATION. This VHA Directive is scheduled for recertification on or before the last working day of October 31, 2018.

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Under Secretary for Health

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SUPERVISION OF PSYCHOLOGISTS, SOCIAL WORKERS, PROFESSIONAL MENTAL HEALTH COUNSELORS AND MARRIAGE AND FAMILY THERAPISTS PREPARING FOR LICENSURE

1. PURPOSE: This Veterans Health Administration (VHA) Directive clarifies the duties and responsibilities of Department of Veterans Affairs (VA) staff; who are licensed independent practitioners and who serve as clinical supervisors to psychologists, social workers, professional mental health counselors, or marriage and family therapists who are not yet licensed to practice at the independent level. AUTHORITY: 38 U.S.C. 7402.

2. BACKGROUND

   a. Most state licensure laws require postgraduate clinical supervision experience for psychologists, social workers, professional mental health counselors and marriage and family therapists. Therefore, newly hired recent graduates in these professions work under the supervision of a licensed clinician while completing full licensure requirements.

   b. VHA Psychology Qualification Standards (VA Handbook 5005, Pt. II, App. G18) require that a VHA psychologist must hold a full, current, and unrestricted license to practice psychology at the doctoral level in a State, Territory, Commonwealth of the United States, or the District of Columbia. It allows an exception to this requirement for an individual psychologist, for a period not to exceed 2 years from the date of employment, on the condition that such a psychologist provide care only under the supervision of a fully licensed psychologist.

   c. Social Work Qualification Standard (VA Handbook 5005, Pt. II, App. G39) states that persons hired or reassigned to social worker positions in the GS-185 series in VHA must be licensed or certified by a state to independently practice social work at the Master’s degree level. Current state requirements may be found on the Office of Human Resources Management (OHRM) Web site at http://vaww.va.gov/ohrm/T38Hybrid/HybridOccupations.htm (NOTE: this is an internal Web site and is not available to the public). For grades below or at the full performance level, VHA social workers who are not licensed or certified at the time of appointment must become licensed or certified at the independent, master’s level within 3 years of their appointment as a social worker. Most states require 2 years of post-Master’s of Social Work (MSW) experience as a prerequisite to taking the licensure/certification exam, and VHA gives social workers 1 additional year to pass the licensure/certification exam. In states such as California, Washington, and others, where the prerequisites for licensure exceed 2 years, social workers must become licensed at the independent, master’s level within 1 year of meeting the full state prerequisites for licensure.

   d. The Licensed Professional Mental Health Counselor Qualifications Standard (VA Handbook 5005, Pt. II, App. G43) requires that a Licensed Professional Mental Health Counselor (LPMHC) hold a full, current, and unrestricted license to independently practice mental health counseling, which includes diagnosis and treatment. It allows an exception to this requirement for individual Professional Mental Health Counselors (PMHC), for a period not to exceed 2 years from the date of employment, on the condition that such a PMHC provides care only under the supervision of a licensed LPMHC at or above the full performance level. This exception only applies at the entry level (GS-9).
e. The Marriage and Family Therapy (MFT) Qualification Standards (VA Handbook 5005, PT II, App. G44) require all Marriage and Family Therapists hired to hold a full, current, and unrestricted license to independently practice MFT in a State. Exceptions can be made for persons who are otherwise qualified, pending completion of state prerequisites for licensure examinations for a period not to exceed 2 years from the date of employment on the condition that marriage and family therapists appointed on this basis provide care only under the supervision of a fully licensed marriage and family therapist. This exception only applies at the entry level (GS-9).

f. Definitions:

(1) **Supervision.** Supervision consists of clinical consultation between the independent practitioner serving as supervisor and the psychologist, social worker, professional mental health counselor or marriage and family therapist; who is not licensed for the purposes of monitoring, informing, and guiding the provision of services.

(2) **Psychotherapy.** Psychotherapy refers to a specific psychological treatment modality utilized to address a current mental health diagnosis.

3. **POLICY:** It is VHA policy that a VHA psychologist, social worker, professional mental health counselor, or marriage and family therapist, who does not yet have a license that allows independent practice must be supervised by a licensed independent practitioner of the same discipline, who is a VA staff member and has access to the electronic health record.

4. **RESPONSIBILITIES:**

a. **Facility Director.** The Facility Director is responsible for:

(1) Ensuring that all VHA psychologists, social workers, professional mental health counselors, or marriage and family therapists, who do not yet have a license that allows for independent practice, are supervised by a licensed independent practitioner of the same discipline. A supervising practitioner must be a VA staff member and have access to the electronic health record.

(2) Ensuring that all VHA psychologists, social workers, professional mental health counselors, or marriage and family therapists not yet licensed meet regularly with their supervisor to discuss cases and proposed interventions. The frequency and nature of ongoing supervision is determined by the complexity of the patient’s needs and the documented competency of the not-yet licensed psychologist, social worker, professional mental health counselor, or marriage and family therapist providing clinical services.

(3) Ensuring that in all cases, the supervisor remains regularly informed and updated on the nature of the clinical services provided by the supervisee. In no instance is the amount of supervision to be less than that required for unlicensed providers still in training according to the state licensing standards.
(4) Ensuring that all clinical supervisors, acting in the best interests of patients, take the necessary corrective steps to address any deficiencies in care provided by supervisees.

(5) Ensuring the clinical supervisor arranges for alternate supervision when the clinical supervisor is unavailable, when clinical supervision of a particular case would not be ethically appropriate for the primary supervisor (as in the case of a potential conflict of interest or dual relationship), or when the clinical issues presented by a patient are outside of the primary supervisor’s areas of expertise.

(6) Ensuring that not-yet licensed psychologists who are hired directly after completion of internship, have clinical supervision that is equivalent to the amount required for American Psychological Association (APA) accreditation of a postdoctoral program during the first year of employment. For these individuals, at least four hours of supervision are required each week, at least 2 hours of which must be individual, face-to-face supervision.

b. **Clinical Supervisors.** The clinical supervisor is responsible for:

(1) Ensuring the Veteran’s health record clearly demonstrates involvement of the clinical supervisor in the supervised staff member-Veteran encounters by co-signing the health record entry. A supervisor’s co-signature signifies that the supervisor has reviewed the entry and concurs with the content of the entry. The supervisor may provide additional comments or information, as appropriate, in an addendum to the entry. The amount and type of supervision provided also must be indicated either in the note or in an addendum added by the supervisor.

(2) Ensuring that the supervisor’s signing and dating of progress notes include an indication of the level of supervision in order to provide adequate documentation of supervision for VA purposes. For the veteran who is seen by the not-yet licensed staff member weekly or less frequently, each health record entry must have documentation of supervision. For the Veteran who is seen more than once a week, at least one health record entry each week must have documentation of supervision. A major change in the Veteran’s condition may require more frequent or closer supervision. **NOTE:** If an unlicensed social worker is only providing information and education regarding VHA or community resources and services and is not evaluating for, diagnosing, or treating a mental health condition or evaluating and treating a psychosocial condition, the notes pertaining to those services do not need to be co-signed; however, the nature of the service must be clear in the progress note.

(3) Ensuring that the supervisor and unlicensed staff member abide by any additional state regulations concerning documentation of supervision when the supervision provides necessary hours toward licensure eligibility.

5. **REFERENCES:**

