



MARRIAGE AND FAMILY THERAPIST SECTION

**MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING
AND SOCIAL WORK EXAMINING BOARD**

Room 121A, 1400 East Washington Avenue, Madison WI

Contact: Dan Williams (608) 266-2112

July 25, 2016

The following agenda describes the issues that the Section plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Section. A quorum of the MPSW Joint Board may be present.

9:00 A.M.

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

- A. Adoption of the Agenda (1-2)**
- B. Approval of the Minutes of March 28, 2016 (3-5)**
- C. Administrative Matters – Discussion and Consideration**
 - 1) Staff Updates
 - 2) Section Member – Term Expiration Date
 - a. Bridget Ellingboe – 7/1/2016 (*re-appointed, not yet confirmed*)
 - b. Peter Fabian – 7/1/2018
 - c. Alice Hanson-Drew – 7/1/2013
 - d. Linda Pellmann – 7/1/2015 (*re-appointed not yet confirmed*)
 - 3) Election of Officers **(6-8)**
 - 4) Appointment of Liaisons and Delegation of Authority
 - a. Monitoring Liaison and Department Monitor **(9-10)**
- D. Association of Marital and Family Therapy Regulatory Boards (AMFTRB) Tele-Therapy Proposal – Discussion and Consideration (11-28)**
- E. Supervisor of Record Form – Discussion and Consideration (29-30)**
- F. School Program Liaison Update – Discussion and Consideration (31)**
- G. MFT Position Statements – Discussion and Consideration (32-35)**
- H. Discussion and Consideration of Items Received After Preparation of the Agenda:**
 - 1) Introductions, Announcements and Recognition
 - 2) Presentation(s) of Petition(s) for Summary Suspension
 - 3) Presentation(s) of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 4) Presentation of Proposed Final Decision and Order(s)
 - 5) Informational Item(s)

- 6) Division of Legal Services and Compliance (DLSC) Matters
- 7) Education and Examination Matters
- 8) Credentialing Matters
- 9) Approval(s) for Psychometric Testing
- 10) Practice Question(s)/Issues
- 11) Legislation/Administrative Rule Matters
- 12) Liaison Report(s)
- 13) Motions
- 14) Speaking Engagement(s), Travel, or Public Relation Request(s)

I. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

J. **Deliberation on Division of Legal Services and Compliance (DLSC) Matters**

- 1) **Administrative Warnings**
 - a. 16 MFT 001 (R.J.B.) **(36-37)**
- 2) **Proposed Stipulations, Final Decisions, and Orders**
 - a. 15 MFT 003 (E.P.L.) **(38-43)**
- 3) **Case Closings**

K. **Application Review**

L. Deliberation of Items Received After Preparation of the Agenda

- 1) Application Issues and/or Reviews
- 2) Professional Assistance Procedure (PAP) Matters
- 3) Monitoring Matters
- 4) Proposed Stipulation(s), Final Decision(s) and Order(s)
- 5) Administrative Warnings
- 6) Review of Administrative Warning
- 7) Order(s) Fixing Cost(s)/Matters Related to Costs
- 8) Division of Legal Services and Compliance (DLSC) Matters
- 9) Proposed Final Decisions and Orders
- 10) Petitions for Summary Suspension
- 11) Petitions for Re-hearing(s)
- 12) Education and Examination Matters
- 13) Credentialing Matters
- 14) Appearance(s) from Request(s) Received or Renewed
- 15) Motions

M. Consulting with Legal Counsel

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Voting on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

ADJOURNMENT

The next scheduled meeting is October 25, 2016.

**MARRIAGE AND FAMILY THERAPY SECTION
MEETING MINUTES
MARCH 28, 2016**

PRESENT: Bridget Ellingboe, Peter Fabian, Alice Hanson-Drew, Linda Pellmann (*was excused from the meeting at 11:21 a.m. and rejoined the meeting at 11:44 a.m.*)

STAFF: Dan Williams – Executive Director, Nilajah Hardin – Bureau Assistant, Sharon Henes – Administrative Rules Coordinator, and other DSPS Staff

CALL TO ORDER

Alice-Hanson Drew called the meeting to order at 9:59 a.m. A quorum of four (4) members was confirmed.

ADOPTION OF AGENDA

MOTION: Bridget Ellingboe moved, seconded by Peter Fabian, to approve the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF NOVEMBER 30, 2015

MOTION: Peter Fabian moved, seconded by Linda Pellmann, to approve the November 30, 2015 minutes as published. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

Proposals for MPSW 1 Relating to Renewal and Reinstatement

MOTION: Linda Pellmann moved, seconded by Bridget Ellingboe, the Marriage and Family Therapist Section reviewed MPSW 1 Relating to Renewal and Reinstatement and supports the proposed language of MPSW 1.085. Motion carried unanimously.

PROPOSAL TO RECOGNIZE CALIFORNIA'S LMFT LICENSE AS SUBSTANTIALLY EQUIVALENT FOR PURPOSES OF RECOGNITION FOR WISCONSIN LICENSURE

MOTION: Peter Fabian moved, seconded by Linda Pellmann, to recognize an active California Licensed Marriage and Family Therapist Credential as substantially equivalent to a Wisconsin Marriage and Family Therapist License for purposes of reciprocity per Wis. Stat. § 457.15(2). Motion carried unanimously.

Linda Pellmann was excused from the meeting at 11:21 a.m.

MFT POSITION STATEMENTS

MOTION: Peter Fabian moved, seconded by Bridget Ellingboe, to authorize the following changes to the MFT Position Statements page of the DSPS website:

1. Removal of “How Does a LMFT License Compare to Other Mental Health Licensures Offered in Wisconsin?”
2. Addition of “What is the Practice of Marriage and Family Therapy?”
3. Addition of “Who May Practice Marriage and Family Therapy?”
4. Revision of “How Many Hours of Supervised Experience do Applicants Need?” to update statutory references and remove “in no less than two years”
5. Revision of “Who can Supervise Applicants for Licensure?” to include under 4) “or AAMFT approved supervisor candidate”
6. Revision of “Are LMFTs Required to Carry Malpractice Insurance?” to update statutory references and remove “Clinical Social Workers and Professional Counselors”

Motion carried unanimously.

CLOSED SESSION

MOTION: Peter Fabian moved seconded by Bridget Ellingboe, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Alice Hanson-Drew read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Bridget Ellingboe-yes; Peter Fabian-yes; Alice Hanson-Drew-yes. Motion carried unanimously.

At this time, all external communication contacts will be terminated for purposes of going into Closed Session.

The Section convened into Closed Session at 11:34 a.m.

RECONVENE TO OPEN SESSION

MOTION: Peter Fabian moved, seconded by Linda Pellmann, to reconvene into open session. Motion carried unanimously.

The Section reconvened into Open Session at 12:50 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Linda Pellmann moved, seconded by Bridget Ellingboe, to affirm all motions made in closed session. Motion carried unanimously.

CASE CLOSINGS

15 MFT 007

MOTION: Peter Fabian moved, seconded by Bridget Ellingboe, to close DLSC case number 15 MFT 007, for Insufficient Evidence. Motion carried unanimously.

ORDER FIXING COSTS

Linda Pellmann rejoined the meeting at 11:44 a.m.

Ellen Pederson-Lewis, L.M.F.T. (ORDER0004113)(DHA case number SPS-14-0086)(DLSC case number 13 MFT 003)

MOTION: Linda Pellmann moved, seconded by Bridget Ellingboe, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Ellen Pederson-Lewis, Respondent (ORDER0004113)(DHA case number SPS-14-0086)(DLSC case number 13 MFT 003). The Section considered the Respondent's request to reduce or eliminate costs and decided not to grant the request. Motion carried unanimously.

ADMINISTRATIVE MATTERS

MOTION: Linda Pellmann moved, seconded by Peter Fabian to appoint Bridget Ellingboe as a Credentialing Liaison. Motion carried unanimously.

MOTION: Linda Pellmann moved, seconded by Peter Fabian to table the Election of Officers, Appointment of Liaisons and Delegation of Authority to a future meeting. Motion carried unanimously.

ADJOURNMENT

MOTION: Linda Pellmann moved, seconded by Peter Fabian, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:59 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Nilajah Hardin, Bureau Assistant		2) Date When Request Submitted: 03/17/16	
		Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Marriage and Family Therapist Section			
4) Meeting Date: 07/25/16	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Matters – Discussion and Consideration Election of Officers Appointment of Liaisons and Delegation of Authority	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Section shall Elect Officers and have the Chair appoint Liaisons. The Section shall also delegate authority as necessary.			
11) Authorization			
<i>Nilajah D. Hardin</i>		03/17/16	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

March 2015

2015 ELECTION RESULTS	
Section Chair	Alice-Hanson Drew
Vice Chair	Linda Pellmann
Secretary	Peter Fabian

2015 LIAISON APPOINTMENTS	
WAMFT Liaison	Linda Pellmann
DLSC Liaison (including CE, PAP, Monitoring)	Peter Fabian
Credentialing Liaison	Linda Pellmann Peter Fabian
Continuing Education Liaison	Peter Fabian
AMFTRB Liaison	Peter Fabian

2015 SCREENING PANEL APPOINTMENTS	
January - December 2015	Alice Hanson-Drew, Peter Fabian <i>Alternate: Linda Pellmann</i>

Delegation of Authority

MOTION: Peter Fabian moved, seconded by Linda Pellmann, that the Section delegates authority to the Chair to sign documents on behalf of the Section. In order to carry out duties of the Section, the Chair has the ability to delegate this signature authority to the Section's Executive Director for purposes of facilitating the completion of assignments during or between meetings. Motion carried unanimously.

MOTION: Linda Pellmann moved, seconded by Peter Fabian, in order to facilitate the completion of assignments between meetings, the Section delegates its authority by order of succession to the Chair, highest ranking officer, or longest serving member of the Section, to appoint liaisons to the Department where knowledge or experience in the profession is required to carry out the duties of the Section in accordance with the law. Motion carried unanimously.

MOTION: Linda Pellmann moved, seconded by Peter Fabian, that Section Counsel or another Department attorney is formally authorized to serve as the Section's designee for purposes of Wis. Admin. Code SPS § 1.08(1). Motion carried unanimously

MOTION: Peter Fabian moved, seconded by Linda Pellmann, to delegate credentialing authority to DSPS for those submitted applications that meet the criteria of Rule and Statute and thereby would not need further Section or Section liaison review. Motion carried unanimously.

MOTION: Peter Fabian moved, seconded by Linda Pellmann, to adopt the "Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor" document. Motion carried unanimously.

MOTION: Linda Pellmann moved, seconded by Peter Fabian, to delegate authority to the Credentialing Liaison(s) to address all issues related to credentialing matters. Motion carried unanimously.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kelley Sankbeil Monitoring Supervisor Division of Legal Services and Compliance		2) Date When Request Submitted: January 9, 2016 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Marriage and Family Therapists Section			
4) Meeting Date: April 19, 2016	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Delegation of Authority to Monitoring Liaison and Department Monitor	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Delegated Authority Motion: <i>“_____ moved, seconded by _____ to adopt/reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today’s agenda packet.”</i>			
11)  Authorization <div style="display: flex; justify-content: space-between;"> Signature of person making this request January 9, 2016 </div> <hr/> <div style="display: flex; justify-content: space-between;"> Supervisor (if required) Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors to enforce Board/Section orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing education.
6. Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.
7. Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain the signature or written authorization from the Liaison.
- 8. Grant or deny a request to appear before the Board/Section in closed session.**

Current Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board/Section-ordered CE and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: MPSW Joint Board – Marriage and Family Therapist Section			
4) Meeting Date:	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? AMFTRB tele-therapy proposal – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: See attachment			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

AMFTRB

Teletherapy Guidelines

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Overview

The AMFTRB Teletherapy Committee was created and tasked with developing a set of guidelines for use by member boards when regulating the practice of teletherapy by Licensed Marriage and Family Therapists (LMFTs) across the country. The committee agreed upon the following tenets which informed each of the guidelines herein:

- I. Public protection must be the overriding principle behind each guideline.
- II. Each guideline should be written with consideration for the possibility of a national teletherapy credential.
- III. The regulation of teletherapy practice is intertwined with the challenges of portability of LMFT licensure across state lines.
- IV. Each guideline must be a recommendation for a minimum standard for safe practice *not* a best practice recommendation.
- V. A teletherapy standard should not be more restrictive than the respective face-to-face standard for safe practice.
- VI. All existing minimum standards for face-to-face client interaction are assumed for teletherapy practice.
- VII. Each guideline should be written with special consideration of those uniquely systemic challenges.

Definitions

To be completed.

Guidelines for the Regulation of Teletherapy Practice

1. Adhering to Laws and Rules in Each Jurisdiction

- Therapists must comply with the relevant licensing laws in the jurisdiction where the therapist is physically located when providing the care and where the client is located when receiving care. Note, in the United States the jurisdictional licensure requirement is usually tied to where the client is physically located when he or she is receiving the care, not where the client lives. Many states will only process complaints from residents of their state.
- Therapists of one state who are providing marriage and family therapy to clients in another state must comply with the laws and rules of both jurisdictions.
- Treatment, consultation, and supervision utilizing technology-assisted services will be held to the same standards of appropriate practice as those in traditional (in person) settings.

2. Training/Educational Requirements of Professionals

- Therapists must be accountable to states of jurisdiction education requirements for teletherapy prior to initiating teletherapy.
- Therapists should advertise and perform only those services they are licensed, certified, and trained to provide. The anonymity of electronic communication makes misrepresentation possible for both therapists and clients. Because of the potential misuse by unqualified individuals, it is essential that information be readily verifiable to ensure client protection.
- Therapists should review their discipline's definitions of "competence" prior to initiating teletherapy client care to assure that they maintain recommended technical and clinical competence for the delivery of care in this manner. Therapists should have completed basic education and training in suicide prevention. While the depth of training and the definition of "basic" are solely at the therapist's discretion, the therapist's competency may be evaluated by the state board.
- Therapists should assume responsibility to continually assess both their professional and technical competence when providing teletherapy services.
- Minimum 15 hours initial training. Minimum of 5 hours every 5 years is required. Must demonstrate continued competence in a variety of ways (e.g. encryption of data, HIPAA compliant connections).
 - Teletherapy Theory and Practice
 - Telephone and Video Conferencing
 - Legal/Ethical Issues
 - Handling Online Emergencies
 - Best Practices & Informed Consent

3. Identity Verification of Client

- Therapists must recognize the obligations, responsibilities, and client rights associated with establishing and maintaining a therapeutic relationship.

- An appropriate therapeutic relationship has not been established when the identity of the therapist may be unknown to the client or the identity of the client(s) may be unknown to the therapist. An initial face-to-face meeting, which may utilize HIPAA compliant video-conferencing, is highly recommended to verify the identity of the client. If such verification is not possible, the burden is on the therapist to document appropriate verification of the client.
- A therapist should not render therapy using technology-assisted services without verifying the location and identifying the requesting client(s) to the most reasonable extent possible at the onset of each session.
- Therapists should develop written procedures for verifying the identity of the recipient, his or her current location, and readiness to proceed at the beginning of each contact. Examples of verification means include the use of code words, phrases or inquiries. (For example, “is this a good time to proceed?”).

4. Establishing the Therapist-Client Relationship

- A therapist who engages in technology-assisted services must provide the client with his/her license number and information on how to contact the board by telephone, electronic communication, or mail, and must adhere to all other rules and regulations in the relevant jurisdiction(s).
- The relationship is clearly established when informed consent documentation is signed.
- Therapists must communicate any risks and benefits of the teletherapy services to be offered to the client(s) and document such communication.
- Screening for client technological capabilities is part of the initial intake processes. (Ex. This type of screening could be accomplished by asking clients to complete a brief questionnaire about their technical and cognitive capacities.)
- Teletherapy services must have accurate and transparent information about the website owner/operator, location, and contact information, including a domain name that accurately reflects the identity.
- The therapist and/or client must use connection test tools (e.g., bandwidth test) to test the connection before starting their videoconferencing session to ensure the connection has sufficient quality to support the session.

5. Cultural Competency Issues

- Therapists should be aware of and sensitive to clients from different cultures and have basic clinical competency skills providing these services.
- Therapists should be aware of the limitations of teletherapy and recognize and respect cultural differences (e.g. when therapist is unable to see the client, non-verbal cues). Therapists should remain aware of their own potential projections, assumptions, and cultural biases.
- Therapists should select and develop appropriate online methods, skills, and techniques that are attuned to their clients’ cultural, bicultural, or marginalized experiences in their environments.
- Client perspectives of therapy and service delivery via technology may differ. In addition, culturally competent therapists should know the strengths and limitations of current electronic modalities, process and practice models, to provide services that are applicable and relevant to

the needs of culturally and geographically diverse clients and members of vulnerable populations.

- Therapists should consider time zone, cultural differences, and readability of written communications.
- Sensory deficits, especially visual and auditory, can affect the ability to interact over a videoconference connection. Therapists should consider the use of technologies that can help with visual or auditory deficit. Techniques should be appropriate for a client who may be cognitively impaired, or find it difficult to adapt to the technology.

6. Informed Consent/Client Choice to Engage in Teletherapy

Availability of Professional to Client

- The therapist must document the provision of consent in the medical record. The consent should include all information contained in the consent process for in-person care including discussion of the structure and timing of services, record keeping, scheduling, privacy, potential risks, confidentiality, mandatory reporting, and billing.
- This information must be specific to the identified service delivery type and include considerations for that particular individual.
- The information must be provided in language that can be easily understood by the client. This is particularly important when discussing technical issues like encryption or the potential for technical failure.
- Local, regional and national laws regarding verbal or written consent must be followed. If written consent is required, then electronic signatures may be used if they are allowed in the relevant jurisdiction.
- In addition to the usual and customary protocol of informed consent between therapist and client for face-to-face counseling, the following issues, unique to the use of teletherapy, technology, and/or social media, are addressed in the informed consent process:
 - confidentiality and the limits to confidentiality in electronic communication;
 - distance counseling credentials, physical location of practice, and contact information;
 - licensure qualifications and information on reporting complaints to appropriate licensing bodies;
 - risks and benefits of engaging in the use of teletherapy, technology, and/or social media;
 - possibility of technology failure and alternate methods of service delivery;
 - process by which client information will be documented and stored;
 - anticipated response time and acceptable ways to contact the therapist;
 - agreed upon emergency procedures;
 - procedures for coordination of care with other professionals;
 - conditions under which teletherapy services may be terminated and a referral made to in-person care;
 - time zone differences;
 - cultural and/or language differences that may affect delivery of services;
 - possible denial of insurance benefits;
 - social media policy;
 - specific services provided;
 - pertinent legal rights and limitations governing practice across state lines or international boundaries, when appropriate; and

- information collected and any passive tracking mechanisms utilized.
- Given that therapists may be offering teletherapy to individuals in different states at any one time, the therapists must document all relevant state regulations in the respective record(s). The therapist is responsible for knowing the correct informed consent forms for each applicable jurisdiction.
- Therapists should provide clients clear mechanisms to:
 - access, supplement, and amend client-provided personal health information;
 - provide feedback regarding the site and the quality of information and services; and
 - register complaints, including information regarding filing a complaint with the applicable state licensing board(s).

7. Acknowledgement of Limitations of Teletherapy

- Therapists must: (a) determine that teletherapy or telesupervision is appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs; (b) inform clients or supervisees of the potential risks and benefits associated with teletherapy and telesupervision, respectively; (c) ensure the security of their communication medium; and (d) only commence teletherapy or telesupervision after appropriate education, training, or supervised experience using the relevant technology.
- Clients and supervisees must be made aware of the risks and responsibilities associated with teletherapy and telesupervision. Therapists are to advise clients and supervisees in writing of these risks, and of both the therapist's and clients'/supervisees' responsibilities for minimizing such risks.
- Therapists should consider the differences between face-to-face and electronic communication (nonverbal and verbal cues) and how these may affect the therapy process. Therapists should educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.
- Therapists will be aware of the limitations of teletherapy and recognize and respect cultural differences (e.g. when therapist is unable to see the client, non-verbal cues). Therapists will remain aware of their own potential projections, assumptions, and cultural biases.
- Therapists should recognize the members of the same family system may have different levels of competence and preference using technology. Therapists should acknowledge power dynamics when there are differing levels of technological competence within a family system.
- The burgeoning research in teletherapy suggests the effectiveness of certain types of interactive teletherapy interventions to their in-person counterparts (specific therapies delivered over videoconferencing and telephone). Therefore, before therapists engage in providing teletherapy services, they should conduct an initial assessment to determine the appropriateness of the teletherapy service to be provided for the client(s). Such an assessment may include the examination of the potential risks and benefits to provide teletherapy services for the client's particular needs, the multicultural and ethical issues that may arise, and a review of the most appropriate medium (e.g., video-conference, text, email, etc.) or best options available for the service delivery. It may also include considering whether comparable in-person services are

available, and why services delivered via teletherapy are equivalent or preferable to such services. In addition, it is incumbent on the therapist to engage in a continual assessment of the appropriateness of providing teletherapy services throughout the duration of the service delivery.

8. Working with Children

- Therapists must determine if a client is a minor and, therefore, in need of parental/guardian consent. Before providing teletherapy services to a minor, therapist must verify the identity of the parent, guardian, or other person consenting to the minor's treatment.
- In cases where conservatorship, guardianship or parental rights of the client have been modified by the court, therapists must obtain and review a written copy of the custody agreement or court order before the onset of treatment.

9. Confidentiality of Communication

- Therapists utilizing teletherapy should meet or exceed applicable federal and state legal requirements of health information privacy including HIPAA/HITECH.
- Therapists should assess carefully the remote environment in which services will be provided, to determine what impact, if any, there might be to the efficacy, privacy and/or safety of the proposed intervention offered via teletherapy.
- Therapists both understand and inform their clients of the limits to confidentiality and risks to the possible access or disclosure of confidential data and information that may occur during service delivery, including the risks of access to electronic communications.

10. Professional Boundaries Regarding Virtual Presence

- Reasonable expectations about contact between sessions should be discussed and verified with the client. At the start of the treatment, the client and therapist should discuss whether or not the provider will be available for phone or electronic contact between sessions and the conditions under which such contact is appropriate. The therapist should provide a specific time frame for expected response between session contacts. This should also include a discussion of emergency management between sessions.
- To facilitate the secure provision of information, therapists should provide in writing the appropriate ways to contact them.
- Therapists are discouraged from knowingly engaging in a personal virtual relationship with clients (e.g., through social and other media). Therapists should document any known virtual relationships with clients/associated with clients.
- Therapists should discuss, document, and establish professional boundaries with clients regarding the appropriate use and/or application of technology and the limitations of its use within the counseling relationship (e.g., lack of confidentiality, times when not appropriate to use).
- Therapists are aware that whatever personal information they disclose through electronic means may be broadly accessible and could be in the public domain. Even with privacy settings there are ways that information can be accessed. Therapists must protect their own privacy as adequately as possible.

11. Social Media

- Therapists should develop written procedures for the use of social media and other related digital technology with current and former recipients. These written procedures should, at a minimum, provide appropriate protections against the disclosure of confidential information. These procedures should also identify that personal social media accounts are distinct from any used for professional purposes.
- In cases where therapists wish to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles should be created to clearly distinguish between the two kinds of virtual presence.
- Therapists should respect the privacy of their clients' presence on social media unless given consent to view such information.
- Therapists should avoid the use of public social media sources (e.g., tweets, blogs, etc.) to provide confidential information.
- Therapists should refrain from referring to clients generally or specifically on social media.
- Therapists who use social networking sites for both professional and personal purposes are encouraged to review and educate themselves about the potential risks to privacy and confidentiality and consider utilizing all available privacy settings to reduce these risks. They are mindful of the possibility that any electronic communication can have a high risk of public discovery.
- Therapists who engage in online blogging are aware that they are revealing personal information about themselves, and are aware that clients may read the material. Therapists consider the effect of a client's knowledge of their blog information on the professional relationship, and when providing marriage and family therapy, place the client's interests as paramount.

12. Sexual Issues in Teletherapy

- Treatment, consultation, and supervision utilizing teletherapy or telesupervision services must be held to the same standards of appropriate practice as those in traditional (in person) settings.
- Sexual intimacy with current or former clients or with known members of the client's family system is prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

13. Documentation/Record Keeping

- All direct client-related electronic communications, should be stored and filed in the client's medical record, consistent with traditional record-keeping policies and procedures.
- Written policies and procedures should be maintained at the same standard as traditional face-to-face services for documentation, maintenance, and transmission of the records of the services using teletherapy technologies.
- Services should be accurately documented as remote services and include dates, place of both therapist and client(s) location, duration, and type of service(s) provided.
- Requests for access to records should require written authorization from the client with a clear indication of what types of data and which information is to be released. If therapists are storing

the audiovisual data from the sessions, these cannot be released unless the client authorization indicates specifically that this is to be released.

- Therapists are encouraged to create policies and procedures for the secure destruction of data and information and the technologies used to create, store, and transmit data and information.
- Therapists should inform clients on how records are maintained electronically. This includes, but is not limited to, the type of encryption and security assigned to the records, and if/for how long archival storage of transaction records is maintained.
- Clients should be informed in writing of the limitations and protections offered by the therapist's technology.

14. Payment and Billing Procedures

- Prior to the commencement of initial services, the client should be informed of any and all financial charges that may arise from the services to be provided. Arrangement for payment should be completed prior to the commencement of services.
- All billing and administrative data related to the client must be secured to protect confidentiality. Only relevant information is released for reimbursement purposes as outlined by HIPAA.
- Therapist should document who is present and use appropriate billing codes.
- Therapist should ensure online payment methods by clients are secure.

15. Emergency Management

- Each jurisdiction has its own involuntary hospitalization and duty-to-notify laws outlining criteria and detainment conditions. Professionals must know and abide by the rules and laws in the jurisdiction where the therapist is located and where the client is receiving services.
- At the onset of the delivery of teletherapy services, therapists make reasonable effort to identify and learn how to access relevant and appropriate emergency resources in the client's local area, such as emergency response contacts (e.g., emergency telephone numbers, hospital admissions, local referral resources, clinical champion at a partner clinic where services are delivered, a support person in the client's life when available and appropriate consent has been authorized).
- Therapists should have clearly delineated emergency procedures and access to current resources in each of their client's respective locations; simply offering 911 is insufficient.
- If a client recurrently experiences crises/emergencies suggestive that in-person services may be appropriate, therapists take reasonable steps to refer a client to a local mental health resource or begin providing in-person services.
- Therapists prepare a plan to address any lack of appropriate resources, particularly those necessary in an emergency, and other relevant factors which may impact the efficacy and safety of said service. Therapists make reasonable effort to discuss with and provide all clients with clear written instructions as to what to do in an emergency (e.g., where there is a suicide risk). As part of emergency planning, therapists should be knowledgeable of the laws and rules of the jurisdiction in which the client resides and the differences from those in the therapist's jurisdiction, as well as document all their emergency planning efforts.

- In the event of a technology breakdown, causing disruption of the session, the therapist should have a backup plan in place. The plan should be communicated to the client prior to commencement of the treatment and may also be included in the general emergency management protocol.

16. Synchronous vs. Asynchronous Contact with Client(s)

- Communications may be synchronous with multiple parties communicating in real time (e.g., interactive videoconferencing, telephone) or asynchronous (e.g. email, online bulletin boards, storing and forwarding information). Technologies may augment traditional in-person services (e.g., psychoeducational materials online after an in-person therapy session), or be used as stand-alone services (e.g., therapy or supervision provided over videoconferencing). Different technologies may be used in various combinations and for different purposes during the provision of teletherapy services. The same medium may be used for direct and non-direct services. For example, videoconferencing and telephone, email, and text may also be utilized for direct service while telephone, email, and text may be used for non-direct services (e.g. scheduling). Regardless of the purpose, therapists should be aware of the potential benefits and limitations in their choices of technologies for particular clients in particular situations.

17. HIPAA Security, Web Maintenance, and Encryption Requirements

- Videoconferencing applications should have appropriate verification, confidentiality, and security parameters necessary to be properly utilized for this purpose.
- Video software platforms should not be used when they include social media functions that notify users when anyone in contact list logs on (skype, g-chat).
- Capability to create a video chat room should be disabled so others cannot enter at will.
- Personal computers used should have up-to-date antivirus software and a personal firewall installed.
- All efforts should be taken to make audio and video transmission secure by using point-to-point encryption that meets recognized standards.
- Videoconferencing software should not allow multiple concurrent sessions to be opened by a single user.
- Session logs stored by 3rd party locations should be secure.
- Therapists should conduct analysis of the risks to their practice setting, telecommunication technologies, and administrative staff, to ensure that client data and information is accessible only to appropriate and authorized individuals.
- Therapists should encrypt confidential client information for storage or transmission, and utilize such other secure methods as safe hardware and software and robust passwords to protect electronically stored or transmitted data and information.
- When documenting the security measures utilized, therapists should clearly address what types of telecommunication technologies are used (e.g., email, telephone, videoconferencing, text), how they are used, whether teletherapy services used are the primary method of contact or augments in-person contact.

18. Archiving/Backup Systems

- Therapists should retain copies of all written communications with distance service recipients. Examples of written communications include email/text messages, instant messages, and histories of chat based discussions even if they are related to housekeeping issues such as change of contact information or scheduling appointments.
- PHI and other confidential data should only be backed up to or stored on secure data storage locations.
- Therapists will have a plan for the professional retention of records and availability to clients in the event of the therapist's incapacitation or death.

19. Electronic Links

- Therapists should regularly ensure that electronic links are working and are professionally appropriate.
- The therapist and/or client may use connection test tools (e.g. bandwidth test) to test the connection before starting their session to ensure the connection has sufficient quality to support the session.

20. Testing/Assessment

- When employing assessment procedures in teletherapy, therapists should familiarize themselves with the tests' psychometric properties, construction, and norms in accordance with current research. Potential limitations of conclusions and recommendations that can be made from online assessment procedures should be clarified with the client prior to administering online assessments.
- Therapists are encouraged to consider the unique issues that may arise with test instruments and assessment approaches designed for in-person implementation when providing services.
- Therapists should maintain the integrity of the application of the testing and assessment process and procedures when using telecommunication technologies. When a test is conducted via teletherapy, therapists are encouraged to ensure that the integrity of the psychometric properties of the test or assessment procedure (e.g., reliability and validity) and the conditions of administration indicated in the test manual are preserved when adapted for use with such technologies.
- Therapists are encouraged to be cognizant of the specific issues that may arise with diverse populations when providing teletherapy and make appropriate arrangements to address those concerns (e.g., language or cultural issues; cognitive, physical or sensory skills or impairments; or age may impact assessment). In addition, therapists may consider the use of a trained assistant (e.g., proctor) to be on premise at the remote location in an effort to help verify the identity of the client(s), provide needed on-site support to administer certain tests or subtests, and protect the security of the testing and/or assessment process.

- Therapists should use test norms derived from telecommunication technologies administration if such are available. Therapists are encouraged to recognize the potential limitations of all assessment processes conducted via teletherapy, and be ready to address the limitations and potential impact of those procedures.
- Therapists should be aware of the potential for unsupervised online testing to compromise the standardization of administration procedures and take steps to minimize the associated risks. When data are collected online, security should be protected by the provision of usernames and passwords. Therapists should inform their clients of how test data will be stored (e.g., electronic database that is backed up). Regarding data storage, ideally secure test environments use a three-tier server model consisting of an internet server, a test application server, and a database server. Therapists should confirm with the test publisher that the testing site is secure and that it cannot be entered without authorization.
- Therapists should be aware of the limitations of “blind” test interpretation, that is, interpretation of tests in isolation without supporting assessment data and the benefit of observing the test taker. These limitations include not having the opportunity to make clinical observations of the test taker (e.g., test anxiety, distractibility, or potentially limiting factors such as language, disability etc.) or to conduct other assessments that may be required to support the test results (e.g., interview).

21. Supervision Standards vs. Client Standards

- Therapists should hold supervision to the same standards as all other technology-assisted services
- Before using technology in supervision, supervisors should be competent in the use of those technologies. Supervisors should take the necessary precautions to protect the confidentiality of all information transmitted through any electronic means and maintain competence.
- The type of communications used for telesupervision should be appropriate for the types of services being supervised, clients and supervisee needs. Telesupervision is provided in compliance with the supervision requirements of the appropriate licensing board(s). Therapists should review state board requirements specifically regarding face-to-face contact with supervisee as well as the need for having direct knowledge of all clients served by his or her supervisee.

Contributors

To be completed.

DRAFT

Resources

To be completed.

DRAFT

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: MPSW Joint Board – Marriage and Family Therapist Section			
4) Meeting Date:	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Supervisor of Record form – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Peter Fabian would like to discuss the form.			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

Ship To: 1400 E. Washington Avenue
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Website: <http://dsps.wi.gov>

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

EMPLOYMENT FORM FOR SUPERVISED MARRIAGE AND FAMILY THERAPY PRACTICE

(To be completed by applicants who applying for a training license.)

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I am in a position or have an offer for a position in a supervised Marriage and Family Therapy practice and will receive supervision exercised by:

Check supervisor's qualification(s):

- A licensed Marriage and Family Therapist with a doctorate degree in Marriage and Family Therapy.
- A licensed Marriage and Family Therapist who has engaged in the equivalent of 5 years of full-time Marriage and Family Therapy practice.
- A psychiatrist licensed under Wis. Stat. § 448.
- A psychologist licensed under Wis. Stat. § 455.
- A person who holds an "approved supervisor" certificate from American Association for Marriage and Family Therapy (AAMFT) or an AAMFT supervisor-in-training.
- Another qualified professional approved by the Marriage and Family Therapy Section **in advance** of the supervision of the practice of Marriage and Family Therapy. Please attach a written request for approval to this form. The request must state the educational and practice credentials of the supervisor; the reason you are requesting this individual rather than the approved supervisors as allowed under Wis. Admin. Code § MPSW 16.05(1)(a-d); and the steps you have taken to obtain supervision from an individual pre-approved under Wis. Admin. Code § MPSW 16.05(1)(a-d).

The supervisor may not permit a supervisee to engage in any Marriage and Family Therapy practice that the supervisor cannot competently supervise. The supervisor shall be legally and ethically responsible for the activities of the Marriage and Family Therapy supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors shall be able to interrupt or stop the supervisee from practicing in given cases and to stop the supervised relationship if necessary.

The person whose practice is being supervised shall receive a minimum of 1 hour of face-to-face supervision for each 10 hours of client contact.

Employer Name

Supervisor Name and Position/Title

Supervisor Credential Number

 -

Supervisor Signature:

Date:

 / /

**State of Wisconsin
Department of Safety & Professional Services**

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3) Name of Board, Committee, Council, Sections: MPSW Joint Board – Marriage and Family Therapist Section			
4) Meeting Date:	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? School program liaison update – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Update from Peter Fabian as to school curriculum approvals.			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

**State of Wisconsin
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3) Name of Board, Committee, Council, Sections: MPSW Joint Board – Marriage and Family Therapist Section			
4) Meeting Date: July 25, 2016	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review the position statements on the web site – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
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MFT POSITION STATEMENT REVIEW

WHO MAY PRACTICE MARRIAGE AND FAMILY THERAPY?

Only a Licensed Marriage and Family Therapist. (See Wis. Stat. §§457.01 (3) and 457.04 (5))

My only question relates to the question about who may practice MFT. The answer proposed is only a licensed MFT. That is probably about 99% correct, but if you look at the statute it says that no person may practice MFT unless they are a licensed MFT or a licensed clinical social worker who initially became certified as an independent clinical social worker under ch. 457, 1999 stats., on or before May 31, 1995. I was wondering if the section talked about this or not.

WHAT REPORTING OBLIGATIONS DO I HAVE?

- If you have reasonable cause to suspect that a child you have seen in the course of your professional duties has been abused or neglected, you have an obligation to report it. (See section [48.981](#) of the Statutes for details.)
- If you have reasonable cause to suspect that a client you have seen in the course of your professional duties is a victim of sexual contact by a therapist, you must ask the client if s/he wants you to report it. (See section [940.22](#) of the Statutes for details.)
- Any organization or individual that employs a social worker, marriage and family therapist, or professional counselor must report to the examining board any adverse or disciplinary action that terminates, suspends or restricts the credential-holder's employment. Per s. MPSW [20.02\(19\)](#), Wis. Admin code any violation of s. 457, Stat. is considered unprofessional conduct. Reporting requirements of supervisors and agencies are outlined in s. [457.25](#), Stat.
- While you are not obligated to report unprofessional conduct by another person, you are encouraged to report it by a grant of civil immunity: “any person who in good faith ... provides the department or any examining board ... with advice or information on a matter relating to the regulation of a person holding a credential is immune from civil liability”. (See section [440.042\(2\)](#) of the Statutes for details.)

HOW WILL THE VENDORSHIP ACT 28 LAW AFFECT MY PRACTICE?

The bill addresses the issue of providing services outside of a DHS clinic. It does not alter the licensure requirements for providing AODA services.

The law imposes a new requirement for providers to notify their clients of the procedures to resolve a grievance regarding the provision of services. DHS has offered some guidance on forms and policies regarding these changes, click [here](#) to access this information.

The billing aspect of vendorship is not the direct responsibility of the Board to regulate or enforce; therefore, it is suggested that for further information about the law you contact your professional membership organization.

CAN LICENSEES TREAT AODA CLIENTS?

Stat. 457.02(5m) disallows licensed mental health professionals (social workers, marriage and family therapists, and professional counselors) from providing primary treatment of those with a diagnosis of substance dependency or abuse without an AODA certification as stipulated in Stat. 440.88 or by meeting the qualifications of an AODA specialty as required by the board under MPSW 1.09, Wis. Admin Code.

WHICH EXAM DOES THE STATE BOARD REQUIRE FOR LICENSURE?

The Association of Marital and Family Therapy Regulatory Boards (AMFTRB) developed and owns the exam which Wisconsin and a majority of other states require for licensure. The applicant is also required to successfully complete the examination of the Wisconsin Statutes and rules.

There are three scheduled National Examination in Marital and Family Therapy testing windows each year. You can locate the dates at <http://www.amftrb.org/examdate.cfm>

Additional information about examinations can be found in Ch MPSW 18, Wis Admin Code and s. 457.10(4), Stats.

ARE THERE EXAMINATION STUDY MATERIALS OR WORKSHOPS AVAILABLE?

Exam Prep materials, classes, and workshops are available from private agencies and training institutions. However, neither the Department nor the Board is in a position to endorse any particular training provider.

CAN I GET A LICENSE IF I'VE BEEN CONVICTED OF A CRIME?

There is no simple answer to this question.

All professions are subject to the state law (sections 111.321, 111.322 and 111.335, Stats.) that prohibits discrimination against applicants based on conviction records unless convictions are substantially related to the practice of the profession. The phrase “substantially related” is interpreted broadly in order to protect the public, especially in health service professions where licensees interact with vulnerable populations, so convictions that involved harm to others or that suggest an impaired ability to perform licensed duties will probably be considered to be substantially related to the practice of the profession.

It is common for a board to ask the applicant to appear in person, to explain the circumstances of his or her conviction record and to discuss the person's development since the offense(s). Once it evaluates all the information submitted by the applicant, including any in-person interview, the board then has wide discretion to grant or deny the application. This is why it's very difficult to provide a simple answer to this question. Being denied for a license would not prevent a person from applying again later.

An additional consideration is that, even though an applicant may be granted a license, certain employment opportunities may be unavailable to persons with criminal records. For example, under the “caregiver law”, some convictions require post-conviction DHS Rehabilitation Review prior to working in a DHS licensed facility.

DOES THE VENDORSHIP, ACT 28 LAW CHANGE THE REQUIREMENTS FOR AODA LICENSING REQUIREMENTS FOR MENTAL HEALTH THERAPISTS?

No. The bill addresses the issue of providing services outside of a DHS clinic. It does *not* alter the licensure requirements for providing AODA services.