

# Basics of California Law for LMFTs, LPCCs, and LCSWs

**2016 update to the 3<sup>rd</sup> edition**

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Basics of California Law for LMFTs, LPCCs, and LCSWs:  
2016 Update to the 3<sup>rd</sup> Edition.

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# Acknowledgments

My thanks again to all of those who helped with the third edition of *Basics of California Law for LMFTs, LPCCs, and LCSWs*. Countless students, instructors, practicing therapists, and supervisors have been kind enough to offer their feedback and suggestions, and as a result, each new edition of the book has been better than the one before.

My thanks as well to Olivia Loewy, Angela Kahn, and the AAMFT-California Division Legislative and Advocacy Committee, who have been my brothers and sisters in arms in many advocacy efforts.

Mostly, though, my thanks to you, for staying updated on all that is changing in our field.

# Disclaimer

A quick reminder: **I am a practicing family therapist and not an attorney. None of the information contained here should be considered legal advice, nor should any information here be considered a substitute for consulting with a qualified attorney.** This booklet is based on a clinician's plain-language reading of the law. If you are in a situation that requires legal consultation, I strongly encourage you to consult with the legal resources provided by your professional liability insurance carrier and your professional association.

In addition, laws and regulations change quickly. It is up to you to remain current with such changes. **I assume no responsibility for errors or omissions here, or for changes to law or regulation** taking place following the publication of this booklet.

# Introduction

It may not feel like it, but 2015 was actually a pretty light year in terms of legislative change impacting the master's level mental health professions in California. Where past years have seen major controversies and significant changes in the law each year, in 2015 there were only a handful of new laws passed that will ultimately impact our work. Some of these impacts are significant, but there simply weren't enough of them to warrant an entirely new edition of *Basics of California Law for LMFTs, LPCCs, and LCSWs*.

That said, this booklet is intended to be used in conjunction with the third edition of *Basics*. (Except where otherwise noted, page references in this booklet all refer to the third edition of *Basics*.) There was a *lot* that changed a year ago (on January 1, 2015), which is why I wrote the third edition; if you're just using this booklet in the absence of that edition, there's a good chance you're missing some key knowledge of recent changes to the laws that govern our work. Changes in 2015 included new laws on record retention, reporting of child abuse for downloads of child porn, reporting a threatening client to law enforcement, and many more. In addition, both ACA and AAMFT have recently updated their Codes of Ethics (ACA in 2014, AAMFT in 2015). The third edition of *Basics* makes frequent reference to the new codes, particularly when addressing technology.

You can find the third edition of *Basics of California Law for LMFTs, LPCCs, and LCSWs* on amazon and at [bencaldwell.com](http://bencaldwell.com). On the last page of this booklet, I offer a special discount to encourage you to buy the book if you don't already have it.

The biggest changes taking effect on January 1 of 2016 are the changes to the experience requirements for MFTs and PCCs, and the changes to the exam requirements for all three professions. If you're already licensed, those changes may not be especially important to you. But the other changes for this year, including new laws related to telehealth, gun violence, and substance use violations are still worthy of your attention.

I hope you enjoy this booklet and find it helpful to your work. Your feedback and suggestions are always welcome at [ben@bencaldwell.com](mailto:ben@bencaldwell.com).

# Exam Restructure

After years of delays, the new license exam processes for MFTs, PCCs and CSWs finally took effect on January 1, 2016. The legislation for these changes was actually passed way back in 2011, as Senate Bill 704. But a state budget crisis has a way of setting these things back. There was also a lot of additional regulatory work to be done to make sure that no one would fall through the proverbial cracks, no matter what phase of testing they were in when the changeover in processes took place.

Here's what the new structure looks like.

## The Law and Ethics Exam

Registrants – that is, MFT and PCC interns, and CSW associates – now must take a Law and Ethics Exam (I'll call it the L&E Exam from here) in their *first* year of registration with the BBS. This is true for anyone registering on or after January 1, 2016.

**For those who were already interns or associates on January 1, 2016**, when you have to take the L&E Exam depends on your specific registration renewal date:

- Those whose registrations expire between January 1 and June 30 have until their **2017** renewal date to attempt the exam.
- Those whose registrations expire between July 1 and December 31 must attempt the exam before their **2016** renewal date.

The exam consists of 75 multiple-choice questions, and must be completed within 90 minutes. Of the 75 questions, 50 are scored. The other 25 are being considered for inclusion in future versions of the test. Examinees do not know which questions are scored and which are experimental.

If you pass the exam, you're good to go – assuming you remain registered, you can continue renewing your registration and keep gathering hours of experience until you have all 3,000 hours done (3,200 hours for social workers). At that point, you apply to the BBS for approval to take the appropriate Clinical Exam for your profession.

If you fail the L&E Exam, you can either retake the exam 90 days later (if it's still before your renewal deadline) and pass it then, or you can take a 12-hour CE course in Law and Ethics to renew your registration. If you go the CE route, the test process essentially starts over during your next year of intern registration. You again must *attempt* the L&E Exam at least once, and if you again don't pass it, you could go the retest-and-pass route or the CE route to renew your registration.

If, somehow, six years go by and you still haven't passed the L&E Exam, you must pass it before you will be issued a second registration number by the BBS.

## The Clinical Exam

Once you have completed all of your required hours of supervised experience (and assuming that at some point along the way you passed the L&E Exam), you can apply to the BBS for eligibility to take your profession's Clinical Exam. As you might expect, the Clinical Exam varies by profession:

**Marriage and Family Therapists take the California MFT Clinical Exam.** This is a 170-item multiple-choice test that must be completed within four hours. While California remains the only state in the US that does *not* use the National MFT Exam for MFT licensure, this year's changes to the exam process have positioned California well to switch over to the National MFT Exam at some point in the future. The BBS has been working with AMFTRB (the organization in charge of the National MFT Exam) on that possibility.

**Professional Clinical Counselors take the National Clinical Mental Health Counseling Exam (NCMHCE).** PCCs have been taking the NCMHCE since counselor licensure began in California, so this is not a change. The NCMHCE is formatted differently from the clinical exams for the other professions: It consists of 10 clinical mental health counseling cases, each of which is divided into five to eight sections. While the exam is multiple-choice, some questions ask the examinee to select multiple answers from a list. Other questions require a single response. Examinees have three hours and 15 minutes to complete the exam.<sup>1</sup>

**Clinical Social Workers take the ASWB Clinical Examination.** This is a change from prior years, when social workers took the California CSW Clinical Vignette Examination. This switch to the national exam is a positive development, one that ASWB and the BBS worked toward for several years. The ASWB Clinical Examination is a 170-item multiple-choice test that must be completed within four hours.

This restructuring of license exams is welcomed for many reasons. From the perspective of the BBS, it better ensures public safety by testing therapists on their knowledge of legal and ethical issues at the *beginning* of their post-graduate supervised experience rather than waiting until the end. For examinees, it means only having to navigate through one test at the end of their supervised experience rather than two. And for the professions overall, the continued movement toward national exams rather than state-specific ones will improve license portability.

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<sup>1</sup> *Candidate Handbook for State Credentialing for the National Clinical Mental Health Counseling Examination*

# Experience Restructure

I am proud to have been deeply personally involved in this change. In 2014, I led the AAMFT-California Legislative and Advocacy Committee in authoring a white paper on the difficulty MFTs were experiencing in becoming licensed in the state.<sup>2</sup>

Based on the conclusions in that report, I represented AAMFT-CA in our collaborations with CAMFT to develop a legislative proposal that would eliminate many of the various minimums and maximums in different categories of experience for MFT licensure. These minimums and maximums had no rationale that either the associations or the BBS could readily locate; they were serving no other purpose but to make it harder for MFTs to get licensed.

While the categories of hours of experience were not as numerous for counselors, PCCs were experiencing some of the same problems. So CALPCC asked to be included in the reform process as well. As a result, the hour requirements for PCCs were also set to be simplified.

With the active support of CAMFT, AAMFT-CA, and CALPCC, the BBS chose to sponsor a bill themselves (Senate Bill 620) that would tackle the issue. One of the smartest things they did was to include a **five-year implementation period** in the bill – much longer than the two-year proposal noted in the third edition of *Basics* (page 60). Under the law as adopted, **anyone who applies for licensure between January 1, 2016 and December 31, 2020, can come in under either hour-counting system, old or new, whichever one works better for them.**

There are advantages to either system. For those who had been gathering and tallying hours under the “old” system, continuing to use that system means they will not need to recalculate past hours or have prior supervisors sign new experience forms. On the other hand, those who are newer interns may prefer the added flexibility provided under the “new” system.

On the next two pages, I’ll review the old and new systems for MFTs and for PCCs. The old systems match what is described in *Basics*.

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<sup>2</sup> That white paper can be viewed here: <http://aamftca.org/wp-content/uploads/2014/10/White-Paper-Challenges-in-MFT-licensing-in-California-2014.pdf>



## Marriage and Family Therapists

The **old system** for MFTs requires 3,000 hours of total experience, broken down as follows (this is the same as the chart on page 58 of *Basics*):

Category	Minimum/maximum	
Individual psychotherapy	<b>No minimum or maximum.</b>	
Couple, family, and child psychotherapy	<b>Minimum 500 hours.</b> Up to 150 hours of couple and family (that is, <i>not</i> individual child) psychotherapy are double-counted toward the 3,000 total hours required for licensure.	
Group therapy	<b>Maximum 500 hours.</b>	
Telephone and Internet counseling	<b>Maximum 375 hours.</b> Note that you generally may not counsel clients outside of California (see Chapter 1 in <i>Basics</i> ).	
Client-centered advocacy	<b>Combined maximum 500 hours</b> for these two categories. “Client-centered advocacy” involves efforts to link clients with resources outside of a therapy session.	
Writing clinical reports, administering tests, and writing notes		
Supervision	Part of a combined maximum. →	<b>Combined maximum 1,000 hours</b> for these three categories.
Workshops, trainings, and seminars	<b>Maximum 250 hours.</b> For agency in-service and similar trainings, it is at the discretion of the supervisor what will qualify within this category.	
Personal psychotherapy (when the applicant is the client)	<b>Maximum 100 hours.</b> These hours are triple-counted, for a total of up to 300 hours of credit toward the 3,000 total supervised hours required for licensure.	

The **new system** still requires 3,000 hours, but it is much simpler, dividing hours into just two categories with one subcategory:

Category	Minimum/maximum
Clinical hours	<b>Minimum 1,750 hours.</b> Of these, a <b>minimum of 500 hours</b> must be with couples, families, and children.
Non-clinical hours	<b>Maximum 1,250 hours.</b> This category includes the “old” categories of supervision, workshops, reports/notes, and client-centered advocacy.

The new system does away with the personal psychotherapy category and the 150-hour “couple and family incentive.” Other states do not recognize these hours, which has created portability problems for recently-licensed MFTs moving to other states.

## Professional Clinical Counselors

The **old system** for PCCs requires 3,000 hours of post-degree supervised experience (this is the same as the chart on page 72 of *Basics*):

Category	Minimum/maximum	
Individual or group counseling	<b>Minimum 1,750 hours</b> , including a <b>maximum of 500 hours</b> of group counseling and a <b>minimum of 150 hours</b> in a hospital or community mental health setting.	
Counseling via telehealth	<b>Maximum 375 hours</b> . Note that you generally may not counsel clients outside of California (see Chapter 1 in <i>Basics</i> ).	
Supervision	Part of combined maximum →	<b>Combined maximum 1,250 hours</b> for these four categories.
Client-centered advocacy	This category involves efforts to link clients with resources outside of a therapy session.	
Testing, writing clinical reports, and writing notes	<b>Maximum 250 hours</b> .	
Workshops, trainings, and seminars	<b>Maximum 250 hours</b> .	

The **new system** for counselors is also much simpler, requiring just two categories with one subcategory:

Category	Minimum/maximum
Clinical hours	<b>Minimum 1,750 hours</b> . Of these, a <b>minimum of 150 hours</b> must be in a hospital or community mental health setting.
Non-clinical hours	<b>Maximum 1,250 hours</b> . This category includes the “old” categories of supervision, workshops, reports/notes, and client-centered advocacy.

The five-year implementation period for these changes should provide ample opportunity for the BBS to determine whether there are any problems with the new standards before everyone is required to come in under the new systems.

# Out-of-State Applicants: Education

California's educational requirements for PCCs and MFTs are quite specific. (It's different for CSWs; because social work programs in California are nationally accredited, the BBS largely defers to accreditation standards for the educational requirements for social work.) These requirements include a fair amount of California-specific content that may not have been included in your degree if you graduated from a program outside of the state. This has created problems for MFTs and PCCs wanting to come into California and get licensed here.

Recognizing this difficulty, the BBS sponsored a bill (Assembly Bill 2213) that was signed by the Governor in 2014 and took effect January 1, 2016. Under this new law, out-of-state applicants can make up much of the California-specific coursework required for MFT or PCC licensure through continuing education classes rather than by having to enroll in full-term courses at a California graduate program.

## Marriage and Family Therapists

The degree requirements for MFTs with in-state degrees changed on August 1, 2012: Anyone starting their degree after that date must have at least 60 semester units (90 quarter units) in their degree program. The new law allows out-of-state applicants who began their degree program before August 1 of 2012 to qualify for licensure with at least a 48-unit degree – the same standard that is applied to pre-2012 in-state degrees. For those who began their degree program on or after August 1, 2012, if they graduated from an out-of-state program they can remediate up to 12 units while registered as an intern, bringing them up to the 60 total units of graduate education required of in-state degree-holders.

In addition to those overall degree requirements, the following content requirements can be met through continuing education:

- **Child abuse assessment and reporting in California** (7 hours)
- **California cultures and socioeconomic position** (15 hours)
- **Mental health recovery-oriented care** (45 hours)
- **Diagnosis, prognosis, and treatment** (30 hours with specific content required)
- **Life span development** (15 hours with specific content required)
- **Aging, long term care, and elder/dependent adult abuse** (10 hours)
- **Spousal/partner abuse assessment and intervention** (15 hours)
- **Multicultural development and cross-cultural interaction** (15 hours)

- **Human sexuality** (10 hours)
- **Substance use disorders** (15 hours)
- **Co-occurring disorders** (15 hours)

Some of these content areas are further defined in state law.<sup>3</sup> In addition to these, there is also a list of miscellaneous content that must have been completed prior to licensure, though there is no specific hour minimum set in law.

Together, these changes should make it easier for applicants with out-of-state degrees to get licensed in California without needing to complete an entirely new degree.

## Professional Clinical Counselors

The degree requirements for PCCs with in-state degrees also changed on August 1, 2012: Anyone starting their degree after that date must have at least 60 semester units (90 quarter units) in their degree program. The new law allows out-of-state applicants who began their degree program before August 1 of 2012 to qualify for licensure with at least a 48-unit degree – the same standard that is applied to pre-2012 in-state degrees. For those who began their degree program on or after August 1, 2012, if they graduated from an out-of-state program they can remediate up to 12 units while registered as an intern, bringing them up to the 60 total units of graduate education required of in-state degree-holders.

In addition to those overall degree requirements, the following content requirements can be met through continuing education:

- **Child abuse assessment and reporting in California** (7 hours)
- **Human sexuality** (10 hours)
- **Spousal/partner abuse assessment and intervention** (15 hours)
- **Aging, long term care, and elder/dependent adult abuse** (10 hours)
- **Mental health recovery-oriented care** (45 hours)
- **California cultures and socioeconomic position** (15 hours)

Some of these content areas are further defined in state law.<sup>4</sup> Together, these changes should make it easier for applicants with out-of-state degrees to get licensed in California without needing to complete an entirely new degree.

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<sup>3</sup> California Business and Professions Code sections 4980.78, 4980.79, and 4980.81

<sup>4</sup> California Business and Professions Code sections 4999.62 and 4999.63

# LPCC Treatment of Couples and Families

Since the origination of the LPCC license in California, one of the greatest concerns expressed by counselors has been the restriction on their scope of practice that prevents them from assessing or treating couples and families.

CALPCC has said that this scope limitation has created difficulty for LPCCs to be hired into public mental health systems. They have noted two specific problems:

1. **Confusion about what the scope limitation means in practice.** For example, could an LPCC even meet with the parents of a child in treatment to update the parents about what is happening in therapy?
2. **Concerns about monitoring compliance.** For those LPCCs who have taken the additional coursework and gotten the additional supervised experience necessary to work with couples and families, there has been no way for employers to document this beyond what the LPCC provides. Would an employer have to take on the responsibility of monitoring continued compliance with the CE requirement in the law? Would they be liable if a counselor they hired failed to keep up their couple and family CE but they continued working with couples and families anyway?

The BBS has passed new regulations that aim to ease these concerns. Though they do not change the LPCC scope of practice, they should make it easier for LPCCs to be employed in public systems in a manner consistent with their scope.

On the first point, the BBS has clarified that counselors who have not completed the additional requirements to work with couples and families can still engage in “collateral contact” with a client’s family members. This may include treatment planning, recommending resources, monitoring progress, and termination/aftercare planning.<sup>5</sup>

As to the second point, under the new regulations the BBS will provide letters to LPCCs who have completed the necessary coursework and experience, certifying to employers that the LPCC is indeed authorized to work with couples and families. **This specific portion of the regulations does not take effect until January 1, 2017**, in order to give the BBS time to establish an application and process for providing these letters. Until then, PCCs who assess or treat couples and families may want to be proactive in providing employers with documentation that they meet all of the requirements to do so.

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<sup>5</sup> California Code of Regulations division 18, title 16, section 1820.5

# Gun Violence Restraining Orders

Assembly Bill 1014 was passed into law in 2014 and took effect January 1, 2016. While this new law does not directly impact therapists' rights or responsibilities, it is critical for therapists to be aware of it when working with clients who may pose a risk of violence or who may become victims of violence.

As of January 1, concerned family members or law enforcement officers may petition a court for a gun violence restraining order (GVRO). A GVRO is a court order that temporarily prohibits someone from purchasing guns or ammunition. Perhaps more importantly, it *also* authorizes law enforcement to remove any guns or ammunition that the person already owns.

If you're wondering who might qualify as a "family member," the law is written to apply broadly. It includes partners, blood relatives, and anyone who has regularly resided in the person's house within the past six months.<sup>6</sup> While a therapist could not directly petition for a GVRO pertaining to a client, if a client makes a threat and the therapist notifies law enforcement, then law enforcement may pursue a GVRO against the client.

For more information on the multiple types of GVROs, why the law is not considered to conflict with the Second Amendment, and additional background information, there's good detail here: <http://smartgunlaws.org/californias-new-gun-violence-restraining-order-law/>

Again, this law does not change our responsibilities relating to confidentiality or the reporting of threats. (See "Danger to Others," pages 139-142.) However, many clients who are connected to potentially dangerous individuals may not be aware of this new legal option that can help protect their safety. If you are working with clients who are concerned about potential threats posed by others, you may want to make them aware of this option.

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<sup>6</sup> California Penal Code sections 422.4 and 18150

# Substance Use Violations

The new regulations on substance abusing licensees are discussed in detail in the third edition of *Basics* (pages 108-109). The content of these regulations was already set, and is not meaningfully changed from what is described in the book; the only piece that was not clear at the time the third edition of *Basics* was published was exactly when these regulations would take effect.

**The new regulations took effect October 1, 2015.** The BBS publication describing the standards in detail, along with the rest of their disciplinary guidelines, can be viewed here: <http://www.bbs.ca.gov/pdf/publications/dispguid.pdf>

The discipline is pretty severe for licensees and registrants determined to have a substance use problem, so while I say it in the book, I'll repeat it here: One of the best ways you can protect your practice is to take a cab if you've been drinking.

# Telehealth

Assembly Bill 250 clarified that MFT interns and trainees may practice telehealth. While it was already true that interns and trainees could count telehealth hours as experience toward licensure (page 58), and that the California Telehealth Act applies to mental health practitioners (page 218), other parts of state law did not specifically include MFT interns and trainees among those authorized to provide telehealth. This created confusion about whether MFT interns and trainees actually were allowed to do so.

The new law simply clarifies that, yes, MFT interns and trainees can practice telehealth.<sup>7</sup> It does not impact other rules surrounding the use of technology; for example, it is still true that only *registrants in non-private-practice settings* may be supervised via videoconference (page 219).<sup>8</sup> Registrants in private practice settings, and trainees in *any* work setting, may not be supervised via videoconference.

It is also worth noting here that the BBS is pursuing a regulation package that would define standards of practice for any MFT, PCC, or CSW providing psychotherapy services via telehealth. As of January 1, 2016, these regulations have not yet been approved.<sup>9</sup> However, if approved, they would likely take effect at some point during 2016. For more on this, see “What’s Ahead” on page 18 of this booklet.

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<sup>7</sup> California Business and Professions Code section 2290.5(a)(3)(B)

<sup>8</sup> “Registrants” means those prelicensed persons registered with the BBS: MFT interns, PCC interns, and CSW associates.

<sup>9</sup> For more information on this and other regulation the BBS is pursuing, visit [http://www.bbs.ca.gov/bd\\_activity/reg\\_pending.shtml](http://www.bbs.ca.gov/bd_activity/reg_pending.shtml)



## Other Minor Changes

There were a number of other small changes to California law in 2015 that will not impact most practicing therapists. However, it is still helpful to be aware of them in case they do impact you or your colleagues.

### Enforcement process changes

Senate Bill 531 made changes to how the BBS handles licensees and registrants who have been placed on probation. Under previous law, even if someone was out of compliance with their probation, they still could petition for a hearing to ease their probation terms. These hearings would have to be granted, and they were largely a waste of everyone's time. The BBS would not be likely to ease probation requirements when the licensee or registrant was already not complying.

Under the new law, which took effect January 1, the BBS can deny a petition for hearing to modify or terminate probation if the probationer is out of compliance with the terms of probation. In extraordinary circumstances, they can still grant the hearing – the new law does not *require* them to deny the petition, it just *allows* them to.

One other change made by this bill is that the BBS now retains the jurisdiction to investigate and act on disciplinary matters even if the license or registration expires, or if it changes status (to retired, for example). Previously, if a license expired before the BBS had completed its investigation, and the licensee chose not to renew it, there were questions as to whether the BBS retained any authority to discipline the licensee.

### Additional technical changes

Finally, as is the case most years, the BBS included a number of technical and non-substantive changes to law in an omnibus bill (legislation that makes many non-controversial changes to state law in a single bill rather than requiring that each individual change be separately addressed). In 2015, the omnibus bill was Senate Bill 800.

In addition to some simple cleanup of language, the 2015 omnibus bill included clarifications about who is *not* allowed to work in a private practice: You must have actually received your registration number, and you must be working under your *first* registration number, to work as an intern or associate in a private practice setting. These aren't really changes – these are what the rules already were, they've just been stated more clearly in the law.

# What's Ahead

In *Basics*, I encourage every MFT, PCC, and CSW to get involved in advocacy so that the rules of our professions can work better for us and for the clients we serve. Here are a few of the legislative and regulatory proposals that are currently in progress, that you can play a role in shaping.

**Remember, each of these is *just a proposal* at this point. It still may be significantly amended, or may fail entirely.** If you have strong feelings in any direction about these, I encourage you to get involved in the advocacy process.

## Standards of practice for telehealth

The BBS has proposed standards of practice for telehealth that would place specific requirements on MFTs, PCCs, and CSWs who wish to provide psychotherapy services through technology. If adopted, therapists would be required to do each of the following *at the beginning of telehealth services*:

- Obtain informed consent specific to telehealth (this is already required by law)
- Inform the client of the risks and benefits associated with telehealth
- Provide the client with the therapist's license or registration number
- Document efforts made to locate emergency services and other relevant resources local to the client

In addition, therapists would be required to do each of the following *at every session* provided by telehealth:

- Obtain and document the client's full name and present location
- Assess the client for appropriateness for telehealth services
- Use industry best practices to ensure confidentiality and security of the communication medium

One possible concern with these regulations is that they require any therapist engaging in telehealth to have a valid license or registration – which appears to directly conflict with the new law on telehealth clarifying that trainees can also provide such services (see page 16 of this booklet). When statute and regulation conflict, statute wins. So there does not *appear* to be any risk to trainees' ability to provide such services. But it would be worth watching these regulations, and the BBS's implementation of them if passed, closely.

## Additional exam time for ESL examinees

At present, anyone taking a licensing exam who isn't a native English speaker is at a pretty serious disadvantage: Mentally translating questions to your native language, thinking them over, and back-translating your answer takes time. This is one reason why licensing exams in general appear to disadvantage minority examinees.<sup>10</sup>

The BBS has proposed regulations that would grant additional exam time to examinees who could document, through a TESOL score or documentation from their graduate program, that they speak English as a second language (ESL) and need additional time for their tests. The proposed standards are strict enough that the BBS has said they anticipate only about 100 examinees per year would qualify.

## Changing the MFT and PCC “intern” title to “associate”

The title of “intern” is often misunderstood by employers, clients, and the public to mean a person who is still in school and working without pay. This, of course, creates problems for MFT and PCC interns who have already completed their graduate degrees and may in fact have years of experience doing therapy.

In addition to the confusion the title creates, many employers utilize MFT and PCC interns in California in unpaid positions that appear to be of questionable legality. I've written about this issue on multiple occasions on the Psychotherapy Notes blog.<sup>11</sup> While the rules on unpaid work are a bit different in nonprofit settings from what they are in for-profit settings, even some unpaid intern positions in nonprofit settings may be legally problematic.

I gave a presentation to the BBS in 2015 on this issue, and late in the year, they voted to pursue legislation in 2016 that would change the “intern” title for MFTs and PCCs to “associate.” This would align with the title used for ASW registrants, and would make the MFT title more consistent with titles used in other states. (Counselors use a wider variety of titles across states.) If the proposed bill makes it through the Legislature and is signed by the Governor, it would take effect on January 1, 2018.

While neither I nor anyone else is under any illusion that a simple change in title will fix the larger labor-market issues that leave too many MFT and PCC interns in unpaid or underpaid positions, it would be a critical step in the right direction.

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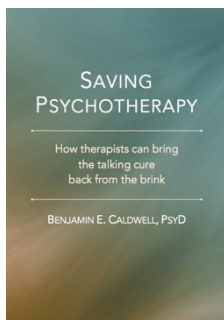
<sup>10</sup> I write about this concern at more length in *Saving Psychotherapy*. There's an excerpt from the book, specifically related to this testing issue, at <http://www.psychotherapynotes.com/family-therapy-2/licensing-exams-get-a-failing-grade/>

<sup>11</sup> If you're interested: <http://www.psychotherapynotes.com/employment-2/how-to-get-back-pay-from-an-unpaid-internship/> and <http://www.psychotherapynotes.com/uncategorized/could-an-unpaid-mft-intern-sue-for-wage-theft-and-win/>

## Thanks and Special Offers

I hope you've enjoyed this booklet and found it to be a useful update! To help you stay updated on important issues in mental health work, I'm happy to offer the following discounts on my other publications. *These offers expire September 30, 2016. Limit one coupon code per order.*

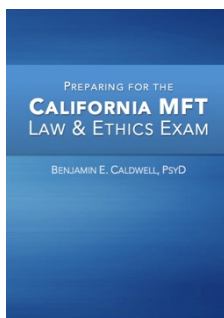
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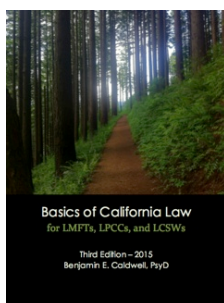
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