

## DOPL Board meeting

My name is Anna Lieber (she/hers) and I am the President of the Utah Mental Health Counselors Association. Thank you to Jana and the board for allowing me to speak with you all. I am here to express two recommendations that UMHCA would like to make.

The UMHCA board of directors along with UAMFT and NASW-UT are not in support of the recent rule change decreasing the time of supervised practice to less than 2 years. I have provided the joint statement from UAMFT, NASW-UT and UMHCA to Jana to distribute to this board. I also wanted to make additional statements from the UMHCA Board of Directors.

1. All mental health and medical health professions have mandated state requirements for initial licensure. Physicians, nurse practitioners, physician assistants, and psychologists must serve residencies that are two years or more. Likewise, master's degree, licensed associate mental health therapists have a two-year supervision requirement. This is essential to gain experience under supervision to increase competence and compliance with the laws and codes of ethics in order to assure a greater degree of protection for the public.
2. Clinically supervised practice is how newly graduated mental health therapists learn to effectively treat mental health disorders. Also, adding a supervision requirement to fully licensed mental health therapists is a common remediation intervention DOPL uses to ensure that mental health therapists are practicing ethically and not causing harm. It is our belief that a decrease in supervised practice time would decrease the effectiveness of CMHCs and has the potential to cause harm to individuals receiving mental health care. The reason for this belief is that ACMHCs have a built-in system and expectation to regularly consult and confer, review ethical dilemmas, and have their work with clients monitored by a qualified supervisor to ensure effective treatment outcomes. Without structured supervision these opportunities to learn and grow do not exist.
3. UMHCA is especially concerned about this, as CMHC's have higher substantiated DOPL complaints compared to MFTs and SW. UMHCA asserts that the supervised practice time is when ACMHCs learn the skills needed to manage ethics, boundaries, and help to prevent burnout and our profession needs to look closely at why our complaints are higher and develop processes to prevent harm to the public. UMHCA recognizes that this is not only DOPL's responsibility, as this also impacts training programs, among others and UMHCA will be looking at this question more closely. Any information that DOPL can share regarding complaints would be welcome.
4. However, UMHCA, along with NASWUT and UAMFT do agree that one-way DOPL can support improving public protection is through requiring training, qualifications for clinical supervisors. I will read our unified statement on this recommendation.