9192 South 300 West #29 • Sandy Utah 84070
(801) 804-5531
www.umhca.org

Utah Mental Health Counselors Association Report to OPLR
Focus Group and Individual Interview Notes
December 29, 2022

Three UMHCA members participated in a focus group session on December 27th, facilitated by Anna Lieber, MS, LCMHC, and Ellen Behrens, Ph.D., LCMHC, LP. Each of the participants was a fully licensed CMHC working in a private practice or agency settings. One UMHCA member participated in an individual interview session, on 12/29, facilitated by Anna Lieber, MS, LCMHC, and Ellen Behrens, Ph.D., LCMHC, LP.

Major themes from the sessions are summarized below according to the three discussion prompts.

1. Comments about Clinical Supervision (throughout career)

Participants agreed that:

A. during their associate period, they preferred supervision that:

a. focused more on clinical than administrative issues, because administratively focused supervision addresses agency policies, not clinical practice/training, per se.

b. focused on mentoring that supports supervisees during clinical challenges.

c. focused on the holistic well-being of the counselor, given the high stress experienced during the first years of practice (e.g., inquiring about excessive work hours, burn-out, or safety concerns on the job).

d. addressed their clinical concerns and questions (vs.de-valuing or neglecting their concerns/questions).

e. was delivered by practicing clinicians (vs. administrators or retirees who do not maintain a clinical practice).

f. offered a good 'match' of supervisee to supervisor in terms of theoretical orientation and style or fostered the supervisees use of their *own* guiding theories and style.

g. took a developmental approach to supervision, adapting supervision to the supervisee's stage of development as a counselor.

h. addressed the 'person of the counselor', noting it is an important way to prevent/address counselor burn-out and thereby maintain an robust workforce.

9192 South 300 West #29 • Sandy Utah 84070
(801) 804-5531
www.umhca.org

B. a supervisor who was distracted/disengaged was not helpful and could in fact, be harmful to the associate counselor. One participant said, "I felt pushed out…felt like I was the problem" noting that their supervision lacked depth, guidance/oversight, and support. Another noted "If my supervisor didn't know what to do about an issue, he wouldn't offer support", adding that she was left to resolve complex issues independently.

C. training for supervisors should be required. They noted that it raises the quality of supervision. One participant noted that they completed the Marriage and Family Supervision training that is required to supervise LMFTs. They described the training as excellent and believed that all mental health therapist supervisors would benefit from supervision training of some sort. Participants shared a common concern about the dearth of available training programs/CEs for supervision.

2. <u>Comments about Licensure process (initial and ongoing)</u>

Participants agreed that:

A. they had few concerns about the licensure process and requirements.

B. some of the specific requirements for continuing education were restrictive. However, most said they saw the benefit to requiring specific training on suicide assessment & intervention and counseling ethics.

C. most participants noted that they thought continuing education was critical. One said, "I thrive on continuing education" and added that continuing education requirements are "for the least in my profession" and where therefore critical to maintain.

D. continuing education on counselor burn-out is important because it is a major issue.

E. the quality of continuing education seminars varies widely, and it is difficult to find relevant and worthwhile continuing education seminars.

One noted that requirements for direct and indirect associate hours need to be clearly defined. They thought an official tracking form with detailed instructions and definitions would be useful. For example, can a school counselor or vocational counselor 'count' their work in those work settings as indirect hours towards a LCMHC license?

UMHCA
9192 South 300 West #29 • Sandy Utah 84070
(801) 804-5531
www.umhca.org

One noted confusion/concern about the extern license. They reported concern that someone without a master's degree in clinical mental health counseling would qualify for the extern license. They noted that counselors with master's degrees in other types of counseling (such as vocational or school counseling) would be able to obtain that license and treat clients before they complete the required coursework and internship that associate CMHCs must have.

One respondent emphasized the importance of CMHCs being fully qualified by education and experience, especially when re-training from an affiliated counseling profession such as school or vocational counseling. She noted that when beginning a clinical mental health counseling internship after a long career as a counselor in an affiliated profession, she was surprised to realize how much she did not know. She said, "I thought I knew more than I did. But I had significant gaps in knowledge. If I had been licensed as an extern instead of doing my internship as an intern, that would not have been great. I really needed more training than I thought I did." She noted that related counseling degrees are 'not equivalent', adding that we need CMHCs to be 'fully trained". For example, they noted that school counselors only take coursework related to children and do not receive training in diagnosis. They noted that if a school counselor were to be licensed with an extern license during the re-training period, they could be providing services to people of ages and with diagnoses for which they had not been trained.

One respondent noted that the NCE test seemed to have little value as a licensure requirement, because the test focuses on facts and information not often used in practice. They noted that the NCMHCE has more relevance to clinical practice as it requires application of information to clinical issues. That said, they noted that they "like being in a state with high standards" because it promoted license portability.

3. Comments about Improving Public Protections

Participants agreed that:

A. Better supervision quality would offer the best public protections.

B. Lower rates of counselor burnout would offer the best public protections.

1. Burnout harms the public because counselors terminate care abruptly or offer poor services (e.g., sleeping in sessions).

2. Relatively low wages, especially in agency settings, are problematic because counselors suffer burnout, which reduces quality care.

UMHCA
9192 South 300 West #29 • Sandy Utah 84070
(801) 804-5531
www.umhca.org

One respondent emphasized that public education is needed to clarify:

A. the various licenses of mental health therapists.

    1. They noted that most consumers do not know the difference between credentials such as ACMHC, LCMHC, CMHC-Extern, CSW, LCSW, and LMFT.

B. the differences between licensure and certifications.

    1. They noted that certifications appear in a signature line alongside the license, thereby confusing the consumer (e.g., AMCHC vs. RPT or DE).

C. the scope of practice for each licensee: it should be more readily available to the public.