From: Heidi Campbell

To: STASHEK LaRee \* MHRA

**Subject:** Oppose Proposed amendments to OAR 833-030-0011, -040-0011, -0021, and -050-0071

**Date:** Friday, September 20, 2024 12:44:02 PM

Attachments: image002.png

image003.png

You don't often get email from hcampbell@cacrep.org. Learn why this is important



## Council for Accreditation of Counseling and Related Educational Programs

500 Montgomery Street, Suite 350 • Alexandria, VA 22314 • (703) 535-5990 • <u>www.cacrep.org</u> September 20, 2024

### Re: Proposed amendments to OAR 833-030-0011, -040-0011, -0021, and -050-0071

#### To Whom It May Concern:

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) **opposes** the proposed amendments to OAR 833-030-0011, -040-0011, -0021, and -050-0071 regarding the definition of "clock hours" for supervision and experience required for licensure as a Licensed Professional Counselor (LPC).

CACREP is the leading national accrediting body for Professional Counselor preparation programs. We accredit programs in the specialized practice areas of Addiction Counseling, Career Counseling, Mental Health Counseling, Clinical Rehabilitation Counseling, College Counseling and Student Affairs, Marriage, Couple and Family Counseling, Rehabilitation Counseling, and School Counseling. Additionally, CACREP accredits doctoral programs in Counselor Education and Supervision for the preparation of counselor educators and advanced practitioners.

First, the proposed change to remove the clock hour requirement creates a two-tiered requirement for supervised clinical practicum or internship experience for applicants. Applicants from programs accredited by CACREP and Council on Rehabilitation Education (CORE) would be required to complete a 600 clock-hour supervised clinical experience which includes 240 direct client contact hours. Applicants from a program that only holds institutional accreditation or is a foreign program would be required to only complete 240/280 direct client contact hours of supervised clinical experience. This means that applicants from non-programmatically accredited programs will be required to have 60% **less hours** of supervised clinical practicum or internship experience and limited to only client contact. Therefore, individuals will hold the same license but have had different levels of pre-degree supervised clinical training which poses a public risk in terms of quality of care.

Furthermore, CACREP believes that indirect hours remain a valuable component of LPC training. These hours provide substantial learning opportunities that help students develop ethical client and business record-keeping through supervision which is requisite to ensure competency to enter the Counseling profession. The proposed amendments would disincentivize indirect hours, diminishing an important aspect of the training experience.

For these reasons, CACREP **opposes** the proposed rule, and we hope Oregon's Board of Licensed Professional Counselors and Therapists steers away from adopting the proposal.

For any further questions, please contact CACREP's CEO Sylvia Fernandez at <a href="mailto:sfernandez@cacrep.org">sfernandez@cacrep.org</a>.

Sincerely,

M. Sylvia Fernandez President & CEO

M. Sylvia Fernandig, Ph.D.

# Heidi Campbell

Accounting and Operations Associate Council for Accreditation of Counseling and Related Educational Programs (CACREP) 500 Montgomery Street, Suite 350, Alexandria, VA 22314 P: 703.535.5990 | W: www.cacrep.org



CACREP is a recognized accrediting agency by the Council for Higher Education Accreditation (CHEA) and holds full membership status with the Association of Specialized and Professional Accreditors (ASPA) and the International Network of Quality Assurance Agencies in Higher Education (INQAAHE).

**DISCLAIMER:** This email message is intended only for the personal use of the recipient(s) named above. This message may contain information that is privileged and confidential. If you are not an intended recipient, or the agent responsible for delivering it to the intended recipient, you may not review, copy or distribute this message. If you have received this communication in error, please notify us immediately by email and delete the original message.

From: K Hixson

To: STASHEK LaRee \* MHRA

Subject: Rule Caption: Amendment to experience requirements for regionally accredited programs; clarifying couples and

family work.

**Date:** Sunday, September 8, 2024 12:18:06 PM

## Feedback on Proposed Rulemaking-

Just writing to say that this rule change appears really helpful in clearing up confusion about internship hours requirements- I support- Thank you.

Dr. Karen Hixson LPC C2118

From: Rainer Quinn Catkin Rivenburgh
To: STASHEK LaRee \* MHRA

Subject: Notice: Board Proposed Rulemaking, amending OAR 833-40-0021 and OAR 833-050-0071

**Date:** Thursday, August 29, 2024 2:38:13 PM

You don't often get email from rainer@hartyarrowsuper.vision. Learn why this is important

#### Hello Laree.

I an a clinical supervisor of marriage and family therapy associates. I am seeking clarification on the new proposed language, of the phrase "must be in the in the same session":

••

- Amend OAR 833-40-0021: Adds clarification to the direct client contact hours required for licensure as a marriage and family therapist, that work with couples and families **must be in the in the same session.**
- Amend OAR 833-050-0071: Adds clarification to the direct client contact hours required for licensure as a marriage and family therapist, that work with couples and families **must be in the in the same session.**

My question is: does this mean that the common family therapy intervention, of CPT Code 90846, "Family Therapy (without Patient Present)," would not count for couples/family hours?

If that is the case, I would like to submit this comment:

The new rule that "a dds clarification to the direct client contact hours required for licensure as a marriage and family therapist, that work with couples and families **must be in the in the same session"** seems unfair to me. For example, if the identified patient is a teen with substance use, cutting behaviors, an eating disorder, etc it is SO important that the family members be brought into the treatment plan....AND, there are often conversations that need to be had with a parent that it is just not appropriate to have in front of the youth. Should the Associates be penalized because, for example, that youth has only one parent, making it appear as though it is an "individual session" rather than family therapy?

Thank you for your time.

Rainer