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Title 46

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Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LX. Licensed Professional Counselors Board of Examiners
Subpart 1. Licensed Professional Counselors

Chapter 1. General Provisions

§101. Statutory Authority

A. The Louisiana Licensed Professional Counselors Board of Examiners was initially created and empowered by Act 892 of the 1987 Legislature to provide regulation of the practice of mental health counseling and provide for the regulation of the use of the title "Licensed Professional Counselor" (R.S. 37:1102). Subsequently Act 1195 of 2001 empowered the board to provide regulation of marriage and family therapy and the use of the title "Licensed Marriage and Family Therapist" [R.S.37:1102(B)]. Therefore, the Professional Counselors Board of Examiners establishes the rules and regulations herein pursuant to the authority granted to, and imposed upon said board under the provisions of the Louisiana Revised Statutes, Title 37, Chapter 13, R.S. 37:1101-1122.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:128 (February 2003), amended LR 29:2782 (December 2003).

§103. Description of Organization

A. The Louisiana Licensed Professional Counselors Board of Examiners, hereafter referred to as the board, resides in the Department of Health and Hospitals, and consists of 10 members, who shall be residents of the state of Louisiana. Each term shall be for four years. The governor shall make seven appointments to the board from a list of qualified candidates submitted by the executive board of the Louisiana Counseling Association. The governor shall make three appointments to the board from a list of candidates submitted by the executive board of the Louisiana Association for Marriage and Family Therapy. Each appointment by the governor shall be submitted to the senate for confirmation. Board membership shall consist of three licensed professional counselors, three educators who are licensed professional counselors and whose function is the training of mental health counselors in accredited programs, three licensed marriage and family therapists, and one individual from the public at large. No board member shall serve more than two full consecutive terms. The professional membership of the board shall be licensed under this Chapter. No board member shall be liable in any civil action for any act performed in good faith in the execution of his duties under Chapter 13 of Title 37.

1. The licensed professional counselor board shall establish a Marriage and Family Therapy Advisory

Committee, which shall consist of the three board members appointed by the governor from the list of names submitted by the executive board of the Louisiana Association for Marriage and Family Therapy.

2. The function of the advisory committee shall be established by rules and regulations developed by the advisory committee, promulgated by the board, and approved jointly by the House and Senate Health and Welfare Committee.

3. The functions and duties of the advisory board may include but are not limited to the following:

a. develop rules and regulations in accordance with the Administrative Procedure Act as it may deem necessary to implement the provisions of this Chapter for promulgation and implementation by the board;

b. examine and qualify all applicants for licensure as marriage and family therapists and recommend to the board each successful applicant for licensure, attesting to his professional qualifications to be a licensed marriage and family therapist;

c. develop for the board application forms for licensure pursuant to this Chapter; and

d. maintain complete records of all meetings, proceedings, and hearings conducted by the advisory committee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:128 (February 2003), amended LR 29:2782 (December 2003).

§105. Vacancies

A. The governor shall fill, within 30 days, for the remainder of the term, any vacancy occurring in board membership for an unexpired term from a list of qualified candidates as prescribed in Section 1104(C) of R.S. 37:1101-1122.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:128 (February 2003), amended LR 29:2783 (December 2003).

§107. Reimbursement

A. Each board member shall serve without compensation, but shall be reimbursed for actual travel,

incidental, and clerical expenses incurred while engaged on official board business.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:82 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:129 (February 2003).

§109. Financially Self-Sufficient

A. The board shall be financially self-sufficient. It shall receive no state funds through appropriation or otherwise and shall not expend any such state funds. No state funds shall be expended or committed to expenditure for the group benefits program or any other health insurance or employee benefit program, for any retirement system, for any salary, per diem payment, travel or expenses, office supplies and materials, rent, purchase of any of any product or service, or for any other purpose.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board Examiners, LR 15:544 (July 1989), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:129 (February 2003).

§111. Notification of Change

A. Every licensed professional counselor/counselor intern and every licensed marriage and family therapist/MFT intern shall immediately notify in writing the Licensed Professional Counselors Board of Examiners of any and all changes in name, address, and phone number. Failure to comply with this rule within 30 days of change will result in a fine as set forth in §901.C.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 26:493 (March 2000), amended LR 29:129 (February 2003).

**Chapter 3. Board Meetings,
Procedures, Records, Powers and
Duties**

§301. Officers

A. The board shall hold a meeting within 60 days after October 1, 1987 and elect from its membership a chairman, vice chairman, and secretary. The chairman shall preside at all meetings at which he or she is in attendance and perform all duties prescribed by Chapter 13 of Title 37 and the board. The chairman is authorized by the board to make day-to-day decisions regarding board activities to facilitate the responsiveness and effectiveness of the board. The vice chairman shall perform the duties of the chairman in case of absence or disability of the chairman. In the event the office of chairman becomes vacant, the vice chairman shall serve as chairman until a successor is named. In the absence of the

chairman and vice chairman, the secretary will preside until the chairman or vice chairman is present. The secretary shall keep the minutes of board meetings and send said minutes to board members and the clerical secretary of the board before each regular meeting of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:82 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:129 (February 2003).

§305. Board Staff

A. An executive director, who shall not be a member of the board, shall be employed, within the limits of the funds received by the board pursuant to R.S. 37:1106. The board shall be empowered to accept grants from foundations and institutions to carry on its functions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:82 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:544 (July 1989), LR 29:129 (February 2003).

§307. Meetings

A. The board shall be domiciled in Baton Rouge and shall hold its meetings in places to be designated by the board. The board shall hold a meeting within 60 days after October 1, 1987, and semiannually thereafter. The chairperson may call meetings after consultation with board members or by a majority of members voting at a regular meeting. Reasonable notice of all board meetings will be given by posting the meeting place and time, seven days before the meeting, on the door of the office of the board and in two places in the building housing the office of the board. The board may examine, approve, revoke, suspend, and renew the license of applicants and shall review applications at least once a year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:82 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:129 (February 2003).

§309. Quorum

A. Six members of the board shall constitute a quorum of the board at any meeting or hearing for the transaction of business and may examine, approve, and renew the license of applicants.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:129 (February 2003), amended LR 29:2783 (December 2003).

§311. Procedures

A. The board shall adopt such rules, regulations, and examination procedures as it may deem necessary to effect the provisions of Act 892 (Chapter 13, R.S. 37:1101-1122). The board shall be empowered to accept grants from foundations and institutions to carry on its functions. The board shall submit an annual report to the governor containing the financial and professional actions of the board during the past year. The board shall adopt a seal which shall be affixed to all licenses issued by the board. The board hereby adopts Robert's Rules of Order Revised as the basis of parliamentary decisions by the board except as otherwise provided by board rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:83 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:129 (February 2003).

§313. Code of Ethics

A. The board has adopted the Code of Ethics of the American Counseling Association for Licensed Professional Counselors as specified in R.S. 37:1105(D) and may adopt any revisions or additions deemed appropriate or necessary by the board. Applicable ethics requirements for Licensed Marriage and Family Therapists and MFT Interns are addressed at §4301 of these rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:83 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 22:101 (February 1996), LR 29:130 (February 2003).

§315. Records of Proceedings

A. The board shall keep a record of its proceedings including applicant examinations, a register of applicants for licenses, and a register of licensed professional counselors which shall be made available to the public.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:83 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:130 (February 2003).

Chapter 5. License and Practice of Counseling

§501. License of Title and Practice

A. As stated in R.S. 37:1111(A), no person shall assume or use the title or designation "Licensed Professional Counselor" or engage in the practice of mental health counseling unless he has in his possession a valid license issued by the board under the authority of this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:83 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:130 (February 2003).

§503. Definitions for Licensed Professional Counselors

A. For purposes of this rule, the following definitions will apply.

Board—the Louisiana Licensed Professional Counselors Board of Examiners.

Licensed Professional Counselor—any person who holds himself out to the public for a fee or other personal gain, by any title or description of services incorporating the words "licensed professional counselor" or any similar term, and who offers to render professional mental health counseling/psychotherapy services denoting a client-counselor relationship in which the counselor assumes the responsibility for knowledge, skill, and ethical consideration needed to assist individuals, groups, organizations, or the general public, and who implies that he is licensed to practice mental health counseling.

Mental Health Counseling/Psychotherapy Services—those acts and behaviors coming within the practice of mental health counseling as defined in this Chapter, including diagnosis and treatment of conditions or disorders requiring mental health counseling/psychotherapy as defined in R.S.37:1103(4)(a). However, nothing in this Chapter shall be construed to authorize any person licensed hereunder to administer or interpret test in accordance with the provision of R.S.37:2352(5), except as provided by LAC 46:LXIII.1702.E of the Louisiana Administrative Code, or engage in the practice of psychology or to prescribe, either orally or in writing, distribute, dispense, or administer any medications.

Practice of Mental Health Counseling/Psychotherapy—rendering or offering to individuals, groups, organizations, or the general public by a licensed professional counselor, any service consistent with his professional training as prescribed by R.S. 37:1107(A)(8), and code of ethics/behavior involving the application of principles, methods, or procedures of the mental health counseling profession which includes but are not limited to:

a. *Mental Health Counseling/Psychotherapy*—assisting an individual or group, through psychotherapy and the counseling relationship, to develop an understanding of personal problems, to define goals, and to plan actions reflecting his or their interests, abilities, aptitudes, and needs as these are related to personal and social concerns, educational progress, and occupations and careers.

i. *Mental Health Counseling Practicum*. Licensure requires the completion of a mental health counseling/psychotherapy practicum totaling 100 clock hours. The practicum includes:

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(a). a minimum of 40 hours of direct counseling/psychotherapy with individuals or groups;

(b). a minimum of one hour per week of individual supervision by a counseling faculty member supervisor or supervisor working under the supervision of a program faculty member.

(c). a minimum of one and one-half hours per week of group supervision with other students in similar practical or internships by a program faculty member supervisor or a student supervisor working under the supervision of a program faculty member or an approved on-site supervisor that meets the on-site supervisor requirements established by the university.

ii. **Mental Health Counseling Internship.** Licensure requires the completion of a mental health counseling/psychotherapy internship totaling 300 clock hours. The internship includes:

(a). a minimum of 120 hours of direct counseling/psychotherapy with individuals or groups;

(b). a minimum of one hour per week of individual supervision by a counseling faculty member supervisor or an approved on-site supervisor that meets the supervisor requirements of the university.

(c). a minimum of 1 1/2 hours per week of group supervision with other students in similar practica or internships by a program faculty member supervisor or a student supervisor working under the supervision of a program faculty member or an approved on-site supervisor that meets the on-site supervisor requirements established by the university.

b. *Consulting*—interpreting or reporting scientific fact or theory to provide assistance in solving current or potential problems of individuals, groups, or organizations.

c. *Referral Activities*—the evaluation of data to identify problems and to determine the advisability of referral to other specialists.

d. *Research Activities*—reporting, designing, conducting, or consulting on research in counseling with human subjects.

e. *Appraisal*—

i. use or administration of tests of language, educational and achievement tests, adaptive behavioral tests, and symptoms screening checklists or instruments, as well as tests of abilities, interests, and aptitudes, for the purpose of diagnosing those conditions allowed within the scope of these statutes, defining counseling goals, planning and implementing interventions, and documenting clients progress as related to mental health counseling. Appraisal includes but is not necessarily limited to the following areas.

(a). *Abilities*—those normative-based individual and group administered instruments used to measure general mental ability vis-a-vis specific abilities.

(b). *Interests*—those normative-based individual and group administered instruments used to suggest educational and vocational adjustment, interpersonal relations, intrapersonal tendencies and interests, satisfaction from avocational pursuits, and other major phases of human development.

(c). *Aptitudes*—those normative-based individual and group administered instruments used to measure special ability related to a future task(s).

ii. Qualified licensed professional counselors as well as other appropriately licensed or certified professionals may also administer or use test of language, educational and achievement, adaptive behavior tests, and symptom screening checklists or instruments. The administration and interpretation of these tests are not exclusively within the scope of this regulation.

iii. Appraisals done within the practice of mental health counseling must be performed in accordance with the requirements of the *Louisiana Administrative Code*, Title 46, Part LX, Chapter 21. Code of Conduct for Licensed Professional Counselors. A licensed professional counselor must be privileged by this board to utilize formal appraisal instruments and shall limit such use to those areas heretofore mentioned in this Chapter. A licensed professional counselor who wishes to be board privileged to utilize formal appraisal instruments in the appraisal of individuals shall additionally furnish this board satisfactory evidence of formal graduate training in statistics, sampling theory, test construction, test and measurements and individual differences. Formal training shall include a practicum and supervised practice with appraisal instruments.

f. *Graduate Degree*—the substance of which is professional mental health counseling from a regionally accredited university as defined in Chapter 7.

i. a CACREP accredited—program or its equivalent as determined by the board.

g. In addition, the above should not be construed to include degrees in disciplines licensed elsewhere by the state of Louisiana (e.g., social work, psychology) with the exception of counseling psychology and vocational rehabilitation counseling programs.

h. *Supervision*—the process as defined in Chapter 7, §705 whereby a board-approved supervisor assists a counselor intern in developing expertise in the use of mental health counseling/psychotherapeutic practices.

i. *Approved Supervisor*—an individual who has received a letter from the board certifying that he has met all the requirements for *approved supervisor* as defined in Chapter 7, §705.

j. *Counselor Intern*—an individual who has received a letter from the board certifying that he has met all the requirements for counselor intern as defined in Chapter 7, §705.

k. other definitions specific to licensed marriage and family therapists and MFT Interns can be found in §3105.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:83 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 16:302 (April 1990), LR 18:51 (January, 1992), LR 22:101 (February 1996), LR 24:437 (March 1998), LR 24:2124 (November 1998), LR 26:493 (March 2000), LR 29:130 (February 2003), LR 33:2654 (December 2007).

Chapter 7. Requirements for Licensure of Licensed Professional Counselors

§701. General Provisions

A. The board shall license to practice all persons who present satisfactory evidence of qualifications as specified in these rules and regulations of the board. Such licensure shall be signed by the chairman and vice chairman of the board under the seal of the board. No license shall be denied any applicant based upon the applicant's race, religion, creed, national origin, sex, or physical impairment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:83 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:131 (February 2003).

§703. Licensed Professional Counselors Licensing Requirements

A. The board shall issue a license to each Licensed Professional Counselor applicant who files an application upon a form designated by the board and in such a manner as the board prescribes, accompanied by such fee required by R.S. 37:1106 and who furnishes satisfactory evidence to the board that he:

1. is at least 21 years of age;
2. is of good moral character;
3. is a citizen of the United States or has legally declared his intentions of becoming such;
4. is a resident of the state of Louisiana or is in the act of establishing residency in the state of Louisiana;
5. is not in violation of any of the provisions of R.S. 37:1101-1122 and the rules and regulations adopted herein;
6. can document a minimum of 3,000 hours of post-master's experience in professional mental health counseling under the clinical supervision of a board-approved supervisor, with said supervision occurring over a period of no less than two years and not more than seven years from the original date such supervision was approved. Five hundred hours of supervised experience may be gained for

each 30 graduate semester hours earned beyond the required master's degree, provided that such hours are clearly related to the field of mental health counseling, are earned from a regionally accredited institution, and are acceptable to the board provided that in no case the applicant has less than 2,000 hours of board-approved supervised experience within the aforementioned time limits;

7. has declared special competencies and demonstrated professional competence therein by passing a written and, at the discretion of the board, an oral examination as shall be prescribed by the board;

8. has received a graduate degree, the substance of which is professional mental health counseling in content from a regionally accredited institution of higher education offering a master's and/or doctoral program in counseling that is approved by the board and has accumulated at least 48 graduate semester hours as part of the graduate degree plan containing the eight required areas, the supervised mental health practicum and supervised internship in mental health counseling (as defined by rules adopted by the board listed under Chapter 5), which shall not be interpreted to exclude post-graduate course work in mental health counseling, as part of the degree plan containing 48 graduate hours including eight content areas, practicum and internship approved by the Licensed Professional Counselors (LPC) Board:

- a. the following eight areas are required to have at least one semester course:
 - i. counseling/theories of personality;
 - ii. human growth and development;
 - iii. abnormal behavior;
 - iv. techniques of counseling;
 - v. group dynamics, processes, and counseling;
 - vi. lifestyle and career development;
 - vii. appraisal of individuals;
 - viii. ethics;

9. has provided to the board a declaration of practices and procedures, with the content being subject to board review and approval.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:83 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 18:269 (March 1992), LR 22:102 (February 1996), LR 24:1294 (July 1998), LR 24:2124 (November 1998), LR 29:131 (February 2003).

§705. Supervised Experience of Counselor Intern

A. Supervision Requirements

1. Supervision is defined as assisting the counselor intern in developing expertise in methods of the professional mental health counseling practice and in developing self-

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appraisal and professional development strategies. Supervision must comply with standards as set by the board.

2. Pursuant to R.S. 37:1107(A), an applicant for license must document a minimum of 3,000 hours of post-master's experience in professional mental health counseling under the clinical supervision of a board-approved supervisor, with said supervision occurring over a period of no less than two years and not more than seven years from the original date such supervision was approved. Five hundred hours of supervised experience may be gained for each 30 graduate semester hours earned beyond the required master's degree provided that such hours are clearly related to the field of mental health counseling, are earned from a regionally accredited institution, and are acceptable to the board, provided that in no case the applicant has less than the 2,000 hours of board-approved supervised experience within the aforementioned time limits. Only those applicants already receiving board-approved supervision prior to June 30, 1998 are exempt from the aforementioned time allowance.

a.i. Based on the above, the required 3,000 hours of counseling/psychotherapeutic experience shall be accrued in the following manner.

(a.) a minimum of 1,900 hours (up to 2,900) in direct counseling/psychotherapeutic services involving individuals, couples, families, or groups.

(b.) a maximum of 1,000 hours in additional client contact, counseling related activities (i.e., case notes, staffing, case consultation, or testing/assessment of clients) or education at the graduate level in the field of mental health as defined above;

(c.) a minimum of 100 hours of face-to-face supervision by a board-approved supervisor.

ii. An applicant may utilize supervised hours earned in post-master's degree courses in counseling or in a doctoral degree program in counseling toward the required hours of supervised experience in addition to exercising the option of substituting 30 graduate semester hours earned beyond the master's degree for 500 hours of supervised experience, as long as supervised experience, practicum, or internship courses are not included in the 30 graduate semester hours that are used to substitute for 500 hours of supervised experience. In no case, may the applicant have less than 2,000 hours of supervised experience.

b. The board recommends one hour of supervision for every 20 hours of direct client contact as outlined in Subclause A.2.a.i.(a). Supervision may not take place via mail or telephone. Telephone or mail contacts with supervisor may be counted under Subclause A.2.a.i.(b) (i.e., consultation), however, it cannot be counted as face-to-face supervision as defined in Subclause A.2.a.i.(c).

c. To be eligible for supervision as a counselor intern, the applicant must provide proof of completion of a supervised practicum and internship as listed in §503, Definitions and each of the following eight content area. In order for a course to fulfill a content area requirement, it

must include in a substantial manner, the area in the description for the content areas.

i. Counseling/Psychotherapy Theories of Personality. Description: counseling/psychotherapy theories including both individual and systems perspectives; research and factors considered in applications of counseling/psychotherapy theories; or theories of personality including major theories of personality.

ii. Human Growth and Development. Description: the nature and needs of individuals at developmental levels; theories of individual and family development and transitions across the life-span; theories of learning and personality development; human behavior including an understanding of developmental crises, disability, addictive behavior, psychopathology, and environmental factors as they affect both normal and abnormal behavior; strategies for facilitating development over the lifespan.

iii. Abnormal Behavior. Description: emotional and mental disorders experienced by persons of all ages; characteristics of disorders; common nosologies of emotional and mental disorders utilized within the U.S. health care system; the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, as published by the American Psychiatric Association; preferred treatment approaches for disorders based on research; common medications used by psychiatrists to treat disorders; working with other health care and mental health care professionals in treating individuals with emotional and mental disorders.

iv. Techniques of Counseling/Psychotherapy. Description: basic interviewing, assessment, and counseling/psychotherapeutic skills; counselor characteristics and behaviors that influence helping processes including age, gender and ethnic differences, verbal and non verbal behaviors and personal characteristics, orientations, and skills; client characteristics and behaviors that influence helping processes including age, gender and ethnic differences, verbal and non verbal behaviors and personal characteristics, traits, capabilities, and life circumstances.

v. Group Dynamics, Processes, and Counseling/Psychotherapy. Description: principles of group dynamics including group process components, developmental stage theories, and group members' roles and behaviors; group leadership styles and approaches including characteristics of various types of group leaders and leadership styles; theories of group counseling/psychotherapy including commonalities, distinguishing characteristics, and pertinent research and literature; group counseling/psychotherapeutic methods including group counselor orientations and behaviors, ethical standards, appropriate selection criteria and methods, and methods of evaluation of effectiveness; approaches used for other types of group work, including task groups, prevention groups, support group, and therapy groups.

vi. Lifestyle and Career Development. Description: career development theories and decision-making models; career, a vocational, educational, and labor

market information resources, visual and print media, and computer-based career information systems; career development program planning, organization, implementation, administration, and evaluation; interrelationships among work, family, and other life roles and factors including multicultural and gender issues as related to career development; career and educational placement, follow-up and evaluation; assessment instruments and techniques relevant to career planning and decision-making; computer based career development applications and strategies, including computer-assisted guidance systems; career counseling processes, techniques and resources including those applicable to specific populations.

vii. Appraisal of Individuals. Description: theoretical and historical bases for assessment techniques; validity including evidence for establishing content, construct, and empirical validity; reliability including methods of establishing stability, internal and equivalence reliability; appraisal methods including environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations, and computer-managed and computer-assisted methods; psychometric statistics including types of assessment scores, measures of central tendency, indices of variability, standard errors, and correlations; age, gender, ethnicity, language, disability, and culture factors related to the assessment and evaluation of individuals and groups; strategies for selecting, administering, interpreting, and using assessment and evaluation instruments and techniques in counseling.

viii. Ethics. Description: ethical standards of the American Counseling Association, state counselor licensure boards, and national counselor certifying agencies; ethical and legal issues and their applications to various professional activities; history of the helping professions including significant factors and events; professional roles and functions of counselors including similarities and differences with other mental health professionals; professional organizations, primarily the American Counseling Association, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases, professional preparation standards, their evolution, and current applications; professional credentialing including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; public policy processes including the role of the professional counselor in advocating on behalf of the profession and its clientele.

d. If a counselor intern commences supervision prior to August 15, 1996 pursuant to §705.A.2.c above, the counselor intern must complete all of the eight content areas pursuant to R.S. 37:1107(B), in order to be eligible for licensure upon completion of the supervised internship.

3. Acceptable modes for supervision of direct clinical contact are the following.

a. Individual Supervision. The supervisory session is conducted by an approved supervisor with one counselor intern present.

b. Group Supervision. The supervisory session is conducted by an approved supervisor with no more than 10 counselor interns present.

4. At least 100 hours of the counselor intern's direct clinical contact with clients must be supervised by an approved supervisor or supervisors, as defined below.

a. At least 50 of these 100 hours must be individual supervision as defined above. The remaining 50 hours of these 100 hours may be either individual supervision or group supervision as defined above.

b. A supervisor may not supervise more than 10 counselor interns at any given time.

5. Supervisors of, counselor interns, as defined in these rules, have the responsibility of assisting counselor interns in increasing their skills as a mental health professional. Supervisors, as defined in these rules, have no control, oversight, or professional responsibility for the services of counselor interns whom they are supervising, unless a supervisor also serves as the administrative supervisor of a counselor interns in the setting in which the counselor intern is employed or contracted or is rendering counseling services on a volunteer basis. The control, oversight, and professional responsibility for counselor interns rests with the counselor intern's administrative supervisor in the setting in which they are employed or contracted or are rendering counseling services on a volunteer basis. In obtaining permission for outside supervision, counselor interns must notify their administrative supervisor of the identity of their supervisor for the purpose of gaining the supervised experience for licensure and the nature of the supervisory activities, including any observations or taping that occurs with clients, after obtaining the client's permission, in the setting.

6. The process of supervision must encompass multiple modes of supervision, including regularly scheduled live observation of counseling sessions (where possible) and review of audiotapes and/or videotapes of counseling sessions. The process may also include discussion of the counselor intern's self-reports, microtraining, interpersonal process recall, modeling, role-playing, and other supervisory techniques. (*Supervision* as defined in these rules does not require the approved supervisor to be in the same room with the counselor intern during the intern's provision of services to clients.)

7. The supervisor must provide nurturance and support to the counselor intern, explaining the relationship of theory to practice, suggesting specific actions, assisting the counselor intern in exploring various models for practice, and challenging discrepancies in the counselor intern's practice.

8. The supervisor must ensure the counselor intern's familiarity with important literature in the field of counseling.

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9. The supervisor must provide training appropriate to the counselor intern's intended area of expertise and practice.

10. The supervisor must model effective professional counseling practice.

11. The supervisor must ensure that the mental health counseling and the supervision of the mental health counseling is completed in an appropriate professional setting.

12. The counselor intern must have received a letter from the board certifying that he has met all the requirements for *Counselor Intern* as defined in this Chapter.

13. The professional setting cannot include private practice in which the counselor intern operates, manages or has an ownership interest in the private practice, unless the counselor intern is authorized to participate in the private practice by authority of a separate license issued by the state of Louisiana.

14. Supervisors may employ counselor interns in their private practice setting. The supervisor may bill clients for services rendered by the counselor intern, however, under no circumstances can the counselor intern bill clients directly for services rendered by him/herself.

15. The supervisor must certify to the board that the counselor intern has successfully complied with all requirements for supervised counseling experience.

B. Qualifications of a Supervisor of Counselor Interns

1. Those individuals who may provide supervision to counselor interns must meet the following requirements.

a. Licensure Requirements. The supervisor must hold a Louisiana license as a licensed professional counselor.

b. Counseling Practice. The supervisor must have been practicing mental health counseling in their setting (i.e., school, agency, private practice) for at least five years. Two of the five years experience must be post licensing experience.

c. Training in Supervision. Supervisors must have successfully completed either Clauses i or ii below.

i. Graduate-Level Academic Training. At least one graduate-level academic course in counseling supervision. The course must have included at least 45 clock hours (equivalent to a three credit hour semester course) of supervision training.

ii. Professional Training. A board-approved professional training program in supervision. The training program must be a minimum of 25 direct clock hours with the trainers and meet presentation standards established by the board.

2. A supervisor may not be a relative of the counselor intern. Relative of the counselor intern is defined as spouse, parent, child, sibling of the whole- or half-blood, grandparent, grandchild, aunt, uncle, one who is or has been related by marriage or has any other dual relationship.

3. No person shall serve as a supervisor if his/her license is expired or subject to terms of probation, suspension, or revocation.

C. Responsibility of Applicant under Supervision

1. During the period of supervised counseling/psychotherapy experience, the proper identification title is counselor intern. Counselor interns shall not identify themselves as LPC Interns.

2. Each counselor intern must provide his/her clients with a disclosure statement (as outlined in the Appendix of the LPC Code of Conduct) that includes:

a. his/her training status; and

b. the name of his/her supervisor for licensure purposes.

3. Counselor interns must comply with all laws and regulations relating to the practice of mental health counseling (R.S. 37:1101-1122).

4. Counselor interns may not initiate a private practice during their period of supervised counseling/psychotherapy experience. Counselor interns employed within their supervisors' private practice setting, or in a similar outpatient setting, cannot, under any circumstances bill clients directly for services they render, unless the counselor intern is authorized to participate in the private practice by authority of a separate license issued by the state of Louisiana.

5. Upon completing of the required number of hours and a minimum two years of supervised counseling/psychotherapy experience, the counselor intern shall submit all license application forms, along with a fee to the board. A counselor intern must continue under supervision until notification from the board that licensure has been granted.

6. Supervision hours do not begin accruing until after the application for supervision has been filed and approved by the LPC Board.

D. Registration of Supervised Experience

1. All proposed supervision arrangements beginning on or after January 1, 1993 must be approved by the board prior to the starting date of the supervised experience.

a. The counselor intern will:

i. along with his/her supervisor provide the board with a written proposal outlining with as much specificity as possible the nature of the counseling duties to be performed by the counselor intern and the nature of the supervision;

ii. submit this written proposal on forms provided by the board at least 60 days prior to the proposed starting date of the supervision;

iii. submit along with the written proposal the appropriate fee determined by the board.

2. Supervised experience rendered by the counselor intern in an exempt setting needs to meet the requirements in

this rule if that supervised experience is to meet the requirements for licensure as set forth by R.S. 37:1107(A).

3. Following the board's review, the counselor intern will be informed by letter either that the proposed supervision arrangement has been approved or that it has been rejected. Any rejection letter will outline, with as much specificity as practicable, the reasons for rejection.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 18:269 (March 1992), amended LR 21:465 (May 1995), LR 22:102 (February 1996), LR 24:1294 (July 1998), LR 24:2124 (November 1998), LR 26:493 (March 2000), LR 29:132 (February 2003), LR 33:2655 (December 2007).

Chapter 8. Renewal of Licensed Professional Counselor Licenses

§801. Renewal

A. A licensed professional counselor shall renew his/her license every two years in the month of June by meeting the requirement that 40 clock hours of continuing education be obtained prior to each renewal date every two years in an area of professional mental health counseling as approved by the board and by paying a renewal fee. The licensee should submit a declaration statement only if there has been a change in area of expertise, with the content being subject to board review and approval. The board, at its discretion, may require the licensee to present satisfactory evidence supporting any changes in areas of expertise noted in the declaration statement. The chairman shall issue a document renewing the license for a term of two years. The license of any mental health counselor who fails to have this license renewed every two years during the month of June shall lapse; however, the failure to renew said license shall not deprive said counselor the right of renewal thereafter. A lapsed license may be renewed within a period of two years after the expired renewal date upon payment of all fees in arrears and presentation of evidence of completion of the continuing education requirement. Application for renewal after two years from the date of expiration will not be considered for renewal; the individual must apply under the current licensure guidelines.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 18:271 (March 1992), amended LR 22:102 (February 1996), LR 24:1294 (July 1998), LR 26:494 (March 2000), LR 29:134 (February 2003).

§803. Continuing Education Requirements for Licensed Professional Counselors

A. General Guidelines

1. An LPC licensee must accrue 40 clock hours of continuing education by every renewal period every two years, with the exception that a licensee renewing a license

which expires on June 30, 2000 must accrue 25 clock hours of continuing education.

2. One continuing education hour (CEH) is equivalent to one clock hour.

3. Accrual of continuing education begins only after the date the license was issued.

4. CEHs accrued beyond the required 40 hours may not be applied toward the next renewal period. Renewal periods run from July 1 to June 30, every two years.

5. The licensee is responsible for keeping a personal record of his/her CEHs until official notification of renewal is received. Do not forward documentation of CEHs to the board office as they are accrued.

6. At the time of renewal 10 percent of the licensees will be audited to ensure that the continuing education requirement is being met. If you are one of the 10 percent chosen, you will be requested by letter to submit documentation of your CEHs.

B. Approved Continuing Education for Licensed Professional Counselors

1. Continuing education requirements are meant to encourage personal and professional development throughout the LPC's career. For this reason a wide range of options are offered to accommodate the diversity of counselors' training, experience and geographic locations.

2. An LPC may obtain the 40 CEHs through one or more of the options listed below.

a. Continuing Education Approved by Other Organizations. Continuing education that is approved by either the American Counseling Association (ACA), its divisions, regions and state branches, Louisiana Counseling Association (LCA), or the National Board of Certified Counselors (NBCC) will be accepted by the Board of Examiners. One may contact these associations to find out which organizations, groups or individuals are approved providers. One may receive one clock hour of continuing education for each hour of direct participation in a structured educational format as a learner. Credit cannot be granted for: business/governance meetings; breaks; social activities including meal functions, except for actual time of a content speaker. Credit cannot be given for an approved session to persons who leave early from that session. Verification can consist of copies of certificates of attendance.

b. Continuing Education Not Preapproved. For those organizations, groups or individuals that do not carry provider status by one of the above associations, the continuing education hours will be subject to approval by the Board of Examiners at the time of renewal. The board will not preapprove any type of continuing education. The continuing education must be in one of the 12 approved content areas listed in §803.C, and be given by a qualified presenter. A qualified presenter is considered to be someone at the master's level or above and trained in the mental health field or related services. One may receive one clock hour of continuing education for each hour of direct participation in

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a structured educational format as a learner. Credit cannot be granted for: business/governance meetings; breaks; social activities including meal functions, except for actual time of a content speaker. Credit cannot be given for an approved session to persons who leave early from that session. Verification for workshops, seminars, or conventions can consist of copies of certificates of attendance. Typically one Continuing Education Unit (CEU) is equivalent to 10 clock hours.

c. Coursework. CEHs may also be gained by taking coursework (undergraduate or graduate) from a regionally accredited institution in one of the 12 approved content areas for continuing education listed in §803.C. One may take a course for credit or audit a course. In a college or university program, one semester hour is equivalent to 15 clock hours and one quarter hour is equivalent to 10 clock hours. Therefore, 45 CEHs will be given for a three hour university course completed at a regionally accredited university. Verification for coursework can consist of either copies of transcripts for coursework taken for credit or letter of attendance from instructor for courses audited.

d. Home Study. The LCA journal, video presentations and approved teleconferences are all approved home study options. Each option must carry a provider number from either NBCC, LCA or other board-approved mental health organizations. Each activity will specify the number of CEHs that will be granted upon completion. Verification consists of a certificate issued by NBCC, LCA or certificates from other professional mental health organizations that will be reviewed by the board.

e. Presentations. Presenters may get credit for original presentations at a rate of five clock hours per one hour presentation. Presenters must meet the qualifications stated in Subparagraph B.2.b above. The presentation must be to the professional community; not to the lay public or a classroom presentation. The presentation must also be in one of the 12 approved content areas listed in §803.C. Verification of your presentation consists of obtaining a letter from the workshop/convention coordinator stating the topic, date, and number of hours of presentation.

f. Publishing. Authors may receive five clock hours per article or chapter in a book. The article must be published in a professional refereed journal. Both articles and chapters must be in one of the 12 approved content areas listed in §803.C. Verification will consist of either a reprint of the article/chapter, or a copy of the article/chapter, cover of the book/journal and page listing the editor or publisher.

g. Counseling (10 hours maximum per renewal period). One may receive one clock hour of continuing education per counseling hour as a client. To qualify, one must be a client receiving services from a licensed mental health professional having qualifications equal to or exceeding those currently required of LPCs. Consultation and supervision hours do not qualify. Verification will consist of a letter from the counseling mental health professional verifying client therapy hours.

h. Research. One may receive one clock hour of continuing education per hour of planning or conduct of, or participation in, counseling or counseling-related research. To qualify, this activity must constitute an original and substantive educational experience for the learner. Verification will consist of a letter from the faculty member or researcher.

i. Peer Supervision (10 hour maximum per renewal period). One may receive one clock hour of continuing education per hours of performing peer supervision activities. For example, case work consultation.

C. Approved Content Areas. Continuing Education Hours must be in one of the following 12 content areas.

1. Counseling Theory—includes a study of basic theories, principles and techniques of counseling and their application in professional settings.

2. Human Growth and Development—includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels, normal and abnormal human behavior, personality theory and learning theory within appropriate cultural contexts.

3. Social and Cultural Foundations—includes studies that provide a broad understanding of societal changes and trends, human roles, societal subgroups, social mores and interaction patterns, and differing lifestyles.

4. The Helping Relationship—includes studies that provide a broad understanding of philosophic bases of helping processes, counseling theories and their applications, basic and advanced helping skills, consultation theories and their applications, client and helper self-understanding and self-development, and facilitation of client or consultee change.

5. Group Dynamics, Processing and Counseling—includes studies that provide a broad understanding of group development, dynamics, and counseling theories, group leadership styles, basic and advanced group counseling methods and skills, and other group approaches.

6. Lifestyle and Career Development—includes studies that provide a broad understanding of career development theories; occupational and educational information sources and systems; career and leisure counseling, guidance, and education; lifestyle and career decision-making; career development program planning and resources; and effectiveness evaluation.

7. Appraisal of Individuals—includes studies that provide a broad understanding of group and individual educational and psychometric theories and approaches to appraisal, data and information gathering methods, validity and reliability, psychometric statistics, factors influencing appraisals, and use of appraisal results in helping processes.

8. Research and Evaluation—includes studies that provide a broad understanding of types of research, basic statistics, research report development, research implementation, program evaluation, needs assessment,

publication of research information, and ethical and legal considerations associated with the conduct of research.

9. Professional Orientation—includes studies that provide a broad understanding of professional roles and functions, professional goals and objectives, professional organizations and associations, professional history and trends, ethical and legal standards, professional preparation standards, professional credentialing and management of private practice and agency settings.

10. Marriage and Family—includes studies that provide a broad understanding of marriage and family theories and approaches to counseling with families and couples. This includes appraisal of family and couples systems and the application of these to counseling families and/or couples.

11. Chemical Dependency—includes studies that provide a broad understanding of chemical dependency issues, theories, and strategies to be applied in the helping relationship for chemical dependency counseling.

12. Supervision—includes studies in theory and techniques of supervision as well as ethical and legal issues, case management, and topics relative to the specific supervised setting.

D. Types of Documentation Needed for Verification

1. Copy of certificate of attendance for workshops, seminars, or conventions.

2. Copy of transcript for coursework taken for credit/letter of attendance from instructor for courses audited.

3. Home study verification form or certificate issued by LCA/NBCC.

4. Letter from workshop/convention coordinator verifying presentations.

5. Copy of article, cover and editorial board page for publications.

6. Letter from counseling mental health professional verifying number of hours in counseling as a client.

7. Letter from the faculty member or researcher verifying number of hours in research.

8. Letter or certificate from the LPC Board of Examiners, or from the board-approved counseling service organization, verifying number of hours of service.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 18:271 (March 1992), amended LR 26:494 (March 2000), LR 29:135 (February 2003).

Chapter 9. Fees

§901. General

A. The board shall collect the following fees stated in R.S. 37:1106.

1. Application, License and Seal	\$200
2. Privileging Review for Appraisal and Other Specialty Areas	\$100
3. Registration of Supervision	\$100
4. Renewal of License	\$150
5. Late Fee for Renewal	\$ 50
6. Reissue of License Duplicate	\$ 25
7. Name Change on Records	\$ 25
8. Copy of LPC File	\$ 25
9. Copy of Any Documents	Cost Incurred

B. The late fee will be incurred the day after a licensee's designated renewal deadline (no grace period). No part of any fee shall be refundable under any conditions. All fees for licensing must be paid to the board by certified check or money order. The renewal shall be deemed timely when:

1. the renewal is delivered on or before the due date; or

2. the renewal is mailed on or before the due date. If the renewal is received by mail on the first working day following the due date, there shall be a rebuttable presumption that it was timely filed. In all cases where the presumption does not apply, the timeliness of the mailing shall be shown only by an official United States postmark or by official receipt or certificate from the United States Postal Service made at the time of mailing which indicates the date thereof. For purpose of this Section, "by mail" applies only to the United States Postal Service.

C. The board may assess and collect fines in an amount not to exceed \$500 for violations of Chapter 9 and rules promulgated by the board.

D. Senate Concurrent Resolution 104 of the Regular Session of the Louisiana Legislature suspended certain state law provisions relative to continuing education, annual applications, and/or annual payment of licensing fees for individuals on "active military service."

E. Licensees who are placed on active duty status shall immediately notify the board of such status, and provide documentation of same, and shall likewise promptly notify the board, and provide documentation of the cessation of active duty status. Licensees with questions concerning the continued applicability of the resolution should contact the board office.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:136 (February 2003), amended LR 29:2783 (December 2003).

§903. Deposit and Use of Fees and Funds

A. All fees collected and all gifts or grants shall be deposited and credited to the account of the board in a licensed financial institution of the board's choosing. The funds of the board may be used for printing, travel expenses of the board, and for other necessary expenses as are essential to carrying out of the provisions of R.S. 37:1101-1122. Expenses shall be paid under the written

direction of the chairman of the board in accordance with procedures established by the Division of Administration. Any surplus at the end of the fiscal year shall be retained by the board for future expenditures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:84 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:137 (February 2003).

Chapter 11. Reciprocity in LPC Licensing

§1101. States, Territories, and Commonwealths

A. Upon application accompanied by a fee and without written or oral examination, as stated in R.S. 37:1109, the board may issue an LPC license to any person who furnished upon a form and in such manner as the board prescribes, evidence satisfactory to the board that he is licensed, certified, or registered as a professional counselor by another state, territorial possession of the United States, District of Columbia, or Commonwealth of Puerto Rico if the requirements for such licensure, certification, or registration are substantially equivalent to those of R.S. 37:1101-1122.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:84 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 22:103 (February 1996), LR 29:137 (February 2003).

Chapter 13. Disciplinary Proceedings for Licensed Professional Counselors

§1301. Causes for Administrative Action

A. The board, after due notice and hearing as set forth herein and the Louisiana Administrative Procedure Act, R.S. 49:950 et seq., may withhold, deny, revoke or suspend any license issued or applied for or otherwise discipline a Licensed Professional Counselor on a finding that the person has violated the Louisiana Mental Health Counselor Licensing Act, any of the rules and regulations promulgated by the board, the Code of Ethics of the American Counseling Association, or prior final decisions and/or consent orders involving the Licensed Professional Counselor or applicant for licensure. Sometimes hereinafter in this Chapter, where the context allows a Licensed Professional Counselor or applicant for licensure may be referred to as "person."

B. The board shall also deny, revoke or suspend any license issued or applied for, or otherwise discipline a Licensed Professional Counselor on a finding that such person has violated any other applicable state law which themselves requires denial, revocation, or suspension of the license of such Licensed Professional Counselor or applicant. Such statutes include, but are not limited to R.S.

37:2951 et seq. (nonpayment of certain student loans), and R.S. 37:2952 et seq. (nonpayment of child support).

C. In addition to the Code of Conduct adopted by the LPC Board as Chapter 21, §2101-2117, the following actions or inactions by a licensed professional counselor shall also be considered ethical violations by a licensed professional counselor which may allow denial revocation, or suspension of licensed professional counselor's license.

1. Failure to report suspected child abuse or neglect (R.S. 14:403 et seq. and Children's Code Article 609 et seq.).

2. Failure to report suspected elder abuse or neglect (R.S. 14:403.2 et seq.).

3. Failure to maintain patient records required by law (R.S. 40:1299.96 et seq.).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:84 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:837 (October 1989), LR 17:778 (August 1991), LR 18:52 (January 1992), LR 25:259 (February 1999), LR 29:137 (February 2003).

§1303. Disciplinary Process and Procedures

A. The purpose of the following rules and regulations is to supplement and effectuate the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq., regarding the disciplinary process and procedures incident thereto. These rules and regulations are not intended to amend or repeal the provisions of the Administrative Procedure Act, and to the extent any of these rules and regulations are in conflict therewith, the provisions of the Administrative Procedure Act shall govern.

B. A disciplinary proceeding, including the formal hearing, is less formal than a judicial proceeding. It is not subject to strict rules and technicalities, but must be conducted in accordance with considerations of fair play and constitutional requirements of due process.

C. The purpose of a disciplinary proceeding is to determine contested issues of law and fact; whether the person did certain acts or omissions and, if he did, whether those acts or omissions violated the Louisiana Mental Health Counselor Licensing Act, the rules and regulations of the board, the Code of Ethics of the American Counseling Association, or prior final decisions and/or consent orders involving the licensed professional counselor or applicant for licensure and to determine the appropriate disciplinary action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:259 (February 1999), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:137 (February 2003).

§1305. Initiation of Complaints

A. Complaints may be initiated by any person or by the board on its own initiative.

B. All complaints shall be addressed confidential to the Ad Hoc Committee for Disciplinary Affairs of the board and shall be sent to the board office. The Ad Hoc Committee for Disciplinary Affairs of the board shall, during an executive session of the board, convey the complaint to the board members. The board members by a vote of four of the seven members shall agree to investigate the charges or deny the charges. If a denial, the chairperson of the board shall request the Ad Hoc Committee for Disciplinary Affairs to prepare the letters of denial for his signature. If the board agrees to investigate, the board shall request the Ad Hoc Committee for Disciplinary Affairs to notify the person that allegations have been made that he may have committed a breach of statute, rule and regulation, ethical code, and/or prior final decisions or consent orders and that he must respond in writing to the board within a specified time period. A response is to be made to the Ad Hoc Committee for Disciplinary Affairs of the board at the board office address. The complaint letter of alleged violations shall not be given initially to the person. However, sufficiently specific allegations shall be conveyed to the person for his response. Once the person has answered the complaint, a determination will be made if a disciplinary proceeding is required.

C. Pursuant to its authority to regulate this industry, the board through its Ad Hoc Committee on Disciplinary Affairs, may conduct investigations into alleged violations by a licensed professional counselor or applicant of this Chapter or rules and regulations promulgated pursuant thereto, may issue subpoenas to secure evidence of alleged violations of the Louisiana Mental Health Counselor Licensing Act, any of the rules and regulations promulgated by the board, the Code of Ethics of the American Counseling Association, or prior final decisions and/or consent orders involving the licensed professional counselor or applicant for licensure. The confidential or privileged records of a patient or client which are subpoenaed are to be sanitized by the custodian of such records so as to maintain the anonymity of the patient or client.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:260 (February 1999), amended LR 26:496 (March 2000), LR 29:138 (February 2003).

§1307. Informal Disposition of Complaints

A. Some complaints may be settled informally by the board and the person accused of a violation without a formal hearing. The following types of informal dispositions may be utilized.

1. Disposition by Correspondence. For complaints less serious, the Ad Hoc Committee for Disciplinary Affairs of the board may write to the person explaining the nature of the complaint received. The person's subsequent response

may satisfactorily explain the situation, and the matter may be dropped. If the situation is not satisfactorily explained, it shall be pursued through an informal conference or formal hearing.

2. Informal Conference

a. The Ad Hoc Committee for Disciplinary Affairs of the board may hold a conference with the person in lieu of, or in addition to, correspondence in cases of less serious complaints. If the situation is satisfactorily explained in conference, a formal hearing is not scheduled.

b. The person shall be given adequate notice of the conference, of the issues to be discussed, and of the fact that information brought out of the conference may later be used in a formal hearing. Board members may not be involved in informal conferences.

3. Settlement. An agreement worked out between the person making the complaint and the person accused of a violation does not preclude disciplinary action by the board. The nature of the offense alleged and the evidence before the board must be considered.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:260 (February 1999), amended LR 29:138 (February 2003).

§1309. Formal Hearing

A. The board has the authority, granted by R.S. 37:1101 et seq., to bring administrative proceedings against persons to whom it has issued a license to practice as a licensed professional counselor or any applicant requesting a license. The person has the right to:

1. appear and be heard, either appearing alone or with counsel;
2. the right of notice;
3. a statement of what accusations have been made;
4. the right to present evidence and to cross-examine; and
5. the right to have witnesses subpoenaed.

B. If the person does not appear, either in person or through counsel, after proper notice has been given, the person may be considered to have waived these rights and the board may proceed with the hearing without the presence of the person.

C. The process of administrative action shall include certain steps and may include other steps as follows.

1. The board received a complaint alleging that a person has acted in violation of the Louisiana Mental Health Counselor Licensing Act, the rules and regulations of the board, or the Code of Ethics of the American Counseling Association. Communications from the complaining party shall not be revealed to any person until and unless a formal

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complaint is filed except those documents being subpoenaed by a court.

2.a. The complaint is investigated by the board's agent or attorney to determine if there is sufficient evidence to warrant disciplinary proceedings. No board member may communicate with any party to a proceeding or his representative concerning any issue of fact or law involved in that proceeding.

b. A decision to initiate a formal complaint or charge is made if one or more of the following conditions exists.

i. The complaint is sufficiently serious.

ii. The person fails to respond to the board's correspondence concerning the complaint.

iii. The person's response to the board's letter or investigation demand is not convincing that no action is necessary.

iv. An informal approach is used, but fails to resolve all of the issues.

3. A notice of hearing is issued pursuant to R.S. 49:955, charging the violation of one or more of the provisions of the Louisiana Mental Health Counselor Licensing Act, the rules and regulations promulgated thereto, the Code of Ethics of the American Counseling Association, or prior final decisions and/or consent orders involving the person.

4. A time and place for a hearing is fixed by the chairman or an agent of the board.

5.a. At least 20 days prior to the date set for the hearing, a copy of the charges and a notice of the time and place of the hearing are sent by certified mail to the last known address of the person accused. If the mailing is not returned to the board, it is assumed to have been received. It is the person's obligation to keep the board informed of his whereabouts. The board will conduct the hearing, with the accused person in absentia, in the event that certified mail at the last known address is unsuccessful.

b. The content of the charges limits the scope of the hearing and the evidence which may be introduced. The charges may be amended at any time up to 10 days prior to the date set for the hearing.

c. If the board is unable to describe the matters involved in detail at the time the sworn complaint is filed, this complaint may be limited to a general statement of the issues involved. Thereafter, upon the person's request, the board shall supply a more definite and detailed statement to the person.

6. Except for extreme emergencies, motions requesting a continuance of a hearing shall be filed at least five days prior to the time set for the hearing. The motion shall contain the reason for the request, which reason must have relevance to due process. The decision to grant or deny a motion to continue shall be left to the discretion of the board chair and may only be granted for compelling reasons.

7.a. The chairman, or an authorized agent of the board, issues subpoenas for the board for disciplinary proceedings, and when requested to do so, may issue subpoenas for the other party. Subpoenas include:

i. a subpoena requiring a person to appear and give testimony; and

ii. a subpoena duces tecum, which requires that a person produce books, records, correspondence, or other materials over which he has custody.

b. A motion to limit or quash a subpoena may be filed with the board, but not less than 72 hours prior to the hearing.

8.a. The hearing is held, at which time the board's primary role is to hear evidence and argument, and to reach a decision. Any board member who, because of bias or interest, is unable to assure a fair hearing, shall be recused from the particular proceeding. The reasons for the recusal are made part of the record. Should the majority of the board members be recused for a particular proceeding, the governor shall be requested to appoint a sufficient number of pro tem members to obtain a quorum for the proceeding.

b. The board is represented by its agent who conducted the investigation and presents evidence that disciplinary action should be taken against the person and/or by the board's attorney. The person may present evidence personally or through an attorney, and witnesses may testify on behalf of the person.

c. Evidence includes the following:

i. oral testimony given by witnesses at the hearing, except that, for good cause, testimony may be taken by deposition (cost of the deposition is borne by the requesting party);

ii. documentary evidence, i.e., written or printed materials including public, business, institutional records, books and reports;

iii. visual, physical and illustrative evidence;

iv. admissions, which are written or oral statements of a party made either before or during the hearing;

v. facts officially noted into the record, usually readily determined facts making proof of such unnecessary.

d. All testimony is given under oath. If the witness objects to swearing, the word "affirm" may be substituted.

9. The chairman of the board presides and the customary order of proceedings at a hearing is as follows.

a. The board's representative makes an opening statement of what he intends to prove, and what action, he wants the board to take.

b. The person, or his attorney, makes an opening statement, explaining why he believes that the charges against him are not legally founded.

- c. The board's representative presents the case against the person.
- d. The person, or his attorney, cross-examines.
- e. The person presents evidence.
- f. The board's representative cross-examines.
- g. The board's representative rebuts the person's evidence.
- h. Both parties make closing statements. The board's representative makes the initial closing statement and the final statement.

10. Motions may be made before, during, or after a hearing. All motions shall be made at an appropriate time according to the nature of the request. Motions made before or after the hearing shall be in writing. Those made during the course of the hearing may be made orally since they become part of the record of the proceeding.

- 11.a. The record of the hearing shall include:
 - i. all papers filed and served in the proceeding;
 - ii. all documents and/or other materials accepted as evidence at the hearing;
 - iii. statements of matters officially noticed;
 - iv. notices required by the statutes or rules; including notice of hearing;
 - v. affidavits of service or receipts for mailing or process or other evidence of service;
 - vi. stipulations, settlement agreements or consent orders, if any;
 - vii. records of matters agreed upon at a prehearing conference;
 - viii. reports filed by the hearing officer, if one is used;
 - ix. orders of the board and its final decision;
 - x. actions taken subsequent to the decision, including requests for reconsideration and rehearing;
 - xi. a transcript of the proceedings, if one has been made, or a tape recording or stenographic record.

b. The record of the proceeding shall be retained until the time for any appeal has expired, or until the appeal has been concluded. The record is not transcribed unless a party to the proceeding so requests, and the requesting party pays for the cost of the transcript.

- 12.a. The decision of the board shall be reached according to the following process:
 - i. determine the facts at issue on the basis of the evidence submitted at the hearing;
 - ii. determine whether the facts in the case support the charges brought against the person; and

iii. determine whether charges brought are a violation of the Louisiana Mental Health Counselor Licensing Act or rules and regulations of the board.

- b. Deliberation
 - i. The board will deliberate in closed session;
 - ii. the board will vote on each charge as to whether the charge has been supported by the evidence (the standard will be "preponderance of the evidence");
 - iii. after considering and voting on each charge, the board will vote on a resolution to dismiss the charges, withhold, deny, revoke or suspend any license issued or applied for or otherwise discipline a licensed professional counselor or applicant for licensure; and
 - iv. the board by affirmative vote of a majority of those members voting, shall be needed to withhold, deny, revoke, or suspend any license issued or applied for in accordance with the provisions of this Chapter or otherwise discipline a licensed professional counselor or applicant.

c. Sanctions against the person who is party to the proceeding are based upon findings of fact and conclusion of law determined as a result of the hearing. The party is notified by mail of the final decision of the board.

13. Every order of the board shall take effect immediately on its being rendered unless the board in such order fixes a probationary period for an applicant or licensee. Such order shall continue in effect until expiration of any specified time period or termination by a court of competent jurisdiction. The board shall notify all licensees of any action taken against a licensee and may make public its orders and judgment in such manner and form as it deems proper if such orders and judgments are not consent orders or compromise judgments.

14.a. The board may reconsider a matter which it has decided. This may involve rehearing the case, or it may involve reconsidering the case on the basis of the record. Such reconsideration may occur when a party who is dissatisfied with a decision of the board files a motion requesting that the decision be reconsidered by the board.

b. The board shall reconsider a matter when ordered to do so by a higher administrative authority or when the case is remanded for reconsideration or rehearing by a court to which the board's decision has been appealed.

c. A motion by a party for reconsideration or rehearing must be in proper form and filed within 10 days after notification of the board's decision. The motion shall set forth the grounds for the rehearing, which include one or more of the following:

- i. the board's decision is clearly contrary to the law and evidence;
- ii. there is newly discovered evidence by the party since the hearing which is important to the issues and which the party could not have discovered with due diligence before or during the hearing;

iii. there is a showing that issues not previously considered ought to be examined in order to dispose of the case properly; or

iv. it would be in the public interest to further consider the issues and the evidence.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:260 (February 1999), amended LR 26:496 (March 2000), LR 29:138 (February 2003).

§1311. Consent Order

A. An order involving some type of disciplinary action may be made by the board with the consent of the person. A consent order requires formal consent of four of seven members of the board. It is not the result of the board's deliberation; it is the board's acceptance of an agreement reached between the board and the person. The consent order is issued by the board to carry out the parties' agreement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:262 (February 1999), amended LR 29:140 (February 2003).

§1313. Withdrawal of a Complaint

A. If the complainant wishes to withdraw the complaint, the inquiry is terminated, except in cases where the board judges the issues to be of such importance as to warrant completing the investigation in its own right and in the interest of public welfare.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:262 (February 1999), amended LR 29:140 (February 2003).

§1315. Refusal to Respond or Cooperate with the Board

A. If the person does not respond to the original inquiry within a reasonable period of time as requested by the board, a follow-up letter shall be sent to the person by certified mail, return receipt requested.

B. If the person refuses to reply to the board's inquiry or otherwise cooperate with the board, the board shall continue its investigation. The board shall record the circumstances of the person's failure to cooperate and shall inform the person that the lack of cooperation may result in action which could eventually lead to the withholding, denial, revocation or suspension of his license, or application for licensure, or otherwise issue appropriate disciplinary sanction.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:262 (February 1999), amended LR 29:140 (February 2003).

§1317. Judicial Review of Adjudication

A. Any person whose license, or application for licensure, has been withheld, denied, revoked or suspended or otherwise disciplined by the board shall have the right to have the proceedings of the board reviewed by the state district court for the parish of East Baton Rouge, provided that such petition for judicial review is made within 30 days after the notice of the decision of the board. If judicial review is granted, the board's decision is enforceable in the interim unless the court orders a stay.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:263 (February 1999), amended LR 29:141 (February 2003).

§1319. Appeal

A. A person aggrieved by any final judgment rendered by the state district court may obtain a review of said final judgment by appeal to the appropriate circuit court of appeal. Pursuant to the applicable section of the Administrative Procedure Act, R.S. 49:950 et seq., this appeal shall be taken as in any other civil case.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:263 (February 1999), amended LR 29:141 (February 2003).

§1321. Reinstatement of Suspended or Revoked License

A. The board is authorized to suspend the license of a licensed professional counselor for a period not exceeding two years. At the end of this period, the board shall re-evaluate the suspension and may recommend to the chairman the reinstatement or revocation of the license. A person whose license has been revoked may apply for reinstatement after a period of not less than two years from the date such denial or revocation is legally effective. The board may, upon favorable action by a majority of the board members present and voting, recommend such reinstatement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:263 (February 1999), amended LR 29:141 (February 2003).

§1323. Declaratory Statements

A. The board may issue a declaratory statement in response to a request for clarification of the effect of the provisions contained in the Louisiana Mental Health Counselor Licensing Act, R.S. 37:1101 et seq., the rules and regulations promulgated by the board and/or the Code of Ethics of the American Counseling Association.

1. A request for declaratory statement is made in the form of a petition to the board. The petition should include at least:

- a. the name and address of the petitioner;
- b. specific reference to the statute, rule and regulation, or provision of the code of ethics to which the petitioner relates; and

c. a concise statement of the manner in which the petitioner is aggrieved by the statute, rules and regulations, or provision of the code of ethics by its potential application to him in which he is uncertain of its effect.

2. The petition shall be considered by the board within a reasonable period of time taking into consideration the nature of the matter and the circumstances involved.

3. The declaratory statement of the board in response to the petition shall be in writing and mailed to the petitioner at the last address furnished to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:263 (February 1999), amended LR 29:141 (February 2003).

§1325. Injunction

A. The board may, through the attorney general of the state of Louisiana, apply for an injunction in any court of competent jurisdiction to enjoin any person from committing any act declared to be a misdemeanor by this Chapter, any rules and regulations adopted by the board, and any codes of ethics adopted by the board.

B. If it is established that the defendant has been or is committing an act in violation of this Chapter or of any rules or regulations adopted pursuant to this Chapter, including any codes of ethics adopted by the board, the court, or any judge thereof, shall enter a decree enjoining said defendant from further committing such act.

C. In case of violation of any injunction issued under the provision of this Section, this court, or any judges thereof, may summarily try and punish the offender for contempt of court.

D. Such injunctive proceedings shall be in addition to, and not in lieu of, all penalties and other remedies provided in this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:263 (February 1999), amended LR 26:496 (March 2000), LR 29:141 (February 2003).

Chapter 15. Privileged Communication for Licensed Professional Counselors

§1501. Privileged Communications with Clients

A. The confidential relations and communications between a licensed professional counselor and client are placed upon the same basis as those provided by statute

between an attorney and client. Nothing in these rules shall be construed to require that any such privileged communication be disclosed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:85 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:141 (February 2003).

§1503. Privileged Communication between Health Care Provider and Patient

A. R.S. 13:3734(A)(1), states that *health care provider* means a hospital, as defined in R.S. 40:2102, hereof, and means a person, corporation, facility, or institution licensed by the state to provide health care or professional services as a physician, hospital, dentist, registered or licensed practical nurse, pharmacist, optometrist, podiatrist, chiropractor, physical therapist, psychologist, or licensed professional counselor and an officer, employee, or agent thereof acting in the course and scope of his employment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:85 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:141 (February 2003).

Chapter 17. Exclusions for Licensed Professional Counselors

§1701. Scope

A. The following persons and their activities are exempted from the licensing requirements of R.S. 37:1101-1122 and these rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:85 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:142 (February 2003).

§1703. Exemptions

A. A certified school counselor who meets the standards prescribed by the State Department of Education and the board of Elementary and Secondary Education, while practicing school counseling within the scope of his employment by a board of education or by a private school. Nothing herein shall be construed to allow such persons to render mental health counseling services to the public unless they have also been licensed under the provisions of R.S. 37:1107.

B. Any nonresident temporarily employed in this state to render mental health counseling services for not more than 30 days a year, who meets the requirements for licensure in R.S. 37:1107 or who holds a valid license and certificate issued under the authority of the laws of another state.

C. Any student in an accredited education institution, while carrying out activities that are part of the prescribed course of study, provided such activities are supervised by a professional mental health counselor. Such student shall hold himself out to the public only by clearly indicating his student status and the profession in which he is being trained.

D. Any persons licensed, certified, or registered under any other provision of the state law, as long as the services rendered are consistent with their laws, professional training, and code of ethics, provided they do not represent themselves as licensed professional counselors or mental health counselors, unless they have also been licensed under the provisions of R.S. 37:1107.

E. Any priest, rabbi, Christian Science practitioner, or minister of the gospel of any religious denomination, provided they are practicing within the employment of their church or religious affiliated institution and they do not represent themselves as licensed professional counselors or mental health counselors unless they have also been licensed under the provisions of R.S. 37:1107.

F. Any person with a master's degree in counseling while practicing mental health counseling under the board-approved supervision of a licensed professional counselor. The supervisee must use the title "counselor intern" and shall not represent himself to the public as a licensed professional counselor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:85 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:545 (July 1989), LR 22:103 (February 1996), LR 29:142 (February 2003).

Chapter 21. Code of Conduct for Licensed Professional Counselors

§2101. Preamble

A. The Louisiana Licensed Professional Board of Examiners is dedicated to the enhancement of the worth, dignity, potential and uniqueness of each individual in the state of Louisiana.

B. Specification of a code of conduct enables the board to clarify to present and future counselors and to those served by counselors the responsibilities held in common by persons practicing mental health counseling.

C. Mental health counseling, as defined in the licensure law, is "assisting an individual or group, through the counseling relationship, to develop an understanding of personal problems, to define goals and to plan actions reflecting his or their interests, abilities, aptitudes, and needs as these are related to personal and social concerns, educational progress, and occupations and careers."

D. The existence of this code of conduct serves to govern the practice of mental health counseling and the professional

functioning of Licensed Professional Counselors in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:622 (August 1989), amended LR 24:438 (March 1998), LR 29:142 (February 2003).

§2103. Counseling Relationship

A. Client Welfare

1. Primary Responsibility. The primary responsibility of counselors shall be to respect the dignity and to promote the welfare of clients.

2. Positive Growth and Development. Counselors shall encourage client growth and development in ways that foster the clients' interest and welfare; counselors shall avoid fostering dependent counseling relationships.

3. Counseling Plans. Counselors and their clients shall work jointly in devising integrated, individual counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients shall regularly review counseling plans to ensure their continued viability and effectiveness, respecting clients' freedom of choice.

4. Family Involvement. Counselors shall recognize that families are usually important in clients' lives and shall strive to enlist family understanding and involvement as a positive resource, when appropriate.

5. Career and Employment Needs. Counselors shall work with their clients in considering employment in jobs and circumstances that are consistent with the clients' overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs. Counselors shall neither place nor participate in placing clients in positions that will result in damaging the interest and the welfare of clients, employers, or the public.

B. Respecting Diversity

1. Nondiscrimination. Counselors shall not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

2. Respecting Differences. Counselors shall actively attempt to understand the diverse cultural backgrounds, of the clients with whom they work. This includes, but is not limited to, learning how the counselor's own cultural/ethnic/racial identity impacts her/his values and beliefs about the counseling process.

C. Client Rights

1. Disclosure to Clients. When counseling is initiated, and throughout the counseling process as necessary, counselors shall inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and

benefits of services to be performed, and other pertinent information. Counselors shall take steps to ensure that clients understand and implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment team professionals; to obtain clear information about their case records; to participate in the ongoing counseling plans; and to refuse any recommended services and be advised of the consequences of such refusal.

2. Freedom of Choice. Counselors shall offer clients the freedom to choose whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions that limit choices of clients shall be fully explained.

3. Inability to Give Consent. When counseling minors or persons unable to give voluntary informed consent, counselors shall act in these clients' best interests.

D. Clients Served by Others

1. If a client is receiving services from another mental health professional, counselors, with clients consent, shall inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the client.

E. Personal Needs and Values

1. Personal Needs. In the counseling relationship, counselors shall be aware of the intimacy and responsibilities inherent in the counseling relationship, maintain respect for clients, and shall avoid actions that seek to meet their personal needs at the expense of clients.

2. Personal Values. Counselors shall be aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and shall avoid imposing their values on clients.

F. Dual Relationships

1. Avoid When Possible. Counselors shall be aware of their influential positions with respect to clients, and they shall avoid exploiting the trust and dependency of clients. Counselors shall make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with clients.) When a dual relationship cannot be avoided, counselors shall take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

2. Superior/Subordinate Relationships. Counselors shall not accept as clients superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

G. Sexual Intimacies with Clients

1. Current Clients. Counselors shall not have any type of sexual intimacies with clients and shall not counsel persons with whom they have had a sexual relationship.

2. Former Clients. Counselors shall not engage in sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship. Counselors who engage in such relationship after two years following termination shall have the responsibility to thoroughly examine and document that such relations did not have an exploitative nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, adverse impact on the client, and actions by the counselor suggesting a plan to initiate a sexual relationship with the client after termination.

H. Multiple Clients. When counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors shall clarify at the outset which person or persons are clients and the nature of the relationships they will have with each involved person. If it becomes apparent that counselors may be called upon to perform potentially conflicting roles, they shall clarify, adjust, or withdraw from roles appropriately.

I. Group Work

1. Screening. Counselors shall screen prospective group counseling/therapy participants. To the extent possible, counselors shall select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

2. Protecting Clients. In a group setting, counselors shall take reasonable precautions to protect clients from physical or psychological trauma.

J. Fees and Bartering

1. Advance Understanding. Counselors shall clearly explain to clients, prior to entering the counseling relationship, all financial arrangements related to professional services including the use of collection agencies or legal measures for nonpayment.

2. Establishing Fees. In establishing fees for professional counseling services, counselors shall consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, assistance shall be provided in attempting to find comparable services of acceptable cost.

3. Bartering Discouraged. Counselors shall ordinarily refrain from accepting goods or services from clients in return for counseling services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. Counselors may participate in bartering only if the relationship is not exploitive, if the client requests it, if a clear written contract is established, and if such arrangements are an accepted practice among professionals in the community.

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4. **Pro Bono Service.** Counselors shall contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono).

K. Termination and Referral

1. **Abandonment Prohibited.** Counselors shall not abandon or neglect clients in counseling. Counselors shall assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, and following termination.

2. **Inability to Assist Clients.** If counselors determine an inability to be of professional assistance to clients, they shall avoid entering or immediately terminate a counseling relationship. Counselors shall be knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, counselors shall discontinue the relationship.

3. **Appropriate Termination.** Counselors shall terminate a counseling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the client's needs or interests, when agency or institution limits do not allow provision of further counseling services.

L. Computer Technology

1. **Use of Computers.** When computer applications are used in counseling services, counselors shall ensure that:

- a. the client is intellectually, emotionally, and physically capable of using the computer application;
- b. the computer application is appropriate for the needs of the client;
- c. the client understands the purpose and operation of the computer applications; and
- d. a follow-up of client use of a computer application is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

2. **Explanation of Limitations.** Counselors shall ensure that clients are provided information as a part of the counseling relationship that adequately explains the limitations of computer technology.

3. **Access to Computer Applications.** Counselors shall provide for equal access to computer applications in counseling services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:622 (August 1989), amended LR 24:438 (March 1998), LR 29:142 (February 2003).

§2105. Confidentiality

A. Right to Privacy

1. **Respect for Privacy.** Counselors shall respect their clients' right to privacy and avoid illegal and unwarranted disclosures of confidential information.

2. **Client Waiver.** The right to privacy may be waived by the client or their legally recognized representative.

3. **Exceptions.** The general requirement that counselors shall keep information confidential does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed. Counselors shall consult with other professionals when in doubt as to the validity of an exception.

4. **Contagious, Fatal Diseases.** A counselor who receives information confirming that a client has a disease commonly known to be both communicable and fatal shall be justified in disclosing information to an identifiable third party, who by his or her relationship with the client is at a high risk of contracting the disease. Prior to making a disclosure the counselor shall ascertain that the client has not already informed the third party about his or her disease and that the client is not intending to inform the third party in the immediate future.

5. **Court Ordered Disclosure.** When court ordered to release confidential information without a client's permission, counselors shall request to the court that the disclosure not be required due to potential harm to the client or counseling relationship.

6. **Minimal Disclosure.** When circumstances require the disclosure of confidential information, only essential information shall be revealed. To the extent possible, clients are informed before confidential information is disclosed.

7. **Explanation of Limitations.** When counseling is initiated and throughout the counseling process as necessary, counselors shall inform clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality must be breached.

8. **Subordinates.** Counselors shall make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates including employees, supervisees, clerical assistants, and volunteers.

9. **Treatment Teams.** If client treatment will involve a continued review by a treatment team, the client shall be informed of the team's existence and composition.

B. Groups and Families

1. **Group Work.** In group work, counselors shall clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in group work. The fact that confidentiality cannot be guaranteed shall be clearly communicated to group members.

2. **Family Counseling.** In family counseling, information about one family member shall not be disclosed

to another member without permission. Counselors shall protect the privacy rights of each family member.

C. **Minor or Incompetent Clients.** When counseling clients who are minors or individuals who are unable to give voluntary, informed consent, parents or guardians shall be included in the counseling process as appropriate. Counselors shall act in the best interests of clients and take measures to safeguard confidentiality.

D. Records

1. **Requirement of Records.** Counselors shall maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures.

2. **Confidentiality of Records.** Counselors shall be responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium.

3. **Permission to Record or Observe.** Counselors shall obtain permission from clients prior to electronically recording or observing sessions.

4. **Client Access.** Counselors shall recognize that counseling records are kept for the benefit of clients, and therefore shall provide access to records and copies of records when requested by competent clients, unless the records contain information that may be misleading and detrimental to the client. In situations involving multiple clients, access to records shall be limited to those parts of records that do not include confidential information related to another client.

5. **Disclosure or Transfer.** Counselors shall obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in §2105.A. Steps shall be taken to ensure that receivers of counseling records are sensitive to their confidential nature.

E. Research and Training

1. **Data Disguise Required.** Use of data derived from counseling relationships for purposes of training, research, or publication shall be confined to content that is disguised to ensure the anonymity of the individuals involved.

2. **Agreement for Identification.** Identification of a client in a presentation or publication shall be permissible only when the client has reviewed the material and has agreed to its presentation or publication.

F. Consultation

1. **Respect for Privacy.** Information obtained in a consulting relationship shall be discussed for professional purposes only with persons clearly concerned with the case. Written and oral reports shall present data germane to the purposes of the consultation, and every effort shall be made to protect client identity and avoid undue invasion of privacy.

2. **Cooperation Agencies.** Before sharing information, counselors shall make efforts to ensure that there are defined policies in other agencies serving the counselor's clients that effectively protect the confidentiality of information.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:623 (August 1989), amended LR 24:440 (March 1998), LR 29:144 (February 2003).

§2107. Professional Responsibilities

A. **Standards Knowledge.** Counselors shall have a responsibility to read, understand, and follow the Code of Ethics and the Standards of Practice.

B. Professional Competence

1. **Boundaries of Competence.** Counselors shall practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors shall demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. The Louisiana Licensed Professional Counselors Board of Examiners shall require their licensees to submit to this board a written statement of area(s) of intended practice along with supporting documentation of qualifications for the respective area(s) in which practice is intended.

2. **New Specialty Areas of Practice.** Counselors shall practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors shall take steps to ensure the competence of their work and to protect others from possible harm. The Louisiana Licensed Professional Counselors Board of Examiners shall require their licensees to submit to this board a written statement of new area(s) of intended practice along with supporting documentation of qualifications for the respective area(s) in which practice is intended.

3. **Qualified for Employment.** Counselors shall accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors shall hire for professional counseling positions only individuals who are qualified and competent.

4. **Monitor Effectiveness.** Counselors shall continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice shall take reasonable steps to seek out peer supervision to evaluate their efficacy as counselors.

5. **Ethical Issues Consultation.** Counselors shall take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice.

PROFESSIONAL AND OCCUPATIONAL STANDARDS

6. Continuing Education. Counselors shall recognize the need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They shall take steps to maintain competence in the skills they use, are open to new procedures, and keep current when the diverse and/or special populations with whom they work.

7. Impairment. Counselors shall refrain from offering or accepting professional services when their physical, mental or emotional problems are likely to harm a client or others. They shall be alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities.

C. Advertising and Soliciting Clients

1. Accurate Advertising. There are no restrictions on advertising by counselors except those that can be specifically justified to protect the public from deceptive practices. Counselors shall advertise or represent their services to the public by identifying their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent. Counselors shall only advertise the highest degree earned which is in counseling or a closely related field from a college or university that was accredited by one of the regional accrediting bodies recognized by the Council on Postsecondary Accreditation at the time the degree was awarded.

2. Testimonials. Counselors who use testimonials shall not solicit them from clients or other persons who, because of their particular circumstances, may be vulnerable to undue influence.

3. Statements by Others. Counselors shall make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

4. Recruiting through Employment. Counselors shall not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultees for their private practices.

5. Products and Training Advertisements. Counselors who develop products related to their profession or conduct workshops or training events shall ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

6. Promoting to Those Served. Counselors shall not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. Counselors may adopt textbooks they have authored for instruction purposes.

7. Professional Association Involvement. Counselors shall actively participate in local, state, and national associations that foster the development and improvement of counseling.

D. Credentials

1. Credentials Claimed. Counselors shall claim or imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others. Professional credentials shall include graduate degrees in counseling or closely related mental health fields, accreditation of graduate programs, national voluntary certifications, government-issued certifications or licenses, ACA professional membership, or any other credential that might indicate to the public specialized knowledge or expertise in counseling.

2. ACA Professional Membership. ACA professional members may announce to the public their membership status. Regular members shall not announce their ACA membership in a manner that might imply they are credentialed counselors.

3. Credential Guidelines. Counselors shall follow the guidelines for use of credentials that have been established by the entities that issue the credentials.

4. Misrepresentation of Credentials. Counselors shall not attribute more to their credentials than the credentials represent, and shall not imply that other counselors are not qualified because they do not possess certain credentials.

5. Doctoral Degrees from Other Fields

a. Counselors who hold a master's degree in counseling or a closely related mental health field, but hold a doctoral degree from other than counseling or a closely related field shall not use the title, "Dr." in their practices and shall not announce to the public in relation to their practice or status as a counselor that they hold a doctorate.

b. A doctoral degree in counseling or a closely related field is defined as a doctoral degree from a regionally accredited university that shall conform to one of the criteria below:

i. a CACREP accredited doctoral counseling program;

ii. a doctoral counseling program incorporating the work "counseling" or "counselor" in its title;

iii. a doctoral program incorporating a counseling related term in its title (e.g., "Marriage and Family Therapy"); or

iv. a doctoral program in a behavioral science that would augment the counseling skills of a licensed professional counselor.

E. Public Responsibility

1. Nondiscrimination. Counselors shall not discriminate against clients, students, or supervisees in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status, or for any other reason.

2. Sexual Harassment. Counselors shall not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal

conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either:

a. is unwelcome, is offensive, or creates a hostile workplace environment, and counselors know or are told this; or

b. is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

3. Reports to Third Parties. Counselors shall be accurate, honest, and unbiased in reporting their professional activities and judgments to appropriate third parties including courts, health insurance companies, those who are the recipients of evaluation reports, and others.

4. Media Presentations. When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they shall take reasonable precautions to ensure that:

a. the statements are based on appropriate professional counseling literature and practice;

b. the statements are otherwise consistent with the Code of Ethics and the Standards of Practice; and

c. the recipients of the information are not encouraged to infer that a professional counseling relationship has been established.

5. Unjustified Gains. Counselors shall not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services.

F. Responsibility to Other Professionals

1. Different Approaches. Counselors shall be respectful of approaches to professional counseling that differ from their own. Counselors shall know and take into account the traditions and practices of other professional groups with which they work.

2. Personal Public Statements. When making personal statements in a public context, counselors shall clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession.

3. Clients Served by Others. When counselors learn that their clients are in a professional relationship with another mental health professional, they shall request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:624 (August 1989), amended LR 24:441 (March 1998), LR 26:496 (March 2000), LR 29:145 (February 2003).

§2109. Relationships with Other Professionals

A. Relationships with Employers and Employees

1. Role Definition. Counselors shall define and describe for their employers and employees the parameters and levels of their professional roles.

2. Agreements. Counselors shall establish working agreements with supervisors, colleagues, and subordinates regarding counseling or clinical relationships, confidentiality, adherence to professional standards, distinction between public and private material, maintenance and dissemination of recorded information, workload, and accountability. Working agreements in each instance shall be specified and made known to those concerned.

3. Negative Conditions. Counselors shall alert their employers to conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness.

4. Evaluation. Counselors shall submit regularly to professional review and evaluation by their supervisor or the appropriate representative of the employer.

5. In-Service. Counselors shall be responsible for in-service development of self and staff.

6. Goals. Counselors shall inform their staff of goals and programs.

7. Practices. Counselors shall provide personnel and agency practices that respect and enhance the rights and welfare of each employee and recipient of agency services. Counselors shall strive to maintain the highest levels of professional services.

8. Personnel Selection and Assignment. Counselors shall select competent staff and assign responsibilities compatible with their skills and experiences.

9. Discrimination. Counselors, as either employers or employees, shall not engage in or condone practices that are inhumane, illegal, or unjustifiable (such as considerations based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status) in hiring, promotion, or training.

10. Professional Conduct. Counselors shall have a responsibility both to clients and to the agency or institution within which services are performed to maintain high standards of professional conduct.

11. Exploitive Relationships. Counselors shall not engage in exploitive relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority.

12. Employer Policies. The acceptance of employment in an agency or institution implies that counselors shall be in agreement with its general policies and principles. Counselors shall strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

B. Consultation

1. Consultation as an Option. Counselors may choose to consult with any other professionally competent persons about their clients. In choosing consultants, counselors shall avoid placing the consultant in a conflict of interest situation that would preclude the consultant being a proper party to the counselor's efforts to help the client. Should counselors be engaged in a work setting that compromises this consultation standard, they shall consult with other professionals whenever possible to consider justifiable alternatives.

2. Consultant Competency. Counselors shall be reasonably certain that they have or the organization represented has the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.

3. Understanding with Clients. When providing consultation, counselors shall attempt to develop with their clients a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

4. Consultant Goals. The Consulting relationship is one in which client adaptability and growth toward self-direction shall be consistently encouraged and cultivated.

C. Fees for Referral

1. Accepting Fees from Agency Clients. Counselors shall refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services.

2. Referral Fees. Counselors shall not accept a referral fee from other professionals.

D. Subcontractor Arrangements. When counselors work as subcontractors for counseling services for a third party, they shall have a duty to inform clients of the limitations of confidentiality that the organization may place on counselors in providing counseling services to clients. The limits of such confidentiality ordinarily shall be discussed as part of the intake session.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:625 (August 1989), amended LR 24:443 (March 1998), LR 29:146 (February 2003).

§2111. Evaluation, Appraisal, and Interpretation

A. General

1. Appraisal Techniques. The primary purpose of appraisal (henceforth known as "appraisal") is to provide measures that are objective and interpretable in either

comparative or absolute terms. Counselors shall recognize the need to interpret the statements in this Section as applying to the whole range of appraisal techniques, including test and non-test data. Counselors shall recognize their legal parameters in utilizing formalized appraisal techniques and adhere to such.

2. Client Welfare. Counselors shall promote the welfare and best interests of the client in the development, publication and utilization of appraisal techniques. They shall not misuse appraisal results and interpretations and shall take reasonable steps to prevent others from misusing the information these techniques provide. They shall respect the client's right to know the result, the interpretations made, and the bases for their conclusions and recommendations.

B. Competence to Use and Interpret Tests

1. Limits of Competence. Counselors shall recognize the limits of their competence and perform only those testing and appraisal services for which they have been trained and is within R.S. 37:1101-1122. They shall be familiar with reliability, validity, related standardization, error of measurement, and proper application of any technique utilized. Counselors using computer-based test interpretations shall be trained in the construction being measured and the specific instrument being used prior to using this type of computer application. Counselors shall take reasonable measures to ensure the proper use of formalized appraisal techniques by persons under their supervision.

2. Appropriate Use. Counselors shall be responsible for the appropriate application, scoring, interpretation, and use of appraisal instruments, whether they score and interpret such tests themselves or use computerized or other services.

3. Decisions Based on Results. Counselors shall be responsible for decisions involving individuals or policies that are based on appraisal results have a thorough understanding of formalized measurement technique, including validation criteria, test research, and guidelines for test development and use.

4. Accurate Information. Counselors shall provide accurate information and avoid false claims or misconceptions when making statements about formalized appraisal instruments or techniques.

C. Informed Consent

1. Explanation to Clients. Prior to performing such, counselors shall explain the nature and purposes of a formal appraisal and the specific use of results in language the client (or other legally authorized person on behalf of the client) can understand, unless as explicit exception to this right has been agreed upon in advance. Regardless of whether scoring and interpretation are completed by counselors or by computer or other outside services, counselors shall take reasonable steps to ensure that appropriate explanations are given to the client.

2. Recipients of Results. The examinee's welfare, explicit understanding, and prior agreement shall determine the recipients of test results. Counselors shall include accurate and appropriate interpretations with any release of individual or group test results.

D. Release of Information to Competent Professionals

1. Misuse of Results. Counselors shall not misuse appraisal results, including test results, and interpretations, and shall take reasonable steps to prevent the misuse of such by others.

2. Release of Raw Data. Counselors shall ordinarily release data (e.g., protocols, counseling or interview notes, or questionnaires) in which the client is identified only with the consent of the client or the client's legal representative. Such data are usually released only to persons recognized by counselors as competent to interpret the data.

E. Test Selection

1. Appropriateness of Instruments. Counselors shall carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting tests for use in a given situation or with a particular client.

2. Culturally Diverse Populations. Counselors shall be cautious when selecting tests for culturally diverse populations to avoid inappropriateness of testing that may be outside of socialized behavioral or cognitive patterns.

F. Conditions of Test Administration

1. Administration Conditions. Counselors shall administer tests under the same conditions that were established in their standardization. When tests are not administered under standard conditions or when unusual behavior or irregularities occur during the testing session, those conditions shall be noted in interpretation, and the results may be designated as invalid or of questionable validity.

2. Computer Administration. Counselors shall be responsible for ensuring that administration programs function properly to provide clients with accurate results when a computer or other electronic methods are used for test administration.

3. Unsupervised Test-Taking. Counselors shall not permit unsupervised or inadequately supervised use of tests or appraisals unless the tests or appraisals are designed, intended, and validated for self-administration and/or scoring.

4. Disclosure of Favorable Conditions. Prior to test administration, conditions that produce most favorable test results shall be made known to the examinee.

G. Diversity in Testing Counselors shall be cautious in using appraisal techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardized. They shall recognize the effects of age, color, culture, disability, ethnic group, gender, race, religion, sexual

orientation, and socioeconomic status on test administration and interpretation and place test results in proper perspective with other relevant factors.

H. Test Scoring and Interpretation

1. Reporting Reservations. In reporting appraisal results, counselors shall indicate any reservations that exist regarding validity or reliability because of the circumstances of the appraisal or the inappropriateness of the norms for the person tested.

2. Research Instruments. Counselors shall exercise caution when interpreting the results of research instruments possessing insufficient technical data to support respondent results. The specific purposes for the use of such instruments shall be stated explicitly to the examinee.

3. Testing Services. Counselors who provide test scoring and test interpretation services to support the appraisal process shall confirm the validity of such interpretations. They shall accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretations service is shall be considered a professional-to-professional consultation. The formal responsibility of the consultant shall be to the consultee, but the ultimate and overriding responsibility shall be to the client.

I. Test Security. Counselors shall maintain the integrity and security of tests and other appraisal techniques consistent with legal and contractual obligations. Counselors shall not appropriate, reproduce, or modify published tests or parts thereof without acknowledgment and permission from the publisher.

J. Obsolete Tests and Outdated Test Results. Counselors shall not use data or test results that are obsolete or outdated for the current purpose. Counselors shall make every effort to prevent the misuse of obsolete measures and test data by others.

K. Test Construction. Counselors shall use established scientific procedures, relevant standards, and current professional knowledge for test design in the development, publication, and utilization of appraisal techniques.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:625 (August 1989), amended LR 24:443 (March 1998), LR 29:147 (February 2003).

§2113. Teaching, Training, and Supervision

A. Counselor Educators and Trainers

1. Educators as Teachers and Practitioners. Counselors who are responsible for developing, implementing, and supervising educational programs shall be skilled as teachers and practitioners. They shall be knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, shall be skilled in applying that knowledge, and shall make students and supervisees aware of their responsibilities.

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Counselors shall conduct counselor education and training programs in an ethical manner and shall serve as role models for professional behavior. Counselor educators shall make an effort to infuse material related to human diversity into all courses and/or workshops that are designed to promote the development of professional counselors.

2. Relationship Boundaries with Students and Supervisees. Counselors shall clearly define and maintain ethical, professional, and social relationship boundaries with their students and supervisees. They shall be aware of the differential in power that exists and the student's or supervisee's possible incomprehension of that power differential. Counselors shall explain to students and supervisees the potential for the relationship to become exploitive.

3. Sexual Relationships. Counselors shall not engage in sexual relationships with students or supervisees and shall not subject them to sexual harassment.

4. Contributions to Research. Counselors shall give credit to students or supervisees for their contributions to research and scholarly projects. Credit shall be given through co-authorship, acknowledgment, footnote statement, or other appropriate means, in accordance with such contributions.

5. Close Relatives. Counselors shall not accept close relatives as students or supervisees.

6. Supervision Preparations. Counselors who offer clinical supervision services shall be adequately prepared in supervision methods and techniques. Counselors who are doctoral students serving as practicum or internship supervisors to master's level students shall be adequately prepared and supervised by the training program.

7. Responsibility for Services to Clients. Counselors who supervise the counseling services of others shall take reasonable measures to ensure that counseling services provided to clients are professional.

8. Endorsement. Counselors shall not endorse students or supervisees for certification, licensure, employment, or completion of an academic or training program if they believe students or supervisees are not qualified for the endorsement. Counselors shall take reasonable steps to assist students or supervisees who are not qualified for endorsement to become qualified.

B. Counselor Education and Training Programs

1. Orientation. Prior to admission, counselors shall orient prospective students to the counselor education or training program's expectations, including but not limited to the following:

- a. the type and level of skill acquisition required for successful completion of the training;
- b. subject matter to be covered;
- c. basis for evaluation;

d. training components that encourage self-growth or self-disclosure as part of the training process;

e. the type of supervision settings and requirements of the sites for required clinical field experiences;

f. student and supervisee evaluation and dismissal policies and procedures; and

g. up-to-date employment prospects for graduates.

2. Integration of Study and Practice. Counselors shall establish counselor education and training programs that integrate academic study and supervised practice.

3. Evaluation. Counselors shall clearly state to students and supervisees, in advance of training, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and experiential components. Counselors shall provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program.

4. Teaching Ethics. Counselors shall make students and supervisees aware of the ethical responsibilities and standards of the profession and the students' and supervisees' ethical responsibilities to the profession.

5. Peer Relationships. When students or supervisees are assigned to lead counseling groups or provide clinical supervision for their peers, counselors shall take steps to ensure that students and supervisees placed in these roles do not have personal or adverse relationships with peers and that they understand they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselors shall make every effort to ensure that the rights of peers are not compromised when students or supervisees are assigned to lead counseling groups or provide clinical supervision.

6. Varied Theoretical Positions. Counselors shall present varied theoretical positions so that students and supervisees may make comparisons and have opportunities to develop their own positions. Counselors shall provide information concerning the scientific bases of professional practice.

7. Field Placement. Counselors shall develop clear policies within their training program regarding field placement and other clinical experiences. Counselors shall provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They shall confirm that site supervisors are qualified to provide supervision and are informed of their professional and ethical responsibilities in this role.

8. Dual Relationships as Supervisors. Counselors shall avoid dual relationships such as performing the role of site supervisor and training program supervisor in the student's or supervisee's training program. Counselors shall not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisee placement.

9. Diversity in Programs. Counselors shall be responsive to their institution's and program's recruitment

and retention needs for training program administrators, faculty, and students with diverse backgrounds and special needs.

C. Students and Supervisees

1. **Limitations.** Counselors, through ongoing evaluation and appraisal, shall be aware of the academic and personal limitations of students and supervisees that might impede performance. Counselors shall assist students and supervisees in securing remedial assistance when needed, and dismiss from the training program supervisees who are unable to provide competent service due to academic or personal limitations. Counselors shall seek professional consultation and document their decision to dismiss or refer students or supervisees for assistance. Counselors shall assure that students and supervisees have recourse to address decisions made, to require them to seek assistance, or to dismiss them.

2. **Self-Growth Experience.** Counselors shall use professional judgment when designing training experiences conducted by the counselors themselves that require student and supervisee self-growth or self-disclosure. Safeguards shall be provided so that students and supervisees are aware of the ramifications their self-disclosure may have on counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences shall explicitly delineate predetermined academic standards that are separate and not dependent on the student's level of self-disclosure.

3. **Counseling for Students and Supervisees.** If students or supervisees request counseling, supervisors or counselor educators shall provide them with acceptable referrals. Supervisors or counselor educators shall not serve as counselor to students or supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with a training experience.

4. **Clients of Students and Supervisees.** Counselors shall make every effort to ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Clients shall receive professional disclosure information and shall be informed of the limits of confidentiality. Client permission shall be obtained in order for the students and supervisees to use any information concerning the counseling relationship in the training process.

5. **Standards for Students and Supervisees.** Students and supervisees preparing to become counselors shall adhere to the Code of Ethics and the Standards of Practice. Students and supervisees shall have the same obligations to clients as those required of counselors.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:626 (August 1989), amended LR 24:445 (March 1998), LR 29:149 (February 2003).

§2115. Research and Publication

A. Research Responsibilities

1. **Use of Human Subjects.** Counselors shall plan, design, conduct, and report research in a manner consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human subjects. Counselors shall design and conduct research that reflects cultural sensitivity appropriateness.

2. **Deviation from Standard Practices.** Counselors shall seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices.

3. **Precautions to Avoid Injury.** Counselors who conduct research with human subjects shall be responsible for the subjects' welfare throughout the experiment and shall take reasonable precautions to avoid causing injurious psychological, physical, or social effects to their subjects.

4. **Principal Researcher Responsibility.** The ultimate responsibility for ethical research practice shall lie with the principal researcher. All others involved in the research activities shall share ethical obligations and full responsibility for their own actions.

5. **Minimal Interference.** Counselors shall take reasonable precautions to avoid causing disruptions in subjects' lives due to participation in research.

6. **Diversity.** Counselors shall be sensitive to diversity and research issues with special populations. They shall seek consultation when appropriate.

B. Informed Consent

1. **Topics Disclosed.** In obtaining informed consent for research, counselors shall use language that is understandable to research participants and that:

- a. accurately explains the purpose and procedures to be followed;
- b. identifies any procedures that are experimental or relatively untried;
- c. describes the attendant discomforts and risks;
- d. describes the benefits or changes in individuals or organizations that might be reasonably expected;
- e. discloses appropriate alternative procedures that would be advantageous for subjects;
- f. offers to answer any inquiries concerning the procedures;
- g. describes any limitations on confidentiality; and
- h. instructs that subjects are free to withdraw their consent and to discontinue participation in the project at any time.

PROFESSIONAL AND OCCUPATIONAL STANDARDS

2. Deception. Counselors shall not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. When the methodological requirements of a study necessitate concealment or deception, the investigator shall be required to explain clearly the reasons for this action as soon as possible.

3. Voluntary Participation. Participation in research shall be typically voluntary and without any penalty for refusal to participate. Involuntary participation shall be appropriate only when it can be demonstrated that participation will have no harmful effects on subjects and is essential to the investigation.

4. Confidentiality of Information. Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, shall be explained to participants as a part of the procedure for obtaining informed consent.

5. Persons Incapable of Giving Informed Consent. When a person is incapable of giving informed consent, counselors shall provide an appropriate explanation, obtain agreement for participation and shall obtain appropriate consent from a legally authorized person.

6. Commitments to Participants. Counselors shall take reasonable measures to honor all commitments to research participants.

7. Explanations after Data Collections. After data are collected, counselors shall provide participants with full clarification of the nature of the study to remove any misconceptions. Where scientific or human values justify delaying or withholding information, counselors shall take reasonable measures to avoid causing harm.

8. Agreements to Cooperate. Counselors who agree to cooperate with another individual in research or publication incur an obligation to cooperate as promised in terms of punctuality of performance and with regard to the completeness and accuracy of the information required.

9. Informed Consent for Sponsors. In the pursuit of research, counselors shall give sponsors, institutions, and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. Counselors shall be aware of their obligation to future research workers and ensure that host institutions are given feedback information and proper acknowledgment.

C. Reporting Results

1. Information Affecting Outcome. When reporting research results, counselors shall explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data.

2. Accurate Results. Counselors shall plan, conduct, and report research accurately and in a manner that minimizes the possibility that results will be misleading. They shall provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors shall not engage in fraudulent research, distort data, misrepresent data, or deliberately bias their results.

3. Obligation to Report Unfavorable Results. Counselors shall communicate to other counselors the results of any research judged to be of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests shall not withheld.

4. Identity of Subjects. Counselors who supply data, aid in the research of another person, report research results, or make original data available shall take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise.

5. Replication Studies. Counselors shall be obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

D. Publication

1. Recognition of Others. When conducting and reporting research, counselors shall be familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

2. Contributors. Counselors shall give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor shall be listed first and minor technical or professional contributions shall be acknowledged in notes or introductory statements.

3. Student Research. For an article that is substantially based on a student's dissertation or thesis, the student shall be listed as the principal author.

4. Duplicate Submission. Counselors shall submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work shall not be submitted for publication without acknowledgment and permission from the previous publication.

5. Professional Review. Counselors who review material submitted for publication, research, or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:626 (August 1989), amended LR 24:446 (March 1998), LR 29:150 (February 2003).

§2117. Resolving Ethical Issues

A. Knowledge of Standards. Counselors shall be familiar with the Code of Ethics and the Standards of Practice and other applicable ethics codes from other professional organizations of which they are members, or from certification and licensure bodies. Lack of knowledge or misunderstanding of an ethical responsibility shall not be a defense against a charge of unethical conduct.

B. Suspected Violations.

1. Ethical Behavior Expected. Counselors shall expect professional associates to adhere to code of ethics. When counselors possess reasonable cause that raises doubts as to whether a counselor is acting in an ethical manner, they shall take appropriate action.

2. Consultation. When uncertain as to whether a particular situation or course of action may be in violation of code of ethics, counselors shall consult with other counselors who are knowledgeable about ethics, with colleagues, or with appropriate authorities.

3. Organization Conflicts. If the demands of an organization with which counselors are affiliated pose a conflict with code of ethics, counselors shall specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to code of ethics. When possible, counselors shall work toward change within the organization to allow full adherence to code of ethics.

4. Informal Resolution. When counselors have reasonable cause to believe that another counselor is violating an ethical standard, they shall attempt to first resolve the issue informally with the other counselor if feasible, providing that such action does not violate confidentiality rights that may be involved.

5. Reporting Suspected Violations. When an informal resolution is not appropriate or feasible, counselors, upon reasonable cause, shall take action such as reporting the suspected ethical violation to state or national ethics committee, unless this action conflicts with confidentiality rights that cannot be resolved.

6. Unwarranted Complaints. Counselors shall not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intend to harm a counselor rather than to protect clients or the public.

C. Cooperation with Ethics Committees. Counselors shall assist in the process of enforcing code of ethics. Counselors shall cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors shall be familiar with the ACA Policies and Procedures and use it as a reference in assisting the enforcement of the code of ethics.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:626 (August 1989), amended LR 24:447 (March 1998), LR 29:151 (February 2003).

§2118. Appendix—Declaration of Practices and Procedures for Licensed Professional Counselors

A. The following comprises the information that must be available in writing for each client seen by a licensed professional counselor/counselor intern in the state of Louisiana. Counselors/counselor interns must read and incorporate the Code of Conduct for Professional Counselors in their declaration statement.

1. LPC/counselor intern's name, mailing address, and telephone number.

2. Qualifications

a. Include degrees earned and institution(s) attended.

b. Give your license number, specifying the LPC Board of Examiners including address and telephone number as the grantor of your license.

c. An individual under supervision must refer to him/herself as a counselor intern and include the name and address of his/her board-approved supervisor.

3. Counseling Relationship

a. Provide a general statement about the dynamics of the counseling relationship.

b. Include general goals for clients.

4. Areas of Expertise

a. List your areas of expertise such as career counseling, marriage and family counseling, adolescents, etc.

b. List your national certifications in counseling.

5. Fee Scales

a. List your fees and describe your billing policies.

b. Describe your policy on scheduling and breaking appointments.

c. State your policy on insurance payments.

6. Explanation of the Types of Services Offered and Clients Served

a. Include the theoretical basis and the type of techniques and/or strategies that you use in therapy.

b. Specify the modality you use such as group and/or individual therapy.

c. Specify the type(s) of clients you serve.

7. Code of Conduct: State that you are required by state law to adhere to a Code of Conduct for your practice which is determined by the Louisiana Licensing Board, and a copy of this code is available on request.

8. Privileged Communication. Describe the rules governing privileged communication and include the limits of confidentiality.

9. Emergency Situations. Describe your policy for emergency client situations.

10. Client Responsibilities. List client responsibilities, e.g., clients are expected to follow office procedures for keeping appointments, clients must pay for services at the time of each visit, and clients must terminate the counseling relationship before being seen by another mental health professional and/or notify the counselor of any other ongoing professional mental health relationship. If a client is seeing another mental health professional (psychologist, board certified social worker, etc.), then permission must be granted by the first therapist for the second to work with the same client. (See Code of Conduct).

11. Physical Health. Suggest that client have a complete physical examination if he/she has not had one within the past year. Also have client list any medications that he/she may be taking.

12. Potential Counseling Risks. Indicate that as a result of mental health counseling, the client may realize that he/she has additional issues which may not have surfaced prior to the onset of the counseling relationship. The counselor may also indicate possible risk within specific specialty areas (i.e., marriage and family: as one partner changes, additional strain may be placed on the marital relationship if the other partner refuses to work).

13. It is also required that a place be provided for the signatures of the counselor/counselor intern, the client(s), and the counselor intern's supervisor. A general statement indicating that the client has read and understands the declaration statement and the date of the signature must also be included.

B. To practice mental health counseling in Louisiana the licensed professional counselor must have a copy of his/her declaration statement on file in the LPC Board office. The counselor intern must include a copy of his/her declaration statement with his/her registration of supervision. The Code of Conduct can be duplicated for clients and additional copies are available from the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:627 (August 1989), amended LR 20:544 (May 1994), LR 29:152 (February 2003).

Chapter 23. Mental Health Counselor, Licensed Marriage and Family Therapists and Intern Professional Assistance Program

§2301. Authority

A. The Louisiana Licensed Professional Counselors Board of Examiners recognizes that impairments in the functioning of persons interning, licensed, certified or registered to practice as licensed professional counselors, or licensed marriage and family therapists can affect the competent delivery of mental health counseling and marriage and family therapy, and impair professional judgment.

B. Therefore, in order to safeguard the public health, safety, and welfare of the people of this state, as mandated by R.S. 37:1102 et seq., the Licensed Professional Counselors Board of Examiners establishes the Professional Assistance Program. Authority for such program is contained at R.S. 37:1110 and 37:1120. This program is sometimes referred to hereafter as the "Professional Assistance Program", or "PAP".

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1110 and 37:1120.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 37:344 (January 2011).

§2303. Purpose and Scope; Immunity

A. The goal of the Professional Assistance Program is to provide for public protection through monitoring and a remedial course of action applicable to licensed professional counselors and licensed marriage and family therapists and interns who are functionally impaired in their ability to safely practice. Impairments include, but are not limited to mental, physical, and addictive disorders or other conditions. The program also supports recovery through preventative measures and allows entrance into the program before harm occurs.

B. A licensed professional counselor or licensed marriage and family therapist or intern may enter the program subsequent to voluntary disclosure of impairment via an initial or renewal application for a credential. When evidence of impairment arises as a possible causative or contributing factor in disciplinary proceedings, the board may offer this program to the subject of those proceedings. If the subject agrees to enter the program, disciplinary proceedings may be suspended pending program completion. If the subject refuses to enter the program, the disciplinary process shall continue. Participation in the program can be voluntary, but may also be required as a prerequisite to continued mental health counseling practice in accordance with the conditions of any consent order, compliance or adjudication hearing. A licensed professional counselor, licensed marriage and family therapist or intern who enters the program may be allowed to maintain his/her

credential while in compliance with the requirements of their program, subject to the board's discretion.

C. Professionals who participate in evaluation, monitoring or treatment and who are approved or designated by the board to render these services, as well as Professional Assistance Program committee members and board members, who participate in Professional Assistance Program activities, will be provided immunity. The participating licensed professional counselor or licensed marriage and family therapist or intern will be responsible for executing all required releases of information and authorizations required for the board or its designees to obtain information from any monitor, treatment or service provider concerning the licensed professional counselor or licensed marriage, family therapist or intern's progress and participation in the program, the Professional Assistance Program participant must agree in writing, to grant full immunity to, and hold harmless from any suit or claim, all Professional Assistance Program committee members, board members and those professionals who assist in their evaluation, monitoring, or treatment. This grant of immunity shall extend to all actions by such board members, Professional Assistance Program committee members, or participating professionals acting in good faith in the discharge of their duties.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1110 and 37: 1120.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 37:344 (January 2011).

§2305. Program Implementation

A. The program shall be administered by the board's Professional Assistance Committee, subject to overall supervision and control by the board. The board may utilize its discretionary authority to require or exclude specific components of this program for participants based on determination of the nature and severity of the impairment. Participation in the Professional Assistance Program may consist of all or part of the following components.

1. The program participant may be required to submit to an assessment relative to the impairment.

a. This assessment will be completed by a licensed mental health professional who is pre-approved by the board.

b. The format and content of this assessment will meet the requirements designated by the board, but will at a minimum contain information concerning:

i. previous inpatient/outpatient treatment episodes;

ii. relapse history;

iii. an assessment of the participant's psychosocial, physical, psychiatric, and other needs, relative to the impairment, and recommendations for future treatment.

c. The participant shall contact the designated mental health professional within 48 hours to schedule an

evaluation, which should be scheduled within 72 hours. To the extent practicable, the assessment will then be forwarded to the board by the professional completing the assessment, no later than 72 hours following the completion of the assessment.

2. The participant may be required to submit to ongoing monitoring for a period of up to five years. The beginning date of the monitoring period will be the date upon which a consent order is formally signed by the licensed professional counselor, licensed marriage and family therapist or intern and the board, or the date of the board's official decision to require program participation in the event of an adjudication hearing.

3. During the monitoring period the licensed professional counselor or licensed marriage and family therapist or intern may be required to submit to random drug and/or alcohol screenings as determined appropriate by the board, or other monitoring requirements which are pertinent and relative to the documented impairment.

a. The interval and timing of the required screening will be directed by a monitor who is pre-approved by the board. This monitor will be considered to have been duly selected by the board as its agent for the purposes of directing the required screens.

b. The results and reports of the results of all screens will be submitted to the board before the final business day of the month following the date of the screen.

4. Receipt by the board of any positive, unexplained substance abuse/drug screen or reports of non-compliance or complications relative to the impairment during the monitoring period may result in suspension, revocation, or other appropriate action pertaining to the licensed professional counselor, licensed marriage and family therapist or intern's credentials as determined appropriate by the board.

5. When the impairment is substance-related, the licensed professional counselor or licensed marriage family therapist or intern may be required to attend Twelve Step meetings on a regular basis as determined appropriate by the designated licensed substance abuse professional, and as approved or required by the board, but no less than four times monthly.

a. A pre-approved monthly log must be submitted to and received by the board at least five days after the final business day of the month following completion of the required meetings. It is the licensed professional counselor or licensed marriage and family therapist' or intern's responsibility to ensure that these logs are properly completed and received by the board by the designated date.

b. The log requires documentation of the name of the meeting chairman, and meeting dates and times.

c. Submission of logs will be required for at least one year of program participation, but may be required for any period of time up to and including the entire term of monitoring as determined by the designated licensed

substance abuse professional and as approved or required by the board.

6. During the monitoring period for the licensed professional counselor, or licensed marriage and family therapist or intern may be required to participate in professional supervision with a board-approved and designated licensed professional counselor supervisor or licensed marriage and family therapist supervisor at a frequency determined by the board for a period of time up to and including the entire five year period of monitoring.

7. The board, in addition to other conditions, may require that the licensed professional counselor, licensed marriage and family therapist or intern obtain regularly scheduled therapy, at a prescribed interval.

a. The type and interval of therapy may be recommended by the designated pre-approved licensed professional responsible for program monitoring, as approved by the board.

b. The type and interval of therapy may be also required by the board independently.

c. The licensed professional counselor or licensed marriage and family therapist or intern may choose the licensed substance abuse professional or other qualified professional to provide this therapy, subject to board approval.

8. Other requirements for participation in the program may include, but are not limited to, limitations in the scope of the participant's mental health counseling or licensed marriage and family therapy practice, suspension of practice, or voluntary withdrawal from practice for a specific time.

9. In the event that a licensed professional counselor or licensed marriage and family therapist or intern relocates to another jurisdiction, the licensed professional counselor or licensed marriage and family therapist or intern will within five days of relocating be required to either enroll in the other jurisdiction's Professional Assistance Program and have the reports required under the agreement sent to the Louisiana Professional Counselor's Board of Examiners or if the other jurisdiction has no impairment professional program, the licensed professional counselor, or licensed marriage and family therapist or intern will notify the licensing board of that jurisdiction that the licensed professional counselor or licensed marriage and family therapist or intern is impaired and enrolled in the Professional Assistance Program. Should the licensed professional counselor, or licensed marriage and family therapist or intern fail to adhere to this requirement, in addition to being deemed in violation of the program requirements and corresponding consent order or adjudication, the licensed professional counselor, or licensed marriage and family therapist's or intern's credentials will be suspended or revoked.

10. The participating licensed professional counselor, licensed marriage and family therapist or intern shall notify the board office by telephone within 48 hours and in writing within five working days of any changes of the licensed

professional counselor or licensed marriage and family therapist or intern's home or work address, telephone number, employment status, employer and/or change in scope or nature practice. The licensed professional counselor or licensed marriage and family therapist or Intern may satisfy the notice requirement by telephone, leaving a voice message on the board's office voicemail at times when the office is closed. A written confirmation from the PAP participant of the phone message is expected within five working days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1110 and 37: 1120.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 37:345 (January 2011).

§2307. Violations

A. Notification of a violation of the terms or conditions of this agreement, consent order or adjudication order may result in the immediate suspension of the individual's licensed professional counselor or licensed marriage and family therapist or intern's credential to practice in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1110 and 37: 1120.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 37:346 (January 2011).

§2309. Costs and Fees

A. The licensed professional counselor or licensed marriage and family therapist or intern shall be responsible for all fees and costs incurred in complying with the terms of this agreement, including but not limited to therapy, assessments, supervision, drug/alcohol screens, and reproduction of treatment or other records. By agreeing to participate in the Professional Assistance Program, the participant agrees to be solely responsible for all such costs or expenses.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1110 and 37: 1120.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 37:346 (January 2011).

§2311. Acceptance of Terms; Program Agreement

A. The licensed professional counselor, licensed marriage and family therapist or intern must submit to the board an notarized agreement indicating acceptance of the required conditions of participation in the Professional Assistance Program as mandated by the board, along with all initial (or updated) releases or authorizations for the board or its designees to obtain information concerning the participant's participation and progress in the program. Such agreement shall also delineate requirements for release from the program, including but not limited to certification of completion by treatment providers, written evidence of full compliance with the program agreement, and two written reports attesting to the participant's current mental status to be submitted by mental health professionals approved by the

board. The program agreement shall also state that the board may monitor the participant for up to two years following program completion. This agreement and the required release and authorizations must be submitted prior to the issuance of any initial credential or re-issuance of a renewal of a credential.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1110 and 37: 1120.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 37:346 (January 2011).

§2313. Confidentiality

A. The board will, to the full extent permissible, under R.S. 44:4 et seq., maintain an agreement or consent order relating to the licensed professional counselor or licensed marriage family therapist or intern's participation in the Professional Assistance Program as a confidential matter. The board retains the discretion to share information it deems necessary with those persons providing evaluation/assessment, therapy, treatment, supervision, monitoring or drug/alcohol testing or reports. Violation of any terms, conditions, or requirements contained in any

consent order, or board decision can result in a loss of the participant's license credentials.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1110 and 37: 1120.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 37:346 (January 2011).

§2315. Recusal

A. Any board members or Professional Assistance Program committee members who participate in any manner in any particular Professional Assistance Program case shall recuse themselves from voting in any subsequent application or disciplinary matter involving the licensed professional counselor, licensed marriage and family therapist, or intern who is the subject of such Professional Assistance Program case.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1110 and 37: 1120.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 37:347 (January 2011).

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LX. Licensed Professional Counselors Board of Examiners

Subpart 2. Professional Standards for Licensed Marriage and Family Therapists

Chapter 27. General Provisions

§2701. Statement of Purpose

A. "The legislature does further hereby find and declare that marriage and family therapy in this state is a professional practice which affects the public safety and welfare of the citizens of the state and requires appropriate regulation and control in the public interest. It is a purpose of this Chapter to establish a regulatory structure and procedures that will ensure that the public is protected from the unprofessional, improper, unauthorized, and unqualified practice of marriage and family therapy" (R.S. 37:1102).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:152 (February 2003).

§2703. Statutory Authority of the Marriage and Family Therapy Advisory Committee

A. The Marriage and Family Therapy Advisory Committee was created and empowered by Act 1195 of the 2001 Legislature to provide for the regulation of the use of the title "Licensed Marriage and Family Therapist" (R.S. 37:1101-1122). Therefore, the Louisiana Licensed Professional Counselors Board of Examiners, hereafter referred to as the board, establishes the Marriage and Family Therapy Advisory Committee as directed by the 2001 Legislature. The Marriage and Family Therapy Advisory Committee shall develop the rules and regulations herein pursuant to the authority granted to, and imposed upon, said advisory committee under the provisions of the Louisiana Revised Statutes, Title 37, Chapter 13, §1101-1122. The Health and Welfare Committees in the House and Senate shall jointly approve these rules and regulations. The board shall promulgate these rules and regulations [R.S. 37:1104(B)(2)(b)]. The board shall approve, revoke, suspend, and renew the license of applicants for licensure as licensed marriage and family therapists upon recommendation of the Marriage and Family Therapy Advisory Committee [R.S. 37:1105(G)].

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:153 (February 2003).

§2705. Description of Organization

A. The Marriage and Family Therapy Advisory Committee, hereafter referred to as the advisory committee,

consists of three members, who shall be residents of the state of Louisiana. All candidates and advisory committee members shall be licensed marriage and family therapists except for the first three members who shall be members of the American Association for Marriage and Family Therapy. These first three advisory committee members shall be eligible for licensure as licensed marriage and family therapists under Title 37, Chapter 13 as soon as these rules and regulations are approved. The three advisory committee members shall be members of the board.

B. The governor shall make appointments to the board and the advisory committee from a list of qualified candidates submitted by the executive board of the Louisiana Association for Marriage and Family Therapy, hereinafter referred to as LAMFT. Each appointment by the governor shall be submitted to the Senate for confirmation.

C. Board member terms shall be for four years. No advisory committee member shall serve more than two full consecutive terms.

D. Any vacancy occurring in advisory committee membership, other than by expiration of term, shall be filled for the remainder of the unexpired term by the governor within 30 days from a list of qualified candidates supplied by the LAMFT board as prescribed in Section 1104 of R.S. 37:1101-1122.

E. No advisory committee member shall be liable in any civil action for any act performed in good faith in the execution of his or her duties under Chapter 13 of Title 37.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:153 (February 2003), amended LR 29:2783 (December 2003).

§2707. Reimbursement

A. Each advisory committee member shall serve without compensation, but shall be reimbursed for actual travel, incidental, and clerical expenses incurred while engaged on official board or advisory committee business.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:153 (February 2003).

§2709. Notification of Change

A. Licensed marriage and family therapists/interns and LMFT-approved supervisors/supervisors-in-training shall

notify the Licensed Professional Counselors Board of Examiners in writing of any and all changes in name, address, and phone number within 30 days. Failure to do so will result in a fine as set forth in §901.C.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:153 (February 2003).

Chapter 29. Advisory Committee Meetings, Procedures, Records, Powers and Duties

§2901. Officers

A. The advisory committee shall elect from its membership a chair, vice chair, and secretary. The chair shall preside at all meetings at which he or she is in attendance and perform all duties prescribed by Chapter 13 of Title 37 and these rules. The chair is authorized by the board to make day-to-day decisions regarding advisory committee activities to facilitate its responsiveness and effectiveness. The vice chair shall perform the duties of the chair if the chair is absent or disabled. If the office of chair becomes vacant, the vice chair shall serve as chair until a successor is named. The secretary shall keep the minutes of the advisory committee meetings and send them to the advisory committee members and the clerical secretary before the next meeting of the advisory committee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Professional Counselors, LR 29:153 (February 2003).

§2903. Meetings

A. The advisory committee shall be domiciled in Baton Rouge and shall hold its meetings in places to be designated by the advisory committee. Advisory committee meetings shall be held at least semiannually. The advisory committee shall hold meetings regularly, with prior approval from the board, to conduct its business. Reasonable notice of all advisory committee meetings will be given by posting the meeting place, time, and agenda 24 hours before the meeting on the door and in two places in the building housing the office of the board and on the door of the location of the meeting, if different from the board office.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Professional Counselors, LR 29:153 (February 2003).

§2905. Quorum

A. Two members of the advisory committee shall constitute a quorum at any meeting or hearing for the transaction of business.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Professional Counselors, LR 29:154 (February 2003).

§2907. Procedures

A. The advisory committee shall develop such rules and regulations as it deems necessary to effect the provisions of Act 1195 (Chapter 13, R.S. 37:1101-1122). The board shall promulgate these rules and regulations. The House and Senate Health and Welfare Committees shall jointly approve these rules and regulations.

B. The advisory committee shall review applications for examination, licensure, and renewal for recommended approval to the board. The advisory committee shall recommend to the board to withhold, deny, revoke, or suspend any license of an applicant, or impose any other sanctions on licensed marriage and family therapists.

C. The advisory committee shall submit an annual report to the board containing its professional actions during the year. The advisory committee hereby adopts Robert's Rules of Order Revised as the basis of its parliamentary decisions except as otherwise provided by advisory committee rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Professional Counselors, LR 29:154 (February 2003).

§2909. Code of Ethics

A. The advisory committee has adopted the Code of Ethics of the American Association for Marriage and Family Therapy (AAMFT), including any revisions or additions deemed appropriate or necessary by the board as recommended by advisory committee. AAMFT has given its written permission to use its code of ethics.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Professional Counselors, LR 29:154 (February 2003).

§2911. Records

A. The advisory committee shall maintain records of pertinent matters relating to application, licensure, and discipline. Registers of LMFT-approved supervisors and LMFT-registered supervisor candidates and a register of licensed marriage and family therapists shall be made available to the public.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Professional Counselors, LR 29:154 (February 2003), amended LR 29:2784 (December 2003).

Chapter 31. License of Title for Marriage and Family Therapy

§3101. License of Title for Marriage and Family Therapy

A. As stated in R.S. 37:1122(A), no person, unless licensed as a marriage and family therapist, shall advertise as being a "licensed marriage and family therapist" or hold themselves out to the public or make use of any title, words, letters or abbreviations that may reasonably be confused with the title "licensed marriage and family therapist."

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:154 (February 2003).

§3103. Practice of Marriage and Family Therapy by Other Licensed Mental Health Professionals

A. Nothing in this subpart shall be construed as prohibiting qualified members of other professional groups including but not limited to clinical social workers, psychiatric nurses, psychologists, physicians, licensed professional counselors, or members of the clergy, including Christian science practitioners, from doing or advertising that they perform work of a marriage and family therapy nature consistent with the accepted standards of their respective professions. No such person, however, shall use the title, or use any words or abbreviations that may reasonably be confused with the title, "Licensed Marriage and Family Therapist."

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:154 (February 2003).

§3105. Definitions for Licensed Marriage and Family Therapists

Advisory Committee—the Marriage and Family Therapy Advisory Committee.

Assessment—

1. the evaluation through the use of systems oriented methods and processes of:
 - a. individual;
 - b. couple;
 - c. family; and
 - d. larger systems;
2. for the purpose of:
 - a. developing treatment plans;
 - b. monitoring psychotherapeutic processes;
 - c. measuring psychotherapeutic progress; and
 - d. measuring psychotherapeutic outcomes;

3. such evaluation may include the use of:
 - a. informal; or
 - b. formal instruments;
4. for which the licensed marriage and family therapist has received:
 - a. appropriate training; and
 - b. supervision in:
 - i. individual settings; and
 - ii. group settings.

Board—the Louisiana Licensed Professional Counselors Board of Examiners

Marriage and Family Therapy—the professional application of psychotherapeutic and family systems theories and techniques in the assessment and treatment of:

1. individuals;
2. couples; and
3. families.

Qualified Supervision—the supervision of the clinical services of an applicant working toward licensure as a licensed marriage and family therapist:

1. in accordance with standards developed by the advisory committee; and
2. by an individual who has been recognized by the advisory committee as an LMFT-approved supervisor or an LMFT-registered supervisor candidate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:154 (February 2003), amended LR 29:2784 (December 2003).

Chapter 33. Requirements for Licensure

§3301. General Provisions

A. The board upon recommendation of the marriage and family therapy advisory committee shall license to practice all persons who present satisfactory evidence of qualifications as specified in these rules and regulations of the advisory committee. Such licensure shall be signed by the chairman and vice chairman of the board and the chairman and vice chairman of the advisory committee. No license shall be denied any applicant based upon the applicant's race, religion, creed, national origin, sex, or physical impairment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:155 (February 2003).

§3303. Definitions

Applicant—any individual seeking licensure who has submitted an official application and paid the application fee.

Client Contact Hour—a 50-minute period a therapist spends working face-to-face with an individual, couple, family, or group.

Direct Client Contact—face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups from a relational perspective. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments done face-to-face and more than clerical in nature and focus may be counted as direct client contact. Psychoeducation may be counted as direct client contact.

Marriage and Family Therapist Intern or MFT Intern—a person registered with the board who is receiving MFT approved post-graduate supervision.

Supervision—the professional relationship between a supervisor and supervisee that promotes the development of responsibility, skill, knowledge, and ethical standards in the practice of marriage and family therapy. In addition to monitoring the student's supervised face-to-face therapy with individuals, couples, families, and/or groups from a systemic/relational perspective, the supervisor provides regular, face-to-face guidance and instruction. *Supervision* may include, without being limited to, the review of case presentations, audiotapes, videotapes, and direct observation. *Supervision* will be distinguishable from psychotherapy and teaching.

AUTHORITY NOTE: Promulgated in accordance with R. S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:155 (February 2003), amended LR 29:2784 (December 2003), LR 35:1113 (June 2009), LR 37:1601 (June 2011), repromulgated LR 37:2162 (July 2011).

§3305. General Licensing Requirements

A. Each person desiring to obtain a license as a practicing marriage and family therapist shall make application to the board upon such forms and completed in such manner as the board prescribes, accompanied by such fee prescribed. An applicant shall furnish evidence satisfactory to the board and the advisory committee that such person:

1. is of good moral character;
2. is not engaged or has not engaged in any practice or conduct that would be grounds for refusing to issue a license;
3. is qualified for licensure pursuant to the requirements provided for in this Subpart.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:155 (February 2003), amended LR 37:1601 (June 2011), repromulgated LR 37:2163 (July 2011).

§3309. Academic Requirements for MFT Licensure [Formerly §3311]

A. The board upon recommendation of the advisory committee shall register a person for MFT internship who applies on the required application forms, completed as the board prescribes and accompanied by the required fee. Additionally, applicants must meet one of the four following academic options:

1. a master's or doctoral degree in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) in a regionally accredited educational institution or a certificate in marriage and family therapy from a post-graduate training institute accredited by COAMFTE; or

2. a master's or doctoral degree in marriage and family therapy or marriage and family counseling from a program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) in a regionally accredited educational institution with a minimum of six courses in marriage and family therapy, including coursework on the AAMFT Code of Ethics. The degree must include:
 - a. a minimum of 500 supervised direct client contact hours, with a minimum of 250 of these 500 hours with couples and/or families;
 - b. a minimum of 100 hours of face to face supervision. The training of the supervisor shall be substantially equivalent to that of an AAMFT approved supervisor as determined by the advisory committee;

3. a master's or doctoral degree in marriage and family therapy or a related clinical mental health field from a regionally accredited institution of higher education or a certificate from a postgraduate training institute in marriage and family therapy. The qualifying degree or certificate program must include coursework, practicum, and internship in marriage and family therapy that is determined by the advisory committee to be substantially equivalent to a graduate degree or post-graduate certificate in marriage and family therapy from a program accredited by COAMFTE. To be considered substantially equivalent, qualifying degrees or post graduate certificates must include:
 - a. a minimum of 60 semester hours of coursework;
 - b. a minimum of 500 supervised direct client contact hours, with a minimum of 250 hours of these 500 hours with couples and/or families;
 - c. a minimum of 100 hours of face-to-face supervision. The training of the supervisor shall be substantially equivalent to that of an AAMFT approved supervisor as determined by the advisory committee;

4. a master's degree or a doctoral degree in marriage and family therapy from a regionally accredited institution of higher education whose program and curriculum was approved by the board through the advisory committee at anytime prior to July 1, 2010. The master's or doctoral degree for this option must include:

a. a minimum of 500 supervised direct client contact hours, with a minimum of 250 hours of these 500 hours with couples and/or families;

b. a minimum of 100 hours of face-to-face supervision. The training of the supervisor must be substantially equivalent to that of an AAMFT approved supervisor as determined by the advisory committee.

B. Required coursework in marriage and family therapy for academic options 2 and 3 may be completed during the qualifying master's or doctoral degree programs or may be taken as post-graduate work at a regionally accredited college, university, or qualifying postgraduate marriage and family therapy training institute as determined by the advisory committee.

AUTHORITY NOTE: Promulgated in accordance with R. S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:156 (February 2003), amended LR 29:2785 (December 2003), LR 35:1113 (June 2009), LR 37:1602 (June 2011), repromulgated LR 37:2163 (July 2011), amended LR 38:1965 (August 2012).

§3311. Coursework and Academic Supervision Requirements, for Options 2, 3, and 4

A. General Requirements for Qualifying Coursework and Academic Supervision

1. Undergraduate level courses will not meet academic requirements unless the applicant's official transcript clearly shows that the course was given graduate credit.

2. Only coursework taken for credit and receiving a passing grade will be accepted. Coursework taken outside of a program of study for which a degree was granted must receive an "A," "B," or "pass."

3. One course is defined as three semester credits, four quarter credits, or 45 didactic contact hours in a postgraduate training program.

4. An applicant may not use a course for more than one of the seven coursework areas described in Subsection B of this Section.

5. If titles of academic courses are not self-explanatory, their content and relevance must be substantiated by the applicant through course descriptions in official school catalogs, bulletins, syllabi, or by other means approved by the advisory committee.

6. The burden is on the applicant to prove by a preponderance of the evidence that the coursework is equivalent to the requirements in Subsections A and B of this Section.

7. Degrees and coursework obtained at foreign universities shall be acceptable only if determined to be equivalent as defined in Subsections A and B of this Section as determined by the advisory committee.

8. The applicant must document that all required graduate and postgraduate coursework was presented from a family systems perspective. Coursework will specify how marriage and family therapists apply psychotherapeutic and family systems theories and techniques in the delivery of professional psychotherapeutic services to individuals, couples, families, and groups for the purpose of assessment, treatment planning, and treatment of mental, intellectual, emotional, or behavioral disorders and apply family systems theories, assessment, and techniques in their professional consultation work with organizations.

9. Up to 220 of the required 500 hours of supervised direct client contact and 44 of the required 100 hours of face-to-face supervision not completed during a practicum and/or internship during the completion of the qualifying degree program or postgraduate training institute may be completed once an applicant has registered as a MFT intern and is under the supervision of a LMFT board approved supervisor. These hours shall be added to the required 2000 hours of supervised direct client contact required for licensure.

B. Specific Coursework Requirements—Option 3

1. Academic Course Content. An applicant with a master's or doctoral degree in marriage and family therapy or a related clinical mental health field from programs not accredited by the COAMFTE or with a certificate from a postgraduate training institute in marriage and family therapy not accredited by the COAMFTE must have the specified coursework in each of the following areas (one course equals three semester hours or its equivalent as defined in Paragraph A.3 of this Section).

a. Theoretical Knowledge of Marriage and Family Therapy—minimum of two courses. Courses in this area shall provide academic instruction in the historical development, empirical foundations, and contemporary conceptual directions of the field of marriage and family therapy. Coursework shall provide a comprehensive survey and substantive understanding of the systems paradigm, family therapy theory, and the major models of marriage, couple, and family therapy practice. Overview courses in which systems theory is surveyed equally as one of several theories do not qualify for this area.

b. Clinical Knowledge of Marriage and Family Therapy—minimum of four courses. Courses in this area shall provide academic instruction in clinical intervention as it relates to family systems theory. Coursework shall highlight clinical practice in couples and family therapy in relation to cultural and racial diversity, gender, sexual functioning/orientation, violence, addiction, abuse and other relevant issues. Coursework shall focus on the treatment of individuals, couples, and families from a systemic/relational perspective and in response to a wide variety of presenting problems.

c. Assessment and Treatment in Marriage and Family Therapy—minimum of two courses. One course must be in psychopathology. Courses in this area shall provide academic instruction from a systemic/relational perspective in psychopharmacology, physical health and illness, traditional psycho diagnostic categories including the use of the Diagnostic and Statistical Manual of Mental Disorders and the assessment and treatment planning for the treatment of mental, intellectual, emotional, or behavioral disorders within the context of marriage and family systems.

d. Individual, Couple, and Family Development—minimum of one course. Courses in this area shall provide academic instruction in individual, couple, and family development across the lifespan.

e. Professional Identity and Ethics—minimum of one course. Courses in this area shall provide academic instruction in the development of professional identity, ethical and legal issues, scope of practice, professional membership, certification, and licensure. Coursework shall focus on ethical and legal issues related to the practice of marriage and family therapy, including but not limited to the AAMFT Code of Ethics, confidentiality, legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, the business aspects of practice, and familiarity with regional and federal laws as they relate to the practice of individual, couple and family therapy. Generic courses in ethics do not meet this standard.

f. Research—minimum of one course. Courses in this area shall provide academic instruction in the understanding and performance of research. Coursework shall focus on content such as research methodology, data analysis, research evaluation, and quantitative and qualitative research.

g. Additional Learning—minimum of one course. Courses in this area will augment students' specialized interest and background in individual, couple, and family therapy and may be chosen from coursework offered in a variety of disciplines.

2. Academic Supervision. As part of their degree program, an applicant must have completed 500 supervised face-to face direct client contact hours with individuals, couples, families, and/or groups from a systemic/relational perspective with 100 hours of face-to-face supervision. At least 250 of these hours must be with couples or families present in the therapy room. If a student is simultaneously being supervised and having direct client contact, the time may be counted as both supervision time and direct client contact time.

AUTHORITY NOTE: Promulgated in accordance with R. S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 37:1602 (June 2011), repromulgated LR 37:2163 (July 2011), amended LR 38:1966 (August 2012).

§3313. Examination Requirements

A. The examination for licensure shall be the national marriage and family therapy examination as determined by the advisory committee. No other examination will be accepted.

B. Applicants for licensure are not eligible for examination until approved by the advisory committee.

C. Passing scores on the examination are determined by the testing agency.

D. Any person who fails an examination shall not be admitted to a subsequent examination for at least six months.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:158 (February 2003), amended LR 35:1114 (June 2009).

§3315. Requirements for the Registration and Supervision of MFT Interns

A. General Provisions

1. The board, upon recommendation of the advisory committee, shall grant those persons who make formal application and satisfactorily meet all the requirements of this Rule the position of registered MFT intern.

2. Persons who apply to the board for qualification as a MFT intern must meet the specified degree requirements and must successfully complete a minimum of two years of work experience in marriage and family therapy as specified in Section 3315.C.1 under qualified supervision as determined by the advisory committee and approved by the board. Upon qualification, the MFT intern shall be considered an applicant in process for licensure as a LMFT.

3. A member of the advisory committee who has functioned as a board-approved supervisor for a person making application for licensure as a LMFT or certification as a board-approved supervisor shall not participate in deliberations in regard to or vote on the approval of said applicant.

B. Definitions for Supervision

Consultation—a voluntary relationship between professionals of relatively equal expertise or status wherein the person being consulted offers advice or information on an individual case or problem for use by the person asking for assistance. The consultant has no functional authority or legal or professional responsibility for the consultee, the services performed by the consultee, or the welfare of the consultee's client. Consultation is not supervision. Experience under contract for consultation will not be credited toward fulfillment of supervision requirements of MFT interns or supervisor candidates.

Co-Therapy Supervision—qualified supervision that takes place during a therapy session in which the LMFT board-approved supervisor acts as a co-therapist with the MFT intern.

Direct Work Experience—psychotherapeutic services delivered face-to-face to individuals, couples, families, or groups in a setting and in a manner approved by the advisory committee as part of the intern's plan of supervision.

Group Supervision—qualified supervision of more than two and no more than six MFT interns with one or more board-approved supervisors. Group supervision provides the opportunity for the supervisee to interact with other supervisees and offers a different learning experience than that obtained from individual supervision.

Indirect Work Experience—collateral services rendered to clients that relate to proper case management, such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision.

Individual Supervision—qualified supervision of one or two individuals by one LMFT board-approved supervisor.

Live Supervision—individual and/or group supervision in which the supervisor directly observes the case while the therapy is being conducted and has the opportunity to provide supervisory input during the session. When a supervisor conducts live supervision the time is counted as individual supervision for up to two interns providing therapy in the room with the client(s) and for up to two interns observing the therapy and interacting with the supervisor. The time is counted as group supervision when more than two MFT interns involved in direct client contact or more than two observers interacting with the supervisor are present, providing that there are no more than six interns involved.

LMFT Board-Approved Supervisor—an individual who has made formal application for certification as an *LMFT board-approved supervisor* documenting that he or she has satisfactorily met the standards specified in the Rule for *LMFT board-approved supervisors* as determined by the advisory committee and has received a letter from the board certifying them as such. Under no circumstances may an *LMFT board-approved supervisor* be related to by birth or marriage, live in the same household with, be an employee of, or maintain any other relationship with the MFT intern that may be considered a dual relationship which may impede the *LMFT board-approved supervisor* from effectively providing for the professional development of the intern and monitoring the ethical and professional quality of the intern's service delivery to clients. During the course of the supervisory process, The *LMFT board-approved supervisor* maintains an appropriate level of responsibility for the intern's delivery of services and provides an accurate and true representation to the public of those services and the supervisor/supervisee relationship. A *LMFT board-approved supervisor* may use the initials LMFT-S for licensed marriage and family therapy supervisor after his or her name. Henceforth, the *LMFT board-approved supervisor* will be called the approved supervisor or the supervisor.

LMFT Registered Supervisor Candidate—an individual who has made formal application for registration as a *LMFT registered supervisor candidate* documenting that he or she

has satisfactorily met the standards specified in the Rule for *LMFT-registered supervisor candidate* as determined by the advisory committee and has received a letter from the board indicating their registration as such. The candidate is under the supervision of an LMFT board-approved supervisor for the purpose of certifying as an LMFT board-approved supervisor in accordance with the plan of supervision-of-supervision approved by the advisory committee. The *LMFT registered supervisor candidate* performs the same duties as and is responsible to maintain a level of care for supervisees that meets the standards for LMFT board-approved supervisors as defined in this Rule. The *LMFT registered supervisor candidate* at the successful completion of the supervision-of-supervision process must make formal application to the board for qualification as an LMFT board-approved supervisor. A *LMFT registered supervisor candidate* may use the initials LMFT-SC after his or her name. Any portion of the Rule that applies to board-approved supervisors will also be considered to apply to supervisor candidates except where specifically noted. The *LMFT registered supervisor candidate* (LMFT-SC) will henceforth be called the supervisor except in instances that pertain only to candidates, where the terms supervisor candidate or candidate will be used.

Qualified Supervision—supervision of the clinical services of a MFT intern by a board-approved supervisor or supervisor candidate for the purpose of qualifying the intern for licensure as a LMFT in Louisiana in accordance with the plan of supervision approved by the advisory committee. Under no circumstances shall any contact that is not face-to-face (such as interaction by conventional correspondence, telephone, e-mail, instant message, video conference, etc.) between an LMFT board-approved supervisor or supervisor candidate and a MFT intern be considered qualified supervision unless such contact is pre-approved by the advisory committee as part of the intern's plan of supervision.

a. Administrative supervision conducted to evaluate job performance or for case management rather than the clinical supervision of therapy provided to clients shall not be considered qualified supervision.

b. Any didactic process wherein techniques or procedures are taught in a group setting, classroom, workshop, or seminar shall not normally be considered qualified supervision. If, however, the board-approved supervisor deems such experience as necessary to the intern's successful completion of his or her internship, such experience may be included in the intern's plan of supervision. Approval of such experience as qualified supervision will be at the discretion of the advisory committee.

c. Consultation, staff development, or orientation to a field program, or role-playing of family interrelationships as a substitute for current clinical practice shall not be considered as qualified supervision.

Registered MFT Intern—an individual who has made formal application for registration as a *registered MFT intern*

documenting that he or she has satisfactorily met the standards specified in the Rule for *registered MFT interns* as determined by the advisory committee and who has received a letter from the board indicating their registration as such. A *registered MFT intern* may use the initials MFT-I after his or her name. It is the responsibility of the *registered MFT intern* to comply with this Rule and board policy in the provision of services to their clients during their internship. It is also the *registered MFT intern's* responsibility to offer reasonable compliance to the plan of supervision and to the directives and suggestions of their supervisor as they are consistent with law, ethics, statutes, and board policy. It is the primary responsibility of the intern to ensure that he or she has a thorough, current knowledge of his or her legal, ethical, and professional responsibilities and that his or her behavior is in compliance with ethical and legal requirements. Henceforth, the *registered MFT intern* will be called the MFT intern or in some instances the intern.

Supervision—the professional relationship between a supervisor and supervisee that nurtures the professional self of the supervisee, promotes the development of the supervisee's therapeutic knowledge and skill, contributes to the supervisee's development of sound ethical judgment, and reasonably ensures that the therapeutic services delivered by the supervisee meet a minimum standard of clinical and ethical quality. The supervisor provides guidance and instruction that is of such quality, frequency, and regularity that the clinical and professional development of the supervisee is promoted and the supervisee's service delivery is adequately monitored. *Supervision* involves the clinical review of the therapist's work with clients that may utilize therapist self-report and review of clinical documentation, review of audiotapes or videotapes, or direct observation of live therapy sessions.

The Plan of Supervision for MFT Interns—a written agreement between the board-approved supervisor and the MFT intern that establishes the supervisory framework for the postgraduate clinical experience of the intern and describes the expectations and responsibilities of the board-approved supervisor and the MFT intern as supervisee. It is the responsibility of the MFT intern to submit the plan of supervision to the advisory committee in a manner consistent with advisory committee policy.

The Plan of Supervision-of-Supervision for Supervisor Candidates—a written agreement between the board-approved supervisor and the supervisor candidate that establishes the framework for the supervision-of-supervision of a licensed marriage and family therapist who is training to become an LMFT board-approved supervisor and that describes the expectations and responsibilities of the supervisor and the supervisee. It is the responsibility of the supervisor candidate to submit a plan of supervision-of-supervision to the advisory committee in a manner consistent with advisory committee policy. Henceforth, the plan of supervision-of-supervision for supervisor candidates shall be called the plan of supervision-of-supervision.

C. MFT Intern Supervision Requirements for Licensure

1. A MFT intern must complete an internship under the supervision of a board-approved supervisor or registered supervisor candidate that consists of qualified post-graduate work experience in marriage and family therapy and that includes at least 3,000 hours of clinical services to individuals, couples, families, or groups.

a. At least 2,000 hours must qualify as direct work experience. Up to 500 hours of direct work experience received during the completion of a graduate program that is systemically oriented as determined by the advisory committee may be counted toward the required 2000 hours. If the applicant's academic practicum or internship is from another institution other than that of their qualifying degree, then the internship or practicum supervisor must have possessed training substantially equivalent to that of an approved LMFT supervisor and the supervision must have been conducted from a systemic perspective as determined by the advisory committee.

b. The remaining 1,000 hours may be indirect work experience or other professional activities that may include but are not limited to qualified supervision, workshops, public relations, administrative tasks, consulting with referral sources, etc. as approved by the advisory committee.

c. The intern shall complete his or her internship in not less than two and no more than seven years from the date the intern is registered with the board.

d. Applicants for registration as MFT interns shall not provide psychotherapeutic services to clients unless they have received an official letter from the board qualifying them to do so or unless some other qualifying mental health license allows them to deliver such services. To continue employment in a clinical setting post graduation, applicants who have graduated with qualifying degrees have 60 days from their date of graduation to apply for registration.

2. The internship must include at least 200 hours of qualified supervision, of which at least 100 hours must be individual supervision. The remaining 100 hours may be group supervision.

a. Up to 100 hours of face-to-face supervisor contact received during the completion of the applicant's qualifying academic experience graduate program that is systemically oriented as determined by the advisory committee may be counted toward the required 200 hours of qualified supervision. Of this 100 hours, only 50 hours may be counted as individual supervision.

3. The intern's plan of supervision must reflect that the intern is receiving supervision in the application of systemically based approaches to therapy with all clients.

4. The intern may begin accruing client- and supervisor-contact hours only after the intern has received an official letter of registration from the board.

5. The intern will be granted a change of approved supervisors or an additional approved supervisor only upon the approval of appropriate documentation as determined by the advisory committee.

a. In the event of a change or addition of supervisor(s), the intern must submit sections 2 and 3 of the MFT intern registration form for each proposed supervisor. Supervision with the new supervisor is not approved until the intern receives a letter from the board approving the new supervisor and plan of supervision.

b. A change of supervisors or additional supervisor(s) will not be approved until all of the intern's existing supervisor(s) have submitted a documentation of experience form for the intern in accordance with advisory committee policy.

6. Final approval of the intern's supervised work experience toward licensure shall be at the discretion of the advisory committee and only upon recommendation of the board-approved supervisor(s).

7. The following are not acceptable as approved supervision:

a. peer supervision (supervision by a person of equivalent, rather than superior, qualifications, status and experience);

b. supervision by current or former family members (such as parents, spouse, former spouse, siblings, children, cousins, present or former in-laws, aunts, uncles, grandparents, grandchildren, step-children), anyone sharing the same household, employees, or any other person where the nature of the personal relationship prevents or makes difficult the establishment of a professional relationship. For purposes of this Rule, a supervisor shall not be considered an employee of the supervisee if the only compensation received by the supervisor consists of payment for actual supervisory hours;

c. administrative supervision (administrative supervision by an institutional director or executive, for example, conducted to evaluate job performance or for case management rather than the clinical supervision of the quality of therapy given to clients);

d. a primarily didactic process wherein techniques or procedures are taught in a group setting, classroom, workshop, or seminar;

e. consultation, staff development, or orientation to a field program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.

D. Qualifications of an LMFT-Approved Supervisor and an LMFT-Registered Supervisor Candidate

1. Supervision not provided by an LMFT-approved supervisor or an LMFT-registered supervisor candidate as determined by the advisory committee will not be counted toward licensure.

2. A supervisor may not have more than a combined total of 10 supervisees, including MFT interns and interns in other disciplines and/or registered supervisor candidates at the same time.

3. A person who wishes to become an LMFT-approved supervisor must be a licensed marriage and family therapist and must submit a completed application that documents that he or she meets the requirements in one of two ways.

a. The applicant may meet the requirements by meeting the following coursework, experience, and supervision of supervision requirements.

i. Coursework requirements:

(a). a one-semester graduate course in marriage and family therapy supervision from a regionally accredited institution; or

(b). an equivalent course of study consisting of a 15-hour didactic component and a 15-hour interactive component in the study of marriage and family therapy supervision approved by the advisory committee. The interactive component must include a minimum of four persons.

ii. Experience requirements:

(a). has a minimum of two years experience as a licensed marriage and family therapist.

iii. Supervision of Supervision requirements:

(a). Thirty-six hours of supervision of supervision for marriage and family therapy must be taken from an LMFT-approved supervisor.

b. Designation as an AAMFT approved supervisor qualifies a person to become an LMFT approved supervisor. Documentation must be submitted and recommended by the advisory committee for board approval.

4. LMFT-registered Supervisor Candidate

a. A person who wishes to become an LMFT-registered supervisor candidate must submit an application provided by the board upon recommendation of the advisory committee that:

i. includes documentation of a minimum of two years of experience as a licensed marriage and family therapist;

ii. either documents that he or she has met the coursework and interactional requirement specified in Clause D.3.a.i. or proposes how this requirement shall be met;

iii. includes the name of the LMFT-approved supervisor who will be supervising his or her supervision of MFT interns and the approximate dates such supervision will begin and end.

b. The advisory committee will review the application and inform the individual in writing that the proposed supervision of supervision arrangement either has been approved or rejected. Any rejection letter will outline the reasons for rejection.

c. An advisory committee member cannot participate in deliberations or votes on any applicant who has been supervised by that advisory committee member.

d. Upon completion of the required hours of supervision of supervision, the registered supervisor candidate must submit an application to become an LMFT approved supervisor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:158 (February 2003), amended LR 29:2787 (December 2003), LR 35:1114 (June 2009), LR 38:1966 (August 2012).

§3317. Qualification of the Board-Approved Supervisor and Registered Supervisor Candidate

A. General Provisions

1. The board, upon recommendation of the advisory committee, shall grant those persons that make formal application and satisfactorily meet all the requirements of this Rule the position of board-approved supervisor or registered supervisor candidate.

2. The applicant for certification as a board-approved supervisor or registration as a supervisor candidate shall have maintained an active license in good standing as a LMFT for a minimum of two years.

3. The applicant who has an unresolved or outstanding complaint or who is under a consent order or participating in a plan of discipline as a mental health professional must indicate this on his or her formal application and shall be granted board-approved supervisor or supervisor candidate's status only at the discretion of the advisory committee.

B. Requirements for Certification as a Board-Approved Supervisor

1. Applicants for certification as a LMFT board-approved supervisor must make formal application to the board in accordance with advisory committee policy demonstrating that he or she has satisfactorily met the following requirements.

a. Experience Requirements. While maintaining a license in good standing as a LMFT, the applicant must have completed a minimum of two years of professional experience as a marriage and family therapist working with individuals, couples, families or groups from a systemic perspective or working as an academic clinical supervisor utilizing a systemic orientation as determined by the advisory committee.

b. Coursework Requirements. The applicant must have completed:

i. a one-semester graduate course in marriage and family therapy supervision from a regionally accredited institution; or

ii. an equivalent course of study consisting of a 15-hour didactic component and a 15-hour interactive

component in the study of marriage and family therapy supervision approved by the advisory committee. The interactive component must include a minimum of four persons.

c. Supervision-of-Supervision Requirements. The applicant must have completed 36 hours of supervision-of-supervision of marriage and family therapy with the oversight of a designated board-approved supervisor as determined by the advisory committee. Registered supervisor candidates may not qualify to provide supervision-of-supervision to other registered supervisor candidates.

d. The applicant for the position of LMFT board-approved supervisor who is not registered as a supervisor candidate may not begin qualified supervision of MFT interns until receipt of an official approval letter from the board as a LMFT board-approved supervisor.

4. Applicants for certification as a board-approved supervisor must submit with their application for certification a nonrefundable application fee of \$100.

5. Designation as an AAMFT board-approved supervisor may qualify a person to become an LMFT board-approved supervisor. AAMFT supervisors must make application to the board in accordance with advisory committee policy in order to certify as board-approved supervisors. AAMFT supervisors who have not certified to be LMFT board-approved supervisors shall not supervise MFT interns. Supervision provided by an AAMFT supervisor who has not received certification from the board qualifying them as a LMFT board-approved supervisor shall not count toward licensure.

6. The board-approved supervisor shall attend a LMFT board-approved supervisor's orientation approved by the advisory committee within one year of the board-approved supervisor's date of certification. This orientation may also be counted as continuing education toward the board-approved supervisor's licensure renewal as a marriage and family therapist.

a. Board-approved supervisors who fail to meet this requirement within one year of their initial certification as board-approved supervisors will not be approved for new supervisees until the requirement is met. Failure to meet this requirement within two years of the date of approval may result in the suspension of approved supervisor status.

b. This requirement may be met during the supervisor candidate's supervision-of-supervision. If the candidate elects to do so, the orientation hours may count toward the continuing education requirements for renewal of his or her LMFT license.

C. Requirements for Registration as a Registered Supervisor Candidate

1. The applicant for registration as a LMFT registered supervisor candidate must submit to the board a formal application and a plan of supervision-of-supervision in accordance with advisory committee policy.

a. The registered supervisor candidate's supervision-of-supervision must include:

i. a minimum of two MFT students or MFT interns supervised for a minimum of nine months each;

ii. at least 90 hours of supervision of approved supervisees. These 90 hours of supervision must be completed in no less than one year and no more three years with the oversight of his or her designated board-approved supervisor.

b. The applicant for registration as a LMFT registered supervisor candidate shall not supervise MFT interns or begin accruing supervisor or supervisee contact hours toward his or her certification as a board-approved supervisor until he or she has received an official letter from the board approving his or her registration as a supervisor candidate.

2. The registered supervisor candidate who has successfully completed his or her plan of supervision-of-supervision must make formal application in accordance with advisory committee policy to be considered for certification as a board-approved supervisor.

3. Final approval of the approved supervisor candidate's supervised work experience toward certification as an approved supervisor shall be at the discretion of the advisory committee and only upon recommendation of the candidate's board-approved supervisor(s).

D. Renewal of Certification as a Board-Approved Supervisor

1. The board-approved supervisor shall renew his or her board certification to supervise MFT interns every four years. Supervisors will receive a renewal announcement from the board providing them with their required renewal date and will receive a renewal notice every four years thereafter.

2. To qualify for renewal, board-approved supervisors must:

a. maintain an active LMFT license in good standing as defined by this Rule. Applicants for renewal of their board-approved supervisory status that are under a consent order as a licensee may be renewed only at the discretion of the advisory committee.

b. complete six clock hours of continuing education in clinical MFT supervision prior to each renewal date for current renewal period. These continuing education hours may also count toward the board-approved supervisor's renewal requirements for licensure as a LMFT;

i. continuing education for board-approved supervisors must be specifically relevant to the renewal candidate's role as clinical supervisor of MFT interns as determined by the advisory committee. The content of workshops and seminars that qualify for continuing education credit for renewal candidates may be in theories and techniques of MFT supervision as well as ethical and

legal issues related to MFT supervision, case management, or topics relative to a specific supervised setting;

ii. requirements otherwise applicable to continuing education hours for board-approved supervisors are the same as continuing education hours required for maintenance of the supervisor's LMFT license as defined in these rules;

c. successfully complete the board-approved orientation workshop for supervisors. The orientation shall not count toward the required six hours of required continuing education for board-approved supervisors;

d. submit a completed board-approved supervisor renewal application along with any updates to the supervisor's statement of practice in accordance with advisory committee policy;

e. remit a renewal fee of \$100.

3. After the renewal candidate has successfully completed the above requirements, the board upon recommendation of the advisory committee shall issue a document renewing the supervisor's board certification for a term of four years.

a. The board approval of any board-approved supervisor who fails to meet renewal requirements shall lapse; however, the failure to renew said approval shall not deprive said supervisor the right of renewal thereafter.

b. Board-approved supervisors who do not renew their board-approved supervisor's status will not be approved for new MFT interns until the board-approved supervisor has renewed his or her supervisory approval or has successfully reapplied for board-approved supervisor status.

c. A board-approved supervisor who has allowed his or her board-approved supervisor status to lapse may renew within a period of two years after the expired renewal date upon payment of all fees in arrears and presentation of evidence of completion of the continuing education and orientation requirements.

d. Upon late renewal or reapplication, the board-approved supervisor's four-year renewal cycle will begin on his or her nearest licensure renewal date to the supervisor's renewal/reapproval.

e. Application for renewal after two years from the date of expiration will not be considered for renewal. Applicants whose supervisor status has lapsed for two years or more must re-apply for certification as a board-approved supervisor under current requirements.

f. Failure to renew or reapply for board approved supervisory status does not necessarily impact the supervisor's right or ability to renew or reapply as a LMFT.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1102, 1103, and 1116.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 38:1969 (August 2012).

§3319. Responsibilities of the MFT Intern

A. General Responsibilities

1. The MFT intern is responsible to be thoroughly aware of his or her legal, ethical, and professional responsibilities as an intern and to maintain a level of care for clients that meets the standards for licensed marriage and family therapists as described in this Rule.

2. The MFT intern is responsible to meet with the board-approved supervisor(s) for qualified supervision in the manner prescribed in the plan of supervision. The MFT intern must receive qualified supervision at a minimum frequency of two supervisor-contact hours a month.

3. The MFT intern is responsible to collaborate with his or her approved supervisor(s) in order to develop and submit to the advisory committee a plan of supervision as defined in Section 3315.B.

4. It is the responsibility of the intern to immediately report to the approved supervisor(s), the intern's employer or contractor, and the board any changes in the intern's status (loss of employment, change of job status, serious illness, legal difficulty, etc.) that significantly affect the intern's continued qualification as a MFT intern, due qualification as a LMFT, ability to meet the terms of the plan of supervision, or ability to provide the standard of care to clients as defined in this Rule.

a. The intern shall report to the approved supervisor(s) and the board within thirty days any change in status that would affect the ability of the supervisor or the board to contact the intern, such as changes in postal address, telephone number, or e-mail address.

b. As the board-approved supervisor has knowledge, he or she shall ensure that the intern reports such changes in status to the board in accordance with advisory committee policy.

c. The intern is responsible to collaborate with his supervisor(s) over the course of his or her internship to develop, maintain, and fulfill a plan of supervision that meets the developmental needs of the intern, provides for an appropriate level of professional care for the intern's clients, allows for the adequate monitoring of the intern's practice by the board-approved supervisor(s) or supervisor candidate, and allows for the intern's timely qualification as a LMFT.

d. It is the responsibility of the intern to submit amendments to the plan of supervision to the advisory committee within thirty days for approval in accordance with advisory committee policy.

5. The MFT intern is responsible to meet with the approved supervisor(s) with a regularity, frequency, and manner prescribed by the board-approved plan of supervision.

a. The intern shall inform the board in writing within 30 days in accordance with advisory committee policy in the event that the intern's supervisor becomes

unwilling or unable to fulfill his or her responsibility to the intern as defined in the board-approved plan of supervision.

b. In the event that an approved supervisor becomes unwilling or unable for any reason to fulfill the duties as a qualified supervisor, the advisory committee shall assist this supervisor's interns according to advisory committee policy in acquiring interim supervision until a suitable board-approved supervisor can be located in order to preserve continuity of care for the intern's clients.

c. Should an interim supervisor not be located in a timely manner as determined by the advisory committee, the intern must suspend services to clients until such time as a new supervisor can be located. In such circumstances it is the responsibility of the intern to work with his administrative supervisor to see that his clients are appropriately referred.

6. The intern is responsible to be thoroughly aware of the terms of his or her employment as an employee or private contractor as well as the administrative policies and procedures of his employer and/or administrative supervisor.

a. In the event that the standard of professional behavior and/or client care provided by the intern's employer or administrative supervisor exceeds that of the minimum standards in this Rule, the intern should to the best of his ability adhere to the higher standard.

b. In the event that a conflict between the policies, procedures, or directives of the intern's employer or administrative supervisor impedes the ability of the intern to comply with the directives of the intern's board-approved supervisor(s), the terms of the intern's plan of supervision, or the standard of professional behavior described in this Rule, the intern shall inform his or her approved supervisor(s) immediately.

7. The intern must refrain from the ownership of all or part of any mental health counseling practice and from acceptance of any direct fee for service from therapy clients. The intern may receive a wage for services rendered as an employee or as a private contractor. Should the intern receive monetary compensation as a private contractor for services for which his status as an intern qualifies him, the contractual agreement under which the intern receives compensation must specify a person who functions in the workplace as an administrative on-site supervisor for the intern in his delivery of services under the contract.

B. Specific Responsibilities of the MFT Intern to the Approved Supervisor. It is the responsibility of the MFT intern to:

1. follow to the best of the intern's ability the clinical suggestions and directives of the supervisor as the supervisor's suggestions and directives are consistent with the ethical, legal, and professional standards provided in this Rule as determined by the advisory committee;

2. provide the supervisor with adequate information about his or her clinical work with clients such that the supervisor can monitor the intern's clinical practice and

assist the intern in maintaining an appropriate standard of care for all clients. The intern shall provide his supervisor(s) with reasonable access to all written or electronic documentation that relates to the intern's provision of therapeutic services to his clients;

a. The intern shall inform the supervisor(s) immediately in the event that the intern believes that a client has committed or is a risk for suicide, homicide, or any other seriously harmful behavior to self or others or is the perpetrator of abuse to a minor, elderly, or disabled person.

b. The intern's reporting such information as described in Subparagraph B.2.a of this Section to the supervisor is not a substitute for the intern's preeminent obligation to report directly to appropriate authorities in circumstances in which the law or ethics requires the mandatory reporting of suspected abuse or imminent personal risk.

3. earnestly endeavor to resolve with the intern's supervisor(s) any personal or professional conflict that may hinder the intern in collaborating with supervisor(s) in the provision of an appropriate standard of care to clients, successfully completing the terms of the plan of supervision, or successfully qualifying for licensure as a LMFT;

a. In the event that such conflict cannot be resolved in a timely manner, the intern shall request assistance in writing from the advisory committee in accordance with advisory committee policy.

b. The intern will accept as final any plan to resolve such conflict upon recommendation of the advisory committee as approved by the board.

4. in the event of multiple supervisors, the intern will immediately inform the supervisor(s) if the clinical directives or ethical guidance of one supervisor seem to significantly conflict with another such that the intern is impeded in providing an appropriate level of client care. In the event that such conflict cannot be resolved in a timely manner, the intern or the supervisor(s) may request assistance in writing from the advisory committee in accordance with advisory committee policy.

C. Revocation, Suspension, or Limitation of the Terms of the Registration of the registered MFT intern.

1. The board upon recommendation of the advisory committee may withhold, deny, revoke, suspend or otherwise limit the terms of the registered status of a MFT intern on a finding that the intern has violated any of the rules, regulations, or ethical standards for licensed marriage and family therapists as pertains to the supervision of MFT interns contained in this Rule or prior final decisions and/or consent orders involving the MFT intern.

2. The advisory committee shall provide due notice to the intern's designated approved supervisor(s) of any change or potential change in the intern's qualification as a MFT intern in accordance with advisory committee policy.

3. The approved supervisor(s) of an intern whose registration as an MFT intern has been revoked, suspended,

or otherwise limited shall immediately inform his administrative or site supervisor(s) of the intern's of change in status.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1102, 1103, and 1116.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 38:1970 (August 2012).

§3321. Responsibilities of the LMFT Board-Approved Supervisor and Registered Supervisor Candidate

A. General Responsibilities

1. It is the primary function of supervisors in their relationships with their supervisees to protect the welfare of the public in every circumstance. Supervisors work with the board and their interns to protect the right of every client to ethical, professional treatment. Henceforth, any portion of the Rule that applies to board-approved supervisors will also be considered to apply to supervisor candidates except where specifically noted.

a. The supervisor shall maintain a current knowledge of and represent accurately to interns and to the public the process of qualification of MFT interns for licensure.

b. The supervisor shall manage all information pertaining to the clients of the intern with the same level of confidentiality mandated in this Rule for licensed marriage and family therapists as in their interaction with their own clients.

c. The supervisor shall, to the best of his ability and knowledge, address in an accurate, timely fashion any reasonable question or concern directed to the supervisor by clients of the intern about the professional status of the intern or the quality of care being provided to the client by the intern.

d. In the event that the client of an intern makes a complaint or provides information to the supervisor that the intern may have committed a breach of the minimum standards of client care provided in this Rule resulting in harm or potential harm to the client, it is the responsibility of the supervisor to provide corrective feedback to the intern, warn the client of potential risk, and report the actions of the intern to the board in accordance with advisory committee policy.

2. A supervisor may not have more than a combined total of 10 supervisees, including MFT interns and interns in other disciplines and/or registered supervisor candidates.

3. The supervisor is responsible for assisting the intern in developing and maintaining the plan of supervision and monitoring the timely submission of appropriate documentation to the board on behalf of the intern.

4. The supervisor shall provide qualified supervision to the intern until the supervisor has received official notice from the board that the intern has licensed as a LMFT, been officially assigned by the board to another supervisor, or has

otherwise lost or forfeited qualification as an MFT intern. Nonpayment of the supervisor's fees by the intern is not grounds for the suspension by the supervisor of supervisory meetings with the intern as specified by the board-approved plan of supervision.

5. It is the responsibility of the supervisor to immediately report to the board and his designated interns and/or supervisees in accordance with advisory committee policy any changes in his status (loss of employment, serious illness, legal problems, etc.) that may significantly affect his certification as an approved supervisor or supervisor candidate or his ability as an approved supervisor to fulfill his duties as described in this Rule or in the plan of supervision/plan of supervision-of-supervision. The supervisor shall within thirty days also report to the board any change in status that may affect the ability of the board to contact him or her (change of address, telephone number, e-mail address, etc.).

6. As he has knowledge, the supervisor shall ensure that the intern reports such changes in status to the board in accordance with advisory committee policy that would affect the ability of the supervisor or the board to contact the intern, such as changes in postal address, telephone number, or e-mail address.

7. It is the responsibility of the supervisor to supervise interns within his or her scope of practice. The supervisor shall not present himself as providing supervision in any particular therapeutic approach, technique, or theoretical orientation in which the supervisor has not been thoroughly trained and had adequate experience to provide competent supervision as determined by the advisory committee.

8. It is the responsibility of the supervisor to observe the practice of the intern through clinical case review, real-time observation of the intern's sessions, or by reviewing session video- or audio-tapes such that the supervisor is sufficiently able to monitor the practice of the intern and guide the intern in maintaining the minimum standard of care for his clients defined in this Rule and the plan of supervision.

a. The supervisor shall ensure that the regularity, duration, and quality of supervision sessions are adequate to provide continuity, support, and nurturance to the intern and to monitor the professional quality of the intern's service provision to clients.

b. The supervisor shall provide timely, accurate feedback to the intern, the intern's other supervisors, and the advisory committee in accordance with advisory committee policy in regard to the professional developmental of the intern, his or her progress in completing the plan of supervision, or any other information that relates to the intern's ability to provide adequate care to clients.

c. When a supervisor receives information that suggests that the behavior of an intern may present a clear and significant threat to the welfare of a client, it is the responsibility of the supervisor to immediately provide corrective feedback to the intern.

d. In the event of Subparagraph A.8.c of this Section and if the supervisor determines that the intern has failed to respond appropriately by acting to protect the welfare of the client, it is the responsibility of the supervisor to immediately report the behavior of the intern to the board according to advisory committee policy and immediately inform the client of the potential risk. The supervisor should use his clinical judgment in such matters, balancing his or her roles as mentor to the intern and protector of the public with protection of the public preeminent.

9. The supervisor shall keep true, accurate, and complete records in accordance with advisory committee policy of his or her interactions with interns and their clients and respond within 30 days to any request by the board to audit records pertaining to the supervision of interns.

10. It is the responsibility of the supervisor to recommend for licensure as a LMFT those and only those MFT interns that to the best of his or her knowledge have completed the requirements for licensure contained in this statute, satisfactorily fulfilled the terms of the board-approved plan of supervision, and have otherwise demonstrated a satisfactory level of competence in delivering professional services to their clients during the course of their internship.

11. As is applicable, it is the responsibility of the supervisor to recommend for certification as board-approved supervisors those and only those supervisor candidates that have satisfactorily fulfilled the terms of the board-approved plan of supervision-of-supervision and have otherwise demonstrated a satisfactory level of competence in delivering professional services to their supervisees.

B. Specific Responsibilities of the Supervisor to the MFT Intern. It is the responsibility of the supervisor to:

1. review with the intern a copy of the supervisor's board-approved statement of practice, provide a copy of this statement to the intern, and file a copy of this statement with the board in accordance with advisory committee policy;

2. provide guidance and training to the intern in the ethical and competent delivery of psychotherapeutic services in a manner that leads the intern toward qualification as a LMFT. This includes but is not limited to guidance and training in diagnosis and treatment of emotional, mental, behavioral, and addictive disorders, problem assessment, treatment plan development, application of therapeutic knowledge, joining skills, technique selection, intervention skills/outcome assessment, application of ethical and legal principles, case documentation and reporting, case management, and consultation protocol;

3. provide a respectful and confidential learning environment for the intern that promotes the intern's professional development as a LMFT, encourages the intern's successful completion of the plan of supervision, and provides a controlled space for supervision sessions where the intern may discuss confidential case material without the risk of violating client confidentiality;

4. oversee the formulation of the intern's plan of supervision in accordance with advisory committee policy that provides reasonable access for the intern to the board-approved supervisor and the supervision process, meets the developmental needs of the intern, and affords the supervisor adequate contact with the intern to appropriately monitor the quality of the intern's service delivery to clients;

a. The intern or the supervisor may request to amend the plan of supervision during the course of internship. Changes to the plan of supervision should be the result of collaboration between the intern and the board-approved supervisor;

b. It is the responsibility of the supervisor to oversee the intern's submission of amendments to the plan of supervision to the advisory committee within thirty days for approval in accordance with advisory committee policy.

5. assist the intern in finding a suitable resolution in the event that the policies of the intern's employer or contractor impede the intern in providing a level of care to clients that meets the standards provided by board policy or this Rule. The supervisor should make reasonable effort to assist the intern in resolving such conflicts in a manner that if possible allows the intern to maintain his or her employment, comply fully with responsibilities as described in this statute, and complete the plan of supervision successfully;

6. assist the intern in identifying personal and professional strengths and weaknesses that affect the intern's development as a family therapist and provide regular, meaningful feedback in accordance with advisory committee policy that will help the intern reinforce his strengths while improving his weaknesses;

7. avoid any dual relationship that could result in exploitation of the intern, compromise the supervisor's ability to prioritize the welfare of the intern's clients, or hinder the supervisor in providing objective feedback to the board or the intern about his progress toward qualification as a LMFT.

a. In the event that the supervisor also has administrative responsibility for the intern in an agency or business, it is the responsibility of the supervisor to prioritize the welfare of the intern's clients and the developmental needs of the intern over the needs of the supervisor's employing organization.

b. The supervisor should not employ the intern in his or her business as an employee or as a private contractor. In the event that such employment is necessary to the intern's ability to qualify as a MFT intern, special permission for such employment may be granted at the discretion of the advisory committee.

c. If the MFT intern is employed by or contracts with the supervisor in his business or private practice to provide services for which his status as MFT intern qualifies him, the supervisor must not profit monetarily from the services of the intern beyond the supervisor's reasonable and customary fee for supervision as reflected in the board-

approved supervisor's statement of practice and as defined in the intern's board-approved plan of supervision.

d. The supervisor shall not maintain any social relationship (friendship or romantic relationship) with the intern that could result in exploitation of the intern or could impair the objectivity of the supervisor in his or her roles as trainer of the intern and protector of the public.

8. submit all appropriate documentation designated for supervisors using the appropriate forms as determined by the advisory committee and in a manner that does not unnecessarily impede the intern's ability in a timely manner to qualify as a LMFT;

9. refer the intern for counseling or psychotherapy at the request of the intern or as the supervisor may deem prudent in assisting the intern in maintaining mental and emotional health sufficient to provide services to clients that meet the standard of care as defined by this Rule. The intern's supervisor(s) shall not under any circumstances provide counseling, psychotherapy, or psychological testing to the intern;

10. earnestly endeavor to resolve with the intern any personal, professional, or ethical conflicts that hinder the supervisor in effectively collaborating with the intern toward the provision of an appropriate standard of care to clients or successfully completing the terms of the plan of supervision.

a. It is the responsibility of the supervisor to take appropriate initiative to resolve such conflicts in a manner that is respectful to the intern and preserves continuity of care for the intern's clients.

b. In the event that such conflict cannot be resolved in a timely manner, the supervisor shall request assistance from the board in accordance with advisory committee policy.

D. Revocation, Suspension, or Limitation of the Board-Approved Supervisor Certificate of a Licensed Marriage and Family Therapist

1. The board upon recommendation of the advisory committee may withhold, deny, revoke, suspend or limit the board-approved supervisor certification of a LMFT on a finding that the board-approved supervisor has violated any of the rules, regulations, or ethical standards for board-approved supervisors as pertains to the supervision of MFT interns contained in this Rule or prior final decisions and/or consent orders involving the board-approved supervisor or supervisor candidate.

2. The advisory committee shall provide due notice to the supervisor and his or her assigned MFT interns and/or supervisor candidates of any change in the supervisor's qualification in accordance with advisory committee policy.

3. The board-approved supervisor or supervisor candidate has ninety days to appeal to the advisory committee in writing in accordance with advisory committee policy any withholding, denial, revocation, suspension, or limiting of the licensee's certification as board-approved

supervisor or registration as an board-approved supervisor candidate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 38:1972 (August 2012).

Chapter 35. Renewal of License

§3501. General Provisions

A. Licenses shall be renewed every two years. The licensee shall submit an application form and payment of the renewal fee. Renewals must be postmarked no later than December 31. Upon approval by the advisory committee, the board shall issue a document renewing the license for two years.

B. A license not renewed shall lapse December 31. To renew a lapsed license, the licensee must pay all fees in arrears and provide documentation of the continuing education requirements. A lapsed license not renewed within two years will expire and the individual must re-apply under the current rules for licensure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:160 (February 2003), amended LR 29:2789 (December 2003).

§3503. Continuing Education Requirements

A. General Guidelines

1. A licensee must accrue 40 clock hours of continuing education by every renewal period every two years.

2. One continuing education unit (CEU) is equivalent to one clock hour.

3. Accrual of continuing education begins only after the date the license was issued.

4. Continuing education hours accrued beyond the required 40 clock hours may not be applied toward the next renewal period. Renewal periods run from January 1 to December 31.

5. The licensee is responsible for keeping a personal record of his/her continuing education hours until official notification of renewal is received. Do not forward documentation of continuing education hours to the board office as they are accrued.

6. At the time of renewal 10 percent of the licensees will be audited to ensure that the continuing education requirement is being met. Licensees audited will be requested by letter to submit documentation as specified in §3503.B of their continuing education hours.

7. Licensees will be asked in the renewal application to note any changes in areas of expertise. The advisory committee, at its discretion, may require the licensee to

present satisfactory documentation supporting these changes.

8. A licensee must accrue three clock hours of training in ethics that specifically addresses ethics for licensed marriage and family therapy as defined in Subparagraph C.3.e every renewal period. A generic ethics class will not be acceptable.

9. Those licensed marriage and family therapists who hold another license that requires continuing education hours may count the continuing education hours obtained for that license toward their LMFT CEU requirements. Of the 40 CEUs submitted, however, 20 hours must be in the area of marriage and family therapy with an emphasis upon systemic approaches or the theory, research, or practice of systemic psychotherapeutic work with couples or families including three hours of ethics specific to marriage and family therapy.

10. The approval of and requirements for continuing education are specified in Subsection C.

B. Types of documentation needed for continuing education audit:

1. copy of certificate of attendance for workshops, seminars, or conventions;

2. copy of transcript for coursework taken for credit/audit;

3. letter from workshop/convention coordinator verifying presentation;

4. copy of article plus the table of contents of the journal it appears in, copy of chapter plus table of contents for chapter authored for books, title page and table of contents for authoring or editing books, letter from conference coordinator or journal editor for reviewing refereed workshop presentations or journal articles.

C. Approved Continuing Education for Licensed Marriage and Family Therapists

1. Continuing education requirements are meant to ensure personal and professional development throughout an individual's career.

2. An LMFT may obtain the 40 clock hours of continuing education through the options listed. All continuing education hours may be obtained through Subparagraph a or 20 of the 40 hours may be obtained through Subparagraph b:

a. Direct participation in a structured educational format as a learner in continuing education workshops and presentations or in graduate coursework (either for credit or audit).

i. The advisory committee will accept workshops and presentations approved by the American Association for Marriage and Family Therapy (AAMFT) and its regional or state divisions including the Louisiana Association for Marriage and Family Therapy (LAMFT). Contact them directly to find out which organizations, groups, or

individuals are approved providers graduate coursework either taken for credit or audit must be from a regionally accredited college or university and in the areas of marriage and family therapy described in Paragraph C.3.

ii. Licensees may receive one clock hour of continuing education for each hour of direct participation in a structured educational format as a learner. Credit cannot be given to persons who leave early from an approved session or to persons who do not successfully complete graduate coursework.

iii. Continuing education taken from organizations, groups, or individuals not holding provider status by one of the associations listed in Clause i will be subject to approval by the advisory committee at the time of renewal.

(a). The advisory committee will not pre-approve any type of continuing education.

(b). The continuing education must be in one of the seven approved content areas listed in §3503.C and given by a qualified presenter.

(c). A qualified presenter is someone deemed by the advisory committee to be a professional in marriage and family therapy, another mental health profession, or another profession with information, knowledge, and skills relevant to the practice of marriage and family therapy.

(d). One may receive one clock hour of continuing education for each hour of direct participation in a structured educational format as a learner.

(e). Credit cannot be granted for business/governance meetings; breaks; and social activities including meal functions, except for the actual time of an educational content speaker.

(f). Credit may not be given for marketing the business aspects of one's practice, time management, supervisory sessions, staff orientation, agency activities that address procedural issues, personal therapy, or other methods not structured on sound educational principles or for content contrary to the LMFT Code of Ethics (Chapter 43).

b. Optional Ways to Obtain Continuing Education (20 Hours Maximum)

i. Licensees may receive one clock hour of continuing education for each hour of direct work in:

(a). teaching a marriage and family therapy course (10 hours maximum) in an area as described in Paragraph C.3 in an institution accredited by a regional accrediting association. Continuing education hours may be earned only for the first time the individual teaches the course, or

(b). authoring, editing, or reviewing professional manuscripts or presentations (10 hours maximum) in an area of marriage and family therapy as described in Paragraph C.3. Articles must be published in a professional refereed journal.

ii. Presentations at workshops, seminars, symposia, and meetings in an area of marriage and family therapy as described in Paragraph C.3 may count for up to 10 hours maximum at a rate of two clock hours per one-hour presentation. Presenters must meet the qualifications stated in Subparagraph 2.a. The presentation must be to the professional community, not to the lay public or a classroom presentation.

3. Continuing education hours must be relevant to the practice of marriage and family therapy and generally evolve from the following seven areas.

a. Theoretical Knowledge of Marriage and Family Therapy. Continuing education in this area shall contain such content as the historical development, theoretical and empirical foundations, and contemporary conceptual directions of the field of marriage and family therapy and will be related conceptually to clinical concerns.

b. Clinical Knowledge of Marriage and Family Therapy: Continuing education in this area shall contain such content as:

i. couple and family therapy practice and be related conceptually to theory;

ii. contemporary issues, which include but are not limited to gender, violence, addictions, and abuse, in the treatment of individuals, couples, and families from a relational/systemic perspective;

iii. a wide variety of presenting clinical problems;

iv. issues of gender and sexual functioning, sexual orientation, and sex therapy as they relate to couple, marriage and family therapy theory and practice;

v. diversity and discrimination as it relates to couple and family therapy theory and practice.

c. Assessment and Treatment in Marriage and Family Therapy. Continuing education in this area shall contain such content from a relational/systemic perspective as psychopharmacology, physical health and illness, traditional psychodiagnostic categories, and the assessment and treatment of major mental health issues.

d. Individual, Couple, and Family Development. Continuing education in this area shall contain such content as individual, couple, and family development across the lifespan.

e. Professional Identity and Ethics in Marriage and Family Therapy. Continuing education in this area shall contain such content as:

i. professional identity, including professional socialization, scope of practice, professional organizations, licensure and certification;

ii. ethical issues related to the profession of marriage and family therapy and the practice of individual, couple and family therapy. Generic education in ethics does not meet this standard;

iii. the AAMFT Code of Ethics, confidentiality issues, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, and the business aspects of practice;

iv. the interface between therapist responsibility and the professional, social, and political context of treatment.

f. Research in Marriage and Family Therapy. Continuing education in this area shall include significant material on research in couple and family therapy; focus on content such as research methodology, data analysis and the evaluation of research, and include quantitative and qualitative research.

g. Supervision in Marriage and Family Therapy: Continuing education in this area include studies in theory and techniques of supervision as well as ethical and legal issues, case management, and topics relative to the specific supervised training.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:160 (February 2003), repromulgated LR 29:581 (April 2003, amended LR 29:2789 (December 2003).

Chapter 37. Reciprocity and Provisional Licenses

§3701. States, Territories, and Commonwealths

A. Upon application accompanied by the required fee:

1. the board through the advisory committee may issue a license to any person who has a valid license as a marriage and family therapist from a licensing body that requires standards substantially equivalent to the licensing requirements for licensed marriage and family therapists in Louisiana;

2. the board through the advisory committee may develop rules to provide for the issuance of provisional licenses for licensed marriage and family therapists for up to one year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:162 (February 2003).

Chapter 39. Disciplinary Proceedings

§3901. Causes for Administrative Action

A. The board, upon recommendation of the advisory committee, after due notice and hearing as set forth herein and the Administrative Procedure Act, R.S. 49:950 et seq., may withhold, deny, revoke or suspend any license issued or applied for or otherwise discipline a licensed marriage and family therapist on a finding that the person has violated R.S. 37: 1101-1122, any of the rules, regulations, and ethical standards for licensed marriage and family therapy

promulgated by the board for the advisory committee, or prior final decisions and/or consent orders involving the licensed marriage and family therapist or applicant for licensure. Additionally, the board, upon recommendation of the advisory committee, may withhold, deny, revoke, or suspend any license issued or applied for, or otherwise discipline or an LMFT as provided by other applicable state or federal laws, including but not limited to the following violations:

1. failure to pay court-ordered child support (R.S. 37:2952 et seq.);

2. failure to pay certain student loans (R.S. 37:2951 et seq.);

3. failure to report suspected cases of child abuse or neglect (R.S. 14:403 et seq.);

4. failure to report suspected cases of abuse of the elderly (R.S. 14:403.2 et seq.);

5. failure to maintain patient records as required by law (R.S. 40:1299.96 et seq.).

B. Sometimes hereinafter, where the context allows, a licensed marriage and family therapist or applicant for licensure may be referred to as a licensee or applicant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Professional Counselors, LR 29:162 (February 2003).

§3903. Disciplinary Process and Procedures

A. The purpose of the following rules and regulations is to supplement and effectuate the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq., regarding the disciplinary process and procedures incident thereto. These rules and regulations are not intended to amend or repeal the provisions of the Administrative Procedure Act, and to the extent any of these rules and regulations are in conflict therewith, the provisions of the Administrative Procedure Act shall govern.

B. A disciplinary proceeding, including the formal hearing, is less formal than a judicial proceeding. It is not subject to strict evidentiary rules and technicalities, but must be conducted in accordance with considerations of fair play and constitutional requirements of due process.

C. The purpose of a disciplinary proceeding is to determine contested issues of law and fact; whether the person did certain acts or omissions and, if he did, whether those acts or omissions violated the Louisiana Mental Health Counselor Licensing Act, the rules and regulations and ethical standards for licensed marriage family therapy promulgated by the board for the advisory committee, or prior final decisions and/or consent orders involving the licensed marriage and family therapist or applicant for licensure and to determine the appropriate disciplinary action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:162 (February 2003).

§3905. Initiation of Complaints

A. Any person or the advisory committee on their own initiative may initiate complaints.

B. All complaints shall be addressed "confidential" to the Ad Hoc Committee for Disciplinary Affairs (hereafter referred to as the disciplinary committee) and shall be sent to the board office. A member of the advisory committee shall be appointed to serve on the Ad Hoc Committee for Disciplinary Affairs, by the chair of the board, and shall be empowered to act on behalf of the advisory committee. He/she shall concur or disagree with the recommendation of the disciplinary committee chair and such concurrence or disagreement shall constitute the official recommendation of the advisory committee as to the complaint in question. The disciplinary committee shall convey the complaint to the board. By a simple majority, the disciplinary committee shall vote to investigate or deny the charge. If a denial, the chair of the disciplinary committee shall prepare the letters of denial. If an agreement to investigate, the board shall request that the disciplinary committee notify the person that allegations have been made that he/she may have committed a breach of statute, rule and regulation, ethical code, and/or prior final decisions or consent orders and that he/she must respond in writing to the disciplinary committee within a specified time period. A response is to be made to the disciplinary committee at the board office address. The complaint letter of alleged violations shall not be given initially to the person. However, sufficiently specific allegations shall be conveyed to the person for his/her response. Once the person has answered the complaint, a determination will be made if a disciplinary proceeding is required. The disciplinary committee shall inform the board of its decision.

C. Pursuant to its authority to regulate this industry, the board, upon recommendation of the advisory committee through its disciplinary committee, may issue subpoenas to secure evidence of alleged violations of the Louisiana Mental Health Counselor Licensing Act, any of the rules and regulations or ethical standards for licensed marriage and family therapists promulgated by the board for the advisory committee, or prior final decisions and/or consent orders involving the licensed marriage and family therapist or applicant for licensure. The subpoenaed confidential or privileged records of a patient or client are to be sanitized by the custodian of such records so as to maintain the anonymity of the patient or client.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:162 (February 2003).

§3907. Informal Disposition of Complaints

A. The board, upon recommendation of the disciplinary committee and the person accused of a violation, may settle some complaints informally without a formal hearing. The

disciplinary committee shall guide cases through any informal process, and, failing resolution, may recommend a formal hearing. The following types of informal dispositions may be utilized.

1. Disposition by Correspondence. For less serious complaints, the disciplinary committee may write to the person explaining the nature of the complaint received. The person's subsequent response may satisfactorily explain the situation, and the matter may be dropped. If the situation is not satisfactorily explained, it shall be pursued through an informal conference or formal hearing.

2. Informal Conference

a. The disciplinary committee may hold a conference with the person in lieu of, or in addition to, correspondence in cases of less serious complaints. If the situation is satisfactorily explained in conference, a formal hearing is not scheduled.

b. The person shall be given adequate notice of the conference, of the issues to be discussed, and of the fact that information brought out of the conference may later be used in a formal hearing.

3. Settlement. An agreement worked out between the person making the complaint and the person accused of a violation does not preclude disciplinary action by the board. The board must consider the nature of the alleged offense and the evidence before it.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:163 (February 2003).

§3909. Formal Hearing

A. The board upon recommendation of the disciplinary committee has the authority, granted by R.S. 37:1101 et seq., to bring administrative proceedings against persons to whom it has issued a license upon recommendation of the advisory committee to practice as a licensed marriage and family therapist or any applicant requesting a license. The person has the right to:

1. appear and be heard, either appearing alone or with counsel;
2. the right of notice;
3. a statement of what accusations have been made;
4. the right to present evidence and to cross-examine; and
5. the right to have witnesses subpoenaed.

B. If the person does not appear, either in person or through counsel, after proper notice has been given, the person may be considered to have waived these rights and the board may proceed with the hearing without the presence of the person.

C. The process of administrative action shall include certain steps and may include other steps as follows.

PROFESSIONAL AND OCCUPATIONAL STANDARDS

1. The disciplinary committee receives a complaint alleging that a person has acted in violation of the Louisiana Mental Health Counselor Licensing Act, the rules and regulations and ethical standards for licensed marriage and family therapists promulgated by the board for the advisory committee. Communications from the complaining party shall not be revealed to any person until and unless a formal complaint is filed except those documents being subpoenaed by a court.

2.a. The disciplinary counsel investigates the complaint to determine if there is sufficient evidence to warrant disciplinary proceedings. No board member, other than disciplinary committee members may communicate with any party to a proceeding or his/her representative concerning any issue of fact or law involved in this stage of the proceeding.

b. A decision to initiate a formal complaint or charge may be made by the board if one or more of the following conditions exists.

- i. The complaint is sufficiently serious.
- ii. The person fails to respond to the Ad Hoc Disciplinary Affairs Committee's correspondence concerning the complaint.
- iii. The person's response to the Ad Hoc Disciplinary Affairs Committee letter or investigation demand is not convincing that no action is necessary.
- iv. An informal approach is used, but fails to resolve all of the issues.

3. A notice of hearing is issued pursuant to R.S. 49:955, charging the violation of one or more of the provisions of the Louisiana Mental Health Counselor Licensing Act, the rules and regulations and ethical standards for licensed marriage and family therapists promulgated by the board for the advisory committee thereto, or prior final decisions and/or consent orders involving the person.

4. The board chair or disciplinary counsel sets a time and place for a hearing.

5.a. At least 20 days prior to the date set for the hearing, a copy of the charges and a notice of the time and place of the hearing are sent by certified mail to the last known address of the person accused. If the mailing is not returned to the board, it is assumed to have been received. It is the person's obligation to keep the board informed of his whereabouts. The board will conduct the hearing, with the accused person in absentia, in the event that certified mail at the last known address is unsuccessful.

b. The content of the charges limits the scope of the hearing and the evidence that may be introduced. The charges may be amended at any time up to 10 days prior to the date set for the hearing.

c. If the disciplinary committee is unable to describe the matters involved in detail at the time the sworn complaint is filed, this complaint may be limited to a general

statement of the issues involved. Thereafter, upon the person's request, the board shall supply a more definite and detailed statement to the person.

6. Except for extreme emergencies, motions requesting a continuance of a hearing shall be filed at least five days prior to the time set for the hearing. The motion shall contain the reason for the request, which reason must have relevance to due process. The decision to grant or deny a motion to continue shall be left to the discretion of the board chair and may only be granted for compelling reasons.

7.a. The board chair or disciplinary counsel issues subpoenas for the board for disciplinary proceedings, and when requested to do so, may issue subpoenas for any other party. Subpoenas include:

- i. a subpoena requiring a person to appear and give testimony; and
- ii. a subpoena duces tecum, which requires that a person produce books, records, correspondence, or other materials over which he/she has custody.

b. A motion to limit or quash a subpoena may be filed with the board, but not less than 72 hours prior to the hearing.

8.a. The hearing is held, at which time the board's primary role is to hear evidence and argument and to reach a decision. Any board member, who, because of bias, interest, or other conflict is unable to participate in the hearing, shall be recused from the particular proceeding. The reasons for the recusal are made part of the record. The board shall be assisted and advised at the hearing by its general counsel, who shall not participate in any other manner in the investigation or prosecution of charges. The general counsel shall also attend the board's deliberations, advise the board at such deliberations, and assist the board with development and drafting of its findings.

b. The disciplinary counsel who conducted the investigation represents the board and presents evidence that disciplinary action should be taken against the person. The person may present evidence personally or through an attorney, and witnesses may testify on behalf of the person.

c. Evidence includes the following:

- i. oral testimony given by witnesses at the hearing, except that, for good cause, testimony may be taken by deposition (cost of the deposition is borne by the requesting party);
- ii. documentary evidence, i.e., written or printed materials including public, business, institutional records, books and reports;
- iii. visual, physical and illustrative evidence;
- iv. admissions, which are written or oral statements of a party made either before or during the hearing;
- v. facts officially noted into the record, usually readily determined facts making proof of such unnecessary.

d. All testimony is given under oath. If the witness objects to swearing, an affirmation may be substituted.

9. The board chair presides as chair of the board over all hearings for licensed marriage and family therapists. The customary order of proceedings at a hearing is as follows.

a. The disciplinary counsel makes an opening statement of what he/she intends to prove, and what action, he/she wants the board to take.

b. The person, or his/her attorney, makes an opening statement, explaining why he/she believes that the charges against him/her are not legally founded.

c. The disciplinary counsel presents the case against the person.

d. The person, or his/her attorney, cross-examines.

e. The person presents evidence.

f. The disciplinary counsel cross-examines.

g. The rebuts the person's evidence.

10. Both parties make closing statements. The disciplinary counsel makes the initial closing statement and any final statement.

11. Motions may be made before, during, or after a hearing. All motions shall be made at an appropriate time according to the nature of the request. Motions made before or after the hearing shall be in writing. Those made during the course of the hearing may be made orally, and become part of the record of the proceeding.

12.a. The record of the hearing shall include:

i. all papers filed and served in the proceeding;

b. all documents and/or other materials accepted as evidence at the hearing:

i. statements of matters officially noticed;

c. notices required by the statutes or rules; including notice of hearing;

d. affidavits of service or receipts for mailing or process or other evidence of service;

e. stipulations, settlement agreements or consent orders, if any:

i. records of matters agreed upon at a prehearing conference;

ii. orders of the board and its final decision;

iii. actions taken subsequent to the decision, including requests for reconsideration and rehearing;

iv. a transcript of the proceedings, if one has been made, or a tape recording or stenographic record;

f. the record of the proceeding shall be retained until the time for any appeal has expired, or until the appeal has been concluded. The record is not transcribed unless a

party to the proceeding so requests, and the requesting party pays for the cost of the transcript.

13.a. The decision of the board shall be reached according to the following process.

i. Determine the facts at issue on the basis of the evidence submitted at the hearing.

ii. Determine whether the facts in the case support the charges brought against the person.

iii. Determine whether charges brought are a violation of the Louisiana Mental Health Counselor Licensing Act or rules and regulations and ethical standards for licensed marriage and family therapy promulgated by the board for the advisory committee.

b. Deliberation

i. The board will deliberate in closed session.

ii. The advisory committee shall make its recommendation as to each charge presented.

iii. The board will vote on each charge as to whether the charge has been supported by the evidence. (The standard will be *preponderance of the evidence*).

iv. After considering and voting on each charge, the board will vote on a resolution to dismiss the charges, withhold, deny, revoke or suspend any license issued or applied for or otherwise discipline a licensed marriage and family therapist or applicant for licensure.

v. The board by affirmative majority vote may vote to withhold, deny, revoke, or suspend any license issued or applied for in accordance with the provisions of R.S. 37, Chapter 13, or otherwise discipline a licensed marriage and family therapist or applicant.

c. Sanctions against the person who is party to the proceedings are based upon findings of fact and conclusions of law determined as a result of the hearing. The party is notified by certified mail of the final decision of the board.

14. Every order of the board shall take effect immediately on its being rendered unless the board in such order fixes a probationary period for an applicant or licensee. Such order shall continue in effect until expiration of any specified time period or termination by a court of competent jurisdiction. The board shall notify all licensees of any action taken against a licensee and may make public its orders and judgment in such manner and form as it and the advisory committee deem proper if such orders and judgments are not consent orders or compromise judgments.

15.a. The board may reconsider a matter that it has decided. This may involve rehearing the case, or it may involve reconsidering the case on the basis of the record. Such reconsideration may occur when a party who is dissatisfied with a decision of the board files a motion requesting that the board reconsider the decision.

b. The board shall reconsider a matter when ordered to do so by a higher administrative authority or when the

case is remanded for reconsideration or rehearing by a court to which the board's decision has been appealed.

c. A motion by a party for reconsideration or rehearing must be in proper form and filed within 10 days after notification of the board's decision. The motion shall set forth the grounds for the rehearing, which include one or more of the following.

i. The board's decision is clearly contrary to the law and evidence.

ii. There is newly discovered evidence by the party since the hearing which is important to the issues and which the party could not have discovered with due diligence before or during the hearing.

iii. There is a showing that issues not previously considered ought to be examined in order to dispose of the case properly.

iv. It would be in the public interest to further consider the issues and the evidence.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:163 (February 2003).

§3911. Consent Order

A. The board may issue an order involving some type of disciplinary action with the consent of the person. A consent order requires a simple majority of the board. This consent order is not the result of the board's deliberation, but rather the board's acceptance upon recommendation of disciplinary committee to the board of an agreement reached between the board's agents and the person. The board issues the consent order to carry out the parties' agreement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:165 (February 2003).

§3913. Withdrawal of a Complaint

A. If the complainant wishes to withdraw the complaint, the inquiry is terminated, except in cases where the board judges the issues to be of such importance as to warrant completing the investigation in its own right and in the interest of public welfare.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:165 (February 2003).

§3915. Refusal to Respond or Cooperate with the Board

A. If the person does not respond to the original inquiry within a reasonable period of time as requested by the board, a follow-up letter shall be sent to the person by certified, restricted delivery mail.

B. If the person refuses to reply to the board's inquiry or otherwise cooperate with the board, the board shall continue its investigation. The board shall record the circumstances of the person's failure to cooperate and shall inform the person that the lack of cooperation may result in action by the board that could eventually lead to the withholding, denial, revocation or suspension of his/her license, or application for licensure, or otherwise issue appropriate disciplinary sanction.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:165 (February 2003).

§3917. Judicial Review of Adjudication

A. Any person whose license, or application for licensure, has been withheld, denied, revoked or suspended or otherwise disciplined by the board shall have the right to have the proceedings of the board reviewed by the 19th Judicial District Court for the parish of East Baton Rouge, provided that such petition for judicial review is filed within 30 days after receipt of the notice of the decision of the board. If judicial review is granted, the board's decision remains enforceable in the interim unless the 19th Judicial District Court orders a stay. Pursuant to the applicable section of the Louisiana Administrative Procedure Act, R.S. 49:950 et seq., this appeal shall be taken as in any other civil case.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:166 (February 2003).

§3919. Further Appeal

A. A person aggrieved by any final judgment rendered by the state district court may obtain a review of said final judgment by appeal to the appropriate circuit court of appeal.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:166 (February 2003).

§3921. Reinstatement of Suspended or Revoked License

A. The board is authorized to suspend the license of a licensed marriage and family therapist for a period not exceeding two years. At the end of this period, the board shall re-evaluate the suspension and may reinstate or revoke the license. A person whose license has been revoked may apply for reinstatement after a period of not less than two years from the date such denial or revocation is legally effective.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:166 (February 2003).

§3923. Declaratory Statements

A. The board upon recommendation of the advisory committee may issue a declaratory statement in response to a request for clarification of the effect of the provisions contained in the Louisiana Mental Health Counselor Licensing Act, R.S. 37:1101 et seq., the rules, regulations, and ethical standards promulgated by the board for the advisory committee.

1. A request for declaratory statement is made in the form of a petition to the advisory committee. The petition should include at least:

- a. the name and address of the petitioner;
- b. specific reference to the statute, rule and regulation, or provision of the code of ethics to which the petitioner relates; and
- c. a concise statement of the manner in which the petitioner is aggrieved by the statute, rules and regulations, or ethical standards by its potential application to him in which he is uncertain of its effect.

2. The advisory committee shall consider the petition within a reasonable period of time, taking into consideration the nature of the matter and the circumstances involved.

3. The declaratory statement shall be in writing and mailed to the petitioner at the last address furnished to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:166 (February 2003).

§3925. Injunction

A. The board upon recommendation of the advisory committee may, through the Louisiana attorney general, apply for an injunction in any court of competent jurisdiction to enjoin any person from committing any act declared to be a misdemeanor by R.S. 37, Chapter 13.

B. If it is established that the defendant has been or is committing an act declared to be a misdemeanor by R.S. 37, Chapter 13, the court, may enter a decree enjoining the defendant from further committing such act.

C. In case of violation of any injunction issued under the provision of §1325, a court, or any judges thereof, may summarily try and punish the offender for contempt of court.

D. Such injunctive proceedings shall be in addition to, and not in lieu of, all other penalties and other remedies provided in R.S. 37, Chapter 13.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:166 (February 2003).

Chapter 41. Informed Consent**§4101. General Provisions**

A. Licensed marriage and family therapists obtain appropriate informed consent to therapy or related procedures before the formal therapeutic process begins. Information provided to clients by licensed marriage and family therapists about the treatment process shall include, but is not limited to, the therapist's statement of practice as outlined in the Appendix (§4720). The therapist should be sure that the client understands all information provided before asking for consent to treatment. The content of informed consent may vary depending on the client and treatment plan; however, informed consent generally necessitates that the client:

1. has the capacity to consent;
2. has been adequately informed of the ethical and practical components of treatment processes and procedures, including but not limited to, the use of audio or video taping, or the use of observers, supervisors, or therapy teams during therapy;
3. has been adequately informed of potential therapy outcomes, including the risks and benefits of treatment, not only for recognized approaches, but also for approaches for which generally recognized standards do not yet exist;
4. has freely and without undue influence expressed consent; and
5. has provided consent that is appropriately documented.

B. When persons, due to age or mental status, are legally incapable of giving informed consent, licensed marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:166 (February 2003).

Chapter 43. Privileged Communications**§4301. Privileged Communication with Clients**

A. Licensed marriage and family therapists disclose to clients and other interested parties, as early as feasible in their professional contacts, the nature of confidentiality in the therapeutic process and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures. Licensed marriage and family therapists also shall be aware of specific ethical requirements concerning licensed marriage and family

therapy as specified in the Code of Ethics (Chapter 47) and in §4301.C.

B. Licensed marriage and family therapists do not disclose client confidences except by written authorization or waiver, court order, or where mandated or specifically permitted by law, or reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm. Verbal authorization may be sufficient in emergency situations or where otherwise permitted by law.

C. Licensed marriage and family therapists shall be cognizant of and adhere to any confidentiality requirement that may differ from requirements in other licenses they hold. Licensed marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client within the system of which they are working as well as the confidences of the system.

1. When providing couple, family, or group treatment, a licensed marriage and family therapist shall not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver.

2. In the context of couple, family, or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:167 (February 2003).

Chapter 45. Exemptions

§4501. Exemptions

A. No person shall be required to obtain a license as a licensed marriage and family therapist. The practice of marriage and family therapy is not prohibited by Act 1195. As stated in R.S. 37:1122(A), the only prohibition is the use of the title "Licensed Marriage and Family Therapist."

B. Nothing in this Chapter shall prevent qualified members of other professional groups as defined by the board upon recommendation of the advisory committee including but not limited to clinical social workers, psychiatric nurses, psychologists, physicians, licensed professional counselors, or members of the clergy, including Christian science practitioners, from doing or advertising that they perform work of a marriage and family therapy nature consistent with the accepted standards of their respective professions. However, no such person shall use the title "Licensed Marriage and Family Therapist" (R.S. 37:1121).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:167 (February 2003).

Chapter 47. Code of Ethics

§4701. General

A. The Marriage and Family Therapy Advisory Committee strives to honor the public trust in licensed marriage and family therapists by setting the standards for ethical practice as described in this code of ethics.

B. Licensed marriage and family therapists have an obligation to be familiar with this code of ethics and its application to their professional services. They also must be familiar with any applicable ethical codes that govern other licensure that they hold or are responsible for through certification or membership in professional organizations. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

C. These ethical standards govern the practice of licensed marriage and family therapy and professional functioning of the advisory committee and shall be enforced by the board through the advisory committee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:167 (February 2003).

§4703. Resolving Ethical Issues

A. The absence of an explicit reference to a specific behavior or situation in the code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Licensed marriage and family therapists shall consult with other licensed marriage and family therapists who are knowledgeable about ethics, with colleagues, with LMFT-approved supervisors, or with appropriate authorities when:

1. they are uncertain if the ethics of a particular situation or course of action is in violation of this code; or
2. provisions in the ethical codes that regulate licensure that they may hold in other professions differs from provisions in this code; or
3. provisions in the ethical codes that regulate their membership or certification in a professional organization differs from provisions in this code.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:167 (February 2003).

§4705. Responsibility to Clients

A. Licensed marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance and make reasonable efforts to ensure that their services are used appropriately.

B. Licensed marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, or sexual orientation.

C. Licensed marriage and family therapists obtain appropriate informed consent to therapy or related procedures early in the therapeutic relationship, usually before the therapeutic relationship begins, and use language that is reasonably understandable to clients. The licensed marriage and family therapist will provide all clients with a statement of practice subject to review and approval by the advisory committee (See §4720, Appendix). The content of informed consent may vary depending upon the therapist's areas of expertise, the client(s) and treatment plan.

1. Informed consent generally necessitates that the client:

- a. has the capacity to consent;
- b. has been adequately informed of significant information concerning treatment processes and procedures;
 - i. has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist;
- c. has freely and without undue influence signed a statement of practice.

2. When persons, due to age or mental status, are legally incapable of giving informed consent, licensed marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible.

D. Licensed marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

E. Sexual intimacy with clients is prohibited.

F. Sexual intimacy with former clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. In an effort to avoid exploiting the trust and dependency of clients, licensed marriage and family therapists should not engage in sexual intimacy with former clients after the two years following termination or last professional contact. Should therapists engage in sexual intimacy with former clients following two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client or to the client's immediate family.

G. Licensed marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.

H. Licensed marriage and family therapists do not use their professional relationships with clients to further their own interests.

I. Licensed marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise the clients that they have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

J. Licensed marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

K. Licensed marriage and family therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help.

L. Licensed marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

M. Licensed marriage and family therapists obtain written informed consent from clients before videotaping, audio recording, or permitting third-party observation.

N. Licensed marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated in accordance with the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:168 (February 2003).

§4707. Confidentiality

A. Licensed marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.

B. Licensed marriage and family therapists disclose to clients and other interested parties, as early as feasible in their professional contacts, the nature of confidentiality and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

C. Licensed marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal

authorization will not be sufficient except in emergency situations, unless prohibited by law, specifically in instances of danger to self or others, suspected child abuse/neglect, elderly abuse/neglect, or disabled adult abuse/neglect. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

D. Licensed marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with this Section, or when appropriate steps have been taken to protect client identity and confidentiality.

E. Licensed marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.

F. Subsequent to the therapist moving from the area, closing the practice, or upon the death of the therapist, a marriage and family therapist arranges for the storage, transfer, or disposal of client records in ways that maintain confidentiality and safeguard the welfare of clients.

G. Licensed marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent obtained in accordance with this Section of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:168 (February 2003).

§4709. Professional Competence and Integrity

A. Licensed marriage and family therapists maintain high standards of professional competence and integrity.

B. Licensed marriage and family therapists pursue knowledge of new developments and maintain competence in licensed marriage and family therapy through education, training, or supervised experience.

C. Licensed marriage and family therapists maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.

D. Licensed marriage and family therapists seek appropriate professional assistance for their personal

problems or conflicts that may impair work performance or clinical judgment.

E. Licensed marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

F. Licensed marriage and family therapists, as presenters, teachers, supervisors, consultants and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.

G. Licensed marriage and family therapists maintain accurate and adequate clinical and financial records.

H. While developing new skills in specialty areas, licensed marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Licensed marriage and family therapists practice in specialty areas new to them only after appropriate education, training, or supervised experience.

I. Licensed marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

J. Licensed marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

K. Licensed marriage and family therapists do not give to or receive from clients:

1. gifts of substantial value; or
2. gifts that impair the integrity or efficacy of the therapeutic relationship.

L. Licensed marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

M. Licensed marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.

N. Licensed marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

O. To avoid a conflict of interests, licensed marriage and family therapists who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. The marriage and family therapist who treats the minor may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist does not violate confidentiality.

P. Licensed marriage and family therapists are in violation of this code and subject to revocation or suspension

of licensure or other appropriate action by the board through the advisory committee if they:

1. are convicted of any felony;
2. are convicted of a misdemeanor related to their qualifications or functions;
3. engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions;
4. are expelled from or disciplined by professional organizations;
5. have their licenses or certificates suspended or revoked or are otherwise disciplined by other regulatory bodies;
6. continue to practice licensed marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or
7. fail to cooperate with the board through the advisory committee at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:169 (February 2003).

§4711. Responsibility to Students and Supervisees

A. Licensed marriage and family therapists do not exploit the trust and dependency of students and supervisees.

B. Licensed marriage and family therapists are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Licensed marriage and family therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, licensed marriage and family therapists take appropriate precautions.

C. Licensed marriage and family therapists do not provide therapy to current students or supervisees.

D. Licensed marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. Should a supervisor engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.

E. Licensed marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

F. Licensed marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

G. Licensed marriage and family therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist's objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Examples of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship.

H. Licensed marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:170 (February 2003).

§4713. Responsibility to Research Participants

A. Investigators respect the dignity and protect the welfare of research participants, and are aware of applicable laws and regulations and professional standards governing the conduct of research.

B. Investigators are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

C. Investigators requesting participant involvement in research inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate. Investigators are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children.

D. Investigators respect each participant's freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Licensed marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation.

E. Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:170 (February 2003).

§4715. Responsibility to the Profession

A. Licensed marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

B. Licensed marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations. If the mandates of an organization with which a licensed marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the LMFT Code of Ethics licensed marriage and family therapists make known to the organization their commitment to the LMFT Code of Ethics and attempt to resolve the conflict in a way that allows the fullest adherence to the code of ethics.

C. Licensed marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

D. Licensed marriage and family therapists do not accept or require authorship credit for a publication based on research from a student's program, unless the therapist made a substantial contribution beyond being a faculty advisor or research committee member. Coauthorship on a student thesis, dissertation, or project should be determined in accordance with principles of fairness and justice.

E. Licensed marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

F. Licensed marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

G. Licensed marriage and family therapists participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

H. Licensed marriage and family therapists are concerned with developing laws and regulations pertaining to licensed marriage and family therapy that serve the public

interest, and with altering such laws and regulations that are not in the public interest.

I. Licensed marriage and family therapists encourage public participation in the design and delivery of professional services and in the regulation of practitioners.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors, LR 29:170 (February 2003).

§4717. Financial Arrangements

A. Licensed marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.

B. Licensed marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals; fee-for-service arrangements are not prohibited.

C. Prior to entering into the therapeutic or supervisory relationship, licensed marriage and family therapists clearly disclose and explain to clients and supervisees:

1. all financial arrangements and fees related to professional services, including charges for canceled or missed appointments;
2. the use of collection agencies or legal measures for nonpayment; and
3. the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor;
4. once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

D. Licensed marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

E. Licensed marriage and family therapists represent facts truthfully to clients, third party payors, and supervisees regarding services rendered.

F. Licensed marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if:

1. the supervisee or client requests it;
2. the relationship is not exploitative;
3. the professional relationship is not distorted; and
4. a clear written contract is established.

G. Licensed marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client's treatment solely because

payment has not been received for past services, except as otherwise provided by law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:171 (February 2003).

§4719. Advertising

A. Licensed marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

B. Licensed marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of licensed marriage and family therapy.

C. Licensed marriage and family therapists ensure that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television, Internet, and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services. Information could include:

1. office information, such as name, address, telephone number, credit card acceptability, fees, languages spoken, and office hours (see §4719.F);
2. qualifying clinical degree (see §4719.F);
3. other earned degrees and state or provincial licensures and/or certifications;
4. licensed marriage and family therapist status; and
5. description of practice.

D. Licensed marriage and family therapists do not use names that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.

E. Licensed marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

F. In representing their educational qualifications, licensed marriage and family therapists list and claim as evidence only those earned degrees:

1. from institutions accredited by regional accreditation sources recognized by the United States Department of Education;
2. from institutions recognized by states or provinces that license or certify licensed marriage and family therapists; or
3. from equivalent foreign institutions.

G. Licensed marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

H. Licensed marriage and family therapists make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading, or deceptive.

I. Licensed marriage and family therapists do not represent themselves as providing specialized services unless they have the appropriate education, training, or supervised experience.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors, LR 29:171 (February 2003).

§4720. Appendix—Statement of Practice for Licensed Marriage and Family Therapists

A. Each licensed marriage and family therapist/MFT intern in Louisiana shall write a statement of practice incorporating the following information to provide to all clients. Licensed marriage and family therapists also licensed in other mental health professions may need to add additional information required by that licensure. This statement is subject to review and approval by the advisory committee. Sample statements of practice are available from the board office.

1. Your name, mailing address, and telephone number.
2. Qualifications:
 - a. degrees earned and institution(s) attended;
 - b. your LMFT licensure number, noting that the Board of Examiners is the grantor of your license. Include the address and telephone number of the board;
 - c. other licensure numbers, including the name, address, and telephone number of the grantor;
 - d. an MFT intern must use this title and include the name and address of his/her approved supervisor and a brief explanation of how supervision affects the therapy provided.
3. Specify the type(s) of clients you serve.
4. Specialty Areas
 - a. List your specialty areas such as family of origin, parenting, stepfamilies, adolescents, marriage, etc.
 - b. List your national certifications.
5. What Clients Can Expect from Therapy
 - a. Briefly describe the theoretical orientation and the type of techniques and/or strategies that you use in therapy.
 - b. Briefly describe your philosophical view of therapy, including clients' input for treatment plans.

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c. Briefly describe your general goals and objectives for clients.

6. Note Any Expectations That You Have for Clients

a. Clients are expected to inform you before and during the therapy about seeing another mental health professional or professional in another discipline because of the possible impact upon therapy.

b. Clients are expected to inform you on their intake form and during therapy of their general physical health, any medical treatments that may impact their therapy and any medications that they are taking.

c. You are required to include that clients must make their own decisions regarding such things as deciding to marry, divorce, separate, reconcile, and how to set up custody and visitation; that is, you may help them understand the consequences of various decisions, but your code of ethics does not allow you to advise a specific decision.

7. Code of Ethics

a. State that you are required by state law to adhere to The Louisiana Code of Ethics for Licensed Marriage and Family Therapists; and

b. that a copy is available on request;

c. you might want to specifically note some of the provisions in the Code of Ethics that you would like clients to be aware of.

8. Describe the rules governing privileged communication for Licensed Marriage and Family Therapists. You may use your own language, but need to cover all the areas included in the Sample Statement and Subparagraphs 8.a-c.

a. Include instances where confidentiality may be waived. This includes, but is not limited to danger to self or others, suspected child abuse/neglect, elderly abuse/neglect, or disabled adult abuse/neglect.

b. Include the information that when providing couple, family or group treatment, a licensed marriage and family therapist cannot:

i. disclose any information outside the treatment context without a written authorization from each individual competent to execute a waiver; and

ii. may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

c. If you audio- or video-tape sessions, include information specific to their use.

d. See Chapter 39 and the Code of Ethics in the appendix for rules on privileged communication.

9. State your policy for emergency client situations.

10. Fees, Office Procedures, Insurance Policies

a. List your fees and describe your billing policies.

b. State your policy on insurance payments.

c. Describe your policy on payments, scheduling and breaking appointments, etc.

11. Adequately inform clients of potential risks and benefits of therapy. You may use your own language and are not required to use the examples given in Subparagraphs a-f.

a. Clients may realize that they have additional issues that they were not aware of before the therapy as a result of the therapy.

b. Making changes through therapy may bring about unforeseen changes in a person's life.

c. Individual issues may surface for each spouse as clients work on a marital relationship.

d. Making changes in communication and/or ways of interacting with others may produce adverse responses from others.

e. Marital or family conflicts may intensify as feelings are expressed.

f. Individuals in marital or family therapy may find that spouses or family members are not willing to change.

12. Briefly add any additional information that you believe is important for your clients to be informed about your qualifications and the therapy that you provide.

13. End with a general statement indicating that the client(s) have read and understand the statement of practice, providing spaces for the date, client(s)' signatures, and your signature. MFT Interns need to have a line for their LMFT-approved supervisor's signature.

B. Provide clients with a copy or copies of the signed statement of practice.

C. A Licensed Marriage and Family Therapist/MFT Intern must have a copy of his/her statement of practice on file in the board office. An MFT intern must include a copy of his/her statement of practice with his/her registration of supervision. The Code of Ethics can be duplicated for clients and additional copies are available at www.lpcboard.org or from the board office.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:172 (February 2003), amended LR 29:2791 (December 2003).