Table of Contents

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

Chapter 1. General Provisions....1
§101. Statutory Authority....1
§103. Description of Organization....1
§105. Vacancies....1
§107. Reimbursement....2
§109. Financially Self-Sufficient....2
§111. Notification of Change....2
Chapter 3. Board Meetings, Procedures, Records, Powers and Duties....2
§301. Officers....2
§305. Board Staff....2
§307. Meetings....2
§309. Quorum....2
§311. Procedures....3
§313. *Code of Ethics*....3
§315. Records of Proceedings....3
Chapter 5. License and Practice of Counseling....3
§501. License of Title and Practice....3
§503. Definitions for Licensed Professional Counselors and Provisional Licensed Professional Counselors....3
§505. Serious Mental Illnesses....5
Chapter 6. Application, Practice, and Renewal Requirements for Provisional Licensed Professional Counselors....6
§601. General Provisions....6
§603. Provisional Licensed Professional Counselors Licensing Requirements....7
§605. Board-Approved Supervised Practice Requirements for Provisional Licensed Professional Counselors....10
§607. Out-of-State Applicants for Provisional Licensed Professional Counselor....12
§609. Renewal Requirements for Provisional Licensed Professional Counselors....12
§611. Continuing Education Requirements for Provisional Licensed Professional Counselors....12
Chapter 7. Application and Renewal Requirements for Licensed Professional Counselors....15
§701. General Provisions....15
§703. Licensed Professional Counselors Licensing Requirements....15
§705. Renewal....15
§707. Renewal Requirements for Licensed Professional Counselors and Board Approved Supervisors....16
Chapter 8. Licensed Professional Counselor Supervisors....18
§801. Licensed Professional Counselor Supervisor Requirements....18
§803. Supervised Experience of Provisional Licensed Professional Counselors....18
Chapter 9. Fees....19
§901. General....19
§903. Deposit and Use of Fees and Funds....20

Chapter 11. Endorsement and Expedited Processing....20
§1101. Endorsement....20
§1103. Expedited Processing....21
Chapter 13. Disciplinary Proceedings for Licensed Professional Counselors....21
§1301. Causes for Administrative Action....21
§1303. Disciplinary Process and Procedures....22
§1305. Initiation of Complaints....22
§1307. Informal Disposition of Complaints....22
§1309. Formal Hearing....23
§1311. Consent Order....25
§1313. Withdrawal of a Complaint....25
§1315. Refusal to Respond or Cooperate with the Board....25
§1317. Judicial Review of Adjudication....25
§1319. Appeal....26
§1321. Reinstatement of Suspended or Revoked License or Provisional License....26
§1323. Declaratory Statements....26
§1325. Injunction....26
§1327. Disciplinary Costs and Fines....26
Chapter 15. Privileged Communication for Licensed Professional Counselors and Provisional Licensed Professional Counselors....27
§1501. Privileged Communications with Clients....27
§1503. Privileged Communication between Health Care Provider and Patient....27
§1505. Client Records....27
Chapter 17. Exclusions for Licensed Professional Counselors....27
§1701. Scope....27
§1703. Exemptions....27
Chapter 21. Code of Conduct for Licensed Professional Counselors....28
§2101. Preamble....28
§2103. Counseling Relationship....28
§2105. Confidentiality, Privileged Communication, and Privacy....32
§2107. Professional Responsibilities....34
§2109. Relationships with Other Professionals....36
§2111. Evaluation, Appraisal, and Interpretation....37
§2113. Supervision, Training, and Teaching....38
§2115. Research and Publication....42
§2117. Resolving Ethical Issues....44
§2118. Appendix—Declaration of Practices and Procedures for Licensed Professional Counselors and Provisional Licensed Professional Counselors....45
Chapter 23. Licensed Professional Counselor, Licensed Marriage and Family Therapist, Provisional Licensed Professional Counselor, Provisional Licensed Marriage and Family Therapist Professional Assistance Program....46
§2301. Authority....46
§2303. Purpose and Scope; Immunity....46
§2305. Program Implementation....47
§2307. Violations....48
§2309. Costs and Fees....48
§2311. Acceptance of Terms; Program Agreement....48
§2313. Confidentiality....48
§2315. Recusal....48

Subpart 2. Professional Standards for Licensed Marriage and Family Therapists and Provisional Licensed Marriage and Family Therapists

Chapter 27. General Provisions....51
§2701. Statement of Purpose....51
§2703. Statutory Authority of the Marriage and Family Therapy Advisory Committee....51
§2705. Description of Organization....51
§2707. Reimbursement....51
§2709. Notification of Change....52
Chapter 29. Advisory Committee Meetings, Procedures, Records, Powers and Duties....52
§2901. Officers....52
§2903. Meetings....52
§2905. Quorum....52
§2907. Procedures....52
§2909. Code of Ethics....52
§2911. Records....52
Chapter 31. License of Title for Marriage and Family Therapy....53
§3101. License of Title for Marriage and Family Therapy....53
§3103. Practice of Marriage and Family Therapy by Other Licensed Mental Health Professionals..53
§3105. Definitions for Licensed Marriage and Family Therapists and Provisional Licensed Marriage and Family Therapists....53
Chapter 33. Requirements for Licensure and Provisional Licensure....54
§3301. General Provisions....54
§3303. Definitions....54
§3305. General Licensing Requirements....54
§3309. Academic Requirements for MFT Licensure or Provisional Licensure [Formerly §3311]....54
§3311. Coursework and Academic Supervision Requirements, for Options 2, 3, and 4....55
§3313. Examination Requirements....56
§3315. Application, Practice, and Renewal Requirements for Provisional Licensed Marriage and Family Therapists....57
§3317. Qualifications of the LMFT-Approved Supervisor, LMFT-Registered Supervisor Candidate, Board-Approved Supervisor, and Registered Supervisor Candidate....63
§3319. Responsibilities of the Provisional Licensed Marriage and Family Therapist....65
§3321. Responsibilities of the LMFT Board-Approved Supervisor and Registered Supervisor Candidate....67
Chapter 35. Renewal of License for Licensed Marriage and Family Therapists....69
§3501. General Provisions....69
§3503. Continuing Education Requirements....70
Chapter 37. Endorsement and Expedited Processing....72
§3701. Endorsement....72
§3703. Expedited Processing....72
Chapter 39. Disciplinary Proceedings....72
§3901. Causes for Administrative Action....72
§3903. Disciplinary Process and Procedures....73
§3905. Initiation of Complaints....73
§3907. Informal Disposition of Complaints....74
§3909. Formal Hearing....74
§3911. Consent Order....76
§3913. Withdrawal of a Complaint....76
§3915. Refusal to Respond or Cooperate with the Board....77

§3917. Judicial Review of Adjudication....77
§3919. Further Appeal....77
§3921. Reinstatement of Suspended or Revoked License....77
§3923. Declaratory Statements....77
§3925. Injunction....77
§3927. Disciplinary Costs and Fines....78
Chapter 41. Informed Consent....78
§4101. General Provisions....78
Chapter 43. Privileged Communications....78
§4301. Privileged Communication with Clients....78
Chapter 45. Exemptions....79
§4501. Exemptions....79
Chapter 47. Code of Ethics....79
§4701. General....79
§4703. Resolving Ethical Issues....79
§4705. Responsibility to Clients....79
§4707. Confidentiality....80
§4709. Professional Competence and Integrity....81
§4711. Responsibility to Students and Supervisees....81
§4713. Responsibility to Research Participants....82
§4715. Responsibility to the Profession....82
§4717. Financial Arrangements....83
§4719. Advertising....83
§4720. Appendix—Statement of Practice for Licensed Marriage and Family Therapists....84

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)]. Act 484 of the 2014 Legislative Session empowered the board to provide regulation of the practice and use of the titles “provisional licensed professional counselor” and “provisional licensed marriage and family therapist”. Therefore, the Louisiana Licensed 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. 37:1101-1123.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 41:709 (April 2015).

§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 11 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 four 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, four 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 four 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 or provisional licensure as marriage and family therapists and recommend to the board each successful applicant for licensure or provisional licensure, attesting to the applicant’s professional qualifications to be a licensed or a provisionally licensed marriage and family therapist;

c. develop for the board application forms for licensure and provisional 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. 37:1101-1123.

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), LR 39:1782 (July 2013), LR 41:709 (April 2015).

§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 or provisional licensed professional counselor and every licensed or provisional licensed marriage and family therapist 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. 37:1101-1123.

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), LR 41:709 (April 2015).

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

§301. Officers

A. The board 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 the board. The chair 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 chair shall perform the duties of the chair in case of absence or disability of the chair. In the event the office of chair becomes vacant, the vice chair shall serve as chair until a successor is named. In the absence of the chair and vice chair, the secretary will preside until the chair or vice chair 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), LR 39:1782 (July 2013).

§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 chair will 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 or provisional license of applicants and shall review applications at least once a year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), 39:1782 (July 2013), LR 41:709 (April 2015).

§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 or provisional license of applicants.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 41:709 (April 2015).

§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 and Provisional 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 provisional licensed marriage and family therapists are addressed at §4301 of these rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 41:710 (April 2015).

§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 and provisionally licensed professional counselors which shall be made available to the public.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 41:710 (April 2015).

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 "provisional licensed professional counselor" or engage in the practice of mental health counseling unless the person possesses a valid license issued by the board under the authority of this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 39:1782 (July 2013), LR 41:710 (April 2015).

§503. Definitions for Licensed Professional Counselors and Provisional Licensed Professional Counselors

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

Active Supervision—the process by which a supervisee receives one hour of face-to-face supervision with his/her board-approved supervisor for every 20 hours of direct client contact or at least once every three-month period.

Board—the Louisiana Licensed Professional Counselors Board of Examiners.

Licensed Professional Counselor—any fully licensed person (i.e. one who may practice independently as specified in R.S. 37:1107(A)) who holds oneself 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/she is licensed to practice mental health counseling.

Licensee—an individual holding either a full or provisional license issued by the Louisiana Licensed Professional Counselors Board of Examiners. All *licensees* must accurately identify themselves as fully licensed (i.e., licensed) or provisionally licensed.

Mental Health Counseling/Psychotherapy Services—rendering or offering prevention, assessment, diagnosis, and treatment, which includes psychotherapy of mental, emotional, behavioral, and addiction disorders to individuals, groups, organizations, or the general public by a licensed or provisional licensed professional counselor which is consistent with his/her 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. However, nothing in this Chapter shall be construed to authorize any person licensed or provisionally licensed hereunder to administer or interpret tests in accordance with the provision of R.S. 37:2352(5), except as provided by LAC 46:LXIII.1702.E, 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 prevention, assessment, diagnosis, and treatment, which includes psychotherapy of mental, emotional, behavioral, and addiction disorders to individuals, groups, organizations, or the general public by a licensed or provisional licensed professional counselor, which is consistent with his/her 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 is not limited to:

a. *Mental Health Counseling/Psychotherapy*—assisting an individual or group through psychotherapy by rendering or offering prevention, assessment, diagnosis, and treatment, which includes psychotherapy of mental, emotional, behavioral, and addiction disorders. This professional relationship empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

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

(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. Section 505 defines ongoing consultation and collaboration for assessment, diagnosis, and treatment of "serious mental illnesses"

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 and Provisional 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 and must renew this privileging designation every two years (as defined in Chapter 7). 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) and must conform to one of the criteria below:

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

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

iii. a program incorporating a counseling-related term in its title (e.g., "marriage and family therapy"); or

iv. a program incorporating the eight content areas, a counseling practicum, and a counseling internship.

g. The requisite graduate degree may not consist of a degree in any disciplines otherwise licensed by the state of Louisiana including, but not limited to, psychology, clinical psychology, or social work, 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 provisional licensed professional counselor 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 all the requirements for approved supervisor as defined in Chapter 7, §705 were met.

j. *Internet Counseling*—mental health services delivered over the internet are rendered where the patient/client is situated. All counselors/therapists serving Louisiana residents via internet counseling must be fully licensed in Louisiana and must adhere to all applicable state laws relative to the practice of mental health counseling. R.S. 37:1111 prohibits any person from engaging in the practice of mental health counseling in Louisiana unless he/she possesses a full and valid license issued by the Louisiana LPC Board. No individuals holding a provisional license may engage in internet counseling.

Provisional Licensed Professional Counselor—any person by title or description of services incorporating the words "provisional licensed professional counselor" and who, under board-approved supervision (i.e. may not practice independently), renders professional mental health counseling/psychotherapy services denoting a client-counselor relationship in which the licensee assumes the responsibility for knowledge, skill, and ethical consideration needed to assist individuals, groups, organizations, or the general public, and who implies that he/she is provisionally licensed to practice mental health counseling.

Supervisee—a provisional licensed professional counselor under the active supervision of his/her board-approved supervisor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 371101-1123.

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), LR 39:1783 (July 2013), LR 41:710 (April 2015).

§505. Serious Mental Illnesses

A. Introduction. Act 636 of the 2012 Regular Session of the Louisiana Legislature amended the Louisiana Professional Counselors Practice Act as follows.

1. *Mental Health Counseling/Psychotherapy Services*—rendering or offering prevention, assessment, diagnosis, and treatment, which include psychotherapy, of mental, emotional, behavioral, and addiction disorders to individuals, groups, organizations, or the general public by a licensee, which is consistent with his/her 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.

2. However, a licensee may not assess, diagnose, or provide treatment to any individual suffering from a serious mental illness when medication may be indicated, unless the licensee consults and collaborates with a practitioner who is licensed or holds a permit with the Louisiana state Board of Medical Examiners or an advanced practice registered nurse licensed by the Louisiana state Board of Nursing who is certified as a psychiatric nurse practitioner.

B. Applicability. The requirement for collaboration and consultation set forth above shall apply only if any of the following conditions are assessed, diagnosed, or treated by the licensee:

1. schizophrenia or schizoaffective disorder;
2. bipolar disorder;
3. panic disorder;
4. obsessive-compulsive disorder;
5. major depressive disorder, moderate to severe;
6. anorexia/bulimia;
7. intermittent explosive disorder;

8. autism;

9. psychosis NOS (not otherwise specified) when diagnosed in a child under 17 years of age;

10. Rett's disorder;

11. Tourette's disorder;

12. dementia.

C. Definitions

1. As used herein:

Practitioner—an individual who is licensed or holds a permit with the state Board of Medical Examiners or an advanced practice registered nurse licensed by the Louisiana state Board of Nursing who is certified as a psychiatric nurse practitioner.

2. As used herein:

Medication is Indicated—when the client has been diagnosed with a serious mental illness and:

i. when the client or legal guardian discloses the prescribed use of psychiatric medication;

ii. when the licensee, client, or legal guardian believes that the use of prescribed psychiatric medication may facilitate treatment goals and improve client functioning.

3. As used herein:

Consultation and Collaboration—may be specific or general in nature.

i. Specific Consultation and Collaboration. When medication is indicated for clients who have been diagnosed with a serious mental illness and if the client assents to consultation, the licensee must attempt to consult with the client's practitioner within a reasonable time after receiving the consent for the purpose of communicating the diagnosis and plan of care.

(a). If the licensee's attempts to consult directly with the practitioner are not successful, the licensee must notify the practitioner within a reasonable time that he or she is providing services to the client. Also, the licensee must document in the client's file the date of client consent, the date of consultation, or, if attempts to consult did not succeed, the date and manner of notification to the practitioner. The licensee will inform the client of the inability to consult directly with the practitioner and will discuss and document additional options with the client, including that of general *consultation and collaboration*. The licensee will provide information to the practitioner regarding client progress as conditions warrant. Consultation and collaboration, for purposes of these rules and otherwise, shall not be construed as supervision. Further, consultation and collaboration does not include the transfer between the consulting professionals of responsibility for the client's care or the ongoing management of the client's presenting problem(s).

(b). If attempts to consult directly with a practitioner for a specific consultation are successful, the licensee must document in the client's file the information obtained in the specific consultation. The licensee will provide information to the practitioner regarding client progress as conditions warrant.

ii. General Consultation and Collaboration. When medication is indicated for clients who have been diagnosed with a serious mental illness and when the client does not assent to a specific consultation, the licensee must attempt to consult with a practitioner within a reasonable time for a general consultation without releasing any identifying information about the client.

(a). If the licensee's attempts to consult directly with a practitioner are not successful, the licensee must document in the client's file the date of client refusal for consent to consult, the date of general consultation, or if attempts to consult did not succeed, the date and manner of notification to a practitioner.

(b). If attempts to consult directly with a practitioner for a general consultation are successful, the licensee must document in the client's file the information obtained in the general consultation. The licensee will provide general information to the practitioner regarding client progress as conditions warrant.

iii. Consultation and collaboration, for purposes of these rules and otherwise, shall not be construed as supervision. Further, consultation and collaboration does not include the transfer between the consulting professionals of responsibility for the client's care or the ongoing management of the client's presenting problem(s).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1105(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 39:1784 (July 2013), amended LR 41:711 (April 2015).

Chapter 6. Application, Practice, and Renewal Requirements for Provisional Licensed Professional Counselors

§601. General Provisions

A. Pursuant to Act 484 of the 2014 Regular Legislative Session and effective May 1, 2015, an individual previously registered as a counselor intern with the Louisiana Licensed Professional Counselors Board of Examiners and under active board-approved supervision will be issued a provisional license as a provisional licensed professional counselor and subject to R.S. 37:1101-1123 and board rules herein.

1. Any counselor intern who has surpassed their seven-year registration period, with the exception of those granted an extension by the board, must reapply to the board as a provisional licensed professional counselor under

current law and board rules in order to practice mental health counseling.

2. Counselor interns granted an extension beyond May 1, 2015 will be issued a provisional license. Such provisional license will become invalid upon expiration of the board granted extension. The individual must then apply under current law and board rules for provisional licensure as a provisional licensed professional counselor or for licensure as a licensed professional counselor in order to practice mental health counseling.

B. The board shall provisionally license to practice all persons who present satisfactory evidence of qualifications as specified in these rules and regulations of the board. No provisional license shall be denied any applicant based upon the applicant's:

1. age;
2. culture;
3. disability;
4. ethnicity;
5. race;
6. religion/spirituality;
7. gender;
8. gender identity;
9. sexual orientation;
10. marital status/partnership;
11. language preference;
12. socioeconomic status; or
13. any basis proscribed by law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 41:712 (April 2015).

§603. Provisional Licensed Professional Counselors Licensing Requirements

A. The board shall issue a provisional license to each provisional 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/she:

1. is at least 21 years of age;

2. is of good moral character;

3. is not in violation of any of the provisions of R.S. 37:1101-1123 and the rules and regulations adopted herein;

4. has received a graduate degree, as defined in Chapter 5, 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 credit 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 in Chapter 5). Applicants may apply post-masters counseling courses towards licensure if their degree program consisted of less than 48 hours. All post-masters counseling courses must be completed with a grade no lower than C. All field experience courses must be completed with a grade of A, B, or P as specified in Chapter 5, Section 503(A)(a)(i)(ii). Beginning September 1, 2015, all applicants whose academic background has not been previously approved by the board, must have accumulated at least 60 graduate credit 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 in Chapter 5). Applicants may apply post-masters counseling courses towards licensure if their degree program consisted of less than 60 hours;

a. to be eligible for supervision as a provisional licensed professional counselor, the applicant must provide proof of completion of a supervised practicum and internship as listed in §503 (Definitions) and at least one three-credit hour course in each of the following eight content areas. 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:

(a). counseling/psychotherapy theories, including both individual and systems perspectives;

(b). research and factors considered in applications of counseling/psychotherapy theories; or

(c). theories of personality including major theories of personality;

ii. human growth and development—description:

(a). the nature and needs of individuals at developmental levels;

(b). theories of individual and family development and transitions across the life-span;

(c). theories of learning and personality development;

(d). human behavior, including an understanding of developmental crises, disability, addictive behavior, psychopathology, and environmental factors as they affect both normal and abnormal behavior;

(e). strategies for facilitating development over the lifespan;

iii. abnormal behavior—description:

(a). emotional and mental disorders experienced by persons of all ages;

(b). characteristics of disorders;

(c). common nosologies of emotional and mental disorders utilized within the U.S. health care system;

(d). the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*, as published by the American Psychiatric Association;

(e). preferred treatment approaches for disorders based on research;

(f). common medications used by psychiatrists to treat disorders;

(g). working with other health care and mental health care professionals in treating individuals with emotional and mental disorders;

iv. techniques of counseling/ psychotherapy—description:

(a). basic interviewing, assessment, and counseling/psychotherapeutic skills;

(b). counselor characteristics and behaviors that influence helping processes, including:

(i). age;

(ii). gender and ethnic differences;

(iii). verbal and nonverbal behaviors and personal characteristics;

(iv). orientations; and

(v). skills;

(c). client characteristics and behaviors that influence helping processes, including:

(i). age;

(ii). gender and ethnic differences;

(iii). verbal and nonverbal behaviors and personal characteristics;

(iv). traits;

(v). capabilities; and

(vi). life circumstances;

v. group dynamics, processes, and counseling/psychotherapy—description:

(a). principles of group dynamics, including:

(i). group process components;

(ii). developmental stage theories; and

(iii). group members' roles and behaviors;

(b). group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles;

(c). theories of group counseling/psychotherapy, including:

(i). commonalities;

(ii). distinguishing characteristics; and

(iii). pertinent research and literature;

(d). group counseling/psychotherapeutic methods, including:

(i). group counselor orientations and behaviors;

(ii). ethical standards;

(iii). appropriate selection criteria and methods; and

(iv). methods of evaluation of effectiveness;

(e). approaches used for other types of group work, including:

(i). task groups;

(ii). prevention groups;

(iii). support group; and

(iv). therapy groups;

vi. lifestyle and career development—description:

(a). career development theories and decision-making models;

(b). career, a vocational, educational, and labor market information resources, visual and print media, and computer-based career information systems;

(c). career development program planning, organization, implementation, administration, and evaluation;

(d). interrelationships among work, family, and other life roles and factors including multicultural and gender issues as related to career development;

(e). career and educational placement, follow-up and evaluation;

(f). assessment instruments and techniques relevant to career planning and decision-making;

(g). computer-based career development applications and strategies, including computer-assisted guidance systems;

(h). career counseling processes, techniques, and resources, including those applicable to specific populations;

vii. appraisal of individuals—description:

(a). theoretical and historical bases for assessment techniques;

(b). validity, including evidence for establishing:

(i). content;

(ii). construct; and

(iii). empirical validity;

(c). reliability, including methods of establishing:

(i). stability;

(ii). internal and equivalence reliability;

(d). appraisal methods, including:

(i). environmental assessment;

(ii). performance assessment;

(iii).[a]. individual and group test and inventory methods;

[b]. behavioral observations; and

[c]. computer-managed and computer-assisted methods;

(e). psychometric statistics, including:

(i). types of assessment scores;

(ii). measures of central tendency;

(iii). indices of variability;

(iv). standard errors; and

(v). correlations;

(f). age, gender, ethnicity, language, disability, and culture factors related to the assessment and evaluation of individuals and groups;

(g). strategies for selecting, administering, interpreting, and using assessment and evaluation instruments and techniques in counseling;

viii. ethics and professional orientation—description:

(a). ethical standards of the American Counseling Association, state counselor licensure boards, and national counselor certifying agencies;

(b). ethical and legal issues and their applications to various professional activities;

(c). history of the helping professions, including significant factors and events;

(d). professional roles and functions of counselors, including similarities and differences with other mental health professionals;

(e). 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;

(f). professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;

(g). public policy processes, including the role of the professional counselor in advocating on behalf of the profession and its clientele;

5. has obtained a board-approved supervisor;

a. the provisional licensed professional counselor will identify an individual who agrees to serve as his/her board-approved supervisor. This individual must hold the licensed professional counselor-supervisor designation as issued by the Louisiana LPC Board of Examiners;

b. the provisional licensed professional counselor, along with his/her desired board-approved supervisor, will:

i. 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 provisional licensed professional counselor and the nature of the board-approved supervision;

ii. submit this written proposal on forms provided by the board prior to the proposed starting date of the board-approved supervision;

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

c. following the board's review, the provisional licensed professional counselor 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 practical, the reasons for rejection;

d. all proposed supervision arrangements must be approved by the board prior to the starting date of the supervised experience. An applicant may not accrue any supervised experience hours, including face-to-face supervision hours, until the applicant is approved as a provisional licensed professional counselor.

i. should the provisional licensed professional counselor add a board-approved supervisor, face-to-face supervision hours may not be accrued with the added supervisor until the application for supervision has been filed and approved by the LPC Board.

ii. should the provisional licensed professional counselor change board-approved supervisors, supervised experience hours, including face-to-face supervision hours, may not be accrued with the new supervisor until the application for supervision has been filed and approved by the LPC Board. If the provisional licensed professional counselor remains under active supervision with his/her current board-approved supervisor, he/she may continue to practice mental health counseling and accrue supervised experience hours until the change is approved by the LPC Board;

iii. a provisional licensed professional counselor may not be directly or indirectly employed or supervised (administrative supervision or board-approved supervision) by a relative of the provisional licensed professional counselor. For example, the licensee's board-approved supervisor cannot be supervised or employed by a relative of the licensee. Relative of the provisional licensed professional counselor 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. Any exception must be approved by the board;

6. has obtained a board-approved practice setting;

a. The provisional licensed professional counselor will identify a practice setting wherein he/she may accrue direct and/or indirect supervised experience hours. To obtain approval of a practice setting for accrual of direct client contact hours, the supervisee must engage in the practice of mental health counseling as defined in Chapter 5;

b. the practice setting must be approved by the supervisee's desired and/or designated board-approved supervisor prior to submission of the practice setting on forms provided by the board;

c. board-approval of the supervisee's practice setting is required in order to begin accruing supervised experience hours at such practice setting;

d. no supervised experience hours (direct, indirect, or face to face supervision) may be accrued at a practice setting that is not approved by the board. Furthermore, should a provisional licensed professional counselor fail to inform the board of a practice setting by submitting appropriate documentation within 30 days of the date of hire at such setting, the provisional licensed professional counselor will forfeit all supervised experience hours accrued and be subject to a fine as defined in Chapter 9 whether or not the setting is approved by the board;

e. the professional practice setting cannot include any practice setting in which the provisional licensed professional counselor operates, manages, or has an ownership interest (e.g., private practice, for-profit, non-profit, etc.);

f. the licensee must be supervised by an administrative supervisor (in addition to receiving active, board-approved supervision) in order to volunteer counseling services or receive a wage for services rendered as an employee or private contractor. The control, oversight, and professional responsibility for provisional licensed professional counselors rests with the licensee's administrative supervisor in the setting in which they are employed, contracted or volunteering;

g. provisional licensed professional counselors must notify their administrative supervisor of the identity of their board-approved supervisor 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;

h. a licensed mental health professional (e.g. LPC, LMFT, LCSW) must be employed in the professional setting in which the provisional licensed professional counselor is rendering counseling services and be available for case consultation and processing. The provisional licensed professional counselor must have obtained the administrative supervisor's approval of the licensed mental health professional prior to submitting the practice setting for board review. The licensed mental health professional may be the board-approved supervisor or the administrative supervisor if he/she meets each of the aforementioned requirements;

i. supervised experience accrued by the provisional licensed professional counselor 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);

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

8. has received a letter from the board certifying that all the requirements for provisional licensed professional counselor, as defined in this Chapter, were met before accruing supervised experience hours.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 41:712 (April 2015).

§605. Board-Approved Supervised Practice Requirements for Provisional Licensed Professional Counselors

A. Board-Approved Supervision Requirements

1. *Supervision* is defined as assisting the provisional licensed professional counselor (supervisee) in developing expertise in methods of the professional mental health counseling practice and in developing self-appraisal and professional development strategies. Supervision must comply with standards as set by the board.

2. Pursuant to R.S. 37:1107(A), a supervisee 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 six years from the original date such supervision was approved. A supervisee must remain under supervision of a board-approved supervisor until receiving written notification of approval for licensure.

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;

(i). an applicant may utilize supervised direct hours earned in post-master's degree practicum and internship courses in counseling (from a regionally accredited university) toward the required 1900 hours of direct counseling/psychotherapeutic services. In order to be counted, the direct hours earned in practicum and internship courses must have occurred after the applicant has been approved for provisional licensure and is under the

supervision of the applicant's board approved supervisor. An applicant may not count hours spent supervising others (i.e., supervision courses, doctoral students supervising master's level students) as direct hours;

(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;

(i). Five hundred indirect 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. Practicum and internship courses may not be included in the 30 graduate semester hours that are used to substitute for 500 hours of supervised experience if they are used to count toward an applicant's direct hours;

(c). a minimum of 100 hours of face-to-face supervision by a board-approved supervisor. Up to 25 of the 100 face-to-face hours may be conducted by synchronous videoconferencing;

(i). 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, email, or telephone. Telephone, mail, or email 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).

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

(a). Individual Supervision. The supervisory session is conducted by the board-approved supervisor(s) with one provisional licensed professional counselor present.

(b). Group Supervision. The supervisory session is conducted by the board-approved supervisor(s) with no more than 10 provisional licensed professional counselors present.

iii. At least 100 hours of the provisional licensed professional counselor's direct clinical contact with clients must be supervised by the board-approved supervisor(s), as defined below.

(a). At least 50 of these 100 hours must be individual supervision as defined above.

(b). The remaining 50 hours of these 100 hours may be either individual supervision or group supervision as defined above.

B. Responsibility of Supervisee under Board-Approved Supervision

1. During the period of supervised counseling/psychotherapy experience, the only proper identification title is provisional licensed professional counselor or PLPC. Provisional licensed professional counselors shall not identify or represent themselves by any other term or title, including "licensed", "fully licensed", "licensed professional counselor", "LPC", or "counselor".

2. Each provisional licensed professional counselor must provide his/her clients with a disclosure statement (as outlined in the appendix of the code of conduct) that includes:

a. his/her training status; and

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

3. Provisional licensed professional counselors must comply with all laws and regulations relating to the practice of mental health counseling (R.S. 37:1101-1123).

4. The provisional licensed professional counselor must maintain contact with his/her board-approved supervisor to ensure that active supervision requirements (as defined in Chapter 5) are met.

5. Provide updates to the board and board-approved supervisor regarding changes in status on forms provided by the board within 30 days of said change. Failure to comply may result in a fine, loss of supervised experience hours, and/or disciplinary action. Changes in status include changes in:

a. relevant personal information, including contact information, physical address, name;

b. relevant practice setting information, including job title/duties, employment status;

c. status with the justice system, including notification of arrest, charges, convictions;

d. status with another licensure/credentialing body, including notification of suspension, revocation, or other disciplinary proceedings/actions;

e. the use of any narcotics, controlled substances, or any alcoholic beverages in a manner that is dangerous to the public or in a manner that impairs the supervisee's ability to provide mental health services to the public;

f. any medical condition which may in any way impair or limit the supervisee's ability to provide mental health services to the public with reasonable skill or safety.

6. The supervisee must maintain documentation of all supervised experience hours by employment location and type of hour (indirect, direct, and face to face supervision). It is recommended that a supervisee obtain the signature of the board-approved supervisor indicating review and approval of documentation at regular intervals.

7. The supervisee must renew his/her provisional license in accordance with Chapter 6, Section 611 and maintain a valid provisional license in order to practice mental health counseling.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 41:715 (April 2015).

§607. Out-of-State Applicants for Provisional Licensed Professional Counselor

A. The decision to approve transfer of any supervised experience hours and board-equivalent supervisors from out-of-state shall be made at the discretion of the board. An out-of-state applicant may transfer up to 2500 supervised experience hours if such hours meet the requirements as stated in Section 605. Out of state supervised experience hours may be endorsed according to the following limits:

1. a maximum of 1600 direct client contact hours;

2. a maximum of 815 indirect hours;

3. a maximum of 85 hours of face-to-face supervision.

a. All face to face supervision hours must have been accrued under the clinical supervision of an approved supervisor within their state who meets the qualifications of a supervisor of provisional licensed professional counselors set forth by the Licensed Professional Counselor Board of Examiners.

B. An applicant must also be in good standing in all jurisdictions in which they are licensed or credentialed and must not have been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license or credential to practice mental health counseling in the state of Louisiana at the time the act was committed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 41:716 (April 2015).

§609. Renewal Requirements for Provisional Licensed Professional Counselors

A. A provisional licensed professional counselor shall renew his/her provisional license every two years in the month of October by meeting the following requirements each renewal period:

1. 20 clock hours of continuing education in accordance with Section 611;

2. submit a renewal fee as prescribed in Chapter 9;

3. submit supervised experience hours accrued (direct, indirect, face to face supervision) since approval/renewal as a provisional licensed professional counselor;

4. take National Counselors Examination (NCE) or National Clinical Mental Health Counselors Examination (NCMHCE) and request the National Board of Certified Counselors (NBCC) submission of score report to the board until a passing score is achieved. If a passing score is not achieved, the NCE or NCMHCE must be taken at least once per renewal period. At the discretion of the board, an oral examination may be required as well;

5. submit an updated declaration statement if there has been a change in the area of focus or 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 area of focus or expertise noted in the declaration statement. All other changes as defined in Chapter 6, Section 605.B.5 should be submitted to the board within 30 days of said change.

B. The chair shall issue a document renewing the provisional license for a term of two years. The provisional license of any licensee who fails to have his/her provisional license renewed every two years during the month of October shall lapse. An individual with a lapsed license may not practice mental health counseling, identify his/herself as a provisional licensed professional counselor or accrue any supervised experience hours. A lapsed provisional license may be renewed within a period of 90 days or postmarked by January 31 upon payment of all fees and arrears and presentation of all required documentation. After ninety days, the licensee will forfeit all supervised experience hours accrued during that renewal period and must reapply for provisional licensure under current requirements and submit recent continuing education hours (CEHs) as part of reapplication.

C. The provisional licensee must apply and be approved for licensure within six years from date of approval as a provisional licensed professional counselor. After six years, the licensee will forfeit all supervised experience hours accrued and must reapply for provisional licensure under current requirements and submit recent continuing education hours (CEHs) as part of reapplication.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 41:716 (April 2015).

§611. Continuing Education Requirements for Provisional Licensed Professional Counselors

A. A provisional licensee must accrue 20 clock hours of continuing education by every renewal period every two years. Of the 20 clock hours of continuing education, one and a half clock hours must be accrued in ethics and one and a half clock hours must be accrued in diagnosis (assessment, diagnosis, and treatment under the *Diagnostic and Statistical Manual of Mental Disorders 5*, as published by the American Psychiatric Association).

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

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

3. CEHs accrued beyond the required 20 hours may not be applied toward the next renewal period. A provisional

licensee renewal period runs November 1 to October 31, every two years.

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

5. At the time of renewal, 10 percent of the licensees will be audited to ensure that the continuing education requirement is being met. Audited licensees will be notified to submit documentation of accrued CEHs.

B. Approved Continuing Education for Provisional Licensed Professional Counselors

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

2. A licensee may obtain the 20 CEHs through one or more of the options listed below. A maximum of 10 CEHs may be obtained through an online format, with the exception of coursework obtained through a regionally accredited institution of higher education.

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 associations listed in Subparagraph a of this Paragraph, the continuing education hours will be subject to approval by the Licensed Professional Counselors Board of Examiners at the time of renewal. The board will not pre-approve any type of continuing education. The continuing education must be in one of the 14 approved content areas listed in Section 611.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 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 (CEH).

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 §611.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 (five hours maximum per renewal period). Journals published by ACA, LCA, professional refereed journals, video presentations, and webinars are all approved home study options. Each option must carry a provider number from either NBCC, ACA, 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, ACA, LCA, or certificates from other professional mental health organizations that will be reviewed by the board.

e. Presentations (five hours maximum per renewal period). 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 14 approved content areas listed in §611.C. Verification of the presentation consists of obtaining a letter from the workshop/convention coordinator stating the topic, date, and number of hours of presentation.

f. Publishing (five hours maximum per renewal period). 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 14 approved content areas listed in §611.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 (five 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 counselors. 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 (five hours maximum per renewal period). 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.

C. Approved Content Areas. Continuing education hours must be in one of the following 14 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:

a. studies that provide a broad understanding of career development theories, occupational and educational information sources and systems, career and leisure counseling, guidance, and education;

b. 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;

13. abnormal includes studies of 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, and the *Diagnostic and Statistical Manual of Mental Disorders 5*, as published by the American Psychiatric Association. This includes:

a. studies of preferred treatment approaches for disorders based on research;

b. common medications used by psychiatrists to treat disorders, and

c. working with other health care and mental health care professionals in treating individuals with emotional and mental disorders;

14. psychopharmacology includes the scientific study of the effects of drugs on mood, sensation, thinking, and behavior. This also includes a range of substances with various types of psychoactive properties, which involves drugs used in the treatment of psychopathological disorders and drugs of abuse, and focuses on the chemical interactions with the brain.

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 NBCC/ACA/LCA;

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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Professional Counselors, LR 41:717 (April 2015).

Chapter 7. Application and Renewal Requirements for 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 chair and vice chair of the board under the seal of the board. No license shall be denied any applicant based upon the applicant's:

1. age;
2. culture;
3. disability;
4. ethnicity;
5. race;
6. religion/spirituality;
7. gender;
8. gender identity;
9. sexual orientation;
10. marital status/partnership;
11. language preference;
12. socioeconomic status; or
13. any basis proscribed by law.

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), LR 39:1785 (July 2013).

§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/she:

1. is at least 21 years of age;

2. is of good moral character;

3. is not in violation of any of the provisions of R.S. 37:1101-1122 and the rules and regulations adopted herein;

4. 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 six years from the original date such supervision was approved. Five hundred indirect 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;

5. has declared special competencies and demonstrated professional competence therein by passing a written exam (NCE or NCMHCE) and, at the discretion of the board, an oral examination as shall be prescribed by the board;

6. has received a graduate degree, as defined in Chapter 5, 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 in accordance with the requirements listed in Chapter 6, Section 603.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 39:1785 (July 2013), LR 41:719 (April 2015).

§705. Renewal

A. A licensed professional counselor shall renew his/her license and privileging designation(s) 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.

B. The licensee should submit a declaration statement with any changes not reviewed and approved by the board, including a change in area of expertise or area of focus, 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 or focus noted in the declaration statement.

C. The chair shall issue a document renewing the license for a term of two years.

D. The license or privileging designation of any mental health counselor who fails to have this license or privileging designation renewed every two years during the month of June shall lapse; however, the failure to renew said license or privileging designation shall not deprive said counselor the right of renewal thereafter.

1. A lapsed license or privileging designation may be renewed within a period of two years after the date of licensure lapse upon payment of all fees in arrears and presentation of evidence of completion of the continuing education requirement.

2. Application for renewal after two years from the date of licensure lapse will not be considered for renewal; the individual must apply under the current licensure and/or privileging guidelines and submit recent continuing education hours (CEHs) as part of application for licensure or privileging designation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 41:719 (April 2015).

§707. Renewal Requirements for Licensed Professional Counselors and Board Approved Supervisors

A. General Guidelines

1. A licensee must accrue 40 clock hours of continuing education by every renewal period every two years. Of the 40 clock hours of continuing education, 3 clock hours must be accrued in ethics and 6 clock hours must be accrued in diagnosis (assessment, diagnosis, and treatment under the *Diagnostic and Statistical Manual of Mental Disorders 5*, as published by the American Psychiatric Association). A board-approved supervisor must accrue 3 clock hours (of the required 40 clock hours of continuing education) in supervision.

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. Licensees should 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. Audited licensees will be notified to submit documentation of accrued CEHs.

B. Approved Continuing Education for Licensed Professional Counselors and Board Approved Supervisors

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

2. A licensee may obtain the 40 CEHs through one or more of the options listed below. Effective July 1, 2014 a maximum of 20 CEHs may be obtained through an online format, with the exception of coursework obtained through a regionally accredited institution of higher education.

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 associations listed in Subparagraph a of this Paragraph, the continuing education hours will be subject to approval by the Licensed Professional Counselors Board of Examiners at the time of renewal. The board will not pre-approve any type of continuing education. The continuing education must be in one of the 14 approved content areas listed in §707.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 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 (CEH).

c. Coursework. CEHs may also be gained by taking coursework (undergraduate or graduate) from a regionally accredited institution in one of the 14 approved content areas for continuing education listed in §707.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 (10 hours maximum per renewal period, effective July 1, 2014). Journals published by ACA, LCA, professional refereed journals, video presentations, and webinars are all approved home study options. Each option must carry a provider number from either NBCC, ACA, 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, ACA, LCA, or certificates from other professional mental health organizations that will be reviewed by the board.

e. Presentations (10 hours maximum per renewal period, effective July 1, 2014). 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 14 approved content areas listed in §707.C. Verification of the presentation consists of obtaining a letter from the workshop/convention coordinator stating the topic, date, and number of hours of presentation.

f. Publishing (10 hours maximum per renewal period, effective July 1, 2014). 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 14 approved content areas listed in §707.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 counselors. 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 (10 hours maximum per renewal period, effective July 1, 2014). 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 14 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:

a. studies that provide a broad understanding of career development theories, occupational and educational information sources and systems, career and leisure counseling, guidance, and education;

b. 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;

13. abnormal includes studies of 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, and the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*, as published by the American Psychiatric Association. This includes:

a. studies of preferred treatment approaches for disorders based on research;

b. common medications used by psychiatrists to treat disorders, and

c. working with other health care and mental health care professionals in treating individuals with emotional and mental disorders;

14. psychopharmacology includes the scientific study of the effects of drugs on mood, sensation, thinking, and behavior. This also includes a range of substances with various types of psychoactive properties, which involves drugs used in the treatment of psychopathological disorders and drugs of abuse, and focuses on the chemical interactions with the brain.

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 NBCC/ACA/LCA;

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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 41:719 (April 2015).

Chapter 8. Licensed Professional Counselor Supervisors

§801. Licensed Professional Counselor Supervisor Requirements

A. Qualifications of a Supervisor of Provisional Licensed Professional Counselors

1. Supervision of provisional licensed professional counselors is a specialty area and requires privileging review. Those individuals who may provide supervision to provisional licensed professional counselors 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 nor be employed by a relative of the provisional licensed professional counselor. Relative of the provisional licensed professional counselor 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 lapsed, expired, or subject to terms of probation, suspension, or revocation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 41:721 (April 2015).

§803. Supervised Experience of Provisional Licensed Professional Counselors

A. Supervision Requirements

1. *Supervision* is defined as assisting the provisional licensed professional counselor in developing expertise in methods of the professional mental health counseling practice and in developing self-appraisal and professional development strategies. *Supervision* must comply with standards as set by the board.

2. A supervisor may not supervise more than 10 provisional licensed professional counselors at any given time.

3. Supervisors of provisional licensed professional counselors, as defined in these rules, have the responsibility of assisting provisional licensed professional counselors 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 provisional licensed professional counselors whom they are supervising, unless a supervisor also serves as the administrative supervisor of a provisional licensed professional counselors in the setting in which the provisional licensed professional counselor is employed or contracted or is rendering counseling services on a volunteer basis. The control, oversight, and professional responsibility for provisional licensed professional counselors rests with the provisional licensed professional counselor's administrative supervisor in the setting in which they are employed or contracted or are rendering counseling services on a volunteer basis. A licensed mental health professional (e.g. LPC, LMFT, LCSW), not necessarily the board-approved supervisor, must be employed in the professional setting in which the provisional licensed professional counselor is rendering counseling services and be available for case consultation and processing. In obtaining permission for outside supervision, provisional licensed professional counselors 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.

4. 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 provisional licensed professional counselor'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 provisional licensed professional counselor during the provisional licensed professional counselor's provision of services to clients.)

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

6. The supervisor must ensure the provisional licensed professional counselor's familiarity with important literature in the field of counseling, LPC Board rules, regulations, guidelines, policies, and position statements as well as state law.

7. The supervisor must provide training appropriate to the provisional licensed professional counselor's intended area of expertise and practice.

8. The supervisor must model effective professional counseling practice.

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

10. The provisional licensed professional counselor must have received a letter from the board certifying that all the requirements for provisional licensed professional counselor, as defined in this Chapter, were met.

11. The professional setting cannot include private practice in which the provisional licensed professional counselor operates, manages, or has an ownership interest in the private practice.

12. Supervisors may employ provisional licensed professional counselors in their private practice setting. The supervisor may bill clients for services rendered by the provisional licensed professional counselor, however, under no circumstances can the provisional licensed professional counselor bill clients directly for services rendered by him/herself.

13. The supervisor must certify to the board that the provisional licensed professional counselor has successfully complied with all requirements for supervised counseling experience.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 41:722 (April 2015).

Chapter 9. Fees

§901. General

A. The board shall collect the following fees:

1. licensure application, license and seal—$200;

2. out of state licensure application, license, and seal—$300;

3. provisional licensure application and license—$100;

4. out of state provisional licensure application and license—$150;

5. application for appraisal, board-approved supervisor, and other specialty areas—$100;

6. application for change/additional board-approved supervisor—$50;

7. application for expedited review—$55;

8. renewal of license—$170;

9. renewal of provisional license—$85;

10. renewal of appraisal, board-approved supervisor, and other specialty areas—$50;

11. late fee for renewal of license—$55;

12. late fee for renewal of provisional license—$55;

13. late fee for renewal of appraisal, board-approved supervisor, and other specialty areas—$25;

14. reissue of license duplicate—$25;

15. name change on records—$25;

16. copy of file—$25;

17. copy of any documents—cost incurred.

B. Late fees 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 application fees for registration of supervision and licensure must be paid to the board by certified check or money order. All other fees, including renewals, may be paid by personal check. The renewal shall be deemed timely when:

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

2. the renewal is postmarked and mailed on or before the due date. 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. 37:1101-1123.

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), LR 39:1790 (July 2013), LR 41:723 (April 2015).

§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. 37:1101-1123. Expenses shall be paid under the written direction of the chair 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. 37:1101-1123.

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), LR 39:1790 (July 2013), LR 41:723 (April 2015).

Chapter 11. Endorsement and Expedited Processing

§1101. Endorsement

A. Upon recommendation of the board, the board shall issue a license to any person who has been licensed as a licensed professional counselor and has actively practiced mental health counseling for at least five years in another jurisdiction. The applicant must submit an application on forms prescribed by the board in the prescribed manner and pay the required licensure fee. Applicants must also provide proof of having passed the National Counselor Examination (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE) or successfully complete an oral exam administered by the board. An applicant must submit documentation of at least 40 CEHs, in accordance with the requirements listed in Chapter 7, within two years of the date of application for licensure endorsement in Louisiana. An applicant must also be in good standing in all jurisdictions in

which they are licensed and must not have been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license to practice mental health counseling in the state of Louisiana at the time the act was committed

B. Upon recommendation of the board, the board shall issue a license to any person licensed as a licensed as a licensed professional counselor for less than five years in another jurisdiction whose requirements for the license are substantially equivalent to or exceed the requirements of the state of Louisiana. The applicant must submit an application on forms prescribed by the board in the prescribed manner and pay the required licensure fee. Applicants must also provide proof of having passed the National Counselor Examination (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE). An applicant must also be in good standing in all jurisdictions in which they are licensed and must not have been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license to practice mental health counseling in the state of Louisiana at the time the act was committed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 39:1790 (July 2013), amended LR 41:723 (April 2015).

§1103. Expedited Processing

A. The board does not issue temporary practice permits; however, expedited application processing is available. The applicant must submit the completed application (i.e. for licensure, registration, etc.), expedited processing application, and the required fee. Upon receipt of the aforementioned items, the applicant will receive a response from a board staff member within five business days informing the applicant of the status of their application. If the application materials submitted do not contain all of the necessary documents to complete the application, the application will be reviewed on the following application review date and the expedited processing application fee will not be refunded.

B. All applicants whom board staff determines should be denied or reviewed by the board must be presented to the board at the next regularly scheduled board meeting. Therefore, a verdict of denial may not be achieved within five business days of receipt of all application materials for expedited processing. Those applicants whom board staff determines should be approved will receive notification of approval within five business days.

C. Military personnel (active duty and veterans honorably discharged within 5 years of the application date) and their spouses who are appropriately licensed in another jurisdiction will receive a status update from the board within 30 days pertaining to approval or denial of the application. Such applicants must provide proof of military status via DD Form 214 as part of the completed application.

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 39:1791 (July 2013).

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, provisional licensed professional counselor, or applicant for licensure or provisional licensure. Sometimes hereinafter in this Chapter, where the context allows a licensed professional counselor, provisional licensed professional counselor, or applicant for licensure or provisional licensure may be referred to as "person."

B. The board shall also deny, revoke or suspend any license or provisional license issued or applied for, or otherwise discipline a licensed professional counselor or provisional 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, provisional 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 or provisional licensed professional counselor shall also be considered ethical violations by a licensed professional counselor or provisional licensed professional counselor which may allow denial revocation, or suspension of license or provisional 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), LR 41:723 (April 2015).

§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/she 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, provisional licensed professional counselor, or applicant for licensure or provisional licensure and to determine the appropriate disciplinary action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 39:1791 (July 2013), LR 41:724 (April 2015).

§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 shall recommend to the board to investigate the charges or dismiss the charges. By majority vote, the board shall accept or reject the recommendations of the Ad Hoc Committee for Disciplinary Affairs. If the board elects to dismiss allegations, the chair of the board shall request the Ad Hoc Committee for Disciplinary Affairs to prepare the letters of dismissal. If the board agrees to investigate, the board shall request the Ad Hoc Committee for Disciplinary Affairs to notify the person against whom allegations have been made of a possible breach of statute, rule and regulation, ethical code, and/or prior final decisions or consent orders may have been made and that a response in writing to the board within a specified time period is required. 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 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, provisional 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, provisional 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. 37:1101-1123.

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), LR 39:1791 (July 2013), LR 41:724 (April 2015).

§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 provisional license as a provisional licensed professional counselor, or any applicant requesting a license or provisional 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 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 chair 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 chair, 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/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 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 chair 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/she intends to prove, and what action, he/she wants the board to take.

b. The person, or the person's attorney, makes an opening statement explaining why he/she believes that the charges 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 or provisional license issued or applied for or otherwise discipline a licensed professional counselor, provisional licensed professional counselor, or applicant for licensure or provisional 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 or provisional license issued or applied for in accordance with the provisions of this Chapter or otherwise discipline a licensed professional counselor, provisional 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, or provisional 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 and provisional licensees of any action taken against a licensee or provisional licensees 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. 37:1101-1123.

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), LR 39:1791 (July 2013), LR 41:724 (April 2015).

§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 6 of 11 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), LR 39:1792 (July 2013).

§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/her license, provisional license, or application for licensure or provisional licensure, or otherwise issue appropriate disciplinary sanction.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 41:724 (April 2015).

§1317. Judicial Review of Adjudication

A. Any person whose license, provisional license, or application for licensure or provisional 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. 37:1101-1123.

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), LR 41:724 (April 2015).

§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 or Provisional License

A. The board is authorized to suspend the license of a licensed professional counselor and the provisional license of a provisional 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 chair the reinstatement or revocation of the license or provisional license. A person whose license or provisional 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. 37:1101-1123.

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), LR 39:1792 (July 2013), LR 41:725 (April 2015).

§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 statue, rules and regulations, or provision of the code of ethics by its potential application to him or her in which he or she 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), LR 39:1792 (July 2013).

§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).

§1327. Disciplinary Costs and Fines

A. The board may assess and collect fines not to exceed five thousand dollars for violation of any causes for administrative action as specified in Section 1301.

B. The board may assess all costs incurred in connection with disciplinary proceedings including but limited to the costs of an investigator, stenographer, legal fees, or witness fees, and any costs and fees incurred by the board on any judicial review or appeal, for any licensee who has been found in violation of any causes for administrative action as specified in 1301.

C. After the decision of the board becomes final and delays for judicial review have expired, all costs and fees must be paid no later than ninety days or within a time period specified by board.

D. The board may withhold any issuance or reissuance of any license or certificate until all costs and fees are paid.

E. A person aggrieved by a final decision of the board who prevails upon judicial review may recover reasonable costs as defined in R.S. 37:1106(D)(2).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 41:725 (April 2015).

Chapter 15. Privileged Communication for Licensed Professional Counselors and Provisional Licensed Professional Counselors

§1501. Privileged Communications with Clients

A. The confidential relations and communications between a licensee 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. 37:1101-1123.

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), LR 41:725 (April 2015).

§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).

§1505. Client Records

A. The state of Louisiana requires adult client records be maintained a minimum of six years according to R.S. 40:1299.41. Client records for minors must be maintained a minimum of seven years past the age of majority.

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 39:1792 (July 2013).

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. During a declared state of emergency a licensed, certified or registered mental health counselor in another jurisdiction may serve in the state for up to 60 days. The board must pre-approve any exception to this rule.

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 oneself out to the public only by clearly indicating his/her student status and the profession in which he/she 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, provisional 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, provisional licensed professional counselors, or mental health counselors unless they have also been licensed under the provisions of R.S. 37:1107.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 39:1792 (July 2013), LR 41:725 (April 2015).

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 licensees and to those served by licensees the responsibilities held in common by persons practicing mental health counseling.

C. *Mental Health Counseling*—assisting an individual or group through psychotherapy by rendering or offering prevention, assessment, diagnosis, and treatment, which includes psychotherapy of mental, emotional, behavioral, and addiction disorders. This professional relationship empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

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 and provisional licensed professional counselors in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 39:1792 (July 2013), LR 41:725 (April 2015).

§2103. Counseling Relationship

A. Licensees encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Licensees actively attempt to understand the diverse cultural backgrounds of the clients they serve. Licensees also explore their own cultural identities and how these affect their values and beliefs about the counseling process. Licensees are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono publico).

1. Welfare of Those Served by Licensees

a. Primary Responsibility. The primary responsibility of licensees is to respect the dignity and to promote the welfare of clients.

b. Records. Licensees maintain records necessary for rendering professional services to their clients and as required by laws (see Chapter 15, §1505.A), regulations, or agency or institution procedures. Licensees include sufficient and timely documentation in their client records to facilitate the delivery and continuity of needed services. Licensees take reasonable steps to ensure that documentation in records accurately reflects client progress and services provided. If errors are made in client records, licensees take steps to properly note the correction of such errors according to agency or institutional policies.

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

d. Support Network Involvement. Licensees recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.

e. Employment Needs. Licensees work with their clients considering employment in jobs that are consistent with the overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs of clients. When appropriate, licensees appropriately trained in career development will assist in the placement of clients in positions that are consistent with the interest, culture, and the welfare of clients, employers, and/or the public.

2. Informed Consent in the Counseling Relationship

a. Informed Consent. Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process, and the counselor. Licensees have an

obligation to review, in writing and verbally with clients, the rights and responsibilities of both the licensee and the client. Informed consent is an ongoing part of the counseling process, and licensees appropriately document discussions of informed consent throughout the counseling relationship.

b. Types of Information Needed

i. Licensees explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following:

(a). the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services;

(b). the licensee's qualifications, credentials, and relevant experience;

(c). continuation of services upon the incapacitation or death of a counselor; and

(d). other pertinent information.

ii. Licensees take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements.

iii. Clients have the right:

(a). to confidentiality and to be provided with an explanation of its limitations (including how supervisors, and/or treatment team professionals are involved);

(b). to obtain clear information about their records;

(c). to participate in the ongoing counseling plans; and

(d). to refuse any services or modality change and to be advised of the consequences of such refusal.

c. Development and Cultural Sensitivity. Licensees communicate information in ways that are both developmentally and culturally appropriate. Licensees use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language used by licensees, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, licensees consider cultural implications of informed consent procedures and, where possible, licensees adjust their practices accordingly.

d. Inability to Give Consent. When counseling minors or persons unable to give voluntary consent, licensees seek the assent of clients to services, and include them in decision making as appropriate. Licensees recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

3. Clients Served by Others. When licensees learn that their clients are in a professional relationship with another mental health professional, they request written release of information that the clients sign in order to communicate with other professionals and strive to establish positive and collaborative professional relationships.

4. Avoiding Harm and Imposing Values

a. Avoiding Harm. Licensees act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

b. Personal Values. Licensees are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals. Licensees respect the diversity of clients, trainers, and research participants.

5. Roles and Relationships with Clients

a. Current Clients. Sexual or romantic licensee-client interaction or relationships with current clients, their romantic partners, or their family members are prohibited.

b. Former Clients. Sexual or romantic client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of five years following the last professional contact. Licensees, before engaging in sexual or romantic interactions or relationships with clients their romantic partners, or client family members after five years following the last professional contact, demonstrate forethought and document (in written form) whether the interactions or relationships can be viewed as exploitive in some way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering such an interaction or relationship.

c. Nonprofessional Interactions or Relationships (other than sexual or romantic interactions or relationships). Licensee-client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client.

d. Potentially Beneficial Interactions. When a licensee-client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the licensee must document in case records, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. Such interactions should be initiated with appropriate client consent. Where unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, due to the non professional interaction, the licensee must show evidence of an attempt to remedy such harm. Examples of potentially beneficial interactions include, but are not limited to:

i. attending a formal ceremony (e.g., a wedding/commitment ceremony or graduation);

ii. purchasing a service or product provided by a client or former client (excepting unrestricted bartering);

iii. hospital visits to an ill family member, mutual membership in a professional association, organization, or community.

e. Role Changes in the Professional Relationship. When a licensee changes a role from the original or most recent contracted relationship, he or she obtains informed consent from the client and explains the right of the client to refuse services related to the change. Examples of role changes include:

i. changing from individual to relationship or family counseling, or vice versa;

ii. changing from a nonforensic evaluative role to a therapeutic role, or vice versa;

iii. changing from a licensee to a researcher role (i.e., enlisting clients as research participants), or vice versa; and

iv. changing from a licensee to a mediator role, or vice versa.

(a). Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, or therapeutic) of licensee role changes.

6. Roles and Relationships at Individual, Group, Institutional and Societal Levels

a. Advocacy. When appropriate, licensees advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients.

b. Confidentiality and Advocacy. Licensees obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.

7. Multiple Clients

a. When a licensee agrees to provide counseling services to two or more persons who have a relationship, the licensee clarifies at the outset which person or persons are clients and the nature of the relationships the licensee will have with each involved person. If it becomes apparent that the licensee may be called upon to perform potentially conflicting roles, the licensee will clarify, adjust, or withdraw from roles appropriately.

8. Group Work

a. Screening. Licensees screen prospective group counseling/therapy participants. To the extent possible, licensees 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.

b. Protecting Clients. In a group setting, licensees take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

9. End-of-Life Care for Terminally Ill Clients

a. Quality of Care. Licensees strive to take measures that enable clients:

i. to obtain high-quality end-of-life care for their physical, emotional, social, and spiritual needs;

ii. to exercise the highest degree of self-determination possible;

iii. to be given every opportunity possible to engage in informed decision making regarding their end-of-life care; and

iv. to receive complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf from a mental health professional who is experienced in end-of-life care practice.

b. Licensee Competence, Choice, and Referral. Recognizing the personal, moral, and competence issues related to end-of-life decisions, licensees may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Licensees provide appropriate referral information to ensure that clients receive the necessary help.

c. Confidentiality. Licensees who provide services to terminally ill individuals who are considering hastening their own deaths have the option of breaking or not breaking confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties.

10. Fees and Bartering

a. Accepting Fees from Agency Clients. Licensees refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the licensee'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.

b. Establishing Fees. In establishing fees for professional counseling services, licensees consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, licensees assist clients in attempting to find comparable services of acceptable cost.

c. Nonpayment of Fees. If licensees intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they first inform clients of intended actions and offer clients the opportunity to make payment.

d. Bartering. Licensees may barter only if the relationship is not exploitive or harmful and does not place the licensee in an unfair advantage, if the client requests it, and if such arrangements are an accepted practice among

professionals in the community. Licensees consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

e. Receiving Gifts. Licensees understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and showing gratitude. When determining whether or not to accept a gift from clients, licensees take into account the therapeutic relationship, the monetary value of the gift, a client's motivation for giving the gift, and the licensee's motivation for wanting or declining the gift.

11. Termination and Referral

a. Abandonment Prohibited. Licensees do not abandon or neglect clients in counseling and inform clients of professional limitations. Licensees assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination.

b. Inability to Assist Clients. If licensees determine an inability to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Licensees are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, licensees should discontinue the relationship.

c. Appropriate Termination. Licensees terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling. Licensees may terminate counseling when in jeopardy of harm by the client, or another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Licensees provide pretermination counseling and recommend other service providers when necessary.

d. Appropriate Transfer of Services. When licensees transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed and open communication is maintained with both clients and practitioners.

12. Technology Applications

a. Benefits and Limitations. Licensees inform clients of the benefits and limitations of using information technology applications in the counseling process and in business/billing procedures. Such technologies include, but are not limited to:

i. computer hardware and software;

ii. telephones;

iii. the world wide web;

iv. the internet;

v. online assessment instruments; and

vi. other communication devices.

b. Technology-Assisted Services. When providing technology-assisted distance counseling services, licensees determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients.

c. Inappropriate Services. When technology-assisted distance counseling services are deemed inappropriate by the licensee or client, licensees consider delivering services face-to-face.

d. Access. Licensees provide reasonable access to computer applications when providing technology-assisted distance counseling services.

e. Laws and Statutes. Licensees ensure that the use of technology does not violate the laws of any local, state, national, or international entity and observe all relevant statutes.

f. Assistance. Licensees seek business, legal, and technical assistance when using technology applications, particularly when the use of such applications crosses state or national boundaries.

g. Technology and Informed Consent. As part of the process of establishing informed consent, licensees do the following:

i. address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications;

ii. inform clients of all colleagues, supervisors, and employees, such as informational technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions;

iii. urge clients to be aware of all authorized or unauthorized user,s including family members and fellow employees who have access to any technology clients may use in the counseling process;

iv. inform clients of pertinent legal rights and limitations governing the practice of a profession over state lines or international boundaries;

v. use encrypted websites and email communications to help ensure confidentiality when possible;

vi. when the use of encryption is not possible, licensees notify clients of this fact and limit electronic transmissions to general communications that are not client specific;

vii. inform clients if and for how long archival storage of transaction records are maintained;

viii. discuss the possibility of technology failure and alternate methods of service delivery;

ix. inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the licensee is not available;

x. discuss time zone differences, local customs, and cultural or language differences that might impact service delivery;

xi. inform clients when technology-assisted distance counseling services are not covered by insurance.

h. Sites on the World Wide Web. Licensees maintaining sites on the world wide web (the internet) do the following:

i. regularly check that electronic links are working and professionally appropriate;

ii. establish ways clients can contact the licensee in case of technology failure;

iii. provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns;

iv. establish a method for verifying client identity;

v. obtain the written consent of the legal guardian or other authorized legal representative prior to rendering services in the event the client is:

(a). a minor child;

(b). an adult who is legally incompetent; or

(c). an adult incapable of giving informed consent;

vi. strive to provide a site that is accessible to persons with disabilities;

vii. strive to provide translation capabilities for clients who have a different primary language while also addressing the imperfect nature of such translations;

viii. assist clients in determining the validity and reliability of information found on the world wide web and other technology applications.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 39:1792 (July 2013), LR 41:725 (April 2015).

§2105. Confidentiality, Privileged Communication, and Privacy

A. Licensees recognize that trust is a cornerstone of the counseling relationship. Licensees aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Licensees communicate the parameters of confidentiality in a culturally competent manner.

1. Respecting Client Rights

a. Multicultural/Diversity Considerations. Licensees maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Licensees respect differing views toward disclosure of information. Licensees hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

b. Respect for Privacy. Licensees shall respect their clients' right to privacy and avoid legal and unwarranted disclosures of confidential information.

c. Respect for Confidentiality. Licensees do not share confidential information without client consent. The right to privacy may be waived by the client or their legally recognized representative.

d. Explanation of Limitations. At initiation and throughout the counseling process, licensees inform clients of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached.

2. Exceptions

a. Danger and Legal Requirements. The general requirement that licensees shall keep information confidential does not apply when disclosure is required because a patient has communicated a threat of physical violence, which is deemed to be significant in the clinical judgment of the licensee, against a clearly identified victim or victims, coupled with the apparent intent and ability to carry out such threat, or when legal requirements otherwise demand that confidential information be revealed. Licensee shall consult with other professionals when in doubt as to the validity of an exception.

b. Contagious, Life-Threatening Diseases. When clients disclose that they have a disease commonly known to be both communicable and life threatening, licensees may be justified in disclosing information to identifiable third parties, if they are known to be at demonstrable and high risk of contracting the disease. Prior to making a disclosure, licensees confirm that there is such a diagnosis and assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to an identifiable third party.

c. Court-Ordered Disclosure. When subpoenaed to release confidential or privileged information without a client's permission, licensees obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible due to potential harm to the client or counseling relationship.

d. Minimal Disclosure. To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.

3. Information Shared with Others

a. Subordinates. Licensees make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers.

b. Treatment Teams. When client treatment involves a continued review or participation by a treatment team, the client will be informed of the team's existence and composition, information being shared, and the purposes of sharing such information.

c. Confidential Settings. Licensees discuss confidential information only in settings in which they can reasonably ensure client privacy.

d. Third-Party Payers. Licensees disclose information to third-party payers only when clients have authorized such disclosure.

e. Transmitting Confidential Information. Licensees take precautions to ensure the confidentiality of information transmitted through the use of:

i. computers;

ii. electronic mail;

iii. facsimile machines;

iv. telephones;

v. voicemail;

vi. answering machines; and

vii. other electronic or computer technology.

f. Deceased Clients. Licensees protect the confidentiality of deceased clients, consistent with legal requirements and agency or setting policies.

4. Groups and Families

a. Group Work. In group work, counselors clearly explain the importance and parameters of confidentiality for the specific group being entered.

b. Couples and Family Counseling. In couples and family counseling, licensees clearly define who is considered "the client" and discuss expectations and limitations of confidentiality. Licensees seek agreement and document in writing such agreement among all involved parties having capacity to give consent concerning each individual's right to confidentiality and any obligation to preserve the confidentiality of information known.

5. Clients Lacking Capacity to Give Informed Consent

a. Responsibility to Clients. When counseling minor clients or adult clients who lack the capacity to give voluntary, informed consent, licensees protect the confidentiality of information received in the counseling relationship as specified by federal and state laws, written policies, and applicable ethical standards.

b. Responsibility to Parents and Legal Guardians. Licensees inform parents and legal guardians about the role of licensees and the confidential nature of the counseling relationship. Licensees are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians over the welfare of their children/charges according to law. Licensees work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

c. Release of Confidential Information. When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, licensees seek permission from an appropriate third party to disclose information. In such instances, licensees inform clients consistent with their level of understanding and take culturally appropriate measures to safeguard client confidentiality.

6. Records

a. Confidentiality of Records. Licensees ensure that records are kept in a secure location and that only authorized persons have access to records.

b. Permission to Record. Licensees obtain permission from clients prior to recording sessions through electronic or other means.

c. Permission to Observe. Licensees obtain permission from clients prior to observing counseling sessions, reviewing session transcripts, or viewing recordings of sessions with supervisors, faculty, peers, or others within the training environment.

d. Client Access. Licensees provide reasonable access to records and copies of records when requested by competent clients. Licensees limit the access of clients to their records, or portions of their records, only when there is compelling evidence that such access would cause harm to the client. Licensees document the request of clients and the rationale for withholding some or all of the record in the files of clients. In situations involving multiple clients, licensees provide individual clients with only those parts of records that related directly to them and do not include confidential information related to any other client.

e. Assistance with Records. When clients request access to their records, licensees provide assistance and consultation in interpreting counseling records.

f. Disclosure or Transfer. Unless exceptions to confidentiality exist, licensees obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

g. Storage and Disposal after Termination. Licensees store records following termination of services to ensure reasonable future access, maintain records in accordance with state and federal statutes governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. When records are of an artistic nature, licensees obtain client (or guardian) consent with regards to handling of such records or documents.

h. Reasonable Precautions. Licensees take reasonable precautions to protect client confidentiality in the event of the licensee's termination of practice, incapacity, or death.

7. Research and Training

a. Institutional Approval. When institutional approval is required, licensees provide accurate information about their research proposals and obtain approval prior to conducting their research. They conduct research in accordance with the approved research protocol.

b. Adherence to Guidelines. Licensees are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

c. Confidentiality of Information Obtained in Research. Violations of participant privacy and confidentiality are risks of participation in research involving human participants. Investigators maintain all research records in a secure manner. They explain to participants the risks of violations of privacy and confidentiality and disclose to participants any limits of confidentiality that reasonably can be expected. Regardless of the degree to which confidentiality will be maintained, investigators must disclose to participants any limits of confidentiality that reasonably can be expected.

d. Disclosure of Research Information. Licensees do not disclose confidential information that reasonably could lead to the identification of a research participant unless they have obtained the prior consent of the person. Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved.

e. Agreement for Identification. Identification of clients, or students, or supervisees in a presentation or publication is permissible only when they have reviewed the material and agreed to its presentation or publication.

8. Consultation

a. Agreements. When acting as consultants, licensees seek agreements among all parties involved concerning each individual's rights to confidentiality, the obligation of each individual to preserve confidential information, and the limits of confidentiality of information shared by others.

b. Respect for Privacy. Information obtained in a consulting relationship is discussed for professional purposes only with persons directly involved with the case. Written and oral reports present only data germane to the purposes of the consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy.

c. Disclosure of Confidential Information. When consulting with colleagues, licensees do not disclose confidential information that reasonably could lead to the identification of a client or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purposes of the consultation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 39:1796 (July 2013), LR 41:728 (April 2015).

§2107. Professional Responsibilities

A. Licensees aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a non-discriminatory manner within the boundaries of professional and personal competence and have a responsibility to abide by the code of conduct and standards of practice. Licensees actively participate in local, state, and national associations that foster the development and improvement of counseling. Licensees advocate to promote change at the individual, group, institutional, and societal levels that improves the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Licensees have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies. In addition, licensees engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

1. Knowledge of Standards

a. Licensees have a responsibility to read, understand, and follow the code of conduct and standards of practice and adhere to applicable laws and regulations.

2. Professional Competence

a. Boundaries of Competence. Licensees practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Licensees gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. All licensees must submit to the 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.

b. New Specialty Areas of Practice. Licensees practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, licensees take steps to ensure the competence of their work and to protect others from possible harm. All licensees must submit to the 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 before claiming said specialty area(s). At the discretion of the board an oral examination may be required before approval of specialty area(s).

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

d. Monitor Effectiveness. Licensees continually monitor their effectiveness as professionals and take steps to improve when necessary. Licensees in private practice take reasonable steps to seek peer supervision as needed to evaluate their efficacy as licensees.

e. Consultation on Ethical Obligations. Licensees take reasonable steps to consult with other licensees or related professionals when they have questions regarding their ethical obligations or professional practice.

f. Continuing Education. Licensees recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse populations and specific populations with whom they work.

g. Impairment. Licensees are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time it is determined that they may safely resume their work. Licensees assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

h. Licensees Incapacitation or Termination of Practice. When licensees leave a practice, they follow a prepared plan for transfer of clients and files. Licensees prepare and disseminate to an identified colleague or "records custodian" a plan for the transfer of clients and files in the case of their incapacitation, death, or termination of practice (see §2105.A.6.h).

3. Advertising and Soliciting Clients

a. Accurate Advertising. When advertising or otherwise representing their services to the public, licensees identify their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent.

b. Testimonials. Licensees who use testimonials do not solicit them from current clients nor former clients nor any other persons who may be vulnerable to undue influence.

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

d. Recruiting Through Employment. Licensees do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultees for their private practices.

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

f. Promoting to Those Served. Licensees do 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. However, counselor educators may adopt textbooks they have authored for instructional purposes.

4. Professional Qualifications

a. Accurate Representation. Licensees claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Licensees truthfully represent the qualifications of their professional colleagues. Licensees clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training.

b. Credentials. Licensees claim only licenses or certifications that are current and in good standing.

c. Educational Degrees. Licensees clearly differentiate between earned and honorary degrees.

d. Implying Doctoral-Level Competence. Licensees clearly state their highest earned degree in counseling or closely related field. Licensees do not imply doctoral-level competence when only possessing a master's degree in counseling or a related field by referring to themselves as "Dr." in a counseling context when their doctorate is not in counseling or related field. 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 word "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. Program Accreditation Status. Licensees clearly state the accreditation status of their degree programs at the time the degree was earned.

f. Professional Membership. Licensees clearly differentiate between current, active memberships and former memberships in associations. Members of the American Counseling Association must clearly differentiate between professional membership, which implies the possession of at least a master's degree in counseling, and regular membership, which is open to individuals whose interests and activities are consistent with those of ACA but are not qualified for professional membership.

5. Nondiscrimination

a. Licensees do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. Licensees do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons.

6. Public Responsibility

a. Sexual Harassment. Licensees do not engage in or condone sexual harassment.

Sexual Harassment—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 or learning environment, and licensees know or are told this; or

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

b. Reports to Third Parties. Licensees are accurate, honest, and objective 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.

c. Media Presentations. When licensees provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that:

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

ii. the statements are otherwise consistent with the code of conduct; and

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

d. Exploitation of Others. Licensees do not exploit others in their professional relationships.

e. Scientific Bases for Treatment Modalities. Licensees use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. Licensees who do not must define the techniques/procedures as "unproven" or "developing" and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm.

7. Responsibility to Other Professionals

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 39:1798 (July 2013), LR 41:730 (April 2015).

§2109. Relationships with Other Professionals

A. Professional licensees recognize that the quality of their interactions with colleagues can influence the quality of services provided to clients. They work to become knowledgeable about colleagues within and outside the field of counseling. Licensees develop positive working relationships and systems of communication with colleagues to enhance services to clients.

1. Relationships with Colleagues, Employers, and Employees

a. Different Approaches. Licensees are respectful of approaches to counseling services that differ from their own. Licensees are respectful of traditions and practices of other professional groups with which they work.

b. Forming Relationships. Licensees work to develop and strengthen interdisciplinary relations with colleagues from other disciplines to best serve clients.

c. Interdisciplinary Teamwork. Licensees who are members of interdisciplinary teams delivering multifaceted services to clients keep the focus on how to best serve the clients. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines.

d. Confidentiality. When licensees are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues.

e. Establishing Professional and Ethical Obligations. Licensees who are members of interdisciplinary teams clarify professional and ethical obligations of the team as a whole and of its individual members. When a team decision raises ethical concerns, licensees first attempt to

resolve the concern within the team. If they cannot reach resolution among team members, licensees pursue other avenues to address their concerns consistent with client well-being.

f. Personnel Selection and Assignment. Licensees select competent staff and assign responsibilities compatible with their skills and experiences.

g. Employer Policies. The acceptance of employment in an agency or institution implies that licensees are in agreement with its general policies and principles. Licensees 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.

h. Negative Conditions. Licensees alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be effected, licensees take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations, or voluntary termination of employment.

i. Protection from Punitive Action. Licensees take care not to harass or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

2. Consultation

a. Consultant Competency. Licensees take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Licensees provide appropriate referral resources when requested or needed.

b. Understanding Consultees. When providing consultation, licensees attempt to develop with their consultees a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

c. Consultant Goals. The consulting relationship is one in which consultee adaptability and growth toward self-direction are consistently encouraged and cultivated.

d. Informed Consent in Consultation. When providing consultation, licensees have an obligation to review, in writing and verbally, the rights and responsibilities of both licensees and consultees. Licensees use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality. Working in conjunction with the consultee, licensees attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees.

e. Consultation with Medical Practitioners. In the event a client is diagnosed with a “serious mental illness”, licensees must consult and collaborate on an ongoing basis with a practitioner who is licensed by the Louisiana State Board of Medical Examiners and is authorized to prescribe medications in the management of psychiatric illness.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 39:1800 (July 2013), LR 41:732 (April 2015).

§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. Licensees 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. Licensees shall recognize their legal parameters in utilizing formalized appraisal techniques and adhere to such.

2. Client Welfare. Licensees 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. Licensees 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. Licensees 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. Licensees shall take reasonable measures to ensure the proper use of formalized appraisal techniques by persons under their supervision.

2. Appropriate Use. Licensees 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. Licensees 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. Licensees 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, licensees 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 licensees or by computer or other outside services, licensees 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. Licensees 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. Licensees 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. Licensees 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. Licensees 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. Licensees 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. Licensees 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. Licensees 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. Licensees 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 Licensees 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, licensees 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. Licensees 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. Licensees 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. Licensees shall maintain the integrity and security of tests and other appraisal techniques consistent with legal and contractual obligations. Licensees 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. Licensees shall not use data or test results that are obsolete or outdated for the current purpose. Licensees shall make every effort to prevent the misuse of obsolete measures and test data by others.

K. Test Construction. Licensees 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. 37:1101-1123.

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), LR 41:732 (April 2015).

§2113. Supervision, Training, and Teaching

A. Licensees aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students. Licensees have theoretical and pedagogical foundations for their work and aim to be fair, accurate, and honest in their assessments of counselors-in-training.

1. Provisional Licensed Professional Counselor Supervision and Client Welfare

a. Client Welfare. A primary obligation of counseling supervisors is to monitor the services provided by other licensees or counselors-in-training. Counseling supervisors monitor client welfare and supervisee clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the code of conduct and standards of practice.

b. Provisional Licensed Professional Counselor Credentials. Counseling supervisors work to ensure that clients are aware of the qualifications of the supervisees who render services to the clients.

c. Informed Consent and Client Rights. Supervisors make supervisees aware of client rights including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be used.

2. Provisional Licensed Professional Counselor Supervision Competence

a. Supervisor Preparation. Prior to offering clinical supervision services, licensed professional counselors are trained in supervision methods and techniques. Licensed professional counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills.

b. Multicultural Issues/Diversity in Supervision. Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship.

3. Supervisory Relationships

a. Relationship Boundaries With Supervisees. Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Counseling supervisors avoid nonprofessional relationships with current supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role. They do not engage in any form of nonprofessional interaction that may compromise the supervisory relationship.

b. Sexual Relationships. Sexual or romantic interactions or relationships with current supervisees are prohibited.

c. Sexual Harassment. Counseling supervisors do not condone or subject supervisees to sexual harassment.

d. Close Relatives and Friends. Counseling supervisors avoid accepting close relatives, romantic partners, or friends as supervisees.

e. Potentially Beneficial Relationships. Counseling supervisors are aware of the power differential in their relationships with supervisees. If they believe nonprofessional relationships with a supervisee may be potentially beneficial to the supervisee, they take precautions similar to those taken by licensees when working with clients. Examples of potentially beneficial interactions or relationships include attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counseling supervisors engage in open discussions with supervisees when they consider entering into relationships with them outside of their roles as clinical and/or administrative supervisors. Before engaging in nonprofessional relationships, supervisors discuss with supervisees and document the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences for the supervisee. Supervisors clarify the specific nature and limitations of the additional role(s) they will have with the supervisee.

4. Supervisor Responsibilities

a. Informed Consent for Supervision. Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which they are to adhere and the mechanisms for due process appeal of individual supervisory actions.

b. Emergencies and Absences. Supervisors establish and communicate to supervisees procedures for contacting them or, in their absence, alternative on-call supervisors to assist in handling crises.

c. Standards for Supervisees. Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities. Supervisors of provisional licensed professional counselors encourage these supervisees to adhere to professional standards of practice.

d. Termination of the Supervisory Relationship. Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

5. Counseling Supervision Evaluation, Remediation, and Endorsement

a. Evaluation. Supervisors document and provide supervisees with ongoing performance appraisal and evaluation feedback and schedule periodic formal evaluative sessions throughout the supervisory relationship.

b. Limitations. Through ongoing evaluation and appraisal, supervisors are aware of the limitations of supervisees that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, or state or voluntary professional credentialing processes when those supervisees are unable to provide competent professional services. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions.

c. Counseling for Supervisees. If supervisees request counseling, supervisors provide them with acceptable referrals. Supervisors do not provide counseling services to their supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning (see F.3.a).

d. Endorsement. Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

6. Responsibilities of Counselor Educators

a. Counselor Educators. Counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students and supervisees aware of their responsibilities. Counselor educators conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior.

b. Infusing Multicultural Issues/Diversity. Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

c. Integration of Study and Practice. Counselor educators establish education and training programs that integrate academic study and supervised practice.

d. Teaching Ethics. Counselor educators make students and supervisees aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the curriculum.

e. Peer Relationships. Counselor educators make every effort to ensure that the rights of peers are not compromised when students or supervisees lead counseling groups or provide clinical supervision. Counselor educators take steps to ensure that students and supervisees understand they have the same ethical obligations as counselor educators, trainers, and supervisors.

f. Innovative Theories and Techniques. When counselor educators teach counseling techniques/procedures that are innovative, without an empirical foundation, or without a well-grounded theoretical foundation, they define the counseling techniques/procedures as "unproven" or "developing" and explain to students the potential risks and ethical considerations of using such techniques/procedures.

g. Field Placements. Counselor educators develop clear policies within their training programs regarding field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and inform site supervisors of their professional and ethical responsibilities in this role.

h. Professional Disclosure. Before initiating counseling services, counselors-in-training disclose their status as students and explain how this status affects the limits of confidentiality. Counselor educators ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process.

7. Student Welfare

a. Orientation. Counselor educators recognize that orientation is a developmental process that continues throughout the educational and clinical training of students. Counseling faculty provide prospective students with information about the counselor education program's expectations:

i. the type and level of skill and knowledge acquisition required for successful completion of the training;

ii. program training goals, objectives, and mission, and subject matter to be covered;

iii. bases for evaluation;

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

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

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

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

b. Self-Growth Experiences. Counselor education programs delineate requirements for self-disclosure or self-growth experiences in their admission and program materials. Counselor educators use professional judgment when designing training experiences they conduct that require student and supervisee self-growth or self-disclosure. Students and supervisees are made aware of the ramifications their self-disclosure may have when counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the student's level of self-disclosure. Counselor educators may require trainees to seek professional help to address any personal concerns that may be affecting their competency.

8. Student Responsibilities

a. Standards for Students. Counselors-in-training have a responsibility to understand and follow the ACA code of ethics and Code of Conduct adopted by the LPC Board and adhere to applicable laws, regulatory policies, and rules and policies governing professional staff behavior at the agency or placement setting. Students have the same obligation to clients as those required of licensees.

b. Impairment. Counselors-in-training refrain from offering or providing counseling services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and notify their program supervisors when they are aware that they are unable to effectively provide services. In addition, they seek appropriate professional services for themselves to remediate the problems that are interfering with their ability to provide services to others.

9. Evaluation and Remediation of Students

a. Evaluation. Counselor educators clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students with ongoing performance appraisal and evaluation feedback throughout the training program.

b. Limitations. Counselor educators, throughout ongoing evaluation and appraisal, are aware of and address the inability of some students to achieve counseling competencies that might impede performance. Counselor educators:

i. assist students in securing remedial assistance when needed;

ii. seek professional consultation and document their decision to dismiss or refer students for assistance; and

iii. ensure that students have recourse in a timely manner to address decisions to require them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures.

c. Counseling for Students. If students request counseling or if counseling services are required as part of a remediation process, counselor educators provide acceptable referrals.

10. Roles and Relationships between Counselor Educators and Students

a. Sexual or Romantic Relationships. Sexual or romantic interactions or relationships with current students are prohibited.

b. Sexual Harassment. Counselor educators do not condone or subject students to sexual harassment.

c. Relationships with Former Students. Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members foster open discussions with former students when considering engaging in a social, sexual, or other intimate relationship. Faculty members discuss with the former student how their former relationship may affect the change in relationship.

d. Nonprofessional Relationships. Counselor educators avoid nonprofessional or ongoing professional relationships with students in which there is a risk of potential harm to the student or that may compromise the training experience or grades assigned. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisee placement.

e. Counseling Services. Counselor educators do not serve as counselors to current students unless this is a brief role associated with a training experience.

f. Potentially Beneficial Relationships. Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by licensees when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counselor educators engage in open discussions with students when they consider entering into relationships with students outside of their roles as teachers and supervisors. They

discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time-limited and initiated with student consent.

11. Multicultural/Diversity Competence in Counselor Education and Training Programs

a. Faculty Diversity. Counselor educators are committed to recruiting and retaining a diverse faculty.

b. Student Diversity. Counselor educators actively attempt to recruit and retain a diverse student body. Counselor educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing diverse cultures and types of abilities students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance.

c. Multicultural/Diversity Competence. Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various cultural perspectives.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 39:1800 (July 2013), LR 41:734 (April 2015).

§2115. Research and Publication

A. Licensees who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and more just society. Licensees support efforts of researchers by participating fully and willingly whenever possible. Licensees minimize bias and respect diversity in designing and implementing research programs.

1. Research Responsibilities

a. Use of Human Research Participants. Licensees plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human research participants.

b. Deviation from Standard Practice. Licensees seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard or acceptable practices.

c. Independent Researchers. When independent researchers do not have access to an institutional review board (IRB), they should consult with researchers who are familiar with IRB procedures to provide appropriate safeguards.

d. Precautions to Avoid Injury. Licensees who conduct research with human participants are responsible for the welfare of participants throughout the research process and should take reasonable precautions to avoid causing injurious psychological, emotional, physical, or social effects to participants.

e. Principal Researcher Responsibility. The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and responsibility for their own actions.

f. Minimal Interference. Licensees take reasonable precautions to avoid causing disruptions in the lives of research participants that could be caused by their involvement in research.

g. Multicultural/Diversity Considerations in Research. When appropriate to research goals, licensees are sensitive to incorporating research procedures that take into account cultural considerations. They seek consultation when appropriate.

2. Rights of Research Participants

a. Informed Consent in Research. Individuals have the right to consent to become research participants. In seeking consent, licensees use language that:

i. accurately explains the purpose and procedures to be followed;

ii. identifies any procedures that are experimental or relatively untried;

iii. describes any attendant discomforts and risks;

iv. describes any benefits or changes in individuals or organizations that might be reasonably expected;

v. discloses appropriate alternative procedures that would be advantageous for participants;

vi. offers to answer any inquiries concerning the procedures;

vii. describes any limitations on confidentiality;

viii. describes the format and potential target audiences for the dissemination of research findings; and

ix. instructs participants that they are free to withdraw their consent and to discontinue participation in the project at any time without penalty.

b. Deception. Licensees do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. If such deception has the potential to cause physical or emotional harm to research participants, the research is not conducted, regardless of prospective value. When the methodological requirements of a study

necessitate concealment or deception, the investigator explains the reasons for this action as soon as possible during the debriefing.

c. Student/Supervisee Participation. Researchers who involve students or supervisees in research make clear to them that the decision regarding whether or not to participate in research activities does not affect one's academic standing or supervisory relationship. Students or supervisees who choose not to participate in educational research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

d. Client Participation. Licensees conducting research involving clients make clear in the informed consent process that clients are free to choose whether or not to participate in research activities. Licensees take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

e. 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, be explained to participants as a part of the procedure for obtaining informed consent.

f. Persons Not Capable of Giving Informed Consent. When a person is not capable of giving informed consent, licensees provide an appropriate explanation to, obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

g. Commitments to Participants. Licensees take reasonable measures to honor all commitments to research participants.

h. Explanations after Data Collection. After data are collected, licensees provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. Where scientific or human values justify delaying or withholding information, licensees take reasonable measures to avoid causing harm.

i. Informing Sponsors. Licensees inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Licensees ensure that appropriate bodies and authorities are given pertinent information and acknowledgement.

j. Disposal of Research Documents and Records. Within a reasonable period of time following the completion of a research project or study, licensees take steps to destroy records or documents (audio, video, digital, and written) containing confidential data or information that identifies research participants. When records are of an artistic nature, researchers obtain participant consent with regard to handling of such records or documents.

3. Relationships with Research Participants (when research involves intensive or extended interactions)

a. Nonprofessional Relationships. Nonprofessional relationships with research participants should be avoided.

b. Relationships with Research Participants. Sexual or romantic counselor-research participant interactions or relationships with current research participants are prohibited.

c. Sexual Harassment and Research Participants. Researchers do not condone or subject research participants to sexual harassment.

d. Potentially Beneficial Interactions. When a nonprofessional interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research participant. Where unintentional harm occurs to the research participant due to the nonprofessional interaction, the researcher must show evidence of an attempt to remedy such harm.

4. Reporting Results

a. Accurate Results. Licensees plan, conduct, and report research accurately. They provide thorough discussions of the limitations of their data and alternative hypotheses. Licensees do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data. They describe the extent to which results are applicable for diverse populations.

b. Obligation to Report Unfavorable Results. Licensees report the results of any research of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

c. Reporting Errors. If licensees discover significant errors in their published research, they take reasonable steps to correct such errors in a correction erratum, or through other appropriate publication means.

d. Identity of Participants. Licensees who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data are adapted/changed to protect the identity and welfare of all parties and that discussion of results does not cause harm to participants.

e. Replication Studies. Licensees are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

5. Publication

a. Recognizing Contributions. When conducting and reporting research, licensees are 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.

b. Plagiarism. Licensees do not plagiarize, that is, they do not present another person's work as their own work.

c. Review/Republication of Data or Ideas. Licensees fully acknowledge and make editorial reviewers aware of prior publication of ideas or data where such ideas or data are submitted for review or publication.

d. Contributors. Licensees 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 is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

e. Agreement of Contributors. Licensees who conduct joint research with colleagues or students/supervisees establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgement that will be received.

f. Student Research. For articles that are substantially based on students' course papers, projects, dissertations or theses, and on which students have been the primary contributors, they are listed as principal authors.

g. Duplicate Submission. Licensees 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 are not submitted for publication without acknowledgment and permission from the previous publication.

h. Professional Review. Licensees who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Licensees use care to make publication decisions based on valid and defensible standards. Licensees review article submissions in a timely manner and based on their scope and competency in research methodologies. Licensees who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and use care to avoid personal biases.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), 39:1803 (July 2013), LR 41:735 (April 2015).

§2117. Resolving Ethical Issues

A. Licensees behave in a legal, ethical, and moral manner in the conduct of their professional work. They are aware that client protection and trust in the profession depend on a high level of professional conduct. They hold other licensees to the same standards and are willing to take appropriate action to ensure that these standards are upheld. Licensees strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Licensees incorporate ethical practice into their daily professional work. They engage in ongoing professional development regarding current topics in ethical and legal issues in counseling.

1. Standards and the Law

a. Knowledge. Licensees understand the ACA code of conduct and other applicable ethics codes from other professional organizations or from certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

b. Conflicts between Ethics and Laws. If ethical responsibilities conflict with law, regulations, or other governing legal authority, licensees make known their commitment to the code of conduct and standards of practice and take steps to resolve the conflict. If the conflict cannot be resolved by such means, licensees may adhere to the requirements of law, regulations, or other governing legal authority.

2. Suspected Violations

a. Ethical Behavior Expected. Licensees expect colleagues to adhere to the code of conduct and standards of practice. When licensees possess knowledge that raises doubts as to whether another licensee is acting in an ethical manner, they take appropriate action.

b. Informal Resolution. When licensees have reason to believe that another licensee is violating or has violated an ethical standard, they attempt first to resolve the issue informally with the other licensee, if feasible, provided such action does not violate confidentiality rights that may be involved.

c. Reporting Ethical Violations. If an apparent violation has substantially harmed, or is likely to substantially harm a person or organization and is not appropriate for informal resolution or is not resolved properly, licensees take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when licensees have been retained to review the work of another licensee whose professional conduct is in question.

d. Consultation. When uncertain as to whether a particular situation or course of action may be in violation of the code of conduct, licensees consult with other licensees who are knowledgeable about ethics and the code of conduct, with colleagues, or with appropriate authorities

e. Organizational Conflicts. If the demands of an organization with which licensees are affiliated pose a conflict with the code of conduct, licensees specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the code of conduct. When possible, licensees work toward change within the organization to allow full adherence to the Code of Conduct of Ethics. In doing so, they address any confidentiality issues.

f. Unwarranted Complaints. Licensees do not initiate, participate in, or encourage the filing of ethics complaints that are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

g. Unfair Discrimination against Complainants and Respondents. Licensees do not deny persons employment, advancement, admission to academic or other programs, tenure, or promotion based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

3. Cooperation with Ethics Committees

a. Licensees assist in the process of enforcing the code of conduct. Licensees cooperate with investigations, proceedings, and requirements of the LPC Board disciplinary committee. Licensees are familiar with the code of conduct as established by the LPC Board and the professional and occupational standards and procedures for processing complaints of ethical violations as it pertains to the enforcement of the code of conduct and standards of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 39:1805 (July 2013), LR 41:736 (April 2015).

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

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

1. Licensed professional counselor or provisional licensed professional counselor'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 or provisional license.

c. An individual under supervision must refer to him/herself as a provisional licensed professional counselor 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 Focus

a. List your areas of focus 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 licensee 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 licensee 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 martial relationship if the other partner refuses to work).

13. It is also required that a place be provided for the date and signatures of the licensee, the client(s) and, if warranted, the date and signatures of the parent/guardian and the licensee's supervisor. A general statement is required indicating that the client has read, understands, and agrees to the conditions set forth by the declaration statement. Minor clients must have an accompanying parent/guardian signature which provides consent for their treatment.

B. To practice mental health counseling in Louisiana the licensed professional counselor or provisional licensed professional counselor must have a current copy of his/her declaration statement on file in the LPC Board office. The provisional licensed professional counselor must include a copy of his/her declaration statement with each application for or change in 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. 37:1101-1123.

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), LR 39:1806 (July 2013), LR 41:737 (April 2015).

Chapter 23. Licensed Professional Counselor, Licensed Marriage and Family Therapist, Provisional Licensed Professional Counselor, Provisional Licensed Marriage and Family Therapist Professional Assistance Program

§2301. Authority

A. The Louisiana Licensed Professional Counselors Board of Examiners recognizes that impairments in the functioning of persons licensed or provisionally licensed, to practice as licensed professional counselors, provisional licensed professional counselors, licensed marriage and family therapists, or provisional 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), amended LR 41:737 (April 2015).

§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 and provisional licensed professional counselors and to licensed and provisional licensed marriage and family therapists 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 or provisional licensed professional counselor or licensed or provisional licensed marriage and family therapist may enter the program subsequent to voluntary disclosure of impairment via an initial or renewal application for a license or provisional license. 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 or marriage and family therapy in accordance with the conditions of any consent order, compliance or adjudication hearing. A licensed or provisional licensed professional counselor or licensed or provisional licensed marriage and family therapist who enters the program may be allowed to maintain his/her license or provisional license 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 or provisional licensed professional counselor or licensed or provisional licensed marriage and family therapist 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 or provisional licensed professional counselor or licensed or provisional licensed marriage family therapist'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), amended LR 41:737 (April 2015).

§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 or provisional licensed professional counselor or licensed or provisional licensed marriage and family therapist 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 or provisional licensed professional counselor or licensed or provisional licensed marriage and family therapist 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 or provisional licensed professional counselor, licensed or provisional licensed marriage and family therapist's license or provisional license as determined appropriate by the board.

5. When the impairment is substance-related, the participant 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 participant'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 participant, the participant 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 participant 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 participant 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 marriage and family therapy practice, suspension of practice, or voluntary withdrawal from practice for a specific time.

9. In the event that the participant relocates to another jurisdiction, the participant 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 participant will notify the licensing board of that jurisdiction that the participant is impaired and enrolled in the professional assistance program. Should the participant fail to adhere to this requirement, in addition to being deemed in violation of the program requirements and corresponding consent order or adjudication, the participant's license or provisional license will be suspended or revoked.

10. The participant shall notify the board office by telephone within 48 hours and in writing within five working days of any changes of the participant's home or work address, telephone number, employment status, employer and/or change in scope or nature practice. The participant 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 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), amended LR 41:738 (April 2015).

§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 participant's license or provisional license 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), amended LR 41:739 (April 2015).

§2309. Costs and Fees

A. The participant 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), amended LR 41:739 (April 2015).

§2311. Acceptance of Terms; Program Agreement

A. The participant must submit to the board a 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 license or provisional license or re-issuance of a renewal of a license or provisional license.

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), amended LR 41:739 (April 2015).

§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 participant'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 or provisional license.

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), amended LR 41:739 (April 2015).

§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 or provisional licensed professional counselor or licensed or provisional licensed marriage and family therapist 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), amended LR 41:739 (April 2015).

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LX. Licensed Professional Counselors Board of Examiners

Subpart 2. Professional Standards for Licensed Marriage and Family Therapists and Provisional 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. Act 484 of the 2014 Legislative Session empowered the board to provide regulation of the practice and use of the titles “provisional licensed professional counselor” and “provisional licensed marriage and family therapist”. 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, §1101-1123. 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 and the provisional license of applications for provisional licensure as provisional 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:153 (February 2003), amended LR 41:739 (April 2015).

§2705. Description of Organization

A. The Marriage and Family Therapy Advisory Committee, hereafter referred to as the advisory committee, consists of four members, who shall be residents of the state of Louisiana. All candidates and advisory committee members shall be licensed marriage and family therapists. The four 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. 37:1101-1123.

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. 37:1101-1123.

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), LR 41:740 (April 2015).

§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, provisional licensed marriage and family therapists, 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:153 (February 2003), amended LR 41:740 (April 2015).

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. Three 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Professional Counselors, LR 29:154 (February 2003), amended LR 41:740 (April 2015).

§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, provisional 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 or provisional license of an applicant, or impose any other sanctions on licensed or provisional 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Professional Counselors, LR 29:154 (February 2003), amended LR 41:740 (April 2015).

§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 and provisional licensed marriage and family therapists shall be made available to the public.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 41:740 (April 2015).

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."

B. As stated in R.S. 37:1122(A), no person, unless he/she holds a provisional license as a provisional licensed marriage and family therapist, shall advertise as being a "provisional 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 "provisional licensed marriage and family therapist."

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:154 (February 2003), amended LR 41:740 (April 2015).

§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" or "provisional licensed marriage and family therapist".

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:154 (February 2003), amended LR 41:740 (April 2015).

§3105. Definitions for Licensed Marriage and Family Therapists and Provisional Licensed Marriage and Family Therapists

Active Supervision—the process by which a supervisee receives one hour of face-to-face supervision with his/her board-approved supervisor for every 20 hours of direct client contact or at least once every three-month period.

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

Licensee—an individual holding either a full or provisional license issued by the Louisiana Licensed Professional Counselors Board of Examiners. All licensees must accurately identify themselves as fully licensed (i.e., licensed) or provisionally licensed.

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.

Provisional Licensed Marriage and Family Therapist—any person by title or description of services incorporating

the words "provisional licensed marriage and family therapist" and who, under board-approved supervision (i.e. may not practice independently), renders marriage and family therapy denoting a client-therapist relationship in which the licensee assumes the responsibility for knowledge, skill, and ethical consideration needed to assist individuals, groups, organizations, or the general public, and who implies that he/she is provisionally licensed to practice marriage and family therapy.

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.

Supervisee—a provisional licensed marriage and family therapist under the active supervision of his/her board-approved supervisor or board-approved supervisor candidate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 41:741 (April 2015).

Chapter 33. Requirements for Licensure and Provisional Licensure

§3301. General Provisions

A. The board upon recommendation of the marriage and family therapy advisory committee shall license or provisionally 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 or provisional 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:155 (February 2003), amended LR 41:741 (April 2015).

§3303. Definitions

Applicant—any individual seeking licensure or provisional 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.

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. 37:1101-1123.

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), LR 41:741 (April 2015).

§3305. General Licensing Requirements

A. Each person desiring to obtain a license or provisional 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 or provisional license;

3. is qualified for licensure or provisional licensure pursuant to the requirements provided for in this Subpart.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 41:741 (April 2015).

§3309. Academic Requirements for MFT Licensure or Provisional 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. 37:1101-1123.

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), repromulgated LR 41:741 (April 2015).

§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 is provisionally licensed as a provisional licensed marriage and family therapist and is under the supervision of an 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. 37:1101-1123.

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), LR 41:742 (April 2015).

§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.

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), LR 39:1806 (July 2013).

§3315. Application, Practice, and Renewal Requirements for Provisional Licensed Marriage and Family Therapists

A. General Provisions

1. Pursuant to Act 484 of the 2014 Regular Legislative Session and effective May 1, 2015, an individual previously registered as a MFT intern with the Louisiana Licensed Professional Counselors Board of Examiners and under active board-approved supervision will be issued a provisional license as a provisional licensed marriage and family therapists and subject to R.S. 37:1101-1123 and board rules herein.

2. Any MFT intern who has surpassed their seven-year registration period, with the exception of those granted an extension by the board, must reapply to the board as a provisional licensed marriage and family therapist under current law and board rules in order to practice marriage and family therapy.

3. MFT interns granted an extension beyond May 1st, 2015 will be issued a provisional license. Such provisional license will become invalid upon expiration of the board granted extension. The individual must then apply under current law and board rules for provisional licensure as a provisional licensed marriage and family therapist or for licensure as a licensed marriage and family therapist in order to practice marriage and family therapy.

4. Persons who apply to the board for qualification as a provisional licensed marriage and family therapist must meet the specified degree requirements and must successfully complete a minimum of two years of post-graduate clinical 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 provisional licensed marriage and family therapist shall be considered an applicant in process for licensure as an LMFT.

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

6. A provisional licensed marriage and family therapist must provide updates to the board and board-approved supervisor regarding changes in status on forms provided by the board within 30 days of said change. Failure to comply may result in a fine, loss of supervised experience hours, and/or disciplinary action. Changes in status include changes in:

a. relevant personal information, including contact information, physical address, name;

b. relevant practice setting information, including job title/duties, employment status;

c. status with the justice system, including notification of arrest, charges, convictions;

d. status with another licensure/credentialing body, including notification of suspension, revocation, or other disciplinary proceedings/actions;

e. the use of any narcotics, controlled substances, or any alcoholic beverages in a manner that is dangerous to the public or in a manner that impairs the supervisee's ability to provide mental health services to the public;

f. any medical condition which may in any way impair or limit the supervisee's ability to provide mental health services to the public with reasonable skill or safety.

7. The supervisee must maintain documentation of all supervised experience hours by employment location and type of hour (indirect, direct, and face to face supervision). It is recommended that a supervisee obtain the signature of the board-approved supervisor indicating review and approval of documentation at regular intervals.

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 provisional licensed marriage and family therapists 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 provisional licensed marriage and family therapist.

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 supervisee's plan of supervision.

Group Supervision—qualified supervision of more than two and no more than six provisional licensed marriage and family therapists 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 provisional licensed marriage and family therapists providing therapy in the room with the client(s) and for up to two provisional licensed marriage and family therapists observing the therapy and interacting with the supervisor. The time is counted as group supervision when more than two provisional licensed marriage and family therapists involved in direct client contact or more than two observers interacting with the supervisor are present, providing that there are no more than six provisional licensed marriage and family therapists 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 provisional licensed marriage and family therapist that may be considered a dual relationship which may impede the LMFT board-approved supervisor from effectively providing for the professional development of the supervisee and monitoring the ethical and professional quality of the supervisee'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 supervisee'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.

Provisional Licensed Marriage and Family Therapist—an individual who has made formal application for provisional licensure as a provisional licensed marriage and family therapist documenting that he or she has satisfactorily met the standards specified in the Rule for a provisional licensed marriage and family therapist as determined by the advisory committee and who has received a letter from the board indicating their provisional licensure as such. A provisional licensed marriage and family therapist may use the initials PLMFT after his or her name. Provisional licensed marriage and family therapists shall not identify or represent themselves by any other term or title, including "licensed", "fully licensed", "licensed marriage and family therapist", "LMFT", or "therapist". It is the responsibility of the provisional licensed marriage and family therapist to comply with this Rule and board policy in the provision of services to their clients during their postgraduate supervised clinical experience. It is also the provisional licensed marriage and family therapist'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 provisional licensed marriage and family therapist 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 provisional licensed marriage and family therapist will be called the PLMFT or in some instances the supervisee or licensee.

Qualified Supervision—supervision of the clinical services of a provisional licensed marriage and family therapist by a board-approved supervisor or supervisor candidate for the purpose of qualifying the provisional licensed marriage and family therapist for licensure as an 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 provisional licensed marriage and family therapist be considered qualified supervision unless such contact is pre-approved by the advisory committee as part of the supervisee'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 supervisee's successful completion of his or her post-graduate clinical supervised experience, such experience may be included in the supervisee'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.

Supervisee—a provisional licensed marriage and family therapist under the active supervision of his/her board-approved supervisor or board-approved supervisor candidate.

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 superviee'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 PLMFTs—a written agreement between the board-approved supervisor and the PLMFT that establishes the supervisory framework for the postgraduate clinical experience of the supervisee and describes the expectations and responsibilities of the board-approved supervisor and the PLMFT as a supervisee. It is the responsibility of the PLMFT 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. PLMFT Supervision Requirements for Licensure

1. A PLMFT must complete qualified postgraduate clinical experience under the supervision of a board-approved supervisor or registered supervisor candidate that consists of work experience in marriage and family therapy and that includes at least 3,000 hours of clinical services to individuals, couples, families, or groups. An out-of-state applicant may transfer up to 2500 hours of supervised experience towards licensure (a maximum of 1600 direct client contact hours, a maximum of 815 indirect hours, and a maximum of 85 hours of face-to-face supervision). The aforementioned hours must have been accrued under the clinical supervision of an approved supervisor within their state who meets the qualifications of a supervisor of PLMFTs set forth by the advisory committee. The decision to approve transfer of hours and supervisors from out of state shall be made at the discretion of the advisory committee.

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 provisional licensee must apply and be approved for licensure within six years from date of approval as a provisional licensed marriage and family therapists. After six years, the licensee will forfeit all supervised experience hours accrued and must reapply for provisional licensure under current requirements and submit recent continuing education hours (CEHs) as part of reapplication.

d. Applicants for provisional licensure as PLMFTs 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 provisional licensure.

2. The postgraduate clinical experience 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 these 100 hours, only 50 hours may be counted as individual supervision.

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

4. The supervisee may begin accruing client- and supervisor-contact hours only after the supervisee has received an official letter of approval as a provisional licensed marriage and family therapist from the board.

5. The supervisee will be granted a change of approved supervisors or an additional approved supervisor only upon payment of the fee as defined in Chapter 9 and 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 supervisee must submit appropriate documentation for each proposed supervisor. Supervision with the new supervisor is not approved until the supervisee 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 supervisee's existing supervisor(s) have submitted a documentation of experience form for the supervisee in accordance with advisory committee policy.

6. Final approval of the supervisee'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 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. Renewal Requirements for Provisional Licensed Marriage and Family Therapists

1. A provisional licensed marriage and family therapist shall renew his/her provisional license every two years in the month of October by meeting the following requirements each renewal period:

a. 20 clock hours of continuing education in accordance with 3315.E;

b. submit a renewal fee as prescribed in Chapter 9;

c. submit supervised experience hours accrued (direct, indirect, face-to-face supervision) since approval/renewal as a provisional licensed marriage and family therapist;

d. take the national marriage and family therapist examination as determined by the advisory committee and request the submission of a score report to the board by the testing agency until a passing score is achieved. If a passing score is not achieved, the national marriage and family therapist examination must be taken at least once per renewal period. At the discretion of the advisory committee, an oral examination may be required as well;

e. submit an updated statement of practice if there has been a change in the area of expertise, with the content being subject to board review and approval. The advisory committee, at its discretion, may require the licensee to present satisfactory evidence supporting any changes in area of expertise noted in the declaration statement. All other changes as defined in Chapter 33, Section 3315.A.6 should be submitted to the board within 30 days of said change.

2. The board chair, upon recommendation of the advisory committee, shall issue a document renewing the provisional license for a term of two years. The provisional license of any licensee who fails to have his/her provisional

license renewed every two years during the month of October shall lapse. An individual with a lapsed license may not practice mental health counseling, identify his/herself as a provisional licensed marriage and family therapist or accrue any supervised experience hours. A lapsed provisional license may be renewed within a period of 90 days or postmarked by January 31 upon payment of all fees and arrears and presentation of all required documentation. After 90 days, the licensee will forfeit all supervised experience hours accrued during that renewal period and must reapply for provisional licensure under current requirements and submit recent continuing education hours (CEHs) as part of reapplication.

3. The provisional licensee must apply and be approved for licensure within six years from date of approval as a provisional licensed marriage and family therapist. After six years, the licensee will forfeit all supervised experience hours accrued and must reapply for provisional licensure under current requirements and submit recent continuing education hours (CEHs) as part of reapplication.

E. Continuing Education Requirements for Provisional Licensed Marriage and Family Therapists

1. A provisional licensee must accrue 20 clock hours of continuing education by every renewal period every two years. Of the 20 clock hours of continuing education, one and a half clock hours must be accrued in ethics specific to marriage and family therapy and one and a half clock hours must be accrued in diagnosis (assessment, diagnosis, and treatment under the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5) as published by the American Psychiatric Association on May 18, 2013). The required training in diagnosis, assessment, and treatment under the DSM-5 may be specific to a particular condition and/or may be general training in diagnosis, assessment, and treatment. A generic ethics course is not acceptable.

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

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

c. CEHs accrued beyond the required 20 hours may not be applied toward the next renewal period. A provisional licensee renewal period runs November 1 to October 31, every two years.

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

e. At the time of renewal, 10 percent of the licensees will be audited to ensure that the continuing education requirement is being met. Audited licensees will be notified to submit documentation of CEHs.

f. Those provisional licensed marriage and family therapists who hold another license that requires CEHs may count the CEHs obtained for that license toward their PLMFT continuing education hour requirements. Of the 20 CEHs submitted, however, 10 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 one and a half clock hours of ethics specific to marriage and family therapy and one and a half clock hours specific to diagnosis.

2. Approved Continuing Education for Provisional Licensed Marriage and Family Therapists

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

b. A licensee may obtain the 20 CEHs through one or more of the options listed below. A maximum of 10 CEHs may be obtained through an online format, with the exception of coursework obtained through a regionally accredited institution of higher education.

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 §3315.E.4.

ii. Licensees may receive one clock hour of continuing education for each hour of direct participation in a structured educational format as a learner (either for credit or audit). 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 §3315.E.4 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).

c. Optional Ways to Obtain Continuing Education (10 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 §3315.E.4. 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 §3315.E.4. 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 §3315.E.4 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 §3315.E.2.b.iii.(c). 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.

F. 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.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

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), LR 39:1806 (July 2013), LR 41:742 (April 2015).

§3317. Qualifications of the LMFT-Approved Supervisor, LMFT-Registered Supervisor Candidate, Board-Approved Supervisor, and Registered Supervisor Candidate

A. Qualifications of an LMFT-Approved Supervisor and a 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 PLMFTs and licensees 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 PLMFTs 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.

B. Qualification of the Board-Approved Supervisor and Registered Supervisor Candidate

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.

C. 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 PLMFTs until receipt of an official approval letter from the board as a LMFT board-approved supervisor.

2. Applicants for certification as a board-approved supervisor must submit with their application for certification a nonrefundable application fee of $100.

3. 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 LAMFT board-approved supervisors shall not supervise PLMFTs. 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.

4. 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.

D. 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 PLMFTs 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 PLMFTs 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).

E. Renewal of Certification as a Board-Approved Supervisor

1. The board-approved supervisor shall renew his or her board certification to supervise PLMFTs 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 PLMFTs 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 PLMFTs 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 lapsed 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 supervisor status lapse 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 38:1969 (August 2012), amended LR 41:746 (April 2015).

§3319. Responsibilities of the Provisional Licensed Marriage and Family Therapist

A. General Responsibilities

1. The PLMFT is responsible to be thoroughly aware of his or her legal, ethical, and professional responsibilities as a supervisee 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 PLMFT is responsible to meet with the board-approved supervisor(s) for qualified supervision in the manner prescribed in the plan of supervision. The PLMFT must receive active supervision as defined in §3105.

3. The PLMFT 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 supervisee to immediately report to the approved supervisor(s), the supervisee's employer or contractor, and the board any changes in the supervisee's status (loss of employment, change of job status, serious illness, legal difficulty, etc.) that significantly affect the supervisee's continued qualification as a PLMFT, 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 supervisee 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 supervisee, 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 supervisee reports such changes in status to the board in accordance with advisory committee policy.

c. The supervisee is responsible to collaborate with his supervisor(s) over the course of his or her postgraduate clinical experience to develop, maintain, and fulfill a plan of supervision that meets the developmental needs of the supervisee, provides for an appropriate level of professional care for the supervisee's clients, allows for the adequate monitoring of the supervisee's practice by the board-approved supervisor(s) or supervisor candidate, and allows for the supervisee's timely qualification as a LMFT.

d. It is the responsibility of the supervisee to submit amendments to the plan of supervision to the advisory committee within 30 days for approval in accordance with advisory committee policy.

5. The PLMFT 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 supervisee shall inform the board in writing within 30 days in accordance with advisory committee policy in the event that the supervisee's supervisor becomes unwilling or unable to fulfill his or her responsibility to the supervisee 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 supervisees 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 supervisee's clients.

c. Should an interim supervisor not be located in a timely manner as determined by the advisory committee, the supervisee must suspend services to clients until such time as a new supervisor can be located. In such circumstances it is the responsibility of the supervisee to work with his administrative supervisor to see that his clients are appropriately referred.

6. The supervisee 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 supervisee's employer or administrative supervisor exceeds that of the minimum standards in this Rule, the supervisee 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 supervisee's employer or administrative supervisor impedes the ability of the supervisee to comply with the directives of the supervisee's board-approved supervisor(s), the terms of the supervisee's plan of supervision, or the standard of professional behavior described in this Rule, the supervisee shall inform his or her approved supervisor(s) immediately.

7. The supervisee may not have ownership of all or part of any mental health counseling practice or accept any direct fee for service from therapy clients. The supervisee may receive a wage for services rendered as an employee or as a private contractor. Should the supervisee receive monetary compensation as a private contractor for services for which his status as a supervisee qualifies him, the contractual agreement under which the supervisee receives compensation must specify a person who functions in the workplace as an administrative on-site supervisor for the supervisee in his delivery of services under the contract.

B. Specific Responsibilities of the PLMFT to the Approved Supervisor. It is the responsibility of the PLMFT to:

1. follow to the best of the supervisee'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 supervisee's clinical practice and assist the supervisee in maintaining an appropriate standard of care for all clients. The supervisee shall provide his supervisor(s) with reasonable access to all written or electronic documentation that relates to the supervisee's provision of therapeutic services to his clients;

a. the supervisee shall inform the supervisor(s) immediately in the event that the supervisee 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 supervisee's reporting such information as described in Subparagraph B.2.a of this Section to the supervisor is not a substitute for the supervisee'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 supervisee's supervisor(s) any personal or professional conflict that may hinder the supervisee 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 supervisee shall request assistance in

writing from the advisory committee in accordance with advisory committee policy;

b. the supervisee 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 supervisee 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 supervisee is impeded in providing an appropriate level of client care. In the event that such conflict cannot be resolved in a timely manner, the supervisee 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 Provisional Licensure of the PLMFT.

1. The board upon recommendation of the advisory committee may withhold, deny, revoke, suspend or otherwise limit the terms of the provisional licensure of a PLMFT on a finding that the PLMFT has violated any of the rules, regulations, or ethical standards for licensed or provisionally licensed marriage and family therapists as pertains to the supervision of PLMFTs contained in this Rule or prior final decisions and/or consent orders involving the PLMFT.

2. The advisory committee shall provide due notice to the supervisee's designated approved supervisor(s) of any change or potential change in the supervisee's qualification as a PLMFT in accordance with advisory committee policy.

3. The approved supervisor(s) of a supervisee whose provisional licensure as a PLMFT has been revoked, suspended, or otherwise limited shall immediately inform his administrative or site supervisor(s) of the supervisee's of change in status.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 38:1970 (August 2012), amended LR 41:748 (April 2015).

§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 supervisee 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 supervisees and to the public the process of qualification of PLMFTs for licensure.

b. The supervisor shall manage all information pertaining to the clients of the supervisee 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 supervisee about the professional status of the supervisee or the quality of care being provided to the client by the supervisee.

d. In the event that the client of an supervisee makes a complaint or provides information to the supervisor that the supervisee 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 supervisee, warn the client of potential risk, and report the actions of the supervisee to the board in accordance with advisory committee policy.

2. A supervisor may not have more than a combined total of 10 supervisees, including PLMFTs and supervisees in other disciplines and/or registered supervisor candidates.

3. The supervisor is responsible for assisting the supervisee in developing and maintaining the plan of supervision and monitoring the timely submission of appropriate documentation to the board on behalf of the supervisee.

4. The supervisor shall provide qualified supervision to the supervisee until the supervisor has received official notice from the board that the supervisee is licensed as a LMFT, been officially assigned by the board to another supervisor, or has otherwise lost or forfeited qualification as a PLMFT. Nonpayment of the supervisor's fees by the supervisee is not grounds for the suspension by the supervisor of supervisory meetings with the supervisee 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/her designated 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/her certification as an approved supervisor or supervisor candidate or his/her ability as an approved supervisor to fulfill his/her 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/she has knowledge, the supervisor shall ensure that the supervisee 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 supervisee, such as changes in postal address, telephone number, or e-mail address.

7. It is the responsibility of the supervisor to supervise supervisees 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 supervisee through clinical case review, real-time observation of the supervisee's sessions, or by reviewing session video- or audio-tapes such that the supervisor is sufficiently able to monitor the practice of the supervisee and guide the supervisee 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 supervisee and to monitor the professional quality of the supervisee's service provision to clients.

b. The supervisor shall provide timely, accurate feedback to the supervisee, the supervisee's other supervisors, and the advisory committee in accordance with advisory committee policy in regard to the professional developmental of the supervisee, his or her progress in completing the plan of supervision, or any other information that relates to the supervisee's ability to provide adequate care to clients.

c. When a supervisor receives information that suggests that the behavior of a supervisee 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 supervisee.

d. In the event of Subparagraph A.8.c of this Section and if the supervisor determines that the supervisee 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 supervisee 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 supervisee 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 supervisees and their clients and respond within 30 days to any request by the board to audit records pertaining to the supervision of supervisees.

10. It is the responsibility of the supervisor to recommend for licensure as a LMFT those and only those PLMFTs 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 postgraduate clinical experience.

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 PLMFT. It is the responsibility of the supervisor to:

1. review with the supervisee a copy of the supervisor's board-approved statement of practice, provide a copy of this statement to the supervisee, and file a copy of this statement with the board in accordance with advisory committee policy;

2. provide guidance and training to the supervisee in the ethical and competent delivery of psychotherapeutic services in a manner that leads the supervisee 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 supervisee that promotes the supervisee's professional development as a LMFT, encourages the supervisee's successful completion of the plan of supervision, and provides a controlled space for supervision sessions where the supervisee may discuss confidential case material without the risk of violating client confidentiality;

4. oversee the formulation of the supervisee's plan of supervision in accordance with advisory committee policy that provides reasonable access for the supervisee to the board-approved supervisor and the supervision process, meets the developmental needs of the supervisee, and affords the supervisor adequate contact with the supervisee to appropriately monitor the quality of the supervisee's service delivery to clients;

a. the supervisee or the supervisor may request to amend the plan of supervision during the course of post-graduate clinical experience. Changes to the plan of supervision should be the result of collaboration between the supervisee and the board-approved supervisor;

b. it is the responsibility of the supervisor to oversee the supervisee'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 supervisee in finding a suitable resolution in the event that the policies of the supervisee's employer or contractor impede the supervisee 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 supervisee in resolving such conflicts in a manner that if possible allows the supervisee 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 supervisee in identifying personal and professional strengths and weaknesses that affect the supervisee's development as a family therapist and provide regular, meaningful feedback in accordance with advisory committee policy that will help the supervisee reinforce his strengths while improving his weaknesses;

7. avoid any dual relationship that could result in exploitation of the supervisee, compromise the supervisor's ability to prioritize the welfare of the supervisee's clients, or hinder the supervisor in providing objective feedback to the board or the supervisee's about his progress toward qualification as a LMFT;

a. in the event that the supervisor also has administrative responsibility for the supervisee in an agency or business, it is the responsibility of the supervisor to prioritize the welfare of the supervisee's clients and the developmental needs of the supervisee over the needs of the supervisor's employing organization;

b. the supervisor should not employ the supervisee in his or her business as an employee or as a private contractor. In the event that such employment is necessary to the supervisee's ability to qualify as a PLMFT, special permission for such employment may be granted at the discretion of the advisory committee;

c. if the PLMFT is employed by or contracts with the supervisor in his business or private practice to provide services for which his status as PLMFT qualifies him, the supervisor must not profit monetarily from the services of the supervisee 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 supervisee's board-approved plan of supervision;

d. the supervisor shall not maintain any social relationship (friendship or romantic relationship) with the supervisee that could result in exploitation of the supervisee or could impair the objectivity of the supervisor in his or her roles as trainer of the supervisee 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 supervisee's ability in a timely manner to qualify as a LMFT;

9. refer the supervisee for counseling or psychotherapy at the request of the supervisee or as the supervisor may deem prudent in assisting the supervisee in maintaining mental and emotional health sufficient to provide services to clients that meet the standard of care as defined by this Rule. The supervisee's supervisor(s) shall not under any circumstances provide counseling, psychotherapy, or psychological testing to the supervisee;

10. earnestly endeavor to resolve with the supervisee any personal, professional, or ethical conflicts that hinder the supervisor in effectively collaborating with the supervisee 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 supervisee and preserves continuity of care for the supervisee'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 PLMFTs 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 PLMFTs 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 90 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 a board-approved supervisor candidate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 38:1972 (August 2012), amended LR 41:750 (April 2015).

Chapter 35. Renewal of License for Licensed Marriage and Family Therapists

§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. Licensees should 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. 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. A licensee must accrue six clock hours of training in diagnosis every renewal period that specifically addresses the assessment, diagnosis, and treatment of clinical conditions under the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), as published by the American Psychiatric Association on May 18, 2013. This required training may be specific to the diagnosis, assessment, and treatment of a particular condition and/or may be general training in diagnosis, assessment, and treatment under the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), as published on May 18, 2013

10. 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 CEH requirements. Of the 40 CEHs 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 clock hours of ethics specific to marriage and family therapy and six clock hours specific to diagnosis.

11. 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. Effective January 1, 2017, a maximum of 20 CEHs may be obtained through an online format, with the exception of coursework obtained through a regionally accredited institution of higher education. 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. 37:1101-1123.

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), LR 41:752 (April 2015).

Chapter 37. Endorsement and Expedited Processing

§3701. Endorsement

A. Upon recommendation of the board and Marriage and Family Therapy Advisory Committee, the board shall issue a license to any person who has been licensed as a marriage and family therapist and has actively practiced marriage and family therapy for at least five years in another jurisdiction. The applicant must submit an application on forms prescribed by the board in the prescribed manner and pay the required licensure fee. Applicants must also have passed the Association of Marital and Family Therapy Regulatory Board's examination in marital and family therapy. An applicant must submit documentation of at least 40 CEHs, in accordance with the requirements listed in Chapter 35, within two years of the date of application for licensure endorsement in Louisiana. An applicant must also be in good standing in all jurisdictions in which they are licensed and must not have been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license to practice marriage and family therapy in the state of Louisiana at the time the act was committed.

B. Upon recommendation of the board and marriage and family therapy advisory committee, the board shall issue a license to any person licensed as a licensed as a marriage and family therapist for less than five years in another jurisdiction whose requirements for the license are substantially equivalent to or exceed the requirements of the state of Louisiana. The applicant must submit an application on forms prescribed by the board in the prescribed manner and pay the required licensure fee. Applicants must also provide proof of having passed the Association of Marital and Family Therapy Regulatory Board's examination in marital and family therapy. An applicant must also be in good standing in all jurisdictions in which they are licensed and must not have been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license to practice marriage and family therapy in the state of Louisiana at the time the act was committed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:162 (February 2003), amended LR 39:1806 (July 2013), LR 41:752 (April 2015).

§3703. Expedited Processing

A. The board does not issue temporary practice permits; however, expedited application processing is available. The applicant must submit the completed application (i.e. for licensure, registration, etc.), expedited processing application, and the required fee. Upon receipt of the aforementioned items, the applicant will receive a response from a board staff member within five business days informing the applicant of the status of their application. If the application materials submitted do not contain all of the necessary documents to complete the application, the application will be reviewed on the following application review date and the expedited processing application fee will not be refunded.

B. All applicants whom board staff determines should be denied or reviewed by the board must be presented to the board at the next regularly scheduled board meeting. Therefore, a verdict of denial may not be achieved within five business days of receipt of all application materials for expedited processing. Those applicants whom board staff determines should be approved will receive notification of approval within five business days.

C. Military personnel (active duty and veterans honorably discharged within 5 years of the application date) and their spouses who are appropriately licensed in another jurisdiction will receive a status update from the board within 30 days pertaining to approval or denial of the application. Such applicants must provide proof of military status via DD Form 214 as part of the completed application.

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 39:1807 (July 2013).

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 or provisional license issued or applied for or otherwise discipline a licensed marriage and family therapist or provisional licensed marriage and family therapist on a finding that the person has violated R.S. 37: 1101-1123, any of the rules, regulations, and ethical standards for 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, provisional licensed marriage and family therapist, or applicant for licensure or provisional licensure. Additionally, the board, upon recommendation of the advisory committee, may withhold, deny, revoke, or suspend any license or provisional license issued or applied for, or otherwise discipline or a LMFT or PLMFT 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, provisional licensed marriage and family therapist, or applicant for licensure or provisional licensure may be referred to as a licensee or applicant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Professional Counselors, LR 29:162 (February 2003), amended LR 41:753 (April 2015).

§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, provisional licensed marriage and family therapist, or applicant for licensure or provisional licensure and to determine the appropriate disciplinary action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:162 (February 2003), amended LR 41:753 (April 2015).

§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 or provisional 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, provisional licensed marriage and family therapists, or applicant for licensure or provisional 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:162 (February 2003), amended LR 41:753 (April 2015).

§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 or provisional license upon recommendation of the advisory committee to practice as a licensed marriage and family therapist, provisional licensed marriage and family therapist, or any applicant requesting a license or provisional 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 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 and provisional 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 dues 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 and provisional 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 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 or provisional license issued or applied for or otherwise discipline a licensed marriage and family therapist, provisional licensed marriage and family therapist, or applicant for licensure or provisional licensure.

v. The board by affirmative majority vote may vote to withhold, deny, revoke, or suspend any license or provisional 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, provisional 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:163 (February 2003), amended LR 41:753 (April 2015).

§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, provisional license, or application for licensure or provisional licensure, or otherwise issue appropriate disciplinary sanction.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:165 (February 2003), amended LR 41:754 (April 2015).

§3917. Judicial Review of Adjudication

A. Any person whose license, provisional license, or application for licensure or provisional 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:166 (February 2003), amended LR 41:754 (April 2015).

§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 and the license of a provisional 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 or provisional license. A person whose license or provisional 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:166 (February 2003), amended LR 41:754 (April 2015).

§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).

§3927. Disciplinary Costs and Fines

A. The board may assess and collect fines not to exceed five thousand dollars for violation of any causes for administrative action as specified in Section 3901.

B. The board may assess all costs incurred in connection with disciplinary proceedings including but limited to the costs of an investigator, stenographer, legal fees, or witness fees, and any costs and fees incurred by the board on any judicial review or appeal, for any licensee who has been found in violation of any causes for administrative action as specified in 3901.

C. After the decision of the board becomes final and delays for judicial review have expired, all costs and fees must be paid no later than 90 days or within a time period specified by board.

D. The board may withhold any issuance or reissuance of any license or certificate until all costs and fees are paid.

E. A person aggrieved by a final decision of the board who prevails upon judicial review may recover reasonable costs as defined in R.S. 37:1106(D)(2).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 41:754 (April 2015).

Chapter 41. Informed Consent

§4101. General Provisions

A. Licensees obtain appropriate informed consent to therapy or related procedures before the formal therapeutic process begins. Information provided to clients by licensees about the treatment process shall include, but is not limited to, the licensee's statement of practice as outlined in the appendix (§4720). The licensee 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, licensees obtain informed permission from a legally authorized person, if such substitute consent is legally permissible.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:166 (February 2003), amended LR 41:754 (April 2015).

Chapter 43. Privileged Communications

§4301. Privileged Communication with Clients

A. Licensees 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. Licensees 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. Licensees also shall be aware of specific ethical requirements concerning marriage and family therapy as specified in the Code of Ethics (Chapter 47) and in §4301.C.

B. Licensees 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. Licensees shall be cognizant of and adhere to any confidentiality requirement that may differ from requirements in other licenses they hold. Licensees have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Licensees 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 licensee 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 licensee 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:167 (February 2003), amended LR 41:755 (April 2015).

Chapter 45. Exemptions

§4501. Exemptions

A. No person shall be required to obtain a license as a licensed marriage and family therapist or a provisional license as a provisional licensed marriage and family therapist. As stated in R.S. 37:1122(A), no person shall use the title "licensed marriage and family therapist" or “provisional 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" or “provisional licensed marriage and family therapist”. (R.S. 37:1121).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:167 (February 2003), amended LR 41:755 (April 2015).

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 and provisional licensed marriage and family therapists by setting the standards for ethical practice as described in this code of ethics.

B. Licensees 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 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:167 (February 2003), amended LR 41:755 (April 2015).

§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. Licensees shall consult with other licensees 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:167 (February 2003), amended LR 41:755 (April 2015).

§4705. Responsibility to Clients

A. Licensees 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. Licensees 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. Licensees 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 licensee 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 licensee'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, licensees obtain informed permission from a legally authorized person, if such substitute consent is legally permissible.

D. Licensees are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Licensees, 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, licensees should not engage in sexual intimacy with former clients after the two years following termination or last professional contact. Should licensees engage in sexual intimacy with former clients following two years after termination or last professional contact, the burden shifts to the licensee to demonstrate that there has been no exploitation or injury to the former client or to the client's immediate family.

G. Licensees comply with applicable laws regarding the reporting of alleged unethical conduct.

H. Licensees do not use their professional relationships with clients to further their own interests.

I. Licensees respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Licensees 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. Licensees continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

K. Licensees assist persons in obtaining other therapeutic services if the licensee is unable or unwilling, for appropriate reasons, to provide professional help.

L. Licensees do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

M. Licensees obtain written informed consent from clients before videotaping, audio recording, or permitting third-party observation.

N. Licensees, 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated in accordance with the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:168 (February 2003), amended LR 41:755 (April 2015).

§4707. Confidentiality

A. Licensees have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Licensees respect and guard the confidences of each individual client.

B. Licensees 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. Licensees 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. Licensees 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 licensee 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 licensee may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

D. Licensees 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. Licensees 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 licensee moving from the area, closing the practice, or upon the death of the licensee, a licensee arranges for the storage, transfer, or disposal of client records in ways that maintain confidentiality and safeguard the welfare of clients.

G. Licensees, 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:168 (February 2003), amended LR 41:756 (April 2015).

§4709. Professional Competence and Integrity

A. Licensees maintain high standards of professional competence and integrity.

B. Licensees pursue knowledge of new developments and maintain competence in marriage and family therapy through education, training, or supervised experience.

C. Licensees maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.

D. Licensees seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

E. Licensees do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

F. Licensees, as presenters, teachers, supervisors, consultants and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.

G. Licensees maintain accurate and adequate clinical and financial records.

H. While developing new skills in specialty areas, licensees take steps to ensure the competence of their work and to protect clients from possible harm. Licensees practice in specialty areas new to them only after appropriate education, training, or supervised experience.

I. Licensees do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

J. Licensees do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

K. Licensees 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. Licensees do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

M. Licensees make efforts to prevent the distortion or misuse of their clinical and research findings.

N. Licensees, 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, licensees 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 licensee who treats the minor may provide the court or mental health professional performing the evaluation with information about the minor from the licensee's perspective as a treating licensed or provisionally licensed marriage and family therapist, so long as the licensee does not violate confidentiality.

P. Licensees are in violation of this code and subject to revocation or suspension of licensure or provisional 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 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:169 (February 2003), amended LR 41:757 (April 2015).

§4711. Responsibility to Students and Supervisees

A. Licensees do not exploit the trust and dependency of students and supervisees.

B. Licensees are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Licensees, 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, licensees take appropriate precautions.

C. Licensees do not provide therapy to current students or supervisees.

D. Licensees 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. Licensees 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. Licensees take reasonable measures to ensure that services provided by supervisees are professional.

G. Licensees avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the licensee'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 licensee has a current or prior sexual, close personal, immediate familial, or therapeutic relationship.

H. Licensees 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:170 (February 2003), amended LR 41:757 (April 2015).

§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. Licensees, 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:170 (February 2003), amended LR 41:757 (April 2015).

§4715. Responsibility to the Profession

A. Licensees respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

B. Licensees 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 licensee is affiliated, through employment, contract or otherwise, conflict with the Code of Ethics, licensees make known to the organization their commitment to the Code of Ethics and attempt to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

C. Licensees 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. Licensees 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. Licensees 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. Licensees 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. Licensees 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. Licensees are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest.

I. Licensees 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors, LR 29:170 (February 2003), amended LR 41:758 (April 2015).

§4717. Financial Arrangements

A. Licensees make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.

B. Licensees 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, licensees 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. Licensees give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, licensees will not disclose clinical information.

E. Licensees represent facts truthfully to clients, third party payors, and supervisees regarding services rendered.

F. Licensees 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. Licensees 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:171 (February 2003), amended LR 41:758 (April 2015).

§4719. Advertising

A. Licensees engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

B. Licensees accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy.

C. Licensees 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 or provisional licensed marriage and family therapist status; and

5. description of practice.

D. Licensees 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. Licensees 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, licensees 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. Licensees correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the licensee's qualifications, services, or products.

H. Licensees make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading, or deceptive.

I. Licensees 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. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors, LR 29:171 (February 2003), amended LR 41:758 (April 2015).

§4720. Appendix—Statement of Practice for Licensed Marriage and Family Therapists

A. Each licensed marriage and family therapist/PLMFT in Louisiana shall write a statement of practice incorporating the following information to provide to all clients. Licensees 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 or PLMFT licensure or provisional licensure number, noting that the Board of Examiners is the grantor of your license or provisional 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. a PLMFT 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.

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 and Provisionally 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 licensees. 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 licensee 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. PLMFTs 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/ provisional licensed marriage and family therapist must have a current copy of his/her statement of practice on file in the board office. A PLMFT must include a copy of his/her statement of practice with each application for or change in 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. 37:1101-1123.

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), LR 41:759 (April 2015).