

CLINICAL SUPERVISION TOOLKIT

Reference

A Reference for
LPCA Certified
Professional
Counselor
Supervisor
(CPCS) Training

A Brief Refresher in Being a Clinical Supervisor

Clinical supervisors are responsible for knowing, understanding, teaching, and training future professional counselors/clinicians. Recently, at LPCAGA we have seen an influx of supervisors needing guidance concerning matters ranging from licensure requirements to ethics violations.

Please read the following and keep to reference as needed. If you have specific questions that you prefer not to post in the Clinical Supervision Social Circle you may email CPCS@LPCAGA.org.

- **Non-Compliance with the Licensure Board is both unprofessional and unwise:** As a supervisor you will undoubtedly interact directly with the licensure board at some point in your career. This can be a stressful process. The supervisee is operating under your license.
- **The Licensing Board protects the public not the profession.** If documents are requested in an audit, provide them. If you are required to attend a hearing, present yourself professionally not emotionally. Politely comply with every request. If you have questions ask them in a non-confrontational manner. As a supervisor you are a seasoned professional, be sure that you exude this when corresponding with the Licensure Board.
- **Both you and your supervisees are responsible for maintaining accurate supervision records:** There may come a time with the Licensure Board wants to compare your supervision records to those of your supervisee. Unfortunately, if you cannot provide a record, stating that your supervisee should have maintained a record will not be a sufficient response for the licensure board.
- **Pay Close attention to dates when signing Licensure Applications:** The accumulation of hours does not start until supervision and direction of the work experience has started (concurrent). Again...the clock does not start until supervision starts; hours accumulated prior to commencing supervision will not be accepted.
- **You may not sign paperwork prior to the completion of the required months/hours.** Minimum of 24 months (Law 2022) or in some cases the three-year (36 months and not a day less) anniversary of the exact start date of the supervision. If dates do not match you may receive a reprimand from the Licensure Board and what's worse your supervisee will not be granted licensure.
- **Working beyond your scope of practice is unethical:** Every healthcare discipline and every healthcare organization develops rules to guide providers. As a counselor you operate under the law (your Scope of Practice) and the Licensing Board Code of Ethics (Rule 135-7) Law/Rule- bending in the interest of patient care is risky business, that could cost you, your license. Know the Law, Rules, and your *Code of Ethics*.

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A Brief Refresher on the Contract Affidavit You Signed for the APC

The CONTRACT - This is what you agreed to do:

- Notify the Board in writing of any interruption or proposed termination of the plan.**
- Notify the Board in writing of any changes to supervisor's business address and phone number or change in credential status.
- Review the Georgia licensing laws (OCGA 43-10A), Board rules (135-5), and Code of Ethics (135-7) with applicant.**
- Seek timely clarification/consultation from the Board if there are any problems or conflicts between commitments to agency, administrative supervisor, and client or other conflicts relating to the authority, or shared responsibility for fulfilling the responsibilities under this Plan.
- Establish and maintain a record-keeping system to track the direct client contact and supervision hours.
- Provide ongoing, clinical supervision in a professional setting.
- Ensure that supervision of the supervisee is compliant with Board rules 135-5-.01, 135-5-.02 and 135-11-.01.**
- Discuss and review case notes, charts, records, and available audio or video for clients with the applicant.
- Review and closely supervise the applicant and all problem cases, providing special attention to assessments, treatment planning, ongoing case management, emergency intervention, record keeping, and termination.
- Focus on the appropriateness of the treatment plans and monitor the appropriateness of clients served based on the applicant's therapeutic skill. Direct the applicant to refer clients who fall beyond their level of competence.
- Maintain confidentiality of all client and supervisory materials.
- Supervisor will be prepared to provide supporting documentation verifying the accuracy of information reported, if requested by Board.
- Ensure compliance with current Georgia Composite Board of PC, SW, MFT Rules.

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A Brief Refresher in Boundaries

- **Maintain Clear Boundaries:** Continually reiterate to your supervisees that the supervision relationship is indeed a professional relationship. Boundaries can easily become blurred for supervisors and supervisees as you are operating in a position of authority. Remember that the only things that you can ethically offer your supervisees are supervision services, resources, and referrals.
 - **DON'T:**
 - Gifts are off limits.
 - Providing them with transportation or shelter is off limits.
 - Though positive rapport is necessary be careful not to become a friend, parental figure, or romantic partner to your supervisees.
 - Buying or selling anything to your supervisee is also unethical (even selling your own publication that you believe is a great resource is unethical).
 - Partnering with your supervisees in any business transaction is also unethical.
 - Do not Provide Therapy to your supervisee
 - **Imposition of Beliefs:** Be certain to speak less and listen more in supervision. Your preferred treatment modality may be different from theirs. As long as they are operating legally, and ethically and “doing no harm” to their clients allow them to explore so they can their sound clinical judgment.



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“No Right to Private Practice” Agreement

For those Supervisees that are Licensed

Statement of Understanding

The undersigned Supervisee understands that he/she has entered into a clinical supervision agreement which, under law and Georgia Composite Board of PC, SW, MFT rules, allows him/her to work toward licensure as an Associate Professional Counselor. Until the process is completed and a license is granted by the state of Georgia you are not permitted to practice privately (i.e. receive payments directly from clients for counseling services).

No Private Practice Allowed

All work must be supervised and directed by an authorized person/superior or agency. Your employer will provide the direction.

Employer: _____

Superior/Directors Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name/Title of Director: _____

Phone Number(s): _____

Email Address (if applicable) _____

As a Licensed Associate Professional Counselor, I understand the following: (initial each item)

_____ I may only use the title "Associate Professional Counselor" or "Licensed Associate Professional Counselor" in all documentation, including the informed consent, business cards, etc.

_____ I may not go into private practice, even though I am under clinical supervision.

_____ I may engage in the practice of Professional Counseling, but only under direction and supervision.

_____ My worksite is listed on the "Contract Affidavit" and if I change employment or directors, I will update the "Contract Affidavit" and send to the Ga Composite board within the required two-week period.

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_____ I cannot receive money directly from a client. All compensation I receive must come to me through my employer. My signature below implies that I understand and agree to abide by this provision of the Ga Composite Board.

_____ Failure to follow the above-mentioned guidelines will constitute an ethical violation according to Georgia Composite Board rules and will be grounds for termination of clinical supervision and the filing of a complaint with the Ga Composite Board as required by the Ethics rule 135-7.

Supervisee Signature

Date

Supervisee Name (Printed)

Clinical Supervisor Signature

Date

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EXAMPLE

SUPERVISEE FILE CHECKLIST

- Contract with Clinical Supervisor
- Emergency Contact Form
- Graduate Degree Unofficial Transcript/Copy of Diploma
- Limited Liability Insurance – Copy of Policy
- Licensure Application Contract Affidavit (Complete every time there is a change)
- Work Site Information
- Clinical Supervisor Logs & Notes
- 5 Ethics CEs (biennial) – Copy of Certificate
- Other: _____
- Other: _____

Supervisee 6-month Evaluations 1st_____2nd_____3rd_____4th_____5th_____6th_____

Supervisor 6-month Evaluations 1st_____2nd_____3rd_____4th_____5th_____6th_____

YEAR 1: Start Date:	End Date:	TOTAL # SPV HOURS:
YEAR 2: Start Date:	End Date:	TOTAL # SPV HOURS:
YEAR 3: Start Date:	End Date:	TOTAL # SPV HOURS:
YEAR 4: Start Date:	End Date:	TOTAL # SPV HOURS:
YEAR 5: Start Date:	End Date:	TOTAL # SPV HOURS:

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EXAMPLE

PROGRESS NOTE CHECKLIST

Behavior	Check if addressed
Counselor observation, client statements	
1. Subjective data about the client – what are the client’s observations, thoughts, direct quotes?	
2. Objective data about the client – what does the counselor observe during the session (affect, mood, appearance)?	
Intervention	
Counselor’s methods used to address goals and objectives, observations, client statements	
1. What goals and objectives were addressed this session?	
2. Was homework reviewed?	
Response	
Client’s progress to the intervention, progress made toward Tx Plan goals and objectives	
1. What is the client’s current response to the clinician’s intervention in the session?	
2. Client’s progress attending to goals and objectives outside of the session?	
Plan	
Document what is going to happen next	
1. What in the Tx Plan needs revision?	
2. What is the clinician going to do next?	
3. What is the next due date?	

General Checklist	Check if addressed
1. Does the note connect to the client’s individualized treatment plan?	
2. Are client strengths/limitations in achieving goals noted and considered?	
3. Is the note dated, signed and legible?	
4. Is the client name and/or identifier included in each page?	
5. Has referral and collateral information been documented?	
6. Does the note reflect changes in client status (e.g., GAF, measures of functioning)?	
7. Are all abbreviations standardized and consistent?	
8. Did counselor/supervisor sign note?	
9. Would someone not familiar with this case be able to read this note and understand exactly what has occurred in treatment?	
10. Are any non-routine calls, missed sessions, or professional consultations regarding this case documented?	

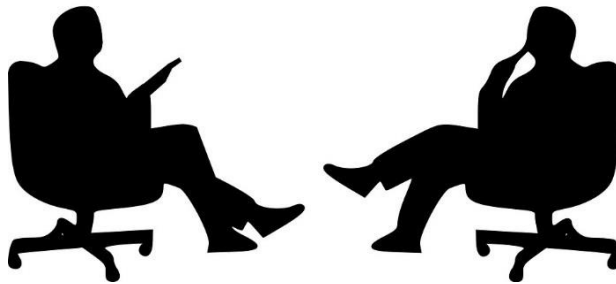
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CONFIDENTIALITY vs PRIVILEGED



What is confidentiality?

Confidentiality refers to the ethical duty of the mental health professional not to **disclose information** learned from the patient to any other person or organization without the consent of the patient or under proper legal compulsion. The Hippocratic Oath.



What is privileged?

Privilege belongs to patient. The therapist-patient privilege "belongs" to the patient. In legal terms, it is like a piece of property. Only the patient can establish the privilege and take the necessary steps to assert or waive it. The mental health professional must take his or her direction from the patient.

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The ABCs of Ethics for LPCs in Georgia

Courtesy of CPH & Associates, Denis Lane, MA, JD for more “avoiding liability” resources, please visit <http://www.cphins.com/blog/>

A

Abuse Reporting – LPCs are mandated reporters of suspected child abuse, which is defined as physical or sexual abuse, neglect, or exploitation. Reports must be made to DCFS. Failure to report suspected child abuse is a misdemeanor offense. Consult with a supervisor or colleague if you have any question regarding whether a duty to report exists. Document the information reported to DCFS.

B

Bartering is defined in the AMHCA Code of Ethics, Section IE, which prohibits the practice if there is a potential for exploitation of the client; or if it creates the potential for conflicts or distortion of the professional relationship. The AMHCA Code also provides: “Bartering may occur if the client requests it, there is no exploitation, and the cultural implication and any concerns of such practice are discussed with the client and agreed upon in writing.”

C

Confidentiality is essential in a professional relationship, and must be maintained in compliance with Composite Board Rule 135-7-.03, which recognizes several exceptions to confidentiality. These include client consent; a situation where there is clear and imminent danger to the client or others; or when required by law, as in the case of child abuse reporting, *etc.*

D

Dual relationships are defined in Board Rule 135-7-.01(2)(c). This Rule prohibits relationships with clients that create a conflict of interest which can impair the LPC’s professional judgment, harm the client, or compromise the therapy. Prohibited dual relationships are also defined in the AMHCA Code in Section I(A) as including familial, social, financial, business, or close personal relationships. When an LPC discovers during treatment

of a client that a conflict constituting a dual relationship has arisen, the therapist should terminate treatment and refer the client to another provider.

E

Ethical Codes contain the generally accepted standards of practice for therapists. The AMHCA Code (Revised 2015) provides excellent guidance for LPCs in their counseling practice. New provisions in the AMHCA Code, adopted in 2015, include guidance concerning the use of technology, concerning Social Media, and clinical supervision. When an ethical conflict arises with another professional, the Code of Ethics requires that you confer with that professional in an effort to resolve the conflict, if possible.

F

Fees for treatment services must be fair, and can only be billed by the person who actually provided services to the client. Rule 135-7-.01(2)(h) prohibits an LPC from “charging a fee for anything without having informed the client in advance of the fee.” This Rule also prohibits LPCs from taking action to collect fees “without first advising the client of the intended action and providing the client with an opportunity to settle the debt.”

G

Goals of treatment need to be formulated, based upon the therapist’s assessment of the client’s presenting problems, as part of a treatment plan. Rule 135-7-.01(2)(d) provides that unprofessional conduct occurs when an LPC undertakes a course of treatment “when the client or the client’s representative does not understand and agree with the treatment goals.” This suggests that a best practice for therapists would be to prepare a written treatment plan, outlining the goals to be achieved, to be signed by the client after the treatment process and its goals have been explained.

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H

HIPAA Privacy Rule provides that clients are not entitled to access their “psychotherapy notes”, which are defined the same as “session notes”. This Privacy Rule provides

that clients may receive a Progress Report that basically contains a summary of treatment information and the client’s progress in therapy. This Rule also provides that “psychotherapy notes” be kept in the client’s chart separate from the rest of the treatment records. The HIPAA Privacy Rule can be found at 45 CFR Section 164.524.

I

Informed consent is required for all treatment by LPCs in compliance with Rule 135-7-.01.

Many provisions of the Composite Board’s Rules and Regulations, containing the Board’s Code of Ethics require disclosures to clients, which are part of the informed consent process. Informed consent includes informing the client of the presenting problem and goals of therapy, determined by an LPC through the assessment conducted. Other specific disclosures required by an LPC include providing the client with a description of any “foreseeable negative consequences of the proposed treatment” in compliance with Rule 135-7.01(2)(g). When obtaining informed consent for children, whose parents are divorced, obtain a copy of the Court Order which provides for “decision-making authority” to select treatment providers for children. If the parents have joint decision-making authority, they both need to consent to treatment; however, if one parent is granted the sole authority to select treatment providers, that is the individual who must provide informed consent for treatment.

J

Join your Professional Association, LPCA. This will enhance your knowledge of ethical standards, and will give you the opportunity to obtain free continuing education concerning practice issues, changes in Georgia law, and ethical standards. Members also receive newsletters which contain information on these same topics, as well as proposed legislation. Participation by LPCs in their Professional Association is an excellent way for LPCs to contribute to the profession.

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K

Kickbacks – may not be given or received by therapists in exchange for referrals. Such conduct is unethical, in violation of Rule 135-7-.02(2)(g).

L

Liability insurance protects LPCs in professional liability (malpractice) claims and also board complaints. Such insurance, of course, is needed to protect the personal assets of LPCs. When a professional is practicing as an employee of a corporation, that, too, is designed to protect the professional’s personal assets. Keep in mind that the corporation itself must be covered under a professional liability policy which insures both the therapist and the corporation. The group professional liability policy for LPCA members is issued through CPH & Associates.

M

Mental health commitments – LPCs have a duty to initiate a hospital evaluation of a client in compliance with Rule 135-7-.03 “when there is a clear and imminent danger to the client or others”, posed by the client’s mental illness. LPCs have 1013 authority to initiate the hospital evaluation and treatment process. Document carefully any evaluations of a client’s suicidal ideation, threats by the client to harm themselves or others, any consultation obtained regarding action needed, and action taken by the therapist to hospitalize a client or to provide a safety plan.

N

Neglect is defined as the failure of a parent or caretaker to provide proper housing, clothing, food and supervision for a child. Suspected neglect must be reported to DCFS. Improper supervision includes leaving children home alone when they lack the age and maturity to care for themselves, as well as situations in which children are allowed to consume illegal drugs or alcohol.

O

Objectivity must be maintained by LPCs in their counseling relationships, especially when services are provided to children whose parents are separated or divorced. Both

parents need to be assured that the therapist, working with their child, is objective and is working to achieve the best interests of the child. When using assessment instruments, interpreting assessment results, writing reports, or testifying in court, LPCs must remain objective and not let personal feelings or bias influence their professional opinions or conclusions.

P Patient's rights – The AMHCA Code of Ethics provides in Section I(B) that in all mental health services, “clients have the right to be treated with dignity, consideration and respect at all times.” In compliance with the Composite Board’s Code of Ethics contained in its Rule and Regulations, clients have the right to receive informed consent to treatment, which means that they also have the right to refuse treatment. Clients who are hospitalized also have the right to receive treatment in the “least restrictive environment.” When assessment instruments are used, clients ultimately have the right upon request to receive “copies of documents in the possession of the licensee which have been prepared for and paid for by the client.”

Q Questions regarding ethical issues can be raised by LPCA members through the association’s Listserv. In addition, AMHCA members have the ability to pose questions arising from treatment of a client to the Ethics Committee of that organization. When questions regarding ethics arise, of course, they can also be discussed in supervision or in consultation with peers.

R Referrals must be provided to clients whenever treatment is terminated due to a conflict; and must also be provided in compliance with Rule 135-7-.02(2)(f) which requires that an LPC “refer the client to a qualified practitioner when faced with treatment, assessment or evaluation issues beyond the licensee’s competence.” Because LPCs have a duty to provide clients with a referral for services needed, all referrals should be documented by providing the client with a referral in writing.

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S Supervision provides excellent training for supervisees in clinical settings, as therapists gain experience and learn to comply with the clinical, legal and ethical standards applicable.

Obtaining supervision or a consultation is essential when difficult issues arise in order to protect both the client and the therapist. New clinical supervision standards have just been adopted by AMHCA in its Code of Ethics (Revised 2015).

T Termination of treatment is mandated in compliance with Rule 135.7-.01(2)(k) “when it is reasonably clear that the treatment no longer serves the client’s needs or interest”. In addition, LPCs terminate treatment when a conflict arises which could impair the professional’s judgment or harm the client. When conducting a termination session, provide the client with a letter which states that treatment has ended; that no further services will be provided; and that provides referrals to other treatment providers for the sake of continuity of care.

U Unprofessional conduct is discussed throughout the Composite Board’s Rules. For example, unprofessional conduct occurs if a therapist exploits clients for personal or financial advantages; breaches confidentiality; fails to make required disclosures to clients; or fails to comply with other duties imposed by the Board’s Rules. Other examples of unprofessional conduct, in violation of Rule 135-7-.02 include “engaging in dishonesty, fraud, deceit or misrepresentation while performing professional activities;” or “engaging in sexual activities or sexual advances with any client, trainee, or student”.

V Values – a basic ethical principle prohibits therapists from imposing their values on their clients, whether the values arise from religious beliefs, cultural traditions, and other factors.

A therapist’s values informs the individual’s professional judgment. LPCs must use their own values in making determinations concerning whether suspected child abuse has occurred, which needs to be reported. Such decisions are based upon our shared

values which emphasize the protection of children and the prevention of abuse.

W

Waiver of a right by a client occurs, for example, when the individual releases confidential information and consents to its disclosure, as specified in writing.

Confidentiality of treatment information is a most basic right of the client: only the client can waive that right, not the therapist.

X

Expert witnesses are entitled to be paid for their time, when required to testify in court. Who is an expert? An LPC, subpoenaed to testify in court concerning their assessment of a client, the client's presenting problems, the treatment goals and the treatment plan, is an expert witness. The fact that you are "an expert" does not mean that you are conducting a forensic evaluation; it simply means that you possess expertise, based upon your education, training and licensure, which form the basis for your professional opinions and conclusions.

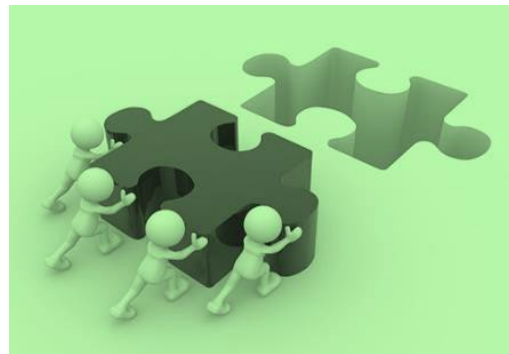
Y

Your best defense, in the event of a complaint to the Composite Board, may be provided by your treatment notes and records. Keeping good treatment records enables you to explain any decision that you have made, whether it is your assessment of the client's mental health problems, your treatment plan, or your determination that a client poses a clear and present danger to self or

others, thereby justifying the need for hospital treatment. "S.O.A.P. Notes" and "D.A.P. Notes" are both excellent methods of capturing a client's presentation and problems during a treatment session, as well as your observations, assessment, and plan for helping a client. When insurance companies conduct "utilization reviews" or audits of panel providers, they may demand that you provide treatment records in order to justify that the treatment which you provided was "reasonable and necessary". Maintaining accurate records using S.O.A.P. or D.A.P. Notes should enable you to complete the audit successfully.

Z

Zero tolerance for threats of violence – when a client makes a threat of violence by expressing, "I am going to kill myself" or by saying "I am going to kill my children and myself", those statements demonstrate that a clear and present danger to self or others exists. Such statements indicate the clear intention of the client to either commit suicide or harm others. When confronted with such situations, conduct a thorough evaluation of the danger which exists and the risk posed by the client so that you can take appropriate action. Keep in mind that when clients make threats of violence in airports, in schools, or in the workplace, zero tolerance exists for such threats. In our society at this time, we must err on the side of protecting people – clients and the public – when threats of violence are communicated.



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Reference

Contract Affidavit

Use the Most Contract

<https://sos.ga.gov/board-professional-counselors-social-workers-and-marriage-family-therapists>

Do's and Don't

Supervisors shall not provide supervision to family members.

Supervisors shall not be the Director.

Supervisors shall not provide supervision to any supervisee or person(s) with whom they may have a boundary conflict or conflict of interest, including a financial interest and/or familial relationship. *

The supervisee or any of that supervisee's family members shall not have an ownership interest in, operate, or manage the business entity where the director is employed or where the supervisee provides professional counseling services.

*Family Member means members of a practitioner's immediate family, by direct descent or by marriage.

WHAT COUNTS AS WORK: Must have the correct work and supervision at the SAME TIME. If there is lapse in work, Supervision DOES NOT COUNT.

Directed Work Experience" DWE: means time spent under direction engaging in the practice of Professional Counseling as defined in law and rules. FACE TO FACE Direct Contact hours.

"Indirect Work Experience" means training for, and the performance of, professional counseling functions including, but not limited to, case consultations, case staffing, treatment teams, direction, or continuing education courses.

Reference

Associate Professional Counselor Application

Use the most Current Application:

<https://sos.ga.gov/board-professional-counselors-social-workers-and-marriage-family-therapists>



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