

Minutes: Clinical Consultation program meeting October 26th, 2016.

Present: Janine Wanlass, Carl Bagnini, Joan Lovejoy, Suzanne St. John, Lea Setton, Karen Fraley

Absent: Jill Scharff

1. Call the program "Clinical Consultation" and issue a certificate for the program. IPI provides educational programs for mental health professionals. Completion of the program does not mean they are licensed through IPI. They will be licensed through their state, and they will have to practice according to regulations of their state licensure.
2. Decide the requirements for participants in the program:
Require each participant to have a valid license to practice in their state. Require a copy of their license, and ask for any pending or past ethical findings against the person (a copy of the participant's disciplinary record). Discuss other requirements for participation in the program, such as number of years in practice, type of practice, supervision experience.
3. We can provide CEU for the readings, objectives, and discussions.
4. Unlicensed clinicians:
A current graduate student or a recent graduate accruing hours for licensure has a supervisor of record. The supervisor of record has to meet certain criteria for that state; the supervisor of record is legally responsible for the supervisee and takes responsibility for certifying their hours and overseeing their work; we will not be taking the role of the supervisor of record.
The recommendation is that IPI faculty will provide consultation and make it clear that these hours don't count towards the licensing requirement. Secondly, the IPI faculty should speak with the supervisor of record and confirm that the IPI supervisor will not be the responsible party for licensure requirements.
5. Be careful about requiring a participant to carry a certain number of supervision cases as part of the program. We can have students bring examples but we cannot require the actual practicing of supervision as part of the program.
6. Be careful about choosing a student to present a supervision case for a period of weeks or months. We can do this with a participant who

demonstrates that they are fully eligible to practice supervision in their state and the case is an in-person supervision case. We are more vulnerable if we use case examples that cross state boundaries, or telephone or video supervisions. In-person supervisions within one state are less vulnerable. We can be careful about the kinds of cases we follow.

7. Require an informed consent letter to be signed by each participant. Draft a statement about what the course is, and what it is not. The student takes responsibility for their practice choices. The participant must check the regulations in their state to see if the program meets the state requirements. The program provides education in the enhancement of consultation skills. Each participant is responsible for researching and verifying the scope of their practice license and applying their skills within the regulations of their relevant licensing body.
8. Draft a letter and send to Janine for approval.
9. Program design options:
the first part of the program could cover the essential basics of supervision for all levels of practice (psychoanalysts, and psychotherapists in private practice and agency practice) and then split into two or three different certificate programs for the more in-depth study. One could be a certificate course for clinicians in private practice, and the other could be a course for agency practitioners.