

**SUPERVISION OF PSYCHOLOGISTS, SOCIAL WORKERS, PROFESSIONAL MENTAL HEALTH COUNSELORS, AND MARRIAGE AND FAMILY THERAPISTS PREPARING FOR LICENSURE**

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes the responsibilities related to clinical supervision of psychologists, social workers, professional mental health counselors, and marriage and family therapists (MFTs) hired by the Department of Veterans Affairs (VA) who are not yet licensed to practice at the independent level.

**2. SUMMARY OF MAJOR CHANGES:**

**Amendment dated March 8, 2023** removes the “face-to-face” requirement for supervision of psychologists that are not yet licensed paragraph 5.e.(6). **NOTE:** *Equivalent supervision can be provided via telesupervision.*

**As published on October 23, 2019:** This directive updated information about Licensed Professional Mental Health Counselors (LPMHCs) and MFTs. The major changes included:

- a. Defining and clarifying who is considered a clinical supervisor and a licensed professional mental health counselor.
- b. Updating responsibilities in paragraph 5.

**3. RELATED ISSUES:** None.

**4. RESPONSIBLE OFFICE:** The Director, Program Policy Implementation in the Office of Mental Health and Suicide Prevention (10NC5) is responsible for the contents of this directive. Questions may be addressed to 202-461-4174. **NOTE:** *The program office mailcode is now 11MSHP. This policy is aligned under the Assistant Under Secretary for Health for Clinical Services. The signatory authority below will be updated upon this policy’s recertification.*

**5. RESCISSIONS:** VHA Directive 1027, Supervision of Psychologists, Social Workers, Professional Mental Health Counselors, and Marriage and Family Therapists preparing for Licensure, dated October 23, 2013, is rescinded.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of October 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

October 23, 2019

VHA DIRECTIVE 1027(1)

**BY DIRECTION OF THE OFFICE OF THE  
UNDER SECRETARY FOR HEALTH:**

/s/ Renee Oshinski  
Deputy Under Secretary for Health  
for Operations and Management

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter*

**DISTRIBUTION:** Emailed to the VHA Publication Distribution List on October 24, 2019. Amendment dated March 8, 2023 was emailed to the VHA Publication Distribution List on May 1, 2023.

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**SUPERVISION OF PSYCHOLOGISTS, SOCIAL WORKERS, PROFESSIONAL  
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## **1. PURPOSE**

This directive establishes responsibilities related to clinical supervision within the Department of Veterans Affairs (VA) of psychologists, social workers, professional mental health counselors, and marriage and family therapists (MFTs) hired by VA who are not yet licensed to practice at an independent level. **AUTHORITY:** Title 38 United States Code (U.S.C.) §§ 7301(b) and 7402.

## **2. BACKGROUND**

a. Most State licensure laws require postgraduate clinical supervision experience for psychologists, social workers, professional mental health counselors, and MFTs. Therefore, newly hired recent graduates in these professions work under the supervision of a licensed clinician while completing full licensure requirements.

b. VA Psychologist Qualification Standards (VA Handbook 5005, Staffing, Pt. II, Appendix G18, dated February 7, 2018) require that a VA psychologist must hold a full, current, and unrestricted license to practice psychology at the doctoral level in a State, Territory, Commonwealth of the United States, or the District of Columbia. Consistent with 38 U.S.C. 7405(a)(1)(D), it allows an exception to this requirement for an individual psychologist, for a period not to exceed 2 years from the date of employment, on the condition that such a psychologist provide care only under the supervision of a fully licensed psychologist.

c. The Social Work Qualification Standard (VA Handbook 5005, Staffing Pt. II, Appendix G39, dated February 7, 2018) states that persons hired or reassigned to social worker positions in the GS-0185 series in VA must have a Master's degree in social work fully accredited by the Council on Social Work Education (CSWE), and must be licensed or certified by a State to independently practice social work at the Master's degree level. Current State requirements may be found on the Office of Human Resources Management (OHRM) Web site at <http://vaww.va.gov/OHRM/T38Hybrid/>.

**NOTE:** *This is an internal VA Web site that is not available to the public.* For grades below or at the full performance level, VA social workers who are not licensed or certified at the time of appointment must become licensed or certified at the independent practice level within 3 years of their appointment as a social worker. Most States require 2 years of post-Master of Social Work (MSW) experience as a prerequisite to taking the licensure/certification exam, and VA gives social workers 1 additional year to pass the licensure/certification exam. In States where the prerequisites for licensure exceed 2 years social workers must become licensed at the independent, Master's level within 1 year of meeting the full State prerequisites for licensure.

d. The Licensed Professional Mental Health Counselor Qualifications Standard (VA Handbook 5005, Staffing Pt. II, Appendix G43, dated February 7, 2018) requires that a Licensed Professional Mental Health Counselor (LPMHC) holds a full, current, and unrestricted license to independently practice mental health counseling, which includes diagnosis and treatment. It allows an exception to this requirement for individual Licensed Professional Mental Health Counselors (LPMHCs), for a period not to exceed 3 years from the date of employment, on the condition that such a LPMHC provides care only under the supervision of a licensed LPMHC at or above the full performance level. This exception only applies at the entry level (GS-9). Most States require 2 years of post-LPMHC experience as a prerequisite to taking the licensure/certification exam, and VA gives LPMHCs 1 additional year to pass the licensure/certification exam.

e. The Marriage and Family Therapy Qualification Standards (VA Handbook 5005, Staffing Pt II, App. G44, dated February,7 2018) requires all MFTs hired to hold a full, current, and unrestricted license to independently practice marriage and family therapy in a State. Exceptions can be made for persons who are otherwise qualified, pending completion of State prerequisites for licensure examinations for a period not to exceed 3 years from the date of employment on the condition that MFTs appointed on this basis provide care only under the supervision of a fully licensed MFT. Non-licensed MFTs who otherwise meet the eligibility requirements may be given an appointment as an MFT under the authority of 38 U.S.C. 7401(3). This exception only applies at the entry level (GS-9). Most States require 2 years of post-MFT experience as a prerequisite to taking the licensure/certification exam, and VA gives MFTs 1 additional year to pass the licensure/certification exam. **NOTE:** *Licensed MFTs cannot provide clinical supervision unless they are an American Association for Marriage and Family Therapy (AAMFT)-approved supervisor.*

### 3. DEFINITIONS

a. **Clinical Supervision.** Clinical supervision is that between a licensed and unlicensed clinician or trainee in which the supervisee's clinical work is reviewed and reflected upon, with the aim of improving the supervisee's work with clients; ensuring client welfare; supporting the supervisee in relation to their work and supporting the supervisee's professional development. This includes cosigning clinical notes and supervising an individual as they are working towards licensure. Some State licenses prohibit an individual from providing clinical supervision to trainees or unlicensed clinicians without additional credentials. **NOTE:** *Please refer to specific State licensing laws regarding the requirements for providing clinical supervision.*

b. **Electronic Health Record.** Electronic health record (EHR) is the digital collection of patient health information resulting from clinical patient care, medical testing, and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Records System (CPRS), Veterans Information Systems and Technology Architecture (VistA), and Cerner platforms. **NOTE:** The purpose of this definition is to adopt a short, general term

(EHR) to use in Veterans Health Administration (VHA) national policy in place of software-specific terms while VA transitions platforms.

c. **Licensed Professional Mental Health Counselor.** LPMHC professionals may be referred to differently in each State and titles may reflect varied levels of practice. For example, States may license an LPMHC as a Licensed Professional Counselor (LPC), Licensed Professional Clinical Counselor (LPCC), Licensed Clinical Professional Counselor (LCPC), and Licensed Mental Health Counselor (LMHC). ***NOTE: Please refer to specific State licensing guidelines. VA refers to the occupation as LPMHCs.***

#### 4. POLICY

It is VHA policy that a VA psychologist, social worker, professional mental health counselor, and MFT who does not yet have a license that allows independent practice must be supervised by a licensed independent practitioner of the same discipline, who is a VA staff member and has access to EHR.

#### 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring overall VHA compliance with this directive.

(2) Ensuring establishment of professional qualification standards for psychologists, social workers, professional mental health counselors, and MFTs.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Ensuring that each VISN Director has sufficient resources to implement this directive in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **Executive Director, Office of Mental Health and Suicide Prevention.** The Executive Director, Office of Mental Health and Suicide Prevention is responsible for:

(1) Overseeing the development and implementation of VHA policy to address supervision of unlicensed psychologists, social workers, professional mental health counselors, and MFTs.

(2) Establishing performance standards for VISN Directors.

d. **Veterans Integrated Services Network Director.** The VISN Director is responsible for ensuring that VA medical facilities adhere to this directive.

e. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring that all VA psychologists, social workers, professional mental health counselors, and MFTs who do not yet have a license that allows for independent practice are supervised by a clinical supervisor who is a licensed independent practitioner of the same discipline.

(2) Ensuring that all VA psychologists, social workers, professional mental health counselors, and MFTs who do not yet have a license that allows for independent practice meet regularly with their clinical supervisor to discuss cases and proposed interventions. The frequency and nature of ongoing supervision is determined by the complexity of the patient's needs and the documented competency of the not-yet licensed psychologist, social worker, licensed professional mental health counselor, or MFT providing clinical services.

(3) Ensuring that in all clinical cases, the clinical supervisor remains regularly informed and updated on the nature of the clinical services provided by the supervisee. This occurs in clinical supervision and by co-signature of all notes. In no instance is the amount of supervision to be less than that required for unlicensed providers still in training according to the State licensing standards.

(4) Ensuring that all clinical supervisors, acting in the best interest of patients, take the necessary corrective steps to address any deficiencies in care provided by supervisees.

(5) Ensuring the clinical supervisor arranges alternate supervision when the clinical supervisor is unavailable, when clinical supervision of a particular case would not be ethically appropriate for the primary supervisor (as in the case of a potential conflict of interest or dual relationship), or when the clinical issues presented by a patient are outside of the primary supervisor's areas of expertise. **NOTE:** *The alternative supervisor may be of a different discipline than the supervisee as long as that supervisor is a licensed independent provider who has a scope of practice within mental health.*

(6) Ensuring psychologists hired directly after completion of internship, and not yet licensed, have clinical supervision that is equivalent to the amount required for American Psychological Association (APA) accreditation of a postdoctoral program during the first year of employment. For the psychologists that are not yet licensed, at least two hours of supervision is required each week, which must be individual supervision. **NOTE:** *For additional information on accreditation requirements, refer to the APA Web site at: <https://www.apa.org/education/grad/program-accreditation>.*

f. **VA Clinical Supervisors.** The VA clinical supervisor is responsible for:

(1) Ensuring the patient's EHR clearly demonstrates involvement of the clinical supervisor in the supervised staff member-patient encounters by co-signing all EHR entries. A supervisor's co-signature signifies that the supervisor has reviewed the entry and concurs with the content of the entry. The supervisor may provide additional comments or information, as appropriate, in an addendum to the entry. The amount and type of supervision provided also must be indicated either in the note or in an addendum added by the supervisor.

(2) Ensuring that the supervisor's signing and dating of progress notes include an indication of the level of supervision in order to provide adequate documentation of supervision for VA purposes. An example of adequate supervision is documentation that the supervisor has read and discussed the case with the supervisee. For the patient who is seen by the not-yet licensed staff member weekly or less frequently, each health record entry must have documentation of supervision. For the patient who is seen more than once a week, at least one health record entry each week must have documentation of supervision. A major change in the patient's condition may require more frequent or closer supervision that will vary in frequency based on the clinical presentation of the patient.

(3) Ensuring that the supervisor and the supervised staff member abide by any additional State regulations concerning documentation of supervision when the supervision provides necessary hours toward licensure eligibility.

(4) Acting in the best interest of the patient, and taking the necessary corrective steps to address any deficiencies in care provided by supervisees.

(5) Arranging alternate supervision when the clinical supervisor is unavailable, when clinical supervision of a particular case would not be ethically appropriate for the primary supervisor (as in the case of a potential conflict of interest or dual relationship), or when the clinical issues presented by a patient are outside of the primary supervisor's areas of expertise. **NOTE:** *The alternative supervisor may be of a different discipline than the supervisee as long as that supervisor is a licensed independent provider who has a scope of practice within mental health.*

## 6. TRAINING

There are no formal training requirements associated with this directive.

## 7. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created in this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

## 8. REFERENCES

- a. 38 U.S.C. § 7402.
- b. VA Handbook 5005, Staffing, dated February 7, 2018.
- c. American Psychological Association (APA) Web site at:  
<https://www.apa.org/education/grad/program-accreditation>.
- d. Office of Human Resources Management (OHRM) Web site at:  
<http://vaww.va.gov/OHRM/T38Hybrid/>. **NOTE:** *This is an internal VA Web site that is not available to the public.*