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**To:** Workforce Development Committee **Date:** March 25, 2025

**From:** Steve Sodergren, Executive Officer

**Subject: Discussion of Potential Recommendations Regarding Education** 

**Survey for Educators and Associates** 

#### **Overview**

To assist the Workforce Development Committee in its review of LMFT and LPCC education requirements, staff proposes conducting a survey to gather input from educators, students, and registrants. The purpose of the survey is to identify any concerns or issues with current education standards or licensure education programs to provide feedback to the Committee that will enhance and further the discussion around the Board's education requirements.

Staff proposes two separate, anonymous surveys: one for educators (Attachment A) and one for students and registrants (Attachment B).

The educator survey will collect general demographic information and include questions regarding the respondent's perspectives on:

- Current education requirements
- Practicum or field experience components
- A more formal program approval process for California institutions

The student and registrant survey will also collect demographic information and include questions about the respondent's perspective on the:

- Extent to which they believe their education program prepared them for licensure
- Obtaining practicum placements
- Education programs and practicum placement in general

With the Committee's approval, staff will finalize the surveys and distribute them in May 2025. A report summarizing the survey findings will be presented at the Committee's July 31 meeting.

### Recommendation

Conduct an open discussion regarding the survey and questions and direct the staff to make any recommended changes and to distribute the survey.

#### **Attachments**

**Attachment A:** BBS California Education Survey – Educators

Attachment B: BBS California Education Survey – Students & Registrants

### **Attachment A: BBS California Education Survey-Educators**

California Board of Behavioral Sciences: Education Requirements Survey
Thank you for taking the time to provide feedback on the Board's current education
requirements for Licensed Marriage and Family Therapist (LMFT) and Licensed
Professional Clinical Counselor (LPCC) licensure. Your responses will help inform
potential improvements to better prepare students for professional practice. Your
responses are collected anonymously.

### **Section 1: General Information**

Which category best describes you? (Select all that apply)
□ Educator/Faculty Member
□ Program Chair/Co-Chair
□ Program Vice Chair
☐ Department Chair
☐ Clinical Training Director
□ AMFT/APCC Supervisor
☐ Other (please specify) (Open Text)
Which type of institution do you work at?
□ Public University
☐ Private University
What types of accreditations or approvals does your school or program hold? Mark all that apply. (Select all that apply)
☐ Approval by the Bureau for Private Postsecondary Education (BPPE)
☐ A regional or national institutional accrediting agency that is recognized by the
United States Department of Education
☐ Council for Accreditation of Counseling and Related Educational Programs (CACREP)
☐ Commission of Accreditation for Marriage and Family Therapy Education (COAMFTE)
☐ Masters in Psychology and Counseling Accreditation Council (MPCAC)
☐ Other: (Open Text)
If your program is accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education, please specify the regional or national institutional accrediting body: (Open

5.	What type of program does your institution offer? (Select all that apply)
	☐ In-Person Only
	□ Online Program
	☐ Hybrid Program
	☐ Other (please specify) (Open Text)
<u>Se</u>	ection 2: LMFT Education Sufficiency
LN	IFT Education Requirements
7.	Do you believe the current education requirements for LMFT licensure adequately prepare students for clinical practice in California?(For reference you can review the education requirements here: <u>LMFT Education</u>
	Requirements)
	□ Yes
	□ No
	☐ Unsure
	□ N/A (we do not have a LMFT program) (Skip to Question 10)
8.	If no, what areas do you feel need improvement? (Select all that apply)  ☐ Assessment, diagnosis and prognosis
	☐ Treatment planning and treatment interventions
	☐ Other Clinical coursework
	☐ Legal and ethical training
	☐ Cultural competency training
	☐ Supervised practicum experience
	☐ Trauma-informed care
	☐ Substance use disorders, co-occurring disorders and addiction
	☐ Clinical coursework with children and adolescents
	☐ Other (please specify) (Open Text)
9.	Are there any specific coursework topics you believe should be added to the
	current LMFT educational requirements?
	□ Yes
	□ No
	If yes, please specify and describe your rationale. (Open Text)

## **Section 3: LPCC Education Sufficiency**

# LPCC Education Requirements 10. Do you believe the current education requirements for LPCC licensure

•	ou believe the current education requirements for LPCC licensure uately prepare students for clinical practice in California? (For reference
•	can review the education requirements here: LPCC Education
Requ	irements)
☐ Yes	3
□ No	
□ Un	sure
□ N/A	(we do not have a LPCC program) (Skip to Question 15)
11. If no,	what areas do you feel need improvement? (Select all that apply)
□ Ass	sessment, diagnosis and prognosis
☐ Tre	eatment planning and treatment interventions
☐ Oth	ner Clinical coursework
☐ Le	gal and ethical training
□ Cu	Itural competency training
□ Su	pervised practicum experience
☐ Tra	uma-informed care
□ Su	bstance use disorders, co-occurring disorders and addiction training
☐ Clii	nical coursework with children and adolescents
□ Oth	ner (please specify) (Open text)
	here any specific coursework topics you believe should be added to the
	nt LPCC educational requirements?
☐ Yes	
□ No	
If yes	, please specify and describe your rationale. (Open Text)
requi □ Yes □ No	
If no,	please specify why (Open Text)

14. For LPCC programs, do you believe the Board's law should continue to require a specific number of units for advanced coursework?  ☐ Yes			
□ No			
If no, please specify why (Open Text)			
Section 4: General Education Requirements			
15. Do you believe that the Board's law should continue to specifically identify the content requirements, or should it instead focus on establishing defined competencies?			
□ Content			
□ Competencies			
□ A mix of both			
□ Unsure			
16. Are there any coursework topics you believe should be removed or revised from the current requirements?  ☐ Yes ☐ No			
If yes, please specify (Open Text)			
<ul> <li>17. Do you believe the Board's law should allow for certain courses to be taken outside of the degree program?</li> <li>☐ Yes (specify why/which courses/content): (Open Text)</li> <li>☐ No (specify why): (Open Text)</li> </ul>			
18. Should the Board's law continue to require 60 semester units or 90 quarter units for a qualifying degree?  ☐ Yes			
☐ No, the number of units should be higher			
☐ No, the number of units should be lower			
If yes, please specify and describe your rationale. (Open Text)			
19. Are you aware of any schools that technically meet the Board's requirements but do not adequately prepare students for clinical practice in California? If yes, please specify in what way the school(s) are lacking.  ☐ Yes			
□ No If yes, please specify (Open Text)			

## Section 5: Practicum or Field Study Experience

20	.Does your program require students to complete specific (pre-requisite) coursework prior to providing clients with clinical counseling services? If yes please specify course topics and units.
	□ Yes
	□ No
	If yes, please specify (Open Text)
21	Does your program have any other requirements students must meet prior to providing clients with clinical counseling services? If yes, please specify.  ☐ Yes
	□ No
	If yes, please specify (Open Text)
22	. Did your students face challenges in securing a practicum site?
	□ Yes
	□ No
	If yes, what were the main challenges? (Select all that apply)
	☐ Limited availability of practicum sites
	☐ Lack of supervisors
	☐ Financial burden of unpaid or low paying practicum
	☐ Financial burden of being required to pay for practicum
	☐ Geographic limitations
	☐ Inconsistent quality of supervision
	□ Other (please specify) (Open Text)
23	.Do you believe the number of Board-required practicum face-to-face
	counseling hours should be adjusted?
	☐ Increase required hours
	☐ Decrease required hours
	☐ Keep the same

24. What changes, if any, would improve the practicum experience? (Open Text)

## **Section 6: Board Approval of Programs**

25. Currently, it is voluntary for schools to obtain Board approval prior to offering a degree program. Do you believe the Board should require a formal approva process for educational programs to qualify them for Board acceptance?  ☐ Yes	pproval
□ No	
□ Unsure	
If yes, please specify (Open Text)	
Section 7: Additional Feedback	
26. What barriers to licensure do your students face and how can the Board address those barriers? (Open Text)	
27. How can the Board better support your institution in aligning its programs with the Board's requirements?	
☐ More detailed guidance from the Board	
☐ Improved communication by the Board with the school	
☐ Improved communication by the Board with the students	
☐ Clearer educational requirements	
☐ Other (Please specify)	
28. What recommendations do you have to improve the Board's LMFT educational requirements? (Open Text)	
29. What recommendations do you have to improve the Board's LPCC educational requirements? (Open Text)	
30. Do you have any additional comments or concerns regarding LMFT and/or	

### Attachment B: BBS California Education Survey-Students and Registrants

# **Education Survey for Students & Graduates of a Degree Program Designed for Licensure in California**

Thank you for taking the time to provide feedback on the Board's education requirements for LMFT and LPCC licensure. Your input will help us understand how well your program prepared you for clinical practice and identify areas for improvement. All survey responses are anonymous.

<u>Se</u>	ction 1: About You
1.	What is your current status? (Select one)
	☐ Current LMFT Student
	☐ Current LPCC Student
	☐ Current dual track (LMFT/LPCC) Student
	☐ Graduated from an LMFT program within the last five years (2021-2026)
	☐ Graduated from an LPCC program within the last five years (2021-2026)
	☐ Graduated from a dual track (LMFT/LPCC) program within the last five years (2021-2026)
	☐ Graduated from an LMFT program over five years ago (Before 2021)
	☐ Graduated from an LPCC program over five years ago (Before 2021)
	☐ Graduated from a dual track (LMFT/LPCC) program over five years ago (Before
	2021)
2.	What university did you attend? (Dropdown and Other)
3.	What degree title did you earn or are you pursuing? (Dropdown and Other)
4.	What type of program are you/were you attending? (Select all that apply)  ☐ In-Person Only
	□ Online Program
	☐ Hybrid Program
	☐ Other (please specify) (Open Text)
Se	ection 2: Education Preparation
	Do you feel that your education is adequately preparing you, or has
	adequately prepared you for clinical practice?
	□ Yes
	□ No
	□ Unsure

6.	If no, what areas do you feel needs or needed more focus? (Select all that apply)
	☐ Assessment, diagnosis and prognosis
	☐ Treatment planning and treatment interventions
	☐ Clinical coursework with children and adolescents
	☐ Legal and ethical training
	☐ Cultural competency training
	☐ Supervised practicum experience
	☐ Trauma-informed care
	☐ Substance use disorders, co-occurring disorders and addiction
	☐ Other Clinical coursework (Please specify) (Open Text)
	☐ Other (please specify) (Open Text)
7.	Are there any topics or courses that are not included within your degree program that you wish were?
	☐ Yes (please specify)
	□ No
	ection 3: Practicum or Field Study Experience
8.	Did you experience challenges finding a practicum site?
	☐ Yes
	□ No
	□ Unsure
	□ N/A
9.	If yes, what were the main challenges? (Select all that apply)
	☐ Limited availability of practicum sites
	☐ Lack of supervisors
	☐ Financial burden of unpaid or low paying practicum
	☐ Financial burden of being required to pay for practicum
	☐ Geographic limitations
	☐ Inconsistent availability of supervision
	☐ Other (please specify) (Open Text)
	□ Unsure
	□ N/A
10	Did you receive individual, triadic or group supervision during your practicum?
	☐ Individual (one-on-one) or Triadic (two to one)
	(

☐ Group ☐ Both types	
<ul><li>11. If you received group supervision, how many supervisees were typical your group?</li><li>□ 3-8</li><li>□ 9 or more</li></ul>	ly in
12. Do you feel that the practicum experience in your program provides/presonable enough hands-on training for clinical practice?  ☐ Yes ☐ No	ovided
13. What changes, if any, would improve the practicum experience? (Open	Text)
Section 4: Additional Feedback  14. What recommendations do you have to improve LMFT/LPCC education training? (Open Text)	and
15. Do you have any additional comments or concerns about your education training experience? (Open Text)	on or