Nevada Mental Health Counseling Association

SENATE BILL 155
Expands Scope of Practice to Include Families and Couples
For Clinical Professional Counselors in Nevada

Nevada State Legislature
Assembly Commerce and Labor Committee
April 24, 2013

Renee Arbogast
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Definitions

CACREP: Accreditation of Counseling and Related Educational Programs
- Ensures that individuals are competently trained to be Clinical MH Counselors to work with individuals, families, groups, and couples.
- 60 credit masters is the National Standard.
- Required by Tricare, Dept. of Defense, and Veterans Administration.

NCMHCE: National Clinical Mental Health Counselor Examination
- Required to be CPC in NV.
- Measures competency in Assessment, Diagnosis, Counseling, and Psychotherapy (includes identification and administration, of relevant family and relational issues), Consultation, and Supervision.
- Administered by NBCC.

NBCC
- The credentialing body for Mental Health Counselors.
- All states who license MH counselors require licensees to have passed one the 2 exams offered:
  o National Counselor Exam.
  o National Clinical Mental Health Counselor Examination.

Evidence Based: Psychotherapeutic Treatment interventions utilized by CPCs, MFTs, and LCSWs for which there exists sufficiently rigorous evidence of efficacy.

CPC Clinical Professional Counselor

MFT Marriage and Family Therapist

“While MFTs and LCPCs do many of the same things, they are different”
http://www.bencaldwell.com/calawbook.php
**SENATE BILL 155 AS AMENDED**

*“We have to analyze the amendment so we can know what’s in it.”*

**Gary Waters**

If implemented as is the regulation of the CPC profession as it stands currently and as relates to family and couples therapy, is placed directly with the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors.

The majority board members are Marriage and Family Therapists. MFTs will determine what is or is not evidence of competence.

*Based on education of the MFT profession not the CPC profession.*

A highly superfluous and unprecedented measure both in Nevada and at the national level.

- Imagine if the Psychology profession was to regulate the MFT, CPC, or Clinical Social Work professions based on the requirements to be a psychologist?
- Imagine if the Chiropractic profession were to be regulated by the Medical profession.

Such a practice is incomprehensible and illogical.
A REVIEW OF TESTIMONY IN FAVOR

Provided Testimony in favor of SB based upon more than 2 years’ research.

- Review of each of the 50 states’ licensure requirements and regulations.
  - Scope of practice.
  - Definitions.
  - Education Requirements.
  - Continuing Education requirements.
  - Supervision requirements.
Nationwide, CPCs Provide Therapeutic Services to Families & Couples

Nevada and California do not.

American Counseling Association:
www.counseling.org/

National Board for Certified Counselors:
http://www.nbcc.org/
Compared & Contrasted Attributes of CPCs and MFTs

Definition of Each Profession.

Clinical Professional Counselors:
CACREP: http://www.cacrep.org/template/index.cfm
American Counseling Association: www.counseling.org/

Assess, Diagnose, and Treat individuals, families, couples, and groups.
- Broad range of evidence based treatment strategies.
  - Solutions Focused.
  - Trauma Focused Cognitive Behavioral Therapy (requires family involvement).
  - Cognitive Behavioral.
  - Motivational Enhancement.
  - Dialectical Behavioral Therapy.
- Private Practice, Hospitals, Outpatient, Inpatient.

Marriage and Family Therapists
www.aamft.org/
http://www.cacrep.org/template/index.cfm

Work with individuals, couples, families and groups from a Family Systems Context.

- Work with Clients across a variety of mental and emotional disorders, relationship issues, or communication issues.
- Assess, Diagnose, and treat problems, disorders, and conditions that interfere with healthy functioning.
- Includes inpatient facilities, community mental health centers, private practice offices, and social service agencies.
- Coursework in Systems Theory reflects highly specialized nature of profession.

“While MFTs and LCPCs do many of the same things, they are different”
http://www.bencaldwell.com/calawbook.php
Additional Testimony Presented

- Outlined contradictory and inconsistent application of the regulations.
  - Examination.
  - Codes of Ethics.
  - Academic requirements.

- Presented national data indicating numbers of practitioners of each profession.

<table>
<thead>
<tr>
<th>Clinical Professional Counselors:</th>
<th>95,970</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage/Family Therapists:</td>
<td>23,340</td>
</tr>
</tbody>
</table>

Bureau of Labor Statistics, 2007**:

CPCs providing therapeutic services to families and couples outnumber MFTs by more than 3 to 1 nationwide.

- Presented testimony of individuals who moved to Nevada and cannot practice according to their education and experience in their specialties.

- Provided written statements of MFTs who supervise CPCs in work environment.
**CONTRADICTORY AND INCONSISTENT APPLICATION OF THE REGULATIONS.**

**Academic/Experience/Examination**

Erin Chapel

<table>
<thead>
<tr>
<th>Profession</th>
<th>CPC</th>
<th>MFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>CACREP*/Acceptable to Bd.</td>
<td>Accredited/Approved by Bd.</td>
</tr>
<tr>
<td>Education</td>
<td>Clinical MH Counseling/Related Field</td>
<td>MFT/Psychology/Social Work</td>
</tr>
<tr>
<td></td>
<td>48 Credits*</td>
<td>48 Credits*</td>
</tr>
<tr>
<td>Internship</td>
<td>3,000 hours, *no families or couples: *</td>
<td>3,000 hours, not specific.</td>
</tr>
<tr>
<td></td>
<td>Unique to NV, by statute.</td>
<td></td>
</tr>
<tr>
<td>Examination</td>
<td>National Clinical MH Counselor Exam**</td>
<td>Accepts AAMFT Sponsored Exam</td>
</tr>
</tbody>
</table>
| Scope of Practice              | Individuals and Groups; *by statute, not* | Individuals, Couples, Families, Groups |}

Council for Accreditation of Counseling and Related Educational Programs*: [http://www.cacrep.org/template/index.cfm](http://www.cacrep.org/template/index.cfm)
www.leg.state.nv.us/NRS/NRS-641A.html
CONSIDER THE FOLLOWING

- **The National Clinical Mental Health Examination is required for licensure.**
  - Measures **knowledge and application of family dynamics** (systems) in the practice of Clinical Professional Counseling.

- CPCs adhere to the NBCC Code of Ethics.
  - NBCC definition of Clinical Professional Counseling includes families, couples, individuals, and groups in the scope of practice.

- *The CACREP definition of Clinical Professional Counseling includes provision of therapeutic services to individuals, families, couples, and groups.*
  - Nevada requires CACREP education but has not adapted the regulations to reflect CACREP standards.
  - As of 2013 60 credit masters required.
  - 30 out of 50 states, including California require a 60 credit master’s degree to be a CPC.
  - The remaining states are moving toward the 60 credit standard.

- Family Dynamics and Systems are taught within the context of each course taken.
- In the CACREP Manual the words "family" is used 56 times and "couple" 35 times
- Ms. Foley’s statements trivialized CACREP standards.

*The Veterans Administration, Department of the Army, and TRICARE require a CACREP education.*

Based on CACREP standards, Nevada lags behind the rest of the country in academic standards for CPCs.

How does this reflect a commitment to protect the public when the board does not adhere to its own regulations?

What does Nevada know that the rest of the nation’s examining and licensing entities, the VA?
Department of the Army, and TRICARE don’t know?
Why would a highly skilled clinician with experience working with families and couples move to Nevada if they cannot practice according to their education and experience?

Tricia Woodliff
- Bordered by 4 states where Clinical Professional Counselors are the dominant mental health profession and who could otherwise be licensed in Nevada as well.
- Why would any highly-qualified clinician want to relocate to Nevada only to be stifled by limitations?

Personal Testimony:
- Tricia Woodliff,
- Debbie Garbett, LCPC-CMHC-NCC-CCMHC

**IMPORTANT POINTS TO CONSIDER**

Debbie Garbett
- CPCs employed by the State of Nevada as Mental Health Counselors are providing therapeutic services to families and couples.
- Nevada Medicaid and other insurance providers reimburse for therapeutic services to families provided by CPCs.

What does the MFT profession know that the Division of Child and Family Services does not know?
Established:

Debbie Garbett

- Lack of qualified providers.
- 5 hour waiting time for services (SNAMHS).

How to Close Gap in Mental Health Care (Elko Daily).
- Some people who need outpatient mental health care are waiting a month to see a provider and by that time they’re in full crisis. It’s not OK. http://elkodaily.com/lifestyles/health-med-fit/how-to-close-gap-in-mental-health-care/article_700d953c-82ea-11e2-897f-0019bb2963f4.html

Child Abuse and Neglect in Nevada*

- Many families in Nevada experience ongoing challenges related to substance abuse, domestic violence, and mental illness. Long waiting lists for substance abuse treatment and counseling services increase the risk of child abuse and neglect in families where parents use illegal substances and develop addictions. http://cdclv.unlv.edu/healthnv/childabuse.html
At the National Level

Renee Arbogast

The Clinical Professional Counseling and Marriage and Family Therapy professional organizations fully acknowledge and highly respect the skill and expertise of the other in their work with individuals, families, and couples.

U.S. Senate Bill 562: Includes CPCs and MFTs as providers of outpatient Mental Health Services for Medicare.

The national organizations for Marriage and Family Therapists and Clinical Professional Counselors have formed a coalition to ensure passage of this bill.

This being the case, the Nevada MFT professional organization appears to be pulling at odds with their national organization which is working to ensure passage of federal legislation that will ultimately be of great benefit to Nevadans.

What does the State of Nevada MFT professional organization know that their own national organization does not know?
# EDUCATION/COURSEWORK REQUIREMENTS

Shannon Smith, Ph.D.

<table>
<thead>
<tr>
<th>Profession</th>
<th>CPCs</th>
<th>MFTs</th>
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</thead>
<tbody>
<tr>
<td><strong>Name of Course</strong></td>
<td><strong>Number</strong></td>
<td><strong>Credits</strong></td>
</tr>
<tr>
<td>Ethics Professional Studies</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Diagnosis/Assessment</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Abuse of Alcohol/Substances</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Individual Counseling Theory</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Human Development</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Individual Counseling Techniques/Practice</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Lifestyle/Career Development</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Group Dynamics/Consulting</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Social/Cultural Foundations</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Supervised Practice: CPC/LCSW/MFT</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Research/Evaluation</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Marital &amp; Family Systems</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Marital &amp; Family Therapy</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
**INCONSISTENCIES AND CONTRADICTIONS:**

- **62% of MFT client work is with individuals.**
  - Note lack of coursework in individual therapy or counseling theory.
- **MFT scope of practice includes group therapy.**
  - Note lack of coursework in Group Dynamics.

**CACREP:** Council for Accreditation of Counseling and Related Educational Programs

**Randy Astromovich**
Council for Accreditation of Counseling and Related Educational Programs*:
[http://www.cacrep.org/template/index.cfm](http://www.cacrep.org/template/index.cfm)

<table>
<thead>
<tr>
<th>Course</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL AND CULTURAL DIVERSITY</td>
<td>Individual, couple, family, group, and community strategies for working with and advocating for diverse populations, including multicultural competencies.</td>
</tr>
<tr>
<td>HUMAN GROWTH AND DEVELOPMENT</td>
<td>Theories of individual and family development and transitions across the lifespan. Theories and models of individual, cultural, couple, family, and community resilience.</td>
</tr>
<tr>
<td>CAREER DEVELOPMENT</td>
<td>Interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.</td>
</tr>
<tr>
<td>HELPING RELATIONSHIPS</td>
<td>A systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions.</td>
</tr>
<tr>
<td>GROUP WORK</td>
<td>Principles of group dynamics, including group process components, developmental stage theories, group members’ roles and behaviors, and therapeutic factors of group work.</td>
</tr>
<tr>
<td>ASSESSMENT</td>
<td>Social and cultural factors related to the assessment and evaluation of individuals, groups, and specific populations.</td>
</tr>
</tbody>
</table>
| COUNSELING, PREVENTION, AND INTERVENTION | **Knowledge:** Knows the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help). Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.  
  **Skills and Practice:** Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling. |


TO SUMMARIZE:

The evidence presented before both committees is clear and indisputable through precedent, the literature, and in the 50 other jurisdictions that CPCs are highly proficient in their practice with families and couples.

No researched or documented evidence has been presented in this or past legislative sessions that disputes competence of CPCs to provide therapeutic services to families and couples.

The MFT profession in Nevada has failed to present evidence to support their stand on this legislation.

THEREFORE:

In the presence of testimony and evidence that CPC’s have such training, and in the absence of testimony that they do not, it must be logically and rationally assumed that CPC’s currently possess such training and that further judgment or determination of that training or experience is unnecessary and moot.

References:

American Association of Marriage and Family Therapists:  www.aamft.org/
American Counseling Association:  www.counseling.org/
Council for Accreditation of Counseling and Related Educational Programs*:  http://www.cacrep.org/template/index.cfm
National Board for Certified Counselors:  http://www.nbcc.org/
American Mental Health Counseling Association:  www.amhca.org/
Appendix

SB 155
Interpretation and Points for Consideration

Gary Waters, MSW, Ed.S
LCSW | LMFT | LADC | NCC
Licensed School Psychologist

April 22, 2013

I have been asked to review SB 155 and comment upon it. The comments and opinions expressed are mine and mine alone and do not reflect the opinions or perspectives of any other person or organization.

I have reviewed this bill, including the amendments and it *seems* reasonable. As with anything in statute (passed legislation), that provides a wider interpretative doorway for the regulators (the board) to craft code (regulation), there is always a risk that the regulatory board will install problematic, confusing, difficult or even punitive measures or hurdles to the applicant. *This is very speculative interpretation – but that does not limit or eliminate the potential for conflict between two competing interests, those of the CPC and those of the MFT if this bill is passed with the amendment.*

What I do not like about this bill, in its amended form, is that it potentially sets up two levels of CPC without actually saying so. This bill permits the Board to grant the CPC license, and *if in their judgment* the CPC license applicant they meet licensure criteria - set by them - to counsel couples and families. What happens if the CPC license applicant does not meet such criteria - do they get a license as a CPC with a "restriction" on practice that precludes counseling *couples and families*? It appears they have the authority to do so.

The questions is, is there enough strength (regulatory muscle) on the MFT Board to make that process of qualifying for a "full" license that includes treating couples and families fair and justifiable to the depth and integrity of the CPC training, education and experience as we know it today?
• There is no overriding testimony to the Nevada Legislature or information from any reliable and credible source that indicates CPC’s, as the training is structured today, do not have training or experience in counseling couples and families at the equivalent level of the MFT licensee.

• In fact, earlier testimony on this issue by MFT’s concluded their support of CPC’s counseling couples and families if education and training was documented.

• In addition, testimony was provided that documented such training for CPC’s and no testimony was provided to indicate that CPC’s do not have such training specific to couples and families.

• In the presence of testimony that CPC’s have such training, and in the absence of testimony they do not, it must be logically and rationally assumed that CPC’s currently possess such training and that further judgment or determination of that training or experience is unnecessary and moot.

• Furthermore, Placing in statute a provision that requires members of a regulatory board to have competing interests and agenda’s is not good policy or legislation. The amendment to this legislation does just that.

As a result, it would be preferred to pass this bill without the amendment and thus avoid potential future problems in the regulatory and initial license granting process.

• If the MFT board is concerned about training and experience of CPC’s in couple and family therapy – a simple and cost effective remediation would be to require continuing education in couple and family treatment be documented by the CPC in some way in the process of their professional development and not a requirement for initial licensure.

• Continuing education is already in place in all licensed professions and an excellent and recognized process for expansion of professional skills, development of new skills, becoming current in existing skills.

• Continuing education is the well-known process and practice to document training and expertise provided by recognized national and regional conferences of all mental health professions originating from national and state
associations, specialty workshops, CPC, MFT and LCSW, LADC conferences, and other forms of continuing professional development.

- Many sources provide couple and family treatment training and professional development and continuing professional education is a cost effective and efficient way to document currency in couple and family treatment skills in multidisciplinary offerings.

This proposed statutory language leaves a pretty big door open for regulatory interpretation. It looks pretty good as the "or's" allow for multiple ways to "qualify". Each "or" is a separate pathway to proof of competence and provides less wiggle room for MFT advocates who wish to restrict the CPC license to retreat into. That, in my opinion is very good. That is not to say the Board (or select members of it) will not try and specify (further restrict) those pathways. If the language goes as it is written - there will be a need to fully participate in the regulation setting hearings to assure open and fair processing of how "demonstrated competency" is ultimately defined.

The authority for who gets to counsel couples and families still will remain with a regulatory board that is dominated by MFT's. My guess is that they will attempt to define the competency in terms they, as MFT’s embrace - and not necessarily with due respect to CPC training and experience in couple and family treatment strategies, methods which are not in alignment with MFT dogma to one degree or another. This is NOT an indictment of MFT’s or their interests, but a logical philosophical extension of what they appear to believe is a precise way to provide services to couples and families. However, the MFT methods are not the only ones used in the treatment universe of mental health professionals who provide services to couples and families. This creates an interesting dilemma.

- It appears logical that MFT training and methods, while clearly effective in couple and family counseling, do not universally apply to each of the many licensed forms of treatment providers, nor should they.
Testimony

My name is Deborah Garbett. I am a Licensed Professional Counselor in Elko Nevada, and am a “transplant” from Utah. I came to Nevada due to the high need of Mental Health Counselors in rural areas. When I applied for licensure as a CPC, I was told by multiple people (including the board members who administered the interview) that I would be unable to offer any marriage or family counseling based on the degree and license I had. This was unusual to me as this is NOT the case in other states. Through DOPL (Division of Professional Licensing, Utah), mental health therapy is listed as “engaging in the conduct of professional intervention, including psychotherapy by the application of established methods and procedures generally recognized in the professions of mental health therapy listed under Subsection (5)” and applies to all mental health therapists including but not limited to: Social Workers, Marriage and Family Therapists, Clinical Mental Health Counselors, and Psychologists (subsection 5). (Title 58 Occupations and Professions Chapter 60 Mental Health Professional Practice Act)

My education through University of Phoenix (a CACREP accredited university) included family counseling, group counseling, marriage counseling, child counseling, and individual counseling. In each of these types of counseling, there was training on counseling families in order to better help the individual, child, or marriage. This has been a direct support to the scope of practice outlined in Utah, as sited above.

Since receiving my licenses, both Utah and Nevada, I have been working toward a specialization certificate of Play Therapist. This is most often a type of therapy done with children. For a child to receive the most benefit from counseling/therapy, it is beneficial to include parents, and sometimes other family members in some of the sessions. This allows for continuity of care from the therapy setting to the home setting. Under the current laws regarding Licensed Professional Counselors, I am unable to do any family therapy, and am therefore less effective in my treatment of children. This has made it difficult for expansion of a practice to accommodate the high need of qualified therapists in a rural area.

I currently work with 2 groups that specifically work with children. Maple Star of Nevada is an organization that provides behavioral health services for children and adults who qualify for Medicaid. This organization hires therapists to provide individual therapy, family therapy, and group therapy. They specifically hire Quality Mental Health Providers, which include LCSW’s, MFT’s, and CPC’s (according to the Nevada Medicaid website). I am qualified to provide all services according to Medicaid, but am unable to do so because of state regulation.
The 2\textsuperscript{nd} group I work with is the Great Basin Child Advocacy Center. This is an organization that helps children who have been physically or sexually abused through advocacy, forensic interviews and exams, and counseling among other services. The counseling recommended is Trauma Focused Cognitive Behavior Therapy. I have received training in this. One section specifically calls for parent-child sessions to work through issues caused from trauma. There are 3 primary therapists who are referred to from this organization. Myself and 2 LCSW’s. Both of the LCSW’s have a full practice, and thus, a waiting list.

Children who have been through abuse are having difficulty getting the treatment they need in rural areas due to the limited amount of practitioners available. In Elko, there are 12 therapists available for a population of approximately 50,000, all of whom have wait lists. There is a newspaper article from the Elko Daily Free Press that highlights this issue. Providers in Elko have a wait list of at least 3-4 weeks for those not in crisis. The Elko Mental Health Center has to schedule out their intake assessments 2 months. That means those coming in for counseling in April are being scheduled for June intakes. I am aware of this as I am an employee of the Elko Mental Health Center and looking through the schedules of myself and my co-workers. There are not enough providers in rural areas to fill the need.

A situation I would like to make you aware of occurred in 2012. Working for the state at the Elko Mental Health Center, we have had multiple student interns and licensing interns apply to work at our agency, under supervision, to gain the necessary experience required for graduation and licensure. In 2012, we had a student intern begin work there who had not as of yet chosen between a Professional Counselor degree and a Marriage and Family Therapist degree. After working with the agency a few months, she opted to take the MFT degree as the LPC degree would include limitations on working with families. I have had colleagues interested in open positions in the state of Nevada who have opted to go elsewhere once they have learned of the restriction on working with families and couples. I am also considering a move out of state due to the cost of living in a mining town, and the limits on my abilities to practice more effective therapy with clients that I may be working with.

I would ask that you please consider SB155 and the benefits it will have on the communities in the state of Nevada. By allowing Licensed Professional Counselors to have the same scope of practice as those in other states, professionals will be more willing to live and practice in the state of Nevada, and more of those with mental illnesses will be able to receive the treatment they need.

Deborah A. Garbett, LCPC-CMHC-NCC-CCMHC
President, NVMHCA
Utah License #7254142-6004
Nevada License # CP0061
Tricia Woodliff  
April 24, 2013  
To Whom It May Concern,

I love Nevada. I moved here five years ago this July. My husband and I were introduced to Nevada through a job interview for him, and we instantly fell in love with the desert, the mountains, and the people. But one concern held us back, and that was my career. I had been working for the State of Oklahoma as a Licensed Professional Counselor for children and their families. I loved what I did, and after doing some research, found out that Nevada had no Professional Counselor licensing. There was a ray of hope though, because I saw that legislation for Counselor Licensing was to be introduced. With that in mind, my husband and I agreed that even if I had to take a job doing something else for a while, I could eventually do that which is my passion, early childhood mental health. I found a job as preschool teacher, but applied for another position that, due to the job classification, would allow me to practice as I had in Oklahoma. I waited impatiently to hear about the position, and after an interview, was offered the job. Almost five years later, I have seen numerous hurting young children and their families for counseling.

Although legislation was passed for Clinical Professional Counselors to practice, if I did not work for whom I currently work, I would still be acting as a preschool teacher or would not be living in this state. As it is written now, Clinical Professional Counselors are not allowed to see families. My area of expertise is young children between the ages of birth to four years of age, which is a very unique population. More specifically, I specialize in children who have experienced significant trauma. I have had hundreds of hours of continuing education in that specific area after licensure, which does not include an internship that was specific to early childhood trauma. I had classes in family therapy and family systems in graduate school. I have never had a career based in individual therapy. One does not address very young children’s trauma without working with their caregivers. Ethically and clinically it does not make sense.

I urge the Legislature to reconsider the current statutes that limit the scope of practice of Clinical Professional Counselors. Nevada law has put limitations on Clinical Professional Counselors that none of the other states currently have; therefore, others like me who come to Nevada with licensure and experience from other states will not be able to practice as we have been trained. In the current mental health climate of our state, it seems irresponsible to limit or exclude those who can and want to make a difference in the lives of our citizens.

Sincerely yours,  
Tricia A. Woodliff, CPC
UNLV

Updated: 2/2013

Clinical Mental Health Counseling Full Time Projected Course Sequence

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<tr>
<th>Year 1 – Full Time</th>
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<tbody>
<tr>
<td><strong>Fall (12 credits)</strong></td>
</tr>
<tr>
<td>CED 701 Introduction to Counseling (3)</td>
</tr>
<tr>
<td>CED 715 Counseling &amp; Consultation Theories (3)</td>
</tr>
<tr>
<td>CED 727 Counseling Process &amp; Procedures (3)</td>
</tr>
<tr>
<td>CED 733 Group Counseling (3)</td>
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<table>
<thead>
<tr>
<th>Year 2 – Full Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall (9 credits)</strong></td>
</tr>
<tr>
<td>CED 703 Counseling with Expressive Arts and Activities (3)</td>
</tr>
<tr>
<td>CED 751 Internship in Counseling (3) 600 hours</td>
</tr>
<tr>
<td>CED 766 Psychopathology &amp; Wellness Models in Counseling (3)</td>
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