

**BOARD OF MENTAL HEALTH COUNSELORS AND  
MARRIAGE AND FAMILY THERAPISTS  
MINUTES OF MEETING**

**April 18, 2014**

**Open Session**

**DRAFT**

**The Open Session of the Board of Mental Health Counselors and Marriage and Family Therapists was held on the above date in Room 401, Cannon Building, Rhode Island Department of Health, 3 Capitol Hill, Providence, RI, pursuant to the applicable provisions of the Open Meeting Law, so called, and other applicable provisions of the General Laws of the State of Rhode Island, as amended.**

**Board Members in attendance: Board Members not in attendance:**

**Terrence Giblin, Chair**

**Joseph Costa Staff members in attendance:**

**Dale Blumen J. Michel Martineau**

**Noelle Harris Steve Morris, Esq.**

**James Pinel**

**Elizabeth Johnson Others in attendance:**

**Ronald Mancini Tanekar Alexander, Intern**

**Prof. Judith Drew**

**A quorum was established and the meeting was called to order at 10:04 AM. Board members had arrived some time before 10:00 AM, but we awaited availability of the room as the meeting scheduled to**

**conclude at 9:30 continued.**

**Many Members state the lack of free and convenient onsite parking is somewhat insulting. Multiple members state the parking issue is reason enough to withdraw from the board, multiple members state they will consider waiting for the parking situation to be resolved before scheduling the next board meeting. Board Members state it is a lack of respect to ask volunteer board members to have to pay to park to attend a board meeting as they are already taking time away from their practice to attend this meeting. The administrator states agreement with their concerns and suggest the situation is likely related to the decrease in parking spots while construction is taking place in the underground DOA parking garage. Members ask if this means the inconvenience may be temporary, the administrator states he hopes so. Members ask if other boards are allowed to park, the administrator responds the medical board which meets monthly and possibly other boards have been issued parking passes while other boards have been denied the request.**

**Terrence Giblin states he is parked at a meter and if he gets a parking ticket he expects the Department of Health to pay for it. James Pinel suggests he can likely arrange that we instead**

**meet at a business location on North Main Street in Providence that provides free and convenient parking. The board administrator**

**advises we check with board counsel to determine if we can go that route.**

**The Minutes of the Open Session held on January 17, 2014 were presented. Terrence Giblin made a motion to accept the Minutes, seconded by Elizabeth Johnson, it was passed unanimously.**

**Members review the communication from McKayla Therrien; members determine this inquiry pertains to Section 9.3 of the Regulations, Category II. Since the adjunct professor is teaching the course, she qualifies for the maximum of up to 20 hours (per section 9.1 of the Regulations).**

**Members review the communication from Cathy Catudal; members determine this inquiry pertains to Section 9.3 of the Regulations, Category II. Members concur with the preliminary determination of the administrator, this individual completing a 3 credit graduate level psychology course qualifies for 3 hours.**

**Members review the communication from Susan Wright; she seeks a letter / credential from RI indicating she is an approved supervisor. Members state supervisor qualifications are addressed in the Regulations (Section 2.1.6 and 2.1.7), and indicate they prefer not to issue a credential.**

**Noelle Harris states interest in changing the title of the Mental Health**

**Counselor (MHC) license to Licensed Professional Counselor (LPC) in keeping with the practice of many states.**

**Members break into two groups, 1) MHC and 2) MFT:**

**1) The MHC group includes Joseph Costa, James Pinel, Ronald Mancini and Noelle Harris**

**Notes made by board members at this meeting will be incorporated in the Minutes at a later date.**

**2) The MFT group includes Dale Blumen, Terrence Giblin and Elizabeth Johnson; the administrator sits and takes notes for the MFT group.**

**Item #1. Dale Blumen references Section 1.7 and 1.72 addressing MHC, then references Section 1.14 addressing MFT. Members advise striking the last sentence in Section 1.14 (“Individual marriage and family therapists also engage in ...”) replacing it with the exact wording of 1.7.2 as noted below:**

**“Individual marriage and family therapists engaging in psychotherapy of a nonmedical nature utilizing supervision when appropriate and making referrals to other psychiatric, psychological or medical resources when the person is diagnosed as psychotic or presenting a medical problem”.**

**Item #2. Terrence Giblin and other members reference Appendix B Section VII. Members state the Supervised Clinical Practice should focus on outcome with clients rather than hours spent. Members propose striking the current Appendix B Section VII and replacing it with the following:**

**“Area VII: Supervised Clinical Practice”**

**“Students are required to complete five hundred (500) supervised direct client contact hours or demonstrate that they have achieved a competency level equivalent to the five hundred (500) client contact hours. Programs will document a student’s satisfactory completion of the five hundred (500) hour requirement or the achievement of an equivalent level of competency before awarding a degree”.**

**“Direct client contact is defined as face-to-face (therapist and client) therapeutic meetings. Activities such as brief telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments may be counted as direct client contact if they are face-to-face processes that are more than clerical in nature and focus. Although students may treat individual clients, at least fifty**

**percent (50%) of the 500 direct client contact hour requirement or its equivalent must be completed with couples or families physically present in the room”.**

**A minimum of one hundred (100) hours of supervision is required in the supervised clinical practica. A minimum twelve (12) successive months of supervised clinical practice is required. Both individual or dyadic (spelling ?) and group supervision of the student’s clinical practice are required. Individual or dyadic supervision will occur at least once (1) per week over a period of one (1) or more years”.**

**“A practicum is a part-time clinical experience completed concurrently with didactic coursework. A practicum (both on and off site) must provide students the opportunity for direct client contact hours. Practica may also include such activities as supervision, staff meetings, community relations, and record keeping. Preparation for clinical practice includes any necessary remediation for previous clinical deficiencies.”**

**Members note the above proposed change is to reflect the URI system or other institution rather than 500 hours, the focus should be demonstrated competence.**

**Item #3. Members address Section 3.1.6 Members state a minimum of 2 years, and suggest one (1) hour supervision for every twenty (20) hours onsite work hours. At least 50% (of hours ?) must involve**

**client contact. Terrence Giblin states that Jerome has it right, let's accommodate clinician in this new environment, indicating the MFT may have fifteen (15) minutes as part of a team of professionals. A member proposes replacing "100 hours of case work" with clinical practice.**

**Item #4. Members address Section 5.0 and state this is outdated and propose replacing the current wording it with "Examination for licensure shall be authorized by the Department".**

**Item #5. Members briefly review Section 6.0 and indicate it is okay.**

**Item #6. Members begin to discuss Section 9.3 of the Regulations, Category II. The work group determines to stop here to proceed to other board matters.**

### **Adjournment to Executive Session**

**Board counsel Steve Morris directs us to make specific reference to the reason(s) we need to adjourn to Executive Session.**

**Pursuant to Sections 42-46-4 and 42-46-5(1) of the Rhode Island General Laws, as Amended, in that confidential issues of fitness for licensure and investigative cases will be discussed, Terrence Giblin made a motion to enter Executive Session, seconded by Noelle**

**Harris, it passed unanimously. The Open Session adjourned at 11:23 AM.**

### **Return to Open Session**

**The Open Session was called back to order at 11:50 AM. On motion of Terrence Giblin, seconded by Dale Blumen, it was unanimously voted to keep confidential all matters discussed in Executive Session and to seal those minutes inasmuch as fitness for licensure and ongoing disciplinary matters were addressed. Items reported from Executive Session include:**

**The Minutes of the Executive Session held on January 17, 2014 were passed unanimously.**

**Complaint: C14-0251 Denise Fleurant, Reprimand, proposed Consent Order.**

**Licenses granted since the most recent meeting January 17, 2014 through April 17, 2014 include:**

**MHC00631 McKenney, Kelly Nicole**

**MHC00632 Hopkins, Laura Ann**

**MHC00633 Kevin, P. Jr.**

**MHC00634 Tirocchi, Andrea Marie**

**MHC00635 Lanzi, Stephanie Rose**

**MHC00636 Gubata, Maegan Lane**

**MHC00637 Obrien, Angelina M**

**MHC00638 Allen, Ashley Rose**

**MHC00639 Paulus, Jessica Hazel**

**MHC00640 Driscoll, Jennifer Ann**

**Members discuss listing items to be placed on the next agenda, members direct the administrator to again place on the agenda a) Review proposed changes to Regulations (R5-63.2-MHC/MFT).**

**Adjournment**

**Having no further business, on motion of Terrence Giblin, seconded by Ronald Mancini, it was unanimously voted to adjourn. The Open Session of the meeting was adjourned at 11:55 AM.**

**Respectfully submitted,**

**J. Michel Martineau**

**Health Policy Analyst**