

Considerations for Sexual Assault Programs That Employ or Contract with Mental Health Therapists

Therapists on Staff

When a rape crisis center has one or more therapists as employees, certain considerations may arise. The program manager and/or executive director of the agency should be aware that additional policies and procedures may be needed to address the inclusion of a mental health therapist on staff. For the purposes of this guide, the term “therapist” refers to any individual acting as any of the following as outlined in [63 Pa. Code § 1906 \(2\)](#): licensed social worker, licensed clinical social worker, licensed marriage and family therapist or licensed professional counselor. In addition, psychologists may provide therapy in the Commonwealth, but are governed under a different statute. You may also consider reviewing the PA Codes governing each individual profession, including Social Workers ([Title 47](#)), Marriage and Family Therapists ([Title 48](#)) and Professional Counselors ([Title 49](#)).

Additionally, the [Consolidated Victim Service Program Standards \(CVSPS\)](#) outline minimum requirements for therapy provided at PA Victim Service Programs.

This includes:

1. Therapy is delivered by a licensed therapist who has appropriate educational and

experiential knowledge. The Victims’ Services Program shall ensure that the therapist maintains a professional license and malpractice insurance (generally provided by the agency). A copy of the therapist’s license shall be placed in their personnel file. Note: Master’s level social workers, professional counselors, marriage and family counselors who are under the guidance of a clinical supervisor as a requirement in becoming licensed can also provide therapy.

2. Each victim’s file shall include documentation (see Program Administration - Record Keeping).

The Victims’ Services Program shall ensure that those individuals who provide therapy are afforded clinical supervision by a qualified professional. (see the specific requirements for providing clinical supervision as outlined by [PA Licensing Board Laws and Regulations](#)).

Issues specific to therapists who are contractors rather than employees are addressed later in this document. Because some issues apply to both employed and contracted therapists, we recommend that you read the entire paper even if you have only contracted therapists.

Program Models in Pennsylvania

In Pennsylvania, centers operate in a variety of program models. Some exist within larger organizations, while others are stand-alone non-profits. Some centers serve victims of other crimes in addition to sexual violence. These differences extend to the type and structure of therapy services provided at centers as well. Some centers in Pennsylvania do not provide therapy services at all.

Centers with smaller staffs or limited scopes of service may have only one therapist on staff. There are some centers in the state who choose to contract with outside therapists, rather than providing therapy in-house. In some of our larger centers, there are entire therapy departments. Because therapeutic support for victims of sexual violence represents a different scope of service and practice, there are unique considerations for centers that provide therapy in-house. Know that while many of the things discussed below are important considerations, not all of the information provided will apply to your center.

Supervision for Staff Therapists

For staff members, an important issue to be considered is the distinction between clinical and administrative supervision. Depending on the center model, these two roles may be filled by the same person, or by two different people.

If the therapist is working toward licensure, they must have a **clinical supervisor** in accordance with Pennsylvania State law and administrative codes. This person is legally responsible for overseeing the clinical work of the therapist, and therefore must be fully informed about the work of the therapist. The clinical supervisor must be a licensed mental health professional, but does not necessarily have to be an employee of the same agency. Additional information on the requirements related to provisional licensure is outlined in [63 Pa. Code § 47](#). Licensed therapists are not required to be under supervision, but still need the opportunity to consult with peers, particularly about difficult cases, while maintaining client confidentiality. The agency should ensure that all staff have ample opportunity to participate in case management and review with their peers and with supervisors.



The **administrative supervisor** is responsible for supervising the therapist as an employee—orienting the employee, conducting performance evaluations, and the like. In some center models, one person serves in both roles. If these roles are filled by two different people, the staff person should have a clear understanding of the roles and functions of these two supervisors and the type of accountability the therapist must have to each of them.

Depending on the staff and financial resources available, the clinical supervisor may be an outside consultant. The center may wish to have a written agreement with the outside clinical supervisor that specifies that the administrative supervisor will be notified if there are any concerns that the staff therapist is engaging in unprofessional conduct or failing to meet basic professional standards. These actions may create liability for the rape crisis center as well as resulting in substandard care for clients. The therapist will need to be aware of this agreement and will need to give permission for the clinical supervisor to provide this information to the center. The agency may wish to give consideration to whether they will assume the financial costs associated with clinical supervision. Many centers will assume this cost as a way to support their staff therapists.

If you are providing administrative supervision for a therapist but are not a mental health therapist yourself, you may wish to consider these issues:

- 1 The center should keep a copy of **current license** in personnel files.
- 2 Establish a system for **tracking proof of continuing education** for licensure.
- 3 Be sure you know the **therapist's professional designation**. Are they a psychologist, social worker, or licensed professional counselor, for example? The [State Board of Social Workers, Marriage and Family Therapists and Professional Counselors](#) and the [State Board of Psychology](#) regulate and control professional licensure for therapists in PA.
- 4 Familiarize yourself with the **licensing regulations** for the appropriate profession (see [Professional & Vocational Standards](#))

Mental Health professionals must have continuing education approved by the regulating state board to maintain their licenses.

- 5 Carefully review the **requirements for therapists serving survivors** as outlined in the PCAR [Organizational Standards for PA Centers \(POSPC\)](#) and the [Consolidated Victim Service Program Standards \(CVSPS\)](#).
- 6 Be aware that **mental health professionals must have continuing education approved by the regulating state board** to maintain their licenses, and that those requirements can change. For example, licensed social workers are required to get training in mandated reporting and ethical practice on a regular basis.



Sample Policies and Procedures

Several proposed policies and procedures related to the inclusion of a therapist as an employee of a rape crisis center are described below. Bear in mind that these should be customized for your particular situation and center.

Ensuring Quality Services

Policy: All staff members providing mental health services are responsible for ensuring that they are providing services in compliance with applicable state and federal laws, Licensing Board regulations, requirements of funders, center policies and procedures, and ethical standards applicable to their profession. In the event of a perceived conflict between these guidelines and any center expectation, policy, or procedure, it is the responsibility of therapists to bring the conflict to the attention of their administrative supervisor or the agency director immediately, and to work to resolve the conflict along with the administrative supervisor and/or the executive director. Consultation may be sought to help resolve any such conflict.

Licensure and Qualification

Policy: Any staff member providing mental health services must be licensed according to Pennsylvania State law, or must be working toward licensure under supervision in full compliance with state law.

Procedure: Identify whether the center or the staff member is responsible for licensing costs and continuing education costs. The center should be responsible for providing time (as approved by the therapist's administrative supervisor) for continuing education activities. The therapist is responsible for staying informed about any changes in licensure requirements and informing the administrative supervisor. All appropriate paperwork relating to licensure should be provided by the staff member as identified in the procedure below, and included in the staff member's personnel file.

Policy: Any staff member providing mental health services must meet the [POSPC/CVSPS](#) therapist requirements for initial qualifications and ongoing training.

Procedure: Staff members are responsible for ensuring that they have a professional license in good standing, and for informing their administrative supervisor if there is any problem or potential problem with this. A copy of the therapist's license should be placed in the personnel file, and copies of updated licenses should be provided as they are renewed every two years. The personnel file should also include information about the therapist's continuing education credits, and the therapist and the administrative supervisor should review this during the annual performance review to ensure that the therapist is on course to complete the required training. Documentation of conformity to the [POSPC/CVSPS](#) therapist requirements should be provided by the therapist and placed in the personnel file, along with documentation of ongoing training.

Clinical Supervision

Policy: If a therapist is required to receive professional supervision toward licensure, supervision must be provided by an approved supervisor and all paperwork required by Pennsylvania State Law and Administrative Codes must be completed and approved. In addition, it is best practice to establish a written supervision agreement spelling out what is expected of both the supervisor and the supervisee. This agreement should include consent from the supervisee allowing the outside clinical supervisor to notify the agency if they believe the supervised therapist is demonstrating unprofessional conduct, is not adequately serving clients, or is not meeting the agreed-upon responsibilities.

Procedure: A copy of any written supervision agreement should be placed in the employee's personnel file. In addition, copies of all paperwork filed with the appropriate state agency related to the licensure process and required supervision should be included in the staff member's file.

Policy: Therapists on staff who are required to be under supervision will provide adequate information about their clinical work to the approved clinical supervisor as outlined in [63 Pa. Code § 47](#).

Policy: Professionals who are required to receive clinical supervision will be responsible for disclosing these requirements to their administrative supervisor and obtaining and documenting the oversight or consultation. When clinical supervision is provided by an outside consultant paid by the center,

there should be a written consultation agreement that is provided to the administrative supervisor at the center, similar to supervision agreements. The employee must authorize the outside consultant to notify the center if they believe the employee is operating outside the scope of practice designated by statute and administrative code, demonstrating unprofessional conduct, not adequately serving clients, or not meeting the agreed-upon responsibilities.

Administrative Concerns

Policy: Policies should address how the center will handle the transfer of cases if the therapist leaves the agency. Clients should be promptly notified of the therapist's departure, and the center should have policies in place to minimize disruption for clients, unless in the case of an emergency. In addition, the policy should specify a "wrap-up" period if a therapist's employment is terminated as a result of a layoff or an unforeseen discontinuation of funding. The therapist should be provided adequate time to engage in an orderly termination and, if appropriate, transfer of services with clients.

Procedure: All sexual assault clients hold the right to confidential privilege when they communicate with sexual assault counselors. The center should honor this right to confidentiality, and case information should only be shared when it is appropriate to do so. Case management conducted within the agency will include purposeful, focused dialogue pertaining to the services provided in support of a specific client. Any information about client services or case records may only be released with the informed, written, time-limited consent of the client. For this reason, centers employing therapists should require that they complete the 40-hour Sexual Assault Counselor Training prior to client contact.

Procedure: The center should check to ensure that its liability insurance covers the provision of mental health therapy services. Therapists may wish to consider purchasing or retaining their own individual professional liability insurance, but this will not cover the center in the case of a lawsuit.

Procedure: Appropriate and timely recordkeeping will be one of the factors on which a therapist's performance review will rely.

Private Practice Issues

Policy: The POSPC Conflict of Interest Standard addresses conflict of interest or the appearance of conflict of interest for centers. Centers should consider carefully what circumstances might lead to a real or perceived conflict of interest with therapists and create appropriate policies to address these concerns.

Procedure: As with any other employee, therapists on staff should be required to disclose any outside business interests. Most employers have an outside business interest disclosure form that employees must complete.

Procedure: Because some therapists may also maintain a private practice, it is important to discuss any potential for conflict of interest. The therapist’s administrative supervisor should review and discuss the center’s Conflict of Interest policy and any other relevant policies on moon-lighting as part of the hiring and orientation process, and should document this in the employee’s personnel file.

Mental Health Records

Policy and Procedures: Be sure the center’s policy on record keeping (POSPC A.2.) includes policies specific to mental health records. Specify where these records are to be kept and who has access to them. Describe procedures for keeping them safe. The administrative supervisor should be familiar with:

- [55 Pa. Code § 5100](#) – relating to Confidentiality of Mental Health Records
- Funding requirements for confidential treatment of survivors’ information (i.e. refer to Confidentiality requirements listed in the [Organizational Standards for PA Centers \(POSPC\)](#))
- **Note:** You may be wondering if you are a “[covered entity](#)” under HIPAA (the Health Care Portability and Accountability Act), which has stringent guidelines for managing “Protected Health Information” and informing clients of their privacy rights. If you do not charge or bill for services and do not transmit any electronic information about therapy, you are probably not. Read the article linked below. If you do charge or bill for therapy, you will need to revisit this issue. In addition, many of the HIPAA standards have become best practice benchmarks even for those mental health practitioners that are not formally covered by the law.
- “[Record Keeping for Practitioners](#)” – this is an article from the American Psychological Association, but the points it makes are relevant for all professions. Also consider any requirements laid out by insurance providers.

Procedure: Therapy case notes are considered mental health records, and so should be maintained separately from advocacy records. Only authorized personnel should have access to them. An advocate may not access a client’s mental health records without a release of information from the client. This procedure does not pertain to routine case management activities within the rape crisis center, but specifically to the health records of the client. For Pennsylvania centers using ETO (Efforts to Outcomes software program) to document client services, this separation of records is designated by indicating the type of service provided (i.e. Crisis Counseling vs. Therapy).

Procedure: Release of information forms for mental health records should be specific about to whom information will be released and precisely what information will be released. They should be effective for the shortest period of time possible to accomplish the intended purpose. Clients should be clearly informed that they are not required to release information as a condition of services, and they should also be informed of the risks inherent in releasing information (such as loss of control over any subsequent re-release by the receiving party). A client can revoke their release at any time. Such releases should be maintained as part of the client’s mental health record.

Policy: Mental health records will be maintained by the designated therapist in compliance with center procedures, licensing board regulations, Pennsylvania State law, professional ethical standards,

insurance requirements and the best interests of the client. If therapists experience any barriers to timely and professional completion of recordkeeping duties, they should inform the administrative supervisor as soon as possible.

Policy: Center policies should specify whether or not mental health records can be removed from the agency; whether electronic records will be kept and if so, how they will be safeguarded; and the use (or ban on use) of personal electronic devices for client information.

Procedure: Center procedures should specify how therapists should keep records, what “timely” recordkeeping means, what exactly should be included in the record, what forms are to be given to clients, how often those forms are to be reviewed and by whom. Bear in mind that there is a difference between the level of detail in records maintained for advocacy services and best practice for mental health recordkeeping.

Contracted Therapists

Some rape crisis centers provide clients with therapy through contracts with therapists. When exploring options for therapy referrals and contractors in your community, consider the guidance outlines in [“Locating Trauma Informed Therapists.”](#)

As independent contractors, these therapists do not require the same type of administrative supervision as employees. However, there are some considerations to keep in mind.

- Contracted therapists should be fully oriented to the center’s policies and procedures.
- Contracted therapists who see clients on the center’s premises should be well acquainted with the safety and security plans of the center.
- There should be a clear agreement about where client records are to be kept, who will have access to these records, whether they can be removed from the premises if the therapist is working on site, and how they will be safeguarded.
- Be sure that contracted therapists are aware of any relevant conflict of interest policies.

In addition to being critical to clients’ well-being, ensuring that contracted therapists are highly

competent and ethical will safeguard your center’s reputation in the community. Using the guidelines described earlier in this document, you can ask prospective contractors about their licensure status, recordkeeping practices, continuing education, and scope of expertise. Be sure that their specific approach and preferences are compatible with your center’s needs – for example, if you normally refer a substantial number of adolescents, you will want to find out if the therapist truly enjoys working with teens and has knowledge and/or training necessary to provide therapy competently to that population.

Opportunities for Therapist Involvement

While being very careful to maintain a “firewall” between advocacy and therapy information about specific clients, having therapists who work with your clients can be an excellent way to increase the proficiency of both advocates and therapists in working with survivors.

- Create opportunities for therapists and advocates to participate in appropriate training together, so they develop a shared understanding of survivors’ needs.
- Be sure that therapists have the chance to explain directly to advocates what types of

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clients they treat, what treatment methods they use, and what clients can expect in therapy.

- Be sure that advocates have the chance to share their methods and approach with therapists, so that the therapists know what the advocate's role is and how to work collaboratively.
- Create specific guidelines that assist advocates in knowing when to refer a client for therapy, and therapists to know when advocacy services will help their clients.
- Therapists working with the center may be helpful in establishing positive working relationships with other community professionals such as healthcare providers.
- Centers that provide both advocacy and therapy should give consideration to the process by which a client is referred for therapy services within the center. The center should establish clear roles for both advocates and therapists in serving the unique needs of the client.
- Therapists should have access to community resource information, of course, but should understand that advocates are the experts at connecting clients with resources, and should know when to refer or re-refer a client for advocacy services.

In Conclusion

Regardless of whether you employ or contract with a therapist, you are providing sexual assault survivors with a valuable service. The more knowledgeable you become about the practical issues involved, the more likely you will be able to offer truly useful therapeutic services to survivors in your community.

For more information:

- [Consolidated Victim Service Program Standards \(CVSPS\)](#)
- [Organizational Standards for PA Centers \(POSPC\)](#)
- [State Board of Social Workers, Marriage and Family Therapists and Professional Counselors](#)
- [State Board of Psychology](#)
- [Professional & Vocational Standards](#)
- [PA State Licensing Board Laws & Regulations](#)
- [Locating Trauma Informed Therapists](#)
- [Record Keeping for Practitioners](#)
- [HIPAA \(Health Insurance Portability and Accountability Act\)](#)

References

Chapter 5100. Mental Health Procedures, 55 Pa. Code § 5100.

Pennsylvania Commission on Crime and Delinquency. (2007) Consolidated Victim Service Program Standards. Accessed January 13, 2017 at http://www.pccd.pa.gov/Victim-Services/Documents/consolidated_victim_service_program_standards_final_12-11-%E2%80%A6%5b1%5d.pdf.

Social Workers, Marriage and Family Therapists and Professional Counselors Act, 63 Pa. Code § 1906 (2).



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Adapted with permission from: Washington Coalition of Sexual Assault Programs. (2014). Considerations for Sexual Assault Programs That Employ or Contract with Mental Health Therapists. Accessed January 13, 2017 at http://www.wcsap.org/sites/default/files/uploads/resources_publications/advocacy_station/Therapy_Advocacy_Station_2014_12.pdf.