



NATIONAL BOARD FOR
CERTIFIED COUNSELORS®

Executive Summary

Perspectives on Supervision in Ohio



**Counselor, Social Worker,
and Marriage and Family
Therapist Board**

June 2025

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Perspectives on Supervision in Ohio

Taviana Carr, Whitney Caudill, and Brian Carnahan
Ohio Counselor, Social Worker, and Marriage and Family Therapist Board

The Ohio Counselor, Social Worker, and Marriage and Family Therapist Board conducted a comprehensive survey of licensees to gain insights on training supervision practices for those seeking independent licensure. Over 2,500 licensees responded, including dependent and independent licensees. The survey collected responses from counselors (42.3%), social workers (56.8%), and marriage and family therapists (4.2%). Notably, a significant percentage of respondents were early-career professionals, which hints at differing supervision needs based on years of licensure. Respondents work primarily in agencies and group practices.

About 62% of respondents felt that approximately 1 hour per week (or roughly 100 hours over 2 years) was adequate for competency assessment. Many respondents stressed that quality of supervision should be prioritized over quantity, particularly for new professionals who might need more oversight.

Major barriers to supervision identified include limited access to qualified supervisors (reported by 87% of respondents) and the cost of supervision (62%), along with challenges in understanding and documenting supervision requirements. Both licensees and supervisors noted the need for clearer guidance and educational resources to ensure effective supervision. Some respondents recommended establishing a requirement for a contract between the supervisor and supervisee.

Feedback also emphasized the need for ongoing training for supervisors, including free continuing education courses that clarify the roles and responsibilities inherent in supervision. Regarding group versus individual supervision, respondents noted that when group supervision involves multiple disciplines, it can offer a richer, interdisciplinary learning environment. However, practical challenges such as documenting individual progress and ensuring active participation were also highlighted.

There is a clear preference among licensees for receiving supervision from a licensed professional with the same specialty. They argued that discipline-specific clinical approaches and standards of care necessitate such alignment, even while some respondents acknowledged that mixed-discipline supervision might offer broader professional development benefits.

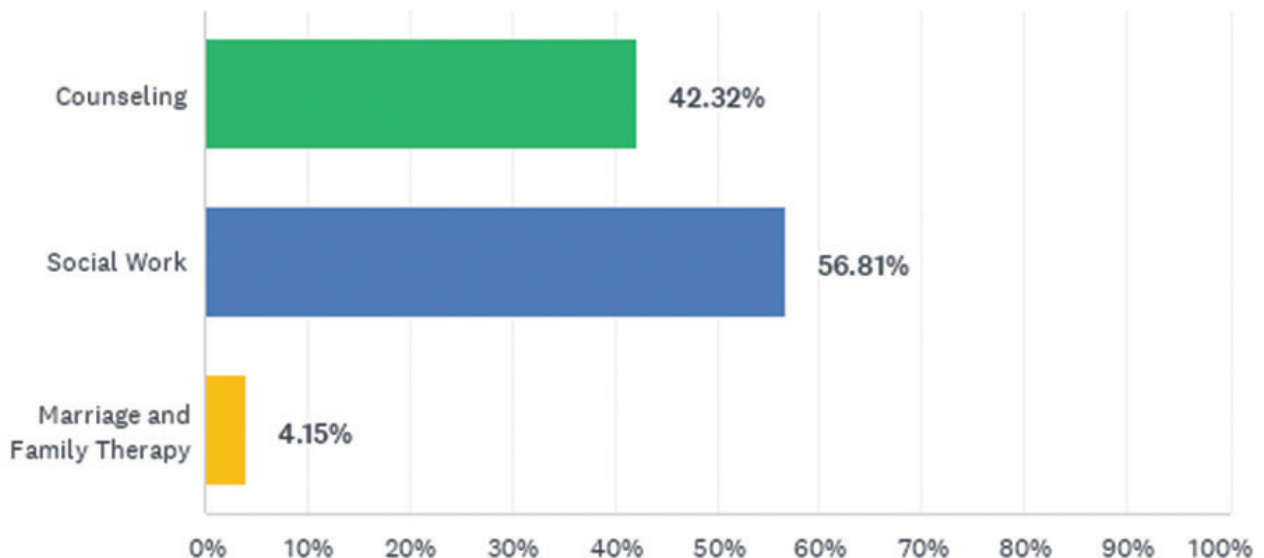
White Paper

Perspectives on Supervision in Ohio

Taviana Carr, Whitney Caudill, and Brian Carnahan

In November of 2023, the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board (CSWMFT) asked dependent (licensed professional counselors [LPCs], licensed social workers [LSWs], and marriage and family therapists [MFTs]) and independent (licensed professional clinical counselors [LPCCs], licensed independent social workers [LISWs], and independent marriage and family therapists [IMFTs]) licensees to respond to a survey regarding training supervision for independent licensure. (Note: As of July 1, 2024, the Board began issuing licenses for licensed professional music therapists and licensed professional art therapists. These professionals were not included in the survey.) This article highlights the most important findings and explores suggestions made by respondents on how to improve upon the training supervision process for both the licensees and supervisors. There were two main components to the survey: The first was for all licensees and the second was specifically for supervisors. A total of 2,533 respondents took part in the survey; 42.3% of respondents were counselors, 56.8% were social workers, and 4.2% were marriage and family therapists. Where appropriate, the article will highlight issues relevant to counselors.

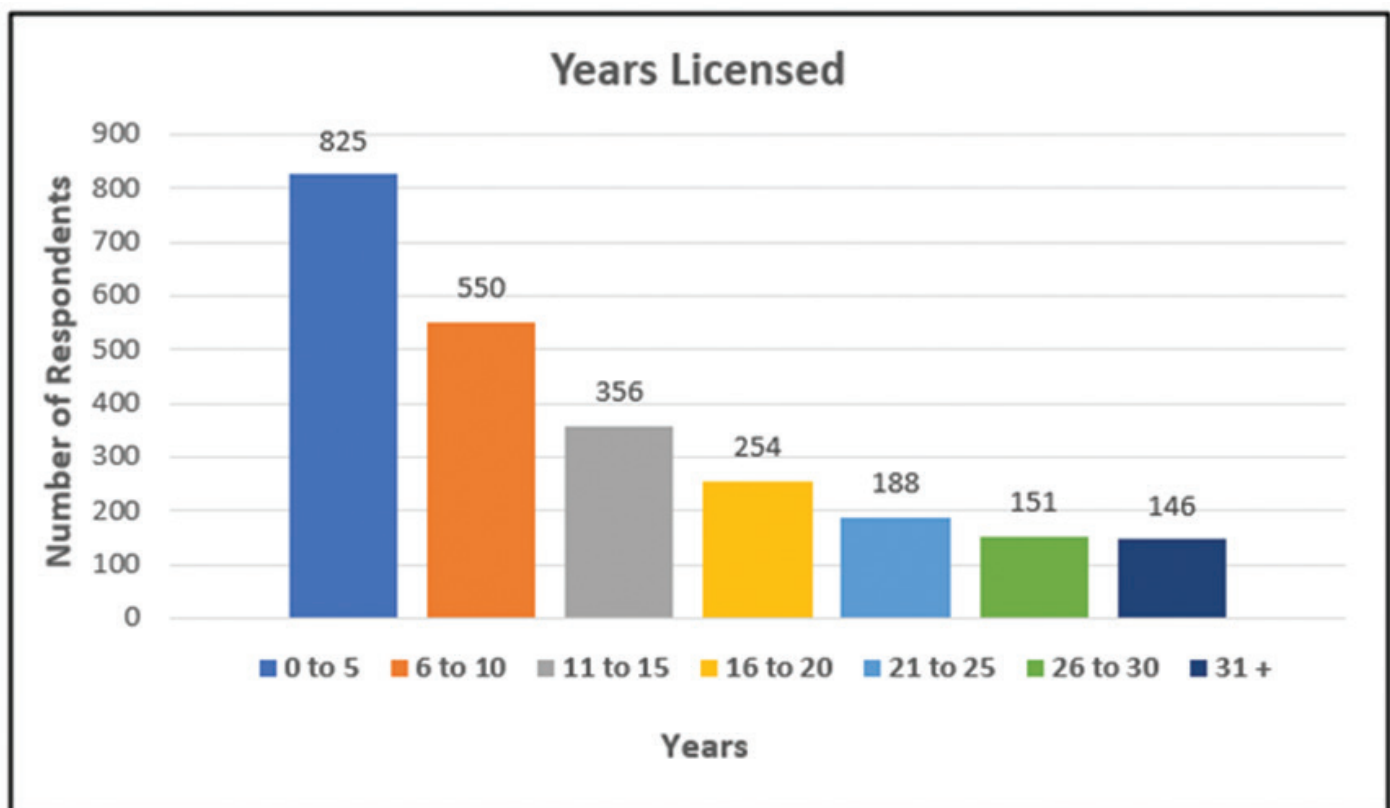
Q2 License Type(s):



In considering what we can learn from the survey results, it helps to understand who responded, including licensee practice type, location, and similar information. Approximately 42,000 licensees were eligible to receive the survey, and about 6% of those eligible licensees responded to this survey. Of those who started the survey, 91% completed the survey.

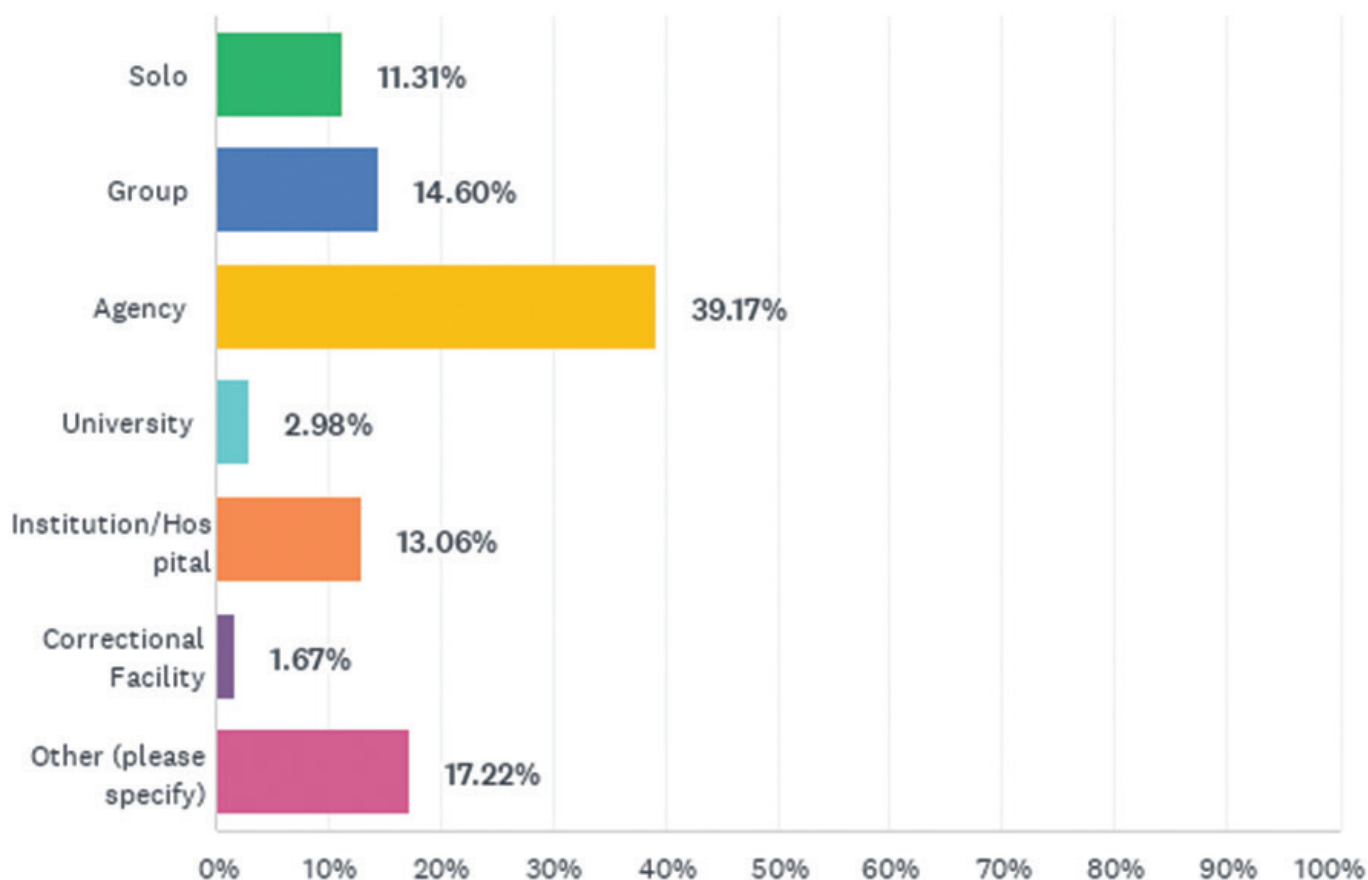
Professional History and Practice Settings:

As one might expect, respondents mainly lived and worked in the five most populous counties in Ohio: Cuyahoga, Franklin, Hamilton, Montgomery, and Summit. These populous counties have universities that offer degree programs, resulting in many licensees maintaining residence there post-graduation. When considering the number of years licensed, 33% (825 respondents) of the licensed professionals reported working less than 5 years as a counselor, social worker, or marriage and family therapist. Another 22% reported working from 6 to 10 years in the professions, and a little under 300 responses, about 12%, reported being licensed more than 26 years. This is important because it provides some sense of what factors respondents may be considering when responding to survey questions. For example, one might expect licensees with fewer years of experience to have different issues with supervision than those with more experience who may have completed supervision several years ago and are independently licensed.



According to the survey responses, the top three practice settings were in an agency (39.2%), other (non-specified; 17.2%), and group practice (14.6%). Some additional practice settings outside of those listed (solo, group, agency, university, institution/hospital, and correctional facility) were hospice, community and home-based practice, schools, insurance companies, telehealth, government, nonprofit, and independent contracting. Some responses were from retirees and professionals who use their licensure in a management setting.

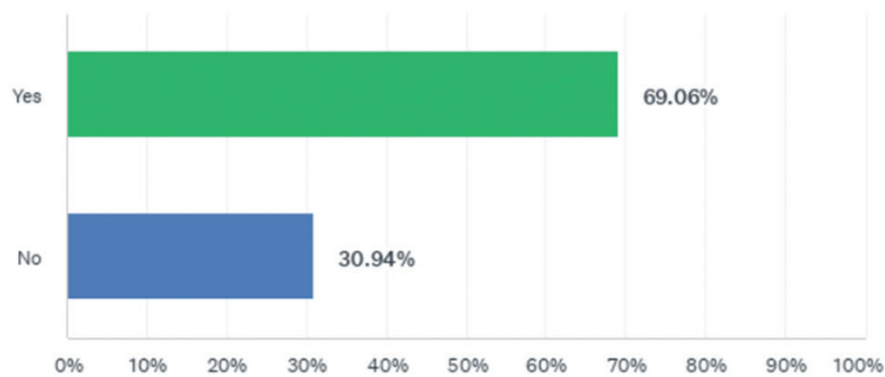
Q4 Practice Setting:



Training Supervision

When asked if group supervision hours should be treated differently than individual supervision, 69.1% of respondents answered Yes and 30.9% answered No. There were over 900 comments on this question; some of those comments agreed with keeping group supervision as the most effective, while others disagreed. A common piece of feedback from counselors was the suggestion to count group supervision hours if the supervisor holds a different license type. Many shared that having a multidisciplinary group of individuals adds value to the process and removes barriers for licensees who need supervision hours.

Q5 Should group supervision hours be treated differently than individual supervision hours? For example, should LSWs, LPCs, and MFTs be able to claim a certain number of hours completed in group supervision where the group is composed of all three professions licensed by CSWMFT?



Counselors emphasized the importance of quality supervision and expressed that group supervision can be worthwhile if all participants are actively involved, but that does not always happen. One concern expressed by a supervisor was that it can be difficult to document a specific person’s participation within the group. Another common concern was how different each specialty can be and how each one requires a specific skill set. A solution to this can be found in individual supervision, as most counselors seem to agree that group supervision involving all license types is a great opportunity to learn about various interventions, professional development, and a range of ethical scenarios.

Q6 How many hours of supervision are sufficient for a supervisor to assess the competence of an LPC, LSW, or MFT for independent licensure? How many months?

Answered: 2,323 Skipped: 210

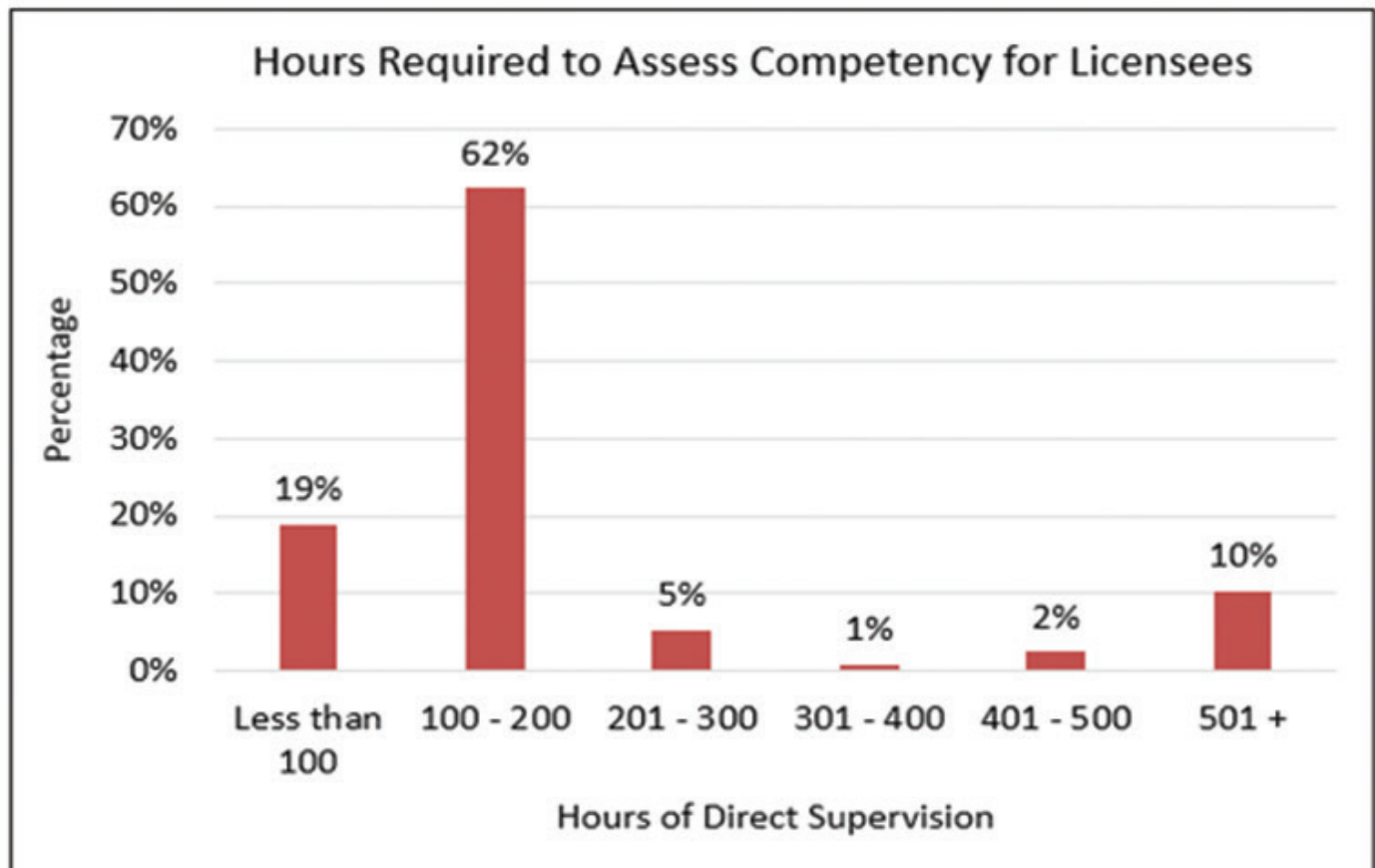
ANSWER CHOICES	RESPONSES	
Hours:	91.05%	2,115
Months:	97.68%	2,269

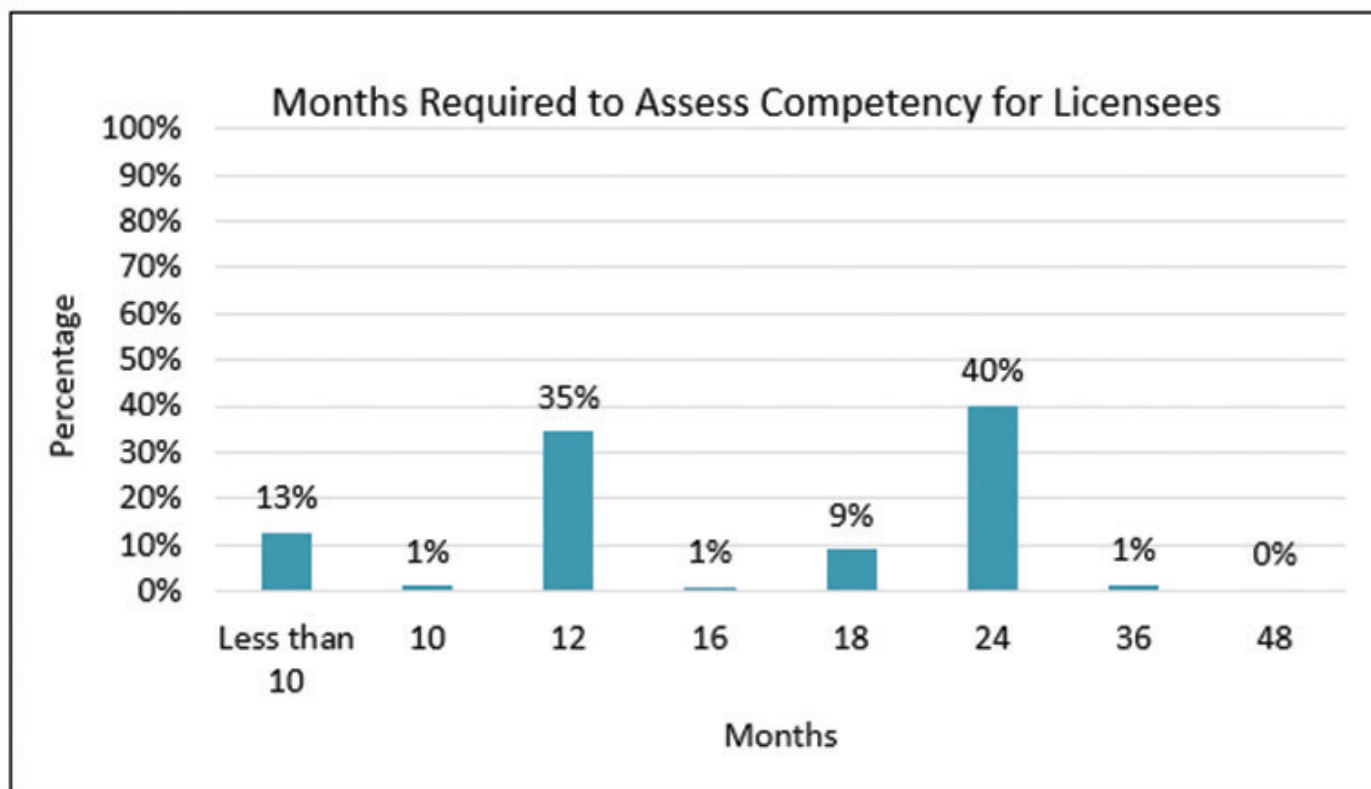
Results From Respondents in Licensed Counselor Profession

Hours of Supervision Sufficient to Access the Competence of LPC, LSW or MFT Independent Licensure	
Hours	%
Less than 100	63%
101 - 200	29%
201 - 300	4%
301 - 400	0%
401 - 500	0%
501 +	4%

Months of Supervision Sufficient to Access the Competence of LPC, LSW or MFT Independent Licensure	
Months	Percentage (%)
Less than 10	13%
10	1%
12	35%
16	1%
18	9%
24	40%
36	1%
48	0%

The current standard for supervision is 150 direct supervision hours for LPCCs and LISWs, and 200 hours for IMFTs. When looking at the hours required for a supervisor to sufficiently assess the competence of a dependent licensee (LPC, LSW, or MFT) for independent licensure, 62% of respondents suggested that 1 hour per week or about 100 hours (over 2 years) was sufficient.





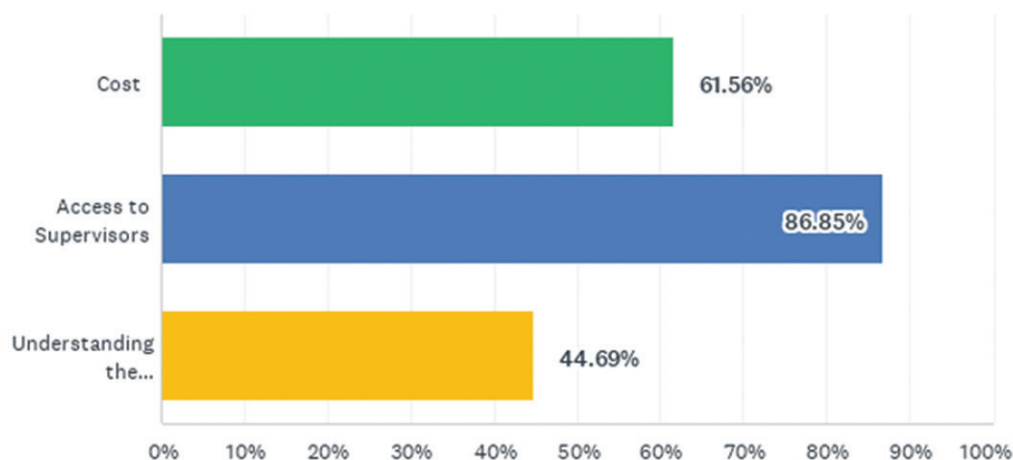
Some respondents commented that more emphasis should be placed on quality rather than quantity, but new counselors likely need to be under close supervision for at least the first 2 years. They mentioned that competency can be difficult to measure early on and without feedback from clients. A few suggestions specifically for supervisors included clear and consistent requirements, as well as accountability and some kind of oversight, if possible. Related to this, counselors commented that those who obtain the supervision endorsement, the “S”, should be serious about providing supervision and should only get the endorsement if they intend to provide supervision.

Training Supervision Contract

Over half of the licensees, nearly 58%, said that Yes, the Board should require a contract between the supervisor and the supervisee so that roles and responsibilities are clear. Unlike some states, this is not a current requirement in Ohio. A required formal contract may reduce confusion or questions about expectations and possibly limit complaints to the Board, particularly regarding the type of supervision provided and submission of hours. Many counselors agreed that a contract would clarify the role and responsibilities of the supervisor and the supervisee, helping maintain appropriate and healthy boundaries. Though some supervisors have years of experience, there are many new supervisors who have never taken on this kind of leadership role. A contract could assist many of the new supervisors as they navigate their commitment. Nonetheless, implementing such a strategy could be difficult, as a contract may result in legal costs for licensees and establish a new requirement the Board would have to monitor, creating an additional administrative burden.

Of the survey respondents, 87% listed access to supervisors as being a barrier to completing supervision requirements. The second challenge or barrier identified by 62% of respondents was cost. Additional challenges or barriers identified were understanding the requirements of supervision (44.7%), obtaining supervision hours in a timely manner, documenting hours, lack of accountability in the supervisory relationship, and scheduling time for the supervision to occur.

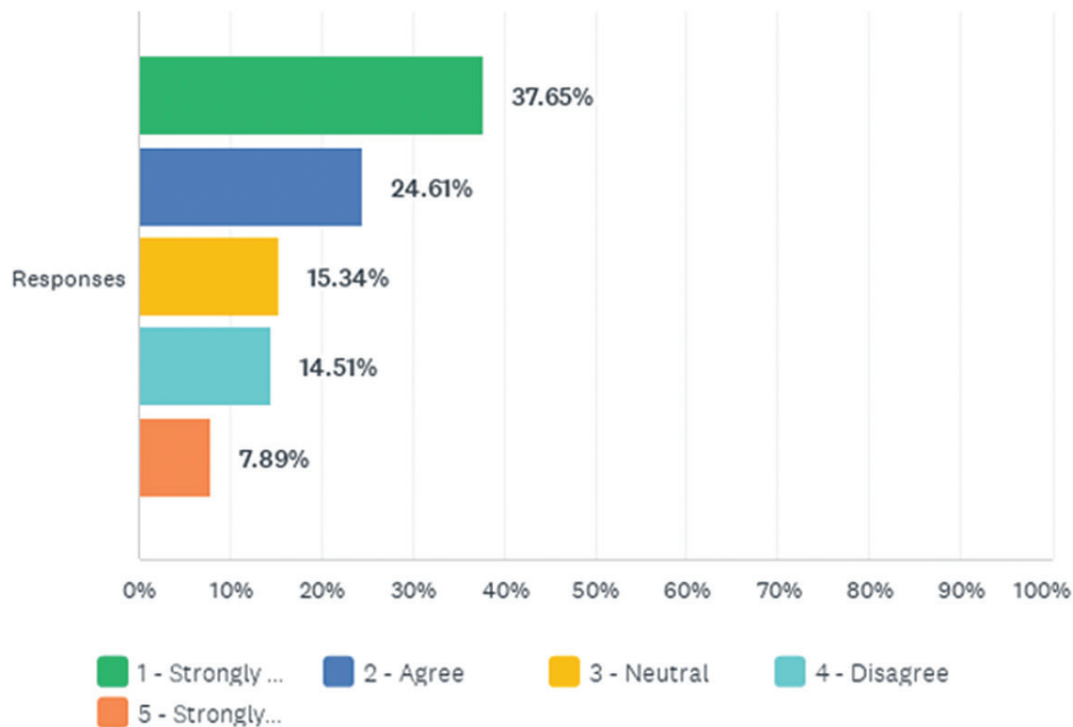
Q8 What challenges or barriers do dependent licensees have in completing supervision requirements?



During a previous review of the rules, the Board proposed creating a minimum for supervision hours of no less than 25 hours of training supervision per supervisor. A question was included in the survey asking about this possible change. Around 73% of respondents answered No to receiving less than 25 hours of supervision. Some counselors felt that 25 hours is too limited, stating that supervisors need time to assess the supervisee's style, skill set, and competency. A few counselors did bring up situations that are out of the supervisee's control, like the supervisor leaving the agency and a new supervisor being assigned.

About half of the respondents agreed that training supervision should be from a supervisor with the same license type. Some licensees reported having challenges finding supervisors with similar license types, while others reported not wanting to take on learning about the licensure requirements, scopes of practice, and standards of care for other professions. Although there is value in learning from other licensed professionals, these providers are all different and would need another licensed professional in the same field to sufficiently practice. For example, a social worker is not a licensed professional counselor and uses different methods and training to work with clients. Counselors who strongly agreed with this said it is critical that clinical supervisors be licensed the same as the supervisee. They explained that the main reason is for clinical clarity and protection of clients, asserting that supervisors need to be keenly aware of the scope of practice of their supervisees so as to ensure accurate and safe provision of services to clients. One counselor who disagreed brought up the staffing crisis faced by many agencies, stating that one factor is that agencies have LISW-S supervisors for some teams, and LPCC-S supervisors for others who can't cross-supervise candidates holding opposite licenses.

Q10 Having training supervision provided by a supervisor holding the same license type is important. Do you agree or disagree with this statement? Please select a rating and explain your answer in the comment section.



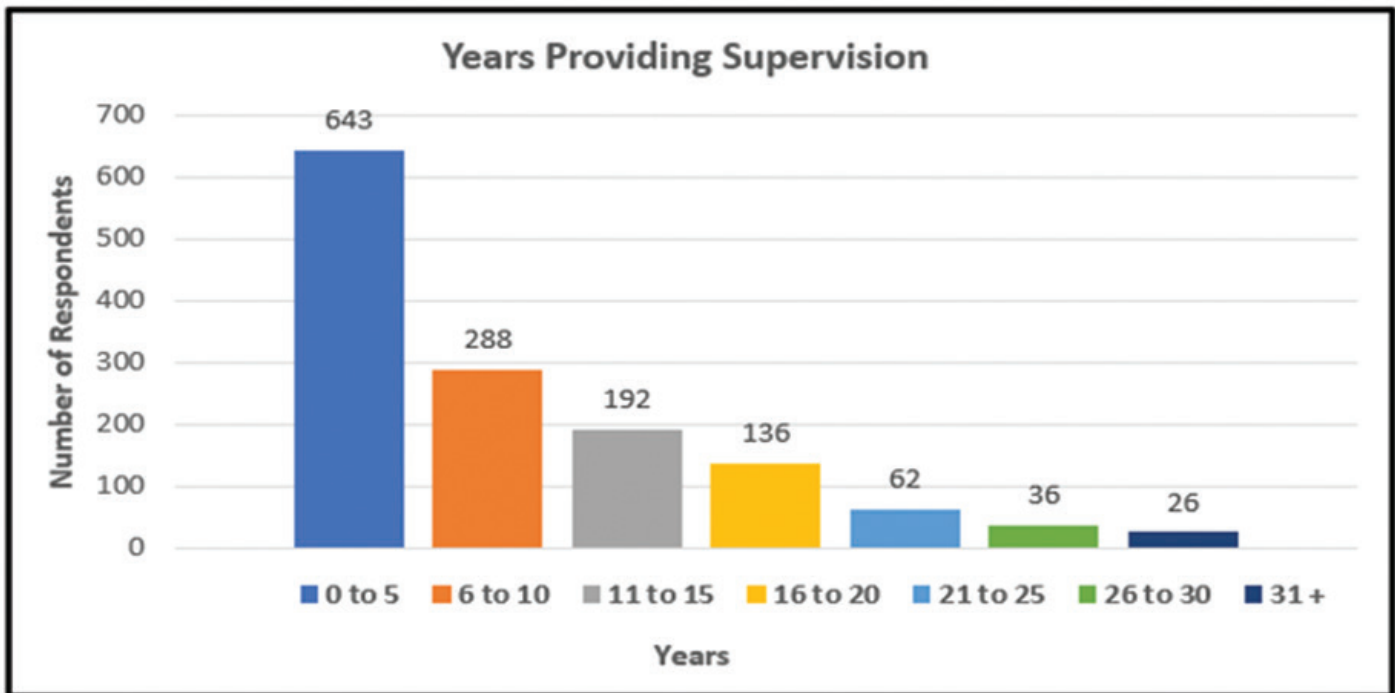
Improvements for Training Supervision

Over 1,800 respondents provided comments on improvements to the current supervision process. Although some agreed with keeping the process the same, others suggested providing clearer guidelines for completing the supervision process. There was a suggestion to create a directory, possibly a website, to connect LPCs, LSWs and MFTs to other professionals for supervision purposes. Other suggestions included limiting the number of trainees supervisors can have at one time and decreasing the hours of required supervision to facilitate career advancement. However, some respondents were not in favor of a change in hours, and some respondents suggested having a “primary supervisor,” while also allowing for substitutes or alternative supervisors.

Another idea proposed was to create a digital application for supervisors and supervisees to keep track of documentation, review information, and allow for signing off on forms. Another suggestion was to put a limit on the number of supervisors a supervisee can have, possibly resulting in more effective supervision.

Responses From Training Supervisors

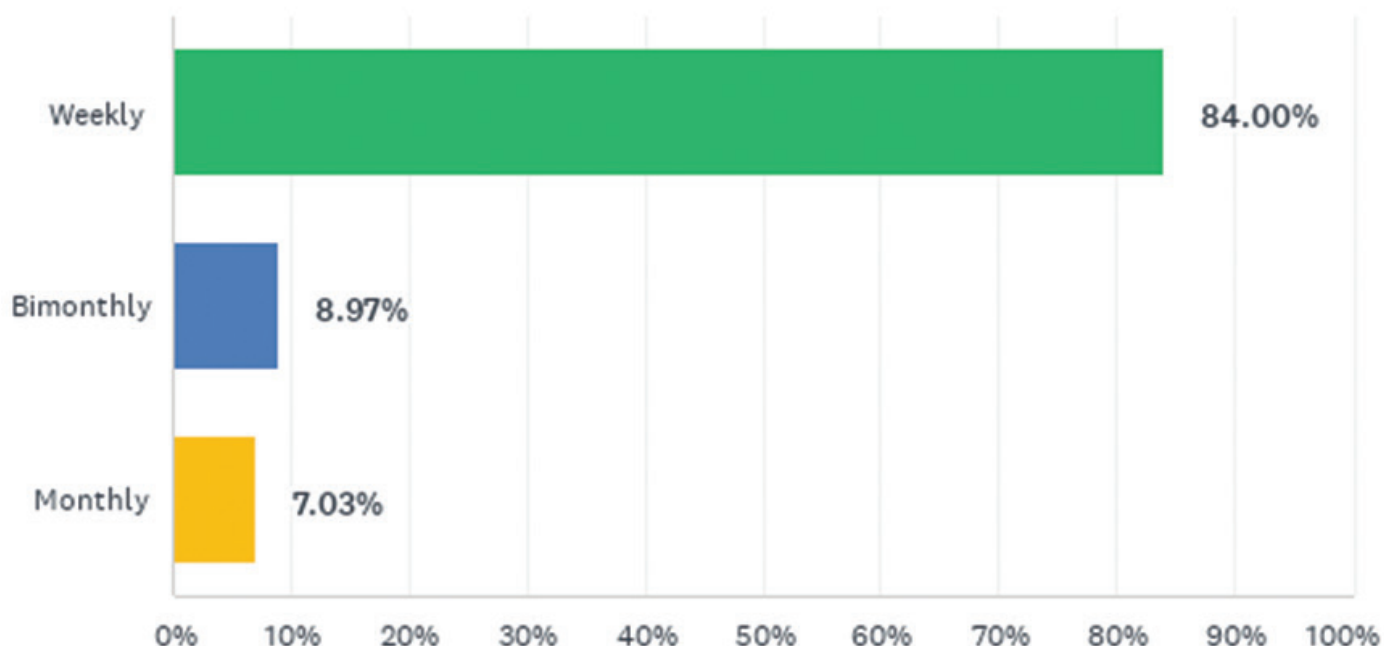
As noted in the introduction, a set of questions was reserved only for those qualified to provide supervision (Note: Ohio has a supervision endorsement—the “S”—that indicates an independent licensee is qualified to provide training supervision). Over 40% of training supervisors reported having been supervising licensees for less than 5 years. There were responses from retired training supervisors as well who provided supervision for a short period of time and then stopped. It may be helpful to investigate why those supervisors discontinued supervision. It may also be fruitful to engage with newer supervisors to identify issues faced by these supervisors.



About 68% of training supervisors provide individual supervision; about 50% of supervisors also provide group supervision. Most training supervisors, about 84%, provide supervision weekly, and less than 10% do so bi-monthly and monthly. Understanding how supervision is provided is important to understanding access issues.



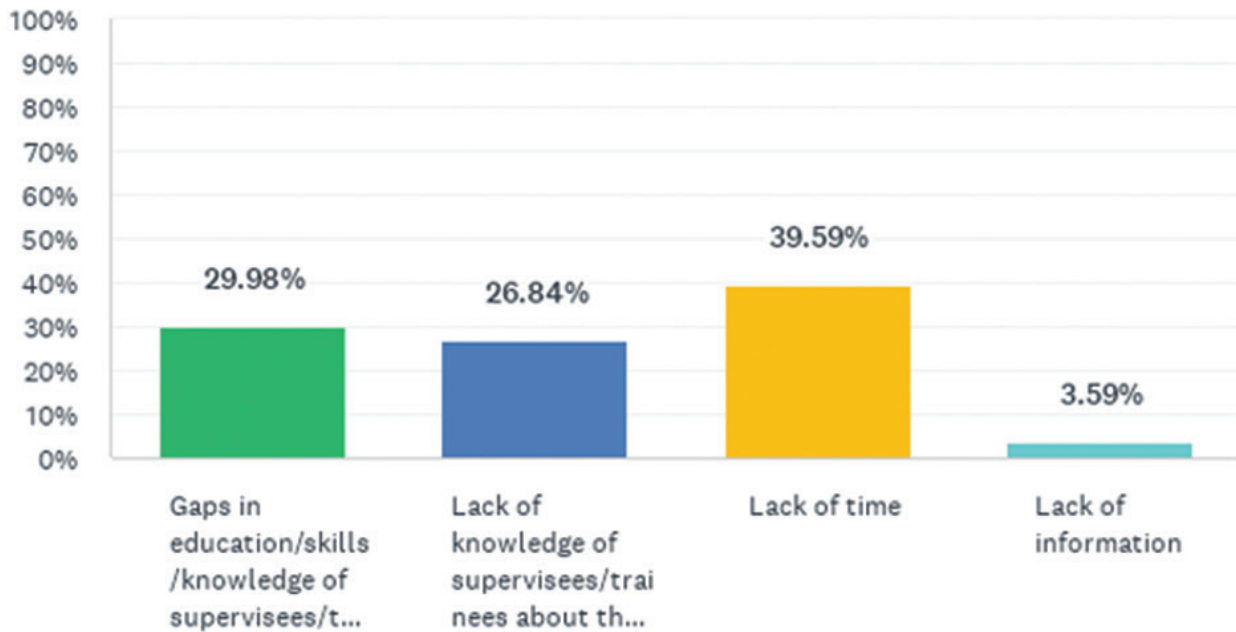
Q15 If yes, how often do you provide supervision?



While examining the challenges faced by supervisors when providing supervision, the most common response was not having enough time, with 40% of supervisors indicating this was an issue. Other responses included a lack of knowledge of supervisees/trainees about the purpose of supervision (27%), which was an interesting response, as only 4% of respondents stated that there is a lack of information that causes challenges when providing supervision. Additionally, there did appear to be quite a few complaints and comments regarding gaps in education or skills of the supervisee (30%). These responses highlight a possible training and education opportunity for the Board and professional associations.



Q17 What challenges do you face when providing supervision?

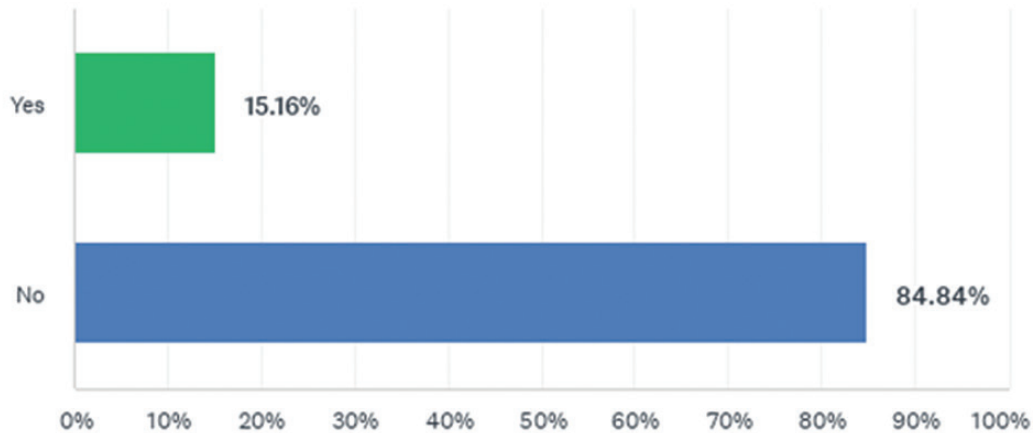


Feedback on the challenges faced in supervision varied, as some supervisors noted that they work in environments that are fast paced with varying schedules, such as crisis response. In this case, a respondent noted that time and scheduling can be difficult. Many supervisors commented that they did not feel confident in their skills and thus rarely provided supervision. A few supervisors discussed trainees seeming to be well trained but not finding supervision as valuable, which caused frustration. Several respondents recommended a free continuing education course from the Board that specifies the requirements for supervising so that supervisors are aware of their responsibilities. Similarly, others suggested increasing the amount of training and education needed to qualify to provide supervision.

Other concerns regarding supervision included navigating costs, with some respondents expressing that supervisees do not always understand that they may have to pay the supervisor for supervision hours. There were also concerns about the logging of hours, documentation, and a lack of trainees.

When asked if they have ever not recommended a licensee for independent licensure, only 15% of respondents answered Yes. Inability to diagnose and assess clients properly, and concerns of poor boundaries and ethical issues were a few of the primary reasons for not recommending a licensee. In addition to the listed reasons for not recommending the licensee, other concerns were timeliness and the supervisor not thinking the licensee is ready to practice independently. While licensees were not recommended, it does not mean these licensees did not eventually qualify for an independent license. In these circumstances, those not recommended can appeal to the Board, in which case the Board may allow the licensee to earn additional hours, or in some circumstances may determine that the reasons for not recommending a licensee were not strictly related to practice issues.

Q18 Have you ever not recommended a licensee for independent licensure?



Revisions to the Supervision Process

When asked about the proposed changes to the training supervision process that would require supervisees to keep a log (not a new requirement), which is then used by the final supervisor to submit the training supervision hours, 74.5% agreed to being comfortable with the change to the process whereby each individual supervisor submits hours. This process would require some additional effort for the final supervisor, as they would be relying on logs contributed to by other supervisors. The final supervisor can, if necessary, contact the previous supervisor with any questions or concerns and make the final recommendation for independent licensure. A quarter of the respondents did not feel comfortable with this process and stated they felt it would be more work for the final supervisor. A concern listed in the comment section was the need for more avenues to express possible concerns to the Board about licensee conduct on an ongoing basis and even after a licensee obtains their independent license. Presumably this is outside of the Board's complaint process. Some expressed concerns about the training supervision process, suggesting that it can be affected by bias and that consideration of job performance may be a sounder approach to establishing competence for an independent license.

Additional Feedback and Recommendations

Survey respondents were given an opportunity to provide general comments and suggestions regarding supervision. This opportunity was used by responding counselors to provide several interesting comments. Many of them reported being content with the current process and not wanting to make any changes. Some respondents had concerns about documentation and suggested ways to decrease the amount of paperwork and possibly a system to connect trainees and licensees through a mobile application or website. There were also comments on staffing shortages. Some supervisors in rural areas were having issues trying to find licensees to supervise, which is an interesting issue, as the Board often hears from individuals seeking supervision.

Some supervisors indicated they experience a lack of “support.” This may be an area that can be improved by implementing additional training or developing guidance for supervisors so that they feel more supported when working with future therapists and counselors. Many suggested having a consistent, structured framework for all supervisors to follow as well as continued communication from the Board when there are changes in the rules. Another common suggestion was a training video from the Board explaining the role and expectations of the supervisor. Respondents indicated support for the Board for taking the initiative to conduct the survey and listening to some of their concerns regarding the current process for training supervision.

Conclusion

The information in this article presents how CSWMFT Board licensees—both those who supervise and those eligible for supervision—perform the supervision process. For those of us responsible for developing requirements for licensure, it highlights some of the important factors to consider as we make rules and develop policies around the supervision process.

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