PLAYBOOK

FOR ENHANCING INDIANA'S MENTAL & BEHAVIORAL HEALTH WORKFORCE

# The Landscape Assessment: BHHS Licensee Perceptions of the Postsecondary Pipeline to Practice

## TECHNICAL REPORT

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## Key Findings

- In collaboration with the Indiana Professional Licensing Agency (IPLA), a survey was sent out to all licensees who held a license regulated by the Behavioral Health and Human Services (BHHS) Board, which collected information on BHHS professionals' perspective on opportunities for enhancing the training pipeline.
- The sample included 1,180 licensed BHHS professionals (7.7% response rate).
- Approximately 75% of the respondents reported providing clinical counseling in the past month. When asked about provision of clinical supervision to new graduates completing supervisory experience requirements, 20% indicated that they were currently doing so.
- The respondents most often indicated that they did not provide supervision because of their disinterest in doing so.
- Looking at preparedness, 45% of the survey respondents reported feeling not fully prepared for clinical practice after completing their degree program, with licensed social workers reporting not feeling prepared (56.1%) at higher rates than all other licensure groups.
- When asked to identify the reasons for not feeling fully prepared, the respondents most frequently reported (44%) a lack of clinical focus in their degree program.
- When asked to rate the quality of different components of their degree program, those rated as the least adequate were training to manage complex cases and clients with severe mental health issues, preparation for the use of telehealth, and training in self-care strategies to prevent burnout.
- When rating the difficulty of certain aspects of their training, respondents most frequently reported (58%) difficulty in understanding the licensure process before and after graduation, as well as finding a position during their associate period with adequate pay (57.4%).

## Background

Access to critical mental and behavioral health treatments depends on the workforce available and accessible to serve those in need of care. The Playbook for Enhancing Indiana's Mental and Behavioral Health Workforce focuses on understanding Indiana's postsecondary pipeline to practice with mental and behavioral health professionals (selected professionals) and identifying opportunities to strengthen the workforce by stopping "leaks" in the pipeline. Insights from Indiana's current mental and behavioral health professionals on their postsecondary education and postgraduate licensure experiences, as well as perceived opportunities to strengthen this pipeline for future professionals, were gathered as part of the Playbook Project.

This report presents the findings of a survey administered to Indiana licensees regulated by the BHHS Board, including the following:

1. Clinical addiction counselors (LCAC, LCACA, LAC, LACA)

- Marriage and family therapists (LMFT, LMFTA)
- Mental health counselors (LMHC, LMHCA)
- Social workers (LBSW, LSW, LCSW)

The purpose of this survey was to collect information on licensees' professional characteristics, including the provision of clinical services, supervision of other licensees, preparation during their postsecondary training programs, and thoughts on how to enhance the postsecondary pipeline and workforce.

## Methodology

The Current Professionals Pulse Check survey was developed using the 2024 Indiana BHHS License Renewal Information Field survey. Additional questions and responses were added to evaluate the supervision of current professionals and factors influencing the postsecondary pipeline. Both categorical and qualitative questions were included. After the initial development, edits were made and the survey was shared with external stakeholders, including the Indiana University interim dean of social work, an associate professor of clinical family medicine, and currently practicing professionals with over 20 years of behavioral health experience. Once the questions were finalized, the pulse check was uploaded to Qualtrics. The survey questions are presented in the Appendix.

### Survey Administration

The final email included an anonymous survey link and was distributed by the IPLA on October 20, 2023. The distribution language is provided in the Appendix. The IPLA is an umbrella agency in Indiana that houses the BHHS Board, which is the governing body for all licensed BHHS professionals. The IPLA maintains the contact information as a requirement for licensure. Using BHHS professionals' emails provided by the IPLA, the survey was distributed to all licensed behavioral health and human services professionals (n=17,217).

### Analysis

The survey was closed on November 10, 2023, and had a total of 1,180 responses. The data were exported from Qualtrics to Microsoft Excel. The data were then cleaned using Excel to search for missing data, duplicates, and/or any data-coding issues. Once cleaned, the dataset was imported into SPSS 29 and quantitative data were analyzed using

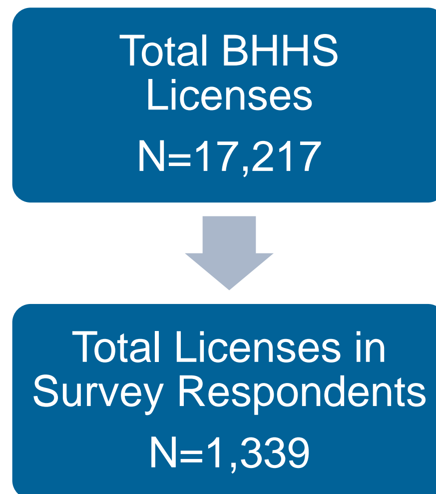
descriptive statistics and frequencies. The first round of frequency analysis included the entire sample (n=1,180), whereas clinical counseling services, supervision, and preparation questions were analyzed using only participants who had been licensed for 10 years or less and who had indicated that their training took place in Indiana (n=578). This was done to focus on the results of those with current and relevant experiences in postsecondary education. Because bachelor of social work licensees do not require supervision before obtaining licensure, these individuals were excluded from the analysis of data regarding supervision.

Qualitative data were prepared for thematic analysis. No qualifiers were set as inclusion criteria to ensure that all potential ideas were captured, regardless of the training location or the length of the licensure. Qualitative data coding was performed in three phases. In the initial phase, members of the Bowen Center individually labeled responses based on their inherent meaning, allowing for the identification of content and trends through assumptions. In the second phase, members of the Bowen Center convened to review the results of individual coding, identify discordance incidents between individual results, and discuss recoding strategies. Discordant responses were re-coded once a consensus was reached within the research team. The coding system ensured that the codes were carefully defined and designed to be mutually exclusive. Data were also coded to ensure that any non-relevant responses were removed, including responses that referenced non-Indiana-based training programs, licenses outside the project scope (i.e., art therapy, aba), or a long length of time from the licensure process (i.e., comments that mentioned how long ago the respondent was licensed). Responses that were not relevant or that explicitly stated that the question was not applicable were excluded. This structured approach ensures clarity and accessibility in presenting qualitative data and facilitates a comprehensive interpretation of the survey results, including adding context to the quantitative responses.

### Limitations

There are important limitations to this report that should be noted. First, the information presented in this report is largely based on self-reported data which introduces the potential for some level of response bias. The 7.7% response rate may limit generalizability of data. However, the sample (Table 1) is representative of the larger distribution of licenses. This survey was sent to all licensees regardless of when they were initially licensed. There have been significant changes to regulation and licensure administration processes, as well as broader environmental context (Covid-19 pandemic) that likely impact licensee experience. Over the last 18 months, modernization initiatives at PLA have resulted in significant improvements to licensure processes, including reduced wait times and processing times as well as enhanced customer service. Individuals who obtained licenses prior to modernization would not have experienced these improvements. Additionally, the COVID-19 pandemic would have impacted both student educational experience and licensure processes. Survey questions referred to associate licenses, which is an accurate term for addiction counselors, marriage and family therapists, and mental health counselors. However, this term is not used for social work and may have resulted in confusion for some. It is important to note that this report does not aim to generalize findings across the entire workforce population, but to represent feedback received from the smaller sample of survey respondents.

## Results




### Participants

The sample included 1,180 BHHS professionals with 1,339 licenses. A breakdown of the reported primary licenses is presented in Table 1. Social work licenses (LBSW, LSW, LCSW) comprised more than 50% of the sample, which was expected because they comprised 62% of the entire BHHS workforce in 2022[1]. Table 2 lists the reported length of time licensed. About 30% of all survey respondents reported holding their license for 1-5 years, followed by almost 20% of those who reported being licensed for 5-10 years. More than 75% of the participants reported that they had completed their qualifying degree program in Indiana (Table 3). In the 2022 BHHS data report[1], 70% of actively practicing professionals were trained in Indiana, again indicating an alignment between the survey sample and the entire workforce.

**Table 1:** BHHS licensee-reported primary license

| | Count | % of Sample (n=1,180) | % of Actively Practicing Sample[1] |
|---|---|---|---|
| Social work (LBSW, LSW, LCSW) | 749 | 55.9% | 61.7% |
| Mental health counseling (LMHCA, LMHC) | 370 | 31.4% | 28.5% |
| Addiction counseling (LACA, LAC, LCACA, LCAC) | 124 | 10.5% | 2.9% |
| Marriage and family therapy (LMFTA, LMFT) | 96 | 8.1% | 6.9% |

Note: Many participants indicated that they held multiple licenses, impacting the total n for this table.

**Table 2:** BHHS licensee-reported length of time licensed for first issued license

| Length of License Time | Count | Percent |
|---|---|---|
| Less than 1 year | 126 | 10.7% |
| 1-5 years | 357 | 30.3% |
| 5-10 years | 228 | 19.3% |
| 10-15 years | 170 | 14.4% |
| 15-20 years | 99 | 8.4% |
| 20-25 years | 100 | 8.5% |
| More than 25 years | 100 | 8.5% |

**Table 3:** Reported location of qualifying training program

| | Count | Percent |
|---|---|---|
| Indiana | 915 | 77.5% |
| Contiguous state | 134 | 11.4% |
| Another state | 130 | 11.0% |
| Another country | 1 | 0.08% |

[1] 2022 BHHS Data Report. Available at https://hdl.handle.net/1805/38022

## Clinical Services

After exclusion, 578 respondents were included, as shown in Table 4 and subsequent sections. More than 75% indicated that they had rendered clinical counseling services in the past month. All participants who indicated that they had not provided services (n=142) were asked to provide an explanation; the results are presented in Table 5.

**Table 4:** Provision of clinical counseling in the last month

| | Count | Percent |
|---|---|---|
| Yes | 436 | 75.4% |
| No | 142 | 24.6% |
| **Total** | **578** | **100.0%** |

**Table 5:** Reported reasons for not providing clinical counseling in the last month

| | Count | Percent of Sample (n=578) |
|---|---|---|
| Other | 50 | 8.7% |
| I am not interested in providing clinical counseling | 31 | 5.4% |
| The hours required to complete the work didn't make the pay worth it | 22 | 3.8% |
| I became burnt out and quit providing counseling services | 21 | 3.6% |
| I am unable to meet the regulatory or legal requirements | 17 | 2.9% |
| I am working under supervision to gain clinical experience and hours for licensure | 15 | 2.6% |
| I was not paid the salary I expected/needed while working full-time | 13 | 2.2% |
| I don’t have the resources or infrastructure to offer clinical counseling | 10 | 1.7% |
| I have ethical or personal reservations about providing clinical counseling | 6 | 1.0% |
| I am currently searching for a position to fulfill the clinical experience requirements | 6 | 1.0% |
| I am pursuing further education | 4 | 0.69% |
| I am currently retired | 3 | 0.52% |

Note: Participants were able to select multiple options, meaning the total number in this table is different than the total number of participants not providing clinical counseling.

## Supervision

When asked about their provision of services to individuals' completion clinical supervision hours required for licensure, nearly 80% of the survey respondents indicated that they were not currently doing so (Table 6). Those who indicated that they did not currently provide supervision were asked about barriers to doing so; the top responses are included in Table 7. Approximately 30% of the respondents indicated that they did not meet the necessary requirements, followed by 20% who stated that they were not aware of individuals in need of supervision.

**Table 6:** Provision of supervision to other professionals

| | Count | Percent |
|---|---|---|
| Yes | 115 | 20.5% |
| No | 445 | 79.5% |
| **Total** | **560** | **100.0%** |

Note: 18 respondents with missing data were excluded from this table, as were 16 individuals who indicated they only held an LBSW.

**Table 7:** Reported reasons for not providing supervisions to other professionals

| | Social Work (n=355) | | Mental Health Counseling (n=184) | | Marriage Family Therapy (n=34) | | Addiction Counseling (n=31) | | Total (n=560) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Count | % | Count | % | Count | % | Count | % | Count | % |
| I do not meet the necessary requirements | 89 | 25.1 | 65 | 35.3 | 14 | 41.2 | 11 | 35.5 | 179 | 32.0 |
| I do not know of any associate-level professionals in need of supervision | 77 | 21.7 | 32 | 17.4 | 3 | 8.8 | 4 | 12.9 | 116 | 20.7 |
| My organization does not hire associate-level professionals | 64 | 18.0 | 13 | 7.1 | 1 | 2.9 | 1 | 3.2 | 79 | 14.1 |
| There are no financial incentives for supervision provided by my employer | 56 | 15.8 | 19 | 10.3 | 1 | 2.9 | 2 | 6.5 | 78 | 13.9 |
| I am not interested in providing supervision for associate-level professionals | 35 | 9.9 | 27 | 14.7 | 1 | 2.9 | 2 | 6.5 | 65 | 11.6 |
| I am not prepared to handle the additional responsibility | 38 | 10.7 | 17 | 9.2 | 3 | 8.8 | 1 | 3.2 | 59 | 10.5 |
| Other | 29 | 8.1 | 21 | 11.4 | 4 | 11.8 | 3 | 9.7 | 57 | 10.2 |
| I do not feel confident in my ability to supervise | 25 | 7.0 | 7 | 3.8 | 1 | 2.9 | 1 | 3.2 | 34 | 6.1 |

Note: Participants were able to select multiple options, meaning the total number in this table differs from the total number of participants not providing supervision. Associate-level professionals here includes LMFTA, LMHCA, LCACA, LACA, and LSW. See limitations for more information related to social work.

All respondents were given the opportunity to share ideas to enhance clinical supervision in the field. The major themes in the qualitative analysis of these responses are presented in Table 8. Almost 33% of the responses suggested that formal training on effective clinical supervision would enhance the quality and access to supervision. Other common responses included paying clinical supervisors and the valuable services that they provide (19%), creating a network or database of clinical supervisors that would support each other and allow people to find clinical supervision (13%), and clear guidelines on the steps necessary for licensure so that clinical supervisors can help individuals successfully reach independent practice/clinical licensure (11%).

**Table 8**: Major themes in licensee ideas for enhancing clinical supervision

| Category | Definition | Count | Percent (n=116) |
|---|---|---|---|
| Train/inform clinical supervisors | Clinical supervisors would benefit from having formal training or ways to be informed about expectations of how to appropriately supervise. | 41 | 33.6 |
| Pay clinical supervisors | Supervisors should be paid for their time supervising professionals seeking clinical licensure. | 23 | 18.9 |
| Network of clinical supervisors | Clinical supervisors would benefit from having a network of other supervisors to pull from to support and help with successful and effective clinical supervision. | 16 | 13.1 |
| Clear guidelines | Guidelines for effective supervision and clinical supervisor relationships need additional clarity. | 13 | 10.7 |
| Benefits for clinical supervisors | Clinical supervisors should receive benefits for their time, not only financial but free membership to organizations, etc. | 9 | 7.4 |
| Virtual clinical supervision | Virtual clinical supervision would allow for more availability of supervisors. | 8 | 6.6 |
| Time for clinical supervision | Clinical supervisors should be offered protected time for clinical supervision so they can be released from the need to see as many clients as possible and can focus on supervision. | 4 | 3.3 |
| Billing changes | Changes should be made to billing processes to allow associate licensees/LSWs seeking LCSW to be adequately paid/reimbursed for services and/or make more income during the clinical supervision period. | 2 | 1.6 |

**Table 8**: Major themes in licensee ideas for enhancing clinical supervision

| Category | Definition | Count | Percent (n=116) |
|---|---|---|---|

Note: Themes (n=6) with a frequency of less than 1% are not included in this table. All responses that were coded as "Does Not Apply" are also not included in this table (n=167).

## Preparation

Participants were also asked how prepared they felt for clinical practice after completing their degree program, and the responses are included in Tables 9 and 10. Due to complexities in the field, 2 years of clinical supervision is required before obtaining the clinical level/independent practice license. It is not expected that new graduates would be completely prepared for practice, but the findings here can show where opportunities may exist to strengthen preparation within post-secondary education. Overall, almost 45% of the licensees indicated that they were not fully prepared to provide clinical counseling services after completing their degree program. When looking at the same question by license grouping, social workers reported not feeling fully prepared more often than any other group. Both social workers and addiction counselors reported not being fully prepared at higher than average rates.

**Table 9:** Licensee-reported feelings on degree program preparation for clinical counseling

| | Count | Percent |
|---|---|---|
| Fully prepared | 82 | 14.2% |
| Mostly prepared | 201 | 34.8% |
| Somewhat prepared | 223 | 38.6% |
| Not prepared at all | 32 | 5.5% |
| Unsure | 10 | 1.7% |
| **Total** | **548** | **100.0%** |

Note: 30 respondents with missing data were excluded from this table.

**Table 10:** Percentage of licensees reporting not being fully prepared, by license grouping

| License Grouping | Percent of Licenses in Group |
|---|---|
| Social work (LBSW, LSW, LCSW) | 56.1% |
| Mental health counseling (LMHCA. LMHC) | 29.9% |
| Marriage and family therapy (LMFTA, LMFT) | 36.3% |
| Addiction counseling (LACA, LAC, LCACA, LCAC) | 48.3% |
| **Overall** | **44.1%** |

All the respondents who indicated that they were not fully prepared for clinical practice were asked to elaborate on why they selected that choice in an open text box. Table 11 presents the results of qualitative analyses. Almost 50% of the respondents indicated that their training program lacked a clinical focus, which resulted in discomfort with clinical counseling. This category includes insufficient time spent in clinical practice, too much time spent teaching theory, and too few interactions with clients. Other common themes included "on-the-job training" and complexity of the field. Another 8% of the respondents indicated that their training program either lacked relevance with regard to therapies or population-specific information, since few professors were practicing or simply had low quality with poor teaching.

**Table 11:** Licensee-reported issues with degree training program

| Category | Definition | Count | Percent of Comments (n=387) |
|---|---|---|---|
| Lack of clinical focus | Difference between practice and theory; not enough time spent in clinical environment, too much time spent teaching theory and concepts; not enough time with clients | 171 | 44.2 |
| On-the-job training | Being prepared for clinical services is about "doing" the job. When you start seeing clients, is when the learning occurs. | 41 | 10.6 |
| Complexity of field | The field is so vast and broad, it is difficult to teach enough to be prepared to face the complexity. | 29 | 7.5 |
| Lack of relevance/quality | Their education/program was not of good quality; poor teaching; no professors who were providing clinical services; or not focused on topics of relevance or populations of relevance. | 29 | 7.5 |
| Not prepared for practice context | Their training focused on broad age groups/people groups/diagnoses, but their practice context is much more specific and focus. | 22 | 5.7 |
| Lack of training for administrative tasks | No business acumen taught, insurance, billing, running practice, sessions, therapy planning, etc. | 21 | 5.4 |
| Supervision | Made mention of lack of good supervision available or could not find supervisor; as well as the necessity of having supervision to learn. | 16 | 4.1 |
| Licensure process difficulties | No information or understanding of licensure process or difficulty of the process; failing exam; not prepared for exam. | 16 | 4.1 |
| Lack of self-confidence | Very unsure of skillset after graduation, did not feel confident that they could provide clinical services. | 14 | 3.6 |

Note: Themes with fewer than 5 responses were not included in this table.

All respondents were asked to rate the quality of their program with regard to several different content areas, as shown in Table 12. Overall, 38% of respondents indicated that their training program inadequately prepared them to provide telehealth services. State statute did not allow for the provision of telehealth until 2020, through executive order, which explains licensee reported lack of training in this area. Approximately 33% of the respondents indicated that the training they received on managing complex cases was inadequate, while more than 25% indicated the same for training on de-escalation, conflict resolution, and self-care strategies. When looking at excellent aspects of their training, 40% of respondents indicated that the training they received on ethics was excellent and 43% indicated the same for training on diversity and cultural competencies.

**Table 12**: Licensee rating of degree program on specific content areas

| | Inadequate | | Adequate | | Excellent | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Preparation for effectively leveraging technology, such as telehealth, to provide remote services | 225 | 38.9 | 122 | 21.1 | 83 | 14.4 |
| Training on managing complex cases and clients with severe mental health issues | 191 | 33.0 | 214 | 37.0 | 76 | 13.1 |
| Preparation for de-escalation and conflict resolution | 152 | 26.3 | 245 | 42.4 | 89 | 15.4 |
| Training in self-care strategies to prevent burnout | 145 | 25.1 | 201 | 34.8 | 136 | 23.5 |

**Table 12**: Licensee rating of degree program on specific content areas

| | Inadequate | | Adequate | | Excellent | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Exposure to/training on interdisciplinary collaboration with professionals from other disciplines | 127 | 22.0 | 233 | 40.3 | 124 | 21.5 |
| Training in crisis intervention and trauma-informed care | 114 | 19.7 | 250 | 43.3 | 117 | 20.2 |
| Training in addressing issues related to a specific population, such as children/adolescents/elderly | 99 | 17.1 | 249 | 43.1 | 139 | 24.0 |
| Exposure to dual diagnosis and co-occurring disorders | 88 | 15.2 | 270 | 46.7 | 128 | 22.1 |
| Coursework in diagnosing and assessing clients | 76 | 13.1 | 226 | 39.1 | 180 | 31.1 |
| Practical experience with diverse client populations | 76 | 13.1 | 227 | 39.3 | 182 | 31.5 |
| Training on evidence-based care | 42 | 7.3 | 253 | 43.8 | 191 | 33.0 |
| Ethical and legal training | 33 | 5.7 | 219 | 37.9 | 234 | 40.5 |
| Training on cultural competency and diversity | 29 | 5.0 | 206 | 35.6 | 250 | 43.3 |

Table 13 provides more details on the three content areas most often indicated by the survey respondents as having inadequate training by license type. For interpretation, 0 = inadequate and 2 = excellent. The closer the value was to 0, the more often the respondents indicated that training was deficient. In this way, we can see that social workers report inadequate training in managing complex cases more often than all other licensure groups. Addiction counselors felt the most unprepared regarding telehealth services, whereas mental health counselors felt the most unprepared regarding burnout prevention strategies.

**Table 13**: Three most inadequate training content areas and most difficult issues, by license type

| *Please rate your qualifying degree program on the following factors:* | Social Work M(SD) | Marriage and Family Therapy M(SD) | Mental Health Counseling M(SD) | Addiction Counselor M(SD) |
|---|---|---|---|---|
| Training on managing complex cases and clients with severe mental health issues | 0.82(.73) | 0.88(.64) | 0.83(.69) | 1.50(.58) |
| Preparation for effectively leveraging technology, such as telehealth, to provide remote services | 0.54(.73) | 0.42(.58) | 0.44(.72) | 0.00(.00) |
| Training in self-care strategies to prevent burnout | 0.91(.76) | 0.91(.87) | 0.86(.76) | 1.00(.82) |

Licensees were then asked to indicate whether they had any issues at any time from beginning their postsecondary education to obtaining their clinical license. Table 14 provides information on these factors. Almost 60% of the survey respondents indicated that they had difficulty understanding the process before graduation and after completing their degree program. Similarly, 58% indicated that they had difficulty finding a position with adequate pay during their associate period. About 40% of the respondents indicated that they had difficulties obtaining postgraduate clinical experience hours due to issues finding a qualified supervisor or a position with appropriate clinical experience. When looking at license groups, as depicted in Table 15, marriage and family therapy licensees reported more difficulty in understanding the process of licensure, while mental health counseling licensees reported the most difficulty in finding a position with adequate pay.

**Table 14**: Licensee rating of difficulties in the postsecondary pipeline to practice

| | Very Difficult | | Somewhat Difficult | | Not At All Difficult | | Somewhat or Very Difficult | |
|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % |
| Understanding the process for licensure after graduation | 132 | 22.8 | 208 | 36.0 | 148 | 25.6 | 335 | 58.0 |
| Finding a position during my associate period with adequate pay | 185 | 32.0 | 150 | 26.0 | 125 | 21.6 | 332 | 57.4 |
| Understanding the process for licensure before graduation | 132 | 22.8 | 200 | 34.6 | 151 | 26.1 | 340 | 58.8 |
| Finding a position during my associate period with appropriate clinical experiences | 80 | 13.8 | 152 | 26.3 | 223 | 38.6 | 232 | 40.1 |
| Finding supervision in a preferred setting | 102 | 17.6 | 111 | 19.2 | 249 | 43.1 | 213 | 36.9 |
| Finding a qualified supervisor for my associate period | 82 | 14.2 | 122 | 21.1 | 258 | 44.6 | 204 | 35.3 |
| Finding supervision within my community, or a reasonable distance from, for my associate period | 65 | 11.2 | 109 | 18.9 | 269 | 46.5 | 174 | 30.1 |
| Affording my supervision experience | 66 | 11.4 | 84 | 14.5 | 243 | 42.0 | 150 | 26.0 |
| Finding a training program that would qualify me for licensure | 32 | 5.5 | 66 | 11.4 | 373 | 64.5 | 98 | 17.0 |

**Table 15**: Licensee-reported difficulties in the postsecondary pipeline to practice, by license grouping

| Please indicate whether you had difficulty with any of the following: | Social Work M(SD) | Marriage/Family Therapy M(SD) | Mental Health Counseling M(SD) | Addiction Counselor M(SD) |
|---|---|---|---|---|
| Understanding the process for licensure before graduation | 0.77(.74) | 1.00(.58) | 0.74(.79) | 0.75(.50) |
| Understanding the process for licensure after graduation | 0.77(.75) | 0.88(.65) | 0.74(.75) | 0.75(.50) |
| Finding a position during my associate period with adequate pay | 1.05(.84) | 0.88(.87) | 1.15(.82) | 0.50(.58) |

Although licensees were able to rank the difficulties they experienced in the postsecondary pipeline, they were also offered the opportunity to elaborate on any other issues that they experienced during this time. Table 16 outlines the major themes, and the most frequently mentioned issue is pay. Approximately 16% of the comments mentioned issues with pay, including difficulty sustaining themselves while earning low wages or issues affording supervision. Another 16% of comments were directly related to difficulties in attaining qualified supervision. Similarly, 14% of the respondents referenced issues with the IPLA around communication and support, while another 14% indicated that the licensure process was difficult to navigate and confusing.

**Table 16**: Major themes in licensee-reported issues in the postsecondary pipeline to full practice

| Category | Definition | Count | Percent (n=133) |
|---|---|---|---|
| Pay | Related to the need to adequately pay associate licensees/LSWs seeking clinical licensure in order to support themselves and/or pay for their supervision | 22 | 16.3 |
| Supervision | Supervision is difficult to both attain and/or afford. It is hard to find a qualified and available supervisor | 21 | 15.6 |
| License administration | Administration, contact, and support with license process through state was difficult | 19 | 14.1 |

**Table 16**: Major themes in licensee-reported issues in the postsecondary pipeline to full practice

| Category | Definition | Count | Percent (n=133) |
|---|---|---|---|
| License process | The process was unclear and confusing, unnecessarily difficult to navigate | 19 | 14.1 |
| License requirement | The requirements to be licensed are complicated and difficult to navigate | 13 | 9.6 |
| Educational requirements | The educational requirements of licensure created issues | 6 | 4.4 |
| License transfer | Very difficult to transfer license from state to state after licensure or education | 6 | 4.4 |
| Educational program issue | Issues directly related to the post-secondary education, process, courses, or program | 5 | 3.7 |
| Difficulty finding employment | Difficulty finding employment that meets qualifications for licensure with appropriate pay; needed experience to be hired | 4 | 3 |
| State differences | The licensing process is so different from state to state and can make it hard to attain a licensure or understand in a different state than you were trained | 4 | 3 |
| Test issue | The test was too difficult, did not pertain to their training, or was too costly | 3 | 2.2 |
| Working with trauma clients | Did not feel prepared to work with trauma clients as they were working towards licensure and under supervision | 3 | 2.2 |
| Mentorship | Mentorship is necessary to be a good practitioner and is very helpful; an extension of supervision | 2 | 1.5 |
| Not prepared for licensure | Did not feel prepared to be licensed from a variety of aspects: knowledge, content, clients, test, process, etc. | 2 | 1.5 |
| Organizational issues | Related to the organizations in which they were employed or served as associate licensees/LSWs seeking clinical licensure | 2 | 1.5 |
| Post grad requirements | The requirements post-graduation were difficult to wade through; and/or the licensure required too much post-graduation and required more education beyond their degree | 2 | 1.5 |

**Note**: Themes with a frequency of less than 1% are not included in this table (n=2). All responses that were coded as "Does Not Apply" are also not included in this table (n=155).

To focus on solutions, respondents were asked to address the issues they experienced and to enhance their workforce and pipeline. These ideas are summarized in Table 17. The most frequently cited ideas were suggestions for the IPLA to improve the licensure process by providing more information and support. Licensees also emphasized the importance of increasing access to high-quality supervision (13%). Figure 1 provides additional information on the secondary themes included in the IPLA improvement, access to supervision, and additional training content categories. Other common themes included recommended changes to the licensure process, such as adjusting the number of hours or testing deadlines (9.5%); paying individuals to complete more training requirements (8.9%); and additional training content added to their postsecondary experience to provide more training on licensure, administrative tasks, and self-care (7.8%).

**Table 17**: Major themes in licensee ideas for enhancing the postsecondary pipeline to full practice

| Category | Definition | Count | Percent (n=179) |
|---|---|---|---|
| Licensure administration improvement | Improvements to the IPLA license administration process, communication, support, making information more readily available | 31 | 17.3 |
| Access to supervision | It needs to be easier to obtain supervision; i.e. a network or database of supervisors | 24 | 13.4 |
| Timeline/requirements | Changes should be made to the timelines/requirements under which the licensure process functions (i.e. number of hours, delays, timelines, etc.) | 17 | 9.5 |
| Pay | Associate licensees/LSWs seeking clinical licensure should be paid adequately to help offset the costs of living and/or supervision. Paying for clinical supervision is a large barrier | 16 | 8.9 |
| Additional training content | Additional training content should be addressed in the classroom; i.e. course about licensure; administrative tasks, self-care | 14 | 7.8 |
| Clear guidelines | Guidelines should be made clearer around licensure requirements and the process, so it is easier to navigate | 12 | 6.7 |
| Financial incentives for supervisors | Supervisors should be offered financial incentives for their time | 11 | 6.1 |
| Billing changes | Changes should be made to billing processes to allow associate licensees/LSWs seeking clinical licensure to be paid for services and/or make more income during the clinical supervision period | 9 | 5 |
| Cost of clinical supervision | Clinical supervision should be paid for to remove burden from associate licensees/LSWs seeking clinical licensure | 7 | 3.9 |
| Additional clinical components | Additional clinical training is necessary to support clinical licensure | 5 | 2.8 |
| Streamlined process | The process should be more streamlined to provide clarity and ease | 5 | 2.8 |
| Test preparation | Being prepared for the test specifically would be helpful | 5 | 2.8 |
| Academic institution support | Need support from the academic institution level for licensure; i.e. support staff, mentorship, etc. | 3 | 1.7 |
| Cost of license | The license is not affordable and is a burden to many; keeps them from pursuing licensure routes | 3 | 1.7 |
| Mentorship | Mentorship should be offered beyond supervision to support professionals in the field | 3 | 1.7 |
| More employment options | More employment options should be offered to those working towards a licensure in multiple different clinical/population contexts | 3 | 1.7 |
| Resources | More resources are needed from academic and state levels to help move individuals towards successful licensure | 3 | 1.7 |
| State reciprocity | State reciprocity should be more balanced and equitable for more states | 3 | 1.7 |
| Virtual supervision | Virtual supervision should be allowed in order to help with access to supervision and support online learning | 3 | 1.7 |
| More support | Practitioners and new graduates need more of both financial and non-financials supports support from training institutions and agencies | 2 | 1.1 |

**Note**: All responses that were coded as "Does Not Apply" are not included in this table (n=116).

*Figure 1: Secondary themes for improving the postsecondary pipeline to practice.*

# Conclusion

The overwhelming response of the licensees provides evidence of their passion for their profession, enhances their postsecondary pipeline, and improves their skills and workforce. Although many licensees emphasize the importance of clinical supervision, few are providing it. Opportunities may exist to increase access to supervision through targeted training, creating a network of supervisors, and ensuring payments for services. Almost 50% of the recent Indiana-trained licensees reported not being fully prepared for practice after completing their training program, mostly because of a lack of clinical focus in the program. Social workers reported feeling less prepared than any other licensure group did. Licensees often reported issues in understanding the process of becoming a fully licensed practitioner, indicating that some opportunities may exist for clarifying guidelines and more support resources outlining the pathway and assisting in the licensure process, in addition to easy access to these resources. Ensuring the availability of information may also help ease licensees' experience.

# Appendix

## Survey Administered to Professionals

**Personal and Professional Characteristics**

1. What license do you currently hold? Select all that apply.

MULTI SELECT

a. LCSW
b. LSW
c. LBSW (Bachelor of Social Work)
d. LMFT
e. LMFTA
f. LMHC
g. LMHCA
h. LAC
i. LACA
j. LCAC
k. LCACA

2. If you hold multiple licenses, under which license do you primarily work and/or bill? TEXT

3. How long have you held your Indiana license? If you have multiple licenses, please respond based on the first issued license.

a. Less than 1 year
b. 1-5 years
c. 5-10 years
d. 10-15 years
e. 15-20 years
f. 20-25 years
g. More than 25 years

4. Where did you complete the training that qualified you for your Indiana license? If you have multiple licenses, please respond based on the first issued license.

- Indiana
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana

- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- Washington DC
- West Virginia
- Wisconsin
- Wyoming
- Another country

5. In the past month, have you provided clinical counseling services to residents in the state of Indiana?
   a. Yes
   b. No

5a. BRANCHING IF NO: Please identify your reason for not providing clinical counseling services by selecting all that apply.
   a. I am not interested in providing clinical counseling
   b. I am currently retired
   c. I don't have the resources or infrastructure to offer clinical counseling
   d. I am pursuing further education
   e. I am unable to meet the regulatory or legal requirements
   f. I am working under supervision to gain clinical experience and hours for licensure
   g. I am currently searching for a position to fulfill the clinical experience requirements
   h. I have ethical or personal reservations about providing clinical counseling
   i. I was not paid the salary I expected/needed while working full-time
   j. The hours required to complete the work didn't make the pay worth it
   k. I became burnt out and quit providing counseling services
   l. Other (Please specify): TEXT BOX

**Associate Licensees**
6. Are you currently providing supervision for associate-level professionals?
   a. Yes
   b. No

6a. BRANCHING IF NO: What barriers prevent you from serving as a supervisor?
MULTI-SELECT
   a. I do not meet the necessary requirements
   b. I am not interested in providing supervision for associate-level professionals
   c. I am not prepared to handle the additional responsibility
   d. I do not feel confident in my ability to supervise
   e. My organization does not hire associate-level professionals
   f. There are no financial incentives for supervision provided by my employer
   g. I do not know of any associate-level professionals in need of supervision

h. Other (Please specify): TEXT BOX

**Training Program Experience**

7. How prepared did you feel for clinical practice after completing the degree program that qualified you for your first issued license?

a. Fully prepared
b. Mostly prepared
c. Somewhat prepared
d. Not prepared at all
e. Not applicable

7a. BRANCHING: You selected [Mostly, somewhat, not prepared] Please briefly explain.
TEXT BOX

8. Please rate your qualifying degree program on the following factors.

| | Inadequate | Adequate | Excellent | N/A or Unsure |
|---|---|---|---|---|
| Training on evidence-based care | | | | |
| Coursework in diagnosing and assessing clients | | | | |
| Training in crisis intervention and trauma-informed care | | | | |
| Training on managing complex cases and clients with severe mental health issues | | | | |
| Preparation for effectively leveraging technology, such as telehealth, to provide remote services | | | | |
| Exposure to/training on interdisciplinary collaboration with professionals from other disciplines | | | | |
| Exposure to dual diagnosis and co-occurring disorders | | | | |
| Training in self-care strategies to prevent burnout | | | | |
| Training on cultural competency and diversity | | | | |
| Practical experience with diverse client populations | | | | |
| Preparation for de-escalation and conflict resolution | | | | |
| Ethical and legal training | | | | |
| Training in addressing issues related to a specific population, such as children/adolescents/elderly | | | | |

8. Please indicate whether you had difficulty with any of the following:

| | Not difficult at all | Somewhat difficult | Very difficult | Not applicable |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| Finding a training program that would qualify me for licensure | | | | |
| Understanding the process for licensure before graduation | | | | |
| Understanding the process for licensure after graduation | | | | |
| Finding a position during my associate period with a adequate pay | | | | |
| Finding a position during my associate period with appropriate clinical experiences | | | | |
| Finding a qualified supervisor for my associate period | | | | |
| Finding supervision within my community, or a reasonable distance from my home, for my associate period | | | | |
| Finding supervision in a preferred setting | | | | |
| Affording my supervision experience | | | | |

10. Please share any other issues that you've experienced from the beginning of your post-secondary education all the way through the earning licensure as a fully practicing practitioner. Please type N/A if this does not apply or you have no thoughts.
TEXT BOX

11. Do you have any ideas on what policies or resources could be implemented to support associate-level professionals moving toward full independent licensure? Please type N/A if this does not apply or you have no thoughts.
TEXT BOX

12. Do you have any ideas on what policies or resources could be implemented to support supervising professionals? Please type N/A if this does not apply or you have no thoughts.
TEXT BOX

## Email Distribution Language

Good afternoon,

I am reaching out with an opportunity for licensees to provide perspective on a state level project to strengthen the behavioral health workforce and system in Indiana.

**About this initiative:** The Bowen Center for Health Workforce Research and Policy is coordinating the development of a Playbook for Enhancing Indiana's Mental and Behavioral Health Workforce with "plays" (strategies) focused on identifying opportunities for strengthening Indiana's mental and behavioral health workforce. The project focuses on the post-secondary training pipeline to full licensure for professionals whose practice is dedicated to mental and behavioral health. Additional information about the project can be found here: https://bowenportal.org/portfolio/the-playbook/.

**Request:** As part of the project, we are hoping to obtain your insights on the mental and behavioral health post-secondary training pipeline. As experts in the field, we would like to learn from you what your experiences have been, what challenges you faced and what opportunities you think would be helpful for yourself and your colleagues. You can provide feedback through an anonymous very brief survey (3-5 minutes and less than 10 questions).

**Link to Survey**: [Insert Link]

I realize this may seem like just another administrative request. However, I believe the information we will have because of your participation will greatly benefit the state in understanding current workforce challenges and support development of targeted solutions.

The IPLA is partnering with the Bowen Center on this initiative. Please feel free to reach out to the Bowen Center at bowenctr@iu.edu with any questions.

# Acknowledgements

Please address any correspondence regarding this document to the Bowen Center via email at bowenctr@iu.edu or by phone at 317.278.4818.

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