



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 administered 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.
- Approximately 75% of the respondents reported providing clinical counseling in the past month, while 20% were currently providing supervision to individuals holding training licenses.
- The respondents most often indicated that they did not provide supervision because of their disinterest in doing so.
- Almost half (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:

- Addiction counselors (LAC, LACA)
- Clinical addiction counselors (LCAC, LCACA)
- 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).

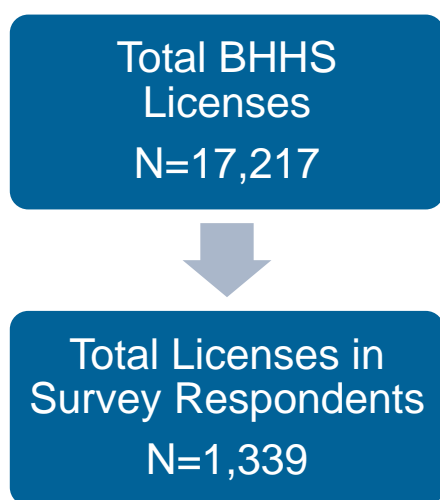
Analysis

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 recoded 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.

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 comprised more than half of the sample, which was expected because they

comprised 62% of the entire BHHS workforce in 2022¹. Table 2 lists the reported length of time licensed. Almost one-third 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 report¹, 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	749	55.9%	61.7%
Mental health counseling	370	31.4%	28.5%
Addiction counseling	124	10.5%	2.9%
Marriage and family therapy	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%

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%

¹ 2022 BHHS Data Report. Available at <https://hdl.handle.net/1805/38022>
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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 providing supervision to individuals with training licenses (associate-level licenses), 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.

All respondents were given the opportunity to share ideas to enhance their 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 appropriate supervision would enhance the quality and access to supervision. Other common responses included paying for supervisors and the valuable services that they provide (19%), creating a network or database of supervisors that would support each other and allow people to find supervision (13%), and clear guidelines on the steps necessary for licensure so that supervisors can help individuals successfully reach full practice (11%).

Table 8: Major themes in licensee ideas for enhancing supervision

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

Note: Themes with a frequency of less than 1% are not included in this table (n=6). 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. 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%

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

	Count	Percent
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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	56.1%
Mental health counseling	29.9%
Marriage and family therapy	36.3%
Addiction counseling	.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 half 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 patients. 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 patients	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. Approximately one-third 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. Almost half the respondents indicated that the training they received on ethics and cultural competencies was excellent.

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
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

<i>Please rate your qualifying degree program on the following factors:</i>	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)

Licenseses were then asked to indicate whether they had any issues at any time from beginning their postsecondary education to obtaining their “full” license. Table 14 provides the 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 during the associate period, either 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 licenseses reported more difficulty in understanding the process of licensure, while mental health counseling licenseses 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 licenseses 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 pay interns 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
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	Directly related to the education process and programs attended	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 patients	Did not feel prepared to work with trauma patients 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, patients, test, process, etc.	2	1.5
Organizational issues	Related to the organizations in which they were employed or served as interns	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)
IPLA 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	Interns should be paid to help offset the costs of living and/or supervision. Paying for 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 interns to be paid for services and/or make more income during the supervision period	9	5
Cost of supervision	Supervision should be paid for to remove burden from interns	7	3.9
Additional clinical components	Additional clinical training is necessary to support full 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

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

Category	Definition	Count	Percent (n=179)
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-financial 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 supervision, few do so. Opportunities may exist to increase access to supervision through targeted training, creating a network of supervisors, and ensuring payments for services. Almost half 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
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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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