

# Louisiana Board of Social Work Examiners

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<http://www.labswe.org>

## Criteria for Individual Treatment Providers

**Social Workers monitored by the LABSWE-IPP may require individual treatment as part of the terms of the agreement/order of the Board. This therapy may be recommended following a comprehensive evaluation or following treatment. The following is general criteria for Individual Treatment Providers.**

1. Must be a qualified mental health professional (QMHP) as defined in R.S. 37:3386.1  
a) Psychiatrist b) Psychologist c) Licensed Clinical Social Worker d) Mental Health Counselor (LPC); or if substance abuse counseling **is the only recommended treatment**, the provider may be a Licensed Addiction Counselor (LAC), in accordance to the Addictive Disorders Practice Act R.S. 37: 3387 the LAC is the only level of substance abuse counselor who may practice independently.
2. **Treatment provider shall have a minimum of three years post QMHP licensure experience in treating health care professionals.**
3. Treatment provider should hold a minimum of a master's degree.
4. License/Certification should be unencumbered.
5. License and/or Certification is in appropriate field.
6. The techniques and models used by the treatment provider are based on scientifically researched data. If Social Worker has been referred for a specialized treatment mode, therapist must provide evidence of expertise and/or certification in same.
7. Treatment provider's philosophy shall be congruent with the goals of the IPP:
  - Addiction is a primary disease.
  - Agrees to encourage the social worker to participate in the IPP.
  - Will not participate in "A Conspiracy of Silence".
  - Supports the total abstinence model of recovery.
  - The treatment provider supports the 12-step model of recovery.
8. The treatment provider agrees to submit reports to the LABSWE-IPP on a pre-determined basis. Provide treatment plans and summaries of participant progress as scheduled in the Participation Agreement or treatment team recommendations.
9. Agrees to notify and consult the IPP Manager when the participant is progressing poorly or is non-compliant with treatment and refer patient accordingly.
10. Agrees to review Board Order if applicable, treatment team recommendations, and sign appropriate releases to collaborate with other treatment team providers as necessary.
11. Subscribes to the importance of working as a team with other professionals.

Name of Participant (printed): \_\_\_\_\_

Therapist's Name (printed): \_\_\_\_\_ Profession: \_\_\_\_\_  
Email: \_\_\_\_\_

- I meet the standards as described above and agree to the terms. Date QMRP Licensed : \_\_\_/\_\_\_/\_\_\_  
 I have received a copy and read participant's Consent Order and Participation Agreement.

Therapist's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ License #: \_\_\_\_\_