

Behavioral Sciences Regulatory Board

Survey of Social Workers

December 2021

Introduction

At the May 18, 2021, meeting of the Social Work Advisory Committee of the Kansas Behavioral Sciences Regulatory (BSRB), the Advisory Committee members requested the creation of a survey to obtain current input from social work licensees under the BSRB. The members of the Advisory Committee requested input on matters affecting the social work profession and topics relevant to the work of the Advisory Committee. (The BSRB offered a survey to social workers on similar topics in 2015.) The Advisory Committee requested the Executive Director draft potential questions for a survey concerning the topics of issues related to supervision, Board-approved clinical supervisors, and other topics relevant to the social work profession.

At the October 19, 2021, meeting of the Social Work Advisory Committee, the Executive Director presented draft questions to the members of the Advisory Committee for review and consideration. The members of the Advisory Committee approved the questions and expressed a desire for a short survey to obtain both qualitative and quantitative data. Additionally, the members of the Advisory Committee requested questions to verify that responses were submitted by a broad range of practitioners, including social workers in urban, rural, and frontier areas of the state of Kansas.

As of November 2021, the number of social workers with a permanent license under the BSRB totaled 7,997, including practitioners with associate level licenses, bachelor level licenses, master's level licenses, and clinical level licenses. On Thursday, December 16, 2021, all social work licensees received an e-mail message from the BSRB with a link to complete a ten-question survey using SurveyMonkey. Licensees were informed that the survey would close at 5pm on Monday, December 20, 2021.

Over the five days that the survey was open for responses, 1,087 social workers completed at least part of the survey. The results of the survey are included on the following pages.

Q1 In What County Do You Practice Social Work?

1,069 Individuals Answered Question 1

- 1 All of KS
- 2 All- teleheath therapist
- 3 Anderson's Co, Tx
- 4 Anywhere in Kansas and Missouri
- 5 **Atchison (Answered by 4 Individuals)**
- 6 **Barton (Answered by 6 Individuals)**
- 7 Barton and Ellis
- 8 Bell County Texas
- 9 **Bourbon (Answered by 2 Individuals)**
- 10 **Brown (Answered by 5 Individuals)**
- 11 Brown, Doniphan, Atchison, Wyandotte, Johnson
- 12 Buchanan
- 13 **Butler (Answered by 11 Individuals)**
- 14 Butler and Harvey
- 15 Butler, Harvey, Cowley, Sumner, Kingman, Pratt, Greenwood, Chase, Rice, Kiowa
- 16 Carroll, Lafayette, Jackson
- 17 Cass
- 18 **Chautauqua (Answered by 2 Individuals)**
- 19 Cherokee
- 20 Clark county Las Vegas
- 21 **Clay (Answered by 3 Individuals)**
- 22 Clay county in Missouri principally
- 23 Clay, Mo
- 24 **Cloud (Answered by 7 Individuals)**
- 25 Cloud, Republic and Washington Counties
- 26 Cloud, republic, clay
- 27 Coffey
- 28 **Cowley (Answered by 9 Individuals)**
- 29 Cowley, Butler, Sumner, Sedgwick, Kingman
- 30 **Crawford (Answered by 13 Individuals)**
- 31 Currently enrolled back in school
- 32 Currently not practicing
- 33 Currently not practicing, but live in DG county
- 34 Dg
- 35 Dickenson
- 36 **Douglas (Answered by 59 Individuals)**
- 37 **Douglas and Shawnee (Answered by 3 Individuals)**
- 38 Dougy
- 39 Edwards, ford, Meade, Stafford, Comanche, Kiowa
- 40 El Paso County, Colorado
- 41 **Ellis (Answered by 10 Individuals)**
- 42 Ellis/ Johnson/ Wyandotte
- 43 **Ellsworth (Answered by 2 Individuals)**

44 Federal installation (Germany)
45 **Finney (Answered by 10 Individuals)**
46 Florida
47 **Ford (Answered by 7 Individuals)**
48 Ford, and 28 counties surrounding it.
49 Ford, Hodgeman, Gray
50 Franklin
51 Franklin + 15 other southeast counties
52 Franklin, Anderson, Osage, Miami, Coffey
53 Fremont
54 **Geary (Answered by 10 Individuals)**
55 Grant
56 **Harvey (Answered by 13 Individuals)**
57 Harvey and Reno
58 Have worked throughout an 18 County region and for awhile across whole state but based in Shawnee County.
59 Hodgeman
60 HV-HARVEY
61 I work for the Department of the Army and currently work in Germany
62 I work in Missouri
63 **Jackson (Answered by 24 Individuals)**
64 Jackson & Clay
65 Jackson (MO) & Johnson (KS)
66 **Jackson and Johnson (Answered by 2 Individuals)**
67 Jackson and Johnson (also licensed in MO)
68 **Jackson County (Answered by 3 Individuals)**
69 **Jackson County MO (Answered by 13 Individuals)**
70 **Jackson, Missouri (Answered by 4 Individuals)**
71 Jackson, Shawnee, Brown, Pottawatomie
72 **Jasper County, MO (Answered by 2 Individuals)**
73 **Jefferson (Answered by 2 Individuals)**
74 **Johnson (Answered by 153 Individuals)**
75 Johnson and Miami
76 Johnson and out of state
77 Johnson and Shawnee
78 **Johnson and Wyandotte (Answered by 4 Individuals)**
79 Johnson and Wyandotte, also LCSW AND SERVE 100 mile radius of the metro
80 Johnson Co Ks and Jackson Co MO
81 **Johnson County (Answered by 12 Individuals)**
82 Johnson County and Missouri
83 Johnson County, Mo
84 Johnson Wyandotte Douglas
85 **Johnson, Wyandotte (Answered by 3 Individuals)**
86 Johnson, Wyandotte, Leavenworth,
87 Johnson, Wyandotte, Miami, Leavenworth, Douglas
88 Johnson/ Jackson
89 **Kansas (Answered by 2 Individuals)**

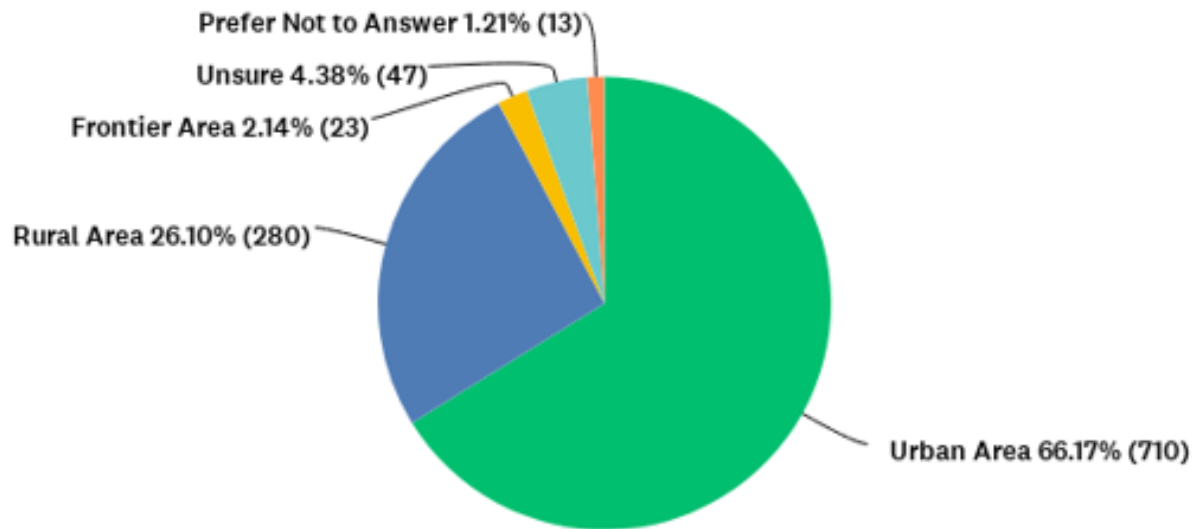
- 90 Kingman
- 91 Kingman and Pratt
- 92 **Labette (Answered by 7 Individuals)**
- 93 Lane
- 94 **Leavenworth (Answered by 19 Individuals)**
- 95 Leavenworth and Atchison
- 96 Leavenworth, Atchison, Jefferson, Johnson, Wyandotte
- 97 Leavenworth, Wyandotte, Atchison
- 98 Leavenworth/Atchison
- 99 Lincoln
- 100 Linn, Anderson, Miami
- 101 Live in MO
- 102 Logan
- 103 **Lyon (Answered by 9 Individuals)**
- 104 Lyon, Morris
- 105 Manatee
- 106 **Marion (Answered by 5 Individuals)**
- 107 Marion, Harvey, and McPherson
- 108 Marion/McPherson
- 109 **Marshall (Answered by 2 Individuals)**
- 110 **McPherson (Answered by 6 Individuals)**
- 111 McPherson, rice, Reno
- 112 **Miami (Answered by 8 Individuals)**
- 113 Missouri
- 114 Mitchell
- 115 **Montgomery (Answered by 8 Individuals)**
- 116 Multiple
- 117 Multiple but my base is in Ford County
- 118 Multiple counties, primarily in Northeastern KS
- 119 **N/A (Answered by 2 Individuals)**
- 120 NA-Unemployed by choice
- 121 **Neosho (Answered by 3 Individuals)**
- 122 Neosho Allen Anderson Woodson
- 123 Neosho, Crawford primarily
- 124 Neosho, Wilson, Allen
- 125 No particular county – I am a telehealth provider in 2 states. Personally my office is in my home in Johnson County, KS
- 126 None currently
- 127 Norton
- 128 Norton, and rush
- 129 Norton, Ellis, Thomas
- 130 Orange
- 131 Osborne
- 132 Out of state (Missouri) but licensed in KS as well.
- 133 Out of State/Kansas City, MO (Jackson County)
- 134 **Pawnee (Answered by 5 Individuals)**
- 135 **Phillips (Answered by 3 Individuals)**

- 136 **Platte (Answered by 2 Individuals)**
- 137 **Pottawatomie (Answered by 2 Individuals)**
- 138 Pratt
- 139 Pratt Kingman Harper barber
- 140 Prince William county VA
- 141 **Reno (Answered by 8 Individuals)**
- 142 Reno and Sedgwick
- 143 Reno, Harvey, McPherson, Barton, Stafford, Pawnee
- 144 **Retired (Answered by 2 Individuals)**
- 145 Retired from hospice catchment areas of Johnson, Wyandotte, Douglas, Miami, & Leavenworth

- 146 **Riley (Answered by 28 Individuals)**
- 147 Riley & Geary
- 148 Riley and 9 others
- 149 Riley, Geary
- 150 Rooks
- 151 **Saline (Answered by 15 Individuals)**
- 152 Saline, McPherson, Dickinson, Geary, Harvey, Marion, Barton
- 153 San Mateo, CA (VA)
- 154 Scott, Thomas
- 155 **Sedgwick (Answered by 188 Individuals)**
- 156 Sedgwick and Pawnee, principally
- 157 Sedgwick but not currently practicing SW
- 158 **Sedgwick County (Answered by 15 Individuals)**
- 159 Sedgwick, Butler, Sumner
- 160 Sedgwick, Harvey, Pawnee, Neosho,
- 161 Sedgwick, Reno, Cowley, Sumner, Harvey, Harper
- 162 **Seward (Answered by 2 Individuals)**
- 163 **Shawnee (Answered by 100 Individuals)**
- 164 **Shawnee and Jefferson (Answered by 2 Individuals)**
- 164 Shawnee and Leavenworth
- 165 Shawnee/Douglas
- 166 **Sheridan County (Answered by 2 Individuals)**
- 167 Sheridan, Logan, Sherman, Thomas, Cheyenne, Decatur, Graham, etc.
- 168 **Sherman (Answered by 2 Individuals)**
- 169 Sherman, Thomas, Logan
- 170 Smith Rooks Osborne Phillips
- 171 Southeast Kansas
- 172 Statewide
- 173 **Sumner (Answered by 4 Individuals)**
- 174 Tarrant County, Fort Worth, Texas
- 175 The entire state of Kansas
- 176 The organization for which I work serves Clay, Washington, NW Riley, Marshall, Cloud, and Republic Counties
- 177 **Thomas (Answered by 4 Individuals)**
- 178 Trego
- 179 **United States (Answered by 30 Individuals)**

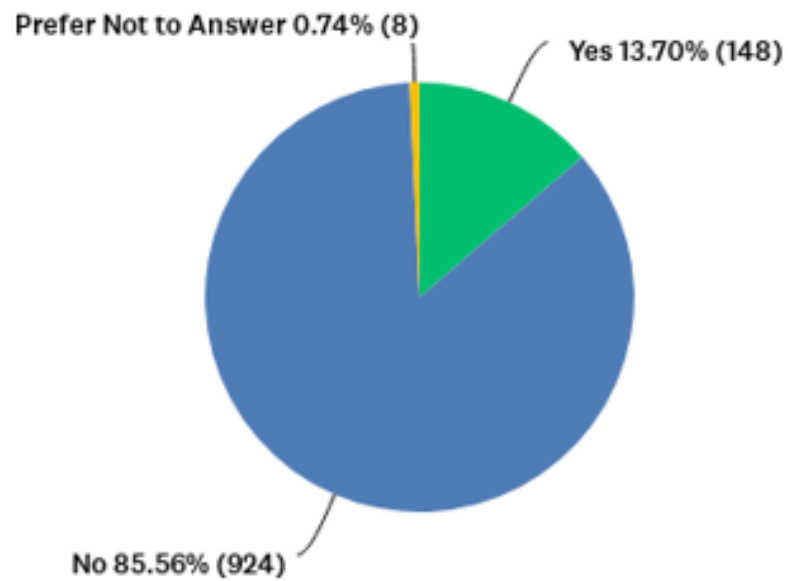
- 180 Vernon Parish, Louisiana. I am employed by the federal system and a DOD civilian.
- 181 Virginia Beach City, VA
- 182 Washington
- 183 Wichita
- 184 **Wyandotte (Answered by 54 Individuals)**
- 185 **Wyandotte & Johnson County (Answered by 3 Individuals)**
- 186 Wyandotte and Johnson, KS, but I also do telehealth to every other county in KS
- 187 Wyandotte, Johnson, Miami
- 188 Wyandotte/Jackson MO

Q2 Do you practice in a predominantly urban area, rural area, or frontier area?



1,073 Individuals Answered this Question

Q3 Do you provide LSCSW clinical supervision to practitioners in Kansas?



1,080 Individuals Answered this Question

Q4 If you answered "Yes" on question 3, how many Kansas practitioners do you generally provide supervision to during the same time period? (If you answered "No" on question 3, please skip this question.)

161 Individuals Answered Question 4

- 1 **0 (Answered by 2 Individuals)**
- 2 **1 (Answered by 58 Individuals)**
- 3 **2 (Answered by 24 Individuals)**
- 4 **3 (Answered by 6 Individuals)**
- 5 **4 (Answered by 9 Individuals)**
- 6 **5 (Answered by 4 Individuals)**
- 7 6
- 8 8
- 9 **10 (Answered by 2 Individuals)**
- 10 15
- 11 **1-2 (Answered by 15 Individuals)**
- 12 **1-3 (Answered by 3 Individuals)**
- 13 **2-3 (Answered by 3 Individuals)**
- 14 3-4
- 15 3-5
- 16 5-7
- 17 (I just received my license this year, I plan to supervise as soon as I am eligible.)
- 18 1 ever...currently done
- 19 **1 or 2 (Answered by 2 Individuals)**
- 20 1-2. Not enough
- 21 Currently 4
- 22 Currently a back up for 1
- 24 I did historically and the most I was the primary sup for was 4 at the same time. Group and individual provided.
- 25 I supervised in the past, 1-2 supervisees at a time.
- 26 **N/A (Answered by 5 Individuals)**
- 27 No
- 28 No more than 4, currently 1
- 29 None
- 30 None at this time
- 31 None current has been up to 4
- 32 None currently at this time
- 33 None recently but have in the year
- 34 Not sure what the period of time is?
- 35 Not yet- I have undergone LCSW supervisor training in MO and think a similar course would be helpful in KS.
- 36 One clinical application pending, one LMSW student
- 37 Up to 3
- 38 Up to 5 between Kansas and Missouri
- 39 Usually 2-3

40 Usually just one, and I am not currently providing any supervision.
41 Zero to two

Q5 If you answered "Yes" on question 3, when you first provided clinical level supervision to practitioners, what training had you received prior to providing supervision? (If you answered "No" to question 3, please skip this question.)

157 Individuals Answered Question 5

- 1 0
- 2 12 hour supervision training for play therapy supervisor credential
- 3 12 hour training by the State of Missouri NASW and then 3 hours every other year after that
- 4 12+ hours of clinical supervision training in the state on Minnesota
- 5 12-18 supervision CE hours
- 6 15 hours of supervision coursework at the beginning and then 3 hours every 2 years
- 7 16 hour class, 20 years of clinical experience.
- 8 16 hour supervision course
- 9 16 hours of clinical supervision training with 3 hour refresher courses
- 10 16 hours of supervision training
- 11 16 hours on supervisory skills
- 12 20 years of experience working in community mental health
- 13 24 hours of training for clinical & play therapy supervision
- 14 3 courses in clinical supervision-12 credit hours
- 15 A large amount that was personally sought out
- 16 Academic Training and on-the-job training
- 17 Administrative and clinical supervision workshops, preparation from agency supervisor, reading BSRB statutes and regulations for social workers
- 18 ASWB Contemporary Clinical Social Work Supervision
- 19 BSRB training
- 20 CEU trainings I sought out and thru my work that focused on supervision
- 21 CEUs
- 22 Class in Clinical Supervision and continuing Ed class
- 23 Class in graduate school
- 24 Clinical Supervision "Ethical Practice and Legal Risk Management" Grad class through Newman
- 25 Clinical Supervision training
- 26 Clinical supervision training 6 hr ce
- 27 Clinical Supervisory Training
- 28 Continuing ed or what I sought myself
- 29 Courses and CEU offerings
- 30 Experience
- 31 Family Therapy, EMDR
- 32 General online training
- 33 General supervision training
- 34 General training on supervision
- 35 Graduate course in clinical supervision, clinical supervision was discussed as part of my own clinical supervision as well
- 36 Graduate coursework, CEUs
- 37 Graduate school

- 38 Graduate school class.
- 39 Have supervised in past and received no training
- 40 I am also a clinical supervisor in MO. They required a 6 hour supervision training sponsored by the state committee for social workers.
- 41 I attended this training in 2012 The Art of Clinical Supervision at University of Texas at Austin which is required in Texas. This is the link to the current course- <https://cvent.utexas.edu/event/8429950b-07c4-4c0e-88cb-eec871c75b85/summary>
- 42 I completed specific training and certification to provide supervision. I found this to be very helpful. This was connected to my LAC when I was in a different state.
- 43 I didn't have any training. I followed the training plan approved by the Board.
- 44 I had 15 hours of supervision training
- 45 I had not taken a class but had almost 20 years of practice experience before taking on a supervisee.
- 46 I had previously supervised interns during the their clinical internship when I worked at an agency.
- 47 I had researched ,completed CEU's, and collaborated with peers.
- 48 I had taken a 16 hour supervision course, along with another eight hour supervision course - so 24 CE hours towards supervision when I started.
- 49 I have been a work supervisor for many years. I've also been an educator. I have my LSCSW and rec'd my own supervision to gain this credential. I do not believe BSRB needs to approve who can provide clinical supervision.
- 50 I have had MSW students under my supervision for their field placement.
- 51 I have had my LSCSW for over 25 years. I have done some continuing Ed related to clinical supervision during this time.
- 52 I participated in a clinical supervision workshop a few years ago
- 53 I supervise in MO too so was required to complete an initial 16 hour supervision training and then 3 hours every renewal.
- 54 I took a 3 CEU supervision course to gain more information for best practice
- 55 I took a course so I could feel prepared.
- 56 I took a supervisor training several years ago
- 57 I took a two day social work supervisor training as well as additional supervisor training pertaining to play therapy supervising
- 58 I went through an intensive training to supervise clinicians through the University of California online as I was supervising one of their Master Students. The training was 15-18 hours. I did this more than 5 years ago. It prepared me well to supervise LSCSW clinicians as well. I received the training for free in exchange for supervising their student.
- 59 I've taken CEUS on how to be an effective supervisor etc.
- 60 Information provided by BSRB
- 61 It was a long time ago so hard to remember, maybe 4 hours. I taught in a social work program so likely had more experience than most. Training would have been nice.
- 62 It would especially be helpful to have components of training the explicitly go over differences between bordering states since several practitioners have dual licenses.
- 63 Just many years of experience in various settings and much experience with students, as instructor and field instructor.
- 64 Just my graduate and career training
- 65 Just my own supervisor/mentor

- 66 Limited- information included in MSW education and personal experience and research
- 67 **LSCSW (2 Individuals Answered "LSCSW")**
- 68 LSCSW and a clinical supervision course
- 69 Many years of practice and CEU's on Supervision
- 70 Master's Level Class at Newman College, CEU's this year on this topic
- 71 Minimal
- 72 MSW, Clinical supervision, and tons of workshops
- 73 Multiple supervision training focused CEU courses
- 74 My LSCSW, 5+ Here's clinical social work experience and a "pre-clinical supervision" related CEU.
- 75 My own clinical supervision
- 76 **N/A (6 Individuals Answered "N/A")**
- 77 **No (4 Individuals Answered "No")**
- 78 **No formal training (2 Individuals Answered "No Formal Training")**
- 79 No formal training. Researched best practices and Procedures on my own.
- 80 No formal, I did my own research and talked with peers. I also have experience in supervising 11 for their clinical.
- 81 No former clinical level supervision during my MSW schooling o
- 82 No mandatory training; completed my own training on clinical supervision.
- 83 No specialized training in supervision.
- 84 No specific training
- 85 No specific training to LSCSW supervision. I had trained graduate & undergraduate social work students. I had also been practicing as a departmental supervisor of social workers.
- 86 No specific training vast experience and education to draw on.
- 87 No training specifically on providing clinical supervision
- 88 No training when I first started some years ago.
- 89 **None (20 Individuals Answered "None")**
- 90 None. I had to seek training. The training is not related to practice, it's related to managing the logging of hours and interpret the breakdown of hours. A LSCSW-with the required 2 years of practice is competent to provide supervision. There are no tools or training from the BSRB to assist with the quality
- 91 Not currently supervising, but I went through an extensive training with the Army on Supervision which also certified me to be a clinical Supervisor in the State of Texas if I were to have been licensed there.
- 92 Not much, but I later received training through the BSRB. I just remembered that I also got some training through KU and Washburn for supervising students, which was useful.
- 93 One 6hr course
- 94 Online CEU's from Missouri SW Board--they require 12 hours initially, then 3 every license renewal period to maintain your ability to provide licensure supervision.
- 95 **Online training (2 Individuals Answered "Online Training")**
- 96 Personal experience including management experience
- 97 Pesi clinical supervision training
- 98 Post-MSW training: Menninger/PhD in Clinical Social work
- 99 Required supervision training for my RPT/S, 6ceu
- 100 Self learning through research
- 101 Self study
- 102 Some

- 103 Some independent CEUs
- 104 SRS Supervisory Training and independent trainings on my own
- 105 State sponsored supervision training in the 2000s; CEUs
- 106 Supervision by MSW, Menninger Family Therapy Program
- 107 Supervision classes required as well as updates, reciprocity with Missouri
- 108 Supervision training through Kansas Assoc for Play Therapy
- 109 Supervision trainings
- 110 Supervision workshop 3 hours
- 111 Supervisor training as I was a supervisor
- 112 Took a on line virtual training put on by NASW
- 113 Took online course and read BSRB requirements
- 114 Took the MO supervisor course
- 115 Training at the beginning of the semester from K.U.
- 116 Training for precious employment as well as additional education
- 117 Training for providing clinical supervision? None formally, just read documents found online.
- 118 Training from my former Clinical supervisor
- 119 Training provided through MO
- 120 Training to supervise? Nothing in particular...only by reading the BSRB requirements and gathering info from a past supervisor/mentor.
- 121 Trainings related to ethics and clinical supervision
- 122 Utilized my experience providing therapy for several years
- 123 Various supervision/supervisor trainings that were available at that time
- 124 Very little
- 125 Wash u supervising supervisors
- 126 Went to a class on supervision; I would recommend a formal class as it was helpful
- 127 Yes

Q6 If you hold a LSCSW license, when you received clinical supervision, did you encounter any issues relating to the quality of supervision? Please explain. (If you do not hold a LSCSW license, please skip this question.)

453 Individuals Answered Question 5

Yes - 5 Individuals Answered "Yes"

No - 285 Individuals Answered "No"

N/A - 7 Individuals Answered "N/A"

Remainder of Responses Alphabetized Below

- 1 2014, no issues
- 2 Access to in person as well as clinical specific interventions
- 3 At times I felt as though I was getting the material needed to help with the board exam.
- 4 Consistency in the supervision schedule
- 5 Felt my supervisor could have been more informed and prepared
- 6 Finding a supervisor and back up supervisor
- 7 Found myself in a horrible ethical dilemma lost my position and practicing supervision. All not my fault.
- 8 I changed supervisors when I changed jobs. The first supervisor did not take it seriously. He was through my work. The second was outside my work and was excellent.
- 9 I did mine out of state
- 10 I did not have quality supervision
- 11 I do not hold a LSCSW license
- 12 I don't think so. students passed their tests.
- 13 I felt I received pretty good supervision!
- 14 I got my LSCSW in 1985 and my supervision was on the job from my work supervisor
- 15 I got my training in IL.
- 16 I had 1 supervisor who wasn't well versed on advocacy & policy. Fortunately the rest of my supervisors were incredible.
- 17 I had good supervision. I know many who did not.
- 18 I had reciprocity from Missouri
- 19 I had superb supervision because I was willing to pay for private hours, above those provided by my employer
- 20 I have always felt behind & as if I had missing pieces with regards to strong skills in various forms of psychotherapy and with writing progress notes.
- 21 I have five different supervisors due to staff changes at the agency I was working for.
- 22 I received excellent supervision while obtaining my licenses & afterwards, but had to hire outside supervision, a private practitioner with a track record & excellent reputation for providing quality supervision. I had to go outside of the CMHCs I worked for to insure I received the clinical experience, perspective & objectivity I needed to successfully work in those agencies since inside supervision was questionable & unpredictable.
- 23 I received exceptional clinical supervision.
- 24 I received my clinical supervision and initial license in Virginia. It was a lot easier to get supervision and find supervisors in that state.
- 25 I received supervision from a Missouri social worker that counted towards my Kansas licensure. However, I waited the requisite five years before I applied to Kansas for my LSCSW. A lot of the reason for this wait was the paperwork necessary to apply.

- 26 I received supervision in MO
- 27 I think it would be helpful to have a refresher or an informal ZOOM opportunity 1-2 x yr to see what others are doing. Also to keep updated on any BSRB changes to the clinical regs
- 28 I took a 2 yr of menninger clinical training, 4 hrs in every 2 wk. This was far superior training
- 29 I transferred my license from NY state and received clinical supervision there
- 30 I was able to get my supervision for free as part of the agency I worked for. It was not the best supervision but I had seasoned colleagues around me that helped me develop my self-observation and reflection skills in my work with clients.
- 31 I was blessed with 2 amazing supervisors.
- 32 I was concerned that my employment counted as full time clinical supervision (it was assumed) when actually there was no one available to provide supervision in the area of mental health.
- 33 I was fortunate to receive excellent supervision.
- 34 I was grandfathered in as held ACSW accreditation
- 35 I wish there was more practicing therapeutic techniques. My supervisor was very knowledgeable in a couple of niche areas and relied heavily on me to research therapeutic methods that were outside her experience.
- 36 I would have appreciated more topics and case scenarios and different therapy treatments discussed.
- 37 I would say my two supervisors were uninspired and I learned very little from either.
- 38 inconsistent provision by employer
- 39 Initially I had trouble finding a supervisor. Once I located one it went smoothly. I was unable to locate one in this area.
- 40 Issues regarding having to have multiple LSCSW supervisors for various reasons.
- 41 It has been decades since supervision and the provision of services less complex which could support there was included more processing and engagement supervision vs how to write a note so insurance will pay, or for specific diagnoses.
- 42 It was difficult to find enough LSCSW's willing to provide supervision and I'm excited to be able to provide that as soon as I can!
- 43 It was hard to find a back up LSCSW
- 44 It was lacking in some areas and stronger in others.
- 45 It wasn't as thorough in goals and objectives as it could have been.
- 46 It wasn't clear that there was any format to supervision.
- 47 Just scheduling issues
- 48 Just the location, at the time face to face was. required and my supervisor was 2 hours away. I did have an initial supervisor who was very unorganized, didn't meet regularly and wanted me to work for her in exchange for supervision. Found the set up to be unorganized and somewhat unethical. Moved on, paid per session for my supervision and was on a very structured schedule.
- 49 Knowing what topics to discuss
- 50 Limited structure to supervision
- 51 Long time ago and not in KS
- 52 My clinical supervision shared no information about what was expected of the process. No BSRB statues/regulation were discussed. Often, since it was at night we met, she would fall asleep. The supervisor was kind and licensure, but not very informative.

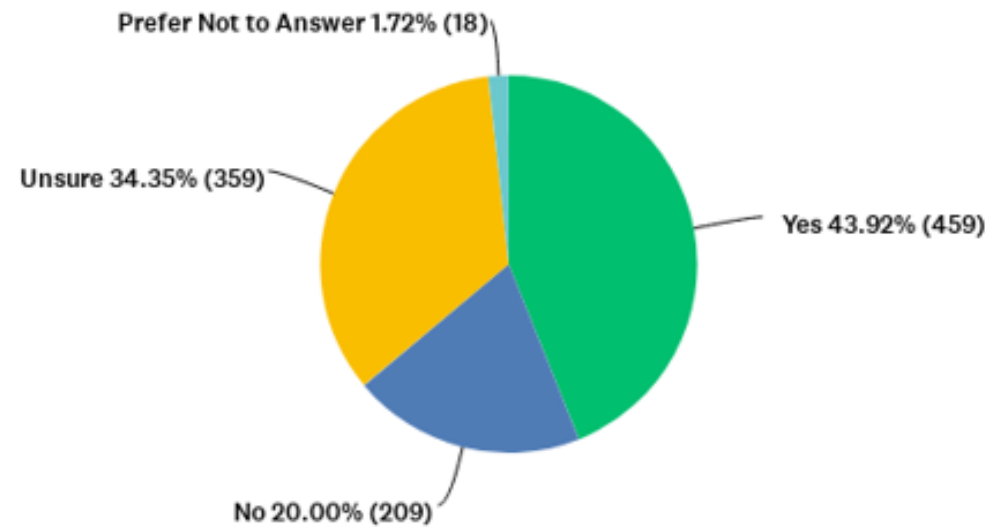
- 53 My clinical supervisors were wonderful mentors, but I wish that we had more structure to our sessions. I also wish that they we had discussed specific theoretical models, interventions, resources, professional development, ethics, etc. These are all things that I try to incorporate now in my role as a clinical supervisor.
- 54 My coordinator provided our supervision back in 1970's
- 55 My supervision was many years ago. Looking at the rest of this survey it would appear that we are becoming too rigid.
- 56 My supervision was quality
- 57 My supervisor struggled to articulate practice models and theories when I would bring "stuck" questions to supervision. It felt mostly as though she was monitoring me for compliance of ethics, calculating of hours and there was clinical discussion, but it was not always as deep as I waned.
- 58 No and if I did-I would have found a new supervisor
- 59 No challenges
- 60 No- great experience from Rebecca Sandoval
- 61 No I did not the quality was excellent. I was with an organization that had a very organized provider. I also received Supervision through Social Work PRN, highly capable group of social workers that is constantly working to be current in how it provides supervision.
- 62 No issues excellent supervision.
- 63 no issues on quality, I had a great set of supervisors
- 64 no issues that i recall. did my supervision in the 90's.
- 65 No issues, had a great supervisor.
- 66 No issues, mine was great experience
- 67 No issues. I was pleased with my supervision.
- 68 NO Issues...it was 100% group supervision which I found extremely helpful
- 69 No it was excellent
- 70 No problems with my supervision
- 71 No problems. I received sound supervision.
- 72 No, agency offered an internal LCSWC supervisor.
- 73 No, but I got my LSCSW through reciprocity because I couldn't find a supervisor that wanted to deal with all the extra paperwork Kansas requires.
- 74 No, but I received my supervision in Wisconsin.
- 75 No, but I received this 40 years ago!
- 76 No, but it was over 20 years ago
- 77 No, but the availability of it was a barrier
- 78 No, but there was some position instability on the part of the supervisor which created delays in supervision
- 79 no, good quality
- 80 No, great quality supervision
- 81 No, I advocated to make sure my supervision was strong and helpful
- 82 No, I found I had quality supervision.
- 83 No, I had a great experience and hope to provide supervision in the future.
- 84 No, i noticed a difference between the cost of supervision but quality was not a concern.
- 85 No, I was employed in Topeka, Kansas and found the area to be really well equipped in this way.
- 86 No, it was a fantastic experience
- 87 No, it was excellent.
- 88 No, it was within my agency.

- 89 No, mine was very helpful and supportive
- 90 No, my clinical supervision was an experience that helped my to gain knowledge, enhance critical thinking, and build a respected, professional relationship with my supervisor.
- 91 No, my supervisor was outstanding.
- 92 No, my supervisor went above and beyond. My supervisor followed and referenced ethical codes and obligations to the practice of social work regularly.
- 93 No, not in the quality but in availability
- 94 No, pleased with the quality. Had 3 different clinical supervisors.
- 95 No, we can all learn from each other.
- 96 No. I had a great supervisor.
- 97 No. My clinical supervisor was knowledgeable, consistent and caring. He is the reason I wanted to provide supervision to others.
- 98 No. My supervisor was incredible.
- 99 no. Only issue was had to travel a distance for in person, and had to jump through a lot of hoops, at that time, to get approval for tele-health to occur and be approved
- 100 No. But we struggled to incorporate theory and practice beyond Assessment and Dx.
- 101 No. I fully vetted supervisors and ensured we were company for the goals I had and the requirements for licensure.
- 102 No. I had a great experience!
- 103 No. I had excellent supervision
- 104 No. I had good supervision with a supervisor outside my agency that I paid for out of pocket.
- 105 No. I was happy with my supervision
- 106 No. My supervisor was top-notch.
- 107 No. My supervisor was wonderful and the quality of supervision was excellent.
- 108 No. Thankfully, my Supervisor provided Supervision free of charge. She was excellent. The process itself, however, was ridiculous. KS is a pretty strict state.
- 109 none that I'm aware of
- 110 None, my supervision was very helpful
- 111 None. It was excellent and very long ago.
- 112 No-received supervision in IL
- 113 Not quality, but requirement for hours was higher than in some other states.
- 114 Not really. Supervision was good.
- 115 Not structured enough
- 116 Not that I was aware of at the time. Looking back, more structure would have been ideal.
- 117 O
- 118 Only at the end when the supervisor was unreliable with his reporting
- 119 Quality of supervision was mixed.
- 120 Quality, no. It was difficult to find someone in the area resulting in the need to travel 2.5 hours. I had my direct client hours well before I had enough in person supervision hours
- 121 Received clinical supervision in IL then Ks through reciprocity
- 122 Supervisor not familiar with updates in training plan/documentation requirements.
- 123 Supervisor was very busy and appeared supervision was bothersome from his work week.
- 124 Supervisors were limited and I had a supervisor who worked with a different population than what I wanted trained in.
- 125 The boundary between clinical and supervisory supervision as my agency had my supervisor do my clinical supervision.
- 126 The quality was excellent.

- 127 The quality was great, however I worked at an agency and had several supervisor changes due to staff changes or resignations
- 128 The training seemed to be more weekly chats than supervision. There was little structure and it was more of a review of my week than instruction of any kind
- 129 There was very little availability for clinical supervision from individuals who has great representations. Also, it was extremely difficult to find someone of color to provide clinical supervision.
- 130 Turnover, had 5 different supervisors,
- 131 With first supervisor - supervisor didn't seem engaged, uncertain of path and structure in supervisor sessions
- 132 Would have liked more education/direction in addition to case review.
- 133 Yes because my agency (KVC) only had one option for a supervisor. She was not a good fit for me personally.
- 134 Yes but mine came thru military channels.
- 135 Yes- hard to find someone with same practice population, often felt supervision was not quality and supervisor was not focused on my time
- 136 Yes I lived in OK and had LCSW there. When I moved to Kansas the BRSB did not accept the supervisor from OK because she had been grandfathered in and had not taken the ACSW test. Later the BRSB agreed to accept the level of licensure from one state to another. the BRSB did not In
- 137 Yes towards the end the supervisor was too busy with her job and was preoccupied during sessions
- 138 Yes, boundaries, availability of supervisor
- 139 Yes, extremely limited supervisors available and what was available was very low quality
- 140 Yes, felt I was not put in a learning situation but more a "working" situation and was given the "sink or swim" method for private pay scale clients. This made it difficult for learning and testing for licensure. It seemed upon application approval the BSRB is more worried about what I, the supervisee, was doing vs what the supervisor was doing to help me learn. Once I made a change of supervisor this all changed and I learned and continue contact to still learn as a LCSW from this person.
- 141 Yes, I had a terrible supervisor experience for 8 months. She was terminated eventually, and when I was applying for LCSW licensure, I was forced by process to have that supervisor evaluate me on a form. I was rejected by the KSBSRB initially, and had to write up a ridiculous multi-page excuse explaining a very complicated situation to the BSRB, essentially begging to be licensed and not blamed for having a terrible supervisor. I think these types or processes need to be approved when someone obtaining their clinical hours is having a terrible experience.
- 142 Yes, I was assigned a supervisor at my CMHC, and there were not other LCSW's on staff to provide supervision. We were not a good fit and I feel as though I did not receive adequate supervision. I ultimately ended up seeking outside supervision when available. The supervisors that I have had that have training in supervision changed the way I practice.
- 143 Yes, I was in a highly regarded family therapy training program (3 years), but technically it didn't count because my supervisor was a psychologist practicing the same as a social worker. Being totally transparent, I had to be manipulative to make it count. In that case, it didn't make sense that I couldn't count those hours.
- 144 Yes, it became apparent that my supervisor had predetermined that I would not be able to deal with the clients in a setting similar to the setting we both worked in due to my having the role of expressive therapist at that time.

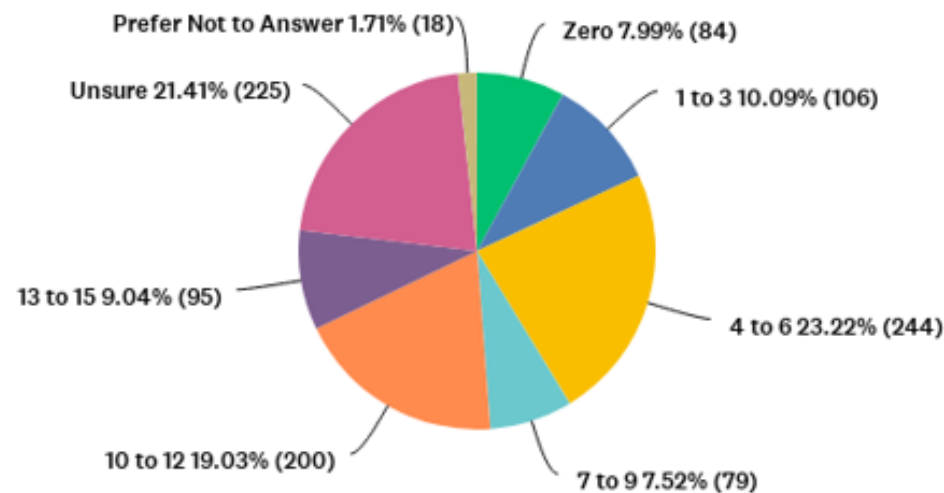
- 145 Yes, lack of cultural diversity.
- 146 yes, my first supervisor was not up to date on the documentation and breakdown of the hours. Has I continued long term with her, I would have found out many of my hours were not going to count because my ratios were off. She did not fully understand the supervision hour ratios.
- 147 yes, supervisor excessively on medical leave and we did not have back ups in the 90s
- 148 Yes. I experienced difficulties with my supervisor not being as knowledgeable as I thought she should have been in regards to providing clinical advice and support, as well as not having a good, in depth understanding of the supervision process, requirement and application process.
- 149 Yes. Did not feel it was my best option but they were on staff at my place of work
- 150 Yes. It seems like there are a lot of very specific requirements (ex. Certain number of direct vs indirect and specific ratios of direct hrs to clinical supervision hours), but not a lot of requirements as to what qualifications a clinical supervisor has. Social work is a large field and we practice in a lot of various settings, so expertise isnt consist across the board. I had clinical supervisors who were more specialized in certain areas of practice than others.
- 151 Yes. Lack of organized planning for the agenda
- 152 Yes. One of my supervisors was not very knowledgeable or helpful.
- 153 Yes. The only structure provided was structure that I myself implemented.
- 154 Yes. There was no rubric, no rhyme or reason to each session. If I did not have a challenging case, we did not use
- 155 Yes-Issues with the supervisor being burned out and not utilizing any structure in our sessions.
- 156 Yes-poor supervision skills

Q7 Should LSCSWs providing clinical supervision be Board-approved supervisors?



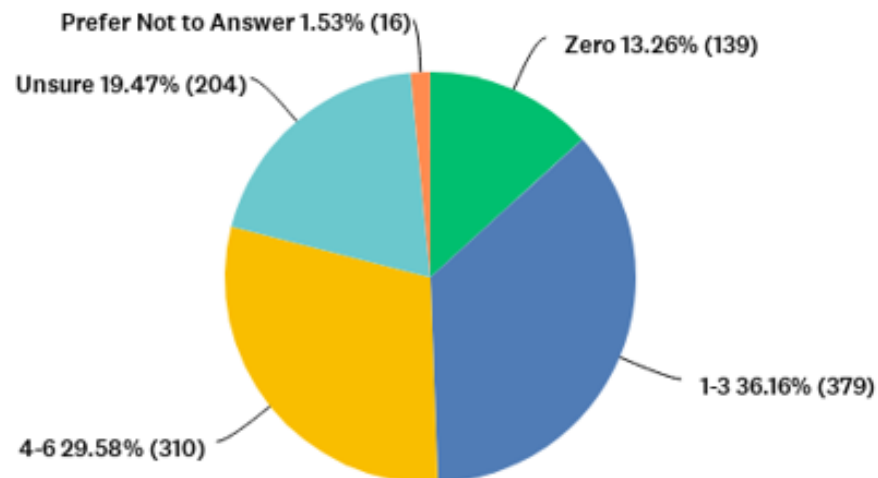
1,045 Individuals Answered this Question

Q8 How many hours of continuing education in supervisory training should be required to BECOME a Board-approved clinical supervisor, if those hours could count within the 40 hours required to renew a license?



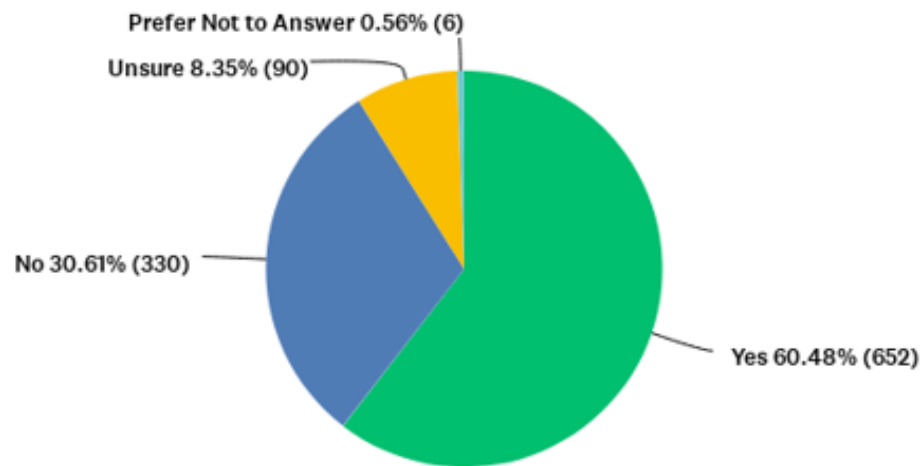
1,051 Individuals Answered this Question

Q9 How many hours of continuing education in supervisory training should be required EACH RENEWAL PERIOD to maintain Board-approved clinical supervisor status, if the hours could count within the 40 hours required during the renewal period?



1,048 Individuals Answered this Question

Q10 Should social workers be required to take three hours of continuing education related to the areas of diversity, equity, and inclusion every two-year license renewal period, if those hours could be part of the 40 hours required during each license renewal period?



1,078 Individuals Answered this Question