BEHAVIORAL SCIENCES REGULATORY BOARD
SOCIAL WORK ADVISORY COMMITTEE
APRIL 9, 2024

The meeting will be conducted virtually on the Zoom platform. Advisory Committee members, BSRB staff, and anyone approved for public comment will utilize the Zoom platform while other remote attendees will be directed to the YouTube broadcast (or the conference call phone number) to ensure a secure and accessible meeting. If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240. The Behavioral Sciences Regulatory Board may take items out of order as necessary. All times and items are subject to change.

You may view the meeting here**:** https://youtube.com/live/EC6rEYZmrm4?feature=share
To join the meeting by conference call**: 877-278-8686 (Pin: 327072)**

Tuesday, April 9, 2024

10:00 a.m. - Call to order and Roll Call

I. Opening Remarks, Advisory Committee Chair

II. Agenda Approval

III. Approval of Minutes from Previous Advisory Committee Meeting on February 13, 2024

IV. Executive Director's Report

V. Old Business
- **A. Continued Review of Results from 2024 Survey of Social Workers**
- **B. Discussion on Possible Changes to K.A.R. 102-2-6 Program Approval**

VI. New Business
- **A. Advisory Committee Membership**
- **B. Discussion on Jurisprudence Examination**
- **C. Review and Update BSRB Social Work Supervision Manual**
- **D. Review and Discussion on ASWB Model Social Work Practice Act**
- **E. Other Topics for 2024**

VII. Next Meetings: Possible Reschedule to Tuesday, June 18, 2024, at 10am

VIII. Adjournment

BEHAVIORAL SCIENCES REGULATORY BOARD
SOCIAL WORK ADVISORY COMMITTEE
FEBRUARY 13, 2024

DRAFT MINUTES

I. **Call to order and Roll Call.** The meeting was called to order by Co-Chair Cynthia Schendel at 10am.

Social Work Advisory Committee Members. Advisory Committee members present by Zoom included: Andrea Perdomo-Morales, Cynthia Schendel, Donna Hoener-Queal, Sarah Berens, Mary Gill, Mike Gillet, Lee Ann Gingery, Jane Holzrichter, Catherine Rech, Eric Schoenecker, and Robin Unruh. Angi Heller-Workman was absent.

BSRB Staff Members present by Zoom included David Fye and Leslie Allen.

Guests: Representatives from the Association of Social Work Boards (ASWB), including Lavina Harless, Megan Battaile, and Linda Hogan.

II. **Agenda Approval.** Donna Hoener-Queal moved to approve the agenda. Lee Ann seconded. The motion passed.

III. **Update on the Association of Social Work Boards (ASWB) License Examination by Lavina Harless, Senior Director of Examination Services for ASWB.** Representatives from ASWB provided updated information on the social work licensing exams. Per representatives from ASWB, the licensing examinations are designed to collect data on how candidates are performing on the major content areas. ASWB noted it previously charged to provide certain resources to educators, but changed this policy recently in an effort to create free resources to assist students. Webinars have been offered by ASWB to inform the public on changes to the examination and additional research can all be found via the ASWB website at ASWB.org. Future research will be conducted to evaluate the competence of these assessments with a test for Mastery Mindset Support, which was a resource that has been offered previously. For testing candidates who were unsuccessful on the examination, ASWB has partnered with a company for follow-up assistance on retaking the examination. In the future, there will be a report on the effectiveness of this resource. This will assist in informing additional supports and resources that might be within reach to offer. In 2023, ASWB issued an RFP for regulatory research that was awarded to three different research groups on the importance of competence assessment for licensing of the profession. A Workforce Coalition has been utilized to evaluate other topics and ASWB is preparing to launch a social work census from March-May 2024, which will assist in the next practice analysis. It was noted that the testing vendor has changed from Pearson VUE to PSI, which began administering examinations in January 2024. The main reason for this change the future ability of PSI to offer online remote proctoring, which was a main goal. Currently, the exams are being provided in the brick-and-mortar sites; however, later this year, 2024, there is a plan to transition and provide an option for candidates to take the examination in their own home. Future initiatives being considered by ASWB include establishing a scholarship program for repeat test takers, and exploring additional assessment models which could include shifting to a modularized version of the exam. This would be a separation of sections of the exam, so that if the candidate was unsuccessful on one part of the exam, they would only need to retake one section of the assessment, instead of the entire assessment.

IV. **Review and Approval of Minutes from Previous Advisory Committee Meeting on December 13, 2023.** Lee Ann Gingery moved to approve minutes. Jane Holzrichter seconded. Motion Passed**.**

V. Executive Director Report. David Fye, Executive Director for the BSRB, provided updates on agency operations, legislative items of interest, and updates from the most recent Board meeting.

VI. New Business

A. **Review Results from 2024 Survey for Social Workers.** The Executive Director noted the Advisory Committee created a list of survey questions and the BSRB distributed this survey to social work licensees**.** The survey was opened for responses from February 2, 2024, through February 10, 2024. During this time period, 2,716 social workers completed the survey. The Executive Director created a 62-page written report summarizing the data from the survey, which can be found on the Advisory Committee page: https://www.ksbsrb.ks.gov/about-us/committees/social-work-advisory-committee. Highlights of survey responses were discussed by members of the Advisory Committee. Demographic questions showed a good level of representation between individuals who primarily worked in an urban community and individuals that primarily worked in a rural committee, as well as across the different levels of licensure. Concerning interest in switching from a single-state license to a multi-state license, if Kansas passes legislation to join a multi-state compact, social workers at the master's level and clinical level showed the highest level of interest, while bachelor's level social workers had about a 49% level of interest in changing to a multi-state license. Concerning whether Kansas should discontinue the requirement of passage of a national examination as a condition of licensure, social workers overwhelmingly responded to the survey that passage of a national examination should remain a requirement for licensure. Concerning continuing education requirements, social workers noted they did not believe a decrease from 40 hours to 30 hours would negatively impact professionalism or safe practice. Further, concerning supervision and the transition from in-person supervision to remote supervision, the majority of respondents replied that there were more positive aspects than negative aspects. Advisory Committee members were asked to continue to review the responses from social workers on the survey, for further discussion at future Advisory Committee meetings.

B. **Discuss Possible Changes to K.A.R. 102-2-6 Program Approval.** The Executive Director noted that each of the Advisory Committees has been asked to review the regulation including educational standards for licensure for their professions, to see if any updating of program-level requirements or coursework level requirements should be made. It was noted that, unlike other professions under the BSRB, for non-accredited programs, the social work education regulation does not list specific coursework requirements. It was noted that this regulation is currently in the process of being changed, as the Board previously recommended adjusting the "in residence" requirement for applicants from non-accredited programs, so that applicants can meet the requirement either in-person or face-to-face by screen. Also, based on the passage of 2023 Sub. for SB 131, applicants from schools that are "in candidacy" for accreditation do not need to meet the "in residence" requirement to be approved to take the licensing examination. Advisory Committee members were asked to review the language in the regulation, to see if the requirements are still appropriate. Kansas wants to make sure we are not requiring something that would go above the national accrediting requirements, unless there is good reason. Advisory Committee members were asked to review, specifically section B and C. Any specific questions on requirements will be identified at a future meeting and the Executive Director will bring those specific questions to a representative from the Council on Social Work Education (CSWE) to see if CSWE includes those requirements from accredited programs.

C. Review and Update BSRB Social Work Supervision Manual. Advisory Committee members were provided a copy of the current supervision manual and were asked to review the document to discuss possible changes at the next Advisory Committee meeting.

D. Review of ASWB Model Social Work Practice Act. Advisory Committee members were provided a copy of a Model Social Work Practice Act from ASWB and were asked to review this document for discussion at future meetings.

E. Other Topics for 2024. Due to time constraints, this item will be discussed at a future meeting.

VII. **Next Meeting:** Tuesday, April 9, 2024, at 10am.

VIII. **Adjournment.** Andrea Perdomo-Morales moved to adjourn. Lee Ann Gingery Seconded. Motion Passed. The meeting was adjourned.

Behavioral Sciences Regulatory Board

Survey of Social Workers

February 2024

Introduction

In the fall of 2023, members of the Social Work Advisory Committee for the Kansas Behavioral Sciences Regulatory (BSRB) requested the creation of a survey for social work licensees under the BSRB. The purpose of the survey was to collect input on matters affecting the social work profession and topics relevant to the work of the Advisory Committee. (The BSRB previously collected input from social work licensees using surveys in 2015 and 2021.) The Advisory Committee requested the Executive Director draft potential questions for a survey concerning the topics of clinical supervision, supervision by televideo, a proposed multi-state compact for the social work profession, the license examinations for each level of permanent license, and continuing education.

At the December 5, 2023, 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 expressed support for the questions and requested a short survey to obtain both qualitative and quantitative data. Additionally, questions were included on the survey to determine whether responses were submitted by a broad range of practitioners, including social workers practicing in urban, rural, and frontier areas.

As of January 12, 2024, the number of social workers with a permanent license under the BSRB totaled 8,288, including practitioners with associate level licenses, bachelor's level licenses, master's level licenses, and clinical level licenses. On Friday, February 2, 2024, all permanently licensed social workers under the BSRB received an e-mail from the BSRB stating that a message would be sent directly to them from SurveyMonkey.com with a link to complete a fourteen-question survey from the Social Work Advisory Committee for the BSRB, on topics relevant to the social work profession, and those individuals were encouraged to complete the survey. Licensees were asked to complete the survey no later than the end-of-the day on Friday, February 9, 2024. Reminder messages were sent to licensees who had not yet completed the survey on Wednesday, February 7, 2024, and Friday, February 9, 2024. The survey was officially closed at noon on Saturday, February 10, 2024.

Over the period of time that the survey was open for responses, 2,716 social workers completed the survey (compared to 1,087 social workers who completed a similar survey offered by the BSRB in December 2021). The results of the 2024 survey are included on the following pages.

Note: the following pages include survey responses from the social workers who completed the survey. Identical responses were groups and small edits were made for spelling and grammar, but otherwise language in this report reflects responses as they were provided in the survey.

Question 1. In what county/counties do you practice social work?
0
27
16 north west Kansas counties
17 Northwest Kansas
23 County's in SW KS.
Across the state in multiple and varying counties
Across the state, primarily Douglas
All (46 Responses)
All 105 counties (Statewide position)
All counties in the states of Kansas and Missouri
All counties in the states of Kansas and Oregon
all Kansas and Nebraska counties
All Kansas counties via Telehealth
All of Kansas telehealth
All of Kansas via telehealth
All of rural KS
All over NW and SW KS
All State of Kansas Counties
All via telehealth, Shawnee in person
All, practice located in Johnson
Allen (2 Responses)
Allen and Neosho
Allen, Anderson, and Neosho
Allen, Anderson, Clark, Finney, Ford, Gray, Haskell, Hodgeman, Johnson, Meade, and Seward
Allen, Crawford, Labette, Neosho, and Woodson
Allen, Labette, Montgomery, Neosho, Wilson, and Woodson
Allen, Neosho, and Woodson
Allen, Neosho, Wilson, and Woodson (2 Responses)
Allen, Neosho, Woodson, Wilson
America, Kansas, NE counties
Anderson
Anderson, Douglas, and Johnson
Anderson, Douglas, Johnson, Leavenworth, and Wyandotte
Anderson, Kansas, United States
Anderson, Linn, and Miami
Anderson/Allen
Arizona - returning to Kansas this year
Atchison (8 Responses)
Atchison and Leavenworth
Atchison and Leavenworth (2 Responses)
Atchison, Brown, and Leavenworth
Atchison, Brown, Clay, Jackson, Jefferson, and Nemaha

Atchison, Brown, Jackson, and Shawnee
Atchison, Douglas, Franklin, Johnson, and Shawnee
Atchison, Douglas, Johnson, Leavenworth, and Wyandotte (2 Responses)
Atchison, Douglas, Johnson, Leavenworth, Miami, Wyandotte
Atchison, Douglass, Johnson, Leavenworth, and Wyandotte
Atchison, Jefferson, Leavenworth, Miami, and Wyandotte
Atchison, Johnson, Leavenworth, Shawnee, and Wyandotte
Atchison, Leavenworth, and Wyandotte
Atchison, Leavenworth, and Wyandotte (2 Responses)
Atchison/Brown
Available in all due to virtual option but mostly Johnson and where K-State is
BA BU CL EK GW HP KM PR SU
Barber, Butler, Cowley, Elk, Greenwood, Harper, Kingman, Pratt, Sedgwick, and Sumner
Barber, Butler, Cowley, Elk, Greenwood, Harper, Kingman, Pratt, Sedgwick, and Sumner
Barber, Butler, Cowley, Harper, and Sedgwick
Barber, Harper, Kingman, and Pratt
Barber, Harper, Kingman, Pratt, and Sumner
Barber, Harper, Kingman, Pratt, Reno, and Sedgwick
Barber, Kingman, Pratt, Harper, Sumner, Cowley, Butler, Elk, Greenwood
Barton (3 Responses)
Barton and Ellis telehealth throughout the state
Barton and Pawnee
Barton, Butler, Ellsworth, Leavenworth, Norton, Pawnee, Reno, and Shawnee, and Sumner
Barton, Cedar, and Vernon
Barton, Ford, Pawnee, and Russell
Barton, Pawnee, Reno, and Sedgwick
Barton, Pawnee, Rice, and Stafford
Barton, Pawnee, Stafford
Barton, Rice, Stafford, Pawnee, Reno, Saline
Based in Sedgwick, but practice across the state
Bexar, TX
Bourbon (4 Responses)
Bourbon, Cherokee, Crawford, and Linn
Bourbon, Cherokee, Crawford, and Linn and others
Bourbon, Crawford, Cherokee, Labette, Montgomery
Bourbon, Crawford, Linn, and Miami
Brown (3 Responses)
Brown and Jackson
Brown and Nemaha
Brown Jackson Doniphan Nemaha
Brown, Atchison, Doniphan, Nemaha, and Jackson counties
Brown, Doniphan, Jackson, and Nemaha
Brown, Doniphan, Jackson, Johnson, Marshall, Nemaha, and Shawnee

Brown, Doniphan, Leavenworth, and Marshall
Brown, Doniphan, Nemaha, Marshall, Jefferson, Jackson, Pottawatomie, Wabaunsee. Sometimes Shawnee.
Brown, Nemaha
Brown, Nemaha, and Shawnee
Buchanan, MO (2 Responses)
Buchanan, MO, and all surrounding.
Butler (22 Responses)
Butler and Sedgwick
Butler and Sedgwick (5 Responses)
Butler, Barber, Comanche, Cowley, Clark, Chase, Edward's, Greenwood, Kingman, Kiowa, Marion, Pratt, Rice, Reno, Stanford, Harvey, Harper and Sumner
Butler, Chase, Cowley, Elk, Greenwood, Harper, Harvey, Kingman, Marion, McPherson, Reno, Saline, Sedgwick, and Sumner
Butler, Cowley, Elk, Greenwood, Kingman, Pratt, Sedgwick, and Sumner
Butler, Cowley, Harper, Harvey, Kingman, Sedgwick, Sumner
Butler, Cowley, Harvey, Kingman, Reno, Sedgwick, and Sumner
Butler, Cowley, Harvey, Reno, and Sedgwick
Butler, Cowley, McPherson, Reno, Rice, and Sedgwick
Butler, Cowley, Pratt, Sedgwick, and Sumner
Butler, Elk, and Greenwood
Butler, Elk, Greenwood, and Sedgwick
Butler, Ellsworth, Norton, Pawnee, Reno, Sedgwick, and Shawnee
Butler, Harvey, and Sedgwick (2 Responses)
Butler, Harvey, Jackson, Sedgwick, Wilson, and any county in KS for virtual needs
Butler, Harvey, Sedgwick, and Sumner
Butler, Kingman, Sedgwick, and Sumner
Butler, Labette, and Montgomery
Butler, Pratt, and Sedgwick
Butler, Reno, Saline, and Sedgwick
Butler, Sedgwick (5 Responses)
Butler, Sedgwick, Harvey
Butler, Sedgwick, McPherson
Butler, Sedgwick, Sumner
Butler, Sedgwick, Sumner, Cowley, multiple other counties across Kansas.
Cass and Johnson
Cass, Clay, and Jackson
Cass, Clay, Douglas, Jackson, Jefferson, Johnson, Jefferson, and Miami
Cass, Clay, Jackson, Johnson, and Wyandotte
Cass, Clay, Jackson, Johnson, Platte, and Wyandotte
Cass, Clay, Jackson, Johnson, Shawnee, and Wyandotte
Cass, Clay, Jackson, MO, Johnson, and Wyandotte
Cass, MO (2 Responses)

Chase
Chase, Coffey, Greenwood, Lyon, Morris, Osage, and Wabaunsee
Chase, Geary, Harper Lyon, Marion, McPherson, and Reno
Chase, Lyon, and Morris
Chautauqua
Chautauqua, Cowley, Elk, Montgomery, and Wilson
Chautauqua, Cowley, Elk, Montgomery, and Wilson
Chautauqua, Cowley, Elk, Montgomery, and Wilson
Chautauqua, Elk, Greenwood, Montgomery, and Wilson
Chautauqua, Greenwood, Montgomery, and Wilson
Cherokee (5 Responses)
Cherokee and Crawford
Cherokee, Crawford, Labette
Cherokee, Labette, Crawford, Montgomery
Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Norton, Osborne, Phillips, Rawlins, Rooks, Sherman, Smith, Thomas, Trego, and Wallace
Cheyenne, Ellis, Finney, Greely, Gove, Hamilton, Kearny, Lane, Logan, Ness, Rawlins, Rush, Russell, Scott, Sheridan, Sherman, Thomas, Trego, Wallace and Wichita
Clark, Comanche
Clark, NV (2 Responses)
Clay (11 Responses)
Clay and Jackson
Clay and Johnson
Clay and Ray counties for one job (school job). I work in downtown Kansas City at Children's Mercy where we serve a wide range of counties from both Kansas and Missouri.
Clay, Cloud, Geary, Jewell, Johnson, Mitchell, Pottawatomie, Republic, Riley, Washington, and Wyandotte
Clay, Cloud, Geary, Jewell, Marshall, Mitchell, Pott, Republic, Riley, and Washington
Clay, Cloud, Marshall, and Republic
Clay, Cloud, Marshall, Republic, Riley, Washington
Clay, Cloud, Washington, Mitchell, Republic
Clay, Dickinson, Geary, Marshall, Morris, and Riley
Clay, Dickinson, Geary, Pottawatomie, Republic, Riley, and Washington
Clay, Dickinson, Lincoln, Ottawa, and Saline
Clay, Jackson, and Johnson (4 Responses)
Clay, Jackson, and Platt
Clay, Jackson, Johnson, and Platte
Clay, Jackson, Johnson, Platte, and Ray
Clay, Jackson, Johnson, Platte, and Wyandotte
Clay, Jackson, Platte, and Wyandotte
Clay, Jackson, Ray in Mo and Johnson and Wyandotte in Kansas
Clay, Johnson, and Wyandotte
Clay, Johnson, Lawrence, Platte, Shawnee, and Wyandotte

Clay, MO, and Johnson, KS (2 Responses)
Clay, Phillips, and Riley
Clay, Pottawatomie, and Riley
Clay, Ray, and Platte counties in Missouri
Clay, Washington, Riley, Marshall, Republic, Cloud
Cloud (3 Responses)
Cloud and surrounding 64 counties.
Cloud republic
Cloud, although telehealth in Kansas
Cloud, Dickinson, Ellsworth, Kingman, Lincoln, McPherson, Saline, and Sedgwick
Cloud, Geary, and Riley
Cloud, Harvey, Lincoln, Marion, Republic, and Saline
Cloud, Jewell, Lincoln, Mitchell, and Republic
Coffee, Jackson, Lyon, Riley, and Shawnee
Coffey (2 Responses)
Coffey and Lyon
Contiwa, Greene, Phelps, and St. Louis
Cook, IL
Cowley (15 Responses)
Cowley and Montgomery
Cowley and Sumner
Cowley, Chautauqua, Montgomery
Cowley, Crawley, Ellis, Harvey, Reno, Sedgwick, and Sumner
Cowley, Elk, Montgomery, and Wilson
Cowley, Sedgwick, and Sumner
Cowley, Sumner (3 Responses)
CQ and Elk
Crawford (26 Responses)
Crawford and Cherokee
Crawford, Bourbon, Linn
Crawford, Johnson, and Wyandotte
Crawford, Montgomery, and Neosho
Crowley, Harvey, Sedgwick, and Sumner
Cumberland, ME
Currently employed as a Nurse not a Social Worker
Currently live overseas as a military spouse
Currently not practicing (4 Responses)
Currently not practicing. Spouse is active-duty military and we live out of state
Currently out of state
currently out of state. looking for telehealth options
Currently, none.
Dallas
Daviess, Grundy, Livingston, Caldwell, Caroll, Linn, Harrison (MO)

Decatur
Denton
Denton, TX
Denver
Dickenson, McPherson, Ottawa, and Saline
Dickinson (3 Responses)
Dickinson, Ellsworth, Ottawa, and Saline
Dickinson, Geary, and Riley
Dickinson, Geary, Potawatomie, and Riley
Dickinson, Geary, Sedgwick
Dickinson, Johnson, Leavenworth, McPherson, Saline, and Wyandotte
Dickinson, Saline, Geary, Clay
Do not practice in Kansas.
Douglas (134 Responses)
Douglas and Franklin
Douglas and Jackson
Douglas and Jefferson (2 Responses)
Douglas and Johnson (12 Responses)
Douglas and Leavenworth
Douglas and Miami
Douglas and Shawnee (8 Responses)
Douglas and throughout Belgium, Spain, and Portugal.
Douglas, but Jefferson and Shawnee people come to the office
Douglas, Ellis, Johnson, and Wyandotte
Douglas, Franklin, Jackson, Jefferson, Johnson, Leavenworth, Miami, Shawnee, Wabaunsee, and Wyandotte
Douglas, Franklin, Jefferson
Douglas, Franklin, Johnson, and Miami (2 Responses)
Douglas, Franklin, Johnson, Leavenworth, Linn, Miami, and Wyandotte
Douglas, Franklin, Johnson, Leavenworth, Miami, and Wyandotte
Douglas, Franklin, Johnson, Linn, and Miami
Douglas, Franklin, Johnson, Osage, Wyandotte
Douglas, Geary, Johnson, Riley, and Shawnee
Douglas, Geary, Johnson, Shawnee, and Wyandotte
Douglas, Geary, Marshall, Riley, and Shawnee
Douglas, Harvey, Leavenworth, Sedgwick, and Sumner
Douglas, Jackson, and Johnson
Douglas, Jackson, Jefferson, and Shawnee
Douglas, Jackson, Johnson, and Shawnee
Douglas, Jackson, Johnson, Shawnee, and Wyandotte
Douglas, Jackson, Osage, and Shawnee
Douglas, Jackson, Osage, Shawnee, and Wabaunsee
Douglas, Jefferson, and Shawnee (2 Responses)

Douglas, Johnson, and Wyandotte (4 Responses)
Douglas, Johnson, Leavenworth, and Shawnee
Douglas, Johnson, Leavenworth, and Wyandotte
Douglas, Johnson, Lyon, Pottawatomie, and Shawnee
Douglas, Johnson, Miami, Potawatomie, and Shawnee
Douglas, Johnson, Pottawatomie, Shawnee, and Wabaunsee
Douglas, Johnson, Reno, Scott, Shawnee, Wyandotte
Douglas, Johnson, Riley, Shawnee, and Wyandotte
Douglas, Johnson, Sedgwick, Franklin, Shawnee
Douglas, Johnson, Shawnee, and Wyandotte
Douglas, Leavenworth, and Shawnee
Douglas, Leavenworth, and Wyandotte
Douglas, Osage, and Shawnee
Douglas, plus Iowa and Nebraska.
Douglas, Shawnee, Johnson, Wyandotte, Edwards
Douglas, Wyandotte, Johnson
Edwards (3 Responses)
Edwards and Ford
Ellis (10 Responses)
Ellis and Trego
Ellis, Ellsworth, Russell, and Rush
Ellis, Ford, Phillips, Russell, and Rush
Ellis, Morris, Neosho, Pawnee, Reno, and Sedgwick
Ellis, Norton, Osborne, Phillips, and Smith
Ellis, Norton, Osborne, Russell, and Smith
Ellis, Phillips, Thomas
Ellis, Sedgwick, Wyandotte
Ellsworth
Ellsworth, Ottawa, and Saline
Ellsworth, Saline, and cover other counties as needed.
Entire State
Federal level
Finney (17 Responses)
Finney and Ford
Finney, Ford, Grant, and surrounding.
Finney, Gray, Scott, Lane, Kearny, Hamilton, Ford Hodgeman
Finney, Kearney, Hamilton
Finney, Scott
Finney, Scott, and Thomas
Finney, Scott, Ford, Greeley, Wichita, Lane
Finney, Seward, Lane
Florida (2 Responses)
Ford

Ford (7 Responses)
Ford and Gray
Ford and Sedgwick
Ford and Shawnee
FR, CF, OS, AN, MI, LN, BB
Franklin (5 Responses)
Franklin and Miami
Franklin and Wyandotte
Franklin, Anderson, Coffey and Osage counties
Franklin, Harvey, Johnson, and Wyandotte
Franklin, Johnson, Leavenworth, Miami, and Wyandotte
Franklin, Lyon, and Osage
Franklin, Miami, Osage, Anderson, Allen, Linn, Coffey, Neosho, Woodson, Wilson, Bourbon, Crawford, Cherokee, Labette, Montgomery, Chautauqua
From Geary Co east to the state line, and from Nebraska to Oklahoma
Geary (25 Responses)
Geary and Manhattan
Geary and Riley
Geary and Riley (7 Responses)
Geary, Lyon, and Morris
Geary, Lyon, Riley, and Saline - wherever I am needed.
Geary, Marshall, Morris, Pottawatomie, Riley, and Wabaunsee
Geary, Marshall, Pottawatomie, and Riley
Geary, Morris
Geary, Pottawatomie, and Riley
Geary, Riley, and Shawnee
Geary, Riley, Pottawatomie
Geary, Riley, Wabaunsee
Grant, Johnson and surrounding areas
Gray
Greene
Greenwood
Greenwood, Lyon, Osage, and Wabaunsee
Harper
Harper, Kingman, and Sedgwick
Harvey (19 Responses)
Harvey and McPherson (2 Responses)
Harvey and Reno (2 Responses)
Harvey and Sedgwick (9 Responses)
Harvey, Kingman, Lyons, McPherson, Reno, and Stafford
Harvey, Marion, and McPherson (4 Responses)
Harvey, Marion, and Saline
Harvey, Marion, McPherson

Harvey, Marion, McPherson, and Sedgwick (2 Responses)
Harvey, Marion, McPherson, Reno, and Rice
Harvey, Marion, McPherson, Reno, Rice, and Sedgwick
Harvey, Reno, and Sedgwick
Hawaii
Hays
I am dual licensed and work on the Missouri side.
I am in Jackson, MO, and I practice on zoom in KS and MO, where I am licensed.
I am not currently employed as a social worker but continue to hold my license.
I am telehealth only in Kansas, based in St Louis MO
I currently work out of state.
I do not currently practice because I am parenting/ living in TX.
I don't practice in Kansas.
I Live in New Mexico. I am retired.
I practice in Colorado Springs but am licensed in both Colorado and Kansas. El Paso, CO.
I practice in Jackson Co. Missouri
I retired from DCF but will answer because I maintain my license and will continue to earn CEUs to maintain license.
I work for the Federal Government so I practice on military installations
I work virtually.
I work virtually so I can see clients in every Kansas county, but I am in Sedgwick.
I'm not practicing at this time.
I'm retired but maintain my license. I spent my last 21 years working in Reno.
I'm licensed but don't currently practice SW.
In Kansas Johnson Co in Missouri several counties.
Jackson (57 Responses)
Jackson (MO), Johnson, and Wyandotte
Jackson and Johnson (10 Responses)
Jackson and Platte Counties in MO - I serve MO and KS patients.
Jackson and Pottawatomie
Jackson and Shawnee (3 Responses)
Jackson and Wyandotte
Jackson MO telehealth
Jackson primarily (2 Responses)
Jackson, Jefferson, Shawnee, and surrounding.
Jackson, Johnson, and Leavenworth
Jackson, Johnson, and Wyandotte
Jackson, Johnson, and Wyandotte
Jackson, Johnson, and Wyandotte (2 Responses)
Jackson, MK, and Johnson, KS
Jackson, MO (24 Responses)
Jackson, MO and Leavenworth, KS
Jackson, MO, and Johnson, KS (20 Responses)

Jackson, MO, and Wyandotte, KS
Jackson, MO, Johnson, and Wyandotte
Jackson, MO, Telehealth Johnson, KS
Jasper (2 Responses)
Jefferson (5 Responses)
Jefferson and Shawnee (2 Responses)
Jefferson, Johnson, Shawnee, and Wyandotte
Jefferson, Ks, but I am an online practitioner, so I have clients from all over the state.
Jefferson, Leavenworth, Shawnee, Douglas, and Wyandotte
Jewell
JO, WY, DG, LV, AT
John
Johnson (348 Responses)
Johnson and JA, MO
Johnson and Leavenworth (2 Responses)
Johnson and Miami
Johnson and Miami
Johnson and Overland Park
Johnson and Sedgwick
Johnson and Shawnee (7 Responses)
Johnson and surrounding counties
Johnson and Wilson
Johnson and Wyandotte (50 Responses)
Johnson Douglas Franklin Miami Wyandotte
Johnson Douglas-in Kansas and Jackson-in Missouri
Johnson mostly
Johnson primarily but I am clinically licensed in KS and MO.
Johnson, but I have staff across northeastern Kansas.
Johnson, Douglas, Franklin, Leavenworth, Miami, and Wyandotte
Johnson, Kingman, and Wilson
Johnson, KS, and Clay, MO
Johnson, Leavenworth, and Wyandotte (5 Responses)
Johnson, Leavenworth, Linn, Miami, and Wyandotte
Johnson, Leavenworth, Wyandotte (2 Responses)
Johnson, Leavenworth, Wyandotte, Jackson (MO)
Johnson, Lyon, Osage, and Shawnee
Johnson, Miami (2 Responses)
Johnson, Miami, and Wyandotte
Johnson, Miami, and Wyandotte (5 Responses)
Johnson, Ray, Clay, and Platte, MO
Johnson, Sedgwick, and Shawnee (2 Responses)
Johnson, Shawnee, and Wyandotte (3 Responses)
Johnson, St. Louis, Wyandotte

Johnson, Wyandotte, and others
Johnson, Wyandotte, KC Metro
Johnson, Wyandotte, whole KC metro
Kansas (16 Responses)
Kansas and Missouri
Kansas City, KS
Kansas City, MO (previously Johnson Co)
Kansas remote
Kansas Telehealth
Kansas, Missouri
Kansas-retired
KC metro
KC MO and KC KS metro areas and surrounding
Kearny
Kingman (2 Responses)
Kingman and Pratt
Kiowa
KS and AZ
KS and Missouri. Office in Johnson
Ks and MO counties. Mainly metro KC area
Labette (12 Responses)
Labette and Neosho
Labette and Newton
Labette, Montgomery, and Neosho
Lake
Lane
Lauren
Lawrence
Leavenworth (32 Responses)
Leavenworth and Ellis
Leavenworth and Shawnee (4 Responses)
Leavenworth and Wyandotte (2 Responses)
Leavenworth, Sedgwick, and Shawnee
Licensed in KS. Working in MO.
Lincoln
Lincoln and Russell
Logan and Sheridan
LV, DP, JO, AT, WY, DG, FR
Lyon (10 Responses)
Lyon and Greenwood
Lyon and Osage
Lyon, Morris, and Shawnee
Lyon, Pottawatomie, and Shawnee

Mainly Reno but can reach all in Kansas.
Manatee
Many, I work virtually.
Many.
Marion (5 Responses)
Marion and McPherson
Marion and Shawnee
Marion, McPherson, and Reno
Marion, Reno, Saline, and Sedgwick
Marshall (2 Responses)
Marshall and Nemaha
Marshall and Washington
Marshall primarily and others via telehealth as needed/requested.
Marshall, Nemaha, Pottawatomie, Shawnee, and Wabaunsee
McPherson (11 Responses)
McPherson and Reno (2 Responses)
McPherson, Reno, and Saline
Meade and Seward
Miami
Miami (18 Responses)
Miami and Franklin
Missouri (9 Responses)
Missouri Clay Platte Ray
Missouri- Clay, Platte, Jackson. Occasionally Shawnee, KS
Missouri, US
Mitchell (3 Responses)
MO, KS, SD, IA
Monmouth
Montgomery
Montgomery (2 Responses)
Montgomery and Wilson
Montgomery, Cowley, Wilson, Elk, CQ
Montgomery, MD
Morris
Morris and Shawnee
Most of Kansas (2 Responses)
Mostly in the KC area, I just got licensed in Missouri as well due to the proximity, but I haven't needed to utilize it yet.
Multiple -- all for metro KC
Multiple (4 Responses)
My office is in Saline. I see people from the surrounding area via telehealth, e.g., Ellsworth, Finney, and Lincoln.
My team practices across Kansas

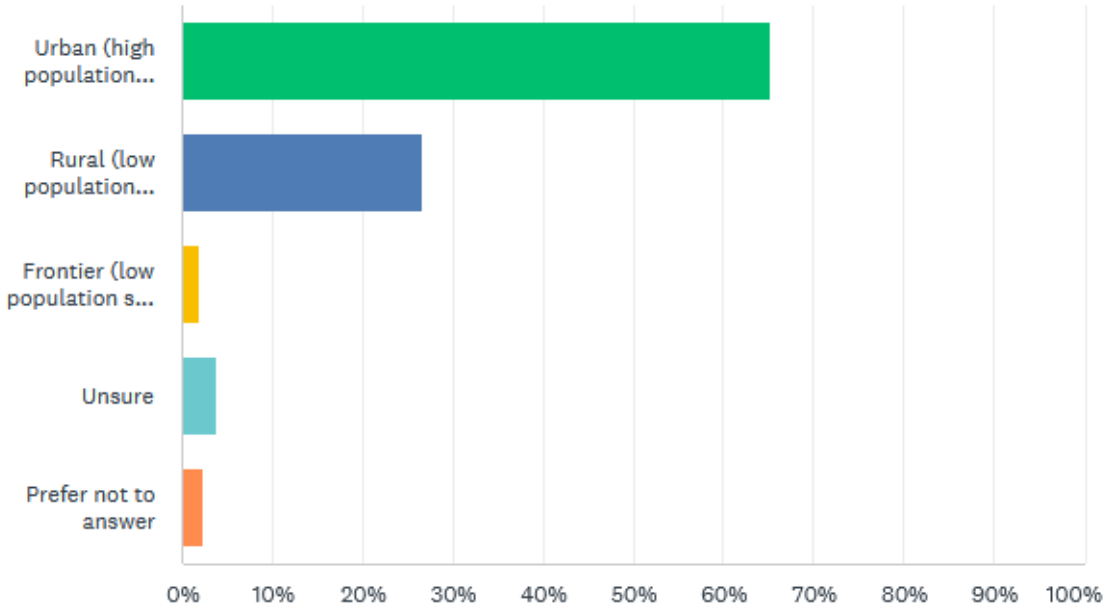
N/A - not currently practicing (2 Responses)
N/A (10 Responses)
Nassau Florida
NE Kansas, Douglas, Johnson, Osage, and Shawnee
Nebraska (DCF PRC part time work)
Nemaha (2 Responses)
Neosho (2 Responses)
No longer practice.
None (11 Responses)
None (Out of State)
None in KS. I am in Indiana right now.
None right now
None, currently. I just moved back from practicing in North Carolina.
None. Retired. (3 Responses)
None-currently retired, volunteer with common table
North central
Northeast Kansas Counties (primarily Johnson, Leavenworth, and Wyandotte)
Norton (2 Responses)
Norton, Phillips, Rooks, Sherman, Smith, and Thomas
Not currently employed/practicing (5 Responses)
Not currently practicing/disabled
Not currently practicing; retired from DCF in 2023
Not in KS just keep license.
Nowata
NT, GH, TR, DC, SD, GO, LO, TH, RA, CH, SH, WA
Oklahoma, OK
Osage (3 Responses)
Osage and Shawnee
Osage and Shawnee (2 Responses)
Osage, Riley, and Shawnee
Osborne, Phillips, Rooks, Russell, and Smith
Ottawa (3 Responses)
Out of state (2 Responses)
Out of State, practice out of Ohio (Cuyahoga)
Outside of Kansas - Fairfax, VA
Oversee multiple staff serving Wyandotte, Johnson and majority of counties in Missouri.
Pawnee (7 Responses)
Phillips (2 Responses)
Physically work in Geary but serve counties across the state via telehealth.
Pinellas
Platte (5 Responses)
Pott and Riley
Pottawatomie (4 Responses)

Pottawatomie and Riley
Pottawatomie and Riley (5 Responses)
Pottawatomie and Shawnee
Pottawatomie and Wabaunsee
Pottawatomie and Wabaunsee
Practiced in Reno
Pratt (2 Responses)
Pratt Kiowa Stafford Rice
Primarily Clinical SW in Douglas, Jackson, Johnson, and Shawnee
Primarily Douglas
Primarily in Missouri
Primarily in the state of Maine, but also Douglas, Rawlins and Morris in Kansas, Boulder in Colorado
Primarily Jefferson- occasionally Shawnee
Primarily Johnson and Wyandotte
Primarily Johnson for my main job. I also work as a virtual therapist and have clients throughout KS and MO.
Primarily Sedgwick, Reno
Remote only
Reno (38 Responses)
Reno and Sedgwick (4 Responses)
Reno, McPherson, Rice, Stafford, Harvey
Reno, Rice, McPherson (2 Responses)
Reno, Rice, McPherson, Barton, Pawnee, Stafford
Retired (5 Responses)
Retired Johnson
Retired still have active license Barton.
Retired was Sedgwick.
Retired/Western Ks previously
Rice (2 Responses)
Riley (52 Responses)
Riley and Pottawatomie (2 Responses)
Riley and Shawnee (2 Responses)
RN, SG,KM, LY, Pt, hV others as assigned
Rural counties in Kansas
Rush
Russell
Saint Louis
Saline (35 Responses)
Saline and surrounding- also MO
Saline primary and multiple other
Saline, Shawnee, and statewide by telemedicine
Sedgwick (396 Responses)

Sedgwick and others with teletherapy
Sedgwick and Shawnee (2 Responses)
Sedgwick and surrounding
Sedgwick, Butler (8 Responses)
Sedgwick, live in Kingman.
Sedgwick, Telehealth across Kansas
Several
Several in SW Kansas, mostly in Ford
Seward (3 Responses)
SG and BU
SG, BU, Harvey, SU, CL, Reno
Shawnee - KS; Travis - TX
Shawnee (193 Responses)
Shawnee and surrounding counties (2 Responses)
Shawnee and Wabaunsee
Shawnee and Wyandotte
Shawnee -not working at this time
Shawnee, Kansas in general via telehealth.
Shawnee, physical location & see clients virtually all over Kansas.
Sheridan
Sherman (3 Responses)
Southeast Kansas (3 Responses)
Southwest Kansas (2 Responses)
Stafford
State of Kansas
Statewide supervision
Statewide but based in Douglas.
Statewide via Telehealth
Stay at home mom, applying to MSW program.
Sumner
Sumner (4 Responses)
Telehealth
Telehealth so all are possible. Johnson currently.
Telehealth throughout the state (2 Responses)
Telehealth, all counties
Terrent, TX
The United States
Thomas (2 Responses)
Topeka/statewide
United States (50 Responses)
USA/ Riley
Utah
Various

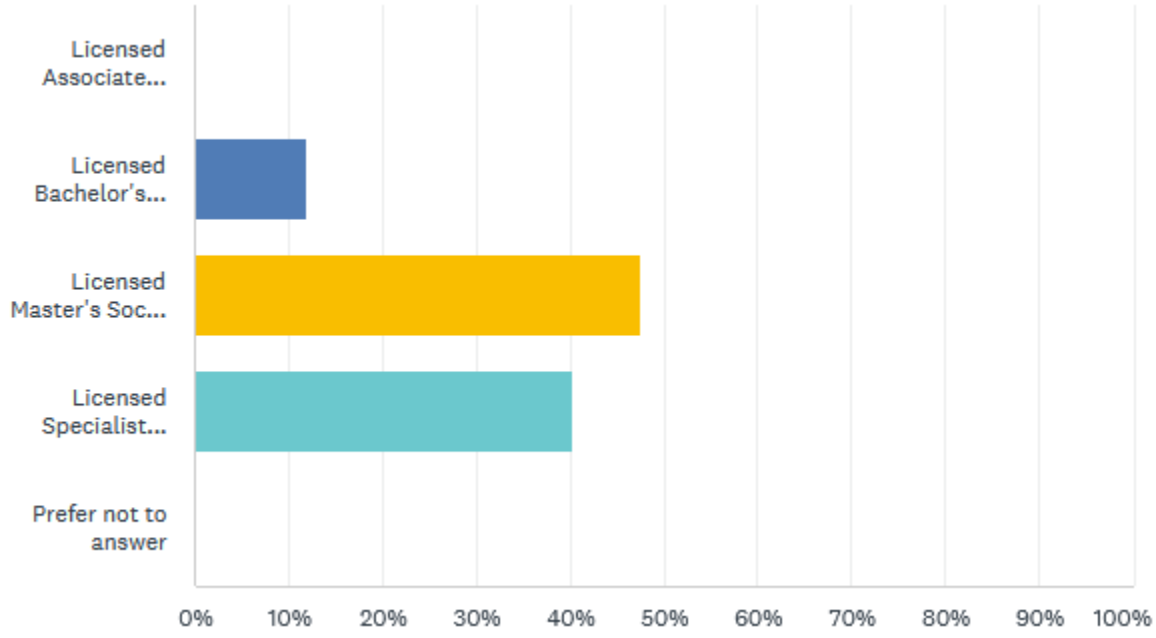
Virtual (2 Responses)
Wabaunsee
Washington, DC
Western 65 counties of Kansas
Western half of Kansas
Western Kansas
Western Kansas counties
Wichita
Williamson
Wilson
Woodson
Working through remote/telehealth in Douglas through an agency that serves Brown, Doniphan, Jackson, and Nemaha
WY JO FR MI DG
WY/JO/DG/LV/AT
Wyandotte (95 Responses)
Wyandotte (but support KS patients from many counties)
Wyandotte primarily

Question 2. Do you practice in a predominantly urban area, rural area, or frontier area?



ANSWER CHOICES	RESPONSES	
Urban (high population size)	65.23%	1,756
Rural (low population size)	26.63%	717
Frontier (low population size and high geographic remoteness)	2.01%	54
Unsure	3.75%	101
Prefer not to answer	2.38%	64
TOTAL		2,692

Question 3. What is the highest level of social work license you have attained in Kansas?

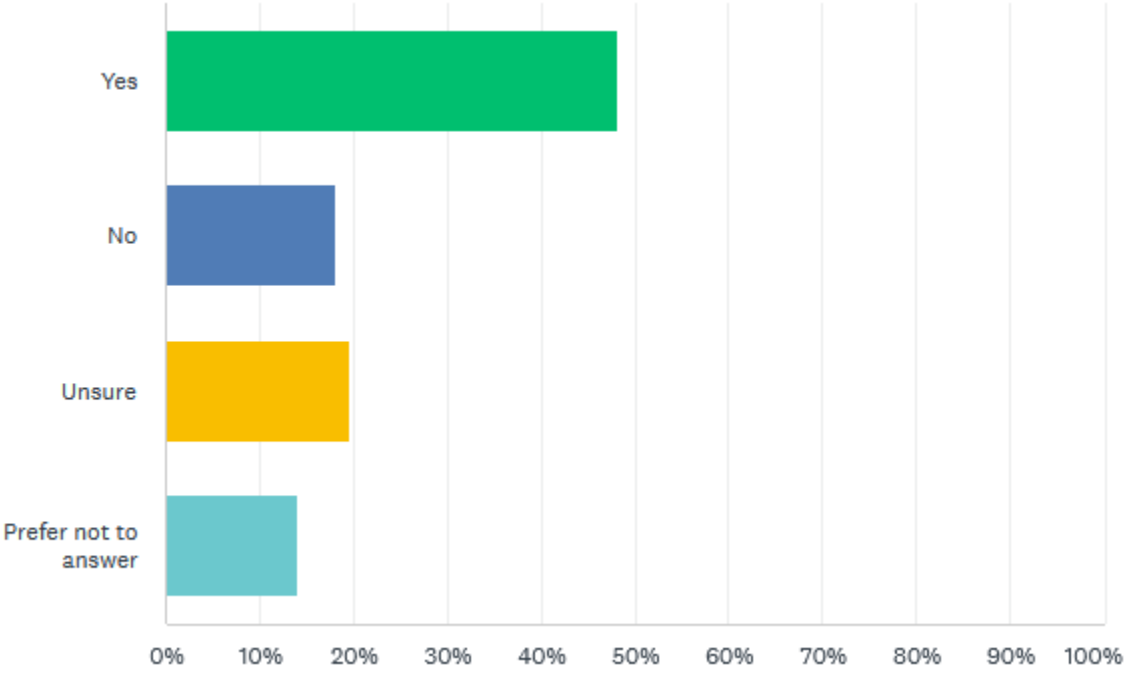


ANSWER CHOICES	RESPONSES	
Licensed Associate Social Work (LASW) license	0.11%	3
Licensed Bachelor's Social Work (LBSW) license	11.91%	323
Licensed Master's Social Work (LMSW) license	47.51%	1,288
Licensed Specialist Clinical Social Work (LSCSW) license	40.21%	1,090
Prefer not to answer	0.26%	7
TOTAL		2,711

Question 4. ***<u>This question is for bachelor's-level social work licensees.</u>*** *2024 HB 2484 would add Kansas to a multi-state compact for the social work profession, which would allow Kansas to continue to offer single-state licenses (for practice in Kansas only) or multi-state licenses (which would allow a licensee to practice in Kansas AND all other states that join the multi-state compact.*

According to information on the social work compact website swcompact.org, the primary eligibility requirements for an individual to hold a LBSW multi-state license includes: (1) attaining an accredited bachelor of social work degree or higher; (2) passing a qualifying national exam; (3) holding or being eligible for an active, unencumbered license in the home state; (4) payment of any applicable fees; and (5) passage of a background check conducted by the home state.

Currently, the price of an original LBSW license in Kansas is $100 and the price of a two-year license renewal is $50. ***If totals remained consistent for a single-state license, and prices for multi-state licenses totaled $200 for an original license and $100 for a 2-year license renewal, would you be interested in moving from a single-state license to a multi-state license?***

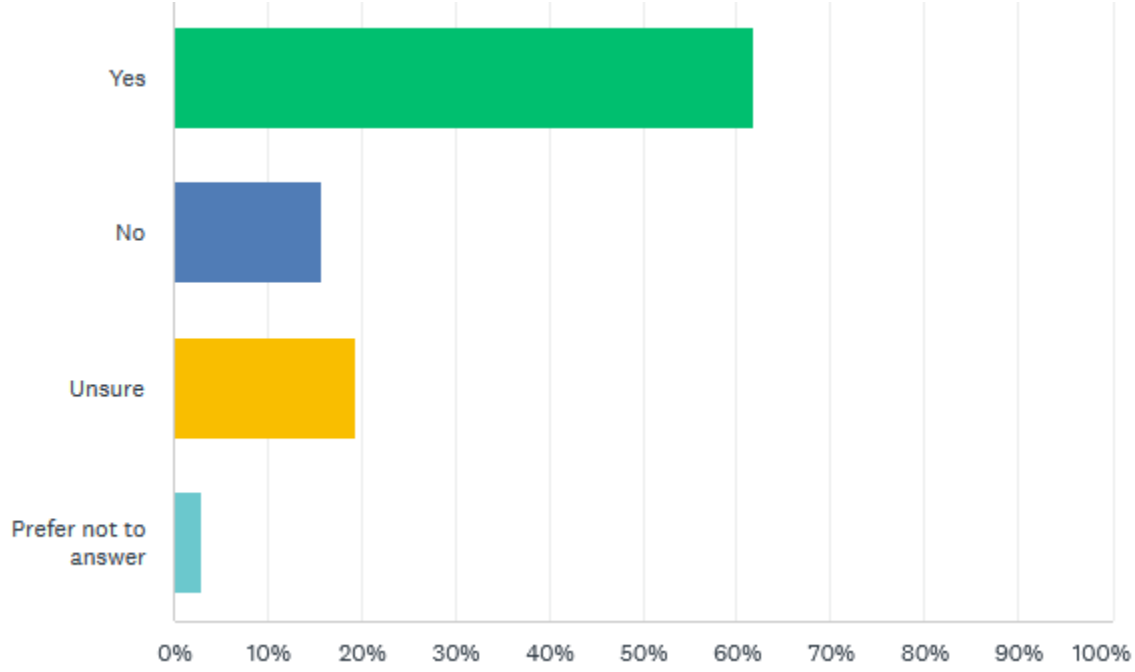


ANSWER CHOICES	RESPONSES	
Yes	48.18%	265
No	18.18%	100
Unsure	19.64%	108
Prefer not to answer	14.00%	77
TOTAL		550

Question 5. ***<u>This question is for master's-level social work licensees.</u>*** *2024 HB 2484 would add Kansas to a multi-state compact for the social work profession, which would allow Kansas to continue to offer single-state licenses (for practice in Kansas only) or multi-state licenses (which would allow a licensee to practice in Kansas AND all other states that join the multi-state compact.*

According to information on the social work compact website swcompact.org, the primary eligibility requirements for an individual to hold a LMSW multi-state license includes: (1) attaining an accredited master's of social work degree or higher; (2) passing a qualifying national exam; (3) holding or being eligible for an active, unencumbered license in the home state; (4) payment of any applicable fees; and (5) passage of a background check conducted by the home state.

Currently, the price of an original LMSW license in Kansas is $150 and the price of a two-year license renewal is $75. ***If totals remained consistent for a single-state license, and prices for multi-state licenses totaled $300 for an original license and $150 for a 2-year license renewal, would you be interested in moving from a single-state license to a multi-state license?***

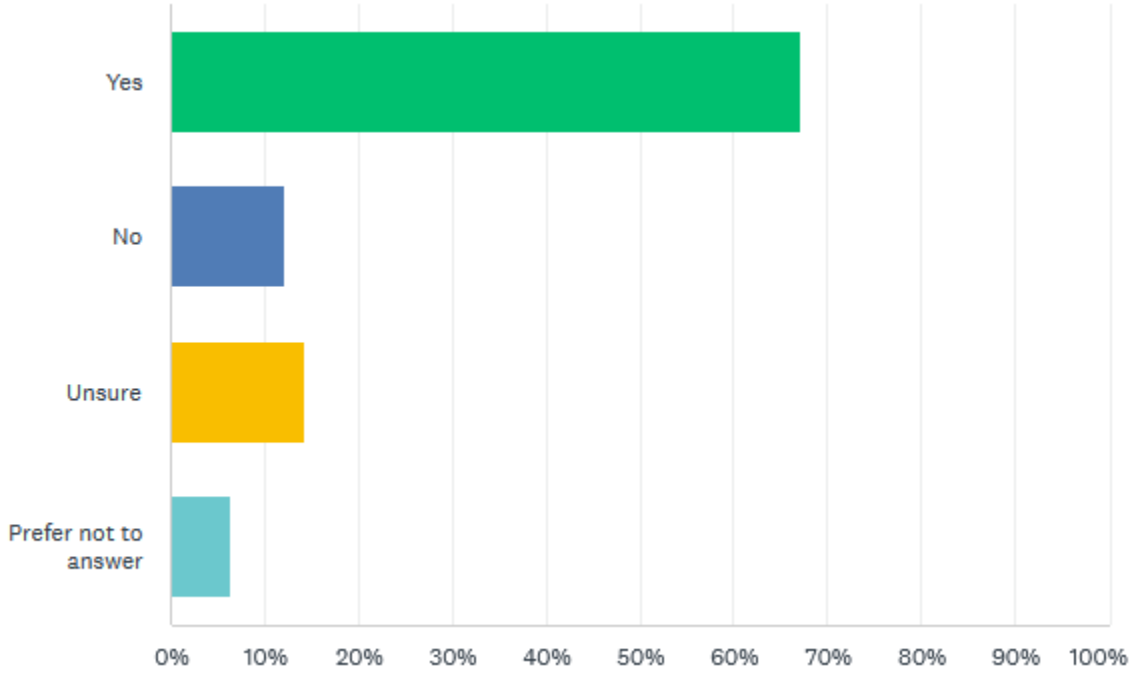


ANSWER CHOICES	RESPONSES	
Yes	61.84%	977
No	15.70%	248
Unsure	19.49%	308
Prefer not to answer	2.97%	47
TOTAL		1,580

Question 6. ***<u>This question is for clinical-level social work licensees.</u>*** *2024 HB 2484 would add Kansas to a multi-state compact for the social work profession, which would allow states to continue to office single-state licenses (for practice in Kansas only) or multi-state licenses (which would allow a licensee to practice in Kansas AND all other states that join the multi-state compact.*

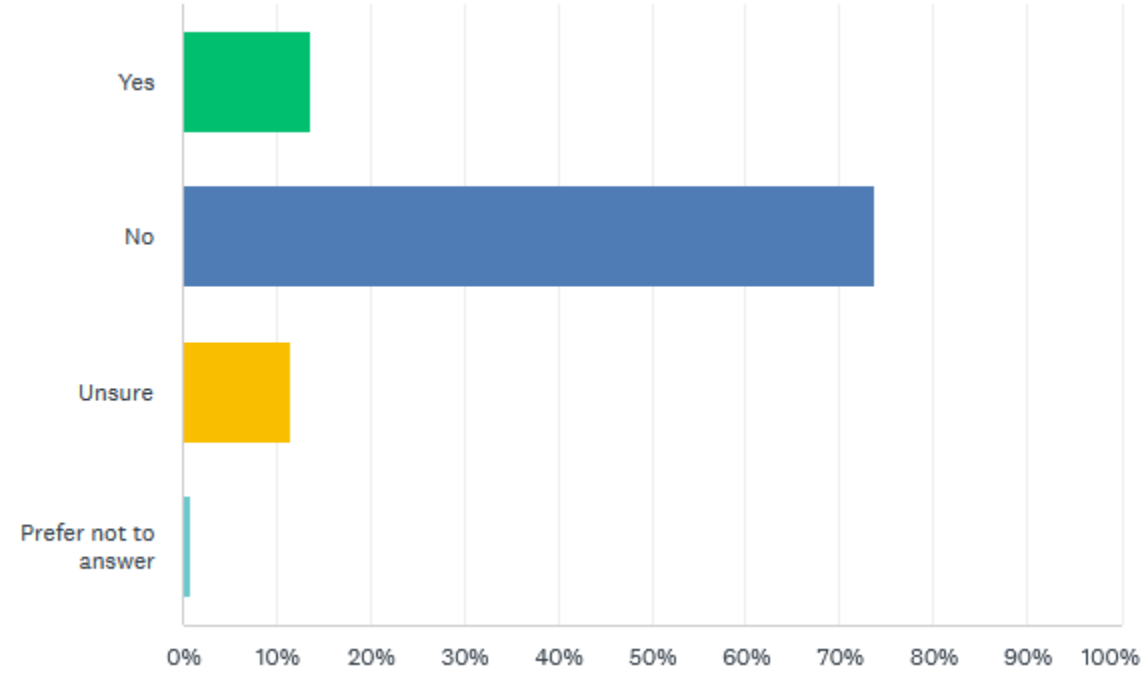
According to information on the social work compact website swcompact.org, the primary eligibility requirements for an individual to hold a clinical social work multi-state license includes: (1) attaining an accredited bachelor of social work degree or higher; (2) passing a qualifying national exam; (3) completion of 3,000 hours or 2-years of post-graduate supervised clinical practice; (4) holding or being eligible for an active, unencumbered license in the home state; (5) payment of any applicable fees; and (6) passage of a background check conducted by the home state.

Currently, the price of an original clinical social work license in Kansas is $150 and the price of a two-year license renewal is $100. ***If totals remained consistent for a single-state license, and prices for multi-state licenses totaled $300 for an original license and $200 for a 2-year license renewal, would you be interested in moving from a single-state license to a multi-state license?***



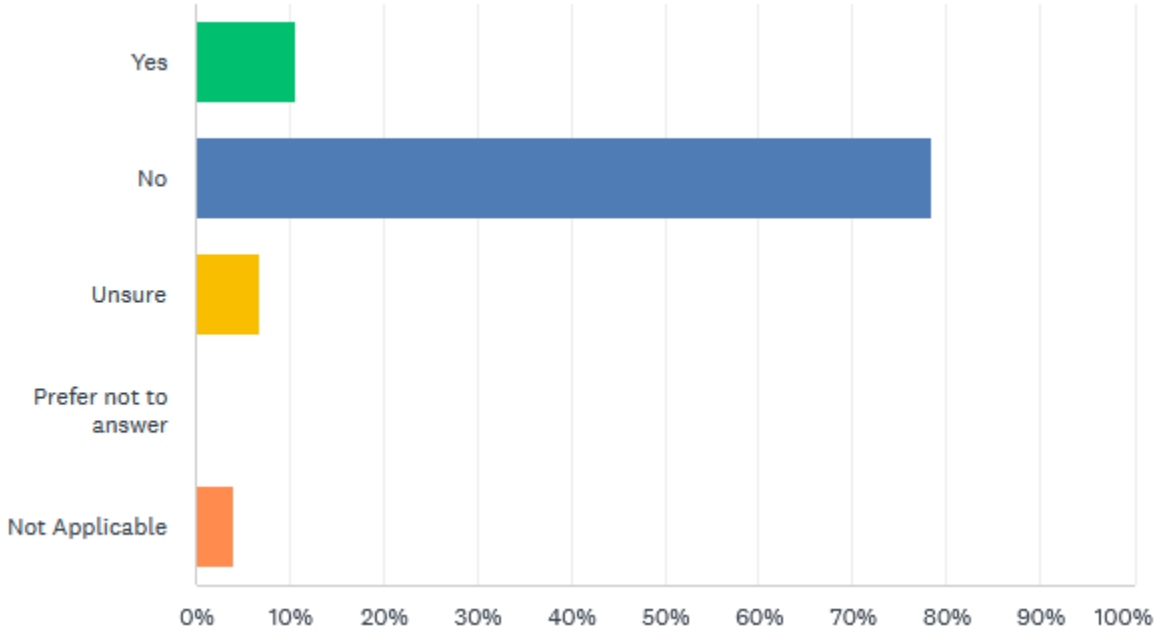
ANSWER CHOICES	RESPONSES	
Yes	67.06%	855
No	12.24%	156
Unsure	14.35%	183
Prefer not to answer	6.35%	81
TOTAL		1,275

Question 7. <u>This question is for all social work licensees.</u> Should Kansas discontinue requiring passage of a national examination as a license requirement for a bachelor's-level permanent social work license? *(Note: A change to this requirement would require a change to law. Also, the social work multi-state compact requires passage of a national examination for this level of license.)*



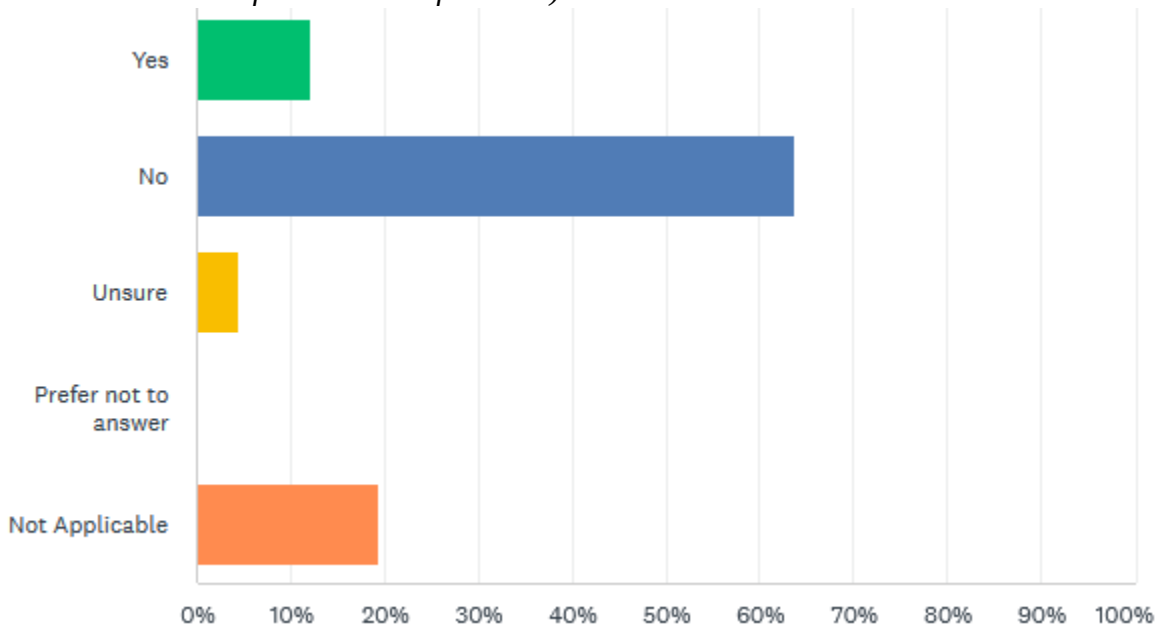
ANSWER CHOICES	RESPONSES	
Yes	13.71%	360
No	73.80%	1,938
Unsure	11.54%	303
Prefer not to answer	0.95%	25
TOTAL		2,626

Question 8. ***<u>This question is for master's-level and clinical-level social work licensees.</u> Should Kansas discontinue requiring passage of a national examination as a license requirement for a master's-level permanent social work license?*** *(Note: A change to this requirement would require a change to law. Also, the social work multi-state compact requires passage of a national examination for this level of license.)*



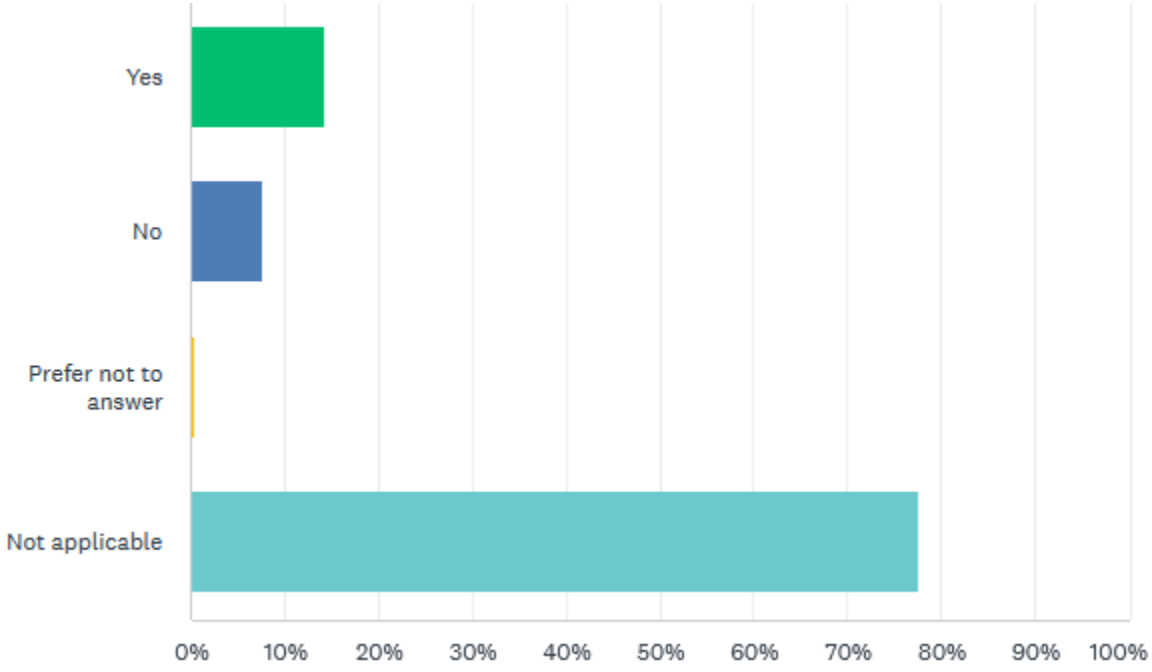
ANSWER CHOICES	RESPONSES	
Yes	10.57%	250
No	78.36%	1,854
Unsure	6.85%	162
Prefer not to answer	0.21%	5
Not Applicable	4.02%	95
TOTAL		2,366

Question 9. <u>This question is for clinical-level social work licensees.</u> Should Kansas discontinue requiring passage of a national examination as a license requirement for a clinical-level permanent social work license? *(Note: A change to this requirement would require a change to law. Also, the social work multi-state compact requires passage of a national examination for this level of license.)*



ANSWER CHOICES	RESPONSES	
Yes	12.11%	212
No	63.85%	1,118
Unsure	4.57%	80
Prefer not to answer	0.17%	3
Not Applicable	19.30%	338
TOTAL		1,751

Question 10. If you provided clinical-level supervision to practitioners over the past two years, have you provided any supervision by televideo, rather than in-person?



ANSWER CHOICES	RESPONSES	
Yes	14.30%	277
No	7.64%	148
Prefer not to answer	0.41%	8
Not applicable	77.65%	1,504
TOTAL		1,937

Question 11. If you provided clinical-level supervision by televideo over the past two years, based on your experiences, do you believe this flexibility has resulted in mostly positive changes, mostly negative changes, or something else? Based on what you have observed, has the ability to provide supervision remotely helped individuals better access supervision? Please explain: (*Note:* Individual text responses were provided by survey responders, which are included below (answers with the same response were grouped together and are bolded):

1. 100% positive, removes many barriers
2. A specified amount of in person time necessary.
3. Absolutely critical to allow televideo supervision given our rural and frontier practice area
4. Absolutely improved access to supervision and feels important for those who may work in more rural locations and lack access to appropriate supervision.
5. Absolutely it creates better access.
6. Absolutely positive in terms of flexibility and not cutting in to service time with commuting.
7. Absolutely! Combining in-person with video allowed for more flexibility in scheduling. I like doing a mix of the two and definitely appreciated saving the drive time during me busier months.
8. Absolutely. Supervision has been very successfully through televideo. I provide both supervision in person and through video and there has been no difference in quality of supervision. It has been extremely helpful for my supervisees in regard to money spent traveling to me, and trying to find childcare.
9. Absolutely. The ability to use televideo supervision has reduced accessibility issues, allowed for more schedule flexibility, and in general been helpful for more options.
10. All positive
11. All positive. It provides for flexibility in scheduling for all parties. It also allows access to a supervisor across the state.
12. Allows to reduce travel or exposure to illness. Please do not reverse.
13. Based on my experience, this increased flexibility has resulted in positive change demonstrated by reduced disruption in the supervision schedule and increased access to supervisors in other parts of the state.
14. Being able to offer televideo has made clinical supervision so much more accessible and offers more options to people in rural areas. Televideo is 100% successful and has been a game changer for social work supervision. Never take this option away - it would be detrimental to our field.
15. Being able to provide supervision via televideo has been extremely positive. I provide supervision for those social workers who see clients from a very specific population. Providing specialized supervision allows them to see an LSCSW who is more familiar with relevant issues within the population etc and they aren't' forced to try and find an in person LSCSW around them. Televideo has done amazing things for therapy and therapy access and it's doing the same things for supervision. Increasing access to good supervision is how we get more social workers and rise to meet the needs in our community.
16. Being able to use remote for supervision has increased flexibility.
17. Better access
18. Better experience with flexibility and positive changes
19. completely benefited. Can literally not think of a negative reason to not allow it.

20. Considering drive time for some to meet, and if there's an unexpected cancellation, its MUCH easier to reschedule and meet virtually. It just allows for greater flexibility scheduling and overall access. Changes have felt positive for me.
21. definitely a positive impact
22. Definitely helped with accessibility of supervision and has made scheduling sessions easier without drive time or the supervisee having to leave work or home. I have been able to provide supervision for social workers who live in areas where supervision is less available.
23. Definitely positive. It's as effective as in person and provides flexibility and ease of commitment.
24. Did not provide any clinical-level supervision in past two years.
25. Due to COVID, supervision could continue even if there were health related concerns on either end--supervisor or supervisee. It also allowed for working supervisee's to not have to miss a larger chunk of work time to receive their supervision--lunch hour, etc. The quality is unchanged whether you are in person or on telehealth--just make it easier, cheaper, and benefits both parties.
26. Especially in rural areas, cutting "windshield "time is a significant quality of life improvement. When self-care is optimal, learning is also optimized. in both therapy and in supervision, individuals who are vested in learning and moving forward, will do so whether they do it face-to-face or in a telehealth platform.
27. Harder to judge emotions at times
28. Has made access to supervision more convenient and has not impacted quality/outcome.
29. Have not
30. Helped
31. I believe it absolutely results in positive changes making it easier for supervisor schedule and supervisee scheduling. I do prefer in-person but my work schedule doesn't always allow that. I do include in-person supervision regularly.
32. I believe it provides the flexibility needed which allows better access to those who are not able to receive quality supervision in their area.
33. I believe past covid that the accessibility to televideo helped with time constraints and with the needs of supervisees to complete their work/employment without travel concerns.
34. I believe that the televideo supervision is a great advantage for both the supervisor and the supervisee. It cuts down on travel expenses and allows for both to have additional time to see clients if needed.
35. I believe the availability of televideo has increased access to supervision for supervisees. I believe it is a functional method of providing supervision and will continue to utilize televideo.
36. I believe this has been a great change. In group sup, it allows SWKs from multiple places to work together and discuss issues.
37. I didn't provide clinical level supervision over the past two years.
38. I do a combination of both in-person and online supervision sessions. I feel it has offered the most flexibility to clinicians trying to pursue their clinical licensure.
39. I do believe that the option of virtual supervision makes the service more accessible and gives licensees more options. It also, unfortunately, can then make supervision of these clinicians more difficult if they are in a private practice setting. If the licensee is receiving oversight as part

of a larger practice, then I 100% support virtual. However, without that oversight, I have concerns...based on my current experience with a licensee.
40. I feel it has given people the flexibility with their job and time. It does have its negative impact on people who struggle with the discipline it takes to work remotely. But I find I'm more available online to help my staff.
41. I feel it is positive as it allows for flexibility but continues to offer high standard of interactions
42. I feel it was a very positive experience.
43. I felt it was positive. We met remotely when I was out ill.
44. I have an intern and we do supervision via teams weekly. It's easy to connect and screen share etc.
45. I have done a blend of in person and video. This has increased access for supervision in highly rural areas.
46. I have done this under my MO license, not my KS license but it definitely provides better access to supervision in either case.
47. I have had no problems with supervision remotely and people have responded positively
48. I have not but I would not be opposed
49. I have not supervised anyone in the past 2 years for a social work license but am supervising social workers for gambling counselor certification using tele-video sessions.
50. I have observed positive changes, allowing individuals to attend supervision when it may have been canceled in the past (due to work schedule with travel restrictions, transportation struggles etc). Also, clinicians who have moved to a different city have been able to continue supervision with a change to a different supervisor.
51. I haven't but having this flexibility is important. Telehealth is valid. Supervision via televideo is valid.
52. I oversee clinical programs at the agency in which I am employed. Others do provide clinical supervision. With shortage of eligible therapist in Kansas, the ability to connect virtually has been beneficial and mostly positive.
53. I prefer live face to face supervision, but I have met with Clinical candidates via Televideo when I was sick or out of town or the candidate was out of town. This allowed for myself and my Clinical candidates to not have to make up missed days of supervision.
54. "I provide my most recent clinical supervisee initial in-person supervision until the pandemic and the notification from BSRB that supervisors could provide supervision via HIPPA compliant telehealth platforms. I used a HIPPA compliant platform called Simple Practice which was great. I found televideo supervision sessions to be very useful communication-wise and truly allowed my supervisee to gain much better access and often allowed less time away from their social work employment because of the travel time to meet in-person. NOTE: I really appreciate that BSRB reached out to social workers in order to understand and share our perspectives. This is certainly a more equitable organizational action. Thank you!!"
55. I provide supervision in Missouri and have for 5 years. I have done that via video even before COVID. It is the only way to coordinate schedules and allow for access.

56. I see televideo supervision as mostly positive. I have consistently supervised LMSWs over the past several years, and I find that eliminating the travel time associated with in-person supervision is a significant benefit to me and my supervisees.
57. I think it is the key to growing our Mental health force in the nation.
58. I think it offers an opportunity for more familiarity with Telehealth
59. I think it was a useful option.
60. I think televideo helps clinicians receive the supervision they need, especially when their current job cannot provide clinical supervision. It has only been a positive experience.
61. I think this has allowed positive changes to occur. This allows for people in outlying counties to seek supervision and not spend hours of their day driving to and from. It has helped us retain employees as we are able to offer supervision.
62. I use televideo when convenient due to various reasons. Car trouble, having a cold, etc. A time saver in general related to travel. I see very little differences, although most people including myself, prefer in-person
63. improved access- rural communities especially need flexibility of televideo- saved so many hours of driving time and created opportunities for student and new social workers to proceed with education and obtaining licenses
64. In person is better.
65. In the last two years, I have only done supervision in the same room but provided it through televideo extensively in the past. I see no difference in the quality of supervision between the two modalities. It makes it possible for social workers in remote areas to access supervision.
66. In the past 2-3 years, supervision has mostly consisted of master's level social work students and the occasional master's level student. The few times illness or poor weather required tele-meetings, the process ensued with little disruption to our usual meet-ups. That said, I would not prefer to conduct tele-supervision on a regular basis. Too much information/understanding, etc. can missed. And for many students, they want the 1:1, in-person, feeling of really "being heard"!
67. Increased access to supervisors with expertise in specialized populations such as eating disorders
68. Indifferent
69. It 100% has provided positive changes due to the flexibility and consistency for my supervisee's. I've had one supervisee move from the local area and televideo allowed us to continue our work and progress together. Televideo has also allowed me to continue work with another supervisee who is undergoing chemo and needs to isolate at home.
70. It allowed for better access to supervision and continuity.
71. It allows to continue getting supervision in all weather and health conditions, also helps while working if our schedules are too busy.
72. It certainly has been positive and flexible.
73. It has absolutely been a positive experience. I believe social workers should be at the forefront if not leading the way to changes. We have to figure out ways to meet people where they are.
74. It has absolutely improved access to supervision! I would t have been able to provide supervision more often than not if it wasn’t an option.

75. It has been a generally positive experience. I have been able to provide more frequent supervision at various accessible times.
76. It has been a mostly positive change. It allows supervision to occur more often with less invasion into work time, and less cancellations.
77. It has been a necessary evil. The supervisor and supervisee cannot be as present under such circumstances as they can in person.
78. It has been a positive experience as it has removed barriers: cost of gas, traveling time, schedule problems, inclement weather conditions that could have disrupted supervision.
79. It has been a very positive change and helps individuals more easily access supervision without question.
80. It has been mostly positive. The majority of supervision sessions were conducted in person however due to scheduling conflicts or being out of town, the option to do televideo allowed supervision to occur without any interruptions.
81. It has been positive, allowing for more flexibility.
82. It has been positive, due to my supervisee and I working in two different office locations within our group practice.
83. It has been positive. We were able to meet when one or both of us were out of town and/or sick and the quality of supervision was the same. Both of us were prepared for session and created a private/confidential space to focus on supervision tasks, skill building, etc.
84. It has definitely been positive and has improved access.
85. It has markedly increased access and consistency of attendance.
86. It has resulted in positive changes, allowing for more flexibility and allowing supervisees to have more options in selecting a supervisor that is a good fit for them
87. It increases flexibility which is nice. I don't believe anything is lost.
88. It is convenient in cases of illness or other complications, but my supervisees continue to prefer in-person. I'm in an urban area, though, and I can see it benefiting those in rural areas.
89. It was a convenient way to get supervision in as we are in different states
90. It was a very helpful option to have. Normally we met in-person but it allowed supervision to happen even if one person had a cold or was feeling a little unwell.
91. It was helpful on being flexible with schedules on both individuals. It helped also when there was illnesses and were able to still meet and meet their minimum requirement.
92. It was not as good as in person.
93. It works for supervision, but not for direct service provision to consumers.
94. It would help immensely in the frontier areas.
95. It's been positive. Provides more opportunities for SW who don't have access to supervisors in their area. Offers more flexibility in scheduling. Less gas money/time spent traveling. Occasional technical issues can be annoying, but tolerable.
96. I've found this to be a positive change that allows for greater flexibility in scheduling my supervisees, particularly those that reside in rural communities.
97. more availability. I think the standard needs to be there, but now people can do it without issues of distance and time constriction.
98. Mostly positive (4 Responses)

99. Mostly positive - has allowed me to provide supervision even while traveling for work and made me more willing to be a supervisor for master's level social workers seeking supervision
100. Mostly positive - this assists with time management covering material and insight from group supervisions
101. Mostly positive and better access
102. Mostly positive and better access.
103. Mostly positive as it has reduced the difficulty of participating and increased access on a mor consistent basis.
104. Mostly positive by far - the flexibility it provides myself and my supervisees far outweighs any small technical issues that rarely arises. It cuts commute time and expenses for both parties and maintains work/client schedules much easier for each party as well.
105. Mostly positive change, yes it has helped individuals better access supervision.
106. Mostly positive changes (2 Responses)
107. mostly positive changes and has increased access
108. mostly positive changes, flexibility- even for those in the same area- but in different office locations, or if one is out sick due to COVID/quarantine
109. Mostly positive changes, gives easier access to supervision in rural areas where you may have to travel for in-person resulting in possible significant loss of billable services.
110. Mostly positive changes. Individuals have more access and can acquire the hours needed
111. Mostly positive changes. It allows greater flexibility with differing schedules, time off etc. Allows supervisors to reach students who love far away without traveling costs.
112. Mostly positive changes. The world is much different since after covid and being able to meet via televideo is essential. It is also helpful for clinicians in rural areas where they would have to drive significant miles to meet with a supervisor in person.
113. "Mostly positive changes. All LMSW's I supervised lived in the same town that I practice, but during COVID the Telehealth option provided a safe and effective way to continue their clinical hours. It also provided flexibility with scheduling and attending individual and group supervision appointments."
114. Mostly positive changes--supervisees have worked on the other side of town as me and have had less travel time as well as ability to meet with me over a lunch period.
115. Mostly positive due to SW Kansas having limited access for LMSWs to receive supervision.
116. "Mostly positive”
117. MOSTLY POSITIVE. Being able to provide virtual clinical supervision allows a supervisee to find the right skilled professional to supervise when without a geographical limitation and improves the attendance weekly for supervision.
118. Mostly positive, allowing for more regular and impromptu supervision when needed. Also allowed for supervision in areas where clinical supervisors are generally unavailable geographically.
119. Mostly positive, better ability to meet needs in the moment, able to respond faster to clinical needs.
120. mostly positive, easier access, less travel time and expense

121. Mostly positive, especially for rural social workers. The savings in energy, fuel, travel, hours of windshield time, and exposure in some cases to pockets of influenza risk are a plus.
122. Mostly positive, gave access and convenience to the supervisee
123. Mostly positive, virtual meetings tend to cause a lack of participation because people try to multitask, and don't give their full attention. So, keeping participants engaged is key.
124. mostly positive. It allows for remote access to supervision since it doesn't require in-person attendance. Is as effective for the supervision to occur remotely as in-person
125. Mostly positive. Helps with busy schedules and distance. Bigger area of rural Kansas but as people move farther West in person could require 1-2 hours of travel, which may not be realistic.
126. Mostly positive. Increased capability.
127. Mostly positive. It allows flexibility and reduces the amount of time/money spent for travel.
128. Mostly positive. It has reduced the number of times an individual had to reschedule supervision because televideo allows more flexibility.
129. Mostly positive; In rural areas it's hard to find clinical therapists who provide supervision.
130. mostly positive-improved access to quality supervisors, decreased travel cost and supervisors don't have to factor the cost of the office space into the rate that they charge.
131. My experience is the supervision by televideo has not been negatively affected, does provide better access to supervision.
132. My experience was it being a hybrid supervision -- at times in person and at times by video. It worked well, in part because it parallels what is happening in the clinical realm.
133. "N/A re: clinical supervision. Very effective clinical telehealth therapy with private cts utilizing a range of modalities."
134. Neutral to positive
135. Not provided
136. Oh yes, very much so! It makes it easier accessible to supervisees! It's an added bonus when hiring staff.
137. Positive (9 Responses)
138. Positive allows for more flexibility in scheduling No different than meeting in person
139. Positive - flexibility.
140. Positive - has helped access supervision
141. Positive and yes it gave improved access
142. Positive as military spouse this allows me to keep providing supervision no matter where my spouse's job takes us.
143. Positive because it has resulted in more flexibility for the staff and thus is emphasizing self care. For example, it is still important for staff to stay home from work if they are sick. With covid, for example, sometimes your symptoms are mild and you're able to continue to work and prevent the spread to our vulnerable staff or clients. Telehealth is a necessity.
144. Positive change and allows more access to more qualified providers and ability for those working within the field to maintain work/financial ability to provide for family and ability to access supervision outside of traditional work schedules m-f 8-5 pm
145. Positive change, allows clinicians to better fit supervision in their schedule if they are providing virtual sessions to clients.

146. Positive change. Easier to schedule supervision. Televideo has been helpful for the practice of social work.

147. Positive changes (3 Responses)

148. Positive changes as being face to face for supervision is not necessary at all for learning, opened up opportunities for supervision of staff is rural or remote areas

149. Positive changes have included being more consistent with supervision times when done via video calls and more access to supervision for supervisees who may live/work far away from supervisors.

150. Positive changes including better access although I prefer face to face supervision

151. Positive changes when access to supervision was limited due to Covid lack of anyone who could provide supervision. In addition, driving time from location to location could be reduced or eliminated by TeleVideo supervision, a win-win situation.

152. "Positive changes, as someone who had supervision in person to begin with and then moved to remote, there was no chance in the quality of the supervision and if remote hasn't been an option, I would have had to find a new supervisor in the middle of my hours.

153. As a clinical supervisor through my employment, the agency would not be able to meet the need for those looking for supervision. "

154. Positive changes, I work for an organization with several sites. It would be more challenging to complete clinical supervision without televideo options. Additionally, its allowed for my supervisee to outreach immediately when needed.

155. Positive changes, yes

156. Positive changes. Able to meet during normal business hours. Decrease on travel time and less stress finding locations. Some of my supervisees are over an hour away.

157. Positive changes. Definitely has made access easier for both me as supervisor and my supervisee. I appreciate being able to use televideo as needed for supervision.

158. Positive changes. Folks from across the state can more easily access clinical supervisors in other areas. This has been great.

159. Positive changes. It allows for greater flexibility in scheduling and is just as effective.

160. Positive changes. It allows supervisee to get supervision with less impact on their busy workday, so they can better care for clients and themselves.

161. Positive changes. It allows us to have more flexibility and opportunities to meet.

162. Positive changes. This has reduced barriers for access to supervision.

163. Positive due to flexibility in overcoming travel barriers (e.g., snow, prohibitive distance)

164. Positive experience and more accessible to all.

165. Positive experience. Allows supervisor and supervises better access to supervision and the ability to be more flexible. I still so at least 1 time a month in person.

166. Positive- Helps in rural and frontier areas to be able to consistently see staff as required. Helps to be flexible to reschedule more easily if needed at times due to taking out the travel time.

167. Positive in regard to clients being able to attend sessions without hardship.

168. Positive! Yes, it has really helped Rural areas such as Hayes, Andover etc

169. Positive! It's absolutely helped individuals better access supervision and been very helpful to supervisees with limited transportation or childcare support.

170. Positive! We've got to keep up with technology! Allowing us to provide supervision despite physical proximity has been game changing. Allowing me to supervise more people and keep up with my work!
171. Positive, allows for flexibility so I can have the time to provide supervision in my workplace
172. Positive, much greater access and even more frequent support as needed.
173. positive, sometimes it is very difficult for clinicians to find local supervision, and, during the pandemic it was crucial for that to continue (clinical supervision).
174. Positive, yes, being able to access supervision due to distant location or more privacy allows for growth. (If my supervisor is not in my circle of people as sometimes happens in smaller communities, it can be easier to be vulnerable with the process.)
175. Positive. It requires less driving and allows supervisees to find a good fit for supervisor, even if that person is not geographically nearby.
176. Positive. Tele video is a flexible, efficient, and supportive practice.
177. Positive. Yes, it provides better access. I have met in person with everyone I provide televideo supervision to before we start to meet remotely.
178. Positive. Better access. Better overall. Continue to allow televideo!
179. Positive. It's great for providers that are far from the office, and it works just as well. Better attendance.
180. Positive. Removes barriers to weekly supervision as we mostly work remotely and in the community.
181. Positive. Weather, traffic and illness doesn't prevent SW from accessing supervision.
182. Positive. Yes. When distance or illness are an issue, virtual is a great option.
183. Positively impacted. Telehealth option is necessary in our mobile world we live in. Not allowing remote would be an unnecessary step backward.
184. Primarily positive experience.
185. Provided televideo supervision in 2020-21 related to the pandemic. Worked ok, though not as ideal as in person training, in my opinion. A hybrid model might be equally effective.
186. Provision of supervision via telehealth simply allows for flexibility of scheduling. This allows for improved consistency in attendance.
187. Remote supervision accommodated my physical disability and geographic barriers to meeting in person.
188. Televideo allows for more flexibility to complete supervision sessions consistently with less interruption from patient care
189. Televideo has been helpful for me. It helps to view materials when screen sharing. It saves on printing. It helps if individuals are at different locations and do need to commute. It helps when the weather is bad and when outbreaks occur that caused social distancing.
190. Televideo has increased the ability for LMSW's to access supervision, both in terms of availability of supervisors and time management (not having to drive long distances to the supervisor's location)
191. Televideo has resulted in positive changes, especially in rural Kansas where people might not have access to an LSCSW who is willing to provide supervision in their community or have

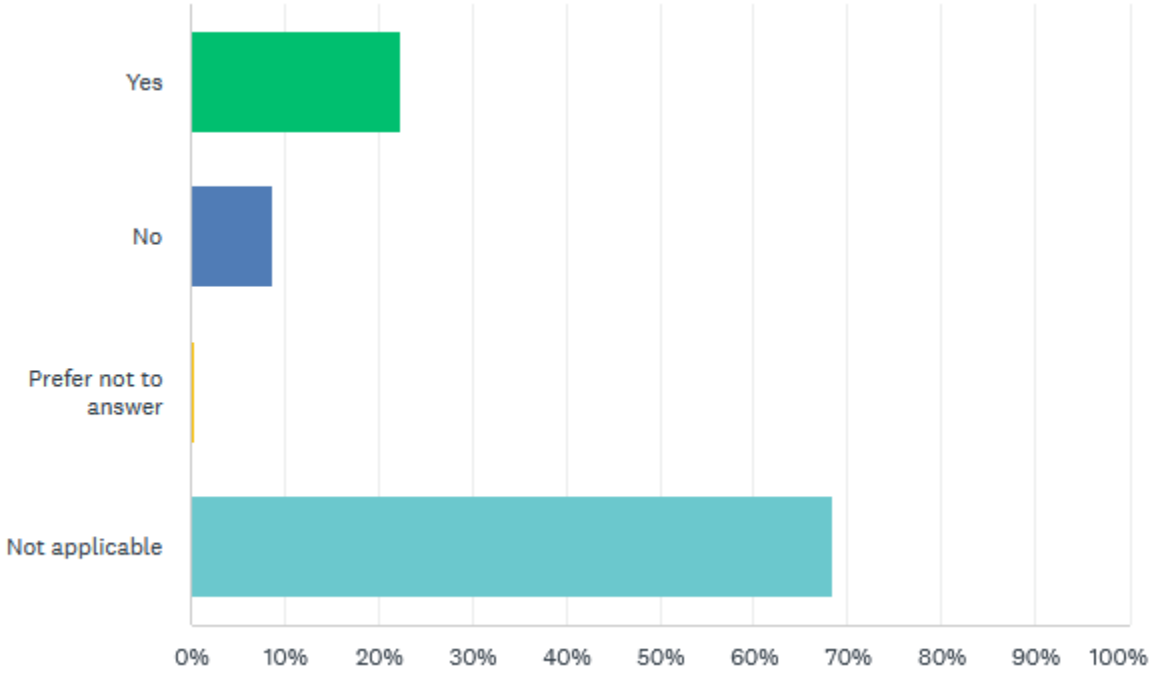
an extensive distance to drive for supervision. The only negative is when people do not have a solid internet connection.
192. Televideo helps to provide access to supervision especially in rural and frontier area. I do believe a combination of in person and televideo is most helpful.
193. Televideo supervision has expanded availability to rural areas. In a time of high demand, this tool has been a real time-saver. More effective use of time plus better ability to overcome obstacles such as weather or exposure to illness of all communicable types.
194. televideo supervision in my experience has improved accessibility, scheduling conflicts, and all-around reduced barriers to getting/providing supervision weekly.
195. the content of supervision session remained unchanged in relation to the mode of supervision. It has kept my supervisee safe as she has not had to travel in icy weather.
196. The flexibility of televideo has significantly improved the availability of social work services, including supervision.
197. This allowed greater flexibility for scheduling when an agency has multiple locations and ability to work from home some days.
198. This allows a broader selection of practitioners. I find remote work very effective.
199. This depends on the supervisee. Some use it as a crutch and others as when they absolutely need it. I feel that I want to put requirements for my supervisees, but not sure if that can be done since it is my preference. The sessions are more in depth with information in person.
200. This has allowed consistent meetings for me and my supervisees. Our schedules don't always allow for drive time to offices.
201. This has allowed me to supervise SW in a more accommodating environment to ensure they can complete their goals
202. This has been positive and has allowed people more flexibility to achieve their clinical licenses
203. This has created positive changes. It would have been a time and location barrier to meet in person weekly for supervision. Televideo supervision has allowed me to meet my supervisee's weekly supervision needs.
204. This has had a very positive impact on my supervisees.
205. this is a great step forward. It has absolutely improved access for supervisees
206. This has been beneficial because it allowed for flexibility for both myself and the candidate. We were able to utilize technology to review things much easier as well.
207. This opportunity allowed my supervisee who lived in a different town to be able to avoid the travel expense along with cost of supervision. We did meet in person from time-to-time to review records on clinical cases on which I signed off.
208. This positive change has allowed for providing supervision when it would otherwise not be possible.
209. This type of supervision allows the Social Worker to be matched with specialists and people who match their clinical need. I believe this is highly beneficial.
210. Travel distance would have been a prohibitive factor for one of my supervisees.
211. very beneficial to being able to provide necessary supervision in rural areas. Particularly during COVID and bad weather.

212. Very positive and just as effective as in-person supervision. Here's a tip: stop allowing non-clinically licensed LMSW's or any non-clinical master's of any profession starting their own practices without on-site clinical supervision! This negatively affects clients and our profession.
213. Very positive changes. I have been able to provide supervision to clinicians working and living remotely even though I do not.
214. Very positive- has been extremely helpful in accessing supervision with minimal to no problems
215. Very positive. This has expanded the reach of supervision and allowed those in rural and frontier areas to receive this crucial support.
216. Virtual meetings are becoming a standard in all areas in a modern world. I use a combination of televideo and in person sessions throughout the extensive time supervision is required. I believe having completed training towards becoming a nationally certified telehealth provider was most beneficial.
217. with having telehealth providers, it is much more convenient
218. Yes (7 Responses)
219. Yes - just as effective as face to face.
220. Yes because it not only improves access to a supervisor, it allows for more flexibility and scheduling
221. Yes because less travel time is involved, and one can see supervisees in a day. It is helpful to social workers who cannot find supervisors in a more rural area.
222. Yes, I do.
223. Yes it has helped especially if someone is ill or recovering from covid we can still meet
224. Yes it has made supervision easier for the supervisee and supervisor.
225. Yes- it makes Supervision much more accessible and practical.
226. Yes, its helped rural social workers receive supervision
227. Yes telehealth has made supervision much easier in rural areas
228. Yes, they were able to participate and be flexible and manage time better without having to try and get somewhere
229. Yes this affords both parties to be more flexible with time and overall availability
230. Yes this meets the needs with ever changing needs and allows for quality care for supervision
231. Yes to all of the above. It has been a mostly positive change and has helped significantly with access.
232. Yes! The counties in which myself and my supervisees work are all rural/frontier. Without telehealth, clinical supervision would not be possible for any of them as I am the only LSCSW currently in the organization. It also increases efficiency and maintains more time for clients as there is no additional travel time.
233. YES!! Only positive benefits that I have noted.
234. Yes, ability to meet remotely helps when supervision sessions need rescheduled or when weather is bad.
235. Yes, as is true for therapy sessions as well. My supervisee was able to continue during covid, during illness which was not debilitating but which was infectious.

236. Yes, being able to provide supervision via televideo was beneficial in my situation. It allowed me to provide supervision regularly while maintaining a busy schedule. I continued to meet in-person with the supervisee on a regular basis to maintain contact and relationship.
237. Yes, better flexibility, better access to resources and better time management.
238. Yes, by reducing travel time and having more options across the State.
239. Yes, can meet more regularly
240. Yes, during the height of pandemic was very valuable and in general worked well.
241. Yes, easier access and more flexibility has resulted in highly positive changes.
242. Yes, has allowed collaboration across state lines and enhanced overall quality of service.
243. Yes, I do believe the televideo option allowed for greater flexibility and gave those in rural areas working on their clinical license a more diverse choice of clinical supervisors.
244. Yes, I live in a r
245. Yes, I was able to provide supervision throughout the pandemic and the one who has completed their hours passed their exam and has had a clinical license since this past fall. I believe an effective supervisor offers a mixture of modalities including in-person and televideo and group (when able). I believe some sessions still need to be in-person but televideo if in-person is not accessible.
246. Yes, increased flexibility for many reasons.
247. Yes, it allows for flexibility
248. Yes, it allows you to provide supervision more easily and conveniently.
250. Yes, it had made it easier even with those near because of time demands and costs with travel.
251. yes, it has been effective. i would add it is best if you have some kind of prior relationship/knowledge of staff you are working with.
252. Yes, it has definitely been a positive for access to supervision.
253. Yes, positive it slows more flexibility
254. Yes, prior to providing any telehealth services, I was experiencing an abundance of reschedules or cancellations for transportation, weather, illness etc. Telehealth has afforded more flexibility and more consistency with all services across the board.
255. Yes, televised supervision has been a positive change and does not impact the ability to appropriately supervise.
256. Yes, the ability to provide supervision remotely has created greater access for those working on a clinical license to receive supervision from a clinical licensed social worker
257. yes, the results have been positive
258. Yes. Geographic distance is made irrelevant, which means persons in rural or frontier areas can choose from more options for supervision.
259. Yes. It allows for more scheduled supervision since it can be done from anywhere and at any time.
260. Yes. It is effective and very important in frontier counties.
261. Yes. Supervisee moved to another state. Zoom made it possible to continue meeting.
262. Yes. The option is needed and access to supervisors very helpful. I think it’s still very effective just as teletherapy can be.

263. “Yes. The world has changed since Covid. Also, generational changes are occurring, and a lot of services take place online.”
264. Yes. Easier access and less time constraints
265. Yes. Good alternative when weather strikes or possible illness/exposure.
266. Yes. I am in a large community, and I have multiple office locations as do my supervisees. We rarely are at the same location, and while we try to meet in person as often as possible, having this flexibility to change to televideo on occasions has been extremely helpful to maintain the consistency of our scheduled sessions.
267. Yes. It should be an option to do in person and video supervision.
268. Yes. Yes. Yes! The option for tele health improves access to clinical supervision at times that are needed beyond scheduled weekly supervision when the supervisee is in a different office or location. It improves access if the supervisor or supervisee is sick (contagious) but able to ask work or function. It opens a variety of options for supervisees to identify a social worker that might work somewhere else in the state who has a specific specialty.
269. Yes...it helps with the ability to coordinate schedules, is more flexible, provides access to Social Workers in rural areas, is less time consuming when removing transportation requirement.

Question 12. If you received clinical-level supervision over the past two years, have you received any supervision by televideo, rather than in person?



ANSWER CHOICES	RESPONSES	
Yes	22.42%	444
No	8.69%	172
Prefer not to answer	0.35%	7
Not applicable	68.54%	1,357
TOTAL		1,980

Question 13. If you received clinical-level supervision by televideo over the past two years, do you believe the quality of supervision provided remotely has been mostly positive, mostly negative, or something else? Has the ability to receive supervision remotely helped with accessing supervisors? Please explain: (*Note:* Individual text responses were provided by survey responders, which are included below (answers with the same response were grouped together and are bolded):

1. 100% positive
2. A majority of my supervision has been in person. I am indifferent to in-person or tele-video.
3. Absolutely helped the availability, consistency and quality of supervision received.
4. Absolutely! It is helpful to be able to schedule when it's convenient for all involved.
5. Accessibility has been easier. I have never had in person supervision so I cannot compare.
6. Accessing supervision via televideo has provided a flexibility assuring meetings can happen as frequent as needed, reduces travel time, and allows more options for when supervision can occur.
7. All positive.
8. All positive. It's easier and less barriers to in person (schedules, travel, etc.)
9. Almost identical to in person supervision. Better in that we have more ability to meet and flexibility around scheduling.
10. Attending supervision via telehealth is still very effective and as allowed a great flexibility change for my schedule. It allows me to have more time to see clients as well
11. Being able to access supervision remotely increased access and provided extremely positive results in my experience.
12. Being able to receive supervision remotely has been a wonderful experience because the quality (in my opinion) is the same in person but more accessible for my supervisor who is incredibly busy and allowed me to spend the I would have to drive being able to see clients.
13. Being in the same facility but different locations has made meeting in person difficult at times of high work volume. Being able to reach out virtually has increased accessibility
14. By being able to access supervision via televideo, it has greatly improved my experience. Since I am in a more rural area, I am very limited as to who in my town would be able to provide clinical supervision. By engaging in supervision via televideo, I have been able to connect with a supervisor from a different town who has been an amazing and positive support. It's the best supervision I've ever had hands down and I wouldn't have been able to travel to her otherwise.
15. Comparable to in-person
16. Completely positive and absolutely!!
17. Completely positive, I prefer meeting on television for ease of scheduling with my clinical supervisor.
18. Definitely positive. I am currently in clinical consultation (supervision) with a clinician from New York City who is a professor in a certificate program I'm enrolled in. Without televideo, I would be unable to further my clinical education in this way and would be unable to benefit from the greater experience and expertise of clinicians outside my geographic area.
19. Did not change quality, made it easier to access
20. differs
21. Essential given geographical constraints
22. Extremely positive

23. Generally, I've had a positive experience and remote supervision has been especially helpful given the length of travel from working in such remote communities to accessing my supervisor.
24. Good
25. Having televideo options for supervision has been extremely helpful and a positive experience!
26. Helped
27. Helpful. I have mostly done group supervision by telehealth. I find it helpful to access supervision and peer support.
28. High quality, particularly helpful during the pandemic.
29. I believe it definitely is better in person but due to weather or location might not be possible for some.
30. I believe it has been mostly positive. I enjoyed supervision via video and is easier to schedule supervision times via video.
31. I believe my clinical supervision was equally beneficial when in person and via televideo. I didn't feel there were any barriers to quality. While both clinical supervisors I worked with were based in my work setting, my work setting has continued to allow us to have a limited hybrid schedule (3 days in office and up to 2 days working from home). This enabled my clinical supervisor and I to meet on our desired day and time even though there were times that our in office/ WFH schedules didn't match up.
32. I believe televideo supervision is a fantastic option! Many times both my supervisor and I were in between client appointments. Being able to televideo was a great convenience.
33. I believe that it was positive and quite beneficial. Conversations were not as time limited as face to face due to a more flexible, slightly more casual and comfortable interaction.
34. I believe that Telehealth and video conferencing are effective and efficient and definitely relatable to client work
35. "I believe the quality of supervision has been positive, and that receiving remote/telehealth supervision has not in any way diminished the quality and effectiveness of supervision.
36. Due to a physical condition (complex connective tissue disorder) and my need to work from home (I would be physically unable to work outside of my home), remote/telehealth clinical practice and supervision have made it possible for me to contribute and provide services to people in need. I am, though, still under supervision since I don't yet have my LSCSW). "
37. I can now see my supervisor for my 1099 via zoom without traveling 200 miles.
38. I currently receive mostly remote supervision, but the last year I received in person supervision. My supervision experience with my remote supervisor is a much more positive one than my previous supervisor. I believe this is because I was able to find one in a more populated area, so I had more quality options for supervision.
39. I didn't receive clinical level supervision over the past two years.
40. I do not believe televideo has offered anything different than in person would have offered. It does offer most availability to supervisors.
41. I do not think the telehealth aspect of the supervision was what negatively impacted the quality of supervision received. I think a quality supervisor can provide quality supervision via telehealth. I like that supervision can be available via telehealth but do prefer to attend in person whenever possible.

42. I don’t think it’s as good of an experience as in person, however most social workers have busy schedules therefore video is the most convenient.
43. I feel it is very positive. The number of LSCSW's willing to offer supervision is limited; therefore, access to well qualified, reliable LSCSW's increases with the use of televideo meetings.
44. I feel like this level of supervision has been mostly positive as it has aided in accessibility for both me and my supervisor. We are able to meet on a flexible basis if necessary, which we would not be able to do without meeting over televideo.
45. I feel the interactions with my supervisor are the same quality via telehealth as in person. This is huge for ease of scheduling supervision!
46. I find it easier to get on and talk and get things accomplished.
47. I graduated in 2020 so I had to do a lot of supervision through Telehealth. I also currently receive play therapy supervision via Telehealth. I find that I am able to receive the same level of supervision in person as through Telehealth.
48. I had a mostly positive experience with clinical supervision via tele-video. It assisted in continuing supervision during the COVID crisis.
49. I have completed clinical supervision years ago, but I meet with my Director via this method effectively. Access is improved across multiple offices and locations.
50. I have had a positive experience with televideo. It allows for more flexibility.
51. I have had less than a couple months of clinical supervision mostly remote and my experience has been very positive. Having the option to do remote allows more time in my already hectic schedule. It has definitely made it much easier in accessing clinical supervisors.
52. I have not provided I am being supervised and it has been wonderful and quick access.
53. I have not used televideo yet but appreciate this option
54. I have only received in person supervision
55. I have received post clinical supervision for additional certification and televises has been key to getting great quality supervision. Getting good supervision may mean you need access to someone who doesn’t live close enough to easily see them. But also, there are circumstances where televideo is very helpful even when they are close by because life happens!
56. I have utilized zoom for supervision, and it has helped with connecting supervisors and other therapists. It is effective.
57. I offer televideo and it has been all positive feedback from supervisees.
58. I only received supervision via virtual methods if my supervisor or I was unable to be there in person, which was fairly limited overall. I thought it was fine because I already had an established relationship with my supervisor at the time.
59. I oversee clinical programs at the agency in which I am employed. Others in the programs I oversee do receive clinical supervision virtually. With shortage of eligible therapist in Kansas, the ability to connect virtually has been beneficial and mostly positive.
60. I prefer in-person interaction, but I do not feel that televideo supervision was negative in any way. It allowed me to continue supervision when my supervisor and I were not in the same place.
61. I think it was beneficial. I wish there was more structure to the supervision though. Like what exactly the expectations are.

62. I think it would have been about the same or maybe even easier. It is easier to coordinate schedules via phone than in person.
63. I was fortunate to receive supervision in person AND remotely which promoted convenience and quality.
64. I would say mostly positive, with a young child, a private practice and second employment, the flexibility of remote supervision has been extremely important in assisting with completing my hours!
65. I'd like to comment on the exam issue but there's no place to do that. I would like the KS law to still require an exam for every level of licensure, but it would be helpful to re-word it so that KS could provide an alternate exam if that's warranted. I know ASWB is making some changes, and hopefully they'll be good, but I don't wish for us to be locked into their exam only. Also, I don't think that lowering the CE requirement to 30 hours would negatively affect practice, but I am loathe to lower the requirements. I still remember when it used to be 60 hrs.
66. I'm a doctoral student at Smith College School for Social Work. I met my current clinical supervisor participating in a (previous) certificate program at this SW School. This was conducted in person and through ZOOM meetings. When I started doctoral training this summer, I met her in person a second time to determine if we were going to work together. All clinical supervision that's occurred by ZOOM occurred after the working relationship was decided on. Televideo sessions since this time have been very positive.
67. In my experience it has been positive. It allows me to ensure I get my weekly supervision while at the same time it doesn't take too much away from my other responsibilities (ex. work, family, etc). Even if it saves 20-30 minutes of travel time, it is helpful if necessary.
68. It allowed for being able to meet when physically it would have presented too many challenges to name to meet consistently
69. It allowed us to meet, even when one of us was out of town.
70. It has absolutely helped with getting supervision. The quality has been the same as in person meetings and at times made discussing challenging cases almost immediate compared to scheduling in person meetings.
71. It has been a very positive experience, and my access to a supervisor widened tremendously!
72. It has been beneficial at times due to schedule, weather or other factors but I prefer in person. I do think it makes it easier to find a supervisor though.
73. It has been incredibly positive. It has vastly increased accessibility of supervisors and time that we can meet and also makes our time better able to be focused on clinical work.
74. It has been most sufficient and positive experience.
75. It has been mostly positive as it allowed me to still have supervision even if I was feeling unwell, had a client schedule right after, or needed to go out of town on the scheduled day. There was no significant change in the supervision quality.
76. It has been mostly positive. Receiving supervision remotely was absolutely necessary to accessing a supervisor.
77. It has been mostly positive. It has helped my ability to access supervisors.
78. It has been positive and helpful.
79. It has been positive because it has allowed my supervisor to be more accessible to me. We have been able to find supervision times more easily than if we had to do in-person

80. It has been positive. It is incredibly helpful to have televideo supervision as all people involved are busy and maintain their office in different locations. This makes it easy to join in without getting to a conference room.
81. It has been very helpful and a positive experience for me. It has also saved me a lot of time not having to commute to elsewhere to see someone in person.
82. It has been very positive and absolutely helped in terms of access!
83. It has been very positive and convenient.
84. It has been very positive.
85. It has definitely been more positive. Not being able to do televideo supervision would have significantly impacted my ability to work toward my clinical license. I have done both in person and televideo and do not believe I am missing out on anything by doing mostly televideo. Group supervision has been more easily accessible as well which adds positively to the learning experience.
86. It has helped maintain the supervision requirements with the added flexibility with the option to participate remotely.
87. It has helped me in many moments as it reduces the pressure to coordinate schedules so tightly and allows for different experiences and timing of meetings to be available.
88. It has helped me so much because I have 3 children at home. Telehealth has been positive!
89. It has helped my peers pursuing clinical licensure significantly.
90. it has helped with accessibility / flexibility of scheduling supervision meetings
91. It has increased my ability to participate regularly in supervision. Remote supervision has greatly increase access for me personally and removed a dig barrier for me.
92. It has still been just as beneficial as when i did it in person.
93. It helps to access at times, but I feel there is more richness to in person supervision
94. It isn't a common practice to receive supervision this way. Mainly I have received it when one of us needed that as an option to stay in compliance. It is an extremely beneficial option when needed.
95. It was a little over two years ago. I completed 1 or two sessions over televideo. It was convenient and no different than in person.
96. It was a positive experience and it absolutely helped me access supervision.
97. It was a positive experience to meet by televideo. We are all busy and being able to adapt and meet in person and by televideo is important.
98. It was a positive experience. It provided flexibility when I couldn’t attend in person.
99. It was during 2020-2022 due to concerns related to covid and masking/social distance mandates for those facilities/environment
100. It was fine and allowed me to obtain clinical license.
101. It was helpful in maintaining consistency when weather/health would have prevented meeting.
102. It was just as helpful as in person
103. It was more convenient than meeting in person with work schedules, traffic ect
104. It was positive and helpful that I didn’t have to miss work to have to drive to her office
105. It was positive, and this is very beneficial for people who would otherwise have difficulty accessing supervision.

106. It was positive, but I did not continue it.
107. It was very helpful and instances when one of us was working out of state or temporarily attending a conference. This way I had no break in supervision and my supervisor was consistent
108. It was very positive and more easily accessible to receive supervision with telehealth as an option! I'm so grateful for the change.
109. It was very positive as this happened seldom but was effective
110. It's been positive and allowed for flexibility with the supervisor so that they can provide supervision as well as pursue their other endeavors, I.e. their own clients, etc. As a supervisee, it opens up more opportunities to gain supervision.
111. It's been positive and it helped to be remote
112. It's made it a lot easier to schedule appointments that work with my schedule and my supervisor's schedule.
113. Most of my supervision sessions are remote, and they have all been positive and effective. I am in Salina and my supervisor is in Wichita. She is quality and trustworthy, and I don't think I'd be able to find anyone like her in Salina. So, televideo has been crucial for my ability to access my supervisor!
114. Mostly helpful
115. Mostly positive (25 Responses)
116. Mostly positive - it has allowed me to access a great supervisor with a schedule similar to mine.
117. Mostly positive - it is convenient and takes away barriers of the time and resources required for a commute, and it does not take away from supervision quality. I did appreciate meeting in person every so often, but televideo was extremely helpful.
118. Mostly positive - the ability to receive supervision remotely has helped tremendously in accessing supervision. It has allowed continued supervision despite busy, conflicting schedules and when one of us has been out of town. It has also allowed for meetings when one of us has been ill or recently exposed to COVID-19 or other contagious viruses. At times there have been connectivity issues however I feel the benefits of receiving supervision remotely has far outweighed any positives.
119. Mostly positive - we're able to staff cases sufficiently via televideo.
120. Mostly positive allowing greater flexibility and access to supervisors, and limiting time commuting for supervision services (i.e. I can fit supervision between other appointments). Only negative is difficulty reviewing paperwork/documentation together is more difficult.
121. Mostly positive and allowed me to get more supervisions without worrying about transportation.
121. Mostly positive and allows meetings to happen with less stress.
122. Mostly positive and definitely made supervision more accessible and affordable
123. Mostly positive and extremely helpful in accessing supervisors
124. Mostly positive and has helped with accessing supervisor.
125. Mostly Positive and it has help with access
126. Mostly positive and it has made it easier to access supervision without giving up time for clients.
127. Mostly positive and made availability to di supervision easier as well.

128. Mostly positive and made supervision immensely more accessible.
129. Mostly positive and makes access easy and effective reducing time barriers
130. Mostly positive and remote access helped accessing supervisors
131. Mostly positive and yes, I would say it has helped me to access supervision i otherwise would either have to travel for or not receive.
132. Mostly positive as it opens up more opportunities to meet during busy schedule times.
133. mostly positive- has worked better with schedules and still being able to have the full supervision session
134. Mostly positive- more flexible, can still meet if ill, etc.
135. Mostly positive- Yes, in person is challenging at times with the daily demand of our jobs.
136. Mostly positive, absolutely helps with access and loss of time traveling to meet in person.
137. Mostly positive, allowed me to have supervisor in my clinical specialty even though we were ~1 hour apart. No difference in quality of interaction over video.
138. Mostly positive, allows me to speak with my clinical supervisor in real time while still at work.
139. Mostly positive, increased accessibility
140. Mostly positive, increased flexibility for many of my colleagues.
141. Mostly positive, it allowed for more group supervision and flexibility in scheduling time.
142. Mostly positive, it has ensured that my supervisor was more available and could easily fit supervision into both schedules, in addition it did not hinder the learning process
143. Mostly Positive, it has helped with accessing supervisors. I was able to interview for supervisors across state lines so my "pool" for potential supervisors was bigger. And it helps with my work schedule in that I don't have to take time out to travel to meet with my supervisor, I get to do it online and then get back to work.
144. Mostly positive, it has significantly helped me be able to reach my clinical license sooner.
145. Mostly positive, made seeking supervision more accessible
146. Mostly positive, more access to shared resources, and handouts in real time.
147. Mostly positive, my supervisor lived an hour away so being able to meet by televideo enabled us to continue to meet regularly even when weather was bad, or we had other scheduling conflicts.
148. Mostly positive, no concerns. Has helped tremendously with competing schedules.
149. "Mostly positive, no noticeable difference in format, really.
150. Yes, the ability to receive supervision remotely HAS helped with accessing supervisors!"
151. Mostly positive, same quality as in person.
152. Mostly positive, the level of supervision is equal to in person and allows for accessibility
153. Mostly positive, tremendously helped access regular consistent supervision
154. Mostly positive. Allowed some flexibility to meet needs.
155. Mostly positive. I think it has been much more convenient and probably allowed me to participate at a higher level than I might have otherwise. I probably would have missed more sessions and it would have taken longer.
156. Mostly positive. It has definitely helped with accessing supervisors.
157. Mostly positive. It was much more accessible and relevant.

158. mostly positive. Quality is dependent on the people not the format. Saves money and time in travel weekly. Time saved allows me to provide another hour seeing clients.
159. Mostly positive. Supervisors are not always available locally, however their insight, guidance, and knowledge do not require them to be in person to share.
160. Mostly positive. Without remote access to supervision, it would have been unavailable or significantly more expensive for me to receive. Without the remote option I am not sure it would have been an option. I would have either not pursued my license or chosen to practice in a more urban setting rather than the rural setting that I'm providing services in.
161. Mostly positive. Accessibility has been so helpful in managing two people's schedules.
162. Mostly positive. Allowed me to maintain more of a work life balance and my supervisor was more easily accessible given both of our schedules.
163. Mostly positive. I am able to access my supervisor more easily and group supervisions are made possible that would otherwise not be.
164. Mostly positive. I am the spouse of a military member; moving every couple of years is a given. Being able to access my supervisor remotely has taken a huge burden off my shoulders. Additionally, receiving supervision remotely has allowed me to maintain continuity while attaining the required supervision hours.
165. Mostly positive. I can still see my supervisor on the video and I feel my supervision both in person and virtually greatly impact my clinical skills for the better. There is not a difference in my opinion. I also would not always be available to leave my work building to get to supervision so the virtual option has made attaining my hours much more accessible.
166. Mostly positive. I have been receiving supervision in my current state of Arizona and attending online has helped me access services as I do not currently have an LMSW at my work site.
167. Mostly Positive. I prefer in-person engagement, but it allowed me to get my needed supervision times in in spite of both my supervisor and mines often hectic schedules.
168. Mostly positive. I recently relocated from Alaska to Kansas. There were no clinical supervisors where I lived due to the lack of resources in this remote village. If not for remote access, I would not have been able to have a clinical supervisor.
169. Mostly positive. I think meeting in person would have been much more difficult to accomplish.
170. Mostly positive. It allows flexibility and accommodates bad weather.
171. Mostly positive. It allows great flexibility for a profession that can be unpredictable and hard to get away to commute for supervision.
172. Mostly positive. It definitely made it easier to access my supervisor.
173. Mostly positive. It has allowed flexibility for both myself and my supervisor that would otherwise be impossible due to single mother status.
174. Mostly positive. It has allowed me more access to my clinical supervisor without sacrificing quality.
175. Mostly positive. It has allowed me to schedule clinical supervision more easily in my work schedule. I am unsure I would be able to schedule supervision at this time due to travel time/ scheduling conflicts otherwise without it.

176. Mostly positive. It has enhanced my ability to seek supervision from people outside of my organization and it has been more convenient.
177. Mostly positive. It has helped significantly.
178. Mostly positive. It helps to access supervision on a more flexible schedule.
179. Mostly positive. It made supervision more accessible.
180. Mostly positive. It makes supervision more assessable. Traveling to and from supervision takes 30 minutes in itself.
181. Mostly positive. It offers improved accessibility for travel and scheduling logistics, with more minimal interference to regular work / client hours before and after supervision. No notable drawbacks in communication or quality of supervision when done remotely. Allows for easy visual sharing of resources / information.
182. Mostly positive. It was more convenient. I feel it was just as effective as in-person.
183. Mostly positive. It was only done a couple of times, but it was a way to ensure supervision was completed. Televideo didn't take away from what was being discussed.
184. Mostly positive. It's really helped me access it with limited childcare support.
185. Mostly positive. It's been very helpful for me to stay in track and receive excellent supervision even through bad weather busy schedules.
186. Mostly positive. My supervisor has made extra effort to understand my practice, visiting my office and scheduling in-person time but it is primarily online. Remote supervision would be the only way I could received supervision. I live in a rural community and would have to travel at least 1 hour (round trip) to receive supervision. That would take 2 hours out of my work day every week and is far less reasonable for me to manage.
187. Mostly positive. Rarely but occasionally my supervisor is traveling for work, but we are still able to do supervision during the week due to the availability of televideo.
188. Mostly positive. Remotely helped tremendously with a busy lifestyle!
189. Mostly positive. Stays on-subject, more organized, better overall experience.
190. Mostly positive. Televideo has allowed me and my supervisor flexibility in our schedules to see one another. The commute to each other is lengthy so we can have supervision with greater ease.
191. Mostly positive. Television did not affect supervision access for me.
192. Mostly positive. The quality of the supervision does not seem to change when it's in person vs when it's by televideo. It has helped access supervision when one of us is ill/not in the office.
193. Mostly positive. There is a shortage in QUALITY supervisors and televideo is the only way to meet with my clinical supervisor.
194. Mostly positive. There is no change to the quality of supervision via video versus in person. The ability to receive supervision remotely helps immensely.
195. Mostly positive. This method has allowed for greater ease in meeting times and fitting clinical supervision sessions into a busy schedule.
196. Mostly positive. We were easily able to share education materials via the platform, and were able to avoid cancelling due to childcare issues, transportation concerns etc.
197. Mostly positive. With the pandemic I would have had to pause on obtaining my clinical hours for my LSCSW.
198. Mostly positive. Yes, has helped with access.

199. Mostly positive. Yes, having the ability to receive supervision remotely has helped with accessing supervisors.
200. Mostly positive. Yes, it's helped with the flexibility.
201. Mostly positive. Yes, because it is more convenient and there is no travel involved.
202. Mostly positive. Yes, it has allowed continuity of supervision.
203. Mostly positive. Yes, remote access helped provide me with access to a supervisor without having to spend additional time outside of work commuting to receive in-person supervision.
204. Mostly positive. Yes, the ability to receive supervision remotely has helped with accessing supervisors. When I initially started seeking supervision, finding one locally was challenging, however I was able to obtain a supervisor clinically licensed here in Kansas but residing in another. In that we are able to do our supervision remotely. Which is greatly appreciated!
205. Mostly positive. Yes. I live in Lenexa Ks and my supervisor is in Independence MO.
206. Mostly positive. Yes. Remote supervision allowed me to do my job more efficiently by only requiring one hour for supervision rather than requiring me to drive both ways to access it. Remote supervision also allowed me access to a broader skill set than only what was available through employment.
207. Mostly Positive. Yes, has helped with access, and was able to find clinical supervisor with similar professional interest outside of current working relationships, which helps with professional growth.
208. Mostly positive; increase accessibility to supervision has helped rural populations receive adequate and quality supervision
209. Mostly positive; it has made supervision more accessible and easier with a busier schedule
210. mostly positive; more accessible, more flexible, better for expenses/mental health
211. Mostly positive; remote availability of clinical supervision has been helpful (only use this media when unavoidable)
212. Mostly Positive; yes. There are times when my clinical supervisor is not able to be at my worksite or meet face to face, and it helps us to be able to meet and discuss things just as we would in person.
213. Mostly positive; Yes, this has helped in maximizing the amount of time for a supervision session (allowing the supervisor and supervisee to jump in right away, versus get situated when meeting at a secure location).
214. Mostly positive-it made supervision convenient and easy to fit in during my work day.
215. Mostly supportive
216. Much easier to access supervisors!
217. My clinical supervision conducted remotely has been immensely helpful and extremely convenient, given that we are able to connect remotely. If we had to meet in person, this would become a barrier to receiving clinical supervision and furthering my career.
218. "My clinical supervision has been a combination of televideo and in-person. The quality of my tele-supervision has been very positive. Having televideo as an available option improved both accessibility and flexibility (ex. weather)."
219. My experience has been mostly positive. And because of the lack of supervisors in my city of residence, it has definitely made accessing a supervisor much more attainable.

220. My experience has been positive with both in-person and the few televideo supervision sessions.
221. My experience has been very positive. It has allowed us more flexibility which allows my supervisor to be more available.
222. My experience with receiving supervision by televideo has been mostly positive. I ability to receive supervision remotely has helped immensely with accessing supervisors. I had a bigger pool of supervisors to choose from than I would have had if only in-person supervision was allowed.
223. My experience with televideo clinical-level supervision has been mostly positive. The ability to receive this service remotely has allowed me to serve more clients throughout multiple counties. I have been able to receive supervision from multiple people within my specific practice of clinical work, which I would not be able to attain in person.
224. My experience with televideo supervision has been a good one. My supervisor holds licenses in 3 states and lives primarily in another state. There are few LCSW's available in my area. Without the ability to complete televideo supervision I don't know that I would have been able to work toward my clinical license.
225. My supervision quality has not been impacted by virtual sessions. The most significant impact for me has been that my supervision time frame would be extended by 6 months to a year if I did not have that option. So I highly favor the virtual option.
226. My supervisor has been wonderful through remote
227. N/A (not currently under supervision, but I do feel like it would have been helpful during my supervision)
228. N/A I have become used to telehealth/televideo as an educator, trainer, therapist, manager working with staff 100% remote.
229. negatively effected
230. Neutral
231. No I don't believe it has been negatively impacted as we do not always rely on televideo, only hybrid.
232. No it worked well for me
233. No negative impact from remote supervision and yes, it's a huge help with accessing supervisors.
234. Not at all positive, I felt like my clinical supervision failed to provide any content of value. No oversight over the televideo option allows clinical supervisors to do little to no preparation for supervision.
235. Not provided
236. Oh yes, very much so! It makes it easier accessible to supervisees! It's an added bonus when hiring staff.
237. Personally, televideo was more favorable for me given my hectic schedule. I could jump on a Teams call rather than having to drive somewhere else. Also, depending on the day, there were immediate needs that I couldn't avoid, and it made moving supervision to a later time or different date a lot easier. It wouldn't have worked sometimes if my supervision was in-person because the person would have already been at the meeting site. My supervisor works within the same company as me, but we work at two different locations so televideo was more beneficial for us.

238. Positive (21 Responses)
239. Positive - and yes, it has helped with access as it requires less time away from patient care for both supervisor and supervisee.
240. Positive yes it has helped to access supervisors
241. positive (I am referring to ongoing supervision not for the level of obtaining licensure); it still feels effective despite some challenges like for sharing handouts.
242. Positive. Helps with supervision in a rural area.
243. Positive and accessible
244. Positive and has been a great asset! I was able to find a great supervisor who via telehealth
245. Positive and has helped with access
246. Positive and helped with accessing my supervisor. She was unable to leave her home due to a fall but it did not prevent us from meeting and the quality of supervision felt the same.
247. Positive and increased availability of both myself and the supervisor to receive adequate supervision time.
248. Positive and very helpful in accommodating my unusual schedule.
249. Positive and very helpful!
250. Positive and yes it has helped to access my supervisor
251. Positive and yes, helped with accessibility especially during the pandemic
252. Positive because having an option for more supervisors in rural areas is great.
253. Positive due to the amount of time and accessibility for both me and my supervisor. I appreciate the flexibility.
254. Positive experience and was helpful to have the flexibility during work schedules.
255. Positive experience w/ televideo, and yes, it is helpful to access my supervisor much more easily.
256. Positive experience with additional in-person training
257. Positive experience. As someone who lived in MO during my clinical supervision, the televideo option made it possible to have supervision with a well-known and highly regarded supervisor who was over an hour from my home.
258. positive experience. helps with time management and was able to stay with someone i trusted when i moved cities for work.
259. Positive if there is an agenda and talking points
260. Positive in being able to access supervisors.
261. Positive--- in person is preferable
262. Positive it has helped me get the correct amount and not have to have travel time
263. Positive. Yes, I wouldn't be able to receive clinical supervision with my agency without the remote option.
264. Positive, and yes the convenience and flexibility was important
265. Positive, and yes the time spent I feel is focused and can be convenient
266. Positive, as a school social worker sometimes I am unable to leave the building. This has made it possible to still access my supervision.
267. Positive, definitely helps with locating a supervisor.
268. Positive, has increased access to supervisor, especially during inclement weather

269. Positive, it has allowed for increased flexibility and more consistent supervision meetings. It also facilitates real time review of tools, resources and information to better inform our discussion.
270. Positive, it helped to meet the needs of both of our schedules and I still got quality supervision.
271. Positive, saves drive time and allows me more flexibility
272. Positive, when combined also with in-person supervision also provided on a regular basis.
273. Positive, yes in terms of access
274. Positive (2 Responses)
275. Positive. I live in a rural area and access to meet for clinical supervision would be challenging for in person. We do a combination of remote and in person and I don't feel any negative impact of the remote access.
276. positive. No challenges whatsoever.
277. Positive. Accessible and convenient
278. Positive. All of my clinical supervision was in person, however I have been working on EMDR certification and that has been remote and has been amazing.
279. Positive. Having access to televideo has improved access to my supervisor!
280. Positive. Helped with limiting travel and reducing time conflicts.
281. Positive. Helps access supervisors, more flexibility in scheduling with high caseloads, etc.
282. Positive. I believe access to televideo supervision is beneficial in helping with access to supervisors.
283. Positive. I believe this allows for both supervisor and supervised to reduce travel time and have more time in their day.
284. Positive. I was able to both in person and televideo. It does offer access for areas limited
285. Positive. It allowed me to continue supervision when complicated circumstances arose such as childcare, illness and highly urgent issues.
286. Positive. It depends on quality of the supervisor, as well as level of commitment by both parties.
287. Positive. It gives me better availability to meet with my supervisor
288. Positive. It has had no impact on the supervision I have received.
289. Positive. It has made it more accessible due to scheduling and conflicts or illness.
290. Positive. It provides much more flexibility, coordination of schedules, and helps to connect supervisors with supervisees who are not local to one another or within the same agency.
291. Positive. It was more conducive to my schedule.
292. Positive. It was only one time while my supervisor was sick.
293. Positive. It's the primary thing that made it possible
294. Positive. Televideo makes connections possible with far less barriers.
295. Positive. This has helped my ability to access clinical supervision.
296. Positive. We were able to screen share and review documents with ease. It was very professional and productive.
297. Positive. Yes I was able to have a supervisor across the state the offered great advise and help and wouldn't of got that if I wasn't able to get if I wasn't allowed telehealth
298. Positive. Yes, it helps.

299. Positive; Allowed for flexibility in adhering to supervision requirements during periods of unpredictability.
300. Positive; helped
301. Positive; yes
302. Positively
303. Positively influenced by removing barriers to in-person attendance and coordination
304. Positives it's not my preference but has been nice to have an alternative when needed for things like scheduling changes or inclement weather.
305. Primarily positive. It certainly helps accessing supervisors, even within my own organization due to how spread out the organization is.
306. Quality has been positive. Ability to receive supervision via televideo has been beneficial and increases time available to provide direct services to individuals (reduction in drive time = more time with clients)
307. Receiving clinical supervision via televideo has been very helpful, it provides with me flexibility to meet with my clinical supervisor as often as needed and allows for concerns to be addressed more promptly as I do not have to drive to meet with her.
308. Remote access to my clinical supervisor has been paramount, as we live three hours away from one another. I believe that my clinical supervision with this individual has been extremely positive. I have had other supervisors in the past (in person) that have not worked out as well for me. So, allowing remote/televideo clinical supervision has helped me access the RIGHT supervisor.
309. Remote clinical supervision was extremely positive. It allowed flexibility and less costly overall.
310. Remote is sufficient for supervision. More time and access to meet with supervisors due to everyone's busy schedules.
311. Remote supervision as a back up to in person has been a great option and mostly positive
312. Remote supervision has been 100% a positive experience. It provides me more access to my supervisor when needed and more times available to meet because I don't have to go to an actual building/location to meet/commute times.
313. Remote supervision has been very positive and an important way to help get weekly supervision in
314. Remote supervision was no different than in person; in regard to quality. The accessibility of a remote option was very helpful in certain situations (ex. Supervisor or myself was sick).
315. Remote, I believe is a great option for various reasons rather transportation, Weather, accessibility. I personally am able to obtain positive experiences through this form and believe it is helpful overall.
316. Supervision is typically conducted in-person and was only moved to be virtual on 2 occasions when one of us was sick. It didn't impact the quality of supervision and did help with accessibility.
317. Supervision provided via televideo was a completely positive experience. I was able to get supervision from someone who specialized in the area of expertise I am most interested in. It allowed me to spend less time commuting and more time on focusing what was important.

318. Supervision via telehealth has been positive. I prefer in person supervision, but it has been really great to have the option in inclement weather, if not feeling well, etc.
319. Televideo and virtual modalities are not the same quality as in-person. It is almost absurd to dispute that point.
320. Televideo has been very helpful. I encourage we continue to all for this option. It opens the door to qualified supervision by opening the door to supervision options.
321. Televideo has made supervision more accessible because my supervisor is in a different county, however I would say the quality of supervision over televideo is mostly negative because I can see my supervisor scrolling Facebook in her glasses.
322. Televideo supervision allowed me and my clinical supervisor to review the clinical record at the same time while remaining face to face on video. For social workers in a rural area, allowing televideo increases the quality of supervision, as it would be more difficult to have a supervisor without a dual relationship or other conflict of interest in a small community.
323. Televideo supervision has allowed for group supervision. With this, I have been able to learn from other supervisees and guidance from our supervisor that I would not obtain due to schedule conflicts for in person supervision. Televideo supervision has been highly beneficial.
324. Televideo supervision has been positive. It increases access to supervisors as we work in multiple locations and have different schedules.
325. Televideo supervision is a positive change that helps people access needed supervision. It does not have any negative impact on supervision quality.
326. Televideo supervision was efficient and positive. It allowed for more efficient use of my time by not having to travel to my supervisor's office. I was able to find a supervisor that was in my interest area with greater ease because of televideo.
327. The ability to do televideo supervision has been helpful if weather or other factors deter me from attending in person. The quality of the televideo supervision is hit and miss but that is more so on the supervisor than on any other factors.
328. The ability to have supervision over televideo was a positive experience. My supervisor was not always in my local area, so the ability to do supervision remotely was important. Also, the ability to have remote supervision allows the opportunity for those in rural areas to have the opportunity to have supervision.
329. The ability to move supervision in person to televideo as need arises has given me to opportunity to continue gaining supervision and see as many clients as possible.
330. The ability to use remote options for supervision was very important to me for accessing clinical supervision during and after the pandemic. I feel the quality was similar to in person supervision and at times better. It was easier to share materials and discuss using screen share and this allowed for me to gather more resources and tools.
331. The quality of my supervision has been positive.
332. "The quality of televideo supervision is overall positive.
333. Televideo supervision is not of as high quality as is in-person supervision.
334. Receiving supervision remotely does help in accessing supervision (self-explanatory, such as in context of physical illness sxs or transportation or other logistical challenges)."
335. The remote option has been positive. It has allowed me to pick supervisors that are in alignment with my population and therapeutic approaches.

336. There have been no supervisors available to me, in person or not.
337. There were only a couple of times that we had to do supervision remotely. It did not affect the quality of supervision. Mainly my supervision is in person.
338. This allowed more options for supervisors.
339. This has allowed me to meet with supervisors who are not only LSCWS, but also RPTS and helped me in both learning more about my clinical skills, as well as my play therapy skills at the same time.
340. This has been a mostly positive experience. I have been able to meet with my supervisor more regularly and it has helped in scheduling around their and my other meetings/appointments.
341. This has been a positive change to increase accessibility, ensure clinical oversight, and improve client care.
342. This has been a positive experience
343. This has been all positive. It helps with scheduling.
344. This has been essential!!
345. This has only been positive. I was living in a rural area and could receive supervision from my supervisor who lived in an urban setting. It also allowed for greater time flexibility. Lastly, I was able to have more options for supervisors.
346. This is not about this question per se, but there was nowhere to put additional comments…but I wanted to bring up the LSCSW exam. I took it and missed by 1 point. It was so stressful, and my mental health suffered from the anxiety. I have been a sw for over 23 years and have passed both the LBSW and LMSW exams. Would BSRB be willing to consider taking a second look at sw's that missed by such a small margin on the exam? It's 1 point, but I cannot take it again due to the stress.
347. This type of supervision allows the Social Worker to be matched with specialists and people who match their clinical need. I believe this is highly beneficial.
348. Though I prefer in-person because I would always rather meet with someone in person vs online in any situation, I did find tele-supervision to be as effective as in-person supervision.

349. Very positive (3 Responses)

350. Very positive and allowed for some flexibility considering how much I have to work to afford paying for my own clinical supervision.
351. Very positive and beneficial
352. Very positive and realistic as traveling to and from takes away from my daily duties.
353. Very positive and very thankful for the opportunity to be able to do that!
354. Very positive because of my strong bond with the individual. The tele aspect did not diminish.
355. Very positive, it's easier to fit into my schedule when completed over televideo.
356. Very positive. It allowed more freedom and time for my supervisor and I when arranging our appointment times.
357. Very positive. Virtual supervision has allowed us to meet when weather is bad, children are sick, etc. I find value in both in person and virtual supervision. I tend to be more open on virtual sessions.

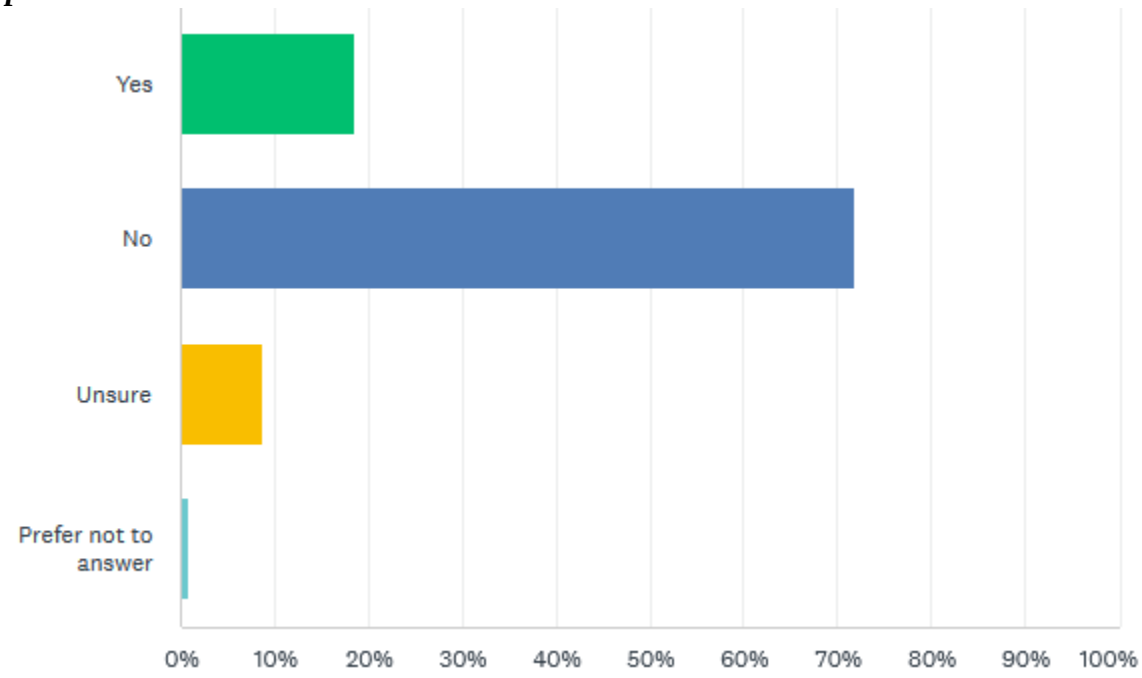
358. Yes (11 Responses)

359. Yes especially with scheduling conflicts

360. Yes- I feel with technology televideo supervision is no different than in person supervision
361. Yes, I felt my supervisor and meetings were high quality and fine
362. Yes, I have never felt like there was an issue with televideo supervision. My supervisor handled it very effectively.
363. Yes, I have received positive results. It has allowed me to save gas going out of town as well as remain available for my clients. I've also had some car trouble which would have otherwise made traveling for supervision very difficult as well as more expensive due to gas reasons.
364. Yes it has all been positive no downside at all.
365. Yes it has helped when my supervisor was busy and it would have resulted in a cancelled session otherwise.
366. Yes, it is helpful to have multiple options
367. Yes it was a positive experience and helped to make supervision more accessible.
368. Yes it was mostly positive, being able to meet for supervision by televideo was very helpful for access, it increased the times available for us to schedule and meet, cut down on travel time and expense, and seemed very beneficial to have as an option for both supervisor and supervisee!
369. Yes, it's been mostly positive. It's allowed for ability to keep supervision appointments when other weather, scheduling, or transportation issues they have gotten in the way otherwise.
370. Yes more convenient and just as helpful
371. Yes more flexibility
372. Yes most of my supervision was remote and good quality and It significantly reduced what would have been barriers for in person supervision.
373. Yes mostly positive
374. Yes remote is conducive to work schedule
375. Yes this has helped immensely in accessing quality supervision.
376. Yes! It removes barriers and allows the supervision to continue when life brings challenges.
377. Yes! It was easily accessible & I could see resources quickly. I was providing a lot of Telehealth & supervision in the way was helpful to be able to model & transfer skills practiced.
378. Yes! My clinical supervisor was always available and supportive.
379. Yes! Perfect all the way around for flexibility with schedules.
380. Yes! This has been so helpful, as when someone is sick or traveling, meeting can still occur.
381. Yes, all positive. Accessibility has been positively affected as well.
382. Yes, definitely positive. Remote supervision allowed me to continue my clinical supervision during the pandemic when it was necessary if I was sick, my children were sick, or my supervisor was sick. Without it, I'm not sure if I would've been able to complete the clinical licensing process.
383. Yes, I loved my video supervision. It was great to add it into my workday instead of taking off time to drive and meet someone. It was very high quality.
384. Yes, I'm blessed with the best without this it would Not be possible
385. yes, it has been positive and necessary in my circumstances given some life events with family health issues making office visits difficult.
386. Yes, it has been very positive.
387. Yes, it has made supervision attainable and should remain an option.

388. Yes, it was quality supervision that was received.
389. Yes, there are times my clinical supervisor is working at a different location than me so it is very convenient to do televideo instead.
390. Yes, when I was working in a rural area, access via televideo saved me multiple hours of drive time and helped me to maximize my patient/client contact.
391. Yes. Makes it much easier to receive supervision when both are busy professionals who sometimes don't have time to be in the same space.
392. Yes. I believe being remote added so much flexibility and removed a lot of barriers. My supervisor experience was mostly positive.
393. Yes. It was a positive experience and helps with access.
394. Yes. My supervisor would not be able to meet every week in person only.
395. Yes. Super helpful to have the option of virtual. Saves time.

Question 14. *Kansas currently requires 40 hours of continuing education every two-year license period for each level of permanent social work license.* ***Do you believe lowering the required number of hours from 40 hours to 30 hours would negatively affect professionalism and safe practice?***



ANSWER CHOICES	RESPONSES	
Yes	18.62%	483
No	71.78%	1,862
Unsure	8.71%	226
Prefer not to answer	0.89%	23
TOTAL		2,594

Additional Comments

The Behavioral Sciences Regulatory Board thanks all social works who completed the 2024 Survey of Social Workers. In addition to the feedback that was provided through the survey, a handful of individuals sent messages to the BSRB with additional comments, so those comments have been summarized below:

- One individual stated they loved this approach;
- One individual noted they had been licensed as a bachelor's level social worker for several decades and expressed discouragement with the lack of jobs available for social workers at the bachelors and master's levels of licensure. This individual expressed a request for a way be able to advance to a higher level of license based on years of practice, noting that it would not be feasible to return to school and incur student loans;
- One individual asked if it would be permitted to share information for the survey on a social media group site (*note*: the BSRB informed this individual that it would be appropriate to share news about the survey, but not to share the individual message, as that was sent to his personal e-mail with a specific link for him to take the survey.);
- Two individuals noted being unable to receive the survey (*note*: the BSRB followed up with both individuals and offered to work with these individuals to obtain their responses. One individual agreed and the results from this individual were entered manually into the survey results and are reflected in the combined report. Several other e-mail "bounce-back" notices were received by the agency, so the BSRB followed up to update contact information and to send the survey to individuals who did not receive it originally.)
- One individual noted difficulty answering the demographic question on the survey, as he holds two different employment positions, and one job involves work in an urban setting while another job involves work throughout the entire state;
- One individual expressed concern that the survey questions may be written in a misleading way and noted that they might have answered some questions differently if they did not read the questions closely. This individual also expressed concerns with being asked to provide feedback on topics, such as a proposed multi-state compact, without more details being made clear, such as whether a person would need to pay a fee for a multi-state license if someone is already licensed in Kansas;
- One individual stated interest in learning the outcomes from the survey, specifically concerning the question on a potential decrease in continuing education hours. This individual expressed support for decreasing the required hours from 40 hours to 30 hours and noted that workshops can be costly, given social worker salaries. (*Note*: the BSRB informed this individual that the survey responses would be included in a report and a link to the report would be sent to all social workers when the report was available.); and
- One individual expressed concern regarding a possible decrease in professional standards, such as discontinuing a national examination and lowering continuing education hours from 40 hours to 30 hours. This individual noted the social work community should be working to strengthen professional standards to better serve clients, given the need for ethics, advanced critical thinking, and communication skills.

102-2-6. Program approval. (a) Definitions. The following terms shall be defined as follows:

(1) "Core faculty member" means an individual who is part of the program's teaching staff and who meets the following conditions:

(A) Is an individual whose education, training, and experience are consistent with the individual's role within the program and are consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) is an individual whose primary professional employment is at the institution in which the program is housed; and

(C) is an individual who is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual's name in public and departmental documents.

(2) "In residence," when used to describe a student, means that the student is ~~present at the physical location of the institution for the purpose of~~ completing coursework during which the student and one or more core faculty members are in face-to-face contact either in person or by synchronous videoconferencing.

(3) "Primary professional employment" means a minimum of 20 hours per week of instruction, research, any other service to the institution in the course of employment, and the related administrative work.

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(b) To be recognized and approved by the board, an undergraduate or graduate social work program shall be accredited by the council on social work education or shall be in substantial compliance with all of the following standards:

(1) The program shall have a curriculum plan that has been or will be fully implemented during the current academic year.

(2) The program shall have graduated a class of students or shall graduate a class of students during the current academic year.

(3) The social work program shall meet the following conditions:

(A) Have autonomy with respect to an identified budget and an established governance and administrative structure;

(B) have responsibility for participation in personnel recruitment, retention, promotion, and tenure decisions;

(C) have support staff assigned to the program; and

(D) have other necessary resources and authority required for the achievement of specified program objectives.

(4) The program shall have a field education program that is clearly incorporated as an integral component of the curriculum and the social work degree requirements. The field education program shall engage the student in supervised social work practice and experiential opportunities that apply classroom learning in the field setting.

(5) The program shall have a clear plan for the organization, implementation, and evaluation of the class and field curricula.

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(6) The program shall have social work faculty advisors who are sufficiently knowledgeable about the social work program and who are available to advise social work students.

(7) The program's written policies shall make explicit the criteria for evaluation of student academic and field performance.

(8) The program's written policies shall include procedures for the termination of student participation in the professional social work degree program, and each student shall be informed of these termination procedures.

(9) The social work program shall be contained within a college or university that is regionally accredited.

(10) No less than 50% of the required program coursework shall be completed "in residence" at one institution, and the field education program shall be completed at the same institution.

(c) In addition to the standards in subsection (b) of this regulation, each undergraduate social work program that is not accredited by the council on social work education shall meet all of the following standards:

(1) The program shall specify in the university or college course catalog that its primary educational objective is preparation for beginning professional social work practice.

(2) The program coursework shall be identified and described in the course catalog of the university or college.

(3) The program shall have a designated director whose educational credentials include either a baccalaureate or a graduate degree in social work and who holds a full-time appointment in the educational institution.

(4) Each program faculty member who teaches the content on social work practice and each program faculty member who coordinates the field education program shall fulfill these requirements:

(A) Hold a graduate degree in social work; and

(B) have had two or more years of professional social work practice experience.

(5) The core faculty shall be responsible for essential program functions, including the following duties:

(A) Regular design, modification, approval, implementation, and evaluation of the program curriculum and educational policies;

(B) systematic and continual evaluation of program results in view of the specified objectives of the program;

(C) teaching of social work practice courses and other social work courses;

(D) coordination of field education program experiences and provision of instruction for the field education program; and

(E) establishment and maintenance of program integrity and attainment of program visibility.

(6) The program director shall have primary responsibility for the coordination and educational leadership of the program and shall be provided with the time and financial resources needed to fulfill those responsibilities.

(7) The program shall have a minimum of two full-time, core faculty members whose primary assignment is to the program.

(8) The field education program provided as part of the program shall consist of a minimum of 400 clock hours successfully completed in the field setting. Except as provided by paragraph ~~(b)(3)(ii)~~ (b)(3)(B)(ii) of K.A.R. 102-2-2a, each student participating in the field education program shall be directly supervised by an individual either licensed or academically eligible for licensure in social work in the jurisdiction in which the supervised field education program is completed.

(d) In addition to the standards of subsection (b) of this regulation, each graduate social work education program that is not accredited by the council on social work education shall meet all of the following standards:

(1) The program shall be an integral part of an educational institution that is institutionally accredited to award the master's or doctoral degree in social work.

(2) The program shall specify in the university or college course catalog that it prepares graduate students for advanced social work practice.

(3) The educational level for which accreditation has been received shall be specified in any program documents referring to accreditation.

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(4) The program shall have a full-time dean or director as its chief executive officer.

(5) The graduate program shall offer, as its basic program design, two full-time academic years of professional education that leads to a graduate degree in social work. A minimum of one academic year of the program shall be in full-time status, as defined by the educational institution.

(6) Each program faculty member who teaches the content on social work practice and each program faculty member who coordinates the field education program shall fulfill these requirements:

(A) Hold a master's degree in social work;

(B) have had post-master's professional social work practice experience; and

(C) be qualified for licensure to practice social work in the state of Kansas.

(7) The program faculty shall have responsibility for curriculum design, modification, approval, and implementation and for systematic, continual evaluation of the program.

(8) The faculty shall be responsible for educational policy in matters of admission, advising, retention, and graduation of students.

(9) The faculty shall be responsible for continual and systematic guidance of students through the professional educational program.

(e) Upon request of the board, each school shall present documentation to the board that it has satisfactorily met the standards of subsection (b) and the

standards of either subsection (c) or (d), as applicable. (Authorized by K.S.A. ~~2005 Supp.~~ 74-7507 and K.S.A. 2023 Supp. 65-6306; implementing K.S.A. 2023 Supp. 65-6306; effective May 1, 1982; amended May 1, 1987; amended Oct. 24, 1997; amended Oct. 27, 2006; amended P-_____.)

Behavioral Sciences Regulatory Board

Protecting and serving consumers of behavioral science services

The mission of the Behavioral Sciences Regulatory Board (BSRB), in accordance with the intent of the Kansas Legislature, is to protect and serve the consumers of services offered by BSRB licensees, through the issuance of licenses, resolution of complaints and the creation of appropriate regulations, accomplished through efficiency, fairness and respect to all those involved.

700 SW Harrison St., Ste 420, Topeka, KS 66603
Phone: (785) 296-3240

Supervision Manual

"A Guide for the Licensed Specialist Clinical Social Worker Supervisor"

Table of Content

1. LSCSW Supervision Manual Purpose and

This manual is provided by the Kansas Behavioral Sciences Regulatory Board to assist those individuals providing LSCSW clinical supervision. The intent of this manual is to provide information regarding the BSRB's authority as it relates to clinical supervision for LSCSW candidates, and requirements to assist the LSCSW clinical supervisor in their role with their respective supervisee(s). Refer to www.ksbsrb.ks.gov for the most current version of all statutes and regulations.

2. Acknowledgement

The Board would like to express its sincere appreciation to and acknowledge those individuals who served on the sub-committee that worked to compile the information and prepare the documents included in this LSCSW Supervisor Manual. Their efforts to provide a useful resource for clinical social work supervisors and supervisees are greatly appreciated.

The following individuals served on the LSCSW Supervisor Manual Sub-Committee:

Carolyn Szafran, LSCSW, Social Work Board Member, Co-chair of the Advisory Committee
Marcia Simoneau, LSCSW, Social Work Board Member, Co-chair of the Advisory Committee
Carl Myers, LSCSW, Social Work Advisory Committee Member
Sheri Hilger, LSCSW, Social Work Advisory Committee Member
Max L. Foster, BSRB Executive Director
Leslie Allen, BSRB Assistant Director/Licensing Manger
Joan Hahn, BSRB Licensing Specialist

3. LSCSW Clinical Supervision and Licensure Requirements - Statutes and Regulations

The title of each document in this manual is a link to the online document

a. BSRB Statutes - *Click on a link below to view the statute on the website*

65-6302 - Definitions

K.S.A. 65-6306 - Qualification for licensure

K.S.A. 65-6319 - Diagnosis of Mental Disorders by certain licensed social workers

b. BSRB Regulations - *Click on a link below to view the regulation on the website*

K.A.R. 102-2-1a. - Definitions – *Subsection (e) is the definition of clinical social work practice*

K.A.R. 102-2-2a. - Application for licensure

K.A.R. 102-2-3 - Fees

K.A.R. 102-2-7 - Unprofessional Conduct

K.A.R. 102-2-8 - Supervision – *Supervision requirements for LSCSW STARTS with subsection (d)*

K.A.R. 102-2-12 - LSCSW licensure requirements

K.A.R. 102-2-14 - Designation of referral source for use in the diagnosis and treatment of mental disorders authorized

Click this link to view the website page where all social work statutes and regulations are listed.

4. LSCSW Supervision Process and Forms Licensure Statutes and Regulations

a. Definition of LSCSW Clinical Supervision

BSRB statutes and/or Regulations

K.A.R. 102-2-1a Definitions (aa) "Social work supervision" means a formal professional relationship between the supervisor and supervisee that promotes the development of responsibility, skill, knowledge, attitudes, and ethical standards in the practice of social work.

b. Role of LSCSW Clinical Supervisor

BSRB Statutes and/or Regulations

K.S.A. 65-6319 **Diagnosis and treatment of mental disorders by certain licensed social workers authorized.** The following licensed social workers may diagnose and treat mental disorders specified in the edition of the diagnostic and statistical manual of mental disorders of the American psychiatric association designated by the board by rules and regulations: (a) A licensed specialist clinical social worker, and (b) a licensed master social worker who engages in the practice of social work only under the direction of a licensed specialist clinical social worker, a licensed psychologist, a person licensed to practice medicine and surgery or a person licensed to provide mental health services as an independent practitioner and whose licensure allows for the diagnosis and treatment of mental disorders. When a client has symptoms of a mental disorder, a licensed master social worker shall consult with the client's primary care physician or psychiatrist to determine if there may be a medical condition or medication that may be causing or contributing to the client's symptoms of a mental disorder. A client may request in writing that such consultation be waived and such request shall be made a part of the client's record. A licensed master social worker may continue to evaluate and treat the client until such time that the medical consultation is obtained or waived.

c. Clinical Social Work Practice

BSRB Statutes and/or Regulations

DEFINITIONS:

K.A.R. 102-2-1a (e) (e) **"Clinical social work practice"** means the professional application of social work theory and methods to the treatment and prevention of psychosocial problems, disability, or impairment, including emotional and mental disorders. Clinical social work shall include the following:

(1) Assessment;
(2) diagnosis;
(3) treatment, including psychotherapy and counseling;
(4) client-centered advocacy;
(5) consultation;
(6) evaluation; and
(7) interventions directed to interpersonal interactions, intrapsychic dynamics, and life support.

K.A.R. 102-2-1a (i) (i) **"Direct client contact"** means the provision of social work services to a client or clients in an individual, family, or group format with interaction being conducted in person or remotely with real-time, two-way interactive audio, visual, or audiovisual communications, including the application of videoconferencing, in which confidentiality is protected. Interaction that includes electronic mail, instant messaging, texting, or facsimile shall not be considered direct client contact.

K.S.A. 65-6302 (b) **"Social work practice"** means the professional activity of helping individuals, groups or communities enhance or restore their capacity for physical, social and economic functioning and the professional application of social work values, principles and techniques in areas such as psychotherapy, social service administration, social planning, social work consultation and social work research to one or more of the following ends: Helping people obtain tangible services; counseling with individuals, families and groups; helping communities or groups provide or improve social and health services; and participating in relevant social action. The practice of social work requires knowledge of human development and behavior; of social, economic and cultural institutions and forces; and of the interaction of all these factors. Social work practice includes the teaching of practicum courses in social work and includes the diagnosis and treatment of mental disorders as authorized under K.S.A. 65-6306 and 65-6319, and amendments thereto.

K.S.A. 65-6302 (c) **"Psychotherapy"** means the use of psychological and social methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation to acquire greater human realization of psychosocial potential and adaptation; to modify internal and external conditions which affect individuals, groups or communities in respect to behavior, emotions and thinking, in respect to their intra-personal and inter-personal processes. Forms of psychotherapy include but are not restricted to individual psychotherapy, conjoint marital therapy, family therapy and group psychotherapy.

d. Legal Responsibilities and Liability Risk for LSCSW Clinical Supervision

BSRB Statutes and/or Regulations - *This is a partial list. Check with your professional liability insurance to make sure you are covered.*

K.S.A. 65-6311. **Grounds for suspension, limitation, condition, revocation or refusal to issue or renew license; procedure; licensure of applicant with felony conviction; requirements.** (a) The board may refuse to issue, renew or reinstate a license, may condition, limit, revoke or suspend a license, may publicly or privately censure a licensee or may impose a fine not to exceed $1,000 per violation upon a finding that a licensee or an applicant for license:

(1) Is incompetent to practice social work, which means:

(A) One or more instances involving failure to adhere to the applicable standard of care to a degree that constitutes gross negligence, as determined by the board;

(B) repeated instances involving failure to adhere to the applicable standard of care to a degree that constitutes ordinary negligence, as determined by the board; or

(C) a pattern of practice or other behavior that demonstrates a manifest incapacity or incompetence to practice social work;

(2) has been convicted of a felony offense and has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;

(3) has been convicted of a misdemeanor against persons and has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;

(4) is currently listed on a child abuse registry or an adult protective services registry as the result of a substantiated finding of abuse or neglect by any state agency, agency of another state or the United States, territory of the United States or another country and the applicant or licensee has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;

(5) has violated a provision of the social workers licensure act or one or more rules and regulations of the board;

(6) has obtained or attempted to obtain a license or license renewal by bribery or fraudulent representation;

(7) has knowingly made a false statement on a form required by the board for a license or license renewal;

(8) has failed to obtain continuing education credits as required by rules and regulations adopted by the board;

(9) has been found to have engaged in unprofessional conduct as defined by applicable rules and regulations adopted by the board; or

(10) has had a license, registration or certificate to practice social work revoked, suspended or limited, or has had other disciplinary action taken, or an application for a license, registration or certificate denied, by the proper regulatory authority of another state, territory, District of Columbia, or other country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof.

(b) For issuance of a new license or reinstatement of a revoked or suspended license for a licensee or applicant for licensure with a felony conviction, the board may only issue or reinstate such license by a 2/3 majority vote.

(c) Administrative proceedings and disciplinary actions regarding licensure under the social workers licensure act shall be conducted in accordance with the Kansas administrative procedure act. Judicial review and civil enforcement of agency actions under the social workers licensure act shall be in accordance with the Kansas judicial review act.

K.A.R. 102-2-7. Unprofessional Conduct

e. LSCSW Clinical Supervision Training Plan

BSRB Statutes and/or Regulations

K.A.R. 102-2-1a Definitions (f) **"Clinical supervision training plan"** means a formal, written contract between a supervisor and a supervisee that establishes the supervisory framework for postgraduate clinical experience and the expectations and responsibilities of the supervisor and the supervisee.
Clinical Supervision Training Plan form
Example -Template How to Write a Clinical Supervision Plan (see page 13)
Sample - Supervision Log and Supervision Meeting form (see page 16)

f. LSCSW Clinical Supervision Hour Summary

BSRB Statutes and/or Regulations

Regulations relevant to clinical supervision hours.
K.A.R. 102-2-1A (e) K.A.R 102-2-12 (c) K.A.R. 102-2-8 (d)

Complete **all** minimum requirements in no fewer than two years and no more than six.
3000 total hours of supervised clinical experience

- 1500 hours – Direct Client Contact
- 1500 hours – Professional Hours

1500 hours of "Direct Clinical Contact"

- **At least 1500** hours MUST be Direct Client Contact:
  - Individual, Family or Group service to client system
  - Conducting Psychotherapy, Diagnosis (although the diagnosis does not have to be official) and Assessment

1500 hours of "Professional Hours"

- Activities that support/enhance your work with clients
- Prep for sessions, documentation, research
- Trainings or CEUs – only if they are directly related to the client population you serve.
- Consider the work related activity you are performing. View it through the lens of "am I doing this thing because of the clients I saw for the client contact?" If the answer is yes, then it can most likely be counted in the indirect client contact.

Complete 100 total hours of Clinical Supervision

- Must meet for at least *1 hour of supervision for every 15 hours* of direct client
- Must meet at least two times per month, at least one of these two meetings must be individual supervision
- 50 hours of supervision (out of 100 total required) have to be individual supervision
- Up to 50 hours of supervision may be group supervision

g. Training Plan Amendments

BSRB Statutes and/or Regulations

In pertinent part, K.A.R. 102-2-8 …(d)… (7) Revision of the clinical supervision training plan. **All** changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board.

The following forms are for the most common changes to a training plan. The supervisee must submit **ALL** changes to the board for approval, not only those covered by these forms.

Training Plan Amendment – Supervisor Changes

Training Plan Amendment – Position or Work Site Changes

5. LSCSW Application Process

BSRB Statutes and/or Regulations and Forms

Application for Licensure: K.A.R 102-2-2a

LSCSW application packet - including instructions and supervisor's attestation

6. Common Questions Asked and Answered

Website FAQs (click here) Once there, scroll down for LSCSW information.

7. Writing A Clinical Supervision Training Plan

How to Write a Clinical Supervision Training Plan

1 through 11. Answer all Yes/No questions, providing additional information as needed. Beginning with question number 12 you will be required to provide written answers.

12. a. What are the anticipated types of clients to whom you will be providing services? [KAR 102-2-8 (d)(6)(B)]
Provide examples of the client population you anticipate treating at your approved work site.

b. What services will you be providing to clients?
Provide examples of the services, both clinical and nonclinical (if applicable) you will be providing to clients at your approved work site.

13. Review the definition of clinical social work below (KAR 102-2-1a (e)) list your clinical supervision goals and briefly describe how you will attain those goals. You may include additional goals if you wish but you must provide goals based upon numbers 1 – 7.
(e) "Clinical social work practice" means the professional application of social work theory and methods to the treatment and prevention of psychosocial problems, disability, or impairment, including emotional and mental disorders. Clinical social work shall include the following:
(1) Assessment;
(2) diagnosis;
(3) treatment, including psychotherapy and counseling;
(4) client-centered advocacy;
(5) consultation;
(6) evaluation; and
(7) interventions directed to interpersonal interactions, intrapsychic dynamics, and life support and management issues.

14. Outline your responsibilities in relation to these goals and objectives. [KAR 102-2-8 (d)(6)(F)]
For you to achieve these goals what must you do?

15. Outline your supervisor's responsibilities in relation to these goals and objectives. [KAR 102-2-8 (d)(6)(E)]
Note how your supervisor will help you attain the goals listed in number 13.

16. Describe the contingency plans for missed supervision sessions, and supervision while your supervisor is unavailable. Should there be an emergency or crisis and your primary supervisor is unavailable, to ensure supervision is available at all times, provide the name of an emergency supervisor.
How will missed supervision sessions be made up? Who would provide supervision if your supervisor has a planned absence such as vacation, medical issue, etc.? Provide the name of the person who would provide supervision if your clinical supervisor was unavailable during a crisis.

An emergency supervisor is someone you would contact in an emergency or crisis if you could not contact your approved clinical supervisor. He/she can be anyone who is clinically licensed because you will not be accruing any supervision towards the LSCSW with this person.

A back up supervisor is someone with whom you would meet for supervision if your clinical supervisor is unavailable, either because of an unplanned or extended absence. This person must be approved in writing by the Board.

Please note: Anyone whose name is provided in your answer to this question is NOT automatically approved to provide supervision. No hours accrued under this supervisor (or supervisors) may be used toward the required hours for the LSCSW unless he/she is approved by completing section III, IV and V of the training plan or by submitting a training plan amendment after the training plan has been approved. Any supervisor with whom you wish to accrue hours towards the LSCSW must be approved by the Board. Approval is provided by submitting the appropriate documentation to the Board.

8. Sample Forms

YOU ARE NOT REQUIRED TO USE THE FOLLOWING FORMS. THEY ARE PROVIDED AS SAMPLES

SUPERVISION LOG (SAMPLE)

Date	Direct Client Contact Min. 1500 Hours	Professional Hours Up to 1500	Total Hours Min. 3000 Hours	Individual Supervision Hours	Group Supervision Hours	Total Supervision Hours	Supervision In Person or Televideo	Brief Description of Content
mm/dd/yy								
mm/dd/yy								
mm/dd/yy								

SUPERVISION MEETING FORM (SAMPLE)

Date: _____

Supervisee(s): _____

Clinical Supervisor: _____

Where supervision took place:_____In person Y N

Supervision meeting start time: _____End time: _____

Issues discussed/client cases: _____

_____

_____

Supervisee strengths: _____

_____

_____

Supervisee areas for improvement/concerns: _____

_____

_____

Issues discussed/client cases: _____

_____

_____

Tasks to be completed by the next supervision meeting or date specified: _____

_____

_____

Supervisee comments or concerns: _____

_____

_____

Supervisee Signature:_____

Clinical Supervisor Signature:_____

Association of Social Work Boards

model social work practice act

Model Law Task Force, 1996 - 1997
with amendments, 1998 - 2012
with amendments, 2013 – 2015
with amendments, 2018

Contents

ASWB Model Practice Act

Introduction

The Association of Social Work Boards Model Social Work Practice Act was formally adopted by the AASSWB (now ASWB) Delegate Assembly at its Annual Meeting in the fall of 1997. As a fluid document and a resource to the ASWB member boards, the Model Act has been modified on several occasions through actions of the Delegate Assembly. Historically, the Model Act was the result of two years of intensive work by an eight-member Model Law Task Force created in 1996. At that time, ASWB was operating under its previous name, the American Association of State Social Work Boards (AASSWB). The current name of the association was adopted by the Delegate Assembly at its Annual Meeting in the fall of 1999.

During its development, extensive input for the Model Act was solicited from social work regulatory boards, social work professional organizations, credentialing groups, and accrediting bodies. The numerous comments received by ASWB helped to inform the development of this comprehensive model designed to assist legislatures and boards in addressing social work regulation.

The purpose of the ASWB Model Act is simple: to provide a resource to legislatures and social work boards when addressing issues related to the public protection mission of regulating the practice of social work. Informed by a national perspective, the Model Act establishes standards of minimal social work competence, methods of fairly and objectively addressing consumer complaints, and means of removing incompetent and/or unethical practitioners from practice. Social work Boards can better protect the public when they have access to resources, such as the ASWB Model Act, that reflect current issues in professional regulation.

Consistent with the mission of ASWB and its member boards, the public is well-served by the actual implementation of the Model Act in the laws of individual jurisdictions. For example, the Model Act facilitates greater standardization of terminology and regulation from jurisdiction to jurisdiction. Greater standardization promotes increased public understanding of social work, and increased mobility for qualified social workers increasing the public protection benefits of increased understanding of social work practice and greater access to vital mental health practitioners and services. Standardization also promotes consistency in legal decisions related to licensure, renewal, discipline and other board activities.

The ASWB Model Act was also strengthened by its own limits. It was drafted as a resource to member boards and legislatures to promote public protection through regulation of social work practice, leaving professional promotion and related issues to professional associations, societies, credentialing organizations and other membership groups. The ASWB Model Social Work Practice Act addresses protection of the public first and foremost.

The ASWB Model Practice Act was created by members of a Model Law Task Force, a diverse group that included social workers from various practice settings as well as regulatory board administrators and legal consultants. The Task Force met several times over a two year period and confronted many challenging issues during the development process. Of course, input from other stakeholders on various drafts of the document also helped guide the discussions and provide many diverse perspectives. The public protection mission of ASWB and its member boards provided the basis for all ultimate decisions.

ASWB made every attempt to provide a document that is beneficial to the social work regulatory community. The language used throughout the Act represents an attempt to promote uniformity to regulation and terminology. Member boards are encouraged to review and use the Model Act within the context of regulatory and language issues that may be unique to each respective jurisdiction. The Association understands that modifications may be necessary to address existing regulatory, legal, cultural, and political climates.

ASWB acknowledges and thanks the members of the Task Force, commenting stakeholders, and member boards for their valuable input and participation in developing, adopting and continual review and modification of the Model Act. As a resource for its membership, ASWB sincerely believes that the Model Act provides a calculated, uniform perspective that promotes public protection through regulation.

ASWB has a mechanism for the orderly submission, review and Delegate Assembly participation and approval of suggested modification to the Model Act. The ASWB Regulation and Standards Committee (RASC), formerly the Discipline and Regulatory Standards Committee (DARS), is charged with reviewing suggested modifications to the Act submitted by member boards and committees of the Association. RASC also has the ongoing charge of the continuous review of the Model Act to ensure it maintains contemporary application to social work regulation. Suggestions and discussion are encouraged in order to ensure a document that is current and responsive to the needs of the ASWB membership.

Notes on the Text

The text of the ASWB Model Social Work Practice Act is presented in two columns: the left column contains the text of the Model Act and the right column contains comments to the text of the Act. Comments are also shaded for clarity. The text of regulations is italicized. Readers are encouraged to review the comments to the Model Act as a way of understanding the rationale of the various provisions.

Article I. Title, Purpose, and Definition.

Introductory Comment to Article I

ASWB believes that the public interest must be the central precept of any professional regulatory act and its administration, and that regulatory Boards must constantly strive to ensure that this basic principle is upheld. These beliefs are clearly articulated in the Model Social Work Practice Act ("Act").

Article I of the Model Social Work Practice Act establishes the foundation upon which the Act is constructed. This article clearly states that safeguarding the public interest is the most compelling reason for regulating the practice of social work, and identifies the activities included within the practice of social work. Definitions of other terms used throughout the Act are also included in this article.

An ACT concerning the regulation of the practice of social work and related matters.

Be it enacted…

Section 101. Title of Act.

This Act shall be known as the "(Name of state or other jurisdiction) Social Work Practice Act."

Section 102. Legislative Declaration.

The practice of social work in the _____ of _____ is declared a professional practice affecting the public health, safety, and welfare and is subject to regulation and control in the public interest. It is further declared to be a matter of public interest and concern that the practice of social work, as defined in this Act, merit and receive the confidence of the public and that only qualified persons be permitted to engage in the practice of social work in the _____ of _____. This Act shall be liberally construed to carry out these objectives and purposes.

Section 102. Legislative Declaration.

Social work is a learned profession affecting public health and welfare and should be declared as such by the Legislature.

Section 103. Statement of Purpose.

It is the purpose of this Act to promote, preserve, and protect the public health, safety, and welfare by and through the effective regulation of the practice of social work; the licensure of social workers; the licensure, control, and regulation of persons, in or out of this state, that practice social work within this state.

Section 103. Statement of Purpose.

The Statement of Purpose defines the general scope of the Social Work Practice Act. It reflects the basic principles that a Board must have full knowledge of the social worker practicing social work within its jurisdiction, and must effectively protect the public through regulation. This section provides for the regulation of the practice of social work and the licensure of social workers engaged in this practice, and also stipulates that the regulation of the practice of social work is extended to all social workers practicing in the jurisdiction, regardless of the actual place of residency.

Section 104. Practice of Baccalaureate Social Work.

Subject to the limitations set forth in Article III, Section 306, the practice of Baccalaureate Social Work means the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. Baccalaureate Social Work is generalist practice that includes assessment, planning, intervention, evaluation, Case Management, information and referral, counseling, Supervision, Consultation, education, advocacy, community organization, research, and the development, implementation, and administration of policies, programs, and activities.

Section 104. Practice of Baccalaureate Social Work.

The definition of the practice of social work is one of the most important—and most-discussed—clauses in the ASWB Model Act. Social work has been a very dynamic profession, particularly over the past several years, and any definition of practice needs to contain a degree of flexibility that will allow the Board to make necessary adjustments from time to time to meet a changing health care environment, an evolving practice, and the ongoing needs of consumers. The definitions in sections 104, 105, and 106 are purposely broad in order to provide substantial latitude to the Board in the adoption and implementation of rules. However, the definitions do identify three practice categories—Baccalaureate Social Workers, Master's Social Workers, and Clinical Social Workers—with each category containing its own definition and range of acceptable activities at entry level. The rules process would function as an important tool in the Board's efforts to adapt the definitions to the needs of its jurisdiction, since any new or amended rules that the Board may implement would be promulgated within the requirements of the jurisdiction's Administrative Procedures Act, and would afford all interested parties an opportunity to provide review and comment.

Each practice category includes provisions for Independent Practice, but the requirements for independent status vary, as does the acceptable range of activities that may be undertaken in each category. Under Article III, Section 306, both the Master's Social Workers and the Baccalaureate Social Workers are authorized to engage in Independent Practice [as defined in Article I, Section 108(q)], after completing two (2) years of full time supervised practice.

There are no exemptions to social work licensure in the Model Act, except for students currently participating in an Approved Social Work Program, when completing an internship, an externship, or other social work experience requirements for such programs. Exempting any social worker or group of social workers from regulatory oversight is contrary to the purpose of the Act as stated in Section 103.

As stated in the Introduction to the Act, "A model social work practice act must be

concerned with the protection of the public first and foremost". If social workers' practice is beyond the purview of legal regulation through licensing, the public will have less recourse to protection from or remedies for incompetent or harmful practice.

The Model Act is intended to serve as an ideal to which all jurisdictions should aspire. Exempting certain groups of social work practitioners from regulatory oversight may shift the focus from the values, skills and responsibilities that social workers and the social work profession have in common to differences in categories of practice. In order to adequately ensure public protection, there must be a minimum level of value, skill and responsibility for all who practice social work or who call themselves social workers.

The definitions of practice at the Baccalaureate, Master's, and Clinical levels include lists of activities in which social workers engage. Accordingly, social workers whose employment or position entails any or all of these activities must maintain a valid social work license authorizing that particular scope of practice. Therefore, based on the definitions of practice, examples of positions that require social workers to maintain a license include, but are not limited to:

- Social work services in government
- Case Managers
- Program Evaluators
- Supervisors
- Social Service Administrators
- Social Work Educators
- Community Organizers
- Policy Makers
- Researchers

Section 105. Practice of Master's Social Work.

Subject to the limitations set forth in Article III, Section 306, the practice of Master's Social Work means the application of social work theory, knowledge, methods and ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. Master's Social Work practice includes the application of specialized knowledge and advanced practice skills in the areas of assessment, treatment planning, implementation and

evaluation, Case Management, information and referral, Counseling, Supervision, Consultation, education, research, advocacy, community organization, and the development, implementation, and administration of policies, programs, and activities. Under Supervision as provided in this Act, the practice of Master's Social Work may include the practices reserved to Clinical Social Workers.

Section 106. Practice of Clinical Social Work.

The practice of Clinical Social Work is a specialty within the practice of Master's Social Work and requires the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations and communities. The practice of Clinical Social Work requires the application of specialized clinical knowledge and advanced clinical skills in the areas of assessment, diagnosis and treatment of mental, emotional, and behavioral disorders, conditions and addictions. Treatment methods include the provision of individual, marital, couple, family and group Counseling and Psychotherapy. The practice of Clinical Social Work may include Private Practice and the provision of Clinical Supervision.

Section 106. Practice of Clinical Social Work.

Clinical Social Workers are qualified to diagnose using the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the *International Classification of Diseases* (ICD), and other diagnostic classification systems in assessment, diagnosis, Psychotherapy, and other activities.

Section 107. Electronic Social Work Services.

(a) The practice of Baccalaureate Social Work, Master's Social Work, or Clinical Social Work in this jurisdiction through Electronic Social Work Services or other means, regardless of the location of the practitioner, shall constitute the practice of social work and shall be subject to regulation under this Act.

(b) The practice of Baccalaureate Social Work, Master's Social Work, or Clinical Social Work by a practitioner in this jurisdiction through Electronic Social Work Services or other means, regardless of the location of the Client(s), shall constitute the practice of social work and shall be subject to regulation under this Act.

(c) Social workers providing Electronic Social Work Services shall take all necessary measures to ensure compliance with relevant practice standards.

Section 107. Electronic Social Work Services

Many factors, including technological advancements, increase the likelihood of the practice of social work across jurisdictional lines. While federal legislation or the judiciary may have the final word on regulating professions across jurisdictional lines, this section is designed to specifically address the issue of where practice takes place. ASWB adopts the position that social work practice through electronic means takes place in both the jurisdiction where the Client is receiving such services (irrespective of the location of the practitioner) and in the jurisdiction where the practitioner is located at the time of providing such services (irrespective of the location of the Client). The provision of Electronic Social Work Services shall constitute social work practice as defined in the statute.

ASWB recognizes that social work practice via digital and electronic technology is a reality in the health care and behavioral science fields. In 2015, ASWB published *Model Regulatory Standards for Technology and Social Work Practice* to serve as guidance as regulators think through amending rules and regulations related to social work services. Relevant language from these

standards has been integrated into appropriate sections of this Act.

Because the Board's mission is to protect the public in its jurisdiction, the Act is intended to provide Board authority over practitioners (regardless of their location) providing services to Clients within its borders as well as practitioners providing service from within its borders (regardless of the location of Clients).

Section 108. Applicability of Terms.

(a) Except as otherwise provided in this Act, reference to the practice of social work shall be applicable to the practice of Baccalaureate Social Work, Master's Social Work, and Clinical Social Work.

(b) Except as otherwise provided in this Act, reference to the term social work shall include Baccalaureate Social Work, Master's Social Work, and Clinical Social Work.

Section 109. Definitions.

(a) Approved Clinical Supervisor means a licensed Clinical Social Worker who has met the qualifications to be a Clinical Supervisor as determined by the Board.

(b) Approved Provider of Continuing Education means an individual, group, professional association, school, institution, organization, or agency approved by the Board to conduct educational program(s).

Section 109(b). Definitions.

See comment to Section 213(a)(4), Section 309(b) and section 310 regarding the role in the approval process of programs and providers.

(c) Approved Social Work Program means a school of social work or a social work educational program that has been approved by the Board.

(d) Approved Supervisor means an Approved Clinical Supervisor or licensed social worker who has met the qualifications to be a supervisor as determined by the Board.

(e) Baccalaureate Social Worker means a person duly licensed to practice Baccalaureate Social Work.

(f) Board or Board of Social Work means the Board of Social Work created under this Act.

(g) Case Management means a method to plan, provide, evaluate, and monitor services from a variety of resources on behalf of and in collaboration with a Client.

(h) Client means the individual, couple, family, group, organization, or community that seeks or receives social work services from an individual social worker or an organization. Client status is not dependent on billing or payment of fees for such services.

(i) Clinical Social Worker means a person duly licensed to practice Clinical Social Work under this Act.

(j) Clinical Supervision means an interactional professional relationship between an Approved Clinical Supervisor and a social worker that provides evaluation and direction over the supervisee's practice of Clinical Social Work and promotes continued development of the social worker's knowledge, skills, and abilities to engage in the practice of Clinical Social Work in an ethical and competent manner.

Section 109(j). Definitions.

Supervisors are legally and ethically accountable for the practice of their supervisees. While providing their supervisees with support, education, and administrative assistance in developing competence, Supervisors must maintain their paramount focus on the quality of services that Clients are receiving from Licensees. The Model Law's emphasis on the supervisory relationship as the context for providing evaluation and direction means that Supervisors of Licensees must be ready to direct interventions on behalf of Clients' best interests even when such directions could require that supervisors override the decisions, judgment or interests of the licensee. (In contrast to Supervision, Consultation does not carry this degree of legal and ethical accountability since by definition the suggestions offered by consultants are intended for Licensees to use or not use as the Licensees judge best.)

(k) Continuing Education means education and training which are oriented to maintain, improve, or enhance competent social work practice.

(l) Continuing Education Contact Hour means a sixty (60) minute clock hour of instruction, not including breaks or meals.

(m) Consultation means an advisory professional relationship between a social worker and a person with particular expertise, with the social worker legally and ethically maintaining responsibility for all judgments and decisions regarding service to the Client.

Section 109(m). Definitions.

See comment on Section 109(j)

(n) Conviction means conviction of a crime by a court of competent jurisdiction and shall include a finding or verdict of guilt, whether or not the adjudication of guilt is withheld or not entered on admission of guilt, a no contest plea, a plea of nolo contendere, and a guilty plea.

(o) Counseling means a method used by social workers to assist individuals, couples, families, and groups in learning how to solve problems and make decisions about personal, health, social, educational, vocational, financial, and other interpersonal concerns.

(p) Electronic Social Work Services mean the use of computers (including the Internet, social media, online chat, text, and email) and other electronic means (such as smartphones, landline telephones, and video technology) to (a) provide information to the public, (b) deliver social work services to Clients, (c) communicate with Clients, (d) manage confidential information and case records, (e) store and access information about Clients, and (f) arrange payment for professional services.

(q) Examination means a standardized test or examination of social work knowledge, skills and abilities approved by the Board.

(r) Felony means a criminal act as defined by this state or any other state or by definition under federal law.

(s) Final Adverse Action means any action taken or order entered by the Board, whether through a consent agreement, as the result of a contested hearing, issued through a letter of reprimand/admonition/warning, or other action against a Licensee, applicant or individual which is public information under applicable law and which impacts the licensure status or record, practice status or record, or other related practice privileges. Final Adverse Actions include, in addition to the above and without limitations, denial of licensure applications, denial of licensure renewal applications, and surrender of licensure. Board actions or orders are Final Adverse Actions irrespective of any pending appeals. To the extent applicable, Final Adverse Actions under this statute are intended to encompass, at a minimum, all actions that require reporting to state or federal authorities, including but not limited to the Healthcare Integrity Protection Databank (HIPDB)/National Practitioners Data Bank (NPDB).

(t) Independent Practice means practice of social work outside of an organized setting, such as a social, medical, or governmental agency, in which the social worker assumes responsibility and accountability for services provided.

(u) Licensee means a person duly licensed or registered under this Act.

(v) Master's Social Worker means a person duly licensed to practice Master's Social Work.

(w) Private Practice means the provision of Clinical Social Work services by a licensed Clinical Social Worker who assumes responsibility and accountability for the nature and quality of the services provided to the Client in exchange for direct payment or third-party reimbursement.

(x) Program of Continuing Education means an educational program offered by an Approved Provider of Continuing Education.

(y) Psychotherapy means the use of treatment methods utilizing a specialized, formal interaction between a Clinical Social Worker and an individual, couple, family, or group in which a therapeutic relationship is established, maintained and sustained to understand unconscious processes, intrapersonal, interpersonal and psychosocial dynamics, and the assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions and addictions.

(z) Supervision for Licensure means the professional relationship between a supervisee and an Approved Supervisor who provides oversight, direction, and evaluation over the services provided by the supervisee and promotes continued development of the supervisee's knowledge, skills, and abilities to provide social work services in an ethical and competent manner.

Section 109(y). Definitions.

See comment on Section 109(j)

Article II. Board of Social Work.

Introductory Comment to Article II

The state's first step in regulating the practice of social work is the establishment of a way in which the regulations will be administered—the creation of the Board. Article II of the Act defines and creates the Board by specifying elements necessary to its formation, organization, and operation. Each section in this article covers elements that ASWB considers necessary to the proper formation and efficient operation of the Board. Several of these sections, especially those containing innovative or infrequently used provisions, are supplemented by explanatory comments.

One of the most important guiding principles of this Article, and in fact the Act as a whole, is the philosophy that the public is best served when statutes focus on general areas, and provide a framework within which the Board develops rules that effectively respond to the regulatory needs in that jurisdiction. It is impossible for legislatures to enact comprehensive provisions dealing with all the matters with which a Board may be confronted, or to somehow legislatively anticipate the changing conditions of the professions and the delivery of mental health and social services. Statutes are the best way to articulate the overarching values and intent of regulation, but are extremely impractical tools for responding to public needs in a timely way. Statutes should create goals, guidelines, and policies in general areas, and allow the Board to provide specifics in its rules. Consequently, ASWB recommends that Boards be granted adequate power to adopt and amend rules with the greatest possible flexibility and autonomy. Section 212 of the Act is designed to accomplish this objective.

Among the sections of Article II that may be of particular interest are Sections 202 and 203(b), pertaining to the inclusion of public members as Board members; Section 207, which provides ground and procedures for removal of Board members; and Section 213(b)(2), which enables Boards to utilize research and study grants and other funds without having to deposit these funds in general revenue accounts.

Section 201. Designation.

The responsibility for enforcement of the provisions of this Act is hereby vested in the Board of Social Work (Board). The Board shall have all of the duties, powers, and authority specifically granted by or necessary for the enforcement of this Act, as well as such other duties, powers, and authority as it may be granted from time to time by applicable law.

Section 202. Membership.

The Board shall consist of _____ members, [_____ of whom shall be a representative of the public, and the remainder] [each] of whom shall be social workers who possess the qualifications specified in Section 203. The Board shall at all times be comprised of at least one Baccalaureate Social Worker, Master's Social Worker, and Clinical Social Worker.

Section 202. Membership.

The number of Board members should be determined by each individual jurisdiction according to its particular requirements. Individual jurisdictions may wish to consider Board composition that reflects the diversity of practice environments and interests within their borders. Variable factors such as population, number of social workers, and other local considerations, may all be relevant in determining the number of Board members needed to most effectively enforce the Act. In the event a jurisdiction prefers to limit Board membership to currently licensed social workers, the bracketed language pertaining to a public member should be deleted, as should Section 203(b). In this event the alternative "each"

should be selected, and Section 203(a) should be renumbered as Section 203.

ASWB believes public representation on social work regulatory Boards is extremely important, and recommends an adequate number of consumer members be included. The inclusion of public members is an effective way to ensure that the public is being adequately served and protected by the Board.

Section 203. Qualifications.

(a) Each social worker member of the Board shall at all times as a Board member:

Section 203(a). Qualifications.

Section 203(a) of the Act requires that a social worker be engaged in the practice of social work at the time of appointment as a Board member and have at least one (1) year of experience out of the last five (5) years in the practice of social work prior to appointment. Because the practice of social work is defined in Sections 104, 105, and 106 in broad terms, a social worker engaged in almost any element of practice would be eligible for appointment. This provision helps to ensure the development of candidates who have a wide range of backgrounds and experiences, and who are knowledgeable in the affairs of the profession. Further, equal representation on the Board by Baccalaureate, Master's, and Clinical Social Workers adds to this diversity.

(1) Be a resident of this state;

(2) Be currently licensed and in good standing to engage in the practice of social work in this state;

(3) At the time of appointment, have been actively engaged in the practice of social work, for at least one (1) out of the last five (5) years; and

(4) Have at least three (3) years of experience in the practice of social work.

(b) Public member(s) of the Board shall be residents of this state who have attained the age of majority and shall not be, nor shall ever have been a Baccalaureate Social Worker, Master's Social Worker or Clinical Social Worker, or the spouse thereof, or a person who has ever had any material financial interest in the provision of social work services or who has engaged in any activity directly related to the practice of social work.

Section 203(b). Qualifications.

Specific qualifications for the public member(s) have been deliberately omitted from this section. Reliance has been placed on the Governor to determine what attributes an individual should possess in order to meaningfully serve on a Board. In order to assure that such a member would be truly independent in judgments, those who have a possible substantial relationship with the profession are rendered ineligible by this section.

Section 204. Appointment.

The Governor shall appoint the members of the Board in accordance with other provisions of this Article and the state constitution.

Section 205. Terms of Office.

(a) Except as provided in subsection (b), members of the Board shall be appointed for a term of _____years, except that members of the Board who are appointed to fill vacancies which occur prior to the expiration of a former member's full term shall serve the unexpired portion of such term.

(b) The terms of the members of the Board shall be staggered. Each member shall serve until a successor is appointed and qualified.

(1) The present members of the Board shall serve the balance of their terms.

(2) Any present Board member appointed initially for a term of less than _____ years shall be eligible to serve for two (2) consecutive full terms.

(c) No member of the Board shall serve more than two (2) consecutive full terms. The completion of the unexpired portion of a full term shall not constitute a full term for purposes of this section.

Section 206. Vacancies.

Any vacancy which occurs in the membership of the Board for any reason, including expiration of term, removal, resignation, death, disability, or disqualification, shall be filled by the Governor in the manner prescribed by Section 204.

Section 207. Removal.

(a) A Board member may be removed pursuant to the procedures set forth in subsection (b) herein, upon one or more of the following grounds

(1) The refusal or inability for any reason of a Board member to perform the duties as a member of the Board in an efficient, responsible, and professional manner;

(2) The misuse of office by a member of the Board to obtain pecuniary or material gain or advantage personally or for another through such office;

Section 207(a). Removal.

In certain jurisdictions, there may be general statutory provisions that establish the procedures and grounds for the removal of appointed public officials.

(3) The violation by any member of the laws governing the practice of social work; or

(4) For other just and reasonable causes as determined solely by the Board pursuant to applicable law.

(b) Removal of a member of the Board shall be in accordance with the Administrative Procedures Act of this state, or other applicable laws.

Section 208. Organization.

(a) The Board shall elect from its members a Chairperson and such other officers as it deems appropriate and necessary to the conduct of its business. The Chairperson shall preside at all meetings of the Board and shall be responsible for the performance of all of the duties and functions of the Board required or permitted by this Act. Each additional officer elected by the Board shall perform those duties customarily associated with the position and such other duties assigned from time to time by the Board.

(b) Officers elected by the Board shall serve terms of one (1) year commencing with the day of their election and ending upon election of their successors and shall serve no more than three (3) consecutive full terms in each office to which they are elected.

(c) The Board shall employ an Executive Director to serve as a full-time employee of the Board. The Executive Director shall be responsible for the performance of the administrative functions of the Board and such other duties as the Board may direct.

Section 208(c). Organization.

ASWB urges that every Board have an Executive Director to perform and supervise the administrative functions for which the Board is responsible on a daily basis. The responsibilities of the Executive Director should include the hiring of necessary staff to fulfill the responsibilities of the Board.

Section 209. Compensation of Board Members.

Each member of the Board shall receive as compensation the sum of $_____ per day for each day on which the member is engaged in performance of the official duties of the Board, and shall be reimbursed for all reasonable and necessary expenses incurred in connection with the discharge of such official duties.

Section 210. Meetings.

(a) The Board shall meet at least once every three (3) month(s) to transact its business. The Board shall meet at such additional times as it may determine. Such additional meetings may be called by the Chairperson of the Board or by two-thirds (2/3) of the members of the Board.

Section 210(a). Meetings.

ASWB strongly recommends that Social Work Boards meet at least four times per year. This is a minimum standard that would help Boards maintain an adequate level of efficiency and responsiveness.

(b) The Board shall meet at such place as it may from time to time determine. The place for each meeting shall be determined prior to giving notice of such meeting and shall not be changed after such notice is given without adequate prior notice.

(c) Notice of all meetings of the Board shall be given in the manner and pursuant to requirements prescribed by the Administrative Procedures Act.

(d) A majority of the members of the Board shall constitute a quorum for the conduct of a Board meeting and, except where a greater number is required by this Act or by any rule of the Board, all actions of the Board shall be by a majority of a quorum.

(e) All Board meetings and hearings shall be open to the public. The Board may, in its discretion and according to law, conduct any portion of its meeting in executive session, closed to the public.

Section 210(e). Meetings.

Many legislatures have adopted "sunshine" laws that provide for open meetings. Section 210(e) may not be necessary or may need revisions to ensure that the use of executive session complies with these laws.

Section 211. Employees.

The Board may, in its discretion, employ persons in addition to the Executive Director in such other positions or capacities as it deems necessary to the proper conduct of Board business and to the fulfillment of the Board's responsibilities as defined by the Act.

Section 211. Employees.

Professional staff and consultants employed by the Board may be social workers. Boards may wish to consider whether investigators must be social workers.

Section 212. Rules.

The Board shall make, adopt, amend, and repeal such rules as may be deemed necessary by the Board from time to time for the proper administration and enforcement of this Act. Such rules shall be promulgated in accordance with the procedures specified in the Administrative Procedures Act.

Section 212. Rules.

The authority of a Board to adopt, amend, and repeal rules is an extremely important power. ASWB encourages Boards to fully exercise this authority by adopting rules to more specifically set forth regulatory issues. This not only enhances the protection of the public, but also benefits the Board when it becomes necessary to interpret the Act. Further, rules help to maintain consistency in the application of the Act as membership on the Board changes through the appointment process.

Section 213. Powers and Responsibilities.

(a) The Board shall be responsible for the control and regulation of the practice of social work in this state including, but not limited to, the following:

(1) The licensing by Examination or by licensure transfer of applicants who are qualified to

engage in the practice of social work under the provisions of this Act;

(2) The renewal of licenses to engage in the practice of social work;

(3) The establishment and enforcement of compliance with professional standards of practice and rules of conduct of social workers engaged in the practice of social work;

(4) The determination and issuance of standards for recognition and approval of degree programs of schools and colleges of social work whose graduates shall be eligible for licensure in this state, and the specification and enforcement of requirements for practical training;

Section 213(a)(4). Powers and Responsibilities.

Language in this section places responsibility with the Board for establishing the standards under which it will recognize and approve the social work education programs attended by licensure candidates. ASWB strongly recommends that Boards retain this responsibility.

Although many jurisdictions have statutes or rules stating approved or accredited degree programs of school or colleges of social work are those approved by the Council on Social Work Education (CSWE), ASWB believes Boards should consider the potential consequences of such provisions. Regardless of the quality or reputation of an outside organization, it is crucial that Boards recognize the risks involved in taking any action that could be construed as improper delegation of power to private entities.

It is a well-established rule of administrative law that any delegation of governmental power must carry with it appropriate limitations and procedural safeguards for affected individuals. Given this principle, a direct, unequivocal grant of the accreditation function to a private organization such as CSWE might be deemed an unauthorized, improper, and invalid delegation of Board or legislative authority. There are multiple judicial opinions in which a court overturned a Board action based on what was deemed to be an invalid delegation to a private body. [e.g., see *Garces v. Department of Registration and Education,* 254 N.E.2d 622 (Ill.App., 1969).]

Here as elsewhere in the Act, the Board's use of its rules can play an important role. After being granted the authority to approve social work programs, the Board may then adopt in its rules the Standards of Accreditation established from time to time by CSWE.

(5) The enforcement of those provisions of the Act relating to the conduct or competence of social workers practicing in this state, investigation of any such activities related to the practice or unauthorized practice of social work, and the suspension, revocation, or restriction of licenses to engage in the practice of social work;

(6) With probable cause that an applicant or Licensee has engaged in conduct prohibited by this Act or a statute or rule enforced by the Board, the Board may issue an order directing the applicant or Licensee to submit to a mental or physical examination or chemical dependency evaluation. For the purpose of this section, every applicant or Licensee is considered to have consented to submit to a mental or physical examination or chemical dependency evaluation when ordered to do so in writing by the Board and to have waived all objections to the admissibility of the examiner's or evaluator's testimony or reports on the grounds that the testimony or reports constitute a privileged communication;

(7) The collection of professional demographic data;

(8) The issuance and renewal of licenses of all persons engaged in the practice of social work; and

(9) Inspection of any licensed person at all reasonable hours for the purpose of determining if any provisions of the laws governing the practice of social work are being violated. The Board, its officers, inspectors, and representatives shall cooperate with all agencies charged with the enforcement of the laws of the United States, of this state, and of all other states relating to the practice of social work.

(b) The Board shall have such other duties, powers, and authority as may be necessary to the enforcement of this Act and to the enforcement of Board rules made pursuant thereto, which shall include, but are not limited to, the following:

(1) The Board may join such professional organizations and associations organized exclusively to promote the improvement of the standards of the practice of social work for the protection of the health and welfare of the public and/or whose activities assist and facilitate the work of the Board.

Section 213(a)(6). Powers and Responsibilities.

This section allows a Board to order a mental or physical examination or chemical dependence evaluation upon a showing of probable cause. This power should be used judiciously, only when the Board has reason to believe that there may be a connection between a mental or physical condition and the alleged conduct. This power is necessary to ensure to the public that an applicant or Licensee's ability to practice social work safely and competently is not impaired.

(2) The Board may receive and expend funds, in addition to its [annual/biennial] appropriation, from parties other than the state, provided:

(i) Such funds are awarded for the pursuit of a specific objective which the Board is authorized to accomplish by this Act, or which the Board is qualified to accomplish by reason of its jurisdiction or professional expertise;

(ii) Such funds are expended for the pursuit of the objective for which they are awarded;

(iii) Activities connected with or occasioned by the expenditures of such funds do not interfere with the performance of the Board's duties and responsibilities and do not conflict with the exercise of the Board's powers as specified by this Act.

(iv) Such funds are kept in a separate, account; and

(v) Periodic reports are made concerning the Board's receipt and expenditure of such funds.

(3) The Board may establish a Bill of Rights for Clients concerning the services a Client may expect in regard to social work services.

Section 213(b)(3). Powers and Responsibilities.

This provision allows for the creation of a Client Bill of Rights. A Bill of Rights establishes what a Client may expect when obtaining social work services. Customarily, the Bill of Rights contains a set of Client expectations that would be translated into standards of professional practice, and/or codes of conduct for the social worker.

If a Board chooses to establish a Bill of Rights, the Bill must be consistent with standards of practice codes of ethics, and regulations that the Board has adopted under the Social Work Practice Act. Boards need to be careful to avoid inadvertently expanding the role and responsibilities of the social worker through a Bill of Rights.

(4) Any investigation, inquiry, or hearing which the Board is empowered to hold or undertake may be held or undertaken by or before any member or members of the Board and the finding or order of such member or members shall be deemed to be the order of said Board when approved and confirmed as noted in Section 210(d).

(5) It is the duty of the Attorney General [State's Attorney] to whom the Board reports any violation of this Act which also is deemed as violative of applicable criminal statutes to cause appropriate proceedings to be instituted in the proper court in a timely manner and to be prosecuted in the manner required by law. Nothing in this paragraph shall be construed to require the Board to report violations whenever the Board believes that public's interest will be adequately served in the circumstances by a suitable written notice or warning.

(6) The Board shall have the power to subpoena and to bring before it any person and to take testimony either orally or by deposition, or both, in the same manner as prescribed in civil cases in the courts of this State. Any member of the Board, hearing officer, or administrative law judge shall have power to administer oaths to witnesses at any hearing which the Board is authorized to conduct, and any other oaths authorized in any Act administered by the Board.

(7) In addition to the fees specifically provided for herein, the Board may assess additional reasonable fees for services rendered to carry out its duties and responsibilities as required or authorized by this Act or Rules adopted hereunder. Such services rendered shall include but not be limited to the following:

(i) Issuance of duplicate certificates or identification cards;

(ii) Mailing lists, or reports of data maintained by the Board;

(iii) Copies of any documents;

(iv) Certification of documents;

(v) Notices of meetings;

(vi) Licensure transfer;

(vii) Examination administration to a licensure applicant;

(viii) Examination materials.

(ix) Approval of providers or programs for Continuing Education.

(8) Cost Recovery.

(i) If any order issues in resolution of a disciplinary proceeding before the Board, the Board may request the (ALJ/HO) to direct any Licensee found guilty of a charge involving a violation of any laws or rules, to pay to the Board a sum not to exceed the reasonable costs of the investigation and prosecution of the case.

(ii) In the case of an Agency, the order permissible under (i) above may be made as to the corporate owner, if any, and as to any social worker, officer, owner, or partner of the Agency who is found to have had knowledge of or have knowingly participated in one or more of the violations set forth in this section.

(iii) The costs to be assessed shall be fixed by the (ALJ/HO) and shall not be increased by the Board; where the Board does not adopt a proposed decision and remands the case to a(n) (ALJ/HO), the (ALJ/HO) shall not increase any assessed costs.

(iv) Where an order for recovery of costs is made and timely payment is not made as directed in the Board's decision, the Board may enforce the order for payment in the _____ Court in the county where the administrative hearing was held. This right of enforcement shall be in addition to any other rights the Board may have as to any person directed to pay costs.

(v) In any action for recovery of costs, proof of the Board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(9) Except as otherwise provided to the contrary, the Board shall exercise its duties, powers, and authority in accordance with the Administrative Procedures Act.

(c) Notwithstanding any other law to the contrary, the Board shall, on a timely basis, publicize Final Adverse Actions ultimately determined against any individual. Publication of such Final Adverse Actions shall include, but not be limited to, reporting to any applicable federal or state repository of final disciplinary actions. The board shall also timely report to any databank Final Adverse Actions maintained by an association of which the board is a member.

Section 213(b)(8). Powers and Responsibilities.

The ALJ/HO used through this section refers to the terms "administrative law judge" or "hearing officer" as determined by individual jurisdictions.

Article III. Licensing.

Introductory Comment to Article III

Article III of the Act sets out the requirements for initial licensure of social workers, as well as licensure transfer and renewal. As in other parts of the Act, this Article establishes basic criteria, and delegates the authority for implementing those criteria to the Board. The Board exercises this authority by utilizing appropriate enforcement mechanisms and issuing specific rules. For example, in the area of initial licensure, the Act would be implemented by the Board's approval of social work degree programs, specifications of the Examination to be used, and establishment of all other prerequisites that must be met by each applicant to whom it issues a license.

This article, as well as the entire Act, also reflects ASWB's efforts to develop and continue uniform standards for the transfer of licensure. The social work profession has become increasingly mobile, and Boards need to examine the ways in which differing standards between jurisdictions may be affecting the public's access to qualified social workers.

Section 301. Unlawful Practice.

(a) Except as otherwise provided in this Act, it shall be unlawful for any individual to engage in the practice of Baccalaureate Social Work unless duly licensed as a Baccalaureate Social Worker under the applicable provisions of this Act.

Section 301. Unlawful Practice.

Section 301 establishes the basis for this Article by making it unlawful for any unlicensed person to engage in the practice of social work, and by enabling the Board to exact penalties for unlawful practice.

Boards are often confronted with the problem of preventing unlicensed individuals from engaging in one or more facets of social work practice. Most practice acts do not give the Board jurisdiction and authority to take action against individuals other than those who are licensed or seeking licensure. Thus, Boards must rely on the difficult task of persuading local prosecutors to take criminal action against persons not licensed to practice social work. This gap in jurisdictional authority makes it difficult to effectively prevent unlicensed practitioners from engaging in illicit practice.

Language in this section clearly allows Boards the authority to control unlicensed practice. The regulation of the practice of social work, including jurisdiction over unlicensed practice in the profession, has a reasonable and rational relation to public health, safety, and welfare. See, e.g., *State v. Wakeen*, 57N.W.2d 364 (Wis., 1953). cf. *State v. VanKeegan*, 113 A. 2d 141 (Conn., 1955), and *Williamson v. Lee Optical of Oklahoma*, 348 U.S. 483 (1955). For this reason, vesting power in the Board to regulate illicit practice would not appear to violate constitutional due process requirements. Because monetary fines are not generally considered criminal sanctions, it can be strongly argued that there are no constitutional barriers that would restrict the impositions of fines by a Board. See, e.g., *Helvering v. Mitchell*, 303 U.S. 376 (1938); *City of Waukegan v. Pollution Control Board*, 311 N.E.2d 146 (Ill., 1974); *County Council for Montgomery*

County v. Investors Funding Corp., 312 A.2d 225 (Md., 1973); and *Roday v. Hollis*, 500 P. 2d 97 (Wash., 1972).

As stated in the comments to Article I, Sections 104, 105, and 106, there are no exemptions to licensure in the Model Act except for students currently participating in an Approved Social Work Program when completing an internship, externship, or other social work experience requirements for such programs.

(b) Except as otherwise provided in this Act, it shall be unlawful for any individual to engage in the practice of Master's Social Work unless duly licensed as a Master's Social Worker under the applicable provisions of this Act.

(c) Except as otherwise provided in this Act, it shall be unlawful for any individual to engage in the practice of Clinical Social Work unless duly licensed as a Clinical Social Worker under the applicable provisions of this Act.

(d) No individual shall offer social work services or use the designation Social Worker, Licensed Baccalaureate Social Worker, Licensed Master's Social Worker, Licensed Clinical Social Worker or the initials LBSW, LMSW, or LCSW or any other designation indicating licensure status or hold themselves out as practicing social work as a Baccalaureate Social Worker, Master's Social Worker, or Clinical Social Worker unless duly licensed as such.

Section 301(d). Unlawful Practice.

This Act is not intended to prevent other licensed professionals from practicing within other "allied scopes." However, it is important to recognize the social work title, and link this name recognition to licensed social workers. This link protects the public through an assurance that there is regulatory consistency associated with the social work identity.

(e) Any individual who, after hearing, shall be found by the Board to have unlawfully engaged in the practice of social work shall be subject to a fine to be imposed by the Board not to exceed $_____ for each offense. Each such violation of this Act or the rules promulgated hereunder pertaining to unlawfully engaging in the practice of social work shall also constitute a _____(misdemeanor) punishable upon conviction as provided in the criminal code of this state.

(f) Nothing in this Act shall be construed to prevent members of other professions from performing functions for which they are duly licensed. However, such other professionals must not hold themselves out or refer to themselves by any title or description stating or implying that they are engaged in the practice of social work or that they are licensed to engage in the practice of social work.

(g) Students currently participating in an Approved Social Work Program are exempt from licensure under this Act when completing internship, externship, or other social work experience requirements for such programs.

(h) (1) An individual currently licensed and in good standing to practice social work in another jurisdiction may, upon prior written application to and approval by the

Section 301(h) Temporary Practice.

It is recommended that legislatures address technology driven and Electronic Social Work

Board, practice social work in this jurisdiction within the scope of practice designated by such license no more than 30 days per year without applying for a license. Practice privileges under this paragraph shall apply only if the requirements for a license in such other jurisdiction are substantially similar to the requirements for licensure in this jurisdiction. The 30-day period shall commence on the date of approval by the Board of the written application. The practitioner who provides services under this paragraph shall be deemed to have submitted to the jurisdiction of the applicable Board and be bound by the laws of this state.

Service issues and emergency and disaster response practice issues through a temporary practice approach. This temporary practice language is intended to address sporadic practice within the jurisdiction irrespective of whether it is electronically rendered or rendered in person. The privilege of practicing temporarily (no more than 30 days per year) is granted only to individuals duly licensed to practice social work in another jurisdiction.

Based upon the uniformity in accredited educational programs and the ASWB social work Examinations, it is perceived that minimum competence in one jurisdiction is reasonably equated to minimum competence in another jurisdiction. Furthermore, practice privileges apply to such individuals only if the requirements for licensure in the jurisdiction of licensure are substantially similar to the requirements for licensure in this jurisdiction.

Because of the different designations of licensure, this language also limits the scope of practice to such practice designated by the jurisdiction of licensure. That is, the temporary practice must be limited to the scope of practice designated by the jurisdiction of licensure.

By design, the language of the temporary practice references a "written application" to be submitted to the Board prior to engaging in practice under this section. It is up to each individual Board to determine the extent of the application and whether the Board will actually "approve" the ability to practice or merely maintain a file on the individual for future reference.

The 30-day period is also, by design, left to the interpretation of a Board whether such period is consecutive or how the 30-day period is to be determined.

Finally, practitioners providing services under this temporary practice privilege are deemed to have submitted to the jurisdiction of the applicable Board and agree to be bound by the laws thereof. It is recommended that the written application as determined by the Board contain language that verifies the submission of the individual to the jurisdiction and the applicability of the laws of the jurisdiction.

(2) (a) In response to a disaster or emergency declared by the appropriate authority or governor of the state, an individual currently licensed and in good standing to practice social work in another jurisdiction who is providing social work services within the scope of practice designated by such license and whose professional licenses in all other disciplines are current and in good standing may, upon prior written notice to the Board and without otherwise applying for a license, provide such services in this jurisdiction for the time said emergency or disaster declaration is in effect. Individuals exercising rights under this Section 301 (h)(2) shall be deemed to have submitted themselves to the jurisdiction of the applicable Board or state agency and to be bound by the laws of this state in addition to other applicable laws by virtue of licensure status in other states.

(b) Individuals who have at any time surrendered any professional license under threat of administrative disciplinary sanction or in response to administrative investigation, or have any professional license currently under suspension, revocation, or agency order restricting or limiting practice privilege, with the exception of expired or lapsed licenses due to voluntary non renewal of such license, are ineligible to practice under this Section 301 (h)(2).

In addition, temporary practice in the case of a declared disaster is not limited to prior written application but upon written notice to the Board. Furthermore, the time period for temporary practice under a declared disaster is limited to the teime that the emergency or disaster declaration is in effect.

This temporary practice approach provides the Board with valuable information as to who is practicing within the jurisdiction in the event of a reported complaint or wrongdoing.

Section 302. Qualifications for Licensure by Examination as a Baccalaureate Social Worker.

(a) To obtain a license to engage in the practice of Baccalaureate Social Work, an applicant for licensure by Examination must provide evidence satisfactory to the Board, subject to Section 311, that the applicant:

(1) Has submitted a written application in the form prescribed by the Board;

(2) Has attained the age of majority;

(3) Is of good moral character. As one element of good moral character, the Board shall require each applicant for licensure to submit a full set of fingerprints for the purpose of obtaining state and federal criminal records checks, pursuant to *[insert reference to authorizing state statute]* and applicable federal law. The *[state agency responsible for managing fingerprint data e.g. the department of public safety]* may submit fingerprints to and exchange data with the Federal Bureau of Investigation. All good moral character information, including the information obtained through the criminal records checks, shall be considered in licensure decisions to the extent permissible by all applicable laws.

Section 302(a)(3). Qualifications for Licensure by Examination as a Baccalaureate Social Worker.

Legislatures have generally agreed that "good moral character" is a proper requirement for licensure of social workers. Defining precisely what constitutes good or bad character has caused health regulatory Boards and courts considerable difficulty, and a review of applicable case law reveals a considerable variance in the judicial opinions concerning the interpretation of good character requirements. Nevertheless, the courts have uniformly enforced such requirements, reasoning that because health regulatory Boards are

composed primarily of members of the profession being regulated, they are capable of applying character standards to their professions with relevance and specificity.

While specific character requirements may vary from jurisdiction to jurisdiction, and may even appear to vary from case to case, the purpose of these requirements remains constant. The public has the right to expect the highest degree of integrity from members of the social work profession. Boards have a duty to ensure that these expectations are realized. From this perspective, requirements of good moral character for licensure can be expected to be sustained by the courts so long as their enforcement is reasonably related to protection of the public health, safety, and welfare.

As past behavior can provide a means of predicting future behavior, criminal records checks are often required by Boards. Criminal records information is generally relevant to moral character. By requiring submission of this information, the Board will be in a much more informed position to make licensure eligibility determinations.

In order to receive criminal records checks, each jurisdiction should ensure that the regulatory board has the requisite state/provincial statutory authority to allow the Board to directly receive criminal records reports from the state (e.g. DCII) or federal agency (e.g. Federal Bureau of Investigation (FBI) or the Royal Canadian Mounted Police (RCMP)). The statutory language contained in this model is drafted so as to comply with U.S. law which requires that the statutory language specifically reference the use of fingerprinting and provide notice as to the authority by which the Board is entitled to directly receive such information from the FBI. Similar statutory references may be necessary in the Canadian Provinces. Boards are advised to consult with their Board legal counsel to determine the statutory language necessary to provide the Board with authority to require criminal records checks in their respective jurisdictions.

Even when grounded in public protection, issues involving moral character may lead to concerns about the potential for this qualification to be misused by Boards. Although there are many legal ways to ensure that the good moral character issue is not misapplied, including state and federal civil rights legislation, Boards need to be extremely sensitive to character judgments made. Practice act provisions that bear a reasonable relationship to

the purpose of protecting the public welfare will generally be regarded as constitutionally acceptable by most courts, so long as the enforcement by Boards is reasonably related to the protection of the public.

(4) Has graduated and received a baccalaureate degree in social work from an Approved Social Work Program;

Section 302(a)(4). Qualifications for Licensure by Examination as a Baccalaureate Social Worker.

ASWB anticipates that Boards will approve those programs whose standards are at least equivalent to the minimum standards required by the Council on Social Work Education, including field education. See Comment to Section 213(a)(4) for a discussion of the Board's role in the accreditation process.

(5) Has successfully passed an Examination or Examinations prescribed by the Board; and

(6) Has paid all applicable fees specified by the Board relative to the licensure process.

Section 303. Qualifications for Licensure by Examination as a Master's Social Worker.

(a) To obtain a license to engage in the practice of Master's Social Work, an applicant for licensure by Examination must provide evidence satisfactory to the Board, subject to Section 311, that the applicant:

(1) Has submitted a written application in the form prescribed by the Board;

(2) Has attained the age of majority;

(3) Is of good moral character. As one element of good moral character, the Board shall require each applicant for licensure to submit a full set of fingerprints for the purpose of obtaining state and federal criminal records checks, pursuant to *[insert reference to authorizing state statute]* and applicable federal law. The *[state agency responsible for managing fingerprint data e.g. the department of public safety]* may submit fingerprints to and exchange data with the Federal Bureau of Investigation. All good moral character information, including the information obtained through the criminal records checks, shall be considered in licensure decisions to the extent permissible by all applicable laws.

Section 303(a)(3). Qualifications for Licensure by Examination as a Master's Social Worker.

See comments on Section 302(a)(3) above.

(4) Has graduated and received the Master's degree in social work from an Approved Social Work Program;

Section 303(a)(4). Qualifications for Licensure by Examination as a Master's Social Worker.

ASWB anticipates that Boards will approve those programs whose standards are at least equivalent to the minimum standards required by the Council on Social Work Education, including

field education. See Comment to Section 213(a)(4) for a discussion of the Board's role in the accreditation process.

ASWB also anticipates under comments to Article II, Section 213(a)(4), that Boards will adopt in its rules those programs approved from time to time by CSWE. Because CSWE does not approve Doctorate level programs, Boards are also encouraged to develop a process that will, at the very least, list the Doctorate programs that will be recognized for purposes of licensure qualification.

(5) Has successfully passed an Examination or Examinations prescribed by the Board; and

(6) Has paid all applicable fees specified by the Board relative to the licensure process.

Section 304. Qualifications for Licensure by Examination as a Clinical Social Worker.

(a) To obtain a license to engage in the practice of Clinical Social Work, an applicant for licensure by Examination must provide evidence satisfactory to the Board, subject to Section 311, that the applicant:

(1) Has submitted a written application in the form prescribed by the Board;

(2) Has attained the age of majority;

(3) Is of good moral character. As one element of good moral character, the Board shall require each applicant for licensure to submit a full set of fingerprints for the purpose of obtaining state and federal criminal records checks, pursuant to *[insert reference to authorizing state statute]* and applicable federal law. The *[state agency responsible for managing fingerprint data e.g. the department of public safety]* may submit fingerprints to and exchange data with the Federal Bureau of Investigation. All good moral character information, including the information obtained through the criminal records checks, shall be considered in licensure decisions to the extent permissible by all applicable laws.

Section 304(a)(3). Qualifications for Licensure by Examination as a Clinical Social Worker.

See comments on Section 302(a)(3) above.

(4) Has graduated and received a Master's degree in social work from an Approved Social Work Program;

Section 304(a)(4). Qualifications for Licensure by Examination as a Clinical Social Worker.

ASWB anticipates that Boards will approve those programs whose standards are at least equivalent to the minimum standards required by the Council on Social Work Education, including field education. See Comment to Section 213(a)(4) for a discussion of the Board's role in the accreditation process.

ASWB also anticipates under comments to Article II, Section 213(a)(4), that Boards will adopt

in its rules those programs approved from time to time by CSWE. Because CSWE does not approve Doctorate level programs, Boards are also encouraged to develop a process that will, at the very least, list the Doctorate programs that will be recognized for purposes of licensure qualification.

(5) Has completed supervised practice approved by the Board, or demonstrated to the Board's satisfaction that experience in the practice of Clinical Social Work meets or exceeds the minimum supervisory requirements of the Board;

304(a)(5). Qualifications for Licensure by Examination as a Clinical Social Worker.

ASWB suggests that Boards recognize the need for flexibility in obtaining the appropriate Supervision requirements, including changing technology, geographic location, and issues associated with applicable laws related to individuals with disabilities.

All applicants for licensure as a Clinical Social Worker by Examination shall obtain supervised experience in the practice of clinical social work after the receipt of a Master's or Doctorate degree in Social Work from an Approved Social Work Program, under such terms and conditions as the Board shall determine;

(6) Has successfully passed an Examination or examinations prescribed by the Board; and

(7) Has paid all applicable fees specified by the Board relative to the licensure process.

Section 305. Clinical Supervision and Other Training Programs.

The Board shall establish such requirements for supervised practice or any other experiential program necessary to qualify an applicant for any licensure Examination under this Act, and shall also determine the qualifications of supervisors used in Supervision programs.

Section 306. Independent Practice.

No Baccalaureate or Master's Social Worker licensed under Section 302 or Section 303 shall engage in Independent Practice until such time that the social worker shall have worked under a plan for supervision for a specified period of time and under terms and conditions set by the Board.

Section 306. Independent Practice.

Independent Practice in the Licensed Baccalaureate Social Worker or Licensed Master's Social Worker categories should not be construed as Private Practice, in which Clinical Social Workers accept fees for service from Clients or third party payers on the Client's behalf. LBSW and LMSW social workers are not qualified to conduct the diagnosis and treatment of mental illness, or provide Psychotherapy services, although LMSW social workers may provide some clinical services under Supervision by a Clinical Social Worker. See the Introduction to the Model Act and comments to Article I, Sections 104, 105, and 106 for additional information on Independent Practice provisions.

Boards are encouraged to develop a method, such as the issuance of a special certificate or decal, that recognizes the Independent status of a particular Licensee. The decal or certificate can be attached to the actual license to identify those practitioners eligible for Independent Practice

Regulations - Independent Practice

Pursuant to Article III, Section 306, all social workers who seek to attain the Independent Practice of Baccalaureate Social Work or Master's Social Work shall have practiced social work in a supervised setting under requirements and parameters set by the Board. The Board declares such parameters to be as follows:

In conjunction with the responsibilities (section 6) and areas of supervisory accountability (section 7), Boards are encouraged to consider the quality of Supervision in relation to the number of supervisees under the responsibility of one supervisor. Although there is no specific recommended ratio of supervisees per supervisor in the ASWB Model Social Work Practice Act or Regulations, ASWB suggests that Boards consider the context where Supervision is taking place, electronically or face to face. Factors should also include whether the supervisor is in the same agency as the supervisee, the geographic distance between the supervisor and supervisee, additional job responsibilities and work load of the supervisor, current personal circumstances of the supervisor, and other concerns that may affect the overall quality of the supervisor/supervisee relationship. The overall goal for Supervision is professional growth and development. Boards should use many factors, including the number of supervisees under the Supervision of one supervisor, as the benchmark for considering whether a plan for Supervision is approved.

(1) To qualify for Independent Practice of Baccalaureate Social Work, an individual, after licensure to practice Baccalaureate Social Work, shall obtain 3000 hours of experience over a minimum two year period, but within a maximum four year period. Under any circumstances, the 3000 hours of experience must be completed within eight (8) years from the date of initial application for Independent Practice recognition.

(2) To qualify for Independent Practice of Master's Social Work, an individual, after licensure to practice Master's Social Work, shall obtain 3000 hours of experience over a minimum two year period, but within a maximum four year period. Under any circumstances, the 3000 hours of experience must be completed within eight (8) years from the date of initial application for Independent Practice recognition.

(3) Paragraphs 4 through 8 shall be applicable to supervisors and the Supervision process of Baccalaureate Social Workers and Master's Social Workers seeking Independent Practice status.

(4) An individual providing Supervision to a Baccalaureate Social Worker shall be a Baccalaureate Social Worker or Master's Social Worker or Clinical Social Worker. An individual providing

Supervision to a Master's Social Worker shall be a Master's Social Worker or a Clinical Social Worker. In addition to the required licensure, the supervisor shall have attained the independent status of such licensure designation.

(5) Supervision can be provided only by supervisors preapproved by the regulatory body. The regulatory body shall maintain a list of approved supervisors in good standing. Requirements for registration on this list include the appropriate degree from an Approved Social Work Program, three years of experience following licensure in the required category and completion of graduate course work in Supervision in an Approved Social Work Program or completion of an Approved Program of Continuing Education in Supervision. Three hours of Continuing Education in Supervision is required per licensure renewal period to maintain registration.

(6) The supervisor is responsible for Supervision within the following content areas:

- *(i) Practice skills*
- *(ii) Practice management skills*
- *(iii) Skills required for continuing competence*
- *(iv) Development of professional identity*
- *(v) Ethical practice*
- *(vi) Cultural competency*

(7) The areas of supervisory accountability shall include:

- *(i) Client care*
- *(ii) Knowledge of relevant agency policy and procedure*
- *(iii) Legal and regulatory requirements*
- *(iv) Ethical standards of the profession*
- *(v) Professional responsibility for social work services provided by the supervisee*
- *(vi) Documented assessment of the supervisee's competence to practice independently.*

(8) Setting of Supervision. If Supervision is not provided within the agency of employment, the supervisee must obtain a written release from the agency administrator to obtain Supervision of agency Clients outside the agency setting.

(9) A plan for Supervision must be established and maintained throughout the supervisory period. Such plan must be submitted to the Board along with the application by the Licensee for independent status. The Board reserves the right to preapprove and audit such plans. Plans must include:

- *(i) The purpose of Supervision*
- *(ii) Process to be used in Supervision, i.e., timing, skills, electronic or in person*
- *(iii) Learning objectives*
- *(iv) Professional growth*
- *(v) Intervention processes*
- *(vi) Plans for documentation*
- *(vii) Ethics and values*
- *(viii) Evaluation*

(10) An evaluation of the supervisee in accordance with the plan shall be submitted to the regulatory body every six months and the records will be retained for three years.

(11) Supervision records must be submitted to centralized social work credential databank.

Regulations - Practice of Clinical Social Work

Pursuant to Article III, Section 304(6)(a), all candidates for licensure as a Clinical Social Worker shall have practiced Clinical Social Work in a supervised setting under requirements and parameters set by the Board. The Board declares such parameters to be as follows:

In conjunction with the responsibilities (section 6) and areas of supervisory accountability (section 7), Boards are encouraged to consider the quality of Supervision in relation to the number of supervisees under the responsibility of one supervisor. Although there is no specific recommended ratio of supervisees per supervisor in the ASWB Model Social Work Practice Act or Regulations, ASWB suggests that Boards consider the context where Supervision is taking place. Factors should include whether the supervisor is in the same agency as the supervisee, the geographic distance between the supervisor and supervisee, additional job responsibilities and work load of the supervisor, current personal circumstances of the supervisor, and other concerns that may affect the overall quality of the supervisor/supervisee relationship. The overall goal for Supervision is professional growth and development. Boards should use many factors, including the number of supervisees under the Supervision of one supervisor, as the benchmark for considering whether a plan for Supervision is approved.

(1) Supervised Practice Required. To be eligible for licensure as a Clinical Social Worker a candidate must possess an LMSW and thereafter obtain 3000 hours of supervised Clinical Social Work practice over a minimum two-year and maximum four-year period. Under any circumstances, the 3000 hours of experience must be completed within eight (8) years from the date of initial application for Clinical Practice recognition. Of these 3000 hours, at least 100 hours of direct Clinical Supervision is required. Such 100 hours must be equitably distributed throughout a minimum of a two-year period, and no more than 50 hours can be provided in Group supervision. Group Supervision may be composed of no more than six supervisees per group. The Board maintains the authority to review extraordinary circumstances relevant to the time parameters of supervised practice.

(2) Documentation of Clinical Supervision. A plan for Clinical Supervision must be filed with the Board at the beginning of a period of supervision. If a supervisory change is made, notice of the end of the Supervision and a termination evaluation, completed by the supervisor, must be submitted to the Board within 30 days.

(3) Setting of Clinical Supervision. If clinical supervision is not provided within the agency of employment, the supervisee must obtain written release from the agency administrator to obtain Clinical Supervision of agency Clients outside the agency setting.

(4) An individual providing Supervision shall be licensed as a Clinical Social Worker.

(5) The Clinical Supervisor is responsible for Supervision within the following content areas:

(i) Clinical skills.
(ii) Practice management skills.
(iii) Skills required for continuing competence.
(iv) Development of professional identity.
(v) Ethical practice.
(vi) Cultural competency

(6) The areas of Clinical Supervisory accountability shall include:

(i) Client care.
(ii) Knowledge of relevant agency policy and procedure.
(iii) Legal and regulatory requirements.
(iv) Ethical standards of the profession.
(v) Professional responsibility for social work services provided by the supervisee.
(vi) Documented assessment of the supervisee's competence to practice independently.

(7) Qualifications to become an Approved Clinical Supervisor. Supervision can be provided only by Clinical Supervisors preapproved by the regulatory body.

(i) The regulatory body shall maintain a list of Approved Clinical supervisors in good standing.
(ii) Requirements for registration on this list include a master's degree from an Approved Social Work Program, a minimum of 4500 hours of clinical practice, earned over a period of three years following clinical licensure, three years of experience following licensure in the required category and completion of graduate course work in Supervision in an Approved Social Work Program or completion of an Approved Program of Continuing Education in Supervision. Three hours of Continuing Education in Supervision is required per licensure renewal period to maintain registration.

(8) A plan for Clinical Supervision must be developed by the supervisor and the applicant with the Board's approval, and submitted to the Board. The Board reserves the right to preapprove and audit such plans. Plans must include:

(i) The purpose of Supervision
(ii) Process to be used in Supervision, i.e., timing, skills, electronic or in person
(iii) Learning objectives
(iv) Professional growth
(v) Intervention processes
(vi) Plans for documentation
(vii) Ethics and values
(viii) Evaluation

(9) An evaluation of the supervisee in accordance with the plan shall be submitted to the regulatory body every six months, and the records will be retained for three years.

(10) Supervision records must be submitted to centralized social work credential databank.

Section 307. Examinations.

(a) Any Examination for licensure required under this Act shall be administered to applicants often enough to meet the reasonable needs of candidates for licensure. The Board shall be ultimately responsible for determining the content and subject matter of each Examination and the time, place, and dates of administration of the Examination. If applicable, the Board may confer with and rely upon the expertise of an Examination entity in making such determinations.

Section 307(a). Examinations.

Consistent with the legal principles pertaining to delegation of authority outlined in Comments to Sections 213(a)(4), the language of Article III Section 307 empowers the Board with the responsibilities for the content and subject matter of each Examination and the time, place and date of administration. As further stated, the statutory authority recognizes that the Board may, through rule-making and/or policy, rely upon the expertise of an Examination entity in making such determinations. Statutorily placing the ultimate authority with the Board addresses the legal mandate that the Board makes such determinations, but also recognizes the authority of the board to rely upon the expertise of ASWB in the exam development and administration processes. For legal reasons, ASWB does not recommend that the statutes specifically reference any outside private organization, but rather authorize the Board to make such determinations while recognizing the potential necessity to consult with the Examination entity. For legal and practical reasons, statutorily empowering the Board with such ultimate authority emphasizes the importance of Board attendance and participation in the ASWB Delegate Assembly and on relevant ASWB committees where association members are exposed to the exam development process and statistical analyses pertaining to content and defensibility of the programs. See Comment to Section 213(a)(4).

(b) The Examination shall document that the applicant meets the standard for minimum competence to engage in the relevant practice of social work. The Board may employ, cooperate with, and contract with any organization or consultant in the preparation, administration, and grading of an Examination but shall retain the sole discretion and responsibility for determining which applicants have successfully passed such an Examination.

(c) The Board shall have the authority to limit the number of attempts on the Examination in order to protect the integrity and security of the Examination and to ensure minimum competence.

Regulations – Examination Re-takes

Pursuant to Article III, Section 307 (c), the Board has the authority to limit Examination re-takes. The Board requires the parameters to be as follows:

(1) Applicants shall be allowed a maximum of three (3) attempts to successfully pass the Examination.

(2) After the third attempt, if the applicant has not achieved a passing score, the applicant must request in writing to the Board to re-take the Examination. The Board may require the applicant to complete a preapproved remediation plan prior to additional Exam administrations.

Section 308. Qualifications for Licensure by Endorsement.

(a) To obtain a license by endorsement at the equivalent designation and subject to Article IV of this Act, an applicant currently licensed as a social worker in another jurisdiction must provide evidence satisfactory to the Board, subject to Article III, Section 311, that the applicant:

(1) Has submitted a written application and paid the fee as specified by the Board; and

(2) Has presented to the Board proof of an active social work license in good standing.

Section 309. Renewal of Licenses.

(a) Licensees shall be required to renew their license at the time and in the manner established by the Board, including the form of application and payment of the applicable renewal fee. Under no circumstances, however, shall the renewal period exceed three years.

(b) As a requirement for licensure renewal, each Licensee shall provide evidence satisfactory to the Board that such Licensee has annually completed at least 15 Continuing Education hours from a Program of Continuing Education.

Section 309(b). Renewal of Licenses.

ASWB has instituted a program whereby the association, on behalf of its member Boards, approves Providers of Continuing Education. As set forth in the Definitions, a "Program of Continuing Education" means an educational program offered by an "Approved Provider of Continuing Education." ASWB has adopted stringent criteria utilized by its ACE Committee in determining Approved Providers. The criteria were developed based upon an analysis of requirements currently used by ASWB member Boards, along with a review of other organizations which also approve CE providers.

At their option, ASWB member Boards may wish to recognize ASWB ACE Approved Providers as "approved" within their jurisdictions for purposes of accepting CE for licensure renewal. Such a process will save the administrative burdens placed upon the Board in assessing CE providers while at the same time promoting the mission of ASWB to bring uniformity to the licensure and renewal process.

To avoid any notions of improperly delegating authority [see Comments, Section 213(a)(4)], Boards are encouraged to adopt such criteria as established from time to time by the ASWB ACE Committee as the criteria of such Board. This "two step" process will ensure that the Board maintains the ultimate decision-making authority and avoids the legal pitfalls of improper delegation.

(c) The Board shall also provide procedures to ensure licensure renewal candidates maintain the qualifications to practice social work as set forth in this Act.

Section 309(c). Renewal of Licenses.

In recognition of the valuable information that criminal records checks may provide to the board as one element of determining good moral character (see comment to Section 302(a)(3)), Boards that utilize criminal records checks in determining eligibility for licensure should adopt procedures that specify how/when criminal records checks will be required as a part of the licensure renewal process. It is recommended that Boards at least periodically require submission of criminal records checks in the licensure renewal process. For example, criminal records checks may be required as part of a random audit of Licensees during the renewal process, required of all Licensees periodically (e.g. every 10 years or every 5 renewal cycles), or required as a part of every renewal cycle.

(d) If a social worker fails to make application to the Board for renewal of a license within a period of two years from the expiration of the license, such person must reapply as an initial applicant for licensure and pass the current licensure Examination; except that a person who has been licensed under the laws of this state and after the expiration of the license, has continually practiced social work in another state under a license issued by the authority of such state, may renew the license upon completion of the Continuing Education requirements set forth by the Board and payment of the designated fee.

Section 310. Continuing Social Work Competence.

The Board shall, by rule, establish requirements for Continuing Education in social work, including the determination of acceptable program content. The Board shall adopt rules necessary to carry out the stated objectives and purposes and to enforce the provisions of this section and the continued competence of practitioners.

Section 310. Continuing Social Work Competence.

The issue of how best to ensure and assess continuing competence is daunting. Numerous options are being considered by a number of national organizations, including self-assessment tools, continuing competence examinations, Continuing Education, and others, but no single model has emerged as the single most effective way to ensure continuing competence.

The Model Law Task Force considered a number of alternatives to mandated Continuing Education, the method currently used by most jurisdictions. These alternatives ranged from simply stating that Licensees will maintain continuing competence as a standard of practice, to requiring retesting at periodic intervals. The task force recognized that while some of these alternatives might better evaluate the continuing competence of a social worker, it may be premature to recommend an alternative to mandated Continuing Education.

Continuing Education has been widely used as an acceptable method for ensuring the continued competence of licensed social workers. Many licensing Boards mandate that Licensees obtain a specified number of hours of Continuing Education within a licensure renewal period. Some licensing Boards specify that social workers must obtain Continuing Education in a certain practice area; most licensing Boards, however, require that continuing education consist of more general content areas in social work.

Some variance exists in the ways Boards currently recognize Continuing Education. Some boards recognize only those programs which have received Board approval, while other Boards approve providers of Continuing Education. Some

Boards do not approve programs or providers, but rely on the expectation that the Continuing Education programs chosen by the Licensee will meet the requirements for content.

Typically, Licensees' compliance with the Continuing Education requirements is checked either by reviewing attendance lists submitted by Continuing Education providers, by auditing a random sample of Licensees as part of the licensure renewal process, or by requiring Licensees to submit Continuing Education certificates, verification of Continuing Education units, or a list of Contact Hours obtained with their license renewal applications.

In order to create uniform standards for providers of Continuing Education for social workers, and as a way to relieve Boards of the administrative burden of assessing each provider and/or continuing education offering, ASWB has implemented an Approved Continuing Education (ACE) program. The ASWB ACE program conducts rigorous and thorough assessments of providers based on clearly defined standards for provider organization, staffing, content development, and adherence to professional ethics. ASWB recommends that boards recognize ASWB ACE approved providers as "approved" providers of continuing education in their jurisdictions.

The ASWB ACE program is intended to advance uniform standards for continuing professional social work education. This program allows for the recognition of Continuing Education Hours between jurisdictions, and relieves Boards of the burdensome task of reviewing each provider and/or offering. The ASWB ACE program is consistent with the association's mission of promoting greater uniformity of social work regulation.

To avoid improperly delegating authority, ASWB member Boards may adopt the ASWB ACE Criteria as the criteria of the Board. Thereafter, CE providers recognized by the ASWB ACE program will meet the Board criteria and thus may be recognized or approved by the Board. ASWB ACE standards limit a provider's use of this approval to only those offerings developed and presented within the context of continuing social work education. Individual offerings are not approved through the ASWB ACE program; however, individual offerings are reviewed and randomly audited as a part of regular provider evaluation procedures.

These recommendations are considered to be the most acceptable way to carry out continuing

competence mandates at present. ASWB and its member Boards must continue to be active participants in the research and consideration of various continuing competency models. The task force recommends that the Association begin by considering the development of a self-assessment tool for social workers to use in conjunction with additional assessment mechanisms. This measure, along with periodic retesting, may represent the next generation of tools to be used in assessing continuing competence. However, at some point in the future, license renewal by Examination may become a necessity in order to verify continued minimal competence.

Regulations – Continuing Social Work Competence

(a) Pursuant to Article III, Section 309, a Licensee must annually complete at least fifteen (15) hours of Approved Programs of Continuing Education.

(b) A Program of Continuing Education must contain at least one of the following content areas related to social work practice:

(1) Theories and concepts of human behavior in the social environment;

(2) Social work practice, knowledge and skills;

(3) Social work research, programs, or practice evaluations;

(4) Social work management, administration or social policy;

(5) Social work ethics;

(6) Other area approved by the Board deemed important and relevant to current social work practice.

(c) Continuing Education Hours must be earned in at least two of the following program areas:

(1) Academic course work:

(i) Courses and seminars given by an Accredited Program of Social Work;

(ii) Postgraduate courses from a university, college, or other institution of higher education, in a field other than social work, upon proof that the course is relevant to social work practice;

(iii) Undergraduate courses from a university, college or other institution of higher education, upon satisfaction of the Board that such course updates or enhances the Licensee's social work competence;

(iv) Correspondence work, courses delivered through electronic media or technology, and other forms of self-study upon approval of the Board, shown to update or enhance social work competence.

(2) Continuing Education presentations of national, international, regional, or subregional conferences or association meetings relevant to social work practice.

(3) Workshops or institutes including Approved workshops at conventions relevant to social work practice from Approved Providers.

(4) Public or private agency staff development programs from approved providers that contribute to the enhancement of social work practice or knowledge that are not primarily procedural or administrative.

(5) Individual activities conducted by the Licensee such as lectures, publication of professional articles, course or conference presentations, or research leading to publication or presentation shown to be relevant to social work practice and approved by the Board in advance. Under no circumstances shall more than ten (10) hours from this category be acceptable as Continuing Education for each renewal cycle.

(6) Continuing Education Hours completed by Licensees to meet the requirements of other jurisdictions or authorities may be approved by the Board as long as the program types and content areas are deemed by the Board to be consistent with those within this section.

(d) Final approval of the content areas for designating a program as a Program of Continuing Education lies with the Board. The Board may determine an Approved Provider of Continuing Education, or confer with and rely upon the expertise of an entity in making such determination, after receipt of an application as set forth by the Board, accompanied by an applicable fee, which demonstrates the following:

(1) Programs to be provided will meet guidelines as determined by the Board, and will be presented by competent individuals as documented by appropriate academic training, professional licensure or certification, or professionally recognized experience.

(2) An identified licensed social worker will be involved in program planning and review.

(3) Appropriate documents will be maintained and provided to the Board upon request, including presenter qualifications, learning objectives, content outlines, attendance records, and completed evaluation forms.

(4) Compliance with all other applicable laws, including the Americans with Disabilities Act.

(5) Attendees will be provided a certificate of completion which includes the provider number.

Provider status shall be reviewed annually. The Board may refuse to renew provider status of any provider that fails to comply with the requirements of these rules.

Section 311. Source of Data.

In making determinations under this Article III and to promote uniformity and administrative efficiencies, the Board shall be empowered to rely upon the expertise of and documentation and verified data gathered and stored by not for profit organizations which share in the public protection mission of this Board.

Section 311. Source of Data.

Understanding the movement toward outsourcing certain Board functions in an effort to satisfy fiscal responsibility of regulatory activities, ASWB promotes the use by Boards of not for profit organizations that share in the public protection mission of the regulatory community. These relationships not only preserve and ensure the promotion of public protection, but protect the integrity of the regulatory process in an era of potential elimination/sunsetting of certain Boards under scrutiny by the legislature. ASWB not only shares in the public protection mission of its membership, but also promotes active participation of its member social work Boards through the ASWB election process, resolutions, budget discussions, financial reports, education programming, Examination data and the like. Social work Board participation ensures ASWB programs and services coincide with regulatory objectives. ASWB programs such as its Examinations, ACE, PPD, the Registry, this Model Act and others are developed, administered and maintained to assist social work Boards in their public protection functions and lessen burdens on state government.

The ASWB Social Work Registry was created to provide a uniform, "one stop" mechanism for applicants and social workers to submit and ASWB to accept, verify, where necessary, and store information necessary for initial licensure and licensure transfer. Furthermore, the Registry relieves Boards of the administrative burden of organizing, compiling, and storing the information received from such applicants/social workers. The Registry acts as a repository for social workers' credential information while serving as a verification source, through primary source documentation, for social work licensing Boards. For ASWB membership, the Registry will verify the following information related to applicants and social workers: identity, education, social work Examination history and results, social work licensing history, documentation of Clinical Supervision and a record of disciplinary actions reported to the ASWB PPD. Member Boards are encouraged to take advantage of the Registry which can simply verify receipt of such documents or, when requested, provide "certified" copies of such documents.

Similar to the Registry, ASWB programs are referenced throughout this Model Act and

comments refer to the exams (comments to Article III Section 307(a)), the ASWB ACE Program (comments to Article III Section 310), and the ASWB PPD databank (comments to Article IV Section 401(c)). ASWB does not recommend that the specific programs be referenced in the statute, see comments to Article II Section 213(a) (4).

The intent of this Section 311 is to legislatively authorize social work Boards to utilize available programs offered by entities that share in the public protection mission of a regulatory agency.

Article IV. Enforcement.

Introductory Comment to Article IV

The enforcement power of the Board is at the very heart of any practice act. In order to fulfill its responsibilities, the Board must have authority to discipline individuals or social workers who violate the act or its rules, including the ability to prohibit these individuals from continuing to threaten the public. The Board must be able to stop wrongdoers, discipline them, and where appropriate, guide and assist them in rehabilitation.

This Act's disciplinary provisions were drafted with the purpose of granting the Board the widest possible scope within which to perform its disciplinary functions. The grounds for disciplinary actions were developed to ensure protection of the public while giving Boards the power to expand or adapt them to changing local conditions. The penalties outlined under the Act give the Board the flexibility to tailor disciplinary actions to individual offenses.

Section 401. Grounds, Penalties, and Reinstatement.

Section 401. Grounds, Penalties, and Reinstatement.

Under this section, Boards are granted authority over both Licensees and applicants. General powers are phrased in such a way as to allow the Board a wide range of actions, including the refusal to issue or renew a license, and the use of license restrictions or limitations. Similarly, the penalties outlined in this section give the Board wide latitude to make the disciplinary action fit the offense. Please refer to the Board powers of Section 213 for additional authority. Any "reasonable intervals," such as in subsection 213(b), would be determined by the Board.

ASWB recommends that Boards develop clear policies regarding the reporting of disciplinary actions taken against social workers, subject to confidentiality and to the applicable laws. It is strongly recommended that Boards make public as much disciplinary action information as law allows, and that all Boards participate in the ASWB Protection Database (PPD), formerly DARS, , a national databank that allows Boards to review licensure candidates for past disciplinary actions from other jurisdictions.

(a) The Board may refuse to issue or renew, or may suspend, revoke, censure, reprimand, restrict or limit the license of, or fine any person pursuant to the Administrative Procedures Act or the procedures set forth in Section 402 herein below, upon one or more of the following grounds as determined by the Board:

Section 401(a). Grounds, Penalties, and Reinstatement.

This section must be examined in light of other jurisdictional laws. Some jurisdictions, for example, restrict the circumstances under which a license may be denied to an individual who has committed a Felony. Additionally, an individual who has been convicted of a Felony or an act of gross immorality and who has paid the debt to society has restored constitutional protections.

These protections may curtail a strict application of Section 401(a)(4) to this individual.

These potential problems make it essential for Boards to issue rules that make the grounds for disciplinary action specific, understandable, and reasonable. Boards must ensure that these rules are published for the benefit of all Licensees. Taking these steps will assure the Board of the authority to make effective and meaningful disciplinary actions that will not be overturned by the courts.

(1) Unprofessional conduct as determined by the Board;

Section 401(a)(1). Grounds, Penalties, and Reinstatement.

Boards must be specific when defining the grounds for revoking or suspending a social worker's license to practice. The term "unprofessional conduct" is particularly susceptible to judicial challenge for being unconstitutionally vague. Each offense included in this term must be capable of being understood with reasonable precision by the persons regulated. If this standard is met, the individuals being regulated will be able to conform their professional conduct accordingly, and Boards will be able to readily enforce this provision, and rely upon it during disciplinary proceedings. Other terms sometimes used in statutes include unethical, immoral, improper or dishonorable conduct. Generally, courts have recognized as appropriate the use of unprofessional conduct when challenged legally. See *Chastev v. Anderson* 416 N.E.2d 247 (Il. 1981); *Stephens v. Penn. State Bd. of Nursing* 657 A.2d 71 (Pa. 1995).

(2) Practicing outside the scope of practice applicable to that individual;

(3) Conduct which violates any of the provisions of this Act or rules adopted pursuant to this Act, including the Standards of Practice;

Section 401(a)(3). Grounds, Penalties, and Reinstatement.

This subsection allows the Board to take disciplinary action against a violation of any portion of this Act. While not specifically enumerated in this subsection, many activities, such as failure to report under the mandatory reporting provisions in Article VI constitutes actionable conduct.

(4) Incapacity or impairment that prevents a Licensee from engaging in the practice of social work with reasonable skill, competence, and safety to the public;

Section 401(a)(4). Grounds, Penalties, and Reinstatement.

This section does not identify specific impairments in order to allow for broad application and the potential for expansion. It is intended to cover incapacity and impairments

due to drug and alcohol abuse, mental health conditions, and others.

It is important to note that the authority of the Board to refuse to issue or renew a Licensee, as well as its ability to discipline a Licensee for various incapacitates or impairments, should not be limited by applicable laws related to individuals with disabilities. Board action must be based on the protection of the public—the ultimate goal of the practice act. The Board must, however, protect any medical records of Licensees from public scrutiny as mandated by applicable privacy laws.

(5) Conviction of a Felony (as defined under state, provincial, or federal law);

Section 401(a)(5). Grounds, Penalties, and Reinstatement.

Boards must also be aware of how the definition of "Felony" may impact its actions. See *Rothstein v. Dept. of Professional and Occupational Regulation,* 397 So.2nd 305 (Fla.), where the Florida Felony definition differed from the Federal definition.

(6) Any act involving moral turpitude or gross immorality;

Section 401(a)(6). Grounds, Penalties, and Reinstatement.

Similar to Section 401(a)(1), Unprofessional Conduct and the comments thereto, "moral turpitude or gross immorality" are terms providing the Board with flexibility in the disciplinary process. That is, to effectively protect the public in regulating a profession, certain catch-all phrases may be needed which encompass situations not contemplated when drafting the statutes and rules. Further, as times change, the statutes should be flexible enough to address situations where disciplinary actions are justified, but not specifically articulated in the delineated grounds for discipline. While unprofessional conduct may be interpreted to refer to actions taken in the context of professional practice, moral turpitude or gross immorality likely encompasses activities outside of the context of professional practice. Of course, the grounds for discipline must comply with constitutional due process principles related to appropriate notice to individuals. Generally, courts have upheld the constitutionality of statutes which use moral turpitude or gross immorality as grounds for discipline. See: Haley v. Medical Disciplinary Board, 818 P. 2d 1062 (WA 1991); Finucan v. Maryland Board of Physician Quality Assurance, 846 A.2d 377 (App. Ct . MD 2004).

(7) Violations of the laws of this jurisdiction, or rules and regulations pertaining thereto, or of laws, rules, and regulations of any other state, or of the federal government;

(8) Misrepresentation of a material fact by an applicant or Licensee;

(i) In securing or attempting to secure the issuance or renewal of a license;

(ii) In statements regarding the social workers skills or efficiency or value of any treatment provided or to be provided or using any false, fraudulent, or deceptive statement connected with the practice of social work including, but not limited to, false or misleading advertising;

(9) Fraud by a Licensee in connection with the practice of social work including engaging in improper or fraudulent billing practices or violating related laws;

(10) Engaging or aiding and abetting an individual to engage in the practice of social work without a license, or falsely using the title of social worker;

(11) Failing to pay the costs assessed in a disciplinary matter pursuant to Section 213(b)(8) or failing to comply with any stipulation or agreement involving probation or settlement of any disciplinary matter with the Board or with any order entered by the Board;

(12) Being found by the Board to be in violation of any of the provisions of this Act or rules adopted pursuant to this Act;

(13) (i) Conduct which violates the security of any licensure Examination materials; removing from the Examination room any examination materials without authorization; the unauthorized reproduction by any means of any portion of the actual licensing Examination; aiding by any means the unauthorized reproduction of any portion of the actual licensing Examination; paying or using professional or paid Examination-takers for the purpose of reconstructing any portion of the licensing Examination; obtaining Examination questions or other Examination material, except by specific authorization either before, during or after an Examination; or using or purporting to use any Examination questions or materials which were improperly removed or taken from any Examination; or selling, distributing, buying, receiving, or having unauthorized possession of any portion of a future, current, or previously administered licensing Examination;

Section 401(a)(11) and Section 401(a)(12). Grounds, Penalties, and Reinstatement.

Boards are encouraged to rely upon these sections to enforce Board activities, when necessary. Through this subsection, as well as subsection 401(a)(3), failure to comply with mandatory reporting requirements or other responsibilities placed on a practitioner throughout various portions of this Act constitutes grounds for discipline.

(ii) Communicating with any other examinee during the administration of a licensing Examination; copying answers from another examinee or permitting one's answers to be copied by another examinee; having in one's possession during the administration of the licensing Examination any books, equipment, notes, written or printed materials, or data of any kind, other than the Examination materials distributed, or otherwise authorized to be in one's possession during the Examination; or impersonating any examinee or having an impersonator take the licensing Examination on one's behalf;

(14) Being the subject of the revocation, suspension, surrender or other disciplinary sanction of a social work or related license or of other adverse action related to a social work or related license in another jurisdiction or country including the failure to report such adverse action to the Board;

(15) Being adjudicated by a court of competent jurisdiction, within or without this state, as incapacitated, mentally incompetent or mentally ill, chemically dependent, mentally ill and dangerous to the public;

Section 401(a)(15). Grounds Penalties, and Reinstatement.

As stated in comments to Section 401(a)(4), applicable laws related to individuals with disabilities are not intended to interfere with a court order, nor a Board's authority to protect the public through licensure decisions or criteria contained in the practice act.

Section 401(b). Grounds, Penalties, and Reinstatement.

This section addresses the impaired professional, and outlines the Board's flexibility when dealing with such professional through investigations and disciplinary actions. Section 401(b)(1) specifically is limited to treatment of impaired professionals only.

(b) (1) The Board may defer action with regard to an impaired Licensee who voluntarily signs an agreement, in a form satisfactory to the Board, agreeing not to practice social work and to enter an approved treatment and monitoring program in accordance with this section, provided that this section should not apply to a Licensee who has been convicted of, pleads guilty to, or enters a plea of nolo contendere to a felonious act or an offense relating to a controlled substance in a court of law of the United States or any other state, territory, or country or a Conviction related to sexual misconduct. A Licensee who is physically or mentally impaired due to mental illness or addiction to drugs or alcohol may qualify as an impaired social worker and have disciplinary action deferred and ultimately waived only if the Board is satisfied that such action will not endanger the public

Section 401(b)(1). Grounds, Penalties, and Reinstatement.

ASWB encourages Boards to explore options for the effective monitoring of impaired practitioners. Once the Board has identified an impaired practitioner, there are many resources available to Boards that can assist in the monitoring and rehabilitation process.

and the Licensee enters into an agreement with the Board for a treatment and monitoring plan approved by the Board, progresses satisfactorily in such treatment and monitoring program, complies with all terms of the agreement and all other applicable terms of subsection (b)(2). Failure to enter such agreement or to comply with the terms and make satisfactory progress in the treatment and monitoring program shall disqualify the licensee from the provisions of this section and the Board may activate an immediate investigation and disciplinary proceeding. Upon completion of the rehabilitation program in accordance with the agreement signed by the Board, the Licensee may apply for permission to resume the practice of social work upon such conditions as the Board determines necessary.

(2) The Board may require a Licensee to enter into an agreement which includes, but is not limited to, the following provisions:

(i) Licensee agrees that the license shall be suspended or revoked indefinitely under subsection (b)(1).

(ii) Licensee will enroll in a treatment and monitoring program approved by the Board.

(iii) Licensee agrees that failure to satisfactorily progress in such treatment and monitoring program shall be reported to the Board by the treating professional who shall be immune from any liability for such reporting made in good faith.

(iv) Licensee consents to the treating physician or professional of the approved treatment and monitoring program reporting to the Board on the progress of Licensee at such intervals as the Board deems necessary and such person making such report will not be liable when such reports are made in good faith.

(3) The ability of an impaired social worker to practice shall only be restored and charges dismissed when the Board is satisfied by the reports it has received from the approved treatment program that Licensee can resume practice without danger to the public.

(4) Licensee consents, in accordance with applicable law, to the release of any treatment information to the Board from anyone within the approved treatment program.

(5) The impaired Licensee who has enrolled in an approved treatment and monitoring program and entered into an agreement with the Board in accordance with subsection (b)(1) hereof shall have the license suspended or revoked but enforcement of this suspension or revocation shall be stayed by the length of time the Licensee remains in the program

and makes satisfactory progress, and complies with the terms of the agreement and adheres to any limitations on the practice imposed by the Board to protect the public. Failure to enter into such agreement or to comply with the terms and make satisfactory progress in the treatment and monitoring program shall disqualify the Licensee from the provisions of this section and the Board shall activate an immediate investigation and disciplinary proceedings.

(6) Any social worker who has substantial evidence that a Licensee has an active addictive disease for which the Licensee is not receiving treatment under a program approved by the Board pursuant to an agreement entered into under this section, is diverting a controlled substance, or is mentally or physically incompetent to carry out the duties of the license, shall make or cause to be made a report to the Board. Any person who reports pursuant to this section in good faith and without malice shall be immune from any civil or criminal liability arising from such reports. Failure to provide such a report within a reasonable time from receipt of knowledge may be considered grounds for disciplinary action against the Licensee so failing to report.

(c) Subject to an order duly entered by the Board, any person whose license to practice social work in this state has been suspended or restricted pursuant to this Act, whether voluntarily or by action of the Board, shall have the right, at reasonable intervals, to petition the Board for reinstatement of such license. Such petition shall be made in writing and in the form prescribed by the Board. Upon investigation and hearing, the Board may, in its discretion, grant or deny such petition, or it may modify its original finding to reflect any circumstances which have changed sufficiently to warrant such modifications. The Board, also at its discretion, may require such person to complete other requirements including but not limited to passing an Examination(s).

Section 401(c). Grounds, Penalties, and Reinstatement.

A social worker who is under investigation, or who has been charged with a violation of the Social Work Practice Act may agree to voluntarily surrender his or her license. When this occurs, the Board should formally enter stipulated findings and an order describing the terms and conditions of the surrender, including any agreed-upon time limits. This important step establishes statutory grounds that will support any disciplinary action, and prevents a social worker who has surrendered a license from applying for (or receiving) reinstatement within a time frame unacceptable to the Board. It also triggers a report to the ASWB Public Protection Database (PPD) service to inform other jurisdictions of the sanction. ASWB encourages Boards to review local law regarding disciplinary sanctions, and distinguish between revocation, suspension, and rights and conditions of reinstatement. See *Flanzer v. Board of Dental Examiners*, 271 Cal.Rptr. 583 (1990) (Board empowered to impose conditions of reinstatement); *Jones v. Alabama State Board of Pharmacy*, 624 So.2nd 613 (Ala. App.Ct. 1993) (revoked license carries no right of reinstatement); and *Roy v. Medical Board of Ohio,*

655 N.E. 2d (Ohio App.Ct. 1995) (authority to revoke a license to practice includes the authority to revoke permanently).

(d) The Board may in its own name issue a cease and desist order to stop an individual from engaging in an unauthorized practice or violating or threatening to violate a statute, rule, or order which the Board has issued or is empowered to enforce. The cease and desist order must state the reason for its issuance and give notice of the individual's right to request a hearing under applicable procedures as set forth in the Administrative Procedures Act. Nothing herein shall be construed as barring criminal prosecutions for violations of this Act.

(e) All final decisions by the Board shall be subject to judicial review pursuant to the Administrative Procedures Act.

(f) Any individual whose license to practice social work is revoked, suspended, or not renewed shall return such license to the offices of the Board within 10 days after notice of such action.

Section 402. Procedure.

Section 402. Procedure.

In many jurisdictions, the procedures that must be followed before disciplinary action can be taken are determined by an Administrative Procedures Act. The Model Act was drafted on the assumption that an Administrate Procedures Act is in effect.

Notwithstanding any provisions of the state Administrative Procedures Act, the Board may, without a hearing, temporarily suspend a license for not more than 60 days if the Board finds that a social worker has violated a law or rule that the Board is empowered to enforce, and if continued practice by the social worker would create an imminent risk of harm to the public. The suspension shall take effect upon written notice to the social worker specifying the statute or rule violated. At the time it issues the suspension notice, the Board shall schedule a disciplinary hearing to be held under the Administrative Procedures Act within 20 days thereafter. The social worker shall be provided with at least 20 days notice effective with the date of issuance of any hearing held under this subsection.

Article V. Confidentiality.

Introductory Comment to Article V

This section is intended to establish the confidentiality requirements for social workers, based on the professional relationship between practitioner and Client. Although "confidentiality" and "privileged communication" are related terms, there are important differences between the two concepts. "Confidentiality" is a broad term, and describes the intention that information exchanged between a social worker and a Client is to be maintained in secrecy, and not disclosed to outside parties. "Privileged communication" is a more narrow term that describes the legal relationship between social worker and Client when a law mandates confidentiality.

This article is titled "Confidentiality" rather than "Privileged Communication" or "Confidentiality/Privileged Communication" because confidentiality provisions include privileged communications, and is intended to give Boards the widest possible latitude.

Section 501. Privileged Communications and Exceptions.

(a) No social worker shall disclose any information acquired from or provided by a Client or from persons consulting with the social worker in a professional capacity, except that which may be voluntarily disclosed under the following circumstances:

(1) In the course of formally reporting, conferring or consulting with administrative superiors, colleagues or consultants who share professional responsibility, in which instance all recipients of such information are similarly bound to regard the communication as privileged;

(2) With the written consent of the person who provided the information;

(3) In case of death or disability, with the written consent of a personal representative, other person authorized to sue, or the beneficiary of an insurance policy on the person's life, health or physical condition;

(4) When a communication reveals the intended commission of a crime or harmful act and such disclosure is judged necessary by the social worker to protect any person from a clear, imminent risk of serious mental or physical harm or injury, or to forestall a serious threat to the public safety; or

(5) When the person waives the privilege by bringing any public charges against the licensee.

(b) When the person is a minor under the laws of the _____ of _____ and the information acquired by the social worker indicates the minor was the victim of or witness to a crime, the social worker may be required to testify in any judicial proceedings in which the commission of that crime is the subject of inquiry and when the court determines that the interests of the minor in having the information held privileged are outweighed

Section 501(a). Privileged Communications and Exceptions.

See *Tarasoff v. Regents of University of California* 17 Cal. 3d.425, 131 Cal. Rptr. 14,551 P.2d 334 (1976).

by the requirements of justice, the need to protect the public safety or the need to protect the minor.

(c) Any person having access to records or anyone who participates in providing social work services or who, in providing any human services, is supervised by a social worker, is similarly bound to regard all information and communications as privileged in accord with the section.

(d) Nothing shall be construed to prohibit a social worker from voluntarily testifying in court hearings concerning matters of adoption, child abuse, child neglect or other matters pertaining to children, elderly, and physically and mentally impaired adults, except as prohibited under the applicable state and federal laws.

(e) The _____, as now or hereafter amended, is incorporated herein as if all of its provisions were included in this Act.

Section 501(d). Privileged Communications and Exceptions.

This section is applicable only if there are other state laws governing privilege.

Regulations — Standards of Practice/Code of Conduct.

Part 1. Standards of Practice.

Subpart 1. Scope & Applicability. *The standards of practice apply to all applicants and Licensees. The use of the term social worker within these standards of practice includes all applicants and Licensees.*

Subpart 2. Purpose. *The standards of practice constitute the standards by which the professional conduct of an applicant or Licensee is measured.*

Subpart 3. Violations. *A violation of the standards of practice constitutes unprofessional or unethical conduct and constitutes grounds for disciplinary action or denial of licensure.*

Part 2. General Practice Parameters.

Subpart 1. Client welfare. *Within the context of the specific standards of practice prescribed herein, a social worker shall make reasonable efforts to advance the welfare and best interests of a Client.*

Subpart 2. Self-determination. *Within the context of the specific standards of practice prescribed herein, a social worker shall respect a Client's right to self-determination.*

Subpart 3. Nondiscrimination. *A social worker shall not discriminate against a Client, student, or supervisee on the basis of age, gender, sexual orientation, race, color, national origin, religion, diagnosis, disability, political affiliation, or social or economic status. If the social worker is unable to offer services because of a concern about potential discrimination against a Client, student, or supervisee, the social worker shall make an appropriate and timely referral. When a referral is not possible, the social worker shall obtain Supervision or Consultation to address the concern.*

Introductory Comment to Standards of Practice

The development of effective regulations is crucial to the implementation of the Act. While the Act provides the framework that establishes the Board's authority, licensure qualifications, and general parameters of practice, the regulations define the standards of professional conduct that constitute safe and legal practice. Regulations provide a mechanism by which the law can be applied.

Subpart 4. Professional Disclosure Statement. *A social worker shall effectively communicate and make easily accessible a statement that the Client has the right to do the following:*

A. To expect that the social worker has met the minimal qualifications of education, training, and experience required by the law in that jurisdiction and in all jurisdictions where licensed;

B. To examine public records maintained by the Board which contain the social worker's qualifications and credentials;

C. To be given a copy of the standards of practice upon request;

D. To report a complaint about the social worker's practice to the Board;

E. To be informed of the cost of professional services before receiving the services;

F. To privacy as allowed by law, and to be informed of the limits of confidentiality;

Standards of Practice. Part 2. General Practice Parameters. Subpart 4. Professional Disclosure. F.

This article is intended to codify the confidentiality requirements surrounding the social worker-Client relationship, to the extent not covered elsewhere in the statutes of the particular jurisdiction. The confidential nature of communications and records between social workers and other healthcare practitioners and their Clients are subject to many different confidentiality requirements. The recent addition of privacy regulations implemented as a result of the Health Insurance Portability and Accountability Act (HIPAA) illustrates the emphasis by the federal government on issues of protecting personally identifiable health information. Because the ASWB Model Act encompasses protecting health information and to provide the Act with as much flexibility as possible, there is no need to specifically identify HIPAA or other applicable legislation within the Act. Article IV section 401(a)(7) also addresses the requirement that individuals comply with applicable federal and state laws.

G. Limited access to Client information. A social worker shall make reasonable efforts to limit access to Client information in a social worker's agency to appropriate agency staff whose duties require access.

H. Supervision or Consultation. A social worker receiving supervision related to practice shall inform the Client that the social worker may be reviewing the Client's case with the social worker's supervisor or consultant. Upon request, the social worker shall provide the name of the supervisor and the supervisor's contact information.

I. To be free from being the object of discrimination while receiving social work services; and

Part 3. Competence.

Subpart 1. Continued competence. *A social worker shall take all necessary and reasonable steps to maintain continued competence in the practice of social work.*

Subpart 2. Limits on practice. *A social worker shall limit practice only to the competency areas for which the social worker is qualified by licensure and training, experience, or supervised practice.*

Subpart 3. Referrals. *A social worker shall make a referral to other professionals when the services required are beyond the social worker's competence.*

Subpart 4. Delegation. *A social worker shall not assign, oversee or supervise the performance of a task by another individual when the social worker knows that the other individual is not licensed to perform the task or has not developed the competence to perform such task.*

Standards of Practice. Part 3. Competence. Subpart 4. Delegation.

ASWB recognizes that student field experiences are an important part of social work education. This section is not intended to prohibit students from practicing under supervision. However, ASWB does recommend that clients be informed whenever they are receiving social work services from a supervised student.

Part 4. Practice Requirements.

Subpart 1. Assessment or diagnosis. *A social worker shall base services on an assessment or diagnosis. A social worker shall evaluate on an ongoing basis whether the assessment or diagnosis needs to be reviewed or revised.*

Standards of Practice. Part 4. Practice Requirements. Subpart 1. Assessment or diagnosis.

Clinical Social Workers are qualified to use recognized diagnosis classification systems such as the *Diagnostic and Statistical Manual of Mental Disorders*, the *International Classification of Diseases,* and other diagnostic classification systems.

Subpart 2. Assessment or diagnosis instruments. *A social worker shall follow standard and accepted procedures for deciding when and how to use an assessment or diagnostic instrument. A social worker shall inform a Client of its purpose before administering the instrument and, when available, of the results derived therefrom.*

Subpart 3. Plan. *A social worker shall develop a plan for services which includes goals based on the assessment or diagnosis. A social worker shall evaluate on an ongoing basis whether the plan needs to be reviewed or revised.*

Subpart 4. Supervision or Consultation. *A social worker shall obtain Supervision or engage in Consultation when necessary to serve the best interests of a Client.*

Subpart 5. Informed consent.

A. Social workers shall provide services to Clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform Clients of the plan of the services, risks related to the plan, limits to services, relevant costs, reasonable alternatives, Client's right to refuse or withdraw consent, and the time frame covered by the consent. Social workers shall provide Clients with an opportunity to ask questions.

B. If the Client does not have the capacity to provide consent, the social worker shall obtain consent for the services from the Client's legal guardian or other authorized representative.

C. If the Client, the legal guardian, or other authorized representative does not consent, the social worker shall discuss with the Client that a referral to other resources may be in the Client's best interests.

Subpart 6. Records.

A. A social worker shall make and maintain records of services provided to a Client. At a minimum, the records shall contain documentation verifying the identity of the Client; documentation of the assessment or diagnosis; documentation of a plan, documentation of any revision of the assessment or diagnosis or of a plan; any fees charged and other billing information; copies of all Client authorization for release of information and any other legal forms pertaining to the Client. These records shall be maintained by the Licensee or agency employing the Licensee under secure conditions and for time periods in compliance with applicable federal or state law, but in no case for fewer than seven years after the last date of service.

B. Where a social worker or social work practice ceases operations as a result of a suspension, retirement or death of the owner, sale or other cause, including insolvency, the Licensee, or other individual responsible for supervising the disposition of the practice, shall make every effort to notify the Clients of their right to retrieve current records for a period of six (6) months using all of the following methods:

1. *Notification in writing to the Board;*
2. *Publication, at least weekly for one month, in a manner whose circulation encompasses the major area of a practitioner's former practice, advising Clients of the right to retrieve their records for a six (6) month period; and*
3. *If applicable, a sign placed at the practice location informing Clients of the right and procedures to retrieve their records.*

C. Should any Client fail to retrieve the records within the six (6) month period and unless otherwise required by law, the responsible party shall arrange the destruction of such documents in a manner to ensure confidentiality.

Subpart 7. Reports. *A social worker shall complete and submit reports as required by law in a timely manner.*

Subpart 8. Exploitation*. A social worker shall not exploit in any manner the professional relationship with a Client, student, or supervisee for the social worker's emotional, financial, sexual or personal advantage or benefit, nor shall the social worker use the professional relationship with a Client, student, or supervisee to further personal, religious, political or business interests.*

Subpart 9. Termination of services*. A social worker shall terminate a professional relationship with a Client when the Client is not likely to benefit from continued services or the services are no longer needed. The social worker who anticipates the termination of services shall give reasonable notice to the Client. The social worker shall take*

reasonable steps to inform the Client of the termination of professional relationship. The social worker shall provide referrals as needed or upon the request of the Client. A social worker shall not terminate a professional relationship for the purpose of beginning a personal or business relationship with a Client.

Part 5. Relationships with Clients and Former Clients.

Standards of Practice. Part 5. Relationships with Clients and Former Clients.

As technology has made geographic boundaries easier to cross, so has electronic practice increased the permeability of Client-social worker boundaries. Boards will need to be vigilant as they regulate social work practice to ensure that digital and electronic services are used only for professional or treatment-related purposes and only with Client consent.

Subpart 1. Personal relationships with Clients*. A social worker shall not engage in dual relationships with Clients that compromise the well-being of the Client, impair the objectivity and professional judgment of the social worker or increase the risk of Client exploitation. When a social worker may not avoid a personal relationship with a Client, the social worker shall take appropriate precautions, such as informed consent, Consultation, or Supervision to ensure that the social worker's objectivity and professional judgment are not impaired.*

Subpart 2. Personal relationships with former Clients*. A social worker may engage in a personal relationship, except as prohibited by Part 5, Subpart 4, with a former client, if the former Client was notified of the termination of the professional relationship. The social worker shall continue to consider the best interests of the former Client, and shall not engage in a personal relationship with a former Client if a reasonable social worker would conclude that the former Client continues to relate to the social worker in the social worker's professional capacity.*

Subpart 3. Sexual contact with a Client*. A social worker shall not engage in or request sexual contact as defined in Part 5, Subpart 5, with a Client under any circumstances. A social worker shall not engage in any verbal or physical behavior which a reasonable person would find to be sexually seductive or sexually demeaning. A social worker shall not sexually harass a Client.*

Subpart 4. Sexual contact with a former Client*. A social worker who has provided Clinical Social Work services to a Client shall not engage in or request sexual contact as defined in Part 5, Subpart 5, with the former Client under any circumstances. A social worker who has provided other social work services to a Client shall not engage in or request sexual contact as defined in Part 5, Subpart 5, with the former Client at any time if a reasonable social worker would determine that engaging in sexual contact with the Client would be exploitative, abusive, or detrimental to the Client's welfare. It is the responsibility of the social worker to assume the full burden of demonstrating that the former Client has not been exploited or abused either intentionally or unintentionally.*

Standards of Practice. Part 5. Relationships with Clients and Former Clients. Subpart 4. Sexual contact with a former client.

The nature of the therapeutic relationship between a Clinical Social Worker and a Client is such that it is inappropriate to ever engage in sexual contact with a current or former Client.

Subpart 5. Sexual contact defined. *Sexual contact includes but is not limited to electronic exploitation, sexual intercourse, either genital or anal, cunnilingus, fellatio, or the handling of the breasts, genital areas, buttocks, or thighs, whether clothed or unclothed, by either the social worker or the Client.*

Standards of Practice. Part 5. Relationships with Clients and Former Clients. Subpart 5. Sexual contact defined.

Kissing and hugging have not been included in the definitions of sexual contact due to wide variation in context and acceptability. It would be extremely difficult to establish a definitive set of circumstances under which a hug becomes an element of sexual contact. For example, school social workers, hospital social workers, and social workers who work with children often employ supportive hugs in their relationships with Clients. It would be counterproductive to effective practice to place a blanket ban on this kind of benign physical contact.

Subpart 6. Business relationship with a Client. *A social worker shall not engage in any type of a business relationship with a Client. Business relationships do not include purchases made by the social worker from the Client when the Client is providing necessary goods or services to the general public, and the social worker determines that it is not possible or reasonable to obtain the necessary goods or services from another provider.*

Subpart 7. Business relationship with a former Client. *A social worker may engage in a business relationship with a former Client, if the former Client was notified of the termination of the professional relationship. The social worker shall continue to consider the best interests of the former Client, and shall not engage in a business relationship with a former Client if a reasonable social worker would conclude that the former Client continues to relate to the social worker in the social worker's professional capacity.*

Subpart 8. Prior Personal or Business Relationships. *A social worker may engage in a professional relationship with an individual with whom the social worker had a previous personal or business relationship only if a reasonable social worker would conclude that the social worker's objectivity and professional judgment will not be impaired by reason of the previous personal or business relationship.*

Subpart 9. Social worker responsibility. *A social worker shall be solely responsible for acting appropriately in regard to relationships with Clients or former Clients. A Client or a former Client's initiation of a personal, sexual, or business relationship shall not be a defense by the social worker for a violation of Part 5, Subparts 1 through 8.*

Subpart 10. Others. *Part 5, Subparts 1 through 9 also apply to a social worker's relationship with students, supervisees, employees of the social worker, family members or significant others of a client.*

Part 6. Client Confidentiality.

Subpart 1. General. *A social worker shall protect all information provided by or obtained about a Client. "Client information" includes the social worker's personal knowledge of the Client and Client records. Except as provided herein, Client information may be disclosed or released only with the Client's written informed consent. The written informed*

Standards of Practice. Part 6. Client Confidentiality. Subpart 1. General.

Part 6 of the Standards of Practice is intended to work in conjunction with Article V, Confidentiality in the Model Act. Please refer to

consent shall explain to whom the Client information will be disclosed or released and the purpose and time frame for the release of information.

the introductory comments for Article V of the Model Act for a discussion of the relationship between "confidentiality" and "privileged communication."

This section does not prohibit a Client from accessing his or her own records. Statutes regarding access to medical records generally addresses this area.

Subpart 2. Release of Client information without written consent. *A social worker shall disclose Client information without the Client's written consent only under the following circumstances:*

A. Where mandated by federal or state law, including mandatory reporting laws, requiring release of Client information;

B. The social worker determines that there is a clear and imminent risk that the Client will inflict serious harm on either the Client or another identified individual(s), or that there is a serious threat to public harm. The social worker shall release only the information that is necessary to avoid the infliction of serious harm. The social worker may release this information to the appropriate authorities and the potential victim;

C. The Board duly issues a valid subpoena to the social worker, as permitted by law.

Subpart 3. Release of Client records without written consent. *A social worker shall release Client records without the Client's written consent under the following circumstances:*

A. A Client's authorized representative consents in writing to the release;

B. As mandated by federal or jurisdiction law requiring release of the records;

C. The Board duly issues a valid subpoena for the records, as permitted by law.

Standards of Practice. Part 6. Client Confidentiality. Subpart 3. Release of Client records without written consent.

ASWB recognizes that requirements for the release of records without Client consent may represent a tension between the legal regulation of social work and the ethical code developed by NASW. However, the association recommends that Boards consider the potential necessity for such access in relation to public protection. Boards must have the power to subpoena records if those records may have a bearing on whether the public is at risk of receiving unethical, incompetent, illegal or unregulated social work services.

Subpart 4. Limits of confidentiality. *The social worker shall inform the Client of the limits of confidentiality as provided under applicable law.*

Subpart 5. Minor Clients. *In addition to the general directive in Part 6, Subpart 4, a social worker must inform a minor Client, at the beginning of a professional relationship, of any laws which impose a limit on the right of privacy of a minor.*

Subpart 6. Third party billing. *A social worker shall provide Client information to a third party for the purpose of payment for services rendered only with the Client's written informed consent. The social worker shall inform the Client of the nature of the Client information to be disclosed or released to the third party payor.*

Subpart 7. Client information to remain private. *A social worker shall continue to maintain confidentiality of Client information upon termination of the professional relationship including upon the death of the Client, except as provided under applicable law.*

Subpart 8. Recording / Observation. *A social worker shall obtain the Client's written informed consent before the taping or recording of a session or a meeting with the Client, or before a third party is allowed to observe the session or meeting. The written informed consent shall explain to the Client the purpose of the taping or recording and how the taping or recording will be used, how it will be stored and when it will be destroyed.*

Part 7. Conduct.

Subpart 1. Impairment. *A social worker shall not practice while impaired by medication, alcohol, drugs, or other chemicals. A social worker shall not practice under a mental or physical condition that impairs the ability to safely practice.*

Subpart 2. Giving drugs to a Client. *Unless permissible by state law, a social worker shall not offer medication or controlled substances to a Client. The social worker may accept medication or controlled substances from a Client for purposes of disposal or to monitor use. Under no circumstances shall a social worker offer alcoholic beverages to a Client or accept such from a Client.*

Subpart 3. Investigation. *A social worker shall comply with and not interfere with Board investigations.*

Part 8. Representation to the Public. Advertising.

Subpart 1. Required use of license designation. *A social worker shall use the license designation of LBSW, LMSW, LCSW, which corresponds to the social worker's license, after the social worker's name in all written communications related to social work practice, including any advertising, correspondence, and entries to Client records.*

Subpart 2. Information to Clients or potential Clients. *A social worker shall provide accurate and factual information concerning the social worker's credentials, education, training, and experience upon request from a Client or potential Client. A social worker shall not misrepresent directly or by implication the social worker's license level, degree, professional certifications, affiliations, or other professional qualifications in any oral or written communication or permit or continue to permit any misrepresentations by others. A social worker shall not misrepresent, directly or by implication, affiliations, purposes, and characteristics of institutions and organizations with which the social worker is associated.*

Subpart 3. Licensure status. *Licensure status shall not be used as a claim, promise, or guarantee of successful service, nor shall the license be used to imply that the Licensee has competence in another service. Public statements or advertisements may describe fees, professional qualifications, and services provided, but they may not advertise services as to their quality or uniqueness and may not contain testimonials by quotation or implication.*

***Subpart 4. Display of license**. A social worker shall conspicuously display a current license issued by the Board at the social worker's primary place of practice.*

Standards of Practice. Part 8. Representation to the Public. Advertising. Subpart 4. Display of license.

The social worker shall conspicuously display all professional licenses or registrations in all practice settings, including physical and virtual office settings.

Subpart 5. Client bill of rights including:

- *Professional profile and contact information*
- *Terms of use, privacy policy, and informed consent*
- *Guidelines to assist Clients who require crisis services*
- *Risks of interruption in services*
- *Consumer information: license/registration number; governmental regulatory body's name and contact information*
- *Right and contact information to report alleged violations to governmental body*

Part 9. Fees and Billing Practices.

***Subpart 1. Fees and payments**. A social worker who provides a service for a fee shall inform a Client of the fee at the initial session or meeting with the Client. Payment must be arranged at the beginning of the professional relationship, and the payment arrangement must be provided to a Client in writing. A social worker shall provide, upon request from a Client, a Client's legal guardian, or other authorized representative, a written explanation of the charges for any services rendered.*

***Subpart 2. Necessary services**. A social worker shall bill only for services which have been provided. A social worker shall provide only services which are necessary.*

***Subpart 3. Bartering**. A social worker may not accept goods or services from the Client or a third party in exchange for the social worker's services, except when such arrangement is initiated by the Client and is an accepted practice in the social worker's community or within the Client's culture. It is the responsibility of the social worker to assume the full burden of demonstrating that this arrangement will not be detrimental or exploitative to the Client or the professional relationship.*

***Subpart 4. No payment for referrals**. A social worker shall neither accept nor give a commission, rebate, fee split, or other form of remuneration for the referral of a Client.*

Part 10. Research.

***Subpart 1. Informed consent**. When undertaking research activities, the social worker shall abide by accepted protocols for protection of human subjects. A social worker must obtain a Client's or a Client's legal guardian's written informed consent for the Client to participate in a study or research project and explain in writing the purpose of the study or research as well as the activities to be undertaken by the Client should the Client agree to participate in the study or research project. The social worker must inform the Client of the Client's right to withdraw from the project at any time without impact on receipt of social work services.*

Standards of Practice. Part 10. Research. Subpart 1. Informed consent.

The use of information that cannot be identified with a specific Client does not require informed consent.

Article VI. Mandatory Reporting.

Introductory Comment to Article VI

Social workers are in a unique position to know of and evaluate the conduct of other social workers. This section establishes a social worker's legal responsibility to report activities that may be harmful to Clients, including incompetence, malfeasance, and unethical practice.

Recently, consumer groups and others have voiced concerns that health care professionals often protect each other—either through remaining silent when made aware of substandard practice, or through outright denial of this substandard practice—to the detriment of the public. This perception, no matter how inaccurate, undermines the public's confidence in professional regulation. The inclusion of mandatory reporting provisions provides assurance that professional "protection" that puts the public at risk is itself a violation of the practice act.

Section 601. Permission to Report.

A person who has knowledge of any conduct by an applicant or a Licensee which may constitute grounds for disciplinary action under this chapter or the rules of the Board or of any unlicensed practice under this chapter may report the violation to the Board.

Section 602. Professional Societies or Associations.

A national, state or local professional society or association for Licensees shall forward to the Board any complaint received concerning the ethics or conduct of the practice which the Board regulates. The society or association shall forward a complaint to the Board upon receipt of the complaint. The society or association shall also report to the Board any disciplinary action taken against a member.

Section 602. Professional Societies or Associations.

The intent of this section is to address conduct that is grounds for discipline under the Act. This section is not intended to cover other conduct issues that may be addressed in the NASW or CASW Codes of Ethics.

Section 603. Social Workers.

(a) Social workers shall report to the Board information on the following conduct by an applicant or a Licensee:

(1) sexual contact or sexual conduct with a Client or a former Client; the Client shall only be named with the Client's consent;

(2) failure to report as required by law;

(3) impairment in the ability to practice by reason of illness, use of alcohol, drugs, or other chemicals, or as a result of any mental or physical condition;

(4) improper or fraudulent billing practices,

Section 603(a)(4). Social Workers.

References to improper or fraudulent billing practice includes governmental, managed care, and private insurance, as well as all issues relating to billing practice involving the Client.

(5) fraud in the licensure application process or any other false statements made to the Board;

(6) conviction of any Felony or any crime reasonably related to the practice of social work;

(7) a violation of Board order.

(b) Social workers shall also report to the Board information on any other conduct by any individual Licensee that constitutes grounds for disciplinary action under this chapter or the rules of the Board.

Section 604. Reporting Other Licensed Professionals.

An applicant or Licensee shall report to the applicable Board conduct by a licensed health professional which would constitute grounds for disciplinary action under the chapter governing the practice of the other licensed health professional and which is required by law to be reported to the Board.

Section 605. Courts.

The court administrator of district court or any other court of competent jurisdiction shall report to the Board any judgment or other determination of the court that adjudges or includes a finding that an applicant or a Licensee is mentally ill, mentally incompetent, guilty of a Felony, guilty of a violation of federal or state narcotics laws or controlled substances act, or guilty of an abuse or fraud under Medicare or Medicaid; or that appoints a guardian of the applicant or Licensee or commits an applicant or Licensee pursuant to applicable law.

Section 606. Self-Reporting.

An applicant or Licensee shall report to the Board any personal action that would require that a report be filed pursuant to this Act.

Section 607. Deadlines, Forms.

Reports required by this Act must be submitted not later than 30 days after learning of the reportable event or transaction. The Board may provide forms for the submission of reports required by this section, may require that reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting.

Section 608. Immunity.

Any person, social worker, business, or organization is immune from civil liability or criminal prosecution for submitting in good faith a report under this Act or for otherwise reporting, providing information, or testifying about violations or alleged violations of this chapter.

Article VII. Other.

Section _____ Severability.

If any provision of this Act is declared unconstitutional or illegal, or the applicability of this Act to any person or circumstance is held invalid by a court of competent jurisdiction, the constitutionality or legality of the remaining provisions of this Act and the application of this Act to other persons and circumstances shall not be affected and shall remain in full force and effect without the invalid provision or application.

Section _____ Effective Date.

This Act shall be in full force and effect on (date).

Appendixes A-D reflect contributions made during the development of the original Model Social Work Practice Act in 1996-1997. Subsequent revisions are the result of contributions from all ASWB members.

Appendix A: Resources

The Model Law Task Force reviewed a great deal of material taken from current laws and regulations. Citations for each of these laws and regulations are not included in this appendix.

American Association of State Social Work Boards. (1996). *Social Work Laws & Board Regulations: A State Comparison Study*. Culpeper, VA: author.

American Board of Examiners in Clinical Social Work. (1995). *Professional Development and Practice Competencies in Clinical Social Work*. Wilmington, DE: author.

Barker, Robert L. (1991). *The Social Work Dictionary, 2nd ed.* Silver Spring, MD. NASW Press.

Bryce, George K., *Defining And Acting.*

Clinical Social Work Definitions: NASW, NFSCSW

Continuing Professional Competence: Can We Assure It? Proceedings of a Citizen Advocacy Center Conference, Washington DC, December 16-17, 1996

Council on Social Work Education. (1992). *Curriculum Policy Statement for Baccalaureate Degree Programs in Social Work Education.* Alexandria, VA: author.

Council on Social Work Education. (1992). *Curriculum Policy Statement for Master's Degree Programs in Social Work Education.* Alexandria, VA: author.

Edwards, Richard L. and Hopps June Gary (Eds.). (1995). *The Encyclopedia of Social Work. 19th ed.* Washington, DC. NASW Press.

Federation of State Medical Boards of the United States. (1987*). A Guide to the Essentials of a Model Medical Practice Act.* Fort Worth, TX: author.

Finocchio L J, Dower C M, McMahon T, Gragnola C M and the Taskforce on Health Care Workforce Regulation. (1995). *Reforming Health Care Workforce Regulation: Policy Considerations for the 21st Century*. San Francisco, CA: Pew Health Professions Commission.

Gibelman, Margaret & Schervish, Philip H. (1993). *Who We Are: The Social Work Labor Force as Reflected in the NASW Membership*. Washington, DC. NASW Press.

Matz, Barbara. (1996). *Allies, Adversaries of Just Apathy? Social Work Licensure and Faculty Knowledge and Perceptions. Dissertation. Submitted to the College of Human Resources and Education of West Virginia University*. Morgantown, WV.

National Association of Boards of Pharmacy, *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy*. Chicago, IL: author.

National Association of Social Workers. (1989*). NASW Standards for the Practice of Clinical Social Work.* Washington, DC: author.

National Association of Social Workers, *Model State Licensing Statute for Social Workers*. Washington D.C: author.

National Association of Social Workers, *NASW Code of Ethics*. Washington, DC: author.

National Commission for Health Certifying Agencies. (1986). *Assess the Status of Activities to Assure the Continuing Competence of Health Professionals*. Washington, DC: author.

National Council of State Boards of Nursing, Inc. (1994). *Model Nursing Act*. Chicago, IL: author.

National Council of State Boards of Nursing. (1996). *Assuring Competence: A Regulatory Responsibility*. Chicago, IL: author.

National Federation of Societies for Clinical Social Work. (1991*). Standards of Practice for Clinical Social Work*. Arlington, VA: author.

National Organization for Competency Assurance. (1981*). Continuing Competence: An Overview*. Washington, DC: author.

Randolph P. Reaves, J.D. (1996). *A Response to the Recommendations of PEW Health Professions Commission Taskforce on Workforce Regulation.*

Greenberg, Sandra, Knapp, Lenora G., Eiseman, Domniki, Laws, Deanna, *Can We Measure Continuing Competence? 21st Annual FARB Forum, Technology & Regulation: Issues for the 21st Century.*

Sheets, Vickie. (1997). *Perspectives on Continued Competence*, Presentation at Interprofessional Workgroup on Health Professions Regulations. Chicago, IL.

Shimberg, Benjamin. (1977). *Continuing Education and Licensing, Relating Work and Education: Current Issues in Higher Education.*

Shimberg, Benjamin. (1978*). Mandatory Continuing Education: Some Questions to Ask, State Government*. The Council of State Governments.

Shimberg, Benjamin. (1987). *Assuring the Continued Competence of Health Professionals*. Federation of State Medical Boards of the United States, Inc.

Teare, Robert J. & Sheafor, Bardford W. (1995). *Practice-Sensitive Social Work Education: An Empirical Analysis of Social Work Practice and Practitioners.* Alexandria, VA. Council on Social Work Education.

The National Commission for Certifying Bodies. (1981). *To Assure Continuing Competence: A Report of the National Commission for Certifying Agencies*. Washington, DC: author.

Appendix B: Organizations Submitting Input to the 1996-1997 Model Law Task Force

The following is a list of all social work boards, social work professional organizations, and individuals who submitted comments to the Model Law Task Force, based on their review of the draft of the Social Work Practice Act.

Social Work Organizations
American Board of Examiners in Clinical Social Work
Council on Social Work Education
Clinical Social Work Federation
Florida Society for Clinical Social Work
Idaho Society for Clinical Social Work
National Association of Social Workers
Society for Social Work Administrators in Health Care

State Social Work Boards
Arizona Board of Behavioral Health Examiners
California Board of Behavioral Science Examiners
Delaware Board of Clinical Social Work Examiners
Florida Agency for Health Care Administration
Georgia Composite Board of Professional Counselors, Social Workers, and Marriage & Family Therapists
Idaho Board of Social Work Examiners
Louisiana Board of Board Certified Social Work Examiners
Maine Board of Social Work Examiners
Minnesota Board of Social Work
New Jersey Board of Social Work Examiners
New Mexico Board of Social Work Examiners
New York Board for Social Work
North Carolina Social Work Board
Oklahoma Board of Licensed Social Workers
South Carolina Board of Social Work Examiners
Virgin Islands Board of Social Work Licensure

Individuals
Ann Aukamp
Arthur Flax
Elizabeth Horton
Shelomo Oslman
Jacqueline Urow

Appendix C: Organizations Solicited for Input in 1996-1997

American Board of Examiners in Clinical Social Work

Association of Baccalaureate Program Directors

Council on Social Work Education

National Association of Black Social Workers

National Association of Deans and Directors

National Association of Social Workers

National Federation of Societies for Clinical Social Work

School Social Work Associations of America

Society for Social Work Administrators in Health Care

AASSWB Delegates

AASSWB Alternates

AASSWB Social Work Board Administrators

Appendix D: Acknowledgments

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