

**THE VIRGINIA BOARD OF SOCIAL WORK
QUARTERLY BOARD MEETING MINUTES
Friday, March 13, 2020**

The Virginia Board of Social Work ("Board") convened a meeting at 10:00 a.m. on Friday, March 13, 2020 at the Department of Health Professions, 9960 Mayland Drive, Henrico Virginia, in Board Room 4.

PRESIDING OFFICER: John Salay, L.C.S.W., Chair

COMMITTEE MEMBERS PRESENT: Canek Aguirre, Citizen Member
Michael Hayter, L.C.S.W., C.S.A.C.
Gloria Manns, L.C.S.W.
Dolores Paulson, Ph.D., L.C.S.W.
Joseph Walsh, Ph.D, L.C.S.W.

COMMITTEE MEMBERS ABSENT: Angelia Allen, Citizen Member
Jamie Clancey, L.C.S.W.
Maria Eugenia Del Villar, L.C.S.W.

BOARD STAFF PRESENT: Latasha Austin, Licensing Manager
Jaime Hoyle, J.D., Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Charlotte Lenart, Deputy Executive Director- Licensing
Jared McDonough, Administrative Specialist

OTHERS PRESENT: David E. Brown, D.C., Director, Department of Health Professions
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

BOARD COUNSEL PRESENT: Erin Barrett, Assistant Attorney General
James Rutkowski, Assistant Attorney General (*joined at 12:58pm*)

IN THE AUDIENCE: Sue Klaas, Department of Medical Assistance Services (DMAS)
Joseph G. Lynch, L.C.S.W., Virginia Society for Clinical Social Work
Nick Tomlinson
Alexandra Weinstein

CALL TO ORDER:
Mr. Salay called the meeting to order at 10:07 a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM:
Mr. Salay requested a roll call. Ms. Austin announced that six members of the Board were present at roll call; therefore, a quorum was established.

MISSION STATEMENT:
Dr. Walsh read the mission statement of the Department of Health Professions, which was also the mission statement of the Committee and Board.

EMERGENCY EGRESS:
Dr. Walsh announced the Emergency Egress procedures.

ADOPTIONS OF AGENDA:
Upon a motion by Ms. Manns, which Dr. Walsh properly seconded, the Board unanimously adopted the agenda with changes to move Dr. Brown and Ms. Yeatts' reports to after Board Staff Reports. The motion passed unanimously.

APPROVAL OF MINUTES:

Upon a motion by Dr. Walsh, which Dr. Paulson properly seconded, the Board unanimously approved, as written, the meeting minutes from the Quarterly Board Meeting held on December 6, 2019. The motion passed unanimously.

PUBLIC COMMENT:

Joseph Lynch provided public comment. *(See attachment 1)*

BOARD CHAIR REPORT & BOARD OF HEALTH PROFESSIONS REPORT:

Mr. Salay provided both his chair report and his report from the Board of Health Professions to the Board. Mr. Salay requested that each Board member try to review at least one discipline case a week. Mr. Salay informed the Board that he was scheduled to attend the ASWB Conference, but it was cancelled due to the current pandemic. Board members were informed that at this time no travel is being approved by the agency through May 1, 2020.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle gave a 2019 Year End Report for the Behavioral Science Boards and the financial report for the Board of Social Work. A copy of the reports given were included in the agenda packet.

DISCIPLINE REPORT:

Ms. Lang reported on the disciplinary statistics for the Board of Social Work. A copy of the report given was included in the agenda packet.

LICENSING UNIT REPORT:

Ms. Lenart discussed the Board's satisfaction survey, and the steps staff has taken steps to remedy it. She also reported on the current licensure statistics for the Board of Social Work. A copy of the report given was included in the agenda packet.

BOARD OFFICE REPORT:

Ms. Austin reported on the 2019 year end licensure and examination statistics for the Board of Social Work. She also reported on the current examination statistics for the months of January and February 2020. A copy of the report given was included in the agenda packet. Ms. Austin also provided a Board Office Report to everyone at the meeting that included updates made by Board staff due to the recent regulatory changes. *(See attachment 2 for the addition to the Board office Report)*

BOARD COUNSEL'S REPORT:

Ms. Barrett informed the Board there was no report from Board Counsel.

AGENCY REPORT:

Dr. Brown provided a COVID-19 update for the Board. Dr. Brown informed the Board that the Governor issued a declaration of emergency as of yesterday, March 12, 2020 and that there were 17 confirmed cases in Virginia as of yesterday. Dr. Brown provided facts about the virus for the Board, what we can all do to prevent the spread of the virus and measures the agency is taking. He informed everyone that the agency has canceled all Board meetings and Disciplinary Hearings, suspended travel, and enacting teleworking options for staff. The Governor has set emergency leave in place for full-time and part-time employees and communication sessions are currently being held with employees of the agency to keep them informed of all updates.

Dr. Brown informed everyone that the Commonwealth is working to keep the elderly safe by restricting access to hospitals and nursing homes. He also indicated that if someone should fall ill, they should not just walk into the emergency room or doctor's office, but they should contact their healthcare provider first for proper steps and instructions.

The Board took a break for lunch at 11:30am. The meeting reconvened at 12:03 pm.

REGULATORY COMMITTEE REPORT:

Dr. Walsh informed the Board that the Regulatory Board had a very productive meeting yesterday and has several recommendations to present to the Board. *(See attachment 3 for recommendations 1-7)*

Recommendation #1 (*pages one & two of attachment*): To add #6 and #7 to the Standards of Practice under Professional Conduct in the Regulations.

Motion: Mr. Aguirre made a motion, which Dr. Paulson properly seconded, to adopt these changes to the regulations. The motion passed unanimously.

Recommendation #2 (*page three of attachment*): To delete 18VAC140-20-51(B)(3) as a correction to the regulations by fast track action.

Motion: Dr. Walsh made a motion, which Mr. Aguirre properly seconded, to adopt this correction to the regulations by Fast Track Action. The motion passed unanimously.

Recommendation #3 (*page four of attachment*): To delete 18VAC140-20-45(B)(6) as a requirement for licensure by endorsement.

There was concern from Ms. Yeatts about deleting this requirement for endorsement, as it would not be consistent with what neighboring jurisdictions are requiring. There was also concern about making this change prior to the study being done in reference to the Senate Joint Resolution No. 49 (provided in the agenda packet) on the need for additional micro-level, mezzo-level and macro-level social workers and increased compensation of such social workers in the Commonwealth.

Motion: Dr. Walsh made a motion, which Ms. Manns properly seconded, to adopt this change to the regulations by Fast Track Action.

After questions from Board members, asking how Senate Bill 53 (provided in agenda packet) may effect this change the Board placed the motion on hold to allow Ms. Yeatts to give part of her Legislation and Regulatory Action Report. Ms. Yeatts informed the Board that Senate Bill 53 is a bill directing the Board of Social Work to pursue the establishment of a reciprocal agreement with other jurisdictions. At this time, Virginia does not have reciprocity with any other jurisdiction, but offers licensure by endorsement for applicants holding a current and active license in another jurisdiction.

Motion Re-visited: The original motion to recommendation #3 was re-visited and the motion passed with one member opposed.

Recommendation #4 (*pages five & six of attachment*): To delete highlighted sections from 18VAC140-20-110 (C) & (D) from the Reinstatement and Reactivation section of the Regulations.

Motion: Dr. Walsh made a motion, which Dr. Paulson properly seconded, to adopt this change to the regulations by Fast Track Action. The motion passed, with two members opposed.

Recommendation #5 (*page seven of attachment*): To delete highlighted sections from 18VAC140-20-50 (A)(1) from the experience requirements in the Regulations.

Ms. Hoyle recommended that the Board hold off on this recommendation until the Board figures out what will be done with LMSWs. The Board sent the recommendation back to the Regulatory Committee to review.

Recommendation #6 (*page nine of attachment*): To add highlighted section (#5) to 18VAC140-20-50 (D) under the responsibilities of supervisees subsection in the Regulations.

Motion: Dr. Paulson made a motion, which Ms. Manns properly seconded, to adopt this change to the regulations. The motion passed unanimously.

Recommendation #7 (*page 10 of attachment*): To add supervisory contract to the definitions in the Regulations.

After discussion, staff recommended that the Board hold off on this recommendation and re-visit it in the Regulatory

Recommendation #8 (see attachment #4): The Regulatory Committee revised Guidance Document 140-9: Content for Training on Supervision for Clinical Social Work by adding Parallel Process and Theories of Supervision to the document under Context of Supervision.

After review of the revised document by the Board, the Board also recommended removing 2013 from the first sentence under Content Domains for training. It was also noted that the effective date of the document would not be March 13, 2020.

Motion: Dr. Paulson made a motion, which Mr. Salay properly seconded, to adopt these changes to Guidance Document 140-9. The motion passed unanimously.

Mr. Rutkowski joined the meeting at 12:58pm. Ms. Barrett left the meeting at 12:58pm.

Recommendation #9: The Regulatory Committee recommended to the Full Board to approve Board staff to create and maintain a public supervisor registry.

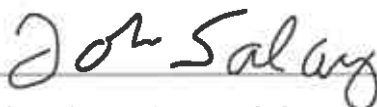
Motion: Dr. Walsh made a motion, which Ms. Manns properly seconded, to approve Board staff to create and maintain a public supervisor registry. The motion passed unanimously.

LEGISLATION & REGULATORY ACTIONS:

Ms. Yeatts reviewed the 2020 General Assembly Report, Chart of Regulatory Actions and Senate Bills with the Board. MS. Yeatts included her report in the agenda packet. Ms. Yeatts highlighted that Senate Bill 633, requiring the Board of Social Work adopt regulations for licensure of Music Therapists, and that the Secretary of the Commonwealth would appoint an Advisory Board to assist the Board in this process.

ADJOURNMENT:

Mr. Salay adjourned the March 13, 2020 Quarterly Board meeting at 1:13 p.m.



John Salay, L.C.S.W., Chair



Jaime Hoyle, Executive Director



AND



Virginia Society for Clinical Social Work
5537 Solaris Drive
Chesterfield Virginia 23832

March 13, 2020

PUBLIC COMMENT
By: Joseph G. Lynch LCSW
TO THE VIRGINIA BOARD OF SOCIAL WORK
Regarding SB1046

I appreciate the opportunity to make public comment on behalf of the Virginia Society for Clinical Social Work and the Northern Virginia Members of the Greater Washington Society for Clinical Social Work.

One of the items on your agenda today is the "Legislative and Regulatory Report." In the Legislation section of the report is information about SB1046. The VSCSW asked Senator Deeds to introduce this bill. At the March 14, 2019 meeting of the VBSW Regulatory Committee they voted to recommend to the full board to add "clinical social worker." to §32.1-127.1:03(F) of the Code of Virginia (Health Records Privacy). The full board on advice of counsel did not pursue this matter.

SB1046 updated the language in §32.1-127.1:03(F) and in 8 other sections of the Code of Virginia to include "clinical social worker" (See attached list). I have been working on this effort for the last 10 years. I wanted to share with the Board what happened 10 years ago that has kept me motivated to change these Code sections. In my group practice an LPC was providing therapy to a 9-year-old girl. The parents were divorced. The girl reported to the LPC that her father was sexually abusing her on the weekend visitations. The LPC documented the information and contacted CPS to report the sexual abuse allegations. Two days later the father left a voicemail message for the LPC requesting a complete copy of the child's record. There are two Code sections that allow refusal to provide the record if there is a belief that it would be harmful to the child to release the record to a parent. In these Code sections the "...treating physician or treating clinical psychologist..." were granted this authority to refuse the release of the child's record. LPC's and LCSW's were not named in the Code section. I did not want the LPC to release the child's record to that father. There is another Code section that outlines the procedure for a health care provider to follow if they have received a Subpoena Duces Tecum and believe a motion to quash has been filed with the court. I had the LPC follow that procedure and cite the Code section that gave authority to refuse the release of the Child's record. I believed that if we could get the information to the JDR Judge, that the Judge would take steps to ensure the safety of the child. But, legally I had no case. We got lucky and the Judge did take steps to protect the child. I decided right then that I did not want LCSW's and LPC's to have to get "lucky" in order to protect children from harm and I started to build the case for updating the language in the Code to include LCSW's.

For the last 5 years I have been talking to Senator Deeds about the issue. I talked with Dr. Jack Barber when he was the Acting Commissioner of the DBHDS. When SB1046 passed I sent an email to the LPC who provided treatment to that 9-year-old little girl ten years ago. I let her know that she was part of the change effort and how that situation had kept me motivated all these years.

I wanted the VBSW to know the background that led to this bill becoming a reality.

“...the treating physician or, clinical psychologist, or clinical social worker...”

1

§ 8.01-413. Certain copies of health care provider's records or papers of patient admissible; right of patient, his attorney and authorized insurer to copies of such records or papers; subpoena; damages, costs and attorney fees.

2

§ 8.01-581.20. Standard of care in proceeding before medical malpractice review panel; expert testimony; determination of standard in action for damages.

3

§ 16.1-340.1. Involuntary temporary detention; issuance and execution of order.

4

§ 20-124.6. Access to minor's records.

5

§ 32.1-127.1:03. Health records privacy.

6

§ 37.2-809. Involuntary temporary detention; issuance and execution of order.

7

§ 38.2-608. Access to recorded personal information.

8

§ 53.1-40.2. Involuntary admission of prisoners with mental illness.

9

§ 54.1-2969. Authority to consent to surgical and medical treatment of certain minors.



Board Office Report

March 13, 2020

Updates made due to reduction in fees and elimination of supervised experience requirements for LBSW (effective 3-5-2020)

- Announcement placed in announcement section on Board website and under News & Updates
- Renewal Chart in announcement section on Board website has been updated to reflect new renewal fee for LBSW
- Fee section on Board website has been updated to reflect new application and renewal fees for LBSW
- Revised Regulations have been posted to Board website
- Licensure Process Handbook has been updated
- All LBSW examination and endorsement applications have been updated
- Renewal FAQs updated on website
- Licensing database has been updated with new application fee and renewal fee for new LBSW applications

Applications and Supporting Forms revised

- Registration of Supervision Initial & Add Change Applications
- LBSW Exam and Endorsement Applications
- LMSW Exam and Endorsement Applications
- Reinstatement Application & Reinstatement following Discipline Action Application
- All of the above applications have been revised
- Non-essential information was removed from application and supporting forms to help streamline application process
- All Paper application and supporting forms have been converted to fillable PDF documents

Miscellaneous Forms revised

- Name-Address Change Form
- Request for Change in Status (Active to Inactive)
- Request for Change in Status (Inactive to Active)
- Request for Verification of Virginia License
- Request for Late Renewal
- All forms have been converted to fillable PDF documents

Other website updates

- FAQs have been updated
- Supervisor FAQs updated

Staffing Updates:

- Latonya Campbell, temporary contract employee, resigned from her position as the Administrative Assistant for full time benefit employment. Her last day was Thursday, March 5, 2020.
- Resumes are currently being reviewed to fill the temporary contract position.
- Thank you to Charlotte Lenart and Board of Counseling support staff who have been assisting in the interim in different capacities.

Outreach:

- Presented to social work students at George Mason University (GMU) on January, 10, 2020
- Was scheduled to present to social work students at Virginia Commonwealth University (VCU) on March 24, 2020. Event has been canceled due to Covid 19 pandemic.

Election of Officers:

- Pursuant to the Virginia Board of Social Work By-laws

D. Election of Officers

1. *The Nomination Committee shall present a slate of officers for Chairman and Vice-Chairman at the meeting scheduled prior to July 1. The election of officers shall occur at the first scheduled Board meeting following July 1 of each year, and elected officers shall assume their duties at the end of the meeting.*
 2. *Officers shall be elected at a meeting of the Board with a quorum present.*
 3. *The Chairperson shall ask for additional nominations from the floor by office.*
 4. *Voting shall be by voice vote, roll call, or show of hands. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.*
 5. *Special elections shall be held in the same manner in the event of a vacancy of a position to fill the unexpired term.*
 6. *The election shall occur in the following order: Chairperson, Vice-Chairperson.*
 7. *All officers shall be elected for a term of one year, and may serve no more than two consecutive terms.*
- At the June 2018 Board Meeting, John Salay was elected Chairperson and Dolores Paulson was elected Vice-Chairperson
 - Nomination Committee will need to present a slate of officers for Chairman and Vice-Chairman at the Board Meeting currently scheduled for June 5, 2020.
 - Election of officers will need to occur at the Board Meeting currently scheduled for September 25, 2020.

2021 Meeting Dates:

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

Part V. Standards of Practice.

18VAC140-20-150. Professional conduct.

D. In regard to dual relationships, persons licensed by the board shall:

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Social workers shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.
2. Not have any type of romantic relationship or sexual intimacies with a client or those included in collateral therapeutic services, and not provide services to those persons with whom they have had a romantic or sexual relationship. Social workers shall not engage in romantic relationship or sexual intimacies with a former client within a minimum of five years after terminating the professional relationship. Social workers who engage in such a relationship after five years following termination shall have the responsibility to examine and document thoroughly that such a relationship did not have an exploitive nature, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a social worker does not change the nature of the conduct nor lift the regulatory prohibition.
3. Not engage in any romantic or sexual relationship or establish a therapeutic relationship with a current supervisee or student. Social workers shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student, or the potential for interference with the supervisor's professional judgment.
4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.
5. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the social worker in his professional capacity.
6. Not engage in physical contact (such as cradling, caressing, kissing, and groping) with a client when there is a likelihood of psychological harm to the client. Social Workers who engage in physical contact are responsible for setting clear and culturally sensitive boundaries.

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

7. Not sexually harass clients. Sexual harassment includes sexual advances; sexual solicitation; requests for sexual favors; and other verbal written, electronic, or physical contact of a sexual nature.

E. Upon learning of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons licensed by the board shall advise their clients of their right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

18VAC140-20-51. Requirements for licensure by examination as an LBSW or LMSW.

A. In order to be approved to sit for the board-approved examination as an LBSW or an LMSW, an applicant shall:

- 1. Meet the education requirements prescribed in 18VAC140-20-60.**
- 2. Submit a completed application to the board office to include:**
 - a. The application fee prescribed in 18VAC140-20-30; and**
 - b. Official transcripts submitted from the appropriate institutions of higher education.**

B. In order to be licensed by examination as an LBSW or an LMSW, an applicant shall:

- 1. Meet the requirements prescribed in 18VAC140-20-60; and**
- 2. Submit, in addition to the application requirements of subsection A of this section, the following:**
 - a. Verification of a passing score on the board-approved national examination;**
 - b. Documentation of any other health or mental health licensure or certification, if applicable; and**
 - c. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).**

~~3. For licensure as a LBSW, submit documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-60 along with documentation of the supervisor's out of state license where applicable. An applicant, whose former supervisor is deceased or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation, or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision.~~

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

18VAC140-20-45. Requirements for licensure by endorsement.

A. Every applicant for licensure by endorsement shall submit in one package:

1. A completed application and the application fee prescribed in 18VAC140-20-30.
2. Documentation of active social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency. Licensure in the other jurisdiction shall be of a comparable type as the licensure that the applicant is seeking in Virginia.
3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia.
4. Documentation of any other health or mental health licensure or certification, if applicable.
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).
- ~~6. Verification of:
 - a. Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for 24 out of the past 60 months;
 - b. Active practice in an exempt setting at the level for which the applicant is seeking licensure for 24 out of the past 60 months; or
 - c. Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 A.2 and A.3.~~- 7.6. Certification that the applicant is not the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim.

B. If an applicant for licensure by endorsement has not passed a board-approved national examination at the level for which the applicant is seeking licensure in Virginia, the board may approve the applicant to sit for such examination.

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

18VAC140-20-110. Late renewal; reinstatement; reactivation.

A. An LBSW, LMSW, or clinical social worker whose license has expired may renew that license within one year after its expiration date by:

1. Providing evidence of having met all applicable continuing education requirements.
2. Paying the penalty for late renewal and the renewal fee as prescribed in 18VAC140-20-30.

B. An LBSW, LMSW, or clinical social worker who fails to renew the license after one year and who wishes to resume practice shall apply for reinstatement and pay the reinstatement fee, which shall consist of the application processing fee and the penalty fee for late renewal, as set forth in 18VAC140-20-30. An applicant for reinstatement shall also provide:

1. Documentation of having completed all applicable continued competency hours equal to the number of years the license has lapsed, not to exceed four years;
2. Documentation of any other health or mental health licensure or certification held in another United States jurisdiction, if applicable; and
3. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank.

~~C. In addition to requirements set forth in subsection B of this section, an applicant for reinstatement whose license has been lapsed for 10 or more years shall also provide evidence of competency to practice by documenting:~~

- ~~1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;~~
- ~~2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or~~
- ~~3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reinstatement of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.~~

D. An LBSW, LMSW, or clinical social worker wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee for inactive licensure renewal and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years. ~~An applicant for reactivation who has been inactive for 10 or more years shall also provide evidence of competency to practice by documenting:~~

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

- ~~1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;~~
- ~~2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or~~
- ~~3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reactivation of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.~~

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

18VAC140-20-50. Experience requirements for a licensed clinical social worker.

A. Supervised experience. Supervised post-master's degree experience without prior written board approval will not be accepted toward licensure, except supervision obtained in another United States jurisdiction may be accepted if it met the requirements of that jurisdiction.

1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision, or whenever there is an addition or change of supervised practice, supervisor, clinical social work services or location:

a. Register on a form provided by the board and completed by the supervisor and the supervised individual; and

b. Pay the registration of supervision fee set forth in 18VAC140-20-30.

2. Hours. The applicant shall have completed a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of clinical social work services and in ancillary services that support such delivery. A minimum of one hour and a maximum of four hours of face-to-face supervision shall be provided per 40 hours of work experience for a total of at least 100 hours. No more than 50 of the 100 hours may be obtained in group supervision, nor shall there be more than six persons being supervised in a group unless approved in advance by the board. The board may consider alternatives to face-to-face supervision if the applicant can demonstrate an undue burden due to hardship, disability or geography.

a. Supervised experience shall be acquired in no less than two nor more than four consecutive years.

b. Supervisees shall obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of clinical social work services. The remaining hours may be spent in ancillary services supporting the delivery of clinical social work services.

3. An individual who does not complete the supervision requirement after four consecutive years of supervised experience may request an extension of up to 12 months. The request for an extension shall include evidence that demonstrates extenuating circumstances that prevented completion of the supervised experience within four consecutive years.

B. Requirements for supervisors.

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

1. The supervisor shall hold an active, unrestricted license as a licensed clinical social worker in the jurisdiction in which the clinical services are being rendered with at least two years of post-licensure clinical social work experience. The board may consider supervisors with commensurate qualifications if the applicant can demonstrate an undue burden due to geography or disability or if supervision was obtained in another United States jurisdiction.
2. The supervisor shall have received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least 14 hours of continuing education offered by a provider approved under 18VAC140-20-105. The graduate course or hours of continuing education in supervision shall be obtained by a supervisor within five years immediately preceding registration of supervision.
3. The supervisor shall not provide supervision for a family member or provide supervision for anyone with whom he has a dual relationship.
4. The board may consider supervisors from jurisdictions outside of Virginia who provided clinical social work supervision if they have commensurate qualifications but were either (i) not licensed because their jurisdiction did not require licensure or (ii) were not designated as clinical social workers because the jurisdiction did not require such designation.

C. Responsibilities of supervisors. The supervisor shall:

1. Be responsible for the social work activities of the supervisee as set forth in this subsection once the supervisory arrangement is accepted;
2. Review and approve the diagnostic assessment and treatment plan of a representative sample of the clients assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, diagnosis, length of treatment and treatment method within the client population seen by the applicant. It is the applicant's responsibility to assure the representativeness of the sample that is presented to the supervisor;
3. Provide supervision only for those social work activities for which the supervisor has determined the applicant is competent to provide to clients;
4. Provide supervision only for those activities for which the supervisor is qualified by education, training and experience;
5. Evaluate the supervisee's knowledge and document minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

client for risk of imminent danger, understanding the requirements of law for reporting any harm or risk of harm to self or others, and implementing a professional and ethical relationship with clients;

6. Be available to the applicant on a regularly scheduled basis for supervision;

7. Maintain documentation, for five years post-supervision, of which clients were the subject of supervision; and

8. Ensure that the board is notified of any change in supervision or if supervision has ended or been terminated by the supervisor.

D. Responsibilities of supervisees.

1. Supervisees may not directly bill for services rendered or in any way represent themselves as independent, autonomous practitioners, or licensed clinical social workers.

2. During the supervised experience, supervisees shall use their names and the initials of their degree, and the title "Supervisee in Social Work" in all written communications.

3. Clients shall be informed in writing of the supervisee's status and the supervisor's name, professional address, and phone number.

4. Supervisees shall not supervise the provision of clinical social work services provided by another person.

5. While providing clinical social work services supervisee shall remain under Board approved supervision until licensed in Virginia as a licensed clinical social worker.

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

18VAC140-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-3700 of the Code of Virginia:

Baccalaureate social worker

Board

Casework

Casework management and supportive services

Clinical social worker

Master's social worker

Practice of social work

Social worker

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Accredited school of social work" means a school of social work accredited by the Council on Social Work Education.

"Active practice" means post-licensure practice at the level of licensure for which an applicant is seeking licensure in Virginia and shall include at least 360 hours of practice in a 12-month period.

"Ancillary services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Clinical course of study" means graduate course work that includes specialized advanced courses in human behavior and the social environment, social justice and policy, psychopathology and diversity issues; research; clinical practice with individuals, families, and groups; and a clinical practicum that focuses on diagnostic, prevention and treatment services.

"Clinical social work services" include the application of social work principles and methods in performing assessments and diagnoses based on a recognized manual of mental and emotional disorders or recognized system of problem definition, preventive and early intervention services and treatment services, including psychosocial interventions, psychotherapy and counseling for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment.

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

"Exempt practice" is that which meets the conditions of exemption from the requirements of licensure as defined in § 54.1-3701 of the Code of Virginia.

"Face-to-face supervision" means the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision or the use of technology that provides real-time, visual contact among the individuals involved.

"LBSW" means a licensed baccalaureate social worker.

"LMSW" means a licensed master's social worker.

"Nonexempt practice" is that which does not meet the conditions of exemption from the requirements of licensure as defined in § 54.1-3701 of the Code of Virginia.

"Supervisee" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in social work under supervision.

"Supervision" means a professional relationship between a supervisor and supervisee in which the supervisor directs, monitors and evaluates the supervisee's social work practice while promoting development of the supervisee's knowledge, skills and abilities to provide social work services in an ethical and competent manner.

Virginia Board of Social Work

Content for Training on Supervision for Clinical Social Work

Introduction:

Regulations Governing the Practice of Social Work (Section 18VAC 140-20-50.C.) apply specifically to those practitioners who provide supervision to social workers who intend to apply for clinical licensure in the Commonwealth of Virginia.

The requirement states that supervisors must have 14 hours of continuing education in supervision or a three-hour graduate level course in supervision. A supervisor must renew the training every five years. This requirement recognizes the essential role good supervision plays in the training and mentoring of Social Workers desiring licensure. The supervisory role has a set of unique knowledge and skills that can be articulated and taught.

Content domains for training:

To clarify the supervisory training, the Board has reviewed a number of existing courses and an updated study produced by the Association of Social Work Boards (ASWB) in collaboration with the National Association of Social Workers (NASW) in 2013. The Board recommends a Clinical Supervision Course address the following seven Domains:

- **Context of Supervision**
 - Understanding Scope of Practice
 - Communities of Practice
 - Interdisciplinary Supervision
 - Cultural Awareness and Cross-Cultural Supervision
 - Dual Supervision and Conflict Resolution
 - Parallel Process
 - Theories of Supervision

- **Conduct of Supervision**
 - Confidentiality
 - Contracting for Supervision
 - Leadership and Role Model
 - Competency
 - Supervisory Signing Off
 - Self-Care

- **Legal and Regulatory Issues**
 - Liability
 - Regulations
 - Documentation
 - Other Legal Concerns

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- **Ethical Issues**
 - Ethical Decision Making
 - Boundaries
 - Self-Disclosure
 - Attending to Safety
 - Alternative Practice
- **Technology**
 - Distance Supervision
 - Risk Management
- **Evaluation and Outcomes**
- **Termination**

The ASWB and NASW study enumerates each of these competencies in each of these areas. The total study can be secured at <https://members.aswb.org/best-practices/supervision-resources/> and at <https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLb14BuwI%3D&portalid=0>.

Additional knowledge content:

A course should also incorporate knowledge of the following:

- The Virginia Board of Social Work Regulations, particularly:
 1. Supervision, supervisory responsibilities, and requirements
 2. Regulations on the standards of practice
- The Social Work Code of Ethics (NASW or the Clinical Social Work Association)

Teachers/Trainers for a course in supervision:

Teachers/Trainers should instruct persons taking a course in supervision in the competencies as outlined in accordance with acceptable teaching practices to include but not limited to: the didactic method, discussion, role play, the distribution of relevant readings. Teachers/Trainers should be clinicians with supervisory experience and knowledge of theory and practice in the art of supervision.