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**Call to Order – John Salay, LCSW, Committee Chair**

- Welcome and Introductions/Roll Call
- Mission of the Board

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**Approval of Minutes**

- Regulatory Committee Meeting – September 24, 2020\*

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**Public Comment**

*The Committee will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.*

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**Unfinished Business**

- Supervision Training - Mr. Salay

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**New Business**

- Petition for Rulemaking\* – Ms. Elaine Yeatts, DHP Senior Policy Analyst and Regulatory Manager Page 15
- Recommendation for Adoption of Advisory Board on Music Therapy Notice of Intended Regulatory Action\* (NOIRA) – Ms. Yeatts Page 18
  - Copy of Legislation Page 19
  - Information on Accreditation and Certification Page 21
  - Examples from Other States Page 23
  - Agency Background Document for NOIRA Page 25
- Aligning LMSW to clinical LCSW track – Mr. Salay Page 31
- Amending the Bylaws – Ms. Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work Page 43

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**Next Meeting – July 22, 2021**

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**Meeting Adjournment**

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This information is in **DRAFT** form and is subject to change. The Board will approve the official agenda and packet at the meeting. One printed copy of the agenda and packet will be available for the public to view at the meeting pursuant to Virginia Code Section 2.2-3707(F).

## Virginia Board of Social Work

### **Instructions for Accessing March 11, 2021 Virtual Regulatory Meeting and Providing Public Comment**

- **Access:** Perimeter Center building access is closed to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Public comment:** Comments will be received during the public comment period from those persons who have submitted an email to [jaimе.һoуle@dһp.virginia.gov](mailto:jaimе.һoуle@dһp.virginia.gov) **no later than 12:00 pm on March 11, 2021** indicating that they wish to offer comment. Comment may be offered by these individuals when their names are announced by the Chairperson. Comments must be restricted to 3-5 minutes each.
- Public participation connections will be muted following the public comment periods.
- Please call from a location without background noise and ensure your line is muted.
- Dial (804) 938-6243 to report an interruption during the broadcast.
- FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

#### JOIN WEBEX MEETING

<https://virginia-dhp.my.webex.com/virginia-dhp.my/j.php?MTID=mbc7187c969f1061c30ca9d1d0619c24c>

Meeting number (access code): 132 465 1261

Meeting password: CBcR27tQXJ4 (22272787 from phones and video systems)



## **MISSION STATEMENT**

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Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.



**Virginia Board of Social Work  
Regulatory Committee Meeting Minutes  
Thursday, September 24, 2020 at 1:00 p.m.  
9960 Mayland Drive, Henrico, VA 23233  
Virtual WebEx Meeting**

Due to the COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the provisions of Freedom of Information Act, the Board convened a virtual meeting to consider such regulatory and business matters as presented on the agenda necessary for the board to discharge its lawful purposes, duties and responsibilities.

**PRESIDING OFFICER:** Joseph Walsh, L.C.S.W., Ph.D., Committee Chair

**COMMITTEE MEMBERS PRESENT:** Maria Eugenia del Villar, L.C.S.W.  
Gloria Manns, L.C.S.W.  
Dolores Paulson, L.C.S.W., Ph.D.  
John Salay, L.C.S.W.

**COMMITTEE MEMBERS ABSENT:** Michael Hayter, L.C.S.W., C.S.A.C.

**BOARD STAFF PRESENT:** Latasha Austin, Licensing & Operations Manager  
Jaime Hoyle, J.D., Executive Director  
Jennifer Lang, Deputy Executive Director- Discipline  
Charlotte Lenart, Deputy Executive Director- Licensing  
Sharniece Vaughan, Licensing Specialist

**DHP STAFF PRESENT:** Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

**VIRTUAL PUBLIC ATTENDEES:** Joseph Lynch, L.C.S.W., Virginia Society for Clinical Social Work

**CALL TO ORDER:** Dr. Walsh called the virtual regulatory committee meeting to order at 1:04 p.m.

**ROLL CALL/ESTABLISHMENT OF A QUORUM:** Dr. Walsh requested a roll call by Ms. Hoyle. Dr. Walsh announced that five members of the Committee were present at roll call; therefore, a quorum was established.

Ms. Hoyle conducted a roll call of staff and virtual public attendees.

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

**APPROVAL OF MINUTES:** A motion was made by Ms. Manns, which was properly seconded by Ms. del Villar, to approve the meeting minutes from the Regulatory Committee Meeting held on March 12, 2020 as written. Ms. Hoyle conducted a roll call vote. With five members present at the time of roll call, the motion passed with five unanimous votes in favor.

**PUBLIC COMMENT:** There was no public comment.

**UNFINISHED BUSINESS:**

**I.** The Committee discussed reducing the requirements for registering an addition or change in supervised practice, supervisor, clinical social work service or location as outlined in 18VAC140-20-50(A)(1). At the last Committee and Board Meeting, it was discussed streamlining this process because at times it can be cumbersome and it takes a lot of staff time to make these changes every time there is a current change in supervised practice, supervisor, clinical social work services or location. Additionally, it causes a lag in supervision when a supervisee has to wait for a new location or new supervisor to be approved, as the supervisee cannot begin to count those hours toward licensure until the changed has been approved by the Board. Upon discussion, the committee agreed that the most important piece was to keep track of any changes to the supervisee's supervisor.

**Motion:** A motion was made by Mr. Salay to make the below changes to 18VAC140-20-50(A)(1):

*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, a supervisor, clinical social work services or location~~:*

It was suggested that the motion be held until the Committee discussed the next item on the agenda because if the Committee decided they were going to recommend a supervisor contract be required, that change would require additional changes to section 18VAC140-20-50 of the Regulations. Mr. Salay withdrew his motion.

**II.** The Committee discussed adding a definition for "supervisory contract" to the Virginia Regulations Governing the Practice of Social Work. Ms. Hoyle provided the following definition for "supervisory contract" defined in the Board of Counseling Regulations: "Supervisory contract"- an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

Dr. Walsh provided the following suggested definition for supervisory contract: A "supervisory contract" is a written agreement composed by the supervisor with input from the supervisee that specifies the parties involved, the setting and the frequency length and schedule time of supervision. It's purposes, goals and objectives, methods of evaluation and the duties and responsibilities of the parties. It must address all those activities defined and these regulations as clinical social work services.

The Board discussed if there should be a standardized contract. Committee members had concerns about setting standards too specific and the burden it would be on staff. Ms. Lenart advised the Committee that the Board of Counseling has a sample contract available on its website. Ms. Yeatts proposed to the Committee that they would need to decide if they are going to require the supervisory contract required by the Board, specified by the Board, or are they going to require a supervisory contract as defined in the regulations?

**Motion:** A motion was made by Dr. Paulson, which was properly seconded by Mr. Salay, to recommend to the full Board the following below changes to section 18VAC140-20-50 of the Virginia Regulations Governing the Practice of Social Work.:

*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~~, a supervisor; ~~clinical social work services or location~~:*

*a. Register on a form provided by the board ~~and~~;*

*b. Submit a copy of a supervisory contract completed by the supervisor and the ~~supervised individual~~ supervisee; and*

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

Ms. Hoyle conducted a roll call vote. With five members present at the time of roll call, the motion passed with five unanimous votes in favor.

**Motion:** A motion was made by Dr. Paulson, which was properly seconded by Mr. Salay to recommend to the full Board to add the following definition of “supervisory contact” to the Virginia Regulations Governing the Practice of Social Work:

“Supervisory contract” means an agreement that outlines the expectations and responsibilities of the supervisor and supervisee in accordance with regulations of the board.

Ms. Hoyle conducted a roll call vote. With five members present at the time of roll call, the motion passed with five unanimous votes in favor.

It was suggested that an Ad Hoc group be put together that would prepare a draft of a supervisory contract by the next Regulatory Committee Meeting. Mr. Salay and Dr. Paulson volunteered and staff would be available for consultation.

**III.** The Committee discussed considering amendments to the Guidance Document on Technology-Assisted Therapy to specify that the Face-to-Face provisions apply to supervisees. Staff has seen an increase in questions regarding this matter due to the current state of emergency. It was noted that the regulations only defines face-to-face supervision, it does not define face-to-face.

**Motion:** A motion was made by Mr. Salay, which was properly seconded by Ms. del Villar to change the definition of “Face-to-face supervision” in the Regulations to the following:

“Face-to-face ~~supervision~~” means the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision or in the delivery of clinical social work services by a supervisee ~~or~~ and may include the use of technology that provides real-time, ~~visual~~ interactive contact among the individuals involved.

Ms. Hoyle conducted a roll call vote. With four members present at the time of roll call, the motion passed with four unanimous votes in favor.

**IV.** Ms. Hoyle discussed with the Committee the consideration of any changes needed to the Regulations that would prevent the need for a Waiver request in future emergencies. Board staff discussed with the Committee cases where a waiver might be needed. Ms. Hoyle requested input from the Committee of what areas of the regulations they anticipated could be a hardship or potential problem for applicants or licensees in the future, if there

Regulatory Committee Meeting Minutes Virginia Board of Social Work  
was another emergency such as the current pandemic. It was noted that the Social Work Regulations are currently very flexible as written. The Committee did not have to make any decisions today, but was just something for the Committee to think about in the future. The Committee should consider if there was anything permanently in their current regulations that they believe does not permanently need to be there.

**V.** Ms. Yeatts discussed with the Committee the consideration of any waiver of experience requirements for spouse of active duty military or veteran. The legislation that passed the 2020 General Assembly gives the Boards the authority to waive certain experience requirements for someone applying for licensure by endorsement for spouses of the military or someone who is a veteran who recently left service. At the last meeting the Board voted to eliminate those experience requirements altogether. Ms. Yeatts advised the Committee that since they have the opportunity to waive experience requirements for spouses of military or veterans, if they wish may to recommend to the Board that they authorize the executive director to waive that requirement in subsection six.

**Motion:** A motion was made by Dr. Paulson, which was properly seconded by Ms. Del Villar to recommend to the full Board that the Executive Director be authorize to waive all experience requirements in the section for licensure by endorsement for spouses and veterans who left service within the last year.

Ms. Hoyle conducted a roll call vote. With four members present at the time of roll call, the motion passed with four unanimous votes in favor.

**VI.** Mr. Salay requested that the Committee review the list of entities approved to provide Continued Education outlined in the Regulations. Mr. Salay indicated that his agency, which is a DBHDS licensed agencies is not approved to offer continuing education for social work licensees. Dr. Paulson pointed out that a group or private individual could go through ASWB, NASW or CSWA to be an approved provider. Overall, the Committee did not see the need to make an adjustment to address Mr. Salay's concern at this time for an amendment to be made to the regulations.

**NEW BUSINESS:**

**I.** Ms. Hoyle provided an updated on pursuing a potential Reciprocity agreements with other states. Ms. Hoyle indicated that she has reached out to ASWB to inquiry what other states would be interested. Jaime indicated that she has gotten some good feedback and her report would be submitted by November 1, 2020 to Ms. Yeatts and Dr. Brown.

**II.** Ms. Hoyle provided the Committee an update on what is going on with the Study on Mental Health needs for minors and summarized the issues. Ms. Hoyle also informed the Committee that she also needed their feedback as clinicians and to express what concerns they feel have not been identified.

**NEXT MEETING:**

Dr. Walsh announced that the next Regulatory Committee Meeting would occur on December 3, 2020 at 1:00pm. Before Mr. Walsh adjourned to meeting, Ms. Hoyle thanked Dr. Walsh for his service to the Board and as Chair of the Regulatory Committee and that he would be missed.

**ADJOURNMENT:**

Dr. Walsh adjourned the September 24, 2020 Regulatory Committee meeting at 3:37p.m.

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Joseph Walsh, L.C.S.W., Ph.D., Committee Chair

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Jaime Hoyle, Executive Director

**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.

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 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.

# NASWVA Supervision Course Options

NASWVA offers a variety of courses to meet training requirements mandated by the Virginia Board of Social Work to provide clinical supervision for LCSW candidates.

To see currently available class options or to register for a course, please [visit our Calendar of Events](#).

Please note: NASWVA does not require that the supervision courses offered be taken in a specific order. Any of the courses listed below can be taken to fulfill Board requirements, however, for practitioners seeking training for first time eligibility as a clinical supervisor, the Foundations of Supervision course content is designed as a core supervision course and contains strategic and critical content particularly helpful for a first-time LCSW or clinical supervisor. Peer-reviewed course content includes supervision theories, group supervision, intervention strategies, supervision ethics, supervisor and supervisee assessment instruments, supervision contracts and other documents that support effective clinical supervision efforts. Practitioners seeking first-time clinical supervision training requirements may find the Foundations course particularly useful and may then choose other NASWVA supervision courses to expand the participant's evidence-based knowledge of best practices in supervision.

## **Foundations of Supervision (formerly: Core Clinical Supervision)**

*Number of hours:* Attendees will earn 14.0 Category I Contact Hours, including 2.0 Category I Contact Hours of Ethics.

### *Course Description:*

This comprehensive seminar addresses the most critical issues for the clinical supervisor in social work. It provides an overview of supervision that is useful both for new supervisors and those wishing to refresh their supervision skills. Through presentation, large group and small group discussions, the following aspects of supervision will be explored:

- The purpose, role, and function of supervision;
- Theories and models of supervision;
- Oversight and guidance of supervisees, who diagnose, create treatment plans, and treat clients;
- Individual and group supervision facilitation;
- Parallel process and the importance of modeling strengths-based principles in supervision; and
- Ethical issues that arise in supervision.

*Learning Objectives:* Learning objectives for course participants include:

- Understanding the function of supervision and the role of the supervisor;
- Discussing various theories and approaches that are useful when supervising individuals or groups of supervisees; and
- Identifying and understanding potential ethical issues related to supervision.

## **Supervision: Independent Supervision Best Practices & Managing Vicarious Liability (formerly: Independent Clinical Supervision)**

*Number of hours:* Attendees will earn 7.0 Category I Contact Hours, including 7.0 Category I Contact Hours of Ethics.

*Course Description:*

Regulations for clinical social work supervision have increased both supervisory accountability and liability for competent practice across the country, especially in Virginia. High quality supervision and competent clinical supervisors are actively being sought out by the next generation of clinical professionals. While employers strive to provide the requisite supervision hours mandated by boards, not all are in an organizational or fiscal position to do so. As a result, the demand for Independent Clinical Supervision is on the rise.

Amid the challenging social work practice climate, what must practitioners engaging in the exciting practice arena of Independent Clinical Supervision know to assure a successful professional experience? From established resources of practice accountability to the formulation of supervision contracts, this interactive training will both educate and empower attendees. Plan to attend and gain the knowledge and confidence to master your own independent supervisory processes!

*Learning Objectives:* Learning objectives for course participants include:

- Identifying the essential requirements of independent clinical supervision practice;
- Understanding vicarious liability in the context of the independent clinical supervision process; and
- Recognizing how evaluation is integral to the independent supervision process.

## **Supervision: Crafting Successful Group Supervision (formerly: Crafting Successful Group Supervision: Theory, Practice, and Reality)**

*Number of hours:* Attendees will earn 7.0 Category I Contact Hours, including 2.0 Category I Contact Hours of Ethics.

*Course Description:*

Conducting clinical supervision in a group setting brings richness and a different energy to the process than one-on-one supervision. Do you have the tools to be successful? You have the supervisees, and a site to meet, but what comes next? Do you have the skills, the competencies, and the knowledge of today's best practice models?

This course will give you a comprehensive overview of what you need to begin successfully supervising groups, including:

- A review of the impact of the regulations;
- A review of best practices for contracting, record-keeping and regulatory compliance;
- A review of ethical implications for consideration;
- An opportunity to examine common challenges of group supervision, including transference and counter-transference in group settings, confidentiality considerations, and how to manage processes;
- A review of specific Group Supervision models, including Interactional, Competency-Based, Task and Reflective methodologies of practice

*Learning Objectives:* Learning objectives for course participants include:

- Identifying the essential requirements of group clinical supervision practice;
- Understanding the unique needs and challenges of supervising a group; and

- Learning a variety of models, tools, and best practices that will result in effective group supervision.

## **Supervision: The Ethics of Digital Technology & Clinical Supervision (formerly: Mastering the Ethical Divide of Digital Technology & Clinical Supervision)**

*Number of hours:* Attendees will earn 7.0 Category I Contact Hours, including 7.0 Category I Contact Hours of Ethics.

### *Course Description:*

While implications exist for all practitioners, digital technology has brought heightened risk for clinical social work supervisors. Ethical dilemmas abound, including conflicts of interest and dual relationships, state-to-state disparities of licensure scope, and privacy and confidentiality issues. Effective supervisory oversight is essential for managing the current environment as it is affected by technology proficiency; appropriate use of social media and electronic communication; mandatory duty-to-warn situations; and industry demands for interstate practice and licensure portability. Professional liability for both the supervisor and supervisee is paramount. How does one effectively juggle all these moving parts?

Engage in an innovative, interactional, and informative training that blends new knowledge with industry scenarios and application of the latest professional resources, including the 2017 Technology and Social Work Practice (NASW, ASWB, CSWE, CSWA, 2017) and the NASW Code of Ethics. With change the only constant in our industry, can you afford to miss out?

*Learning Objectives:* Learning objectives for course participants include:

- Identifying current ethical disrupters to conducting clinical social work supervision;
- Discussing ethical implications of liability in engaging digital technology for social work supervision;
- Discussing how professional use of self impacts technology integration into supervisory practice;
- Identifying and applying the Standards for Technology and Social Work Practice, plus the Code of Ethics; and
- Applying session knowledge to attendee's individual practice setting.

## **Supervision: Cultural Awareness to Multicultural Competence (formerly: From Cultural Awareness to Multicultural Competence in Clinical Supervision: Knowledge, Self-Reflection, Power, Community, and Practice)**

*Number of hours:* Attendees will earn 14.0 Category I Contact Hours, including 2.0 Category I Contact Hours of Ethics.

### *Course Description:*

This 2-day workshop identifies critical knowledge, behavioral aspects and practice strategies for successful multicultural supervision. The course incorporates an entire session on the understanding and practice of cultural humility as part of the multicultural competency growth process. It addresses diversity and the range of attitudes, values, and assumptions that are based on diverse ethnic, gender, racial, cultural and other interpersonal differences that facilitate or impede effective supervisor-supervisee interactions and successful

relationship outcomes. The presentation includes didactic and experiential learning opportunities with a focus on:

- Identifying the differences and similarities between cultural awareness, cultural sensitivity, cultural responsiveness, and cultural humility;
- Defining and applying the concept of cultural humility in clinical practice and supervision;
- Understanding self-reflection processes and identification of interpersonal multicultural sensitivity;
- Identifying evidence-based multicultural communication awareness and skills including age cohort generational variables;
- Identifying and applying key theoretical concepts of multicultural competence perspectives; and
- Providing strategic supervision practice strategies to enhance multicultural supervision processes and competence.

*Learning Objectives:* Learning objectives for course participants include:

- Learning key concepts related to cultural competence;
- Becoming more aware of one's own attitudes, values and assumptions related to cultural differences; and
- Exploring ways to incorporate competency in supervisory actions.

## **Supervision: Overcoming Games Played in Supervision (formerly: Matchpoint: Overcoming the Games Played in Supervision)**

*Number of hours:* Attendees will earn 7.0 Category I Contact Hours, including 2.0 Category I Contact Hours of Ethics.

*Course Description:*

It is the task of the supervisor to ensure that supervision is designed to foster a supportive and nurturing supervisor and supervisee relationship. This relationship is the context for facilitating a supervisee to acquire knowledge-based competencies and healthy professional attitudes and values. Best practices in social work clinical supervision underscore that a strong supervisory alliance is essential to foster supervisee growth. However, there can be many relational challenges in supervision evident in the variety of games that can be played by either the supervisor or the supervisee. This workshop will overview these games, highlight the power imbalance that exists in the supervisory relationship and identify strategies that can be used to best respond to games in supervision.

*Learning Objectives:* Learning objectives for course participants include:

- Identifying common games and relationship challenges that may occur in clinical supervision;
- Distinguishing supervisor games from supervisee games and describing complementary transactions;
- Identifying strategies that supervisors can use to effectively confront games and enhance the supervisory process; and
- Providing opportunity for self-reflection and increased awareness of personal game playing.

## Request for Comment on Petition for Rulemaking

Promulgating Board: **Board of Social Work**

Elaine J. Yeatts  
 Regulatory Coordinator: (804)367-4688  
 elaine.yeatts@dhp.virginia.gov

Jaime Hoyle  
 Agency Contact: Executive Director  
 (804)367-4406  
 jaime.hoyle@dhp.virginia.gov

Department of Health Professions  
 Contact Address: 9960 Mayland Drive  
 Suite 300  
 Richmond, VA 23233

Chapter Affected:  
 18 vac 140 - 20: Regulations Governing the Practice of Social Work

Statutory Authority: State: Chapter 37 of Title 54.1

Date Petition Received 01/26/2021

Petitioner Florine Edmunds

### Petitioner's Request

To extend the requirement for passage of the licensing examination and allow an additional one to three years for remediation, training and equitable opportunities. To reduce the passing score by 10 points and provide study sheets for retaking examination.

### Agency Plan

The petition will be published on February 15, 2021 with a comment period ending March 10, 2021. The Board will consider the petition and any comment received at its meeting on March 12, 2021.

Publication Date 02/15/2021 *(comment period will also begin on this date)*

Comment End Date 03/10/2021



# COMMONWEALTH OF VIRGINIA

DHP - MAILROOM

## Board of Social Work

JAN 21 2021

9960 Mayland Drive, Suite 300  
Richmond, Virginia 23233-1463

(804) 367-4441 (Tel)  
(804) 527-4435 (Fax)

### Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

<b>Please provide the information requested below. (Print or Type)</b>		
Petitioner's full name (Last, First, Middle initial, Suffix) Edmunds, Florine Marie Davis		
Street Address 433 Riverside Drive	Area Code and Telephone Number 540 850-3872	
City Danville,	State Virginia	Zip Code 24540
Email Address (optional) Florine.edmunds8@gmail.com	Fax (optional) 434 797-4989	

**Respond to the following questions:**

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending. *I am petitioning the board to amend the requirements for a licensure in § 54.1-3701 to include persons who render services continually and have completed necessary 3000 hours. However, have not passed licensure test, but continue to complete necessary trainings with qualified courses of study, CEU's and remediation provided by the state of VA or other qualifying entities to provide endorsement or special provisions.*
2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule. *18 VAC 146-20-70-100 ALL applications for licensures will receive extensions based on amendments due to COVID 19 and the Restorative Justice efforts. There shall be an additional one to three years for remediation, training and equitable opportunities. (The scores on exams will reduce 10pts. and all questions (totaling 130) will count on exams. Due to COVID 19 and high anxiety for most individuals all applicants will be provided same test, with study sheets if failing scores. Fees will be minimal through 2023 to allow qualified social workers the opportunity for licensure.*
3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

RECEIVED

JAN 21 2021

Behavioral Sciences



Signature:

*Florine Edmunds, MSW*

Date: 1/13/21

**Agenda Item: Adoption of a Notice of Intended Regulatory Action (NOIRA)  
for Licensure of Music Therapists**

Included in the agenda package:

- Copy of legislation passed in the 2020 General Assembly
- Copy of information on accreditation of educational programs and board certification
- Copy of samples requirements from other states
- Copy of the agenda background document for a NOIRA

Staff note:

The newly constituted Advisory Board on Music Therapy met on Feb. 19<sup>th</sup> to become oriented about the duties and responsibilities of advisory boards. The Advisory Board recommends adoption of a NOIRA for a new chapter of regulations.

Action:

Motion to adopt a Notice of Intended Regulatory Action for Chapter 30,  
Regulations Governing the Licensure of Music Therapists

Code of Virginia  
Title 54.1. Professions and Occupations  
Chapter 37. Social Work

## § 54.1-3709.1. Definitions.

As used in this article, unless the context requires a different meaning:

"Music therapist" means a person who has (i) completed a bachelor's degree or higher in music therapy, or its equivalent; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board pursuant to § 54.1-3709.2; and (iii) been issued a license for the independent practice of music therapy by the Board.

"Music therapy" means the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship through an individualized music therapy treatment plan for the client that identifies the goals, objectives, and potential strategies of the music therapy services appropriate for the client using music therapy interventions, which may include music improvisation, receptive music listening, songwriting, lyric discussion, music and imagery, music performance, learning through music, and movement to music. "Music therapy" does not include the screening, diagnosis, or assessment of any physical, mental, or communication disorder.

2020, cc. 103, 233.

Code of Virginia  
Title 54.1. Professions and Occupations  
Chapter 37. Social Work

## § 54.1-3709.2. Music therapy; licensure.

A. The Board shall adopt regulations governing the practice of music therapy, upon consultation with the Advisory Board on Music Therapy established in § 54.1-3709.3. The regulations shall (i) set forth the educational, clinical training, and examination requirements for licensure to practice music therapy; (ii) provide for appropriate application and renewal fees; and (iii) include requirements for licensure renewal and continuing education. In developing such regulations, the Board shall consider requirements for board certification offered by the Certification Board for Music Therapists or any successor organization.

B. No person shall engage in the practice of music therapy or hold himself out or otherwise represent himself as a music therapist unless he is licensed by the Board.

C. Nothing in this section shall prohibit (i) the practice of music therapy by a student pursuing a course of study in music therapy if such practice constitutes part of the student's course of study and is adequately supervised or (ii) a licensed health care provider, other professional registered, certified, or licensed in the Commonwealth, or any person whose training and national certification attests to his preparation and ability to practice his certified profession or occupation from engaging in the full scope of his practice, including the use of music incidental to his practice, provided that he does not represent himself as a music therapist.

2020, cc. 103, 233.

## American Music Therapy Association

### Professional Requirements for Music Therapists

### **Educational Requirements for Music Therapists**

#### **Bachelor's Degree (or higher) in Music Therapy**

A professional music therapist holds a bachelor's degree or higher in music therapy from one of over 80 AMTA-Approved college and university programs. The curriculum for the bachelor's degree is designed to impart entry level competencies in three main areas: musical foundations, clinical foundations, and music therapy foundations and principles as specified in the AMTA Professional Competencies. In addition to the academic coursework, the bachelor's degree requires 1200 hours of clinical training, including a supervised internship. Graduate degrees in Music Therapy focus on advanced clinical practice and research.

#### **Board Certification Credential**

Upon completion of the bachelor's degree, music therapists are eligible to sit for the national board certification exam to obtain the credential MT-BC (Music Therapist - Board Certified) which is necessary for professional practice. The credential MT-BC is granted by a separate, accredited organization, the Certification Board for Music Therapists (CBMT), to identify music therapists who have demonstrated the knowledge, skills and abilities necessary to practice at the current level of the profession. The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of professionalism by interested agencies, groups, and individuals.

## Music Therapy – Board Certification (MT-BC) Requirements

To earn and maintain the MT-BC credential, you must meet these requirements:

- Successful completion of an academic and clinical training program for music therapy (programs must be approved by the American Music Therapy Association)
- Successful completion of a written CBMT examination demonstrating current skills in the profession of music therapy
- Recertification every five years through the successful completion and documentation of 100 recertification credits, and completion of the CBMT Application for Recertification
- Payment of an annual certification maintenance fee

In addition, any person representing himself or herself as a Board Certified Music Therapist shall practice within the **CBMT Board Certification Domains** and adhere to the **CBMT Code of Professional Practice**. It is unlawful for any person not meeting the criteria set forth by the Certification Board for Music Therapists to use or display in connection with his or her name or place of business the words Board Certified Music Therapist or the letters MT-BC or similar designations; or to represent in any way, orally, in writing, in print, electronic communication, or by sign, directly or by implication that he or she is a Board Certified Music Therapist qualified to provide music therapy services.

### Examples of State Licensure Requirements

**California:** Beginning July 31, 2019, an individual who provides music therapy shall not refer to oneself using the title of "Board Certified Music Therapist" unless the individual is an MT-BC.

**Connecticut:** As of October 2016, music therapy services can only be provided by those who hold the MT-BC credential, and only an MT-BC can call themselves a music therapist or a Certified Music Therapist.

**Georgia:** Music therapists are required to be licensed in the state of Georgia. Visit the Georgia Secretary of State's website for more information and an application. Contact [info@cbmt.org](mailto:info@cbmt.org) to have verification of your MT-BC certification electronically sent to the Georgia Professional Licensing Board.

**New Jersey:** The Music Therapist Licensing Act was signed into law by Governor Phil Murphy on January 21, 2020 requiring licensure for music therapists to practice in the state of New Jersey. Procedures for applying for licensure are currently being developed and will be posted when complete.

**New York:** For Music Therapists to practice Creative Arts Therapy and use the titles, Creative Arts Therapist, Licensed Creative Arts Therapist or any derivative thereof within New York State, they must obtain licensure as a Creative Arts Therapist, unless otherwise exempt under the law. Visit their website for an application. To apply for the music therapy board examination for NY State Licensure or to have your examination scores mailed to the NY State Education Department of the Professions, contact CBMT at [info@cbmt.org](mailto:info@cbmt.org) or by telephone at 800.765.2268.

**Nevada:** Music therapists are required to be licensed according to the Nevada State Health Division, Bureau of Health Care Quality and Compliance. Obtain an application from their website.

**North Dakota:** A bill to license music therapists was passed into law on April 26, 2011 under the State Board of Integrative Health Care. Music Therapists are required to be licensed. Obtain an application from their website.

**Oklahoma:** As of November 2016, music therapy licensure is managed under the State Board of Medical Licensure and Supervision. An application is available from their website.

**Oregon:** Music therapy licensure in Oregon is managed through the Health Licensing Office. More information is available on their website, including the application.

**Rhode Island:** A State License for music therapists was signed into law in 2014. Obtain an application.

**Utah:** State Certification was signed into law in 2014. Obtain an application.

**Virginia:** On Tuesday, March 3, 2020, Governor Ralph Northam signed HB1562 into law creating a music therapy license. This license must be obtained to call oneself a music therapist and to practice music therapy in the state of Virginia. Application procedures are being developed and will be posted here when available.

**Wisconsin:** Wisconsin requires Music Therapists to be registered with the Wisconsin Department of Regulations and Licensing. Obtain an application.





**VIRGINIA**  
REGULATORY TOWN HALL

[townhall.virginia.gov](http://townhall.virginia.gov)

## Notice of Intended Regulatory Action (NOIRA) Agency Background Document

<b>Agency name</b>	Board of Social Work, Department of Health Professions
<b>Virginia Administrative Code (VAC) Chapter citation(s)</b>	18VAC140-30
<b>VAC Chapter title(s)</b>	Regulations Governing the Licensure of Music Therapists
<b>Action title</b>	New regulations
<b>Date this document prepared</b>	3/12/21

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

### Brief Summary

*Provide a brief summary (preferably no more than 2 or 3 paragraphs) of the subject matter, intent, and goals of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation).*

SB633 and HB1562 of the 2020 General Assembly required the Board of Social Work to promulgate regulations governing the practice of music therapy. The Code specifies the requirements for board certification offered by the Certification Board for Music Therapists or any successor organization will be considered as qualification for licensure as a licensed music therapist. The Board will adopt additional requirements similar to other licensed professions for a fee structure, renewal or reinstatement, continuing competency, supervision of persons in training, and standards of practice.

### Acronyms and Definitions

*Define all acronyms or technical definitions used in this form.*

CBMT = Certification Board for Music Therapists

### Mandate and Impetus

Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, "mandate" has the same meaning as defined in Executive Order 14 (as amended, July 16, 2018), "a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."

Chapters 103 and 233 of the 2020 Acts of the Assembly mandate that the Board promulgate regulations for the licensure of music therapists: *The Board shall adopt regulations governing the practice of music therapy, upon consultation with the Advisory Board on Music Therapy established in § 54.1-3709.3. The regulations shall (i) set forth the educational, clinical training, and examination requirements for licensure to practice music therapy; (ii) provide for appropriate application and renewal fees; and (iii) include requirements for licensure renewal and continuing education. In developing such regulations, the Board shall consider requirements for board certification offered by the Certification Board for Music Therapists or any successor organization. To do so, the Board will adopt a new chapter, 18VAC140-30-10 et seq., Regulations Governing the Licensure of Music Therapists.*

### Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia, Section 54.1-2400, which provides the Board of Social Work the authority to promulgate regulations to administer the regulatory system:

**§ 54.1-2400 -General powers and duties of health regulatory boards**

*The general powers and duties of health regulatory boards shall be:*

- 1. To establish the qualifications for registration, certification, licensure, permit, or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.*
- 2. To examine or cause to be examined applicants for certification, licensure, or registration. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.*
- 3. To register, certify, license, or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.*

4. To establish schedules for renewals of registration, certification, licensure, permit, and the issuance of a multistate licensure privilege.
5. To levy and collect fees for application processing, examination, registration, certification, permitting, or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions, and the health regulatory boards.
6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title.

Regulations on licensure of music therapists are promulgated in accordance with:

Article 2.  
Music Therapy.

§ 54.1-3709.1. Definitions.

As used in this article, unless the context requires a different meaning:

"Music therapist" means a person who has (i) completed a bachelor's degree or higher in music therapy, or its equivalent; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board pursuant to § 54.1-3709.2; and (iii) been issued a license for the independent practice of music therapy by the Board.

"Music therapy" means the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship through an individualized music therapy treatment plan for the client that identifies the goals, objectives, and potential strategies of the music therapy services appropriate for the client using music therapy interventions, which may include music improvisation, receptive music listening, songwriting, lyric discussion, music and imagery, music performance, learning through music, and movement to music. "Music therapy" does not include the screening, diagnosis, or assessment of any physical, mental, or communication disorder.

§ 54.1-3709.2. Music therapy; licensure.

A. The Board shall adopt regulations governing the practice of music therapy, upon consultation with the Advisory Board on Music Therapy established in § 54.1-3709.3. The regulations shall (i) set forth the educational, clinical training, and examination requirements for licensure to practice music therapy; (ii) provide for appropriate application and renewal fees; and (iii) include requirements for licensure renewal and continuing education. In developing such regulations, the Board shall consider requirements for board certification offered by the Certification Board for Music Therapists or any successor organization.

*B. No person shall engage in the practice of music therapy or hold himself out or otherwise represent himself as a music therapist unless he is licensed by the Board.*

*C. Nothing in this section shall prohibit (i) the practice of music therapy by a student pursuing a course of study in music therapy if such practice constitutes part of the student's course of study and is adequately supervised or (ii) a licensed health care provider, other professional registered, certified, or licensed in the Commonwealth, or any person whose training and national certification attests to his preparation and ability to practice his certified profession or occupation from engaging in the full scope of his practice, including the use of music incidental to his practice, provided that he does not represent himself as a music therapist.*

*§ 54.1-3709.3. Advisory Board on Music Therapy; membership; terms.*

*A. The Advisory Board on Music Therapy (Advisory Board) is hereby established to assist the Board in formulating regulations related to the practice of music therapy. The Advisory Board shall also assist in such other matters relating to the practice of music therapy as the Board may require.*

*B. The Advisory Board shall have a total membership of five nonlegislative citizen members to be appointed by the Governor as follows: three members shall be licensed music therapists, one member shall be a licensed health care provider other than a music therapist, and one member shall be a citizen at large.*

*C. After the initial staggering of terms, members shall be appointed for a term of four years. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. All members may be reappointed. However, no member shall serve more than two consecutive four-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment. Vacancies shall be filled in the same manner as the original appointments.*

**Purpose**

*Describe the specific reasons why the agency has determined that this regulation is essential to protect the health, safety, or welfare of citizens. In addition, explain any potential issues that may need to be addressed as the regulation is developed.*

The Board will promulgate regulations to establish qualifications for education, examination, and experience that will ensure minimal competency for issuance or renewal of licensure as music therapists to protect the health and safety of clients or patients who receive their services. Amendments are also necessary to ensure there are standards for confidentiality, patient records, dual relationships, and informed consent to protect public health and safety.

**Substance**

*Briefly identify and explain the new substantive provisions that are being considered, the substantive changes to existing sections that are being considered, or both.*

Chapters 103 and 233 of the 2020 General Assembly require the Board to promulgate regulations governing the practice of music therapy. The Board will adopt requirements similar to other licensed professions for a fee structure, renewal or reinstatement, continuing competency, supervision of persons in training, and standards of practice.

Subsection A of § 54.1-3709.2 of the Code mandates that *“the regulations shall (i) set forth the educational, clinical training, and examination requirements for licensure to practice music therapy; (ii) provide for appropriate application and renewal fees; and (iii) include requirements for licensure renewal and continuing education. In developing such regulations, the Board shall consider requirements for board certification offered by the Certification Board for Music Therapists or any successor organization.”* While not mandated to do so, the Advisory Board concurred that the credential cited in the Code (Music Therapist – Board Certified) is the best measure of minimal competency for the profession because it requires a national board certification examination. The Advisory Board also concurred that graduation from a music therapy program accredited by the American Music Therapy Association should be a requirement for licensure because it includes 1200 hours of clinical training, including a supervised internship.

### Alternatives to Regulation

*Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.*

There are no viable alternatives because the Code of Virginia requires the Board to adopt regulations. The Board can only enforce licensing and renewal qualifications, fees, and standards of practice that are set forth in regulation. There is no alternative to regulation.

### Periodic Review and Small Business Impact Review Announcement

This NOIRA is not being used to announce a periodic review or a small business impact review.

### Public Participation

*Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below. In addition, as required by § 2.2-4007.02 of the Code of Virginia describe any other means that will be used to identify and notify interested parties and seek their input, such as regulatory advisory panels or general notices.*

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The Board of Social Work is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal, (ii) any alternative approaches, and (iii) the potential impacts of the regulation.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: <https://townhall.virginia.gov>. Comments may also be submitted by mail, email or fax to Elaine Yeatts, 9960 Mayland Drive, Suite 300, Richmond, VA 23233; phone (804) 367-4688; fax (804) 527-4434; [Elaine.yeatts@dhp.virginia.gov](mailto:Elaine.yeatts@dhp.virginia.gov). In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will be held following the publication of this stage, and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (<https://townhall.virginia.gov>) and on the Commonwealth Calendar website (<https://commonwealthcalendar.virginia.gov/>). Both oral and written comments may be submitted at that time.

DRAFT



## MEMORANDUM

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To: Virginia Board of Social Work  
John Salay, Regulatory Committee Chairperson

From: Association of Social Work Boards  
Cara Sanner, Regulatory Support Services Coordinator

Re: LMSW scope of practice, license/exam requirements to start clinical supervision

Date: March 1, 2021

CC: Dolores Paulson, Board Chairperson  
Jaime Hoyle, Executive Director

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This memo follows up on my conversation last month with Mr. Salay. I offered to provide further information to assist the Regulatory Committee's discussions regarding a requirement for the master's license, and consequently the Masters exam, for individuals seeking to obtain clinical supervision towards the clinical license. I hope this memo covers the topics we discussed. If you have any questions or if ASWB can provide further assistance, please do not hesitate to let me know.

### **Best practice as suggested by the ASWB model law**

As you know, ASWB publishes the Model Social Work Practice Act ([model law](#)) which informs ASWB's work with member jurisdictions and support of their regulatory and legislative initiatives. First adopted in 1997, the Model Law reflects best practices for social work regulation. It is regularly reviewed and affirmed by all ASWB member jurisdictions during the association's annual business meeting. The model law was developed as a guide to help member boards and their legislative partners create and revise regulations. Part of the model law's purpose is to increase consistency of regulation from jurisdiction to jurisdiction, not to dictate specific language for any member board. ASWB supports the individuality of each state to determine regulatory language that best meets the needs of its consumers and the board's mandate to protect the public.

The changes being explored by the Regulatory Committee are consistent with the regulation of social work practice as suggested by the model law. With these changes, the Board would be strengthening its critical public protection mandate as directed by its mission and the State of Virginia. Requiring that individuals take the master's exam and obtain the Masters license, ensures that they can demonstrate minimum competence before they begin working with clients. Further, it brings that individual under the clear authority of the Board, where there are structures in place for the receipt, investigation and adjudication of any complaints or concerns of social worker misconduct.

### **State licensing frameworks and requirements for the master's license to begin clinical supervision**

A review of ASWB's 53 U.S. member jurisdictions was conducted including the 50 states, the District of Columbia, and the U.S. territories of the Virgin Islands and Guam. The Commonwealth of the Northern Mariana Islands was excluded because the status of their licensing program is uncertain at this time. An overview of state licensing frameworks is included to provide further context to this issue.

ASWB found that 29 jurisdictions require the masters license, including a passing score on the master’s exam, prior to obtaining supervised clinical practice experience, and 24 do not. When evaluating states with the same licensing framework as Virginia, the findings were still nearly evenly split with 14 states requiring master’s licensure (and the Masters exam) and 11 states without the requirement. The table below identifies each state’s licensing framework and requirements for this issue.

Every jurisdiction regulates social work practice using at minimum a clinical license: 40 states regulate using a bachelors, masters and clinical license; eight jurisdictions utilize a masters and clinical license; three states exclusively regulate social work with a clinical license; and two states have a clinical and baccalaureate license. Masters practice may be regulated in one of three ways by state regulatory bodies: the masters license solely regulates advanced macro practice, the masters license is intended for new MSW graduates, or the state has both categories of license and the scopes are regulated separately. Thirteen states regulate master’s practice with separate licenses for masters and macro practice, three states exclusively utilize an advanced practice macro license and the remaining 33 states exclusively use a masters license which would include both practice areas. The model law suggests a licensing framework of a bachelors, masters and clinical license; advanced macro practice is considered to be part of the master’s license scope of practice. Attachment A “Social Work Regulation in North America” provides more information about the specific states within each of these licensing frameworks described.

Jurisdiction	Licensing framework	Masters license / exam required	Masters license / exam NOT required
Alabama	Clinical, masters, bachelors	X	
Alaska	Clinical, masters, bachelors		X
Arizona	Clinical, masters, bachelors		X
Arkansas	Clinical, masters, bachelors	X	
California	Clinical only		X
Colorado	Clinical and masters only		X
Connecticut	Clinical and masters only		X
Delaware	Clinical, masters, bachelors		X
District of Columbia	Clinical, macro, masters, bachelors	X	
Florida	Clinical and macro only		X
Georgia	Clinical and masters only	X	
Guam	Clinical, masters, bachelors		X
Hawaii	Clinical, masters, bachelors		X
Idaho	Clinical, masters, bachelors	X	
Illinois	Clinical and masters only		X
Indiana	Clinical, masters, bachelors	X	
Iowa	Clinical, masters, bachelors	X	
Kansas	Clinical, masters, bachelors	X	
Kentucky	Clinical, masters, bachelors	X	
Louisiana	Clinical, masters, bachelors	X	
Maine	Clinical, masters, bachelors	X	
Maryland	Clinical, macro, masters, bachelors	X	



Jurisdiction	Licensing framework	Masters license / exam required	Masters license / exam NOT required
Massachusetts	Clinical, macro, masters, bachelors	X	
Michigan	Clinical, macro, bachelors		X
Minnesota	Clinical, masters, bachelors	X	
Mississippi	Clinical, masters, bachelors	X	
Missouri	Clinical, macro, masters, bachelors	X	
Montana	Clinical, masters, bachelors		X
Nebraska	Clinical, macro, masters, bachelors		X
Nevada	Clinical, macro, bachelors		X
New Hampshire	Clinical only		X
New Jersey	Clinical, masters, bachelors	X	
New Mexico	Clinical, macro, masters, bachelors	X	
New York	Clinical and masters only	X	
North Carolina	Clinical, macro, masters, bachelors		X
North Dakota	Clinical, masters, bachelors		X
Ohio	Clinical and masters only	X	
Oklahoma*	Clinical, macro, masters, bachelors	X	
Oregon	Clinical, masters, bachelors		X
Pennsylvania	Clinical, masters, bachelors	X	
Rhode Island	Clinical only	X	
South Carolina	Clinical, macro, masters, bachelors	X	
South Dakota	Clinical, masters, bachelors	X	
Tennessee	Clinical, macro, masters, bachelors	X	
Texas	Clinical, macro, masters, bachelors	X	
Utah	Clinical, masters, bachelors		X
Vermont	clinical and masters only		X
Virgin Islands	Clinical, masters, bachelors		X
Virginia	Clinical, masters, bachelors		X
Washington	Clinical and masters only		X
West Virginia	Clinical, macro, masters, bachelors	X	
Wisconsin	Clinical, macro, masters, bachelors	X	
Wyoming	Clinical and bachelors		X

\*Masters or Advanced Generalist exam is required

## 2. Scope of practice for non-clinical MSWs (i.e., those not seeking / intending to seek the clinical license)

Differentiating activities reserved for a specific category of license can be difficult. Oftentimes a licensing authority may use a single definition for social work or overlapping scope of practice definitions for each category of license regulated. In the most general of terms, Bachelors practice is the entry level of social work practice, the

activities of psychotherapy and diagnosis are reserved to clinical practice (and masters social workers under clinical supervision), and master's practice is considered generalist / advanced generalist practice and covers all activities in between. I have included scope of practice definitions as suggested by the model law further below. Additionally, I have included examples from several states that more clearly differentiates scopes of practice for clinical and master's licensees. Alabama utilizes overlapping scope definitions, but supervision regulations clearly outline masters practice activities. Montana and Texas broadly define social work practice and then further identifies which activities are applicable to masters and clinical licensees. Nevada has active legislation to add a masters license and is working to differentiate activities within the categories of practice regulated; the draft matrix currently under development is included as Attachment B to this memo.

## Alabama

### AAC 850-X-03 Supervision

#### *(2) Licensed Master Social Worker Non-Clinical Social Work.*

*After receiving a license from the board to practice as a licensed master social worker, the licensed master social worker must obtain at least 96 hours of supervision according to the requirements of this section.*

*(d) Supervisees are required to meet the satisfaction of the supervisor, practice competently and ethically according to professional social work knowledge, skills, and values; receive supervision in the following content areas but not limited to:*

- (1) development of professional values and responsibilities;*
- (2) practice skills;*
- (3) authorized scope of practice;*
- (4) ensuring continuing competence; and*
- (5) ethical standards of practice;*
- (6) human development and behavior in the social environment*
- (7) effects of diversity and personal biases*
- (8) Assessment in Social Work Practice*
- (9) Social Work Practice with Individuals, Couples, Families, Groups and Communities*
- (10) Interpersonal Communication*
- (11) Professional Social Worker/Client Relationship*
- (12) Professional Values and Ethics*
- (13) Supervision in Social Work*
- (14) Social Work Administration*
- (15) Practice Evaluation and the Utilization of Research*
- (16) Service Delivery*
- (17) Case Analysis*

### AAC Chapter 850-X-2-.01 Definitions of Terms

*(11) Practice of Master's Social Work. Subject to the limitations set forth in Section 34-30-22(b), 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, intervention, and evaluation, Case Management, information and referral, Supervision, Consultation, education, research, advocacy, community organization, and the development, implementation, and administration of policies, programs, and activities. The practice of Master's Social Work may include the practices reserved to Clinical Social Workers under Supervision as provided in this Act.*

*AAC Chapter 850-X-2-.01 Definitions of Terms*

*(12) Practice of Clinical Social Work. Subject to the limitations set forth in Section 34-30-22(c), 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.*

Montana

*MCA 37-22-308. Licensed master's social worker requirements*

*(3) A licensed master's social worker:*

*(b) may engage in social work activities as provided in 37-22-102(5)(b) through (5)(g);*

*MCA 37-22-102. Definitions. As used in this chapter, the following definitions apply:*

*(5) "Social work" means the professional practice directed toward helping people achieve more adequate, satisfying, and productive social adjustments. The practice of social work involves special knowledge of social resources, human capabilities, and the roles that individual motivation and social influences play in determining behavior and involves diagnoses and the application of social work techniques, including:*

*(a) counseling and using psychotherapy with individuals, families, or groups;*

*(b) providing information and referral services;*

*(c) providing, arranging, or supervising the provision of social services;*

*(d) explaining and interpreting the psychosocial aspects in the situations of individuals, families, or groups;*

*(e) helping communities to organize to provide or improve social and health services;*

*(f) research or teaching related to social work; and*

*(g) administering, evaluating, and assessing tests if the licensee is qualified to administer the test and make the evaluation and assessment.*

Texas

*TAC 22.781.202. The Practice of Social Work.*

*(c) Practice of Master's Social Work--Applying social work theory, knowledge, methods and ethics and the professional use of self to restore or enhance social, psychosocial, or bio-psychosocial functioning of individuals, couples, families, groups, organizations and communities. An LMSW may practice clinical social work in an agency employment setting under clinical supervision, under a board-approved supervision plan, or under contract with an agency when under a board-approved clinical supervision plan. Master's Social Work practice may include applying specialized knowledge and advanced practice skills in assessment, treatment, planning, implementation and evaluation, case management, mediation, counseling, supportive counseling, direct practice, information and referral, supervision, consultation, education, research, advocacy, community organization and developing, implementing and administering policies, programs and activities. An LMSW may engage in Baccalaureate Social Work practice.*

*(e) Independent Practice for LMSWs--An LMSW recognized for independent practice may provide any non-clinical social work services in either an employment or an independent practice setting. This licensee is designated as LMSW-IPR. An LMSW-IPR may work under contract, bill directly for services, and bill third parties for reimbursements for services. An LMSW-IPR must restrict his or her independent practice to providing non-clinical social work services.*

(h) An LBSW or LMSW who is not recognized for independent practice may not provide direct social work services to clients from a location that she or he owns or leases and that is not owned or leased by an employer or other legal entity with responsibility for the client. This does not preclude in-home services such as in-home health care or the use of electronic media to provide services in an emergency.

(i) An LBSW or LMSW who is not recognized for independent practice may practice for remuneration in a direct employment or agency setting but may not work independently, bill directly to patients or bill directly to third party payers, unless the LBSW or LMSW is under a formal board-approved supervision plan. TAC 22.781.102 (37) Independent non-clinical practice--The unsupervised practice of non-clinical social work outside the jurisdiction of an organizational setting, in which the social worker, after having completed all requirements for independent non-clinical practice recognition, assumes responsibility and accountability

TAC Code 22.781.202. The Practice of Social Work.

(f) Practice of Clinical Social Work--The practice of social work that requires applying 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, and/or persons who are adversely affected by social or psychosocial stress or health impairment. The practice of clinical social work requires applying specialized clinical knowledge and advanced clinical skills in assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions and addictions, including severe mental illness and serious emotional disturbances in adults, adolescents, and children. The clinical social worker may engage in Baccalaureate Social Work practice and Master's Social Work practice. Clinical treatment methods may include but are not limited to providing individual, marital, couple, family, and group therapy, mediation, counseling, supportive counseling, direct practice, and psychotherapy. Clinical social workers are qualified and authorized to use the Diagnostic and Statistical Manual of Mental Disorders (DSM), the International Classification of Diseases (ICD), Current Procedural Terminology (CPT) Codes, and other diagnostic classification systems in assessment, diagnosis, treatment and other practice activities. An LCSW may provide any clinical or non-clinical social work service or supervision in either an employment or independent practice setting. An LCSW may work under contract, bill directly for services, and bill third parties for service reimbursements.

Social work scopes of practice as defined by the [ASWB Model Social Work Practice Act](#)

Section 104. Practice of Baccalaureate Social Work. (p. 4)

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 105. Practice of Master's Social Work. (pp. 5-6)

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. (p. 6)*

*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.*

See also independent and private practice definitions on p. 9:

*(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.*

*(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.*

### **3. Exam content outlines for the Masters and Clinical exams**

The Masters exam is intended to test the knowledge of applicants who have recently obtained their Master's of Social Work degree and are newly entering practice. The Clinical exam tests the knowledge applicants have learned while performing clinical practice under the direction of a clinical supervisor. The content outlines are as follows:

#### **Masters**

- Human development, diversity and behavior in the environment – 27%
- Assessment and intervention planning – 24%
- Interventions with clients / client systems – 24%
- Professional relationships, values, and ethics – 25%

#### **Clinical**

- Human development, diversity, and behavior in the environment – 24%
- Assessment, diagnosis, and treatment planning – 30%
- Psychotherapy, clinical interventions, and case management – 27%
- Professional values and ethics – 19%

Use the following links to download the content outline for the Masters exam: <https://www.aswb.org/wp-content/uploads/2020/12/2018-Masters.pdf> and the Clinical exam: <https://www.aswb.org/wp-content/uploads/2020/12/2018-Clinical.pdf>

As discussed on the [ASWB website](#) each exam content outline is organized into content areas, competencies, and knowledge, skills, and abilities statements (KSAs). Content areas are the broad areas of knowledge measured by each exam. The content areas organize the content for exam construction and score reporting. Competencies describe meaningful sets of knowledge, skills, and abilities within each content area that are important to social work practice. Knowledge, skills, and abilities statements structure the content of the exam for item development. The KSAs provide further details about the nature and range of exam content that is

included in the competencies. Each KSA describes a single knowledge component that is the basis for individual exam questions used to measure competency.

### **Experiences from other states seeking to require the masters license prior to obtaining clinical supervision and responses to NASW's criticism of the requirement**

In recent years North Carolina sought to add this requirement as part of other statutory changes requested by the Board. However, bill sponsors required the Board to reach consensus with stakeholders prior to the introduction of legislation and their NASW state chapter was opposed. To strike a compromise the requirement was omitted. NASW perceived the requirement as a barrier for entry to the workforce. The concerns were primarily financial in that newly graduated MSW students often carry debt from their school experience, may have to pay to receive supervision, and that the licensing and exam fees for the master's license are an unnecessary burden and may detract individuals from seeking the clinical license. The Board offered several suggestions that would have helped to address the financial concerns but NASW ultimately said they wouldn't support the legislation if the requirement was included. The Board was able to require the Masters exam if an individual couldn't complete supervised experience and obtain the clinical license within six years.

I understand that NASW has expressed similar concerns about the establishment of this requirement in Virginia, citing workforce shortages and a potential reduction in the number of available clinical social workers. Unfortunately, this isn't an area that ASWB can speak to. You might explore workforce data projections in states with and without the requirement, to see if a case can be made that the requirement doesn't have this unintended consequence. As you may know social work workforce data projections were published in 2018 by the U.S Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce:

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/state-level-estimates-report-2018.pdf>

<https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/behavioral-health>

<https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/behavioral-health>

## Social work regulation in North America

### Clinical, Masters and Baccalaureate License – 37 states

Alabama	Kansas	Nevada <sup>9</sup>	South Carolina <sup>7</sup>
Alaska	Kentucky	New Jersey	Tennessee <sup>7</sup>
Arizona	Louisiana	New Mexico <sup>7</sup>	Texas <sup>5, 7</sup>
Arkansas	Maine	North Carolina <sup>7</sup>	Utah
Delaware	Maryland <sup>7</sup>	North Dakota	Virginia
Guam	Minnesota <sup>7</sup>	Northern Mariana	Washington DC <sup>7</sup>
Hawaii	Mississippi	Islands	West Virginia <sup>7</sup>
Idaho <sup>2</sup>	Missouri <sup>3, 7</sup>	Oklahoma <sup>8</sup>	Wisconsin <sup>7</sup>
Indiana	Montana	Oregon	
Iowa	Nebraska <sup>4, 7</sup>	Pennsylvania	

### Clinical and Masters License – 8 states

Colorado	Florida <sup>9</sup>	Illinois	Vermont
Connecticut	Georgia	New York <sup>6</sup>	Washington <sup>7</sup>

### Clinical License – 3 states

California	New Hampshire	Rhode Island <sup>1</sup>
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### Clinical, Masters, Baccalaureate and Associate/Non-SW Certification – 4 states

Massachusetts	Michigan <sup>9</sup>	South Dakota	Virgin Islands
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### Clinical, Baccalaureate, Associate/Non-SW Certification – 1 state: Ohio

### Clinical and Baccalaureate License – 1 state: Wyoming

### Clinical Registry and Non-Clinical Social Work Registry – 2 provinces: Alberta, British Columbia

### Social Work Registry – 8 provinces

Manitoba	Newfoundland &	Nova Scotia <sup>10</sup>	Prince Edward Island
New Brunswick	Labrador <sup>10</sup>	Ontario	Quebec
			Saskatchewan

<sup>1</sup>Clinical licensees may apply for the private independent clinical practice license

<sup>2</sup> Masters licensees may apply for the independent practice designation

<sup>3</sup>Baccalaureate licensees may apply for the independent practice designation

<sup>4</sup>Clinical and master's licensees may apply for the independent practice designation

<sup>5</sup>Masters and baccalaureate licensees may apply for the independent non-clinical practice designation

<sup>6</sup> Clinical licensees may apply for psychotherapy "R" privilege

<sup>7</sup>Jurisdiction has masters license and advanced practice macro masters license

<sup>8</sup> Jurisdiction has masters license and two advanced practice macro masters licenses

<sup>9</sup>Advanced macro practice is the only masters license

<sup>10</sup>Registered social workers may apply for the private practice designation

	<b>LSW</b>	<b>LMSW</b>	<b>LCSW</b>	<b>LISW</b>
<b>DEGREE</b>	Bachelors	Masters	Masters	Masters
<b>POST-GRADUATE INTERNSHIP</b>	None	None	YES	YES
<b>Direct practice</b>				
Pre-admission general assessment for mental health facilities			X	
Assessment for suicidality	X	X	X	X
Identification of presenting problems	X	X	X	X
Interviewing clients regarding client's situation	X	X	X	X
Psychosocial assessments (non-clinical)	X	X	X	X
Comprehensive clinical psychosocial			X	
Administration and scoring of assessment instruments requiring interpretation	X	X	X	X
Administration and interpretation of of psychometric instruments			X	
Diagnosis of mental or emotional conditions or addictions			X	
Diagnosis of mental or emotional conditions or addictions with diagnostic coding			X	
General treatment planning and evaluation	X	X	X	X
Clinical treatment planning and evaluation			X	
Interventions with individuals, couples, families or groups to enhance or restore the capacity for social functioning.	X	X	X	X
Intervention methods using specialized and formal clinical interactions			X	
Individual psychotherapy with children, adolescents or adults			X	
Couples / family psychotherapy with children, adolescents or adults			X	
Group psychotherapy with children, adolescents or adults			X	
Psychoeducational / Skills training groups with children, adolescents or adults	X	X	X	X
Case intervention evaluation	X	X	X	X
Case management (for individuals, families, couples, groups)	X	X	X	X
Provision of linkages to community services	X	X	X	X
Imparting general information and referral for assistance	X	X	X	X



	<b>LSW</b>	<b>LMSW</b>	<b>LCSW</b>	<b>LISW</b>
<b>DEGREE</b>	Bachelors	Masters	Masters	Masters
<b>POST-GRADUATE INTERNSHIP</b>	None	None	YES	YES
Coordination and evaluation of service delivery	X	X	X	X
Teaching or education of a client	X	X	X	X
Monitor client's compliance with program's expectations	X	X	X	X
Consultation regarding clinical issues			X	
Private Practice - Clinical			X	
Child or adult custody assessment and recommendations	X	X	X	X
Competency evaluations			X	
<b>Macro level practice</b>				
Community organization	X	X	X	X
Conduct needs assessment activities in community	X	X	X	X
Advocacy for individuals / groups / communities	X	X	X	X
<b>Leadership</b>				
Directing clinical programs			X	
Directing social work programs but not clinical practice	X	X		X
Directing social work agencies, including clinical practice			X	
Program planning, design and evaluation	X	X	X	X
Supervision of clinical social workers			X	
Supervision of social worker (excluding clinical)	X	X		X
<b>Research</b>				
Research - design, data collection and analysis	X	X	X	X

	<b>LSW</b>	<b>LMSW</b>	<b>LCSW</b>	<b>LISW</b>
<b>DEGREE</b>	Bachelors	Masters	Masters	Masters
<b>POST-GRADUATE INTERNSHIP</b>	None	None	YES	YES
<b>Social Work Function</b>				
Administration of assessment instruments requiring interpretation	X	X	X	X
Administration and interpretation of instruments			X	
Advocacy for individuals / groups / communities	X	X	X	X
Case intervention planning and evaluation			X	
Case management (for individuals, families, couples, groups)	X	X	X	X
Child or adult custody determination	X	X	X	
Child or adult custody assessments and recommendations			X	
Child welfare case management	X	X	X	X
Community organization	X	X	X	X
Conduct case-finding activities in community			X	X
Consultation regarding agency practice and policy development			X	X
Consultation regarding clinical issues			X	
Coordination and evaluation of service delivery			X	X
Development of social welfare policy			X	X
Diagnosis of mental or emotional conditions or addictions			X	
Diagnosis of mental or emotional conditions or addictions with coding			X	
Directing of clinical programs			X	
Directing social work agencies but not clinical practice	X	X	X	X
Directing social work agencies including clinical practice			X	
Identification of presenting problems	X	X	X	X
Imparting general information and referral for assistance			X	X
Interventions with individuals, couples, families or groups to enhance or restore the capacity for social functioning.	X	X	X	X
Intervention methods using specialized and formal interactions			X	
Interviewing clients regarding client's situation	X	X	X	X
Monitor client's compliance with program's expectations	X	X	X	X
Pre-admission general assessment for mental health facilities			X	
Private practice - clinical			X	
Private practice - macro			X	X
Program intervention planning and evaluation			X	X
Provision of assistance regarding community resources	X	X	X	X
Provision of information about available services	X	X	X	X
Provision of life-skills training		X	X	
Provision of linkages to community services	X	X	X	X
Provision of training regarding community needs and problems			X	X
Psychosocial assessments (non-clinical)	X	X	X	X
Psychotherapy with children, adolescents or adults			X	
Research- design and analysis			X	X
Research - data collection			X	X
Supervision of clinical social workers			X	
Supervision of macro social workers			X	X
Teaching or education of a client	X	X	X	
Treatment planning and evaluation			X	

# VIRGINIA BOARD OF SOCIAL WORK BYLAWS

## ARTICLE I: AUTHORIZATION

### **A. Statutory Authority**

The Virginia Board of Social Work (“Board”) is established and operates pursuant to §§ 54.1-2400 and 54.1-3700, et seq., of the *Code of Virginia*. Regulations promulgated by the Virginia Board of Social Work may be found in 18VAC140-20-10 et seq., “Regulations Governing the Practice of Social Work”.

### **B. Duties**

The Virginia Board of Social Work is charged with promulgating and enforcing regulations governing the licensure and practice of social work and clinical social work in the Commonwealth of Virginia. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses, certificates, or registrations; setting standards of practice; and implementing a system of disciplinary action.

### **C. Mission**

To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

## ARTICLE II: THE BOARD

### **A. Membership**

1. The Board shall consist of nine (9) members, appointed by the Governor as follows:
  - a. Seven (7) shall be licensed social workers in Virginia, who have been in active practice of social work for at least five years prior to appointment and,
  - b. Two (2) shall be citizen members.
2. The terms of the members of the Board shall be four (4) years.
3. Members of the Board of Social Work holding a voting office in any related professional association or one that takes a policy position on the regulations of the Board shall abstain from voting on issues where there may be a conflict of interest present.

### **B. Officers**

1. The Chairperson or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, and the Administrative Process Act. Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by the law or as otherwise ordered by the Board, the Chairperson shall appoint all committees, and shall sign as Chairperson to the certificates authorized to be signed by the Chairperson.

2. The Vice-Chairperson shall act as Chairperson in the absence of the Chairperson and assume the duties of Chairperson in the event of an unexpired term.
3. In the absences of the Chairperson and Vice-Chairperson, the Chairperson shall appoint another board member to preside at the meeting and/or formal administrative hearing.

### **C. Duties of Members**

1. Each member shall participate in all matters before the Board.
2. Members shall attend all regular and special meetings of the Board unless prevented by illness or similar unavoidable cause. In the event of two (2) consecutive unexcused absences at any meeting of the Board or its committees, the Chairperson shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.
3. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to §2.2-108.

### **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.

### **E. Meetings**

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.
2. Order of Business at Meetings:
  - a. Period of Public Comment
  - b. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board.
  - c. Reports of Officers and staff
  - d. Reports of Committees
  - e. Election of Officers (as needed)

- f. Unfinished Business
- g. New Business
- 3. The order of business may be changed at any meeting by a majority vote.

### **ARTICLE III: COMMITTEES**

#### **A. Duties and Frequency of Meetings.**

- 1. Members appointed to a committee shall faithfully perform the duties assigned to the committee.
- 2. All standing committees shall meet as necessary to conduct the business of the Board.

#### **B. Standing Committees**

Standing committees of the Board shall consist of the following:

Regulatory/Legislative Committee  
 Special Conference Committee  
 Credentials Committee  
 Nomination Committee  
 Any other Standing Committees created by the Board.

##### 1. Regulatory/Legislative Committee

- a. The Regulatory/Legislative Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Board.
- b. The Chairperson of the Committee shall be appointed by the Chairperson of the Board.
- c. The Committee shall consider all questions bearing upon state legislation and regulation governing the professions regulated by the Board.
- d. The Committee shall recommend to the Board changes in law and regulations as it may deem advisable and, at the direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.
- e. The Chairperson of the Committee shall submit proposed changes in applicable laws and regulations in writing to the Board prior to any scheduled meeting.

##### 2. Special Conference Committee

- a. The Special Conference Committee shall consist of two (2) Board members.
- b. The Special Conference Committee shall conduct informal conferences pursuant to §§2.2-4019, 2.2-4021, and 54.1-2400 of the *Code of Virginia* as necessary to adjudicate cases in a timely manner in accordance with the agency standards for case resolution.
- c. The Special Conference Committee shall hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.
- d. The Chairperson of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date.

- e. Should the caseload increase to the level that additional special conference committees are needed, the Chairperson of the Board may appoint additional committees.

### 3. Credentials Committee

- a. The Credentials Committee shall consist of at least two (2) Board members appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
- b. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
- c. The Committee member who conducted the initial review shall provide guidance to staff on action to be taken.
- d. The Credentials Committee shall not be required to meet collectively to conduct initial reviews.

### 4. Nomination Committee

- a. The Nomination Committee shall be composed of at least two members of the Board appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
- b. The Nomination Committee shall consult with Bard members and staff to recommend nominee(s) for the Board positions of Chairman and Vice-Chairman.
- c. Sitting officers shall not serve on the Nomination Committee.

## **ARTICLE IV: GENERAL DELEGATION OF AUTHORITY**

The Board delegates the following functions:

1. The Board delegates to Board staff the authority to issue and renew licenses, certificates, or registrations and to approve supervision applications for which regulatory and statutory qualifications have been met. If there is basis upon which the Board could refuse to issue or renew the license or certification or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Credentials Committee, or in accordance with delegated authority provided in a guidance document of the Board.
2. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not be limited to, licensure and registration applications, renewal forms, and documents used in the disciplinary process.

3. The Executive Director shall be the custodian of all Board records. He/she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.
4. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.
5. The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) ~~year~~ renewal cycle for the completion of continuing education requirements upon written request from the licensee prior to the renewal date.
6. The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.
7. The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.
8. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.
9. The Board delegates to the Executive Director, who may consult with a member of the Special Conference Committee, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.
10. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a Board member.
11. The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with a Board member to make a determination as to whether probable cause exists to proceed with possible disciplinary action.
12. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, for the purpose of offering a confidential consent agreement, a pre-hearing consent order, or for scheduling an informal conference.

13. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.
14. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license or for the purpose of considering settlement proposals.
15. The Board delegates to the Chairperson, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.
16. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.
17. The Board delegates authority to the Executive Director to delegate tasks to the Deputy Executive Director, as necessary.

#### **ARTICLE V: AMENDMENTS**

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board's legal counsel prior to any scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the members present at that regular meeting.

Adopted: 12/17/96

Revised: 10/3/2008; 4/17/2009; 10/25/2013; 10/27/2017; 6/15/2018