

**Board of Social Work
Regulatory Committee**

**Thursday, October 26, 2017, 3:00 p.m.
9960 Mayland Drive, Suite 200, Board Room 1
Henrico, VA 23233**

Call to Order – Joseph Walsh, L.C.S.W., Committee Chair

Roll Call

Emergency Egress Instructions

Adoption of Agenda*

Public Comment on Agenda Items (5 Minutes per Speaker)

Approval of Minutes of February 2, 2017*

Unfinished Business

New Business

- United Methodist Family Services (UMFS) Topics of Discussion
- Staff Recommendations/Questions
 - Define “Supervised Experience” (18VAC140-20-10)
 - Endorsement Requirements (18VAC140-20-45)
 - Experience requirements for a licensed clinical social worker (18VAC140-20-50)
 - Examination Requirements (18VAC140-20-70)
 - Update Continuing Education Requirements (18VAC140-20-105)
 - Reinstatement/Reactivation Requirements (18VAC140-20-110)
 - Affirmative Criminal Convictions
- Guidance Documents
 - 140-9: Content for Training on Supervision for Clinical Social Work
 - 140-10: Guidance on supervised experience for clinical social work licensure
 - Joint Guidance Document on Assessment Titles and Signatures

Next Meeting

Adjournment

*Denotes a board vote is needed

APPROVAL OF
MINUTES
FEBRUARY 2, 2017

**THE VIRGINIA BOARD OF SOCIAL WORK
REGULATORY COMMITTEE MEETING MINUTES
Thursday, February 2, 2017**

The Regulatory Committee of the Virginia Board of Social Work ("Board") convened at 1:05 p.m. on Thursday, February 2, 2017, at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Joseph Walsh, Chair, called the meeting to order.

BOARD MEMBERS PRESENT: Maria Eugenia del Villar, L.C.S.W.
Gloria Manns, L.C.S.W.
John Salay, L.C.S.W.
Joseph Walsh, L.C.S.W., Ph.D.

BOARD MEMBERS ABSENT: Dolores Paulson, L.C.S.W., Ph.D.

STAFF PRESENT: Christy Evans, Discipline Case Specialist
Sarah Georgen, Licensing Manager
Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst

CALL TO ORDER:

Dr. Walsh called the meeting to order.

ESTABLISHMENT OF A QUORUM:

Ms. Georgen announced that five members of the Committee were present; therefore, a quorum was established.

MISSION STATEMENT:

Dr. Walsh read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.

EMERGENCY EGRESS:

Dr. Walsh announced the Emergency Egress Procedures.

ADOPTION OF AGENDA:

Upon a motion by Mr. Salay which was properly seconded, the agenda was accepted as written. The motion passed.

PUBLIC COMMENT:

Melissa Turner, LCSW (Inactive) provided a statement to the Committee regarding the requirements to reactive a license. She noted the difficulties with meeting the requirements and requested that the board review the regulations to ease the burden of licensees to reinstate or reactive their license.

Frances Goddard, LCSW provided public comment in support of mid-level licensure and recommended that the board achieve changing the requirements through the regulatory, rather than through the

legislative process. She noted that the Virginia Society for Clinical Social Work was open to all three levels of licensure.

Joseph Lynch, LCSW provided written public comment.

Debra Riggs with the National Association of Social Workers, Virginia Chapter noted support of mid-level and stressed the importance of splitting the license to ensure that the Bachelors and Masters examinations were utilized.

APPROVAL OF MINUTES:

Upon a motion by Ms. del Villar which was properly seconded, the meeting minutes from April 29, 2016 were approved as written.

UNFINISHED BUSINESS:

The Committee discussed the proposed NOIRA regarding “clinical social work services.” Upon a motion by Ms. Manns which was properly seconded, the Committee accepted the definition of “clinical social work services” to add “psychosocial interventions” to the definition. The motion passed.

The Committee discussed the current regulations for reactivation and reinstatement (see attachment #A). Upon a motion by Mr. Salay which was properly seconded, the Committee accepted the amendments to the Regulations. The motion passed.

Following discussion with the Committee, Ms. Hoyle agreed to work with Board counsel to determine if the Board can separate, through its regulatory authority, the LSW license between BSW and MSW.

NEW BUSINESS:

There was no new business.

NEXT MEETING:

Dr. Walsh scheduled the next Regulatory Committee meeting for March 30, 2017 at 1:00 p.m.

ACTION ITEMS:

- Draft language to outline the Board’s intent to adopt the NOIRA for mid-level licensure.

ADJOURNMENT:

There being no further business to come before the Committee, the meeting was adjourned at 2:47 p.m.

Joseph Walsh, Chair

Jaime Hoyle, Executive Director

**Proposed Regulations as Recommended by the Regulatory Committee
Board of Social Work**

18VAC140-20-10. Definitions.

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

Board

Casework

Casework management and supportive services

Clinical social worker

Practice of social work

Social worker

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

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

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

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

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

"Clinical social work services" include the application of social work principles and methods in performing assessments and diagnoses based on a recognized manual of mental and emotional disorders or recognized system of problem definition, preventive and early intervention services and treatment services, including but not limited to psychosocial interventions, psychotherapy and counseling for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment.

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

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

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

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

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

18VAC140-20-110. Late Renewal; Reinstatement; Reactivation.

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

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

B. A social worker or clinical social worker who fails to renew the license after one year and who wishes to resume practice shall:

1. Apply for reinstatement;
2. Pay the reinstatement fee, which shall consist of the application processing fee and the penalty fee for late renewal, as prescribed in 18VAC140-20-30.
3. Provide documentation of having completed all applicable continued competency hours equal to the number of years the license has lapsed, not to exceed four years;
4. Documentation of any other health or mental health licensure or certification in good standing, if applicable; and
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

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

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

D. A social worker or clinical social worker wishing to reactivate an inactive license shall:

1. Submit the difference between the renewal fee for active licensure minus any fee already paid and the fee for inactive licensure renewal;
2. Document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years.

E. In addition to requirements set forth in subsection C, an applicant for reactivation who has been inactive for four ten or more years shall also provide evidence of competency to practice by documenting:

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

UNITED METHODIST
FAMILY SERVICES
(UMFS)
TOPICS OF
DISCUSSION

United Methodist Family Services (UMFS)

Issues to take to Board for further discussion

1. Child Placing License 18VACAC140-20-50 D. 4. Supervisees shall not supervise the provision of clinical social work services provided by another person.

(http://www.dss.virginia.gov/files/division/licensing/lcpa/intro_page/code_regulations/regulations/final_cpa_manual_071713.pdf)

Issue/Concern:

Regulations state in Child Placing License that supervisees shall not supervise clinical work of another person. The interpretation currently by some providers is that employment supervision is fine, but not any clinical supervision. For example case management, ancillary, office work can be supervised by the supervisee but the clinical aspect might have to be done elsewhere

Question for the Board:

Is this interpretation in line with the expectations of the Board as it relates to supervision of supervisees in VA?

2. Currently, many providers take interns (a lot from VCU) for clinical internships. The school relies on this for their field placements and historically a person with an MSW has been able to supervise this student for their clinical practicum.

Issue/Concern:

B. The requirement for a clinical practicum in a clinical course of study shall be a minimum of 600 hours, which shall be integrated with clinical course of study coursework and supervised by a person who is a licensed clinical social worker or who holds a master's or doctor's degree in social work and has a minimum of three years of experience in clinical social work services after earning the graduate degree. An applicant who has otherwise met the requirements for a clinical course of study but who did not have a minimum of 600 hours in a supervised field placement/practicum in clinical social work services may meet the requirement by obtaining an equivalent number of hours of supervised practice in clinical social work services in addition to the experience required in [18VAC140-20-50](#). (Regulations page 6 VA Board of Social Work)

The concern is whether supervisees who meet the Master's qualifications above are still able to supervise an intern/student for practicum given their status of *Supervisee in Social Work*.

Questions for the Board:

Can a supervisee supervise the intern/student toward their practicum given their status as a supervisee in social work?

What would the liability/responsibility be for the supervisor of that supervisee who is now supervising an intern/student for their practicum?

**STAFF
RECOMMENDATIONS/
QUESTIONS**

Board of Social Work
Regulatory Committee
Staff Recommendations and Questions
October 26, 2017

Endorsement Requirements (18VAC140-20-45):

Issue: Currently, the Regulations for endorsement require the applicant to meet the supervised experience requirements if unable to demonstrate active practice for 24 out of the past 60 months. However, there has been concern about applicants that obtain supervision hours in Virginia (that were not registered with the Board), apply to another jurisdiction and gain licensure, and then apply to Virginia by endorsement. Without having active practice, they would meet the endorsement requirements by providing evidence of their supervision hours. Their unregistered supervision hours would not count against them, and they would obtain licensure in Virginia. This loophole contradicts the Board’s goal to require those obtaining supervision in Virginia while working in a non-exempt setting to be under the jurisdiction of the Board.

Possible Solutions:

1. Amend the Endorsement Regulations to require endorsement applicants to meet the same supervised experience requirements as those obtaining licensure by exam, which would include registering with the Board.
“Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 ~~A-2~~ and ~~A-3~~ and 18VAC140-20-60 ~~C-2~~ and ~~C-3~~.”
2. Amend the Endorsement Regulations to state that “Any experience obtained in Virginia without prior Board approval will not be counted towards licensure by Endorsement.
3. Amend the Endorsement Regulations so they no longer refer to sections that relate to applications by exam, and specify what is required for supervised experience in endorsement applications.

Experience requirements for a licensed clinical social worker (18VAC140-20-50):

Issue: The Regulations state that the “*supervised experience shall be acquired in no less than two nor more than four consecutive years*”. We would like clarification of this requirement, in that if a supervisee was approved for supervision on April 22, 2013 and received her supervision from April 2015-July 2017, she technically would be within the four-year timeframe to complete her supervision, but beyond the four-years from her approval date. Should this requirement be revised to clarify that the supervision needs to occur within four-years from the date of board-approval?

Examination Requirements (18VAC140-20-70(B)):

Issue: The current verbiage of the Regulations regarding the examination requirements for those that have failed the examination does not express the intent of the recent regulatory change. The Board wanted the wording to require an applicant who has not passed the examination after 2 approval periods to reapply for another year of Board approved supervision. However, the current Regulations state that an applicant would have to register for supervision after he/she has failed the examination twice.

Possible Solution:

1. Amend the section to state that *“A candidate approved by the board to sit for an examination shall take that examination within two years of the date of the initial board approval. If the candidate has not passed the examination by the end of the two-year period here prescribed, the applicant shall reapply according to the requirements of the regulations in effect at that time. After an applicant has reapplied and has not passed the examination by the end of the second two-year approval period ~~failed the examination twice~~, he shall be required to register for supervision and complete one additional year as a supervisee before approval to re-take the examination is granted.”*

Notes:

- a. Are we concerned with the requirements while under supervision, such as how many hours of supervision they are completing within the extra year, or is it just under board-approved supervision for a year?
- b. Once they fail the exam for 2 approval periods and finish supervision, then what?
2. Amend the section to allow supervisees to take the licensing exam once they have completed a minimum of 1500 hours of supervised experience. Then, require they pass the exam by the end of their 4-year period of supervision.

Notes:

- a. This would allow some to have 3 years to pass the exam (with possibly 4 opportunities each year to pass).
- b. The Board could offer an additional approval period, or not.
- c. The Board could model Counseling and state that if the examination is not passed within the ____ timeframe, a new application will not be accepted.
3. State that all applicants must be under Board approved supervision until licensed.

Update Continuing Education Requirements (18VAC140-20-105):

Issue: The requirement for CE to be completed in even years has been confusing to licensees, and creates additional confusion for those applying for reactivation following inactive status.

Possible Solution: We would like to revise the wording to the following:

“Licensed clinical social workers shall be required to have completed a minimum of 15 ~~30~~ contact hours of continuing education and licensed social workers shall be required to have completed a minimum of 7.5 ~~15~~ contact hours of continuing education prior to licensure renewal each year ~~in even years.~~”

GUIDANCE DOCUMENTS

140-9: CONTENT FOR TRAINING ON SUPERVISION FOR CLINICAL SOCIAL WORK

Virginia Board of Social Work

Content for Training on Supervision for Clinical Social Work

Introduction:

In November 2008 the Virginia Board of Social Work revised the Regulations Governing the Practice of Social Work to include a requirement for training of supervisors (Section 18VAC 140-20-50.C.). This applies specifically to those practitioners who provide supervision to social workers who intend to apply for licensure in the state of Virginia.

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

Content domains for training:

To clarify the supervisory training, the Board has reviewed a number of existing courses and a study produced by the Association of Social Work Boards in 2009. In producing a Guidance document we have relied significantly on the latter study. The Board recommends the following six Domains be addressed in a Clinical Supervision Course:

- The Supervisory Relationship
- Supervision of Practice
- Professional Relationships
- Work Context
- Evaluation
- Life long learning and Professional Responsibility

The competencies in each of these areas are enumerated in the ASWB study, Appendix B page B-1. The total study can be secured from ASWB, 400 South Ridge Parkway, Suite B, Culpepper, Virginia 22701. (www.aswb.org)

Additional knowledge content:

A course should also incorporate knowledge of the following:

- The Virginia Board of Social Work Regulations, particularly:
 1. Supervision, supervisory responsibilities, and requirements
 2. Regulations on the standards of practice

- The Social Work Code of Ethics (NASW or the Clinical Social Work Association)

Teachers/Trainers for a course in supervision:

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

GUIDANCE DOCUMENTS

140-10: GUIDANCE ON SUPERVISED EXPERIENCE FOR CLINICAL SOCIAL WORK LICENSURE

Board of Social Work

Supervised Experience for Clinical Social Work Licensure

In November 2008, the Virginia Board of Social Work revised the *Regulations Governing the Practice of Social Work* to include a requirement that an individual who proposes to obtain supervised experience in Virginia, in any setting, shall submit a supervisory contract stating the proposed plans for the supervisee to provide **clinical social work services** while under the supervision of a qualified Licensed Clinical Social Worker. The supervisory contract, on a board approved form, completed by the supervisor and the supervisee, must receive board approval prior to the beginning of the supervised experience.

If the Board's designated credentials reviewers are unable to determine, based on the registered supervision contract submitted, that the supervisee will be providing **clinical social work services** while under supervision, the supervisee and supervisor shall, upon request by the Board, submit additional information to document that the proposed supervised experience meets the requirements of the *Regulations Governing the Practice of Social Work 18VAC140-20-50*.

The supervising LCSW shall assume responsibility for the social work activities of the supervisee and must document the supervisee's experience in the delivery of **clinical social work services** as required in the *Regulations Governing the Practice of Social Work 18VAC140-20-50*).

Clinical social work services as defined in *18VAC140-20-10* includes:

- Performing assessments,
- Diagnosing (based on a recognized manual of mental and emotional disorders or recognized system of problem definition), and
- Providing psychotherapy and counseling (for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment.)

Until the supervisee receives Board approval for the supervision contract, no supervised experience will be permitted to count towards licensure.

**GUIDANCE
DOCUMENTS**

**JOINT GUIDANCE
DOCUMENT ON
ASSESSMENT
TITLES AND
SIGNATURES**

Draft Joint Guidance Document on Assessment Titles and Signatures Draft

Commonwealth of Virginia

Boards of Psychology, Counseling, and Social Work

Conducting client evaluations or assessments pertaining to diagnosis and psychosocial or mental health functioning is within the scope of practice of several licensed mental health professionals. Although some jurisdictions have attempted to define by regulation or statute what types of assessments may be done by what specific mental health professionals, Virginia has not taken that approach. In Virginia, each profession is regulated by its own regulatory body, and each takes its own approach to training and standards of practice.

Just as different healthcare specialists may rely on similar but not identical assessment procedures, different behavioral health professionals may approach assessment practice with both shared and distinctive skills and tools. Historically, protection of the public has relied upon each profession's Board oversight to hold its own members to a customary discipline-wide standard of practice, with the additional expectation that each practitioner limit his or her domain of practice to professional areas of personal competence.

In the case of shared or overlapping services across professional licenses, however, a further public safeguard includes this joint agreement among behavioral health professions to encourage members within each licensure category to represent themselves and their work unambiguously by clearly documenting their professional alliances and qualifying licensure title. This unambiguous representation of each behavioral professional's basis for assessment work involves careful attention to specific labeling and self-presentation in the following ways:

- **Clear and Unambiguous Work Product Heading:** Because labels given to assessment work products may confuse healthcare service recipients, headings placed on an assessment product or report should clearly communicate the examiner's licensed profession.
 - Avoid the use of labels that suggest an assessment might have been conducted by a professional with a different license than the one(s) the examiner holds.
 - Suggested Work Product headings are included in the Table below.

- **Clear and Unambiguous Examiner Titles:** The title in a signature block or other relevant self-designation on a document summarizing an assessment work product should clearly convey the examiner's professional identity and field(s) of licensure.
 - Titles such as "psychological examiner" or "clinical examiner" have the potential to confuse service recipients by failing to convey the examiner's profession.
 - In contrast, such terms as "Clinical Psychologist" or "Licensed Clinical Psychologist," "School Psychologist" or "Licensed School Psychologist," "Applied Psychologist" or "Licensed Applied Psychologist," "Licensed Professional Counselor," or "Licensed Clinical Social Worker" point clearly to the licensee's legal title in Virginia and help service recipients identify the examiner's oversight Board.
 - Listing the Examiner's specific License number is optional.
 - Suggested Signature Titles are included in the Table below.

Virginia License	Suggested Report Heading	Suggested Signature Title
<p>Clinical Psychologists</p> <p>School Psychologists</p> <p>Applied Psychologists</p>	<p>“Psychological Assessment” “Psychological Evaluation” “Psychological Report”</p> <p>Note: Additional, more specific, terms may be added, depending on the focus of the report and the Psychologist’s area(s) of further post-doctoral training and competence (e.g., Forensic, Geriatric, Pediatric, Medical, Neuropsychological).</p>	<p>“Clinical Psychologist” or “Licensed Clinical Psychologist”</p> <p>“School Psychologist” or “Licensed School Psychologist”</p> <p>“Applied Psychologist” or “Licensed Applied Psychologist”</p> <p>Note: Board Certification or other credentials may be added underneath the Psychologist’s licensure category (e.g., “Board Certified in Neuropsychology”) and associated initials may be added after the Psychologist’s degree (e.g., John Smith, Ph.D., ABPP), especially if relevant given to the heading and focus of the document. However, terms such as “neuropsychologist,” “forensic psychologist,” and others hold no legal standing in Virginia. Therefore, reports still should carry the appropriate signature title listed above in order to indicate to the public the licensure category and associated state Board regulating this practice.</p>
<p>Licensed Professional Counselors</p>	<p>“Counseling Assessment” “Counseling Evaluation” “Counseling Report”</p>	<p>“Licensed Professional Counselor”</p>
<p>Licensed Clinical Social Workers</p>	<p>“Social Work Assessment” “Social Work Evaluation” “Social Work Report”</p>	<p>“Licensed Clinical Social Worker”</p>

Clarify conflict with required labels: When a mental health professional’s employer, work setting, or legal work context requires a particular label be used for assessment reports and the required label conflicts with the above suggestions and therefore might introduce confusion about the professional identity of the examiner, the licensed professional should clarify his or her professional identity to the client at the outset of the evaluation and make this explicit within the report and in the signature block (e.g., “Psychological Evaluation” by XXXXXXX, Clinical Psychologist [or Licensed Clinical Psychologist]).

UPDATED Following 5/16/17 Board Meeting

In offering this collective guidance to its licensees, Virginia's Behavioral Science Licensure Boards are adding no formal regulatory restrictions to the use of various professional terms, beyond the protected titles that already reside in their respective regulations. Rather, these Boards are jointly recommending best practice guidelines for regulated members of their respective professions to minimize public confusion and clearly communicate to clients which Board governs the practice of each licensed examiner. The Boards believe this guidance will best represent their members to the public and best direct service recipients to each examiner's specific standards of competence.