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**Call to Order – Joseph Walsh, Ph.D., LCSW, Committee Chair**

- Welcome and Introductions
- Mission of the Board
- Emergency Egress Procedures
- Adoption of Agenda

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**Approval of Minutes**

- Regulatory Committee Meeting – December 5, 2019\*

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**Public Comment**

*The Committee will receive public comment related to agenda items at this time. 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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**Update on 2020 General Assembly -- Elaine Yeatts, DHP, Senior Policy Analyst**  
**Amendment to 18VAC140-20-51 [deleting (B)(3)]^**

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**Unfinished Business**

- Supervisor Registry Update - *Charlotte Lenart, Deputy Executive Director for Licensing, Boards of Counseling, Psychology, and Social Work*
- Expanding upon the Board's standards of practice - *Joseph Walsh and Dolores Paulson, Ph.D, LCSW, Board of Social Work Chair & Vice-Chairperson*
- LMSW Discussion – *Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology and Social Work*

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**New Business**

- Guidance Document 140-9 Content for Training on Supervision for Clinical Social Work
- Review of Endorsement Requirements for each license type - *Jaime Hoyle*
- Discussion of pathways to reduce the Add/Change Requirements and make them more efficient – *Charlotte Lenart*
- Discussion of loopholes within the Supervision Timeline - *Latasha Austin, Licensing and Operations Manager, Board of Social Work*

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**Next Meeting – June 4, 2020**

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**Meeting Adjournment**

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\*Indicates a Committee vote is required.

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the Committee 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 Department of  
**Health Professions**  
Board of Social Work

# Meeting Minutes

## December 5, 2019

**THE VIRGINIA BOARD OF SOCIAL WORK  
REGULATORY COMMITTEE MEETING MINUTES  
Thursday, December 5, 2019**

The Regulatory Committee of the Virginia Board of Social Work ("Committee") convened a meeting at 1:00 p.m. on Thursday, December 5, 2019 at the Department of Health Professions, 9960 Mayland Drive, Henrico Virginia, in Board Room 1.

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

**COMMITTEE MEMBERS PRESENT:** Maria Eugenia del Villar, 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.  
Gloria Manns, L.C.S.W.

**BOARD STAFF PRESENT:** Latasha Austin, Licensing Manager  
Jaime Hoyle, Executive Director  
Jennifer Lang, Deputy Executive Director- Discipline  
Charlotte Lenart, Deputy Executive Director- Licensing

**OTHERS PRESENT:** Elaine Yeatts, Senior Policy Analyst, Department of Health Professions  
Barbara Allison-Bryan, M.D., Deputy Director, Department of Health Professions

**IN THE AUDIENCE:** None

**CALL TO ORDER:**  
Dr. Walsh called the meeting to order at 1:03 p.m.

**ROLL CALL/ESTABLISHMENT OF A QUORUM:**  
Dr. Walsh requested a roll call. Ms. Austin announced that four 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 is also the mission statement of the Committee and Board.

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

**ADOPTIONS OF AGENDA:**  
Upon a motion by Mr. Salay, which was properly seconded by Dr. Paulson, the Committee unanimously adopted the agenda with the following two additions added to New Business:

1. Unlawful Practice
2. Adding & Registering a Supervisor

**APPROVAL OF MINUTES:**

Upon a motion by Dr. Paulson, which was properly seconded by Ms. Eugenia del Villar, the meeting minutes from the Regulatory Committee Meeting held on September 19, 2019 were approved as written. The motion passed unanimously.

**PUBLIC COMMENT:**

Debra Riggs, Executive Director, Virginia Chapter of the National Association of Social Workers (NASW) provided written public comment. (**Attachment 1**)

**UNFINISHED BUSINESS:**

- LMSW Discussion

The Committee discussed issues related to the new LMSW license. The Committee discussed concerns that LMSWs in Virginia are practicing clinical social work services without being under Board-approved supervision or licensed as LCSWs. Additionally, the Committee discussed the portability of the Virginia LMSW license, its scope of practice, and the need for the LMSW license to be in line with the ASWB Model Law. The Committee also discussed if the LMSW license should be required as a prerequisite to the LCSW license or if a LMSW should be given its own scope of practice to include clinical work under supervision or strictly be a generalist (non-clinical) license.

**Motion:** A motion was made by Mr. Salay, which was properly seconded by Dr. Walsh, to draft language to recommend to the full board to make it unlawful to call yourself a Social Worker as defined in the model law for a LBSW, LMSW or LCSW or to use the designation of LBSW, LMSW or LCSW one must be licensed by the Board.

For clarification, Ms. Yeatts posed the question to the Committee if they were recommending to change the unlawful title protection law (§ 54.1-3709) as written which states; *“ It shall be unlawful for any person not licensed under this chapter to use the title "Social Worker" in writing or in advertising in connection with his practice unless he simultaneously uses clarifying initials that signify receiving a baccalaureate or master's degree in social work from an accredited social work school or program approved by the Council on Social Work Education or a doctorate in social work.*

**Withdrawal of Motion:** Mr. Salay withdrew his motion following Ms. Yeatts request for clarification of the motion.

- Update on Board of Counseling Licensed Resident in Counseling

Ms. Hoyle and Ms. Lenart provided the Committee with updates on the Resident in Counseling License indicating that there were no major changes to the residency (supervision) requirements; however, there are several changes to the process. A Resident in Counseling license can be renewed up to 5 (five) times and the resident must continue to be under appropriate supervision until they are licensed as a License Professional Counselor (LPC).

- Supervisor Registry

The Committee re-visited a motion from a previous meeting held on December 6, 2018 for a supervisory registry to be created and maintained by the Board since supervisors are still required to complete professional training in supervision every 5 (five) years. The main concern is the difficulty to maintain such a registry.

**Motion:** Upon a motion by Dr. Walsh, which was properly seconded by Dr. Paulson, the motion for a supervisory registry was withdrawn.

**NEW BUSINESS:**

- Expanding upon the Board's Standards of Practice

The Committee discussed the Board's Standards of Practice and the need for clarification and expansion to what could be considered boundary issues and violations. Dr. Walsh informed the Committee that he and Dr. Paulson have worked on suggested changes which will be presented at the next meeting. Ms. Yeatts suggested that the Committee look at Section 223 of the Nursing Regulations as a guided resource.

- Content for Training on Supervision for Clinical Social Work

The Committee discussed the content of the supervision training supervisors are receiving to meet the requirement to be a Board approved supervisor. Committee members were concerned that the information being provided in the trainings are outdated and are not referring to the current Virginia Laws and Regulations Governing the Practice in Social Work. The Committee discussed providing supervision training. Staff suggested that if the Board wanted to provide training, staff look into the possibility of offering online or webinar training for supervisors.

**Motion:** A motion was made by Dr. Walsh, which was properly seconded by Dr. Paulson, to add language from the ASWB Supervision for Social Work licensure document to the Board's Guidance Document regarding Content for Training on Supervision for Clinical Social Work (Guidance Document 140-9) for draft at the next Regulatory Meeting. Ms. Hoyle will draft the document for the next Regulatory Meeting.

- Adding & Registering a Supervisor

The Committee discussed concerns regarding the process to change or add a new supervisor or location. Board staff will look into the process for adding or changed a supervisor or locations to see how the process could be streamlined for faster processing.

**NEXT MEETING:**

Dr. Walsh announced that the next Regulatory Committee Meeting would occur on March 12, 2020 at 1:00pm.

**ADJOURNMENT:**


Dr. Walsh adjourned the December 5, 2019 Regulatory Committee meeting at 3:30 p.m.

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

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Jaime Hoyle, Executive Director



Virginia Board of Social Work  
Re: Public comments  
Board of Social Work Meeting- Friday, December 6, 2019

December 6, 2019

On behalf of NASW Virginia, thank you for the opportunity for public comments.

The chapter has been informed that the Board has expressed interest in reviewing and possibly updating and clarifying the scope of practice for the LBSW and the LMSW, as defined in the ASWB Model Law. It is NASW's position and support of this effort, as it will support future efforts in licensing social workers in the Commonwealth. This is a very important policy goal, and I wish to express our strong support for this effort.

As a starting point, we urge this Board and the General Assembly to rely on the ASWB Model Practice Act. The scopes of practice in the model law have been thoroughly vetted, and they are the most current reflection of MSW and BSW practice in the United States. We are hopeful that this first step, will help Virginia to be consistent with our other states and definition of licensed professionals, so that portability for social workers will help ease the workforce issues the Commonwealth is experiencing. NASW is eager to work with the Board on this issue, and we stand ready to assist in any way we can.

Thank you for the opportunity to submit written comment

Respectfully Submitted,

*Debra A Riggs*

Debra Riggs, CAE

Executive Director, NASWVA

**National Association of Social Workers, Virginia Chapter**



Virginia Department of  
**Health Professions**  
Board of Social Work

# Legislation & Regulatory Report

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions  
As of February 28, 2020**

Chapter		Action / Stage Information
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Unprofessional conduct/practice of conversion therapy</u> [Action 5241] Proposed - At Secretary's Office for 94 days
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Change in returned check fee</u> [Action 5388] Fast-Track - Register Date: 12/23/19 Effective: 2/6/20
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Reduction in fees and elimination of supervised experience requirement for LBSW</u> [Action 5389] Fast-Track - Register Date: 1/20/20 Effective: 3/5/20



## Report of the 2020 General Assembly Board of Social Work

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**HB 347 Commonwealth's medical cannabis program; SHHR to convene work group to review & make recommendation.**

*Chief patron:* Davis

*Summary as passed House:*

**Tetrahydrocannabinol products; permits to process and dispense cannabidiol oil and THC-A oil.** Directs the Secretary of Health and Human Resources to convene a work group to review the Commonwealth's medical cannabis program and issues of critical importance to the medical cannabis industry and patients, including expansion of the medical cannabis program and the medical use of cannabis flowers, and to report its findings and recommendations, including any legislative recommendations, to the Governor, the Attorney General, and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health no later than October 1, 2020.

**HB 386 Conversion therapy; prohibited by certain health care providers.**

*Chief patron:* Hope

*Summary as passed House:*

**Department of Health Professions; conversion therapy prohibited.** Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action. The bill provides that no state funds shall be expended for the purpose of conducting conversion therapy with a person under 18 years of age, referring a person under 18 years of age for conversion therapy, or extending health benefits coverage for conversion therapy with a person under 18 years of age.

**HB 471 Health professionals; unprofessional conduct, reporting.**

*Chief patron:* Collins

*Summary as passed House:*

**Health professionals; unprofessional conduct; reporting.** Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth to report to the Department of Health Professions any information of which he may become aware in his professional capacity that indicates a reasonable belief that a health care provider is in need of treatment or has been admitted as a patient for treatment of substance abuse or psychiatric illness that may render the health professional a danger to himself, the public or his patients, or that he determines, following review and any necessary investigation or consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, indicates that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. Current law requires information to be reported if the information indicates, after reasonable investigation and consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct.

**HB 967 Military service members and veterans; expediting the issuance of credentials to spouses.**

*Chief patron:* Willett

*Summary as passed House:*

**Professions and occupations; expediting the issuance of credentials to spouses of military service members.** Provides for the expedited issuance of credentials to the spouses of military service members who are (i) ordered to federal active duty under Title 10 of the United States Code or (ii) veterans who have left active duty service within one year of the submission of an application to a board if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia. Under current law, the expedited review is provided more generally for active duty members of the military who are the subject of a military transfer to the Commonwealth. The bill also authorizes a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board in Title 54.1 (Professions and Occupations) to waive any requirement relating to

experience if the board determines that the documentation provided by the applicant supports such waiver. This bill incorporates HB 930.

**HB 1328 Offender medical and mental health information and records; exchange of information to facility.**

*Chief patron: Watts*

*Summary as passed House:*

**Exchange of offender medical and mental health information and records.** Provides that a health care provider who has been notified that a person to whom he has provided services within the last two years is committed to a local or regional correctional facility shall, upon request by the local or regional correctional facility, disclose to the local or regional correctional facility where the person is committed any information necessary to ensure the continuity of care of the person committed. The bill also provides protection from civil liability for such health care provider, absent bad faith or malicious intent.

**SB 53 Social workers; licensure by endorsement.**

*Chief patron: Stanley*

*Summary as passed Senate:*

**Board of Social Work; reciprocal licensing agreements.** Directs the Board of Social Work to pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of baccalaureate social workers, master's social workers, and clinical social workers. The bill provides that reciprocal agreements shall require that a person hold a comparable, current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the Code of Virginia and regulations of the Board.

**SB 633 Music therapy; definition of music therapist, licensure.**

*Chief patron: Vogel*

*Summary as passed Senate:*

**Music therapy; licensure.** Requires the Board of Social Work to adopt regulations establishing a regulatory structure to license music therapists in the Commonwealth and establishes an advisory board to assist the Board in this process. Under the bill, 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.

**SB 713 Art therapists and art therapy associates; definitions, licensure.**

*Chief patron:* McClellan

*Summary as passed Senate:*

**Board of Counseling; licensure of art therapists and art therapist associates.** Requires the Board of Counseling to adopt regulations establishing a regulatory structure to license art therapists and art therapist associates in the Commonwealth and establishes an advisory board to assist the Board in this process. Under the bill, no person shall engage in the practice of art therapy or hold himself out or otherwise represent himself as an art therapist or art therapist associate unless he is licensed by the Board.

**SB 760 Psychologists; licensure, permitted to practice in Psychology Interjurisdictional Compact.**

*Chief patron:* Deeds

*Summary as introduced:*

**Licensure of psychologists; Psychology Interjurisdictional Compact.** Authorizes Virginia to become a signatory to the Psychology Interjurisdictional Compact. The Compact permits eligible licensed psychologists to practice in Compact member states, provided that they are licensed in at least one member state. The bill has a delayed effective date of January 1, 2021, and directs the Board of Psychology to adopt emergency regulations to implement the provisions of the bill.

**SB 1046 Clinical social workers; patient records, involuntary detention orders.**

*Chief patron:* Deeds

*Summary as introduced:*

**Clinical social workers; patient records; involuntary detention orders.** Adds clinical social workers to the list of eligible providers that includes treating physicians and clinical psychologists who can disclose or recommend the withholding of patient records, face a malpractice review panel, and provide recommendations on involuntary temporary detention orders.

**SJ 49 Social workers; DHP to study need for additional, etc., workers.**

*Chief patron:* McClellan

*Summary as introduced:*

**Study; Department of Health Professions; need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation; report.** Requests that the Department of Health Professions convene a work group, which shall include certain stakeholders listed in the bill, to (i) identify the number of social workers needed in the Commonwealth to adequately serve the population; (ii) identify opportunities for the Commonwealth's social work workforce to successfully serve and respond to increasing biopsychosocial needs of individuals, groups, and communities in areas related to aging, child welfare, social services, military and veterans affairs, criminal justice, juvenile justice, corrections, mental health, substance abuse treatment, and other health and social determinants; (iii) gather information about current social workers in the Commonwealth related to level of education, school of social work attended, level of licensure, job title and classification, years of experience, gender, employer, and compensation; (iv) analyze the impact of compensation levels on social workers' job satisfaction and performance, as well as its impact on the likelihood of other persons entering the profession and any complications to such compensation levels caused by student debt; and (v) make recommendations for additional sources of funding to adequately compensate social workers and increase the number of social workers in the Commonwealth.

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**SENATE BILL NO. 53**  
**AMENDMENT IN THE NATURE OF A SUBSTITUTE**  
**(Proposed by the Senate Committee on Education and Health**  
**on February 6, 2020)**  
**(Patron Prior to Substitute—Senator Stanley)**

*A BILL to direct the Board of Social Work to pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of social workers.*

**Be it enacted by the General Assembly of Virginia:**

*1. § 1. That the Board of Social Work shall pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of baccalaureate social workers, master's social workers, and clinical social workers. Reciprocal agreements shall require that a person hold a comparable, current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the Code of Virginia and regulations of the Board.*

**S E N A T E S U B S T I T U T E**

SB53S1

20105090D

SENATE JOINT RESOLUTION NO. 49

Offered January 8, 2020

Prefiled January 7, 2020

Requesting the Department of Health Professions to study the need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation of such social workers in the Commonwealth. Report.

Patrons—McClellan; Delegate: Guzman

Referred to Committee on Rules

WHEREAS, social workers form society's social safety net and offer important services to individuals, families, groups, organizations, and the governmental agencies and political subdivisions of the Commonwealth, guided by special knowledge of social resources and systems, human capabilities, and the part that conscious and unconscious motivations play in determining human behavior; and

WHEREAS, social workers are trained to provide service and action to effect changes in human behavior, emotional responses, and social conditions by the application of the values, principles, methods, and procedures of the profession of social work; and

WHEREAS, social workers have demanding positions that entail increasing levels of required paperwork, large caseloads, and consistent difficulties with challenging clients, including increased safety risks; and

WHEREAS, salaries of social workers are, on average, among the lowest of all occupations in the United States, especially among social workers with a master's degree; and

WHEREAS, workforce challenges facing the social work profession include high student loan debt, lack of fair market compensation, translation of social work research to practice, social worker safety, a lack of state-level licensure policies and reciprocity agreements for social workers providing services across state lines and via telehealth, and a lack of diversity, all of which affect recruitment and retention of social workers and lower the level of services provided to clients; and

WHEREAS, in order to continue the successful growth and development of citizens of the Commonwealth through the practice of social work, it is essential that efforts be taken to ensure that an adequate number of social workers are available to provide services and that social workers are compensated in a manner that both rewards their work and encourages a long-term workforce; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Health Professions be requested to study the need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation of such social workers in the Commonwealth.

In conducting its study, the Department of Health Professions shall convene a work group, which shall include representatives of the Virginia Chapter of the National Association of Social Workers, institutions of higher education with social work programs, the Department of Social Services, and local departments of social services. The work group shall (i) identify the number of social workers needed in the Commonwealth to adequately serve the population; (ii) identify opportunities for the Commonwealth's social work workforce to successfully serve and respond to increasing biopsychosocial needs of individuals, groups, and communities in areas related to aging, child welfare, social services, military and veterans affairs, criminal justice, juvenile justice, corrections, mental health, substance abuse treatment, and other health and social determinants; (iii) gather information about current social workers in the Commonwealth related to level of education, school of social work attended, level of licensure, job title and classification, years of experience, gender, employer, and compensation; (iv) analyze the impact of compensation levels on social workers' job satisfaction and performance, as well as its impact on the likelihood of other persons entering the profession and any complications to such compensation levels caused by student debt; and (v) make recommendations for additional sources of funding to adequately compensate social workers and increase the number of social workers in the Commonwealth. The Department of Health Professions shall enter into data sharing agreements with the Department of Social Services and other employers of social workers to enable the exchange of de-identified data necessary to comply with the directives set forth in this paragraph.

All agencies of the Commonwealth shall provide assistance to the Department of Health Professions for this study, upon request.

The Department of Health Professions shall complete its meetings by November 30, 2020, and shall submit to the Governor and the General Assembly an executive summary and a report of its findings and recommendations for publication as a House or Senate document. The executive summary and

INTRODUCED

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2/19/20 17:10

59 report shall be submitted as provided in the procedures of the Division of Legislative Automated  
60 Systems for the processing of legislative documents and reports no later than the first day of the 2021  
61 Regular Session of the General Assembly and shall be posted on the General Assembly's website.



Virginia.gov Agencies | Governor



**Agency** Department of Health Professions  
**Board** Board of Social Work  
**Chapter** Regulations Governing the Practice of Social Work [18 VAC 140 - 20]

**Action:** Reduction in fees and elimination of supervised experience requirement for LBSW

**Fast-Track Stage**

Action 5389 / Stage 8766

[Edit Stage](#) [Go to RIS Project](#)

Documents		
<a href="#">Proposed Text</a>	1/21/2020 10:58 am	<a href="#">Sync Text with RIS</a>
<a href="#">Agency Background Document</a>	9/24/2019	<a href="#">Upload / Replace</a>
<a href="#">Attorney General Certification</a>	9/30/2019	
<a href="#">DPB Economic Impact Analysis</a>	11/8/2019	
<a href="#">Agency Response to EIA</a>	11/20/2019	<a href="#">Upload / Replace</a>
<a href="#">Governor's Review Memo</a>	12/17/2019	
<a href="#">Registrar Transmittal</a>	12/17/2019	

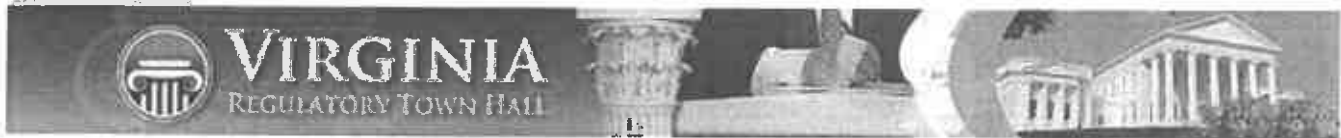
Status	
<b>Incorporation by Reference</b>	No
<b>Exempt from APA</b>	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
<b>Attorney General Review</b>	Submitted to OAG: 9/24/2019 Review Completed: 9/30/2019 Result: Certified
<b>DPB Review</b>	Submitted on 9/30/2019 Economist: <a href="#">Jini Rao</a> Policy Analyst: <a href="#">Jeannine Rose</a> Review Completed: 11/8/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
<b>Secretary Review</b>	Secretary of Health and Human Resources Review Completed: 11/17/2019
<b>Governor's Review</b>	Review Completed: 12/17/2019 Result: Approved
<b>Virginia Registrar</b>	Submitted on 12/17/2019 <a href="#">The Virginia Register of Regulations</a> Publication Date: 1/20/2020 <a href="#">Volume: 36 Issue: 11</a>
<b>Comment Period</b>	Ended 2/19/2020 0 comments

<b>Effective Date</b>	3/5/2020
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Contact Information	
<b>Name / Title:</b>	Jaime Hoyle / <i>Executive Director</i>
<b>Address:</b>	9960 Mayland Drive Suite 300 Richmond, VA 23233-1463
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*This person is the primary contact for this chapter.  
This stage was created by Elaine J. Yeatts on 09/24/2019*

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## Proposed Text

[highlight](#)

**Action:** Reduction in fees and elimination of supervised experience ...

**Stage:** Fast-Track

1/21/20 10:58 AM [latest] ▼

18VAC140-20-30

18VAC140-20-30. Fees.

A. The board has established fees for the following:

1. Registration of supervision	\$50
2. Addition to or change in registration of supervision	\$25
3. Application processing	
a. Licensed clinical social worker	\$165
b. LBSW	<del>\$115</del> <b>\$100</b>
c. LMSW	\$115
4. Annual license renewal	
a. Registered social worker	\$25
b. Associate social worker	\$25
c. LBSW	<del>\$65</del> <b>\$55</b>
d. LMSW	\$65
e. Licensed clinical social worker	\$90
5. Penalty for late renewal	
a. Registered social worker	\$10
b. Associate social worker	\$10
c. LBSW	\$20
d. LMSW	\$20
e. Licensed clinical social worker	\$30
6. Verification of license to another jurisdiction	\$25
7. Additional or replacement licenses	\$15
8. Additional or replacement wall certificates	\$25
9. Returned check	\$35
10. Reinstatement following disciplinary action	\$500

B. Fees shall be paid by check or money order made payable to the Treasurer of Virginia and forwarded to the board. All fees are nonrefundable.

C. Examination fees shall be paid directly to the examination service according to its requirements.

18VAC140-20-45

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

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

1. A completed application and the application fee prescribed in 18VAC140-20-30.

2. Documentation of active social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency. Licensure in the other jurisdiction shall be of a comparable type as the licensure that the applicant is seeking in Virginia.

3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia.

4. Documentation of any other health or mental health licensure or certification, if applicable.

5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

6. Verification of:

a. Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for 24 out of the past 60 months;

b. Active practice in an exempt setting at the level for which the applicant is seeking licensure for 24 out of the past 60 months; or

c. Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 A 2 and A 3 and ~~18VAC140-20-60 C 2 and C 3.~~

7. Certification that the applicant is not the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim.

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

18VAC140-20-60

18VAC140-20-60. Education and ~~experience~~ requirements for an LBSW or LMSW.

~~A. Education.~~ The applicant for licensure as an LBSW shall hold a bachelor's degree from an accredited school of social work. The applicant for licensure as an LMSW shall hold a master's degree from an accredited school of social work. Graduates of foreign institutions must establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council on Social Work Education.

~~B. Master's degree applicant.~~ An applicant who holds a master's degree may apply for licensure as an LMSW without documentation of supervised experience.

~~C. Supervised experience requirement for bachelor's degree applicants.~~ Supervised 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.

~~4. Registration.~~ Prior to the onset of supervision, an individual who proposes to obtain supervised experience in Virginia shall:

~~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. Bachelor's degree applicants shall have completed a minimum of 3,000 hours of supervised post-bachelor's degree experience in casework management and supportive services under supervision satisfactory to the board. 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.~~

~~3. Supervised experience shall be acquired in no less than two nor more than four consecutive years from the beginning of the supervised experience. 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.~~

#### ~~D. Requirements for supervisors.~~

~~1. The supervisor providing supervision shall hold an active, unrestricted license as a licensed social worker with a master's degree, or a licensed social worker with a bachelor's degree and at least three years of post-licensure social work experience or a licensed clinical social worker in the jurisdiction in which the social work services are being rendered. If this requirement places an undue burden on the applicant due to geography or disability, the board may consider individuals with comparable qualifications.~~

#### ~~2. The supervisor shall:~~

~~a. Be responsible for the social work practice of the prospective applicant once the supervisory arrangement is accepted by the board;~~

~~b. Review and approve the assessment and service plan of a representative sample of cases assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, assessment, length of service and casework 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. The supervisor shall be available to the applicant on a regularly scheduled basis for supervision. The supervisor will maintain documentation, for five years post-supervision, of which clients were the subject of supervision;~~

~~c. Provide supervision only for those casework management and support services activities for which the supervisor has determined the applicant is competent to provide to clients;~~

~~d. Provide supervision only for those activities for which the supervisor is qualified;~~

~~e. Evaluate the supervisee in the areas of professional ethics and professional competency; and~~

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

~~3. The supervisor shall not provide supervision for a family member or provide supervision for anyone with whom the supervisor has a dual relationship.~~

[\[edit\]](#)[back](#) | [vac](#) | [Integ](#) | [hlite](#)**18VAC140-20-51. Requirements for licensure by examination as an LBSW or LMSW.**

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

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

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

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

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

**Statutory Authority**

§ 54.1-2400 of the Code of Virginia.

**Historical Notes**

Derived from Virginia Register Volume 25, Issue 4, eff. November 26, 2008; amended, Virginia Register Volume 29, Issue 22, eff. July 31, 2013; Volume 29, Issue 25, eff. September 26, 2013; Volume 32, Issue 22, eff. August 12, 2016; Volume 35, Issue 22, eff. August 8, 2019.

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# *NASW & ASWB Resource Material*

➤ *Best Practice Standards in Social Work Supervision*

NATIONAL ASSOCIATION OF SOCIAL WORKERS  
ASSOCIATION OF SOCIAL WORK BOARDS

Best Practice Standards in

# Social Work Supervision





## About the Associations

**The National Association of Social Workers (NASW)** is the largest membership organization of professional social workers in the world. NASW's membership is over 145,000 social workers from 50 states, the District of Columbia, the U.S. Virgin Islands, Guam, Puerto Rico, and U.S. social workers practicing abroad. The mission of NASW is to enhance the professional growth and development of its members, create and maintain professional standards, and advance sound social policies.

**The Association of Social Work Boards (ASWB)** is the association of jurisdictional boards that regulate social work. Membership in ASWB includes 49 states, the District of Columbia, the U.S. Virgin Islands, and ten Canadian provinces. The mission of ASWB is to strengthen protection of the public by providing support and services to the social work regulatory community to advance competent and ethical practices.

Best Practice Standards in

# Social Work Supervision

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## Introduction

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The National Association of Social Workers (NASW) and the Association of Social Work Boards (ASWB) have developed *Best Practice Standards in Social Work Supervision* (hereafter “Supervision Standards”) to support and strengthen supervision for professional social workers. The standards provide a general framework that promotes uniformity and serves as a resource for issues related to supervision in the social work supervisory community.

The knowledge base of the social work profession has expanded, and the population it serves has become more complex. Therefore, it is important to the profession to have assurance that all social workers are equipped with the necessary skills to deliver competent and ethical social work services. Equally important to the profession is the responsibility to protect clients.

The NASW and ASWB Task Force on Supervision Standards maintain that supervision is an essential and integral part of the training and continuing education required for the skillful development of professional social workers. Supervision protects clients, supports practitioners, and ensures that professional standards and quality services are delivered by competent social workers.

The NASW *Code of Ethics* and the *ASWB Model Social Work Practice Act* serve as foundation documents in the development of the supervision standards. These standards support the practice of social workers in various work settings and articulate the importance of a collective professional understanding of supervision within the social work community.

## Overview of Supervision

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There are numerous definitions of supervision. For the purposes of these supervision standards, professional supervision is defined as the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place. The supervisor is responsible for providing direction to the supervisee, who applies social work theory, standardized knowledge, skills, competency, and applicable ethical content in the practice setting. The supervisor and the supervisee both share responsibility for carrying out their role in this collaborative process.

Supervision encompasses several interrelated functions and responsibilities. Each of these interrelated functions contributes to a larger responsibility or outcome that ensures clients are protected and that clients receive competent and ethical services from professional social workers. During supervision, services received by the client are evaluated and adjusted, as needed, to increase the benefit to the client. It is the supervisor's responsibility to ensure that the supervisee provides competent, appropriate, and ethical services to the client.

There are many models of supervision described in the literature, ranging from traditional, authoritarian models to more collaborative models. Different models of supervision place emphasis, in varying degrees, on the client, the supervisor, the supervisee, or the context in which the supervision takes place. Ideally, the supervisor and the supervisee use a collaborative process when a supervision model is selected;

however, it is ultimately the responsibility of the supervisor to select the model that works best for the professional development of the supervisee.

The supervisory relationship is built on trust, confidentiality, support, and empathic experiences. Other qualities inherent in the supervisory relationship include constructive feedback, safety, respect, and self-care.

The standards for social work supervision should be used in conjunction with professional judgment and should not be the exclusive basis on which a decision is made. Supervisors should always familiarize themselves with the supervisory requirements of regulatory and accreditation bodies that control their particular geographic area, work setting, or both.

Supervision ensures that supervisees obtain advanced knowledge so that their skills and abilities can be applied to client populations in an ethical and competent manner. Some areas of knowledge, and the application of that knowledge to clients, can only be translated during the supervisory process. Supervision provides guidance and enhances the quality of work for both the supervisor and the supervisee and, ultimately, the client.

The activities of supervision are captured by three primary domains that may overlap: administrative, educational, and supportive.

### **Administrative**

Administrative supervision is synonymous with management. It is the implementation of administrative methods that enable social workers to provide effective services to clients.



Administrative supervision is oriented toward agency policy or organizational demands and focuses on a supervisee's level of functioning on the job and work assignment.

### **Educational**

Educational supervision focuses on professional concerns and relates to specific cases. It helps supervisees better understand social work philosophy, become more self-aware, and refine their knowledge and skills. Educational supervision focuses on staff development and the training needs of a social worker to a particular caseload. It includes activities in which the supervisee is guided to learn about assessment, treatment and intervention, identification and resolution of ethical issues, and evaluation and termination of services.

### **Supportive**

Supportive supervision decreases job stress that interferes with work performance and provides the supervisee with nurturing conditions that compliment their success and encourage self-efficacy.

Supervisees are faced with increasing challenges that contribute to job stress, including the growing complexity of client problems, unfavorable physical work environments, heavy workloads, and emotionally draining environments such as vicarious trauma. Supportive supervision is underscored by a climate of safety and trust, where supervisees can develop their sense of professional identity.

The combination of educational, administrative, and supportive supervision is necessary for the development of competent, ethical, and professional social workers.

## Qualifications

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The qualifications for an approved social work supervisor are specified in the licensing statutes and regulatory standards of each jurisdiction, and may include specifications for each level of social work practice or be universal, with one set of qualifications for all practice levels. The general qualifications for supervision may include the following:

- a current license to practice at the specific level or above the level in which the supervision will be provided, and in the jurisdiction in which both the supervisor and the supervisee are practicing
- a degree from an accredited school of social work
- specified coursework in supervision, a minimum number of continuing education hours in supervisory practice as required by the jurisdiction, or both
- a minimum of three years (or more if required in licensing statutes) of post licensure practice experience
- continuing education hours as required for maintenance of supervisory credentials in the practice jurisdiction
- being free from sanction of the licensing board for violation(s) of practice standards.

In addition, social work supervisors should have experience and expertise in the practice arena and with the population of the supervisees' practice, such as addictions, children and adolescents, mental health, and community organization. Supervisors should have competencies in the theories and various modalities of treatment and maintain currency

through the use of professional journals and continuing education.

Effective supervision requires knowledge of the principles of supervision and the ability to demonstrate necessary skills such as addressing both strengths and challenges of the supervisee, modeling and discussing ethical practice, and providing support and encouragement in the learning context. Supervisors should be familiar with the administrative and organizational structure of the agency or practice domain of the supervisee.

## **Standard 1. Context in Supervision**

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General contextual matters important to the supervision process include the following:

### **Understanding Scope of Practice**

Supervision may be provided to address a variety of issues. Among the most common is supervision for obtaining an advanced practice license, particularly a clinical license. Supervision may also be provided to new or recent graduates, focusing on the practical aspects of helping clients. It may also include social workers who have been sanctioned following disciplinary action and those learning a new practice or skill. Supervisors must be sure they meet the qualifications to become a supervisor and have a clear understanding of the skills and knowledge that the supervisory relationship is designed to help the supervisee develop.

### **Communities of Practice**

Many social workers practice within the community in which they live and may have

“insider” knowledge about community issues that may assist in building a therapeutic alliance, identifying appropriate referrals, or simply understanding clients’ concerns. Being an insider may also result in dual or multiple relationships. Social work supervisors may address these issues by establishing parameters to the supervisory relationship, with attention to boundaries and self-monitoring. In all cases, supervisors must ensure that the professional relationship is paramount and protected.

### **Interdisciplinary Supervision**

With the increasing focus on interdisciplinary practice in recent years, social workers may be supervised by a professional of a different discipline. Although this may be appropriate within the team or unit context, social workers should seek supervision or consultation from another social worker with regard to specific social work practices and issues. Similarly, a social worker providing supervision to a member of another discipline should refer that supervisee to a member of her or his own profession for practice-specific supervision or consultation.

### **Cultural Awareness and Cross-cultural Supervision**

Social work supervisors should adhere to the *NASW Standards for Cultural Competence in Social Work Practice* and have specialized knowledge and understanding about the culture of the client population served by the supervisee. Supervisors should be able to communicate information about diverse client groups to supervisees and help them to use appropriate methodological approaches, skills, and techniques that reflect their understanding of the role of culture in the helping process.

The supervisor who is supervising a social worker with a different cultural background should develop knowledge about that culture as it relates to social work practice. Primary sources of information may include the supervisee or other practitioners familiar with the supervisee's cultural community.

### **Dual Supervision and Conflict Resolution**

In circumstances in which a supervisee is being administratively or clinically supervised simultaneously by more than one person, it is best practice to have a contractual agreement or memorandum of understanding delineating the role of each supervisor, including parameters of the relationships, information sharing, priorities, and how conflicts will be resolved. If no agreement exists, the immediate employment supervisor may have the final say.

## **Standard 2. Conduct of Supervision**

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The underlying agreement between supervisors and supervisees includes the premise that supervisees depend on the skills and expertise of supervisors to guide them. Respect for the different roles that supervisors and supervisees play in the supervisory relationship is a key factor in successful supervision.

To maintain objectivity in supervision, it is important to

- negotiate a supervision contract with mutually agreeable goals, responsibilities, and time frames
- provide regular feedback to supervisees on their progress toward these goals

- establish a method for resolving communication and other problems in the supervision sessions so that they can be addressed
- identify feelings supervisees have about their clients that can interfere with or limit the process of professional services.

### **Confidentiality**

Supervisors must ensure that all client information be kept private and confidential except when disclosure is mandated by law. Supervisees should inform clients during the initial interview that their personal information is being shared in a supervisory relationship. Supervisors also have an obligation to protect and keep the supervisory process confidential and only release information as required by the regulatory board to obtain licensure or if necessary, for disciplinary purposes.

### **Contracting for Supervision**

In situations in which an agency may not have a clinical supervisor who meets the qualifications of a supervisor as required by the regulatory board, a social work supervisee may contract for supervision services outside the agency to qualify for a clinical license. Supervisees should contact the regulatory board in their jurisdictions in advance of contracting to confirm whether such a practice is permitted and confirm the documentation required from the supervisor. The time frame required for the supervision period should also be confirmed.

Contracting for outside supervision can be problematic and may place a supervisor at risk. If the supervisee is paying for the services, he or she can dismiss the supervisor, especially if disagreements or conflicts arise. The supervisee

can also blame the supervisor if there is failure in the licensing process. In addition, the supervisor may encounter case management conflicts between the supervisee and the agency.

Development of a contractual agreement among the social worker, the supervisor, and the employing agency is essential in preventing problems in the supervisory relationship. The agreement should clearly delineate the agency's authority and grant permission for the supervisor to provide clinical supervision. Evaluation responsibilities, periodic written reports, and issues of confidentiality should also be included in the agreement.

Supervisors and supervisees should also sign a written contract that outlines the parameters of the supervisory relationship. Frequent written progress reports prepared by the supervisor should be required and, if appropriate, meet the ongoing standards established by jurisdictions and agency requirements.

### **Leadership and Role Model**

Supervisors play a key role in the professional development of their supervisees. The actions and advice of the supervisor are keenly observed by supervisees, and consequently, influence much of the supervisee's thinking and behavior. Teaching is an important function of the supervisor, who models the behavior the supervisee will emulate. Supervisors should create a learning environment in which supervisees learn about the internal and external environments in which they work as well as the environments in which their clients find themselves each day.

### **Competency**

Social work supervisors should be competent and participate in ongoing continuing education and certification programs in supervision.

Supervisors should be aware of growth and development in social work practice and be able to implement evidence-based practice into the supervisory process. Supervisors should also be aware of their limitations and operate within the scope of their competence. When specialty practice areas are unfamiliar, supervisors should obtain assistance or refer supervisees to an appropriate source for consultation in the desired area.

### **Supervisory Signing Off**

Supervisors should submit reimbursement claims only for services that they performed. “Signing off” on services performed by a supervisee who is ineligible to seek reimbursement is fraudulent. Supervisors and supervisees should be aware of the statutes and regulations addressing this matter in their jurisdictions.

### **Self-Care**

It is crucial for supervisors to pay attention to signs of job stress and address them with their supervisees and themselves. Supervisors should provide resources to help supervisees demonstrating symptoms of job stress and make outside referrals as necessary. Peer consultation can be helpful to supervisors and supervisees in such cases.



## Standard 3. Legal and Regulatory Issues

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Social work supervisors share responsibilities for the services provided to clients. Liability of supervisors has been determined by the courts and includes direct liability related to negligent or inadequate supervision and vicarious liability related to negligent conduct by supervisees. Supervisors and supervisees should both have professional liability insurance.

In an agency setting, a supervisor's potential liability is affected by his or her level of responsibility and authority. Supervisors should familiarize themselves with the scope of their responsibility and authority, which may be specified in an agency written policy manual, the supervisor's job description, or a written contractual agreement.

The requirements and expectations of a supervisor's position also may affect liability, especially in situations in which the supervisor may have competing demands and is unable to adequately perform his or her supervisory functions. Such situations may present legal challenges.

### **Liability**

Direct liability may be charged against a supervisor when inappropriate recommendations carried out by a supervisee are to a client's detriment. Direct liability can also be charged when a supervisor assigns duties to a supervisee who is inadequately prepared to perform them.

Social work supervisors should be proactive in preventing boundary violations that should be discussed at the beginning of the supervisory

relationship. A supervisor should not supervise family members, current or former partners, close friends, or any person with whom the supervisor has had a therapeutic or familial relationship. In addition, a supervisor should not engage in a therapeutic relationship with a supervisee.

Vicarious liability involves incorrect acts or omissions committed by the supervisee that can also be attributed to the supervisor. Supervisees can be held to the same standard of care and skill as that of their supervisors and are expected to abide by the statutes and regulations in their jurisdictions.

For purposes of risk management, supervisors should

- ensure that the services provided to clients by supervisees meet or exceed standards or practice
- maintain documentation of supervision
- monitor supervisee's professional work activities
- identify actions that might pose a danger to the health and/or welfare of the supervisees' clients and take prompt and appropriate remedial measures
- identify and address any condition that may impair a supervisee's ability to practice social work with reasonable skill, judgment, and safety.

### **Regulations**

The statutes and regulations for the qualifications of supervisors and licensing requirements for supervisees may vary by jurisdiction. An increasing number of jurisdictions are requesting supervision contracts and plans prior to the commencement of supervision. It is the responsibility of supervisors and supervisees to familiarize themselves with the specific

requirements in their jurisdictions for the qualifications for supervision, licensure, supervision contracts and plans, and other requirements. Many social work regulations require all supervision for purposes of licensure to be provided by a licensed clinical social worker.

### **Documentation**

Documentation is an important legal tool that verifies the provision of services. Supervisors should assist supervisees in learning how to properly document client services performed, regularly review their documentation, and hold them to high standards.

Each supervisory session should be documented separately by the supervisor and the supervisee. Documentation for supervised sessions should be provided to the supervisee within a reasonable time after each session. Social work regulatory boards may request some form of supervision documentation when supervisees apply for licensure. Records should be safeguarded and kept confidential.

Where appropriate, supervisors should train supervisees to document for reimbursement and claims submission.

### **Other Legal Concerns**

The experienced social worker developing skills in a new specialty area may receive supervision limited to the new area of practice. A supervisor is selected on the basis of his or her expertise in the specialty area. Having a supervision contract or plan detailing the obligations of both parties may be helpful.

Supervision may be required following disciplinary action. In such situations, an agreement between the supervisor, supervisee, and other authority should be developed to address such items as corrective issues to be covered in supervision, information sharing between the parties, and frequency of supervision.

Social work supervisors may retain a consultant for case consultation and review as necessary, especially when conflicts arise.

## Standard 4. Ethical Issues

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Social work supervisors and supervisees may face ethical dilemmas when providing services to clients. To address those dilemmas, the supervisor and the supervisee should have a thorough knowledge of the code of ethics under which they practice. The *NASW Code of Ethics* serves as a guide to assist supervisors in working with ethical issues that arise in supervisory relationships. The following precepts from the *NASW Code of Ethics* are incorporated throughout these standards.

- 3.01(a) “Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence” (p. 19).
- 3.01 (b) “Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries” (p. 19).
- 3.01(c) “Social workers should not engage in any dual or multiple relationships with

supervisees in which there is a risk of exploitation of or potential harm to the supervisee” (p. 19).

- 3.01(d) “Social workers who provide supervision should evaluate supervisee’ performance in a manner that is fair and respectful” (p. 19).

Supervisors have the responsibility to address any confusion that supervisees may encounter as a result of ethical demands. A supervisor should be aware of the differences between professional ethics, core values, and personal moral beliefs and help the supervisee to distinguish these elements when making practice decisions. Supervisors can use the supervisory relationship as a training ground for ethical discretion, analysis, and decision-making.

### **Ethical Decision-Making**

Supervisors help supervisees learn ethical decision-making, a process that is both cognitive and emotional. Supervisors should discuss and model the process of identifying and exploring problems, looking at issues, values, principles, and regulations. Supervisors and their supervisees should discuss possible consequences, as well as costs and benefits, of certain actions. They should explore what actions best achieve fairness, justice, and respect for others, make a decision about actions to be taken, and evaluate them after implementation. When a supervisee makes an ethical mistake, he or she, with the assistance of the supervisor, should try to ameliorate any damage and learn how to avoid that mistake in the future. If appropriate or required by the jurisdiction, the violation may have to be reported to the licensing board.

## **Boundaries**

The supervisory relationship is an excellent forum for supervisees to learn about boundaries with clients. Ethical issues related directly to supervision include the nature of the professional responsibility to the supervisee, appropriate boundaries, and responsibilities when dealing with incompetent or unethical behavior.

Becoming involved in a romantic or familial relationship with a supervisee is an ethical violation and should be strictly avoided because it creates marked role conflict that can fatally undermine the supervisory relationship.

If the supervisor recognizes a potential boundary issue with a supervisee, he or she should acknowledge it, assess how the boundary issue has affected supervision, and resolve the conflict.

Although the supervisory relationship is between professionals, supervisors usually have more power in the relationship than supervisees. To avoid boundary problems and conflicts of interest with a supervisee, the ethical supervisor must accept his or her power and be comfortable in using that authority to ensure accountability and protect clients.

Other ethical considerations include the following:

- A supervisor should always focus on the goals of supervision and the nature of the supervisory relationship and avoid providing psychotherapy services to the supervisee.
- Supervisors working with more than one supervisee should see each supervisee as an individual and adapt to that supervisee's

needs. At the same time, supervisors must be fair and consistent when providing supervision to multiple supervisees.

### **Self-disclosure**

Supervisors should be discreet in sharing personal information and not allow it to become the focus of supervision. When personal information is disclosed, it should be brief and support the goals of supervision. Supervisors should explain their comments and rationale to help supervisees gain understanding of appropriate techniques to use in the interview process with clients.

### **Attending to Safety**

Supervisors make supervisees aware of safety issues and train them how to respond to workplace conflict, respond to threats and harassment, protect property, and deal with assaults and their emotional aftermath. Supervisors help supervisees plan for safety in the office and in the community by learning non-violent response strategies and appropriate ways to respond to crises.

### **Alternative Practice**

The social work supervisor should decide whether an alternative practice, a non-traditional social work intervention, is the best modality of treatment for a supervisee to use with a client.

When a supervisee uses an alternative practice, the supervisor should have expertise of that practice and ensure that the supervisee has the prerequisite training and knowledge to perform the alternative practice. In situations in which the supervisor does not have the skills to provide the alternative practice, it may be necessary to

involve a second supervisor. In such cases, the two supervisors should work closely together to avoid conflicts and ensure effective use of the alternative practice for the client.

## **Standard 5. Technology**

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The rapid growth and advances in technology present many opportunities and challenges in a supervisory relationship. When using or providing supervision by technological means, supervisors and supervisees should follow standards applied to a face-to-face supervisory relationship. Supervisors should demonstrate competency in the use of technology for supervision purposes and keep abreast of emerging technologies. Supervisors should be aware of the risks and benefits of using technology in social work practice and implement them in the learning process for supervisees. All applicable federal, provincial, and state laws should be adhered to, including privacy and security rules that may address patient rights, confidentiality, allowable disclosure, and documentation and include requirements regarding data protection, encryption, firewalls, and password protection.

When supervision is being provided for licensure purposes, supervisors and supervisees have the responsibility to familiarize themselves with specific definitions and requirements by social work regulatory boards for the use of technology in practice. For successful communication, compatible equipment, software, and other infrastructure are required by both parties.



### **Distance Supervision**

The use of technology for supervision purposes is gradually increasing. Video-conferencing is a growing technological tool used to provide supervision, especially in remote areas. Some jurisdictions allow electronic means for supervision; others may limit the amount of supervision that can be provided from a distance. When using technology to provide distance supervision, one must be aware of standards of best practice for providing this tool and be knowledgeable of the statutes and regulations governing the provision of such services.

### **Risk Management**

Using technology in social work practice presents many risks. Supervisors should ensure a learning process that emphasizes a standard of care consistent with the *NASW Code of Ethics*, *NASW and ASWB Standards for Technology in Social Work Practice*, *Canadian Social Workers Code of Ethics*, licensing laws, applicable organization policies and procedures, and regulations for businesses. Doing so ensures high-quality services; protects the supervisor, supervisee, and client; and safeguards against malpractice issues.

## **Evaluation and Outcomes**

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The evaluation and outcome of the supervisory process is an integral part to the development of professional social workers. The evaluation of the supervisee, as well as the evaluation of the impact and outcome of supervision, is a significant responsibility of the supervisor.

An evaluation serves many purposes, which vary depending on the setting and context. An evaluation can be used to determine whether a supervisee is able to practice social work with increasing independence in a competent and ethical manner. An evaluation can also be used for licensure or credentialing reasons, annual job performance, probation, promotion, or merit salary increases. Social work supervisors have the responsibility of evaluating the performance of supervisees in a fair manner with clearly stated criteria.

All evaluations have several common elements. The first element is a formal agreement between the supervisor and the supervisee regarding expectations for the outcome of the evaluative process. At the beginning of each supervisory relationship, the supervisor, in collaboration with the supervisee, should prepare written, measurable goals and specific guidelines to evaluate the supervisee's performance. In addition, the evaluation should include a time frame for goal attainment and a systematic procedure for disengaging from supervision once the goal has been reached.

Tools used to measure supervision goals can be a combination of various pre-determined criteria including: case studies, progress notes, conversations, the successful implementation of treatment plans, and client outcomes.

To enhance learning and increase the effectiveness of supervision, a systematic procedure for ongoing supervisory feedback is necessary. Feedback during the supervisory process is planned and continuous and in written and verbal form. Planned supervisory

feedback allows both the supervisor and the supervisee to make modifications, if needed, to improve professional practice and skill development. Continuous feedback also helps to determine the impact and effectiveness of the received supervision. When using an evaluation as a learning process, clinical and administrative errors can be expected and do occur but should not be used in a punitive manner.

The final stage of an evaluative process should include a discussion of future challenges that the supervisee may encounter and the resources that the supervisee can use to resolve those challenges. The goals of an evaluation process are to improve the delivery of services to clients, maintain ethical and competent social work practice, and protect the public. Structuring an evaluation process focused on the supervisory learning experience and the identification of future learning needs is an important part of the supervisory process. Supervisors have the responsibility of researching and selecting the best evaluative tool for supervision.

For purposes of licensing and credentialing, a supervisory evaluation is an aid to public protection. The supervisor is the last gate to competent, independent clinical practice and one of the best resources regarding a supervisee's fitness to practice social work. The supervisor has the responsibility of identifying incompetent or unethical practice and taking appropriate steps to properly address the errors of the supervisee.

## Terminating the Supervisory Relationship

Ending the supervisory relationship is just as important as beginning it and a supervisor should devote attention to it. Termination occurs when the supervisor or supervisee leaves the organization or is promoted or when the supervisee obtains licensure. It may also occur when the goals are achieved in the agreement between the supervisor and supervisee.

It is important for supervisors to identify early on the dynamics of termination as they emerge and assist supervisees in learning specific skills to deal with termination. Helping supervisees to address their concerns about termination can help make termination a good experience. All documentation by the supervisor should be completed by the time of termination. It is unprofessional and possibly unethical to withhold status or final reports, particularly where such reports are required for licensing documentation.

Two germane areas of work require attention: (1) termination of the supervisory relationship and (2) termination of the supervisee-client relationship. When the supervisor is leaving, if appropriate, a smooth transition to a new supervisor should be arranged. The skills used in ending a supervisory relationship can also be used with clients. A supervisor models for the supervisee the skills required to terminate with clients and addresses concerns that he or she may have about termination. Supervisory focus on the termination phase helps to ensure a quality and safe termination of the supervisee-client relationship and makes for a positive supervisory-supervisee transition.

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# Guidance Document 140-9

## **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](http://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.

## Virginia Board of Social Work

### Content for Training on Supervision for Clinical Social Work

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#### **Content domains for training:**

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

- Context of Supervision
  - Understanding Scope of Practice
  - Communities of Practice
  - Interdisciplinary Supervision
  - Cultural Awareness and Cross-Cultural Supervision
  - Dual Supervision and Conflict Resolution
  
- Conduct of Supervision
  - Confidentiality
  - Contracting for Supervision
  - Leadership and Role Model
  - Competency
  - Supervisory Signing Off
  - Self-Care
  
- Legal and Regulatory Issues
  - Liability
  - Regulations
  - Documentation
  - Other Legal Concerns

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

The ASWB and NASW study enumerates each of these competencies in each of these areas. The total study can be secured at <https://members.aswb.org/best-practices/supervision-resources/> and at <https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLbl4BuwI%3D&portalid=0>.

**Additional knowledge content:**

A course should also incorporate knowledge of the following:

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

**Teachers/Trainers for a course in supervision:**

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





# State Comparison of Licenses

State Comparison of License Categories and Requirements

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
<b>Alabama</b>								
	LCSW		Masters, Doctorate	24 months	Clinical	Yes	Yes	
	LMSW		Masters, Doctorate	none	Master's	Only allowed if not seeking to obtain clinical licensure	Only if under supervision toward clinical licensure	Yes if not seeking clinical license
	LBSW		Bachelor's	yes	Bachelor's	After 2 years of supervision	No	Yes
<b>Alaska</b>								
	LCSW		Masters, Doctorate	3000 hours	Clinical	Yes	Yes	
	LMSW		Masters, Doctorate	none	Master's	Yes unless seeking clinical licensure	no unless seeking clinical license	Yes if not seeking clinical license
	LBSW		Bachelor's	none	Bachelor's	no	no	yes
<b>Arizona</b>								
	LCSW		Masters , Doctorate	3200 hours	Clinical	Yes	Yes	
	LMSW		Masters, Doctorate	none	Master's	No	?	?
	LBSW		Bachelor's	none	Bachelor's	No	No	yes
<b>Arkansas</b>								
	LCSW		Master's	4000 hours	Clinical	yes	Yes	
	LMSW		Master's	none	Master's			
	LSW		Bachelor's	None	Bachelor's			
<b>California</b>								
	LCSW		Master's	3000 hours	clinical	yes	yes	
	ACSW	Associate Clinical Social Worker	Master's	none	none			
<b>Colorado</b>								
	LCSW		Master's, Doctorate	3360 hours	Clinical	Yes	Yes	

State Comparison of License Categories and Requirements

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
	LSW		Master's	none	Master's, Advanced Generalist, Clinical			
<b>Connecticut</b>								
	LCSW		Master's, Doctorate	3000 hours	Clinical	Yes	Yes	
	MLSW	Master's Level Social Worker	Master's	none	Master's			
<b>Delaware</b>								
	LCSW		Master's, Doctorate	3200 hours	Clinical	Yes	Yes	
<b>DC</b>								
	LICSW		Master's, Doctorate	3000 hours	Clinical	Yes	Yes	
	LISW		Master's, Doctorate	3000 hours	Advanced Generalist	Yes		
	LGSW	Licensed Graduate Social Worker	Master's, Doctorate	none	Master's			
	LSWA	Licensed Social Work Associate	Bachelor's	none	Bachelor's			
<b>Florida</b>								
	LCSW		Master's, Doctorate	1500 hours	Clinical	yes	yes	
	RCSW-I	Registered Clinical Social Worker Intern	Master's	none	None			This is Supervisee in SW
	CMSW	Certified Master Social Worker	Master's, Doctorate	3000 hours	Advanced Generalist			
<b>Georgia</b>								
	LCSW		Master's	3000 hours	clinical	yes	yes	
	LMSW		Master's	none	master's			
<b>Hawaii</b>								
	LCSW		Master's, Doctorate	3000 hours	clinical	yes	yes	
	LSW		Master's	none	Master's			
	LBSW		Bachelor's	none	Bachelor's			
<b>Idaho</b>								
	LCSW		Master's, Doctorate	3000 hours	clinical	yes	yes	
	LMSW		Master's, Doctorate	none	Master's			

State Comparison of License Categories and Requirements

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
	LSW		Bachelor's	none	Bachelor's			
<b>Illinois</b>								
	LCSW1		Doctorate	2000 hours	clinical	yes	yes	
	LCSW2		Master's	3000 hours	clinical	yes	yes	
	LSW1		Master's	none	Master's			
	LSW2		Bachelor's	3 years	Master's			
<b>Indiana</b>								
	LCSW		Master's, Doctorate	2 years	Clinical	yes	yes	
	LSW		Master's	none	Master's			
	LBSW		Bachelor's	none	Bachelor's			
<b>Iowa</b>								
	LISW		Master's, Doctorate	yes, not specified	clinical	yes	yes	
	LMSW		Master's, Doctorate	none	Master's			
	LBSW		Bachelor's	none	Bachelor's			
<b>Kansas</b>								
	LCSW	Licensed Specialist Clinical Social Worker	Master's, Doctorate	4000 hours	clinical	yes	yes	
	LMSW		Master's	none	Master's			
	LBSW		Bachelor's	none	Bachelor's			
<b>Kentucky</b>								
	LCSW		Master's, Doctorate	3600	clinical	yes	yes	
	CSW		Master's, Doctorate	yes, not specified	master's			
	LSW1		Bachelor of SW	none	bachelor's			
	LSW2		Bachelor of Arts, Bachelor of Science	yes, not specified	bachelor's			
<b>Louisiana</b>								
	LCSW		Master	5750	clinical	yes	yes	
	LMSW		Master's	none	master's			
	CSW		Master's	none	none; for SWs who have not passed exam			
	RSW		Bachelor's	none	none			

State Comparison of License Categories and Requirements

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
<b>Maine</b>								
	LCSW1		Master's, Doctorate	3200	clinical			
	LCSW2		Master's, Doctorate	6400	Clinical			
	LMSW-CC	Licensed Masters Social Worker, Clinical Conditional	master's	none	master's		yes	
	LMSW		master's	none	master's			
	LSW1		Bachelor's	none	Bachelor's			
	LSW2-C	Licensed Social Worker, Conditional	Bachelor's of Arts, Bachelor's of Science	3200 hours	none			
<b>Maryland</b>								
	LCSW-C	Licensed Certified Social Worker - Clinical	Master's	3000 hours	clinical			
	LCSW	Licensed Certified Social Worker	Master's	3000 hours	Advanced Generalist			
	LMSW		Master's	none	master's			
	LBSW		Bachelor's	none	Bachelor's			
<b>Massachusetts</b>								
	LICSW		Master's, Doctorate	3500 hours	clinical			
	LCSW	Licensed Certified Social Worker	Master's, Doctorate	none	master's			
	LSW1		Bachelor's	none	Bachelor's			
	LSW2		Bachelor's of Arts, Bachelor's of Science	3500 hours	Bachelor's			
	LSW3		2.5 years college	8750 hours	Bachelor's			
	LSW4		2 years of college	10500 hours	Bachelor's			
	LSW5		1 year of college	12250 hours	Bachelor's			
	LSW6		High School Diploma	17,500 hours	Bachelor's			
	LSWA1		Bachelor of Arts, Bachelor of Science	none	Associates			

State Comparison of License Categories and Requirements

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
	LSW2		Associate/Diploma	none	Associates			
	LSWA3		High School Diploma	4 years	Associates			
<b>Michigan</b>								
	LMSW-C		Master's, Doctorate	4000 hours	clinical			
	LMSW-M	Licensed Masters Social Worker, Macro	Master's, Doctorate	4000 hours	Advanced Generalist			
	LBSW		Bachelor's	4000 hours	Bachelor's			
	LBSW	Limited Bachelor Social Worker	Bachelor's	none	none			
	SST1	Social Service Technician	Associate degree in SW	350 hours	none			
	SST2		2 years college with 4 courses in HS or HS diploma	2000 hours	none			
	SST3		not specified	2000 hours	none			
	LSST	Limited Social Service Technician	2 years of college	none	none			
<b>Minnesota</b>								
	LICSW		Master's, Doctorate	4000 hours	clinical			
	LISW		Master's, Doctorate	4000 hours	Advanced Generalist			
	LGSW		Master's, Doctorate	4000 hours (required once licensed issued)	Master's			
	LSW		Bachelor's	4000 hours (required once licensed issued)	Bachelor's			
<b>Mississippi</b>								

State Comparison of License Categories and Requirements

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
	LCSW	Licensed Certified Social Worker	Master's, Doctorate	24 months	Advanced Generalist, Clinical			
	LMSW		Master's, Doctorate	none	master's			
	LSW		Bachelor's	none	bachelor's			
<b>Missouri</b>								
	LCSW		Master's, Doctorate	3000 hours	clinical			
	LAMSW	Licensed Advanced Macro Social Worker	Master's, Doctorate	3000 hours	Advanced Generalist			
	LMSW		Master's, Doctorate	none	Master's			
	LBSW		Bachelor's	3000 hours	Bachelor's			
<b>Montana</b>								
	LCSW		Master's, Doctorate	3000 hours	clinical			
<b>Nebraska</b>								
	LMHP		Master's, Doctorate with clinical focus	3000 hours	clinical			
	PMHP	Provisional Mental Health Practitioner	Master's, Doctorate with clinical focus	none	none			
	CMSW		Master's, Doctorate	3000 hours	Advanced Generalist, Clinical			
	PCMSW	Provisional Certified Master Social Worker	Master's, Doctorate	none	none			
	CSW		Bachelor's, Masters, D	none	none			
<b>Nevada</b>								
	CSW		Master's, Doctorate	3000 hours	clinical			
	ISW	Independent Social Worker	Master's, Doctorate	3000 hours	advanced generalist			
	SW		Bachelor's, Masters	none	Bachelor's			
<b>New Hampshire</b>								
	LICSW		Masters, Doctorate with clinical focus	3000 hours	clinical			
<b>New Jersey</b>								

State Comparison of License Categories and Requirements

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
	LCSW		Master's, Doctorate	3000 hours	clinical			
	LSW		Master's, Doctorate	none	masters			
	CSW1		Bachelor's	none	none			
	CSW2		Bachelor's of Arts, Bachelor's of Science	1600 hours	none			
<b>New Mexico</b>								
	LCSW		Master's	3600 hours	clinical			
	LISW		Master's	3600 hours	advanced generalist			
	LMSW		Master's	none	Master's			
	LBSW		Bachelor's	none	Bachelor's			
<b>New York</b>								
	LCSW		Master's	2000 hours	clinical			
	LMSW		Master's	none	master's			
<b>North Carolina</b>								
	LCSW		Master's, Doctorate	3000 hours	clinical			
	LCSWA	Licensed Clinical Social Worker Associate	Master's, Doctorate	none	none			
	CSWM	Certified Social Worker Manager	Bachelor's, Masters, Doctorate	3000 hours	Advanced Generalist			
	CMSW		Master's, Doctorate	none	master's			
	CSW		Bachelor's	none	Bachelor's			
<b>North Dakota</b>								
	LICSW		Master's, Doctorate	3000 hours	clinical			
	LCSW	Licensed Certified Social Worker	Masters, Doctorate	none	master's			
	LSW		Bachelor's	none	Bachelor's			
<b>Ohio</b>								
	LISW		Master's	3000 hours	Advanced Generalist, Clinical			
	LSW		Bachelor's, Masters, Ph	none	Bachelor's, Masters			



State Comparison of License Categories and Requirements

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
	RSWA	Social Work Assistant	Associate degree	yes, not specified	none			
<b>Oklahoma</b>								
	LCSW		Master's	4000 hours	clinical			
	LSW-ADM	Licensed Social Worker, Administration	Master's	4000 hours	advanced generalist			
	LSW		Master's	4000 hours	advanced generalist			
	LMSW		Master's	none	master's			
	LSWA		Bachelor's	none	Bachelor's			
<b>Oregon</b>								
	LCSW		Master's	3000 hours	clinical			
	CSWA		Master's	none	none			
	LMSW		Master's	none	Master's			
	RBSW	Registered Baccalaureate Social Worker	Bachelor's	none	Bachelors			
<b>Pennsylvania</b>								
	LCSW		Master's, Doctorate	3000 hours	Clinical			
	LSW		Master's, Doctorate	none	masters			
	LBSW		Bachelor's	none	bachelors			
<b>Rhode Island</b>								
	LICSW		Master's, Doctorate	3000 hours	clinical			
	LCSW	Licensed Clinical Social Worker	master's, doctorate	none	master's			
<b>South Carolina</b>								
	LISW-CP	Licensed Independent Social Worker - Clinical Practice	master's, doctorate	3000 hours	clinical			
	LISW-AP	Licensed Independent Social Worker - Advanced Practice	master's, doctorate	3000 hours	advanced generalist			

State Comparison of License Categories and Requirements

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
	LMSW		master's, doctorate	none	masters			
	LBSW		bachelor's	none	bachelors			
<b>South Dakota</b>								
	CSW-PIP	Certified Social Worker - Private Independent Practice	masters, doctorate	2 years	clinical			
	CSW	Certified Social Worker	master's, doctorate	none	master's			
	LSW1		Bachelor's	none	bachelors			
	LSW2		Bachelor's of Arts, bachelor's of Science	yes, not specific	Bachelor's			
	SWA	Social Work Associate	associate	none	Associates			
<b>Tennessee</b>								
	LCSW		master's, doctorate	3000 hours	clinical			
	LAPSW	Licensed Advanced Practice Social Worker	master's, doctorate	3000 hours	advanced generalist			
	LMSW		master's, doctorate	none	master's			
	LBSW		bachelor's	none	bachelor's			
<b>Texas</b>								
	LCSW		Master's, doctorate	3000 hours	clinical			
	LMSW-AP	Licensed Masters Social Worker - Advanced Practice	master's, doctorate	3000 hours	advanced generalist			
	LMSW		Master's, doctorate	none	master's			
	LBSW		bachelor's	none	bachelor's			
<b>Utah</b>								
	LCSW		master's, doctorate with	4000 hours	clinical			
	CSW		master's, doctorate with	none	master's, clinical			
	SSW1		bachelor's, master's	none	bachelor's			
	SSW2		Bachelor's of arts, bach	2000 hours	bachelor's			
<b>Vermont</b>								

State Comparison of License Categories and Requirements

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
	LICSW		master's, doctorate	3000 hours	clinical			
	LMSW		masters, doctorate	none	master's			
<b>Virginia</b>								
	LCSW		master's	3000 hours	clinical	yes	yes	
	LSW1		master's	none	bachelor's			
	LBSW		bachelor's	3000 hours	bachelor's			
	ASW							
<b>Washington</b>								
	LICSW		Master's, doctorate	4000 hours	clinical			
	LSWAIC	Licensed Social Worker Associate Independent Clinical	masters, doctorate	none	none			
	LASW	Licensed Advanced Social Worker	master's, doctorate	3200 hours	advanced generalist			
	LSWAA	Licensed Social Worker Associate Advanced	master's, doctorate	none	none			
<b>West Virginia</b>								
	LICSW		masters, doctorate	4000 hours	clinical			
	LCSW		masters	3000 hours	advanced generalist			
	LGSW		master's	none	master's			
	LSW		bachelors	none	bachelors			
	LSW-P	Provisional Licensed Social Worker	Bachelor's of Arts, Bachelor's of Science	none	Bachelor's			
<b>Wisconsin</b>								
	LCSW		Master's, Doctorate	3000 hours	clinical			
	LSWI	Licensed Social Worker Independent	Master's, doctorate	3000 hours	advanced generalist			
	APSW	Advanced Practice Social Worker	master's, doctorate	none	masters			

State Comparison of License Categories and Requirements

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
	CSW		bachelor's, master's	none	bachelor's			
	SWTC	Social Worker Training Certificate	Bachelor of Arts, Bachelor of Science	1 year	bachelor's			
<b>Wyoming</b>								
	LCSW		master's	3000 hours	advanced generalist, clinical			
	PLCSW	Provisional Licensed Clinical Social Worker	masters, doctorate	none				
	CSW		bachelor's	none	Bachelor's, Masters			