Virginia Department of
Health Professions
Board of Social Work

Agenda
Regulatory Committee Meeting

December 5, 2019
Board Room 1
1:00 p.m.

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

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

Approval of Minutes

- Regulatory Committee Meeting – September 19, 2019* **Pages 3-6**

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.

Unfinished Business

- LMSW Discussion
  - Current Defintion
  - Portability/Compliance with ASWB Model Law
  - LMSW as prerequisite for LCSW
  - Need for Supervisee in Social Work License
- Update on Board of Counseling Licensed Resident in Counseling
- Supervisor Registry

New Business

- Expanding upon the Board's standards of practice **Pages 28-55**
  - Compare Code of Ethics and Boundary Violations
- Content for Training on Supervision for Clinical Social Work **Pages 56-157**
- Proposed Changes to Supervision Requirments * **Pages 158-176**

Next Meeting – March 12, 2020

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).

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Virginia Department of
Health Professions
Board of Social Work

Approval of Regulatory Committee Meeting Minutes September 19, 2019

THE VIRGINIA BOARD OF SOCIAL WORK
REGULATORY COMMITTEE MEETING MINUTES
Thursday, September 19, 2019

The Regulatory Committee of the Virginia Board of Social Work ("Board") convened a meeting at 1:00 p.m. on Thursday, September 19, 2019 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia, in Training Room 2.

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.SW., C.S.A.C.
Gloria Manns, L.C.S.W

STAFF PRESENT: Latasha Austin, Licensing Manager
Jaime Hoyle, Executive Director
Latonya Campbell, Administrative Assistant

OTHERS PRESENT: Elaine Yeatts, Senior Policy Analyst, DHP

IN THE AUDIENCE: Joseph G. Lynch, L.C.S.W., Virginia Society of Clinical Social Workers (VSCSW), Legislative Vice President

CALL TO ORDER:
Dr. Walsh called the meeting to order at 1:00 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 was also the mission statement of the Board.

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

ADOPTION OF AGENDA:
Mr. Salay requested to add a discussion regarding Music Therapy and Supervision Hours to the agenda under new business.

Upon a motion by Mr. Salay, which was properly seconded by Dr. Paulson, the agenda was adopted with the additions. The motion passed unanimously with none abstaining.

APPROVAL OF MINUTES:

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Upon a motion by Dr. Paulson, which was properly seconded by Ms. del Villar, the meeting minutes from the Regulatory Committee Meeting held on March 14, 2019 were approved as written. The motion passed unanimously with none abstaining.

PUBLIC COMMENT:
Mr. Joseph Lynch provided public comment regarding moral turpitude. ***(see attachment 1)***

UNFINISHED BUSINESS:

- **LMSW & Discussion of Need for Supervisee License**: The Committee discussed a Supervisee License/Resident License for Social Work. It was brought to the Board's attention that the Board of Counseling is currently drafting proposed Regulations for a Resident License in Counseling.

  There were concerns from some Committee members that requiring a supervisee to have a license could be confusing to the public because it would be difficult to determine if a LMSW was approved to do clinical work. There was also some discussion suggesting having the LMSW as a prerequisite for the LCSW. No final decisions were made.

  Next Steps or Suggestions:
  - Get more information regarding the process the Board of Counseling followed.
  - Find out what issues or problems the Board of Counseling may have encountered during the process they did not foresee.
  - How does the resident license affect their overall licensing process?

NEW BUSINESS:
Sub-Committee Recommendations:
Dr. Walsh and Dr. Paulson were tasked by the Committee to review the Code and the Regulations for suggested changes and edits. The sub-committee presented several suggested changes and edits to the Code and the Regulations. The Committee reviewed all the suggested changes and edits provided in the agenda packet line by line brought forth by Dr. Walsh and Dr. Paulson. Some of the suggested changes are as follows:

- **Definitions and Re-ordering**
  Dr. Walsh and Dr. Paulson presented several suggested changes to the definitions in the Code and in the Regulations. They also suggested the ordering of the License types in the fee section of the Regulations be consistent, listing the license types from the bachelor's level to the clinical level.

  The sub-committee also proposed there be a different application fee and renewal fee for LBSWs and LMSWs. Currently the application fee and renewal fee for a LBSW is the same as a LMSW. After discussion with the Committee whether to propose an increase in fees or decrease in fees, the Committee felt it more reasonable to lower the application and renewal fee for LBSWs and keep the application and renewal fee for LMSW as is. With the LBSW being an entry-level license, the Committee suggested that the application fee for LBSW be reduced from $115.00 to $100.00 and the renewal fee for LBSW be reduced from $65.00 to $55.00.

  Ms. Yeatts informed the Committee that a reduction in fee would be an exempt regulatory action.

- **Moral Turpitude**
  The sub-committee also suggested adding a definition for moral turpitude in the Regulations. It was brought to the Committee's attention that several other Boards (Nursing, Funeral, Physical Therapy, Medicine) all have moral turpitude listed in their codes. Moral turpitude language is very common.

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The sub-committee suggested the following definition: *"Moral turpitude" means illegal activity outside the context of professional practice that reflects negatively on one's professional character as determined by the Board."*

After must discussion, it was suggested that this may be more of a legal matter and would need to be discussed with legal counsel on how moral turpitude should be defined.

Motion: Upon a motion by Dr. Paulson, which was properly seconded by Mr. Salay, the matter would be referred to the Attorney General's office. The motion passed unanimously with none abstaining.

- **LBSW Experience Requirements**: The Regulatory Committee discussed the supervision requirements for LBSWs in Virginia. Dr. Paulson provided information informing the Committee that 34 states require no supervision following graduation for their LBSWs, 12 states do not have LBSWs, and only 4 states require supervision experience for LBSWs. Virginia is one of the 4 states that require supervision experience for LBSWs. The Committee is recommending that the Board of Social Work eliminate the supervision requirement for LBSWs.

Ms. Yeatts informed the Committee that they are not due for period review until 2021, so the suggested edits and changes would be an ongoing project for the Regulatory Committee, but the elimination of the LBSW experience requirement could be recommended to the Board as a fast track action.

Music Therapy:
Mr. Salay discussed with the Committee how the Board of Health Professions voted to have Music Therapy as a regulated profession and that they voted for it to be regulated by the Board of Counseling. Mr. Salay posed the question to the Committee if QMHPs should be regulated by the Board of Social Work. Mr. Salay also posed the question of how many QMHPs also have a degree in Social Work. Ms. Hoyle informed Mr. Salay that the Board of Counseling has not collected any data of how many QMHPs also have Social Work degrees, so she was unable to provide an answer. Mr. Salay indicated he would propose these questions to the Full Board at its meeting tomorrow.

Expired Supervision:
Mr. Salay discussed with the Committee a recently occurring problem with applicants who have a gap in their supervision from the time when an applicant completes supervision and when they pass the exam. What about person whose supervision expires before they test? Mr. Salay posed the question to the Committee on how the Board should handle persons whose supervision expires before they pass the exam. It was proposed that language be added to approval letters informing applicants that they must remain under approved supervision until they have passed the exam. Mr. Salay indicated he would propose these questions to the Full Board at its meeting tomorrow.

Suggested agenda items for the next meeting
- Discussion on expanding upon the Board's standards of practice
- Compare code of ethics and boundary violations to see if there are any items the Board wants to address.

NEXT MEETING:
Dr. Walsh announced that the next Regulatory Committee meeting would occur on December 5, 2019 at 1:00pm.

ADJOURNMENT:
Dr. Walsh adjourned the meeting at 4:09 p.m.

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

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Jaime Hoyle, Executive Director

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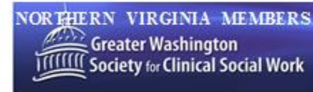
Attachment 1

AND



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

PUBLIC COMMENT
Joseph G. Lynch LCSW
VSCSW Legislative Vice President

VIRGINIA BOARD OF SOCIAL WORK
REGULATORY COMMITTEE
SEPTEMBER 19, 2019

Re: "Moral Turpitude"

In the agenda packet for today's meeting in the Sub-committee recommendations for the VBSW Regulations there is a definition of "moral turpitude."

LEGISLATIVEW AUTHORITY

The term "moral turpitude" is included only one time in the Social Work Regulations. It is in *18VAC140-20-160. Grounds for disciplinary action or denial of issuance of a license or registration* (See Appendix A). The sentence is:

1. Conviction of a felony or of a misdemeanor involving moral turpitude;

All of the VBSW regulations must emanate from some statutory authority. On the VBSW website are Laws Governing Social Work and Laws Governing All Health Professions. I made a search of the text of all of these Laws looking for the words "moral," "turpitude," or "moral turpitude."

There were no matches in the Laws Governing Social Work. In the Laws Governing All Health Professions there was one law (the same law is listed twice) that contained the words "moral turpitude." (See Appendix B). The law is:

§ 54.1-2400.6. Hospitals, other health care institutions, home health and hospice organizations, and assisted living facilities required to report disciplinary actions against and certain disorders of health professionals; immunity from liability; failure to report. (See Appendix C)

There are three paragraphs (#3,4 and 5) that mention "moral turpitude." Moral Turpitude is one of five items listed in this law that must be reported to the Director of the Department of Health Professions.

The five items in this statute are:

1. *intentional or negligent conduct that causes or is likely to cause injury to a patient or patients,*
2. *professional ethics,*
3. *professional incompetence,*
4. *moral turpitude, or*
5. *substance abuse.*

In the section of VBSW regulations that contain the phrase "moral turpitude" the paragraph starts out with the phrase "*The board may refuse…*" That language means that the intent of the regulation was to give the VBSW the authority to review and *if they so choose* the Board may refuse to do different things.

VSCSW AND GWSCSW RECOMMENDATIONS:

The only law that governs all health professions that contains the words "moral turpitude" does not contain the words "felony" or "misdemeanor." The Commonwealth is required to give notice to licensees of any restrictions on the right of every person to engage in any lawful profession. None of the Laws listed on the VBSW website that Govern The Practice of Social Work or Govern all Health Professions contain the phrase "*Conviction of a felony or of a misdemeanor involving moral turpitude.*"

The words "moral turpitude" only appear in **§ 54.1-2400.6.** There is no reason for the VBSW to select only one of the five items listed in **§ 54.1-2400.6** to place in the VBSW regulations. We recommend that the VBSW not attempt to define "moral turpitude." Rather we recommend that the VBSW revise the *18VAC140-20-160. Grounds for disciplinary action or denial of issuance of a license or registration* to be:

Virginia Society for Clinical Social Work
Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801 ◈◈◈ **lynchj@newmanavenue.com** ◈◈◈ ***(540) 421-4345***

1. Being reported to the Director of the Department of Health Professions under ***§ 54.1-2400.6 (1), (2), (3), (4), or (5).***
2. Conviction of a felony or misdemeanor.

I was not able to find a statute to support #2 but on the Application for the LCSW license it ask if the person has a conviction for a felony or misdemeanor so I am going to assume there is a statute to support this being in the regulations.

This revision maintains the option for the VBSW to consider moral turpitude but within the context of all of the items listed in **§ 54.1-2400.6.**

Sincerely,

Joseph G. Lynch LCSW
Legislative Vice President VSCSW

Virginia Society for Clinical Social Work
Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801 ◈◈◈ ***lynchj@newmanavenue.com*** ◈◈◈ ***(540) 421-4345***

APPENDIX A

Regulations Governing the Practice of Social Work, Virginia Board of Social Work, Title of Regulations: 18 VAC 140-20-10 et seq., Statutory Authority: §§ 54.1-2400 and Chapter 37 of Title 54.1, of the Code of Virginia, Revised Date: September 20, 2018.

18VAC140-20-160. Grounds for disciplinary action or denial of issuance of a license or registration.

The board may refuse to admit an applicant to an examination; refuse to issue a license or registration to an applicant; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke a license or registration for one or more of the following grounds:

1. Conviction of a felony or of a misdemeanor involving moral turpitude;

2. Procurement of license by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education.

4. Being unable to practice social work with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition;

5. Conducting one's practice in a manner contrary to the standards of ethics of social work or in violation of 18VAC140-20-150, standards of practice;

6. Performing functions outside the board-licensed area of competency;

7. Failure to comply with the continued competency requirements set forth in 18VAC140-20-105; and

Virginia Society for Clinical Social Work
Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801 ◈◈◈ lynchj@newmanavenue.com ◈◈◈ (540) 421-4345

8. Violating or aiding and abetting another to violate any statute applicable to the practice of social work or any provision of this chapter; and

9. Failure to provide supervision in accordance with the provisions of 18VAC140-20-50 or 18VAC140-20-60.

APPENDIX B

	LAWS GOVERNING SOCIAL WORK	**Moral Turpitude**		**Misdemeanor**		**Felony**	
		YES	**NO**	**YES**	**NO**	**YES**	**NO**
1	Chapter 37 of Title 54.1 of the Code of Virginia, Social Work		☑		☑		☑
	LAWS GOVERNING ALL HEALTH PROFESSIONS	**Moral Turpitude**		**Misdemeanor**		**Felony**	
		YES	**NO**	**YES**	**NO**	**YES**	**NO**
1	Chapter 40. Administrative Process Act		☑		☑		☑
2	Chapter 25 of Title 54.1 of the Code of Virginia, Department of Health Professions		☑		☑		☑
3	Drug Law for Practitioners		☑	☑		☑	
4	Freedom of Information Act		☑		☑	☑	
5	General Provisions	☑		☑		☑	
6	Health Practitioners' Monitoring Program		☑		☑		☑
7	Prescription Monitoring Program		☑	☑			☑
8	Patient Health Records Privacy		☑		☑		☑
9	Practitioner Self-Referral Act		☑		☑		☑
10	Regulation of Professions and Occupations		☑	☑		☑	
11	Release of Records of a Minor Child		☑		☑		☑
12	Reporting Requirements for Hospitals and Other Health Care Institutions	☑			☑		☑
13	Health Care Decisions Act		☑	☑		☑	
14	Law on Extension of Licenses for Active Duty Military		☑		☑		☑
15	Legal Requirements to Report Child Abuse and Adult Abuse		☑	☑			☑

The law in "General Provisions" and the law in "Reporting Requirements for Hospitals and Other Health Care Institutions" is the same law- § 54.1-2400.6.

APPENDIX B - DATA

DOES THE LAW CONTAIN THE WORDS MORAL TURPITUDE, FELONY OR MISDEMEANOR			
1	The Administrative Process Act	Moral turpitude	None
		Felony	None
		Misdemeanor	None
2	Chapter 25 of Title 54.1 of the Code of Virginia, Department of Health Professions	Moral turpitude	None
		Felony	None
		Misdemeanor	None
3	Drug Laws for Practitioners	Moral turpitude	None
		Felony	**The word felony appears 26 times in the following selected laws:** Selected Sections from Chapter 33. Pharmacy Selected Laws from Chapter 29. Medicine CHAPTER 25.2 Prescription Monitoring Program Selected Sections from Chapter 34. Drug Control Act
		Misdemeanor	**The word misdemeanor appears 29 times in the following selected laws:** Selected Sections from Chapter 33. Pharmacy Selected Laws from Chapter 29. Medicine CHAPTER 25.2 Prescription Monitoring Program Selected Sections from Chapter 34. Drug Control Act
4	Freedom of Information Act- § 2.2-3700 to § 2.2-3714	Moral turpitude	None
		Felony	**The word felony appears 3 times- none concerning licensing**
		Misdemeanor	None
5	Chapter 24 of Title 54.1 of the Code of Virginia General Provisions	Moral turpitude	**The word moral turpitude appears 3 times** § 54.1-2400.6.
		Felony	§ 54.1-2409. Mandatory suspension or revocation; reinstatement; hearing for reinstatement**.**

Virginia Society for Clinical Social Work
Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801 ◈◈◈ lynchj@newmanavenue.com ◈◈◈ (540) 421-4345

			A. Upon receipt of documentation by any court or government agency that a person licensed, certified, or registered by a board within the Department of Health Professions has had his license, certificate, or registration to practice the same profession or occupation revoked or suspended for reasons other than nonrenewal or accepted for surrender in lieu of disciplinary action in another jurisdiction and has not had his license, certificate, or registration to so practice reinstated within that jurisdiction, or has been convicted of a felony or has been adjudged incapacitated, the Director of the Department shall immediately suspend, without a hearing, the license, certificate, or registration of any person so disciplined, convicted or adjudged. The Director shall notify such person or his legal guardian, conservator, trustee, committee, or other representative of the suspension in writing to his address on record with the Department. Such notice shall include a copy of the documentation from such court or agency, certified by the Director as the documentation received from such court or agency. Such person shall not have the right to practice within this Commonwealth until his license, certificate, or registration has been reinstated by the Board. B. The clerk of any court in which a conviction of a felony or an adjudication of incapacity is made, who has knowledge that a person licensed, certified, or registered by a board within the Department has been convicted or found incapacitated, shall have a duty to report these findings promptly to the Director. § 54.1-2409.1. Criminal penalties for practicing certain professions and occupations without appropriate license**.** Any person who, without holding a current valid license, certificate, registration, permit, or multistate licensure privilege issued by a regulatory board pursuant to this title (i) performs an invasive procedure for which a license or multistate licensure privilege is required; (ii) administers, prescribes, sells, distributes, or dispenses a controlled drug; or (iii) practices a profession or occupation after having his license, certificate, registration, permit, or multistate licensure privilege to do so suspended or revoked shall be guilty of a Class 6 felony.

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Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801 ◈◈◈ ***lynchj@newmanavenue.com*** ◈◈◈ ***(540) 421-4345***

			1994, c. 722; 2004, c. 49; 2017, c. 423.
		Misdemeanor	§ 54.1-2400.2. Confidentiality of information obtained during an investigation or disciplinary proceeding; penalty. A. Any reports, information or records received and maintained by the Department of Health Professions or any health regulatory board in connection with possible disciplinary proceedings, including any material received or developed by a board during an investigation or proceeding, shall be strictly confidential. The Department of Health Professions or a board may only disclose such confidential information: J. Any person found guilty of the unlawful disclosure of confidential information possessed by a health regulatory board shall be guilty of a Class 1 misdemeanor.
6	Chapter 25.1 of Title 54.1 – Health Practitioner Monitoring Program	Moral turpitude	None
		Felony	None
		Misdemeanor	None
7	Chapter 25.2 of Title 54.1 of the Code of Virginia Prescription Monitoring Program	Moral turpitude	None
		Felony	None
		Misdemeanor	§ 54.1-2525. Unlawful disclosure of information; disciplinary action authorized; penalties**.** A. It shall be unlawful for any person having access to the confidential information in the possession of the program or any data or reports produced by the program to disclose such confidential information except as provided in this chapter. Any person having access to the confidential information in the possession of the program or any data or reports produced by the program who discloses such confidential information in violation of this chapter shall be guilty of a Class 1 misdemeanor upon conviction. B. It shall be unlawful for any person who lawfully receives confidential information from the Prescription Monitoring Program to redisclose or use such confidential

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Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801 ◈◈◈ ***lynchj@newmanavenue.com*** ◈◈◈ ***(540) 421-4345***

			information in any way other than the authorized purpose for which the request was made. Any person who lawfully receives information from the Prescription Monitoring Program and discloses such confidential information in violation of this chapter shall be guilty of a Class 1 misdemeanor upon conviction.
8	Law on Patient Health Records/Privacy	Moral turpitude	None
		Felony	None
		Misdemeanor	None
9	Chapter 24.1 of Title 54.1 of the Code of Virginia Practitioner Self-Referral Act	Moral turpitude	None
		Felony	None
		Misdemeanor	None
10	**Regulations of professions and occupations** Chapter 1 of Title 54.1 of the Code of Virginia General Provision.	Moral turpitude	None
		Felony	1 time see below
		Misdemeanor	§ 54.1-102. Unlawful procurement of certificate, license or permit; unauthorized possession of examination or answers; penalty. A. It shall be unlawful: 1. For any person to procure, or assist another to procure, through theft, fraud or other illegal means, a certificate, license or permit, from any state board, or other body charged by law with the responsibility of examining persons desiring to engage in a regulated business or profession; 2. For any person, other than a member or officer of the board or body, to procure or have in his possession prior to the beginning of an examination, without written authority of a member or officer of the board or body, any question intended to be used by the board or body conducting the examination, or to receive or furnish to any person taking the examination, prior to or during the examination, any written or printed material purporting to be answers to, or aid in answering such questions;

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Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801 ◈◈◈ *lynchj@newmanavenue.com* ◈◈◈ *(540) 421-4345*

			3. For any person to attempt to procure, through theft, fraud or other illegal means, any questions intended to be used by the board or body conducting the examination, or the answers to the questions; 4. For any person to use, disclose or release any questions intended to be used by the board or body conducting the examination, or to release the answers to the questions, beyond the scope specifically authorized by the board or body; or 5. To promise or offer any valuable or other consideration to a person having access to the questions or answers as an inducement to procure for delivery to the promisor, or any other person, a copy or copies of any questions or answers. If an examination is divided into separate parts, each of the parts shall be deemed an examination for the purposes of this section. B. Any person violating the provisions of subsection A shall be guilty of a Class 2 misdemeanor. § 54.1-111. Unlawful acts; prosecution; proceedings in equity; civil penalty. **A. It shall be unlawful for any person, partnership, corporation or other entity to engage in any of the following acts:** 1. Practicing a profession or occupation without holding a valid license as required by statute or regulation. 2. Making use of any designation provided by statute or regulation to denote a standard of professional or occupational competence without being duly certified or licensed. 3. Making use of any titles, words, letters or abbreviations which may reasonably be confused with a designation provided by statute or regulation to denote a standard of professional or occupational competence without being duly certified or licensed.

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			4. Performing any act or function which is restricted by statute or regulation to persons holding a professional or occupational license or certification, without being duly certified or licensed. 5. Failing to register as a practitioner of a profession or occupation as required by statute or regulation. 6. Materially misrepresenting facts in an application for licensure, certification or registration. 7. Willfully refusing to furnish a regulatory board information or records required or requested pursuant to statute or regulation. 8. Violating any statute or regulation governing the practice of any profession or occupation regulated pursuant to this title. 9. Refusing to process a request, tendered in accordance with the regulations of the relevant health regulatory board or applicable statutory law, for patient records or prescription dispensing records after the closing of a business or professional practice or the transfer of ownership of a business or professional practice. Any person who willfully engages in any unlawful act enumerated in this section shall be guilty of a Class 1 misdemeanor. The third or any subsequent conviction for violating this section during a 36-month period shall constitute a Class 6 felony. In addition, any person convicted of any unlawful act enumerated in subdivision 1 through 8 of this subsection, for conduct that is within the purview of any regulatory board within the Department of Professional and Occupational Regulation, may be ordered by the court to pay restitution in accordance with §§ 19.2-305 through 19.2-305.4.
11	Release of records of minor child to custodial or non-custodial parent	Moral turpitude	None
		Felony	None
		Misdemeanor	None
12	Reporting Requirements for Hospitals, other health care	Moral turpitude	§ 54.1-2400.6. Hospitals, other health care institutions, home health and hospice organizations, and assisted living facilities required to report disciplinary actions

Virginia Society for Clinical Social Work
Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801 ◈◈◈ lynchj@newmanavenue.com ◈◈◈ (540) 421-4345

	institutions, home health and hospice organizations, and assisted living facilities		against and certain disorders of health professionals; immunity from liability; failure to report. A. 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 shall report within 30 days, except as provided in subsection B, to the Director of the Department of Health Professions, or in the case of a director of a home health or hospice organization, to the Office of Licensure and Certification at the Department of Health (the Office), the following information regarding any person (i) licensed, certified, or registered by a health regulatory board or (ii) holding a multistate licensure privilege to practice nursing or an applicant for licensure, certification or registration unless exempted under subsection E: 1. Any information of which he may become aware in his official capacity indicating that such a health professional is in need of treatment or has been committed or admitted as a patient, either at his institution or any other health care institution, for treatment of substance abuse or a psychiatric illness that may render the health professional a danger to himself, the public or his patients. 2. Any information of which he may become aware in his official capacity indicating, after reasonable investigation and consultation as needed with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations. The report required under this subdivision shall be submitted within 30 days of the date that the chief executive officer, chief of staff, director, or administrator determines that a reasonable probability exists.

			3. Any disciplinary proceeding begun by the institution, organization, facility, or provider as a result of conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The report required under this subdivision shall be submitted within 30 days of the date of written communication to the health professional notifying him of the initiation of a disciplinary proceeding. 4. Any disciplinary action taken during or at the conclusion of disciplinary proceedings or while under investigation, including but not limited to denial or termination of employment, denial or termination of privileges or restriction of privileges that results from conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The report required under this subdivision shall be submitted within 30 days of the date of written communication to the health professional notifying him of any disciplinary action. 5. The voluntary resignation from the staff of the health care institution, home health or hospice organization, assisted living facility, or provider, or voluntary restriction or expiration of privileges at the institution, organization, facility, or provider, of any health professional while such health professional is under investigation or is the subject of disciplinary proceedings taken or begun by the institution, organization, facility, or provider or a committee thereof for any reason related to possible intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, medical incompetence, unprofessional conduct, moral turpitude, mental or physical impairment, or substance abuse. Any report required by this section shall be in writing directed to the Director of the Department of Health Professions or to the Director of the Office of Licensure and Certification at the Department of Health, shall give the name and address of the person who is the subject of the report and shall fully describe the circumstances

Virginia Society for Clinical Social Work
Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801 ◈◈◈ lynchj@newmanavenue.com ◈◈◈ (540) 421-4345

			surrounding the facts required to be reported. The report shall include the names and contact information of individuals with knowledge about the facts required to be reported and the names and contact information of individuals from whom the hospital or health care institution, organization, facility, or provider sought information to substantiate the facts required to be reported. All relevant medical records shall be attached to the report if patient care or the health professional's health status is at issue. The reporting hospital, health care institution, home health or hospice organization, assisted living facility, or provider shall also provide notice to the Department or the Office that it has submitted a report to the National Practitioner Data Bank under the Health Care Quality Improvement Act (42 U.S.C. § 11101 et seq.). The reporting hospital, health care institution, home health or hospice organization, assisted living facility, or provider shall give the health professional who is the subject of the report an opportunity to review the report. The health professional may submit a separate report if he disagrees with the substance of the report. This section shall not be construed to require the hospital, health care institution, home health or hospice organization, assisted living facility, or provider to submit any proceedings, minutes, records, or reports that are privileged under § 8.01-581.17, except that the provisions of § 8.01-581.17 shall not bar (i) any report required by this section or (ii) any requested medical records that are necessary to investigate unprofessional conduct reported pursuant to this subtitle or unprofessional conduct that should have been reported pursuant to this subtitle. Under no circumstances shall compliance with this section be construed to waive or limit the privilege provided in § 8.01-581.17. No person or entity shall be obligated to report any matter to the Department or the Office if the person or entity has actual notice that the same matter has already been reported to the Department or the Office. B. Any report required by this section concerning the commitment or admission of such health professional as a patient shall be made within five days of when the chief executive officer, chief of staff, director, or administrator learns of such commitment or admission.

			C. The State Health Commissioner, Commissioner of Social Services, and Commissioner of Behavioral Health and Developmental Services shall report to the Department any information of which their agencies may become aware in the course of their duties that a health professional may be guilty of fraudulent, unethical, or unprofessional conduct as defined by the pertinent licensing statutes and regulations. However, the State Health Commissioner shall not be required to report information reported to the Director of the Office of Licensure and Certification pursuant to this section to the Department of Health Professions. D. Any person making a report by this section, providing information pursuant to an investigation or testifying in a judicial or administrative proceeding as a result of such report shall be immune from any civil liability alleged to have resulted therefrom unless such person acted in bad faith or with malicious intent. E. Medical records or information learned or maintained in connection with an alcohol or drug prevention function that is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall be exempt from the reporting requirements of this section to the extent that such reporting is in violation of 42 U.S.C. § 290dd-2 or regulations adopted thereunder. F. Any person who fails to make a report to the Department as required by this section shall be subject to a civil penalty not to exceed $25,000 assessed by the Director. The Director shall report the assessment of such civil penalty to the Commissioner of Health, Commissioner of Social Services, or Commissioner of Behavioral Health and Developmental Services, as appropriate. Any person assessed a civil penalty pursuant to this section shall not receive a license or certification or renewal of such unless such penalty has been paid pursuant to § 32.1-125.01. The Medical College of Virginia Hospitals and the University of Virginia Hospitals shall not receive certification pursuant to § 32.1-137 or Article 1.1 (§ 32.1-102.1 et seq.) of Chapter 4 of Title 32.1 unless such penalty has been paid.
		Felony	None
		Misdemeanor	None

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…. Lynch LCSW, Legislative Vice President
… 22801 ◈◈◈ lynchj@newmanavenue.com ◈◈◈ (540) 421-4345

13	"Health Care Decisions Act" Code of Virginia Article 8. Health Care Decisions Act.	Moral turpitude	None
		Felony	2 times see below
		Misdemeanor	§ 54.1-2989. Willful destruction, concealment, etc., of declaration or revocation; penalties**.** A. Any person who willfully (i) conceals, cancels, defaces, obliterates, or damages the advance directive or Durable Do Not Resuscitate Order of another without the declarant's or patient's consent or the consent of the person authorized to consent for the patient; (ii) falsifies or forges the advance directive or Durable Do Not Resuscitate Order of another; or (iii) falsifies or forges a revocation of the advance directive or Durable Do Not Resuscitate Order of another shall be guilty of a Class 1 misdemeanor. If such action causes life-prolonging procedures to be utilized in contravention of the previously expressed intent of the patient or a Durable Do Not Resuscitate Order, the person committing such action shall be guilty of a Class 6 felony. B. Any person who willfully (i) conceals, cancels, defaces, obliterates, or damages the advance directive or Durable Do Not Resuscitate Order of another without the declarant's or patient's consent or the consent of the person authorized to consent for the patient, (ii) falsifies or forges the advance directive or Durable Do Not Resuscitate Order of another, (iii) falsifies or forges a revocation of the advance directive or Durable Do Not Resuscitate Order of another, or (iv) conceals or withholds personal knowledge of the revocation of an advance directive or Durable Do Not Resuscitate Order, with the intent to cause a withholding or withdrawal of life-prolonging procedures, contrary to the wishes of the declarant or a patient, and thereby, because of such act, directly causes life-prolonging procedures to be withheld or withdrawn and death to be hastened, shall be guilty of a Class 2 felony.
14		Moral turpitude	None
		Felony	None

Virginia Society for Clinical Social Work
Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801 *lynchj@newmanavenue.com* *(540) 421-4345*

	Law on Extension of Licenses for Persons in Diplomatic Service and the Armed Service	Misdemeanor	None
15	Legal Requirements to Report Child Abuse and Adult Abuse	Moral turpitude	None
		Felony	None
		Misdemeanor	§ 63.2-1509. Requirement that certain injuries to children be reported by physicians, nurses, teachers, etc.; penalty for failure to report. D. Any person required to file a report pursuant to this section who fails to do so as soon as possible, but not longer than 24 hours after having reason to suspect a reportable offense of child abuse or neglect, shall be fined not more than $500 for the first failure and for any subsequent failures not less than $1,000. In cases evidencing acts of rape, sodomy, or object sexual penetration as defined in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2, a person who knowingly and intentionally fails to make the report required pursuant to this section shall be guilty of a Class 1 misdemeanor. **§ 63.2-1606. Protection of aged or incapacitated adults; mandated and voluntary reporting.** G. Any person 14 years of age or older who makes or causes to be made a report of adult abuse, neglect, or exploitation that he knows to be false shall be guilty of a Class 4 misdemeanor. Any subsequent conviction of this provision shall be a Class 2 misdemeanor.

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Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801 ◈◈◈ ***lynchj@newmanavenue.com*** ◈◈◈ ***(540) 421-4345***

APPENDIX C

§ 54.1-2400.6. Hospitals, other health care institutions, home health and hospice organizations, and assisted living facilities required to report disciplinary actions against and certain disorders of health professionals; immunity from liability; failure to report.

A. 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 shall report within 30 days, except as provided in subsection B, to the Director of the Department of Health Professions, or in the case of a director of a home health or hospice organization, to the Office of Licensure and Certification at the Department of Health (the Office), the following information regarding any person (i) licensed, certified, or registered by a health regulatory board or (ii) holding a multistate licensure privilege to practice nursing or an applicant for licensure, certification or registration unless exempted under subsection E:

1 and 2 do not say "moral turpitude" but require reporting to the DHP Director so should be included in revised VBSW regulations

1. Any information of which he may become aware in his official capacity indicating that such a health professional is in need of treatment or has been committed or admitted as a patient, either at his institution or any other health care institution, for treatment of substance abuse or a psychiatric illness that may render the health professional a danger to himself, the public or his patients.

2. Any information of which he may become aware in his official capacity indicating, after reasonable investigation and consultation as needed with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations. The report required under this subdivision shall be submitted within 30 days of the date that the chief executive officer, chief of staff, director, or administrator determines that a reasonable probability exists.

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34 Emery Street, Harrisonburg, Virginia 22801 ◈◈◈ *lynchj@newmanavenue.com* ◈◈◈ *(540) 421-4345*

3. Any disciplinary proceeding begun by the institution, organization, facility, or provider as a result of conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The report required under this subdivision shall be submitted within 30 days of the date of written communication to the health professional notifying him of the initiation of a disciplinary proceeding.

Moral turpitude

4. Any disciplinary action taken during or at the conclusion of disciplinary proceedings or while under investigation, including but not limited to denial or termination of employment, denial or termination of privileges or restriction of privileges that results from conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The report required under this subdivision shall be submitted within 30 days of the date of written communication to the health professional notifying him of any disciplinary action.

5. The voluntary resignation from the staff of the health care institution, home health or hospice organization, assisted living facility, or provider, or voluntary restriction or expiration of privileges at the institution, organization, facility, or provider, of any health professional while such health professional is under investigation or is the subject of disciplinary proceedings taken or begun by the institution, organization, facility, or provider or a committee thereof for any reason related to possible intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, medical incompetence, unprofessional conduct, moral turpitude, mental or physical impairment, or substance abuse.

Any report required by this section shall be in writing directed to the Director of the Department of Health Professions or to the Director of the Office of Licensure and Certification at the Department of Health, shall give the name and address of the person who is the subject of the report and shall fully describe the circumstances surrounding the facts required to be reported. The report shall include the names and contact information of individuals with knowledge about the facts required to be reported and the names and contact information of individuals from whom the hospital or health care institution, organization, facility, or provider sought information to substantiate the facts required to be reported. All relevant medical records shall be attached to the report if patient care or the health professional's health status is at issue. The reporting hospital, health care institution, home health or hospice organization, assisted living facility, or provider shall also provide notice to the Department or the Office that it has submitted a report to the National Practitioner Data Bank under the Health Care Quality Improvement Act (42 U.S.C. § 11101 et seq.). The reporting hospital, health care institution, home health or hospice organization, assisted living facility, or provider shall give the health professional who is the subject of the report an opportunity to review the report. The health professional may submit a separate report if he disagrees with the substance of the report.

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Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801 ◈◈◈ *lynchj@newmanavenue.com* ◈◈◈ *(540) 421-4345*

This section shall not be construed to require the hospital, health care institution, home health or hospice organization, assisted living facility, or provider to submit any proceedings, minutes, records, or reports that are privileged under § 8.01-581.17, except that the provisions of § 8.01-581.17 shall not bar (i) any report required by this section or (ii) any requested medical records that are necessary to investigate unprofessional conduct reported pursuant to this subtitle or unprofessional conduct that should have been reported pursuant to this subtitle. Under no circumstances shall compliance with this section be construed to waive or limit the privilege provided in § 8.01-581.17. No person or entity shall be obligated to report any matter to the Department or the Office if the person or entity has actual notice that the same matter has already been reported to the Department or the Office.

B. Any report required by this section concerning the commitment or admission of such health professional as a patient shall be made within five days of when the chief executive officer, chief of staff, director, or administrator learns of such commitment or admission.

C. The State Health Commissioner, Commissioner of Social Services, and Commissioner of Behavioral Health and Developmental Services shall report to the Department any information of which their agencies may become aware in the course of their duties that a health professional may be guilty of fraudulent, unethical, or unprofessional conduct as defined by the pertinent licensing statutes and regulations. However, the State Health Commissioner shall not be required to report information reported to the Director of the Office of Licensure and Certification pursuant to this section to the Department of Health Professions.

D. Any person making a report by this section, providing information pursuant to an investigation or testifying in a judicial or administrative proceeding as a result of such report shall be immune from any civil liability alleged to have resulted therefrom unless such person acted in bad faith or with malicious intent.

E. Medical records or information learned or maintained in connection with an alcohol or drug prevention function that is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall be exempt from the reporting requirements of this section to the extent that such reporting is in violation of 42 U.S.C. § 290dd-2 or regulations adopted thereunder.

F. Any person who fails to make a report to the Department as required by this section shall be subject to a civil penalty not to exceed $25,000 assessed by the Director. The Director shall report the assessment of such civil penalty to the Commissioner of Health, Commissioner of Social Services, or Commissioner of Behavioral Health and Developmental Services, as appropriate. Any person assessed a civil penalty pursuant to this section shall not receive a license or certification or renewal of such unless such penalty has been paid pursuant to § 32.1-125.01. The Medical College of Virginia Hospitals and the University of Virginia Hospitals shall not receive certification pursuant to § 32.1-137 or Article 1.1 (§ 32.1-102.1 et seq.) of Chapter 4 of Title 32.1 unless such penalty has been paid.

Code 1950, § 32-137.1; 1977, c. 639; 1978, c. 541, § 54-325.1; 1979, cc. 720, 727; 1986, cc. 303, 434; 1988, c. 765, § 54.1-2906; 1994, c. 234; 2000, c. 77; 2003, cc. 456, 753, 762; 2004, cc. 49, 64; 2011, c. 463; 2015, c. 119; 2017, cc. 418, 426.

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Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801 ◈◈◈ ***lynchj@newmanavenue.com*** ◈◈◈ ***(540) 421-4345***

Standards of Practice

18VAC140-20-150: Professional Conduct

18VAC140-20-150. Professional Conduct.

Part V
Standards of Practice

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by telephone or electronically, these standards shall apply to the practice of social work.

B. Persons licensed as LBSWs, LMSWs, and clinical social workers shall:

1. Be able to justify all services rendered to or on behalf of clients as necessary for diagnostic or therapeutic purposes.

2. Provide for continuation of care when services must be interrupted or terminated.

3. Practice only within the competency areas for which they are qualified by education and experience.

4. Report to the board known or suspected violations of the laws and regulations governing the practice of social work.

5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.

6. Ensure that clients are aware of fees and billing arrangements before rendering services.

7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.

8. Keep confidential their therapeutic relationships with clients and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.

9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.

10. As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.

11. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

12. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

C. In regard to client records, persons licensed by the board shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia on health records privacy and shall:

1. Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates diagnosis and treatment plans. Each record shall include a diagnosis and treatment plan, progress notes for each case activity, information received from all collaborative contacts and the treatment implications of that information, and the termination process and summary.

2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative or as mandated by law.

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations.

5. Maintain client records for a minimum of six years or as otherwise required by law from the date of termination of the therapeutic relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for six years after attaining the age of majority or 10 years following termination, whichever comes later.

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

c. Records that have been transferred to another mental health professional or have been given to the client or his legally authorized representative.

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

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Social workers shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

2. Not have any type of romantic relationship or sexual intimacies with a client or those included in collateral therapeutic services, and not provide services to those persons with whom they have had a romantic or sexual relationship. Social workers shall not engage in romantic relationship or sexual intimacies with a former client within a minimum of five years after terminating the professional relationship. Social workers who engage in such a relationship after five years following termination shall have the responsibility to examine and document thoroughly that such a relationship did not have an exploitive nature, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and

mental status, adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a social worker does not change the nature of the conduct nor lift the regulatory prohibition.

3. Not engage in any romantic or sexual relationship or establish a therapeutic relationship with a current supervisee or student. Social workers shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student, or the potential for interference with the supervisor's professional judgment.

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

5. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the social worker in his professional capacity.

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

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from VR620-01-2 § 7.1, eff. July 6, 1989; amended, Volume 06, Issue 26, eff. October 24, 1990; Volume 09, Issue 05, eff. December 30, 1992; Volume 12, Issue 03, eff. November 29, 1995; Volume 15, Issue 05, eff. December 23, 1998; Volume 20, Issue 08, eff. January 28, 2004; Volume 25, Issue 04, eff. November 26, 2008; Volume 32, Issue 22, eff. August 12, 2016; Volume 35, Issue 22, eff. August 8, 2019.

NASW Code of Ethics

Read the Code of Ethics

Approved by the 1996 NASW Delegate Assembly and revised by the 2017 NASW Delegate Assembly

The NASW Code of Ethics is intended to serve as a guide to the everyday professional conduct of social workers. This Code includes four sections:

- The first Section, "Preamble," summarizes the social work profession's mission and core values.
- The second section, "Purpose of the NASW Code of Ethics," provides an overview of the Code's main functions and a brief guide for dealing with ethical issues or dilemmas in social work practice.
- The third section, "Ethical Principles," presents broad ethical principles, based on social work's core values, that inform social work practice.
- The final section, "Ethical Standards," includes specific ethical standards to guide social workers' conduct and to provide a basis for adjudication.

Preamble

Purpose of the NASW Code of Ethics

Ethical Principles

Ethical Standards

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The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers' ethical responsibilities to clients, (2) social workers' ethical responsibilities to colleagues, (3) social workers' ethical responsibilities in practice settings, (4) social workers' ethical responsibilities as professionals, (5) social workers' ethical responsibilities to the social work profession, and (6) social workers' ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

1. Social Workers' Ethical Responsibilities to Clients

1.01 Commitment to Clients

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 Self-Determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

(b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

(d) In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

(e) Social workers should discuss with clients the social workers' policies concerning the use of technology in the provision of professional services.

(f) Social workers who use technology to provide social work services should obtain informed consent from the individuals using these services during the initial screening or interview and prior to initiating services. Social workers should assess clients' capacity to provide informed consent and, when using technology to communicate, verify the identity and location of clients.

(g) Social workers who use technology to provide social work services should assess the clients' suitability and capacity for electronic and remote services. Social workers should consider the clients' intellectual, emotional, and physical ability to use technology to receive services and the clients' ability to understand the potential benefits, risks, and limitations of such services. If clients do not wish to use services provided through technology, social workers should help them identify alternate methods of service.

(h) Social workers should obtain clients' informed consent before making audio or video recordings of clients or permitting observation of service provision by a third party.

(i) Social workers should obtain client consent before conducting an electronic search on the client. Exceptions may arise when the search is for purposes of protecting the client or other people from serious, foreseeable, and imminent harm, or for other compelling professional reasons.

1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

(d) Social workers who use technology in the provision of social work services should ensure that they have the necessary knowledge and skills to provide such services in a competent manner. This includes an understanding of the special communication challenges when using technology and the ability to implement strategies to address these challenges.

(e) Social workers who use technology in providing social work services should comply with the laws governing technology and social work practice in the jurisdiction in which they are regulated and located and, as applicable, in the jurisdiction in which the client is located.

1.05 Cultural Awareness and Social Diversity

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.

(d) Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among clients and how they may use electronic technology. Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services.

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

(e) Social workers should avoid communication with clients using technology (such as social networking sites, online chat, e-mail, text messages, telephone, and video) for personal or non-work-related purposes.

(f) Social workers should be aware that posting personal information on professional Web sites or other media might cause boundary confusion, inappropriate dual relationships, or harm to clients.

(g) Social workers should be aware that personal affiliations may increase the likelihood that clients may discover the social worker's presence on Web sites, social media, and other forms of technology. Social workers should be aware that involvement in electronic communication with groups based on race, ethnicity, language, sexual orientation, gender identity or expression, mental or physical ability, religion, immigration status, and other personal affiliations may affect their ability to work effectively with particular clients.

(h) Social workers should avoid accepting requests from or engaging in personal relationships with clients on social networking sites or other electronic media to prevent boundary confusion, inappropriate dual relationships, or harm to clients.

1.07 Privacy and Confidentiality

(a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from or about clients except for compelling professional reasons. Once private information is shared, standards of confidentiality apply.

(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. This agreement should include consideration of whether confidential information may be exchanged in person or electronically, among clients or with others outside of formal counseling sessions. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.

(h) Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.

(i) Social workers should not discuss confidential information, electronically or in person, in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semi-public areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.

(l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

(m) Social workers should take reasonable steps to protect the confidentiality of electronic communications, including information provided to clients or third parties. Social workers should use applicable safeguards (such as encryption, firewalls, and passwords) when using electronic communications such as e-mail, online posts, online chat sessions, mobile communication, and text messages.

(n) Social workers should develop and disclose policies and procedures for notifying clients of any breach of confidential information in a timely manner.

(o) In the event of unauthorized access to client records or information, including any unauthorized access to the social worker's electronic communication or storage systems, social workers should inform clients of such disclosures, consistent with applicable laws and professional standards.

(p) Social workers should develop and inform clients about their policies, consistent with prevailing social work ethical standards, on the use of electronic technology, including Internet-based search engines, to gather information about clients.

(q) Social workers should avoid searching or gathering client information electronically unless there are compelling professional reasons, and when appropriate, with the client's informed consent.

(r) Social workers should avoid posting any identifying or confidential information about clients on professional websites or other forms of social media.

(s) Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with applicable laws governing records and social work licensure.

(t) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

(u) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(v) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(w) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients' access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients' requests and the rationale for withholding some or all of the record should be documented in clients' files.

(b) Social workers should develop and inform clients about their policies, consistent with prevailing social work ethical standards, on the use of technology to provide clients with access to their records.

(c) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities, inappropriate sexual communications through the use of technology or in person, or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers--not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship--assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers--not their clients--who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

1.10 Physical Contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 Sexual Harassment

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

1.12 Derogatory Language

Social workers should not use derogatory language in their written, verbal, or electronic communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients.

1.13 Payment for Services

(a) When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients' ability to pay.

(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers' employer or agency.

1.14 Clients Who Lack Decision-Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, disruptions in electronic communication, relocation, illness, mental or physical ability, or death.

1.16 Referral for Services

(a) Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.

(b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients' consent, all pertinent information to the new service providers.

(c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

1.17 Termination of Services

(a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.

(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

(c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.

(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.

(e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.

(f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. Social Workers' Ethical Responsibilities to Colleagues

2.01 Respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.

(b) Social workers should avoid unwarranted negative criticism of colleagues in verbal, written, and electronic communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.

(c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.

2.02 Confidentiality

Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers' obligation to respect confidentiality and any exceptions related to it.

2.03 Interdisciplinary Collaboration

(a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.

(b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.

2.04 Disputes Involving Colleagues

(a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers' own interests.

(b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

2.05 Consultation

(a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.

(b) Social workers should keep themselves informed about colleagues' areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.

(c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Sexual Relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact (including verbal, written, electronic, or physical contact) with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.07 Sexual Harassment

Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances; sexual solicitation; requests for sexual favors; and other verbal, written, electronic, or physical contact of a sexual nature.

2.08 Impairment of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.09 Incompetence of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.10 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues, including unethical conduct using technology.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, the NASW National Ethics Committee, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

3. Social Workers' Ethical Responsibilities in Practice Settings

3.01 Supervision and Consultation

(a) Social workers who provide supervision or consultation (whether in-person or remotely) should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.

(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, including dual relationships that may arise while using social networking sites or other electronic media.

(d) Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful.

3.02 Education and Training

(a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

(b) Social workers who function as educators or field instructors for students should evaluate students' performance in a manner that is fair and respectful.

(c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student, including dual relationships that may arise while using social networking sites or other electronic media. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation

Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

3.04 Client Records

(a) Social workers should take reasonable steps to ensure that documentation in electronic and paper records is accurate and reflects the services provided.

(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by relevant laws, agency policies, and contracts.

3.05 Billing

Social workers should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

3.06 Client Transfer

(a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client's needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients' current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.

(b) If a new client has been served by another agency or colleague, social workers should discuss with

the client whether consultation with the previous service provider is in the client's best interest.

3.07 Administration

(a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients' needs.

(b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.

(c) Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.

(d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the NASW Code of Ethics. Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the Code.

3.08 Continuing Education and Staff Development

Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.

3.09 Commitments to Employers

(a) Social workers generally should adhere to commitments made to employers and employing organizations.

(b) Social workers should work to improve employing agencies' policies and procedures and the efficiency and effectiveness of their services.

(c) Social workers should take reasonable steps to ensure that employers are aware of social workers' ethical obligations as set forth in the NASW Code of Ethics and of the implications of those obligations for social work practice.

(d) Social workers should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations' practices are consistent with the NASW Code of Ethics.

(e) Social workers should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.

(f) Social workers should accept employment or arrange student field placements only in organizations

that exercise fair personnel practices.

(g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

3.10 Labor-Management Disputes

(a) Social workers may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.

(b) The actions of social workers who are involved in labor-management disputes, job actions, or labor strikes should be guided by the profession's values, ethical principles, and ethical standards. Reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

4. Social Workers' Ethical Responsibilities as Professionals

4.01 Competence

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

(c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability.

4.03 Private Conduct

Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception

Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.05 Impairment

(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

4.06 Misrepresentation

(a) Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker's employing agency.

(b) Social workers who speak on behalf of professional social work organizations should accurately represent the official and authorized positions of the organizations.

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.

4.07 Solicitations

(a) Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

(b) Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client's prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.

4.08 Acknowledging Credit

(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.

(b) Social workers should honestly acknowledge the work of and the contributions made by others.

5. Social Workers' Ethical Responsibilities to the Social Work Profession

5.01 Integrity of the Profession

(a) Social workers should work toward the maintenance and promotion of high standards of practice.

(b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.

(c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.

(d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession's literature and to share their knowledge at professional meetings and conferences.

(e) Social workers should act to prevent the unauthorized and unqualified practice of social work.

5.02 Evaluation and Research

(a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.

(b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge.

(c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.

(d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.

(e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants' well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

(f) When using electronic technology to facilitate evaluation or research, social workers should ensure that participants provide informed consent for the use of such technology. Social workers should assess whether participants are able to use the technology and, when appropriate, offer reasonable alternatives to participate in the evaluation or research.

(g) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants' assent to the extent they are able, and obtain written consent from an appropriate proxy.

(h) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.

(i) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.

(j) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.

(k) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

(l) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.

(m) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(n) Social workers who report evaluation and research results should protect participants' confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(o) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(p) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants' interests primary.

(q) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

6. Social Workers' Ethical Responsibilities to the Broader

Society

6.01 Social Welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

6.02 Public Participation

Social workers should facilitate informed participation by the public in shaping social policies and institutions.

6.03 Public Emergencies

Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

6.04 Social and Political Action

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

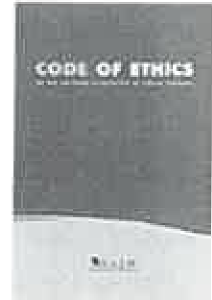
(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability.

Revised Code of Ethics

The revised Code of Ethics includes 19 changes that address ethical responsibilities when using technology. All social workers should review the new text and affirm their commitment to abide by the Code of Ethics. Currently available in English. Spanish edition coming soon.



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About the Revisions

- Highlighted Revisions to the Code of Ethics
- Frequently Asked Questions

Virginia Department of
Health Professions
Board of Social Work

Standards of Practice

18VAC140-20-160: Grounds for Disciplinary Action or Denial of Issuance of a License or Registration

Virginia Administrative Code
Title 18. Professional and Occupational Licensing
Agency 140. Board of Social Work
Chapter 20. Regulations Governing the Practice of Social Work

18VAC140-20-160. Grounds for Disciplinary Action or Denial of Issuance of a License or Registration.

The board may refuse to admit an applicant to an examination; refuse to issue a license or registration to an applicant; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke a license or registration for one or more of the following grounds:

1. Conviction of a felony or of a misdemeanor involving moral turpitude;

2. Procurement of license by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education;

4. Being unable to practice social work with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition;

5. Conducting one's practice in a manner contrary to the standards of ethics of social work or in violation of 18VAC140-20-150, standards of practice;

6. Performing functions outside the board-licensed area of competency;

7. Failure to comply with the continued competency requirements set forth in 18VAC140-20-105;

8. Violating or aiding and abetting another to violate any statute applicable to the practice of social work or any provision of this chapter; and

9. Failure to provide supervision in accordance with the provisions of 18VAC140-20-50 or 18VAC140-20-60.

Statutory Authority
§ 54.1-2400 of the Code of Virginia.

Historical Notes
Derived from VR620-01-2 § 7.2, eff. July 6, 1989; amended, Volume 06, Issue 26, eff. October 24, 1990; Volume 09, Issue 05, eff. December 30, 1992; Volume 17, Issue 14, eff. April 25, 2001; Volume 25, Issue 04, eff. November 26, 2008; Volume 32, Issue 22, eff. August 12, 2016.

Website addresses provided in the Virginia Administrative Code to documents incorporated by reference are for the reader's convenience only, may not necessarily be active or current, and should not be relied upon. To ensure the information incorporated by reference is accurate, the reader is encouraged to use the source document described in the regulation.

As a service to the public, the Virginia Administrative Code is provided online by the Virginia General Assembly. We are unable to answer legal questions or respond to requests for legal advice, including application of law to specific fact. To understand and protect your legal rights, you should consult an attorney. 11/18/2019

Content for Training on Supervision for Clinical Social Work

(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)

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.

ASWB Supervision Resources

Supervision resources

Supervision in social work licensing serves important functions, whether supervisors are providing guidance to licensing candidates or overseeing the work of social workers who have been sanctioned.

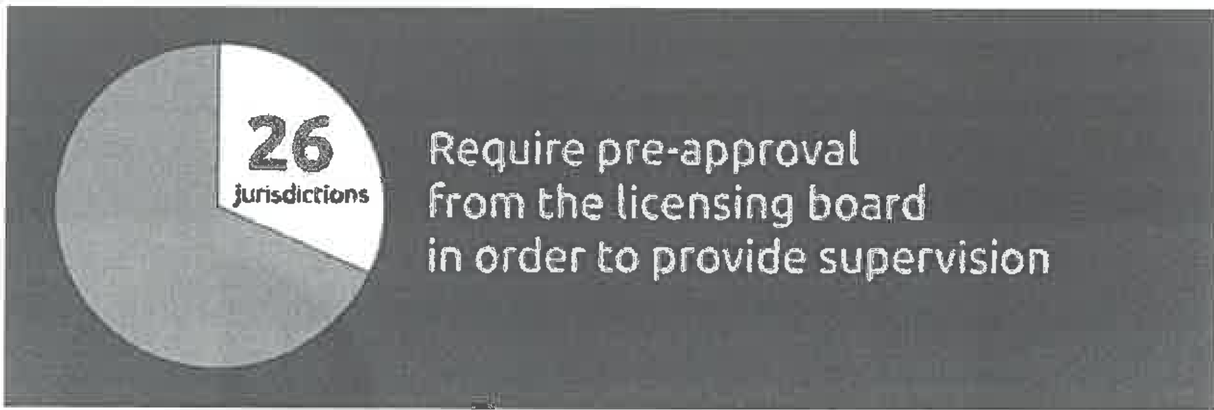
Supervision required for licensure

Comparison of clinical supervision requirements
PDF · 16 pages
Summary of requirements for supervised practice in clinical licensure

Database quick report: Supervised experience for licensure
Online database · HTML table or Microsoft Excel
Comprehensive list of supervision requirements for social work licenses in the United States and Canada

Database detail report: Compare license information
Online database · All reports download as a Microsoft Excel file
Use the options in this online database report to compare specific experience requirements for any social work license in any jurisdiction in the United States or Canada.

Qualifications for providing supervision



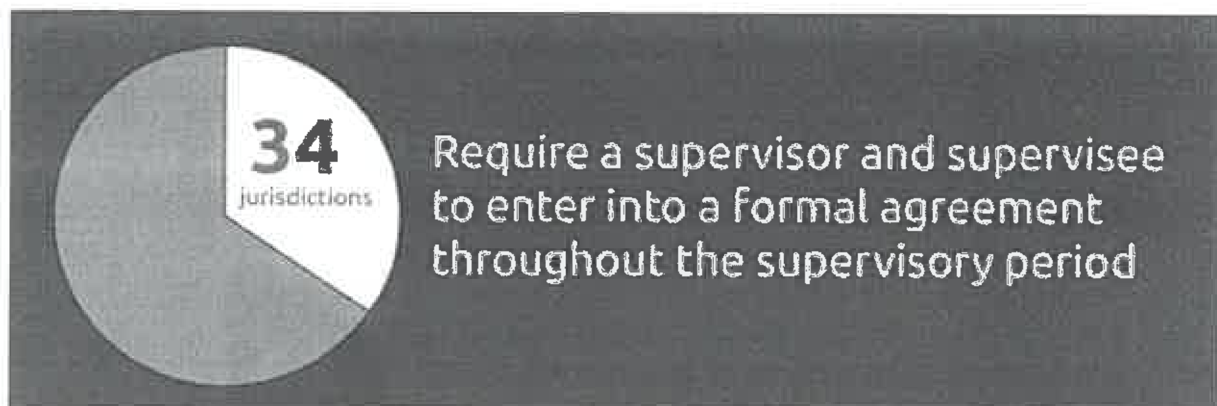
Analysis of Supervision for Social Work Licensure
PDF · 31 pages
Practice analysis for supervision, including key competencies required of supervisors.

Clinical supervisor requirements
PDF · 8 pages
Summary of requirements for becoming a clinical supervisor

Database detail report: Compare jurisdiction requirements
Online database · All reports download as a Microsoft Excel file
Use the options in this online database report to compare supervision and supervisor requirements for any jurisdiction in the United States or Canada

Best Practice Standards in Social Work Supervision
PDF · 36 pages
Produced jointly by ASWB and the National Association of Social Workers; published by NASW.

Documentation required for supervision



Clinical supervision reporting requirements
PDF · 5 pages
Summary of documentation required for clinical supervision, including contracts and final reports

Supervision for sanctioned social workers

Tutorial on supervision as a licensing sanction from the ASWB Continuing Competence Committee

- Powerpoint tutorial
- PDF checklist
- ASWB member survey

Request a password to access these materials.

ASWB's Continuing Competence Committee researched supervision as a licensing sanction in 2018 and developed this tutorial and a corresponding checklist for regulators who need to learn more about requiring supervision when a licensed social worker is disciplined.

Virginia Department of
Health Professions
Board of Social Work

ASWB Resource Material

- *Comparison of Clinical Supervision Requirements*

ASWB
Association of Social Work Boards

Comparison of U.S. clinical social work supervised experience license requirements

1. Total hours supervised experience required post degree 1
1.a. Total hours spent in direct client contact specified in 24 or 44% of states 3
1.b.i. Total hours in direct contact with supervisor specified in 48 or 89% of states 4
1.b.ii. Minimum hours face-to-face direct contact with supervisor specified in 33 or 61% of states 6
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2. The frequency of supervision specified in 39 or 72% of states 10
3. A minimum time period in which supervision can be earned specified in 44 or 81% of states 11
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7. Supervisor requirements 16

1. Total hours supervised experience required post degree

1. Total post degree supervision hours required in 100% of states		
	Number of states	**Percentage of all states**
Number of states with requirement	54	100%
Requirement is in hours	47	89%
Requirement is in months	1	4%
Requirement is in years	4	7%
Requirement not specified	1	4%
All hours must be in direct clinical contact	3	6%

1. Total post degree supervised experience hours required summary		
Hours[1]	**Number of states**	**Percentage of all states**
1500	1	2%
2000	2	4%
3000	28	60%
3200	3	6%
3360	1	2%
3500	2	4%
3600	2	4%
4000	7	15%
5760	1	2%

[1]*Seven states use a value other than hours*

1. Total post degree supervised experience hours required by state		
Jurisdiction	**Clinical license title abbreviation**	**Minimum Post Degree Practice Hours Required Under Supervision**
Iowa	LISW	Required, number of hours not specified
Indiana	LCSW	2 years
Northern Mariana Islands	LCSW	2 years
South Dakota	CSW-PIP	2 years
Virgin Islands	CISW	2 years
Florida[1]	LCSW	1500 hours
Illinois	LCSW	2000 hours
New York[1]	LCSW	2000 hours
Alabama	LICSW	24 months
Mississippi	LCSW	24 months
Alaska	LCSW	3000 hours
California	LCSW	3000 hours
Connecticut	LCSW	3000 hours
District of Columbia	LICSW	3000 hours
Georgia	LCSW	3000 hours
Guam	LCSW	3000 hours
Hawaii	LCSW	3000 hours
Idaho	LCSW	3000 hours
Kansas	LSCSW	3000 hours
Maryland	LCSW-C	3000 hours
Missouri	LCSW	3000 hours
Montana	LCSW	3000 hours
Nebraska	LMHP	3000 hours
Nevada	CSW	3000 hours
New Hampshire	LICSW	3000 hours
New Jersey	LCSW	3000 hours
North Dakota	LICSW	3000 hours
Ohio	LISW	3000 hours
Pennsylvania	LCSW	3000 hours
Rhode Island	LICSW	3000 hours
South Carolina	LISW-CP	3000 hours
Tennessee	LCSW	3000 hours

1. Total post degree supervised experience hours required by state		
Jurisdiction	**Clinical license title abbreviation**	**Minimum Post Degree Practice Hours Required Under Supervision**
Texas	LCSW	3000 hours
Vermont	LICSW	3000 hours
Virginia	LCSW	3000 hours
Wisconsin	LCSW	3000 hours
Wyoming	LCSW	3000 hours
North Carolina[1]	LCSW	3000 hours
Arizona	LCSW	3200 hours
Delaware	LCSW	3200 hours
Maine	LCSW (LC)	3200 hours
Colorado	LCSW	3360 hours
Massachusetts	LICSW	3500 hours
Oregon	LCSW	3500 hours
Kentucky	LCSW	3600 hours
New Mexico	LCSW	3600 hours
Arkansas	LCSW	4000 hours
Michigan	LMSW-C	4000 hours
Minnesota	LICSW	4000 hours
Oklahoma	LCSW	4000 hours
Utah	LCSW	4000 hours
Washington	LICSW	4000 hours
West Virginia	LICSW	4000 hours
Louisiana	LCSW	5760 hours

[1]All hours must be earned while in direct contact with client

1.a. Total hours spent in direct client contact specified in 24 or 44% of states

1.a. Total direct client contact hours required summary		
Hours	**Number of states**	**Percentage of states (with requirement)**
750	1	4%
800	1	4%
1000	3	13%
1200	1	4%
1380	1	4%
1500	7	29%
1600	1	4%

1.a. Total direct client contact hours required summary		
Hours	Number of states	Percentage of states (with requirement)
1750	1	4%
1872	1	4%
1920	1	4%
2000	4	17%
3000	2	8%

1.a. Total direct client contact hours required by state	
Jurisdiction	Minimum Direct Client Hours Required
California	750 hours
Guam	800 hours
Mississippi	1000 hours
Washington	1000 hours
Wisconsin	1000 hours
Wyoming	1200 hours
Virginia	1380 hours
Florida	1500 hours
Kansas	1500 hours
Maryland	1500 hours
Montana	1500 hours
Nebraska	1500 hours
Pennsylvania	1500 hours
Rhode Island	1500 hours
Arizona	1600 hours
Idaho	1750 hours
Kentucky	1872 hours
New Jersey	1920 hours
Nevada	2000 hours
New York	2000 hours
Oregon	2000 hours
Vermont	2000 hours
North Carolina	3000 hours
Oklahoma	3000 hours

1.b.i. Total hours in direct contact with supervisor specified in 48 or 89% of states

1.b.i. Total hours in direct contact with supervisor summary		
Hours	Number of states	Percentage of states
300	1	2%
200	1	2%
150	5	10%
144	1	2%
130	1	2%
120	1	2%

1.b.i. Total hours in direct contact with supervisor summary		
Hours	**Number of states**	**Percentage of states**
104	3	6%
100	26	54%
96	7	15%
90	1	2%
75	1	2%

1.b.i. Total hours in direct contact with supervisor by state	
Jurisdiction	**Minimum Direct Supervisor Contact Hours Required**
Vermont	75 hours
New Mexico	90 hours
Alabama	96 hours
Colorado	96 hours
Indiana	96 hours
Louisiana	96 hours
Maine	96 hours
Michigan	96 hours
New Jersey	96 hours
Alaska	100 hours
Arizona	100 hours
Connecticut	100 hours
Delaware	100 hours
District of Columbia	100 hours
Florida	100 hours
Guam	100 hours
Hawaii	100 hours
Idaho	100 hours
Massachusetts	100 hours
Minnesota	100 hours
Mississippi	100 hours
Missouri	100 hours
Montana	100 hours
New Hampshire	100 hours
New York	100 hours
North Carolina	100 hours
Oklahoma	100 hours
Oregon	100 hours
South Carolina	100 hours
Tennessee	100 hours
Texas	100 hours
Utah	100 hours
Virginia	100 hours
West Virginia	100 hours

1.b.i. Total hours in direct contact with supervisor by state	
Jurisdiction	**Minimum Direct Supervisor Contact Hours Required**
Wyoming	100 hours
California	104 hours
Nevada	104 hours
Wisconsin	104 hours
Georgia	120 hours
Washington	130 hours
Maryland	144 hours
Kansas	150 hours
North Dakota	150 hours
Ohio	150 hours
Pennsylvania	150 hours
Rhode Island	150 hours
Kentucky	200 hours
Nebraska	300 hours

1.b.ii. Minimum hours face-to-face direct contact with supervisor specified in 33 or 61% of states

1.b.ii. Minimum hours face-to-face contact with supervisor required summary		
Percentage of total supervisor hours	**Number of states**	**Percentage of states (with requirement)**
100%	16	48%
75%	4	12%
60%	3	9%
50%	9	27%
46%	1	3%

1.b.ii. Minimum hours face-to-face contact with supervisor required by state	
Jurisdiction	**Minimum Direct Supervisor Contact Hours Required**
Vermont	37.5 hours
Colorado	48 hours
Michigan	48 hours
Massachusetts	50 hours
Minnesota	50 hours
Montana	50 hours
Virginia	50 hours
Guam	60 hours
Tennessee	60 hours
West Virginia	60 hours
Washington	60 hours
New Mexico	68 hours
Maine	72 hours
Mississippi	75 hours
Pennsylvania	75 hours

1.b.ii. Minimum hours face-to-face contact with supervisor required by state	
Jurisdiction	**Minimum Direct Supervisor Contact Hours Required**
Louisiana	96 hours
Arkansas	100 hours
Connecticut	100 hours
Delaware	100 hours
Hawaii	100 hours
Idaho	100 hours
New Hampshire	100 hours
New York	100 hours
North Carolina	100 hours
Oklahoma	100 hours
South Carolina	100 hours
Texas	100 hours
Utah	100 hours
Wyoming	100 hours
Nevada	104 hours
Rhode Island	112.5 hours
North Dakota	150 hours
Nebraska	150 hours

1.b.iii. Distance supervision expressly allowed in 25 or 46% of states

1.b.iii. Maximum hours distance supervision with supervisor		
Percentage of total supervisor hours	**Number of states**	**Percentage of states (with requirement)**
Not specified	2	8%
100%	13	52%
50%	4	16%
46%	2	8%
25%	4	16%

1.b.iii. Maximum hours distance supervision with supervisor by state		
Jurisdiction	**Maximum Hours Allowed**	**Acceptable Methods of Distance Supervision**
Alabama	96 hours	Individual supervision is defined as one supervisee meeting face-to-face with one supervisor. It can also be live, interactive, visual communication as long as all three components are met during the session.

1.b.iii. Maximum hours distance supervision with supervisor by state		
Jurisdiction	**Maximum Hours Allowed**	**Acceptable Methods of Distance Supervision**
Alaska	100 hours	Distance supervision may be granted by exception by the board. To receive the exception an applicant who practices in a remote location must, before the supervision begins, submit a written request to the board to allow supervision by telephonic or electronic means. The board will approve a request for telephonic or electronic supervision of an applicant who practices in a remote location if the board determines that (1) approved clinical supervisors are not practicing at, or within a reasonable distance of, that location; or (2) the approved clinical supervisors practicing at that location cannot provide appropriate supervision because of the supervisor's relationship to the applicant, a possible conflict of interest, or other good cause shown. (e) For good cause shown to the board's satisfaction, the board will accept an alternate plan of supervision that varies from the requirement of this section, if the applicant: (1) submits the alternate plan in writing to the board; and (2) receives approval of the alternate plan by the board before the applicant begins the alternate supervised experience.
Arizona	25 hours	Telephonically lasting at least 30 minutes is acceptable; Videoconferencing counts as face to face per clinical supervision definition.
Arkansas	100 hours	
California	104 hours	Two-way video conferencing is allowed for licensees working for a governmental entity, school, college, or university, or an institution that is both a nonprofit and charitable institution.
Colorado	48 hours	Acceptable modes of supervision include but are not limited to individual, group, telephone, electronic mail, audio-visual, process recording, direct observation, telecommunication (teleconferencing, fax, videotapes), and hospital rounds. The appropriate modality of supervision shall be determined by the training, education, and experience of the supervisee, and the treatment setting (i.e. urban/rural, or the availability of resources and at all times based on community standards and client needs)
Delaware	50 hours	Live video conferencing is permitted for no more than 50% of the total supervision provided in any given month

1.b.iii. Maximum hours distance supervision with supervisor by state		
Jurisdiction	**Maximum Hours Allowed**	**Acceptable Methods of Distance Supervision**
Hawaii	100 hours	Face-to-face supervision can be conducted electronically through a video conference service that is compliant with all federal and state privacy, security, and confidentiality laws, including the Health Insurance Portability and Accountability Act of 1996.
Indiana	48 hours	50% of supervision may occur through virtual technology
Iowa	Not specified	
Kansas	Not specified	Supervisees that use videoconferencing for a portion of their supervision must provide written verification of the technological security measure implemented to protect confidentiality.
Kentucky	100 hours	Individual supervision may include electronic supervision of one direct meeting per month. Electronic supervision may be used for one (1) direct meeting per month but only after the first twenty-five (25) hours of individual supervision hours have been obtained in face-to-face, in-person meetings where the supervisor and supervisee are physically present in the same room. No more than fifty (50) percent of the individual supervision hours may be obtained in an electronic format. "Electronic supervision" means the use of computers and other electronic means by which the supervisor and supervisee use interactive video technology, in real-time, with video and audio interaction for individual and group supervision.
Maine	96 hours	Videoconference permitted but not telephone or any other audio-only technology
Minnesota	25 hours	Eye-to-eye electronic media, while maintaining visual contact.
Mississippi	25 hours	Supervision may include alternate means of supervision by audio or audiovisual electronic device provided there is direct, interactive, live exchange between the supervisor and supervisee or provided that communication is verbally or visually interactive between the supervisor and the supervisee.
Missouri	100 hours	The use of electronic communications is acceptable for meeting supervision requirements only if the ethical standards for confidentiality are maintained and the communication is verbally and visually interactive between the supervisor and the supervisee.
Nevada	104 hours	Via any synchronous system of delivery e.g. telephone, webinar, Skype, etc. Distance supervision must be pre-approved by the Board and is done on a case by case basis prior to the supervision.
New Mexico	22.5 hours	

1.b.iii. Maximum hours distance supervision with supervisor by state		
Jurisdiction	**Maximum Hours Allowed**	**Acceptable Methods of Distance Supervision**
North Dakota	150 hours	Telephone, audio or audiovisual electronic device. Face-to-face supervision means a direct, interactive, live exchange, either in person, by telephone, or by audio or audiovisual electronic device in either individual or group supervision.
Oklahoma	100 hours	Video conference such as SKYPE, Face-time, Agency Video Conferencing, etc. Distance supervision must be pre-approved by the board and is done so on a case by case basis.
Oregon	100 hours	Video conference
Texas	100 hours	
Utah	100 hours	Live video conferencing
Washington	60 hours	
West Virginia	30 hours	

2. The frequency of supervision specified in 39 or 72% of states

2. Minimum frequency of supervision summary		
Minimum Frequency of Supervision	**Number of states**	**Percentage of all states**
1 hour per week	12	31%
2 hours per week	3	8%
2 hours per month	2	5%
3 hours per month	1	3%
4 hours per month	5	13%
1 hour per 15 hours of practice	1	3%
1 hour per 20 hours of practice	2	5%
1 hour per 30 hours of practice	3	8%
1 hour per 32 hours of practice	1	3%
1 hour per 40 hours of practice	6	15%
2 hours per 80 hours of practice	1	3%
2 hours per 160 hours of practice	1	3%

2. Minimum frequency of supervision by state	
Jurisdiction	**Minimum Frequency of Supervision**
Florida	1 hour per 15 hours of practice
Kansas	1 hour for every 20 practice hours
Ohio	1 hour for every 20 practice hours
North Carolina	1 hour for every 30 practice hours
Tennessee	1 hour for every 30 practice hours
Wyoming	1 hour for every 30 practice hours
Iowa	1 hour for every 40 practice hours
New Mexico	1 hour for every 40 practice hours

2. Minimum frequency of supervision by state	
Jurisdiction	**Minimum Frequency of Supervision**
Texas	1 hour for every 40 practice hours
Vermont	1 hour for every 40 practice hours
Virginia	1 hour for every 40 practice hours
Arkansas	1 hour per week
California	1 hour per week
Colorado	1 hour per week
Delaware	1 hour per week
Mississippi	1 hour per week
Nebraska	1 hour per week
Nevada	1 hour per week
New Hampshire	1 hour per week
New Jersey	1 hour per week
Oklahoma	1 hour per week
Wisconsin	1 hour per week
Maine	1 hour per week / 4 hours per month
District of Columbia	1 hour supervision per 32 practice hours
Montana	2 hours for every 160 practice hours
Kentucky	2 hours for every 2 weeks of practice
Missouri	2 hours for every 2 weeks of practice
Rhode Island	2 hours for every 2 weeks of practice
Pennsylvania	2 hours for every 40 practice hours
Louisiana	2 hours for every 80 practice hours
New York	2 hours per month
Oregon	2 hours per month per month
Maryland	3 hours per month
Minnesota	4 hours for every 160 practice hours
Alabama	4 hours per month
Illinois	4 hours per month
Indiana	4 hours per month
Michigan	4 hours per month
South Dakota	4 hours per month

3. A minimum time period in which supervision can be earned specified in 44 or 81% of states

3. Minimum time period to accrue supervision summary		
Minimum Time Period of Supervision	**Number of states**	**Percentage of all states**
Not specified	10	19%

3. Minimum time period to accrue supervision summary		
Minimum Time Period of Supervision	**Number of states**	**Percentage of all states**
18 months	1	2%
24 months	3	6%
No less than 100 weeks	1	2%
2 years	35	65%
36 months	3	6%
3 years	1	2%

3. Minimum time period to accrue supervision by state	
Jurisdiction	**Minimum Time to Accrue Time**
Connecticut	Not specified
Illinois	Not specified
Louisiana	Not specified
Massachusetts	Not specified
Michigan	Not specified
Minnesota	Not specified
Nebraska	Not specified
North Dakota	Not specified
South Dakota	Not specified
Virgin Islands	Not specified
Wyoming	18 months
Indiana	24 months
Mississippi	24 months
Missouri	24 months
Florida	No less than 100 weeks
Alaska	2 years
Arizona	2 years
Arkansas	2 years
California	2 years
Colorado	2 years
Delaware	2 years
District of Columbia	2 years
Guam	2 years
Hawaii	2 years
Idaho	2 years
Iowa	2 years
Kansas	2 years
Kentucky	2 years
Maine	2 years
Maryland	2 years
Montana	2 years
Nevada	2 years

3. Minimum time period to accrue supervision by state	
Jurisdiction	**Minimum Time to Accrue Time**
New Hampshire	2 years
New Jersey	2 years
New Mexico	2 years
North Carolina	2 years
Northern Mariana Islands	2 years
Ohio	2 years
Oklahoma	2 years
Oregon	2 years
Pennsylvania	2 years
Rhode Island	2 years
South Carolina	2 years
Tennessee	2 years
Texas	2 years
Utah	2 years
Vermont	2 years
Virginia	2 years
West Virginia	2 years
Wisconsin	2 years
Alabama	36 months
Georgia	36 months
New York	36 months
Washington	3 years

4. A maximum time period in which supervision can be earned specified in 27 or 50% of states

4. Maximum time period to accrue supervision summary		
Maximum Time Period	**Number of states**	**Percentage of all states**
Not specified	27	50%
36 months	2	4%
3 years	3	6%
48 months	1	2%
4 years	5	9%
60 months	1	2%
5 years	4	7%
72 months	1	2%
6 years	8	15%
108 months	1	2%
10 years	1	2%

4. Maximum time period to accrue supervision by state	
Jurisdiction	**Maximum Time to Accrue Time**
Alabama	Not specified
Arizona	Not specified
Arkansas	Not specified
Colorado	Not specified
Connecticut	Not specified
Delaware	Not specified
Florida	Not specified
Illinois	Not specified
Indiana	Not specified
Louisiana	Not specified
Maine	Not specified
Massachusetts	Not specified
Michigan	Not specified
Minnesota	Not specified
Montana	Not specified
Nebraska	Not specified
New Hampshire	Not specified
Northern Mariana Islands	Not specified
Ohio	Not specified
Oklahoma	Not specified
South Dakota	Not specified
Utah	Not specified
Vermont	Not specified
Virgin Islands	Not specified
Washington	Not specified
West Virginia	Not specified
Wisconsin	Not specified
Mississippi	36 months
Wyoming	36 months
Kentucky	3 years
Nevada	3 years
New Jersey	3 years
Missouri	48 months
District of Columbia	4 years
North Dakota	4 years
South Carolina	4 years
Texas	4 years

4. Maximum time period to accrue supervision by state	
Jurisdiction	**Maximum Time to Accrue Time**
Virginia	4 years
New Mexico	60 months
Guam	5 years
Hawaii	5 years
Idaho	5 years
Oregon	5 years
New York	72 months
California	6 years
Iowa	6 years
Kansas	6 years
Maryland	6 years
North Carolina	6 years
Pennsylvania	6 years
Rhode Island	6 years
Tennessee	6 years
Georgia	108 months
Alaska	10 years

5. Supervision plan requirements

Supervision plan required in 32 or 59% of states

- Required content defined in 20 or 37% of states (with requirement)
- Must be approved in 15 or 28% of states (with requirement)
- Must be filed with the board in 26 or 48% of states (with requirement)
- Board notification required when supervision is terminated in 18 or 33% of states (with requirement)

6. Supervision reporting requirements

Supervision reporting is required 31 or 57% of states

Reporting frequency:

- Annually – 3 states or 710 of states (with requirement)
- Semi-annually – 6 states or 21% of states (with requirement)
- Quarterly – 2 states or 7% of states (with requirement)
- When supervision is terminated – 12 states or 43% of states (with requirement)
- Reporting frequency not specified – 2 states or 7% of states (with requirement)
- Other – 3 states or 11% of states (with requirement)
  - A record of supervision required in the event there is a discrepancy in hours reported by the supervisor and supervisee
  - After the first 1500 hours of work or 75 hours of supervision or whenever there is a supervisor change
  - Reporting required at 25, 50 and 100 hours of educational supervision.

7. Supervisor requirements

The supervisor must be registered and pre-approved in 24 or 44% of states

The supervisor must be a licensed clinical social worker in 27 or 52% of states, otherwise state gives minimum hourly requirement with LCSW

The supervisor must meet requirements for minimum practice experience post licensure in 29 or 56% of states

The supervisor must meet requirements for initial training prior to performing supervision in 23 or 44% of states

Virginia Department of
Health Professions
Board of Social Work

ASWB Resource Material

- *An Analysis of Supervision for Social Work Licensure*

An Analysis of Supervision for Social Work Licensure

guidelines on supervision for regulators and educators

aswb.org
800.225.6880

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Executive Summary

This report summarizes the results of a study conducted to identify the competencies and technical knowledge, skills, and abilities (KSAs) required of individuals who provide supervision to social workers preparing for licensure. Further, the competencies needed to provide appropriate and meaningful supervision to those seeking licensure were linked to the relevant KSAs in order to document best practices in social work supervision. These data can also provide input to the Association of Social Work Boards (ASWB) Model Social Work Practice Act.

An ACT Industrial/Organizational Psychologist, the job analyst, met with ASWB's Supervision Task Force comprised of subject matter experts (SMEs) to discuss the supervision requirements pertinent to the licensure process over three days (October 12–14, 2007), with additional follow-up activities completed over the next few months. The analysis included the following steps:

1. identifying the competencies needed to supervise for licensure
2. determining the criticality of the competencies
3. identifying KSAs to demonstrate the competencies
4. linking the competencies to the relevant knowledge, skills, and abilities

The analysis produced:

- the competencies needed to supervise for licensure purposes grouped by domain
- the competencies and their ratings of importance and frequency (i.e., "criticality")
- the competencies and their ratings of acquisition
- the KSAs required by the competencies
- the association between the competencies and KSAs
- a narrative description of the characteristics embodied by the model supervisor who oversees others for licensure

The Goals for the Analysis

Indications are that the work done by the Supervision Task Force has been needed for some time for use by jurisdictions as they develop supervision requirements in their laws and regulations, and to support curriculum design for supervision.

Such a close look at supervision for social work license, by Subject Matter Experts (SMEs) under the direction of an organizational psychologist, has not been done before. The results should serve as a strong basis for decision-making by regulatory boards as they work to ensure better qualified supervisors and more productive supervision. The report should be equally useful as a foundation for education, training and development programs that support current or future supervisors who guide social workers through the licensure process.

Identification of Competencies

ACT Industrial/Organizational Psychologist Carol D. Ogletree, PhD., met with the ASWB Supervision Task Force to complete the analysis of the requirements of supervising for licensure purposes on October 12–14, 2007, in Culpeper, Virginia. Follow-up activities to rate the competencies for importance, frequency, and acquisition were completed individually over the next several months.

The thirteen task force members (the "SMEs") had considerable experience in the practice of social work, including roles as academicians, practitioners, and administrators. (See Appendix A for a complete list of the SMEs.) Eleven had performed the activities pertinent to supervising social workers for licensure for an average of 13.6 years (ranging from two years to 28 years), six had supervised other supervisors who oversee those seeking licensure for an average of eight years (ranging from one year to 20 years), and eight had provided instruction to students in clinical social work training programs for an average of 10.6 years (ranging from one year to 30 years).

Two SMEs were academicians whose primary role was to provide education in social work; one SME was an academician whose primary role was administrative; two SMEs were practitioners whose primary role was to provide direct service to clients; three SMEs were practitioners whose primary role was administrative; three SMEs indicated a distribution of administrative and practitioner tasks; and two SMEs selected Other (i.e., retired or private practice). These data are also represented in the following chart.

Job Status of SMEs	Number of SMEs
Academician – primary role is to provide social work education	2
Academician – primary role is administrative	1
Practitioner – primary role is to provide direct service to clients	2
Practitioner – primary role is administrative	3
Academician (providing education)/Practitioner (administrative)	1
Academician (providing education)/Practitioner (providing services to clients)	2
Other – retired/private practice	2

The average age reported by the SMEs was 56.4 years and they ranged in age from 50 to 61. Ten were female and three were male. Ten reported their race as Caucasian; two reported as Black or African American; and one reported as Asian or Pacific Islander. Two of the thirteen task force members were Canadian. A list of the task force members can be found in Appendix A.

The SMEs first established the scope and expected outcomes of the meeting. They determined that the primary objective was to document best practices for the general domain of supervision for licensure, and to document more specific best practices (i.e., for supervision for a specific practice area such as clinical social work), should time permit. Ultimately, the meeting time only allowed for focus on the general domain of supervision for licensure purposes, regardless of the specialty area involved.

The SMEs were provided with a variety of resources prior to and during the meeting for reference including, but not limited to:

- KSA lists for all ASWB examination levels
- Compilation of data from the ASWB jurisdiction comparison study regarding social work supervision for licensure in current regulation
- ASWB Model Social Work Practice Act
- Forms and regulations from various jurisdictions (e.g., North Carolina Supervisor Manual; Texas Supervision Course Minimum Standards; Florida Supervised Experience form; Minnesota Supervision Verification form; Minnesota Social Work Supervision Agreement; Alberta Registration of Supervision Plan)
- ASWB's Clinical Supervision Curriculum Guide
- ASWB Analysis of the Practice of Social Work, 2003, Final Report
- NASW Code of Ethics
- NASW and ASWB standards for technology and social work practice
- Clinical Supervision: A Practice Specialty of Clinical Social Work (a Position statement of the American Board of Examiners in Clinical Social Work [ABECSW])

Using their breadth of social work experience and familiarity with the resources available to them, the SMEs began to draft a list of competencies required of supervisors who function as an important part of the licensure process. The job analyst took notes electronically. An additional resource for their brainstorming efforts was the ABECSW position statement, which presented four domains of clinical supervision (clinical supervision of direct practice, treatment-team collaboration, continued learning, and job management). Through further discussion, the SMEs modified and expanded the domain categories from this position statement and aligned them with the objectives of the current task force and its priorities, ultimately yielding six domains:

- Supervisory Relationship and Process
- Supervision of Practice (i.e., the supervisee's practice)
- Professional Relationships
- Work Context
- Evaluation
- Life-long Learning and Professional Responsibility

These domains were generated to conform to the following description:

Domain

- Serves as a title for a cluster of related tasks (usually 6-20 tasks per domain)
- Is a general, not specific, statement of the work that is performed (usually 6-12 domains per job)
- Stands alone (is meaningful without reference to the job)
- Avoids references to worker behaviors, tools, and knowledge needed

As the SMEs generated the competencies, they sorted them into the appropriate domains. The SMEs continued to refine the competencies and regroup them according to the domains they had identified. They further refined the domain names as they discussed the logic used to group competencies into domains. The SMEs reviewed the list several times to ensure that the domain titles accurately reflected the competencies associated with them and that the related competencies had been identified. The list of competencies needed to supervise for licensure, as grouped by domain, can be found in Appendix B.

Identification of KSAs Needed to Provide Supervision for Licensure

In this step of the focus group meeting, the SMEs developed a list indicating the technical knowledge required for performing the competencies needed by those who supervise others for the purpose of licensure. The SMEs were provided with a simplified definition and examples of knowledge from the book *Applied Measurement Methods in Industrial Psychology* (Davies-Black Publishing, 1997) written by Deborah L. Whetzel and George R. Wheaton. The definition and examples provided to the SMEs are shown below:

> **Knowledge** refers to specific types of information people need in order to perform a job. Examples of the types of knowledge identified for performing the job of electrician are:
> - Knowledge of National Electrical Code
> - Knowledge of building specifications
> - Knowledge of blueprint symbols

Using the list of competencies, the SMEs brainstormed to generate a list of KSAs needed for successful performance as a supervisor. Guiding the development of this list were numerous resources, particularly the KSAs that comprise ASWB's current Clinical Examination. As the discussion proceeded, the group retained, edited, added, or deleted text to make sure that the final list would accurately and completely represent the technical KSAs required for performing the competencies of the supervisory role during the licensure process.

As a final review, the SMEs reviewed the competencies to ensure that the required KSAs were included on the list. The final list of KSAs needed to perform the competencies can be found in Appendix C.

Linking Competencies to Relevant KSAs

As a last step, the SMEs reviewed the list of competencies in order to document the KSAs (identified by number) required to effectively perform each competency. To accomplish this task most efficiently, the task force members divided themselves into subgroups so that each subgroup could discuss one or two domain(s) of competencies and generate a preliminary list of KSAs that they could link to individual competencies. Next, the complete task force reassembled in order for the subgroups to present their rationale for the links made between their assigned competency grouping(s) and the KSAs. The complete group further supplemented the linking data by revising some linkings or by adding additional KSAs to make the overall KSA list complete. A listing of competencies and their related KSAs can be found in Appendix D. For each competency, the KSAs required for job performance are listed.

Supervision Qualifications for Independent Practice Licensure Supervision

To close the meeting, the SMEs reflected on the three-day discussion and outlined general requirements for a supervisor who is responsible for guiding social workers through the licensure process. The qualifications for supervision are:

- A license to practice in the area in which supervision is going to be provided
- Specified coursework in supervision and/or a specified minimum number of continuing education hours
- A minimum of three years of post-licensure experience in a supervisory role
- For ongoing currency, continuing education courses in supervision that are updated every five years, and approved by the licensing board

Determining the Criticality of the Competencies

Over the months following the task force meeting, the task force members completed a process to evaluate the list of competencies based on multiple criteria, i.e., Criticality and Acquisition. The SMEs received their rating materials (i.e., competency list, instructions, rating scales) via email and then returned their completed rating sheet to ASWB and ACT.

Rating Scale Definitions. Criticality is the extent to which a competency is critical to the performance of the job. To determine Criticality, each SME evaluated each competency in terms of its Importance and Frequency. Importance refers to the competent performance of the competency to effective social work supervision. Frequency refers to how often a supervisor should perform an activity (demonstrate that competency). Ratings on both scales ranged from 1 to 4 ("This task is of low importance/seldom performed" to "This task is of extreme importance/performed daily.") The mean Importance rating for each task was then multiplied by the mean Frequency rating for each competency to produce the Criticality rating for each competency. These ratings

represent aggregate information rather than information reached by the consensus of the SMEs. The criticality values for this analysis ranged from 2.6 (for the least critical competency) to 14.0 (for the competency rated most critical), with a maximum possible Criticality rating of 16. Ten SMEs participated in the rating process. The Criticality ratings and rating materials can be found in Appendix E.

The SMEs also rated the competencies for Acquisition by considering the following questions: How difficult was this task to learn? How much practice was required to become proficient at this task/activity in order to perform this activity *independently*? The mean Acquisition ratings are also shown in Appendix E.

Summary

The work of the ASWB Supervision Task Force is the first detailed, professionally organized analysis of the work of providing supervision for social workers for purposes of licensure. The results can be used in a number of ways in social work education and regulation. ASWB itself will use it to determine changes in the Model Social Work Practice Act, used as a resource by member jurisdictions as they change and develop their own laws and regulations.

This final report provides a basis for both regulators and educators to use to underpin requirements and curriculum design for current and future supervisors who guide social workers through the licensure process. It can be used to support curriculum design for formal education in colleges and universities, and for continuing education in many forms. For instruction that is already available, it can serve as a measurement comparison. Another use ASWB will have for it is in evaluating course offerings in its Approved Continuing Education (ACE) Program.

Supervision is an important step in the development of future social workers. Now that the analysis has been done, supervision has a foundation aside from custom or anecdotal evidence of what works and does not work. It can also serve as a basis for further research.

Appendix A | Members of the ASWB Supervision Task Force

Members
Dr. Dorinda Noble, Chair
Professor and Director
School of Social Work Texas State University
San Marcos, Texas

Gary Bailey
Burlington, North Carolina
Private Practitioner, Alamance Lifeworks EAP
Former Adjunct Professor, Elon University, North Carolina

David Boehm
Private Practitioner
Blue Ridge Counseling Services
Marion, Virginia

James Campbell
Regional Director
Interior Health Hillside Center at RIH
Kamloops, British Columbia

Dr. Jacalyn Claes
Assistant Professor
Department of Social Work University of North Carolina
Greensboro, North Carolina

Dr. Jeannie Falkner
Assistant Professor of Social Work Delta State University
Cleveland, Mississippi

Alison Hadley
Private Practitioner
Spokane, Washington

Dr. Jane Matheson
Chief Executive Officer
Wood's Homes
Calgary, Alberta

Dr. Anoma Mullegama
Manager, Medical Social Services
Mayo Clinic
Rochester, Minnesota

Anne Brantley Segall
Consultant and Researcher
Wayne State University School of Medicine
Past Adjunct Faculty, Graduate School of Social Work University of Michigan
Ann Arbor, Michigan

Dr. Saundra Starks
Associate Professor of Social Work
Western Kentucky University
Bowling Green, Kentucky

Dr. Sallie Watkins
Retired as Director of Social Work at Bryce Hospital, Alabama
Former Faculty Member, University of Alabama at Birmingham
Former Adjunct Faculty, University of Alabama
Tuscaloosa, Alabama

ASWB Staff
Donna DeAngelis, Executive Director
Association of Social Work Boards
400 Southridge Parkway, Suite B Culpeper, Virginia

Kathleen Hoffman, Deputy Executive Director
Association of Social Work Boards
400 Southridge Parkway, Suite B Culpeper, Virginia

ACT Staff
Carol Ogletree, PhD.
Industrial/Organizational Psychologist, Professional Development Services, ACT
Iowa City, Iowa

Appendix B | Supervisory Competencies Grouped by Domain

Supervisory Relationship and Process

1. Conduct self-assessment (supervisor)
    a. Assess supervisory style
        - Interactional
        - Learning
        - Communication
        - Working
    b. Assess strengths/limits (personal, professional)
    c. Assess awareness of professional knowledge and competencies
    d. Assess values and attitudes
2. Establish the supervisory relationship

a. Develop contract
    - Clarify purpose of supervision
    - Clarify goals of supervision
    - Clarify respective roles, duties, responsibilities
    - Define structure/method of supervision
    - Determine authority and accountability (for issues such as confidentiality; record keeping; timeliness)
    - Specify terms of shared supervision (if necessary)
    - Establish fee structure (if necessary)
    - Establish length, frequency, and duration of supervision
    - Determine modality of supervision (face-to-face, individual, group, technology-assisted)
    - Maintain documentation for purposes of:
        - credentialing and/or licensing
        - tracking supervision process
    - Specify methods of evaluation
    - Establish terms of termination

b. Develop an environment that enhances communication and reflects a growing working alliance between supervisor and supervisee
c. Establish and maintain boundaries
d. Monitor and address the impact of relational dynamics
e. Address parallel process
f. Address thoughts, feelings, and behavior
g. Manage conflict/disagreement
h. Manage power and authority
i. Provide constructive feedback
j. Validate effective performance
k. Offer support in areas that need improvement
l. Solicit/respond appropriately to feedback from supervisee
m. Manage termination process

Supervision of Supervisee's Practice

1. Integrate into ongoing practice the supervisee's experience using reflection, analysis, and contextual attributes of the case situation
    a. Identify what's working
    b. Determine what's problematic and restructure
    c. Offer guidance and support for improvement
    d. Evaluate
2. Facilitate the acquisition of advanced social work knowledge in assessment, case planning, intervention, and evaluation
3. Follow up on case planning – investigate/reflect on what happened, and revise plans
4. Guide/direct supervisee to ensure ethical practices within regulations and laws affecting social work practice
5. Resolve professional ethical dilemmas in providing service to clients
6. Assist supervisee in the appropriate use of advocacy with different systems
7. Develop learning plans with supervisee using (elements such as):
    a. Formal case assessments and/or presentations
    b. Writing assignments
    c. Conference attendance
    d. Current research (articles, books)
    e. Involvement in professional organizations
    f. Creative arts (movies, plays, novels, art therapy, music, museum visits)
8. Follow up on and modify learning plans
9. Address issues of personal safety and risk

Professional Relationships (e.g., external providers, managing teams, other professionals, colleagues, supervisors)

1. Supervisees and their colleagues
    a. Work with supervisee to create collaborative relationships
    b. Assist supervisees to develop teamwork skills
2. Recognize and respect socio-cultural differences
    a. Advise supervisee on strategies to manage challenges
3. Relationship with other systems (inside/outside the work setting)
    a. Clarify/conceptualize the multiple roles and responsibilities of other professions, organizations, entities, and socio-political environments
    b. Develop strategies to work with other organizations/systems

Work Context

1. Determine whether practice setting policies, procedures, and materials are consistent with social work ethics
2. Educate supervisee in financial practices (on issues such as):
    a. Insurance reimbursement
    b. Fee setting and collection
    c. Financial record keeping
3. Identify impaired professionals and take appropriate action
4. Monitor use of technology with supervisee (online or telephone supervision; fax; e- mail)
5. Educate supervisees regarding socio-cultural sensitivity
6. Assess cultural environment of the practice setting
7. Help supervisees develop strategies to increase wellness, including managing stress

Evaluation

1. Assess supervisee's:
    a. learning goals
    b. level of professional development and experience
    c. level of social work knowledge
    d. job context (the agency mission, the job description, job history, role within the agency)
    e. strengths and challenges
    f. learning style
2. Monitor supervisee's documentation (case plans, treatment plans) for quality, clarity, completeness, content.
3. Perform formative and summative evaluation.
4. Address inappropriate behaviors and take corrective actions.
5. Evaluate supervisee and provide recommendations, as appropriate:
    a. to the supervisee
    b. to the agency or practice setting
    c. to the regulatory board
    d. as required by law

Life-long Learning and Professional Responsibility

1. Promote continuing education specific to the practice setting
2. Encourage and model:
    a. self-awareness
    b. professional development
    c. professional contributions
    d. professional engagement
    e. professional consultation
3. Remain current in knowledge base of changing professional practice, laws, and regulations

Appendix C | KSAs Required to Supervise for Social Work Licensure

Assumption: Knowledge translates to the ability to apply the knowledge in the supervision process

1. Knowledge of theoretical models of supervision
2. Knowledge of theories of human development and behavior
3. Ability to establish and articulate measurable outcomes for learning and performance of supervisees
4. Knowledge of the stages of professional and career development
5. Knowledge of adult learning theories and research
6. Ability to identify learning needs for supervisees
7. Ability to identify learning objectives for supervisees
8. Knowledge of methods for performance appraisal and evaluation
9. Knowledge of techniques to be used in supervision
10. Knowledge of group processes and dynamics
11. Knowledge of accepted social work practices
12. Knowledge of practice theory on which to build assessments and interventions
13. Knowledge of the biopsychosocial perspective
14. Knowledge of the laws and regulations pertinent to supervision and practice
15. Knowledge of the responsibilities and liabilities related to supervision
16. Knowledge of evaluation techniques and processes
17. Knowledge of social work ethics
18. Ability to make ethical decisions
19. Ability to use insight and emotional intelligence
20. Knowledge of communication skills (written, verbal, nonverbal)
21. Knowledge of relationship building skills
22. Knowledge of conflict resolution skills
23. Knowledge of practice safety issues
24. Knowledge of business practices (e.g., funding and financial issues) as applied to the practice setting
25. Knowledge of confidentiality requirements
26. Knowledge of risk management

27. Knowledge of record keeping and documentation
28. Knowledge of standards of culturally competent practice and diversity
29. Knowledge of the job duties of supervisee(s)
30. Knowledge of the agency's mission
31. Knowledge of supervisory functions (e.g.):
    - Administrative
    - Educational
    - Supportive
    - Evaluation
    - Organizational culture
32. Knowledge of the theories of power, influence, and authority
33. Ability to teach the respectful and effective use of power and authority
34. Knowledge of the theoretical underpinnings of transference, counter-transference, boundaries, dual relationships, and parallel process
35. Ability to use critical thinking skills
36. Knowledge of the roles and responsibilities of allied professions
37. Knowledge of interactional skills: collaboration, negotiation, consultation, mediation, networking
38. Knowledge of policy-making, policy analysis, and advocacy
39. Knowledge of how to develop/access resources
40. Knowledge of differences and the effects of oppression, discrimination, and prejudice
41. Knowledge of the ethical, innovative, and effective use of informational and communication technologies
42. Knowledge of the stages of stress, burnout, and compassion fatigue
43. Knowledge of professional social work identity, culture, and community

Appendix D | Competencies and Their Related KSAs

DOMAIN: Supervisory relationship and process	
Competency 1. Conduct self-assessment (supervisor) **a. Assess supervisory style** **i. Interactional** **ii. Learning** **iii. Communication** **iv. Working** **b. Assess strengths/limits (personal/professional)** **c. Assess awareness of professional knowledge and competencies** **d. Assess values and attitudes**	
#	KSAs Needed
1	Knowledge of theoretical models of supervision
2	Knowledge of theories of human development and behavior
5	Knowledge of adult learning theories and research
15	Knowledge of the responsibilities and liabilities related to supervision
19	Ability to use insight and emotional intelligence
28	Knowledge of standards of culturally competent practice and diversity
Competency 2. Establish the supervisory relationship **a. Develop contract** **a. Clarify purpose of supervision** **i. Clarify goals of supervision** **ii. Clarify respective roles, duties, responsibilities** **iii. Define structure/method of supervision** **iv. Determine authority and accountability (for issues such as confidentiality, record keeping, timeliness)** **v. Specify terms of shared supervision (if necessary)** **vi. Establish fee structure** **vii. Establish length, frequency and duration of supervision** **viii. Determine modality of supervision (face-to-face, individual, group, technology-assisted)** **ix. Maintain documentation for purposes of** **1. Credentialing and/or licensing** **2. Tracking supervision process** **x. Specify methods of evaluation** **xi. Establish terms of termination** **b. Develop an environment that enhances communication and reflects a growing working alliance between supervisor and supervisee** **c. Establish and maintain boundaries** **d. Monitor and address the impact of relational dynamics** **e. Address parallel process** **f. Address thoughts, feelings and behavior**	

	g. Manage conflict/disagreement **h. Manage power and authority** **i. Provide constructive feedback** **i. Validate effective performance** **ii. Offer support in areas that need improvement** **j. Solicit and respond appropriately to feedback** **k. Manage termination process**
#	KSAs Needed
3	Ability to establish and articulate measurable outcomes for learning and performance of supervisees
7	Ability to identify learning objectives for supervisees
8	Knowledge of methods for performance appraisal and evaluation
14	Knowledge of the laws and regulations pertinent to supervision and practice
20	Knowledge of communication skills (written, verbal, nonverbal)
21	Knowledge of relationship building skills
22	Knowledge of conflict resolution skills
24	Knowledge of business practices (e.g., funding and financial issues) as applied to the practice setting
25	Knowledge of confidentiality requirements
27	Knowledge of record keeping and documentation
29	Knowledge of the job duties of supervisee(s)
30	Knowledge of the agency's mission
31	Knowledge of supervisory functions, e.g. administrative, educational, supportive, evaluative and organizational culture
32	Knowledge of the theories of power, influence, and authority
33	Ability to teach the respectful and effective use of power and authority
34	Knowledge of the theoretical underpinnings of transference, counter-transference, boundaries, dual relationships, and parallel process
41	Knowledge of the ethical, innovative, and effective use of informational and communication technologies
DOMAIN: Supervision of supervisee's practice	
Competency 1.	**Integrate into ongoing practice the supervisee's experience using reflection, analysis and contextual attributes of the case situation**
#	KSAs Needed
12	Knowledge of practice theory on which to build assessments and interventions
13	Knowledge of the biopsychosocial perspective
19	Ability to use insight and emotional intelligence
35	Ability to use critical thinking skills
Competency 2.	**Facilitate the acquisition of advanced social work knowledge in assessment, case planning, intervention and evaluations**
#	KSAs Needed
2	Knowledge of theories of human development and behavior
9	Knowledge of techniques to be used in supervision
11	Knowledge of accepted social work practices
12	Knowledge of practice theory on which to build assessments and interventions

#	KSAs Needed
13	Knowledge of the biopsychosocial perspective
16	Knowledge of evaluation techniques and processes
Competency 3. Follow up on case planning—investigate/reflect on what happened and revise plans **a. Identify what's working** **b. Determine what's problematic and restructure** **c. Offer guidance and support for improvement** **d. Evaluate**	
#	KSAs Needed
1	Knowledge of theoretical models of supervision
3	Ability to establish and articulate measurable outcomes for learning and performance of supervisees
6	Ability to identify learning needs for supervisees
8	Knowledge of methods for performance appraisal and evaluation
9	Knowledge of techniques to be used in supervision
Competency 4. Guide/direct supervisee to ensure ethical practices within regulations and laws affecting social work practice	
#	KSAs Needed
14	Knowledge of the laws and regulations pertinent to supervision and practice
15	Knowledge of the responsibilities and liabilities related to supervision
17	Knowledge of social work ethics
18	Ability to make ethical decisions
Competency 5. Resolve professional ethical dilemmas in providing service to clients	
#	KSAs Needed
17	Knowledge of social work ethics
18	Ability to make ethical decisions
34	Knowledge of the theoretical underpinnings of transference, counter-transference, boundaries, dual relationships, and parallel process
35	Ability to use critical thinking skills
Competency 6. Assist supervisee in the appropriate use of advocacy with different systems	
#	KSAs Needed
11	Knowledge of accepted social work practices
36	Knowledge of the roles and responsibilities of allied professions
38	Knowledge of policy-making, policy analysis, and advocacy
39	Knowledge of how to develop/access resources
40	Knowledge of differences and the effects of oppression, discrimination, and prejudice
Competency 7. Develop learning plans with supervisee using elements such as: **a. Formal case assessments and/or presentations** **b. Writing assignments** **c. Conference attendance** **d. Current research (articles, books)** **e. Involvement in professional organizations** **f. Creative arts (movies, plays, novels, art therapy, music, museum visits)**	

#	KSAs Needed
6	Ability to identify learning needs for supervisees
7	Ability to identify learning objectives for supervisees
8	Knowledge of methods for performance appraisal and evaluation
9	Knowledge of techniques to be used in supervision
20	Knowledge of communication skills (written, verbal, nonverbal)
31	Knowledge of supervisory functions, e.g. administrative, educational, supportive, evaluative and organizational culture
Competency 8. Follow up on and modify learning plans	
#	KSAs Needed
3	Ability to establish and articulate measurable outcomes for learning and performance of supervisees
4	Knowledge of the stages of professional and career development
7	Ability to identify learning objectives for supervisees
31	Knowledge of supervisory functions, e.g. administrative, educational, supportive, evaluative and organizational culture
Competency 9. Address issues of personal safety and risk	
#	KSAs Needed
23	Knowledge of practice safety issues
26	Knowledge of risk management
30	Knowledge of the agency's mission
DOMAIN: Professional relationships	
Competency 1. Supervisees and their colleagues **a. Work with supervisee to create collaborative relationships** **b. Assist supervisees to develop teamwork skills**	
#	KSAs Needed
10	Knowledge of group processes and dynamics
20	Knowledge of communication skills (written, verbal, nonverbal)
21	Knowledge of relationship building skills
33	Ability to teach the respectful and effective use of power and authority
36	Knowledge of the roles and responsibilities of allied professions
37	Knowledge of interactional skills: collaboration, negotiation, consultation, mediation, networking
Competency 2. Recognize and respect socio-cultural differences **a. Advise supervisees on strategies to manage challenges**	
#	KSAs Needed
28	Knowledge of standards of culturally competent practice and diversity
32	Knowledge of the theories of power, influence, and authority
40	Knowledge of differences and the effects of oppression, discrimination, and prejudice
Competency 3. Relationship with other systems (inside/outside the work setting) **a. Clarify/conceptualize the multiple roles and responsibilities of other professions, organizations, entities, and socio-political environments** **b. Develop strategies to work with other organizations/systems**	
#	KSAs Needed

#	KSAs Needed
24	Knowledge of business practices (e.g., funding and financial issues) as applied to the practice setting
25	Knowledge of confidentiality requirements
30	Knowledge of the agency's mission
36	Knowledge of the roles and responsibilities of allied professions
37	Knowledge of interactional skills: collaboration, negotiation, consultation, mediation, networking
38	Knowledge of policy-making, policy analysis, and advocacy
DOMAIN: Work context	
Competency 1. Determine whether practice setting policies, procedures and materials are consistent with social work ethics	
#	KSAs Needed
14	Knowledge of the laws and regulations pertinent to supervision and practice
17	Knowledge of social work ethics
38	Knowledge of policy-making, policy analysis, and advocacy
Competency 2. Educate supervisee in financial practices (on issues such as): **a. Insurance reimbursement** **b. Fee setting and collection** **c. Financial record keeping**	
#	KSAs Needed
5	Knowledge of adult learning theories and research
15	Knowledge of the responsibilities and liabilities related to supervision
24	Knowledge of business practices (e.g., funding and financial issues) as applied to the practice setting
26	Knowledge of risk management
27	Knowledge of record keeping and documentation
Competency 3. Identify impaired professionals and take appropriate actions	
#	KSAs Needed
14	Knowledge of the laws and regulations pertinent to supervision and practice
15	Knowledge of the responsibilities and liabilities related to supervision
18	Ability to make ethical decisions
26	Knowledge of risk management
Competency 4. Monitor use of technology with supervisee (online or telephone supervision; fax; email)	
#	KSAs Needed
14	Knowledge of the laws and regulations pertinent to supervision and practice
41	Knowledge of the ethical, innovative, and effective use of informational and communication technologies
Competency 5. Assist supervisee to understand the complexities and risks of the use of technology	
#	KSAs Needed
26	Knowledge of risk management
41	Knowledge of the ethical, innovative, and effective use of informational and communication technologies
Competency 6. Educate supervisee regarding socio-cultural sensitivity	
#	KSAs Needed

#	KSAs Needed
13	Knowledge of the biopsychosocial perspective
28	Knowledge of standards of culturally competent practice and diversity
40	Knowledge of differences and the effects of oppression, discrimination, and prejudice
Competency 7. Assess cultural environment of the practice setting	
#	KSAs Needed
28	Knowledge of standards of culturally competent practice and diversity
Competency 8. Help supervisees develop strategies to increase wellness, including managing stress	
#	KSAs Needed
4	Knowledge of the stages of professional and career development
19	Ability to use insight and emotional intelligence
22	Knowledge of conflict resolution skills
31	Knowledge of supervisory functions, e.g. administrative, educational, supportive, evaluative and organizational culture
42	Knowledge of the stages of stress, burnout, and compassion fatigue

DOMAIN: Evaluation

Competency 1. Assess supervisee's:

- **a. learning goals**
- **b. level of professional development and experience**
- **c. level of social work knowledge**
- **d. job context (agency mission, job description, job history, role within the agency)**
- **e. strengths and challenges**
- **f. learning style**

#	KSAs Needed
8	Knowledge of methods for performance appraisal and evaluation
16	Knowledge of evaluation techniques and processes
28	Knowledge of standards of culturally competent practice and diversity
29	Knowledge of the job duties of supervisee(s)
30	Knowledge of the agency's mission
31	Knowledge of supervisory functions, e.g. administrative, educational, supportive, evaluative and organizational culture
Competency 2. Monitor supervisee's documentation for quality, clarity, completeness, content	
#	KSAs Needed
8	Knowledge of methods for performance appraisal and evaluation
16	Knowledge of evaluation techniques and processes
20	Knowledge of communication skills (written, verbal, nonverbal)
27	Knowledge of record keeping and documentation
29	Knowledge of the job duties of supervisee(s)
31	Knowledge of supervisory functions, e.g. administrative, educational, supportive, evaluative and organizational culture
Competency 3. Perform formative and summative evaluation	
#	KSAs Needed
3	Ability to establish and articulate measurable outcomes for learning and performance of supervisees

6	Ability to identify learning needs for supervisees
8	Knowledge of methods for performance appraisal and evaluation
16	Knowledge of evaluation techniques and processes
20	Knowledge of communication skills (written, verbal, nonverbal)
31	Knowledge of supervisory functions, e.g. administrative, educational, supportive, evaluative and organizational culture
Competency 4. Address inappropriate behaviors and take corrective actions	
#	KSAs Needed
4	Knowledge of the stages of professional and career development
8	Knowledge of methods for performance appraisal and evaluation
14	Knowledge of the laws and regulations pertinent to supervision and practice
15	Knowledge of the responsibilities and liabilities related to supervision
16	Knowledge of evaluation techniques and processes
22	Knowledge of conflict resolution skills
26	Knowledge of risk management
31	Knowledge of supervisory functions, e.g. administrative, educational, supportive, evaluative and organizational culture
Competency 5. Evaluate supervisee and provide recommendations, as appropriate: **a. To the supervisee** **b. To the agency or practice setting** **c. To the regulatory board** **d. As required by law**	
#	KSAs Needed
3	Ability to establish and articulate measurable outcomes for learning and performance of supervisees
8	Knowledge of methods for performance appraisal and evaluation
15	Knowledge of the responsibilities and liabilities related to supervision
16	Knowledge of evaluation techniques and processes
20	Knowledge of communication skills (written, verbal, nonverbal)
25	Knowledge of confidentiality requirements
26	Knowledge of risk management
31	Knowledge of supervisory functions, e.g. administrative, educational, supportive, evaluative and organizational culture
DOMAIN: Life-long learning and professional responsibility	
Competency 1. Promote continuing education specific to the practice setting	
#	KSAs Needed
4	Knowledge of the stages of professional and career development
6	Ability to identify learning needs for supervisees
7	Ability to identify learning objectives for supervisees
31	Knowledge of supervisory functions, e.g. administrative, educational, supportive, evaluative and organizational culture

Competency 2. Encourage and model: a. self-awareness b. professional development c. professional contributions d. professional engagement e. professional consultation	
#	KSAs Needed
4	Knowledge of the stages of professional and career development
19	Ability to use insight and emotional intelligence
21	Knowledge of relationship building skills
39	Knowledge of how to develop/access resources
43	Knowledge of professional social work identity, culture, and community
Competency 3. Remain current in knowledge base of changing professional practice, laws and regulations	
#	KSAs Needed
11	Knowledge of accepted social work practices
14	Knowledge of the laws and regulations pertinent to supervision and practice
28	Knowledge of standards of culturally competent practice and diversity
39	Knowledge of how to develop/access resources
41	Knowledge of the ethical, innovative, and effective use of informational and communication technologies
43	Knowledge of professional social work identity, culture, and community

Appendix E | Competency Ratings and Rating Materials

	Importance Mean	Frequency Mean	Criticality	Acquisition Mean
DOMAIN: Supervisory Relationship and Process				
1. Conduct self-assessment (supervisor)				
a. Assess supervisory style (Interactional, Learning, Communication, Working)	3.20	1.10	**3.52**	2.10
b. Assess strengths/limits (personal, professional)	3.60	2.60	**9.36**	2.00
c. Assess awareness of professional knowledge and competencies	3.80	2.70	**10.26**	1.80
d. Assess values and attitudes	3.40	2.60	**8.84**	1.60
2. Establish the supervisory relationship				
a. Develop contract				
i. Clarify purpose of supervision	3.40	1.80	**6.12**	1.70
ii. Clarify goals of supervision	3.70	1.80	**6.66**	1.70
iii. Clarify respective roles, duties, responsibilities	3.40	1.50	**5.10**	1.70
iv. Define structure/method of supervision	2.80	1.30	**3.64**	1.70
v. Determine authority and accountability (for issues such as confidentiality; record keeping; timeliness)	3.50	1.80	**6.30**	1.80
vi. Specify terms of shared supervision (if necessary)	2.80	1.10	**3.08**	2.00
vii. Establish fee structure	2.90	1.00	**2.90**	1.90
viii. Establish length, frequency, and duration of supervision	2.80	1.30	**3.64**	1.70
ix. Determine modality of supervision (face-to-face, individual, group, technology-assisted)	2.90	1.00	**2.90**	1.50
x. Maintain documentation for purposes of: • credentialing and/or licensing • tracking supervision process	4.00	3.00	**12.00**	1.89
xi. Specify methods of evaluation	3.00	1.70	**5.10**	1.90
xii. Establish terms of termination	2.60	1.10	**2.86**	1.60

	Importance Mean	Frequency Mean	Criticality	Acquisition Mean
b. Develop an environment that enhances communication and reflects a growing working alliance between supervisor and supervisee	4.00	3.50	**14.00**	2.50
c. Establish and maintain boundaries	3.80	3.60	**13.68**	2.00
d. Monitor and address the impact of relational dynamics	3.50	3.40	**11.90**	2.40
e. Address parallel process	3.20	2.70	**8.64**	2.80
f. Address thoughts, feelings, and behavior	3.60	3.40	**12.24**	1.80
g. Manage conflict/disagreement	3.70	2.50	**9.25**	2.10
h. Manage power and authority	3.60	3.10	**11.16**	2.60
i. Provide constructive feedback				
i. Validate effective performance	3.50	3.20	**11.20**	2.20
ii. Offer support in areas that need improvement	3.40	3.00	**10.20**	2.10
j. Solicit/respond appropriately to feedback from supervisee	3.30	2.90	**9.57**	2.20
k. Manage termination process	2.60	1.00	**2.60**	1.90
DOMAIN: Supervision of Supervisee's Practice				
1. Integrate into ongoing practice the supervisee's experience using reflection, analysis, and contextual attributes of the case situation	3.50	3.30	**11.55**	2.60
2. Facilitate the acquisition of advanced social work knowledge in assessment, case planning, intervention, and evaluation	3.50	2.80	**9.80**	2.40
3. Follow up on case planning – investigate/reflect on what happened, and revise plans a. Identify what's working b. Determine what's problematic and restructure c. Offer guidance and support for improvement d. Evaluate	3.80	2.80	**10.60**	2.20
4. Guide/direct supervisee to ensure ethical practices within regulations and laws affecting social work practice	4.00	3.20	**12.80**	2.10

	Importance Mean	Frequency Mean	Criticality	Acquisition Mean
5. Resolve professional ethical dilemmas in providing service to clients	3.70	2.20	**8.14**	2.00
6. Assist supervisee in the appropriate use of advocacy with different systems	2.80	2.10	**5.88**	2.10
7. Develop learning plans with supervisee using (elements such as): a. Formal case assessments and/or presentations b. Writing assignments c. Conference attendance d. Current research (articles, books) e. Involvement in professional organizations f. Creative arts (movies, plays, novels, art therapy, music, museum visits)	3.60	2.00	**7.20**	1.80
8. Follow up on and modify learning plans	3.00	1.90	**5.70**	1.80
9. Address issues of personal safety and risk	3.50	3.00	**10.50**	1.75
DOMAIN: Professional Relationships (e.g., external providers, teams, others professionals, colleagues, supervisors)				
1. Supervisees and their colleagues				
a. Work with supervisee to create collaborative relationships	3.00	2.70	**8.10**	2.30
b. Assist supervisees in developing teamwork skills	2.90	2.60	**7.54**	2.50
2. Recognize and respect socio- cultural differences				
a. Advise supervisee on strategies to manage challenges	3.40	2.40	**8.16**	2.40
3. Relationship with other systems (inside/outside the work setting)				
a. Clarify/conceptualize the multiple roles and responsibilities of other professions, organizations, entities, and socio-political environments	2.30	2.00	**4.60**	2.30
b. Develop strategies to work with other organizations/systems	2.70	2.10	**5.67**	2.20
DOMAIN: Work Context				
1. Determine whether practice setting policies, procedures, and materials are consistent with social work ethics	3.50	2.00	**7.00**	2.40

	Importance Mean	Frequency Mean	Criticality	Acquisition Mean
2. Educate supervisee in financial practices (on issues such as): a. Insurance reimbursement b. Fee setting and collection c. Financial record keeping	2.90	1.60	**4.64**	2.10
3. Identify impaired professionals	3.50	1.70	**5.95**	2.50
4. Take appropriate action once a determination of impairment is made	3.80	2.00	**7.60**	2.40
5. Monitor use of technology with supervisee (online or telephone supervision; fax; email)	2.30	1.70	**3.91**	1.60
6. Educate supervisees regarding socio-cultural sensitivity	3.50	2.40	**8.40**	1.78
7. Assess cultural environment of the practice setting	3.20	2.00	**6.40**	2.10
8. Help supervisees develop strategies to increase wellness, including managing stress	3.30	2.20	**7.26**	2.10
DOMAIN: Evaluation				
1. Assess supervisee's:				
a. learning goals	3.70	2.10	**7.77**	1.80
b. level of professional development and experience	3.40	2.00	**6.80**	1.90
c. level of social work knowledge	3.80	2.20	**8.36**	2.30
d. job context (the agency mission, the job description, job history, role within the agency)	2.70	1.30	**3.51**	1.70
e. strengths and challenges	3.70	2.50	**9.25**	2.30
f. learning style	3.00	1.60	**4.80**	2.00
2. Monitor supervisee's documentation (case plans, treatment plans) for quality, clarity, completeness, content.	3.30	2.30	**7.59**	1.90
3. Perform formative and summative evaluation.	3.70	1.50	**5.55**	2.50
4. Address inappropriate behaviors and take corrective actions.	4.00	2.11	**8.44**	2.33
5. Evaluate supervisee and provide recommendations, as appropriate:				
a. To the supervisee	3.80	2.40	**9.12**	2.00
b. To the agency or practice setting	3.10	1.40	**4.34**	1.90
c. To the regulatory board	3.50	1.40	**4.90**	2.10
d. As required by law	4.00	1.90	**7.60**	2.00

DOMAIN: Life-long Learning and Professional Responsibility				
1. Promote continuing education to the practice setting	3.00	1.90	**5.70**	1.60
2. Encourage and model:				
a. Self-awareness	3.80	2.80	**10.64**	1.80
b. Professional development	3.50	2.30	**8.05**	1.70
c. Professional contributions	2.50	1.80	**4.50**	1.80
d. Professional engagement	2.60	1.80	**4.68**	1.70
e. Professional consultation	2.90	2.10	**6.09**	2.40
3. Remain current in knowledge base of changing professional practice, laws, and regulations	3.90	2.40	**9.36**	1.80

Competency Rating Scales and Instructions

Please respond to each competency statement with separate responses: one for Importance and one for Frequency.

Importance and Frequency Rating Scales
There are two scales because importance and the amount of time you spend doing a task are two separate things.

We realize that all of the activities may be important to the role of clinical social work supervisor for licensure. However, some of them are more important than others, so there should be a range of ratings.

Importance Rating Scale: In evaluating importance, consider what may happen if the task is not performed properly. Please consider the following questions when making your rating.

How important is the competent performance of this task to effective social work supervision, regardless of how often it is performed? How serious are the consequences if this task is performed incorrectly or not at all?

Importance Levels

1 Of low importance
2 Of moderate importance
3 Very important
4 Extremely important

Frequency: How often do you estimate that an average supervisor performs this activity? (Or: Typically, how often does a supervisor for licensure perform this activity?)

Frequency Levels

1 Seldom (a few times a year)
2 Monthly (approximately once a month)
3 Weekly (approximately once or twice a week)
4 Daily (approximately every day)

When answering the question, please assume that the opportunity to perform the activity exists.

Acquisition of Task/Activity Proficiency

The purpose of this activity is to review the key activities and consider the length of time needed to acquire proficiency in task performance. The outcome of this activity may provide further insight into what can be reasonably expected for social workers who provide supervision for licensure.

Option 1 (i.e., social work education) includes key activities that are learned as a part of classroom training and any required practicum/internship that comprise a degree program.

Option 2 includes key activities that are likely to be learned during the first 3 months in the job of a supervisor for licensure.

Option 3 includes key activities that are likely to be learned by the end of the first 2 years in the job.

Acquisition: How difficult was this task to learn? How much practice was required to become proficient at this task/activity in order to perform this activity *independently*?

1 Social work education prepares a new supervisor to perform this task. Therefore, a new supervisor can be expected to be able to perform this task when they assume the role of supervisor for licensure.)

2 Some experience is needed for a supervisor to learn to perform this task. A new supervisor can be expected to learn to perform this task within the first 3 months on the job.

3 A lot of experience is needed for a supervisor to learn to perform this task. A new supervisor can be expected to learn to perform this task by the conclusion of the first 2 years on the job.

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

National Association of Social Workers
Jeane W. Anastas, PhD, LMSW
President

Elizabeth J. Clark, PhD, ACSW, MPH
Chief Executive Officer

Association of Social Work Boards
Patricia Heard, LCSW, MBA
President

Mary Jo Monahan, LCSW
Executive Director

Task Force on Supervision Standards
Reinaldo Cardona, LCSW, Co-chair
Amanda Duffy Randall, PhD, LCSW, Co-chair
Fran Franklin, PhD, LCSW
Laura W. Groshong, LICSW
Alison MacDonald, PhD, RSW
Dorinda Noble, PhD, LCSW
Brenda Shepherd-Vernon, LICSW
Donna Ulteig, LCSW

Staff
Mirean Coleman, LICSW, CT
Donna DeAngelis, LICSW, ACSW
Janice Harrison
Kathleen Hoffman

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Introduction

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

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

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

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

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 to 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

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

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).
- 3.0l (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

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

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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NATIONAL ASSOCIATION
OF SOCIAL WORKERS
750 First Street, NE
Suite 700
Washington, DC 20002-4241
202.408.8600
SocialWorkers.org

Virginia Department of
Health Professions
Board of Social Work

ASWB Resource Material

- *Clinical social work supervisor requirements*

Clinical social work supervisor requirements

Prepared by Cara Sanner
ASWB Member Services
September 23, 2019

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Introduction

This report summarizes requirements for clinical social work supervisors. The following jurisdictions were included in the regulations review: the 10 Canadian provinces and all 50 U.S. states, the District of Columbia, and the U.S. territories of the Virgin Islands, the Northern Mariana Islands, and Guam.

The Association of Social Work Boards (ASWB) maintains a database of information on social work regulatory requirements in the United States and Canada which was used to create this report. The database is compiled from the statutes and administrative rules of the jurisdictions mentioned. Database information is published online at www.aswb.org. Click on the link "Detailed Reports: Compare license information" to access information about requirements for regulated licenses. Information about jurisdictional requirements and polices can be found using the link "Compare Jurisdiction Information".

To learn more about a specific jurisdictions' requirements, and for the most up-to-date regulatory information, use the link provided on the ASWB website to be connected directly to a jurisdiction's website, statutes and administrative rules.

Contact Cara Sanner with questions or comments about ASWB's online regulatory reports, or the information contained in this report.

Summary

Clinical social work supervisors must be licensed to perform clinical practice. License requirements nearly universally dictate a Masters of Social Work from a program accredited by the Council on Social Work Education, a period of supervised clinical practice experience, and a passing score on the ASWB Clinical examination. Requirements for clinical social work supervisors beyond initial license requirements include:

- Pre-approval from the licensing board in order to provide supervision – 26 jurisdictions;
- Licensed practice for a minimum specified time period prior to offering supervision – 31 jurisdictions;
- Fulfillment of initial training requirements prior to offering supervision – 24 jurisdictions;
- Continuing education requirements specific to supervision – 17 jurisdictions; and
- Areas of supervisor responsibilities are clearly defined – 15 jurisdictions.

Pre-approval required

Twenty-six jurisdictions require supervisors to be pre-approved by the board:

Alabama
Alberta
California
Florida
Idaho
Kansas
Kentucky
Louisiana
Maryland
Massachusetts
Mississippi
Missouri
Nevada
New Hampshire
New Mexico
New York
North Carolina
North Dakota
Nova Scotia
Ohio
Oklahoma
South Carolina
Texas
Utah
Washington
West Virginia

Minimum experience requirements

Thirty-one jurisdictions specify the minimum experience required for a social worker to provide supervision. Details are provided below. Twenty-two states require on average 2.8 years of clinical practice experience before a social worker can provide supervision. Six states require an average of 3,583 hours, Alberta requires 100 hours, and Maryland requires 18 months.

Alberta 100 hours
California 2 years
Delaware 3 years
Florida 4 years
Georgia 2000 hours
Hawaii 4500 hours
Idaho 2 years
Iowa 4000 hours
Kansas 2 years
Kentucky 3 years
Louisiana 3 years
Maryland 18 months
Minnesota 2000 hours
Mississippi 2 years
Missouri 5 years
Montana 3 years
Nevada 3 years
New Jersey 3 years
New York 3 years
North Carolina 2 years
Ohio 1 years
Oklahoma 5 years
Oregon 2 years
Pennsylvania 5 years
South Carolina 4500 hours
Tennessee 3 years
Utah 2 years
Vermont 4500 hours
Virginia 3 years
Washington 2 years
West Virginia 2 years

Training required prior to providing supervision

Twenty-four jurisdictions require supervisors to obtain training prior to providing supervision, as summarized in this section.

Alberta
20 hours of training in the fundamentals of social work supervision within the past five years.

Arizona
- A tutorial on the Board's statutes and rules provided on the Board's website.
- One of the following:
    - Supervisor certification/designation from a national entity; or
    - 12 hours continuing education in the content areas designated.

California
Fifteen contact hours in supervision training obtained from a state agency or approved continuing education provider in the content areas designated.

Florida
One of the following:

- A graduate level academic course in supervision which meets the requirements of Rule 64B4-6.0025;
- A continuing education course in supervisory training which meets the requirements of Rule 64B4-6.0025, F.A.C.;
- A post-graduate training course for field instructors in clinical social work; or
- Designation as an Approved Supervisor by the American Association for Marriage and Family Therapy.

Idaho
Fifteen contact hours of education in a clinical supervisor training program approved by the board.

Kentucky
A three-hour supervisor training course.

Louisiana

- Attendance at a board orientation workshop, and
- A board-approved training course at least six and a half hours in length.

Maryland

- One social work graduate course in supervision from a master's degree program accredited by the Council on Social Work Education; and
- Twelve hours of agency-sponsored supervision training; or
- Twelve hours of continuing education in social work supervision by a Board-authorized sponsor.

Minnesota

- Thirty hours of training in supervision through coursework from an accredited program; or
- Thirty hours of continuing education, 15 of which may be independent study.

Mississippi
Sixteen hours of training in supervision through one of two (2) methods:

- Fifteen hours of online LCSW supervision training through the Zur Institute in combination with two (2) hours of continuing education credit granted for passing the LCSW Supervisor Test; or
- Sixteen hours of an approved supervision training course.

Missouri

- A sixteen-hour supervision training course.

Montana

- One semester credit of post-licensure board-approved graduate education; or
- Twenty clock hours of board-approved training.

Nevada

A board approved supervisor must take a required training if deemed necessary by the board.

New Hampshire

- One of the following:
    - A graduate level course in clinical supervision;
    - A clinical supervision certificate approved by AAPC, NASW, AMHCA or AAMFT; or
    - Twelve CEU's in clinical supervision.

New Jersey

At least 20 continuing education credits of post-graduate course-work in clinical supervision offered by NASW, a sponsor approved by ASWB, or an educational program approved by CSWE.

New Mexico

Three-hour administrative course on supervision that may be used as continuing education.

Ohio

- Nine hours of continuing education in board approved supervision programs; or
- One master's level supervision course.

Oklahoma

Supervisor training, sponsored or approved by the Board, must be taken within one year of approval and at least every three years thereafter.

Oregon

Six hours of continuing education training in the area of supervision, current within five years.

South Carolina

Forty-five hours of academic contact hours or 45 continuing education contact hours in supervision

Tennessee

Six hours of continuing education credits related specifically to the provision of clinical or advanced generalist non-clinical social work supervision. The requirement can be achieved as a part of the supervisor's annual continuing education requirements.

Texas
Supervisor's training program acceptable to the board.

Virginia

- Within five years immediately preceding registration of supervision.
  - Three credit-hour graduate course in supervision; or
  - At least 14 hours of continuing education offered by an approved provider.

Washington
A minimum of 15 hours of training in clinical supervision obtained through:

- A supervision course;
- Continuing education credits on supervision; or
- Supervision of supervision.

Continuing education requirements

Seventeen jurisdictions have continuing education requirements specifically for supervisors as demonstrated in the table below.

Clinical social work supervisor continuing education requirements			
	Hours	Required Period	Details
Alabama	3	At license renewal	
Alberta	6	Every 5 years	
Arizona	9	At license renewal	The effective date for training and CE requirements is January 1, 2018
California	6	At license renewal	
Connecticut	Not specified		
Delaware	12	Within 4 years of application	Three hours of continuing education (CE) related to clinical supervision; three hours of CE in cultural competency and/or diversity and six hours in ethics
Idaho	6	Every 5 years	6 hours of education in an advanced supervisor training program approved by the Board
Iowa	6	At license renewal	Licensees may take one social work master level course in supervision in lieu of the six-hour requirement.
Kentucky	3	At license renewal	The supervisor must complete a supervisor training course every licensure period.

Clinical social work supervisor continuing education requirements			
	Hours	Required Period	Details
Louisiana	3	At license renewal	The hours must be pre-approved by a LABSWE-designated pre-approval organization.
Maryland	3	At license renewal	Three of the required Category I or Category II CEU must be in a content area focusing on supervision training
Mississippi	2	At license renewal	
Nevada	Not specified	Every 5 years	A board approved supervisor must take a required training every five years
Ohio	3	At license renewal	
Oklahoma	Not specified	Every 3 years	A supervisor training program, sponsored or approved by the Board, must be taken every 3 years.
Oregon	6	Every 5 years	
Texas	3	At license renewal	CE must be earned in supervision theory, skills, strategies, and/or evaluation.

Supervisor responsibilities and areas of accountability defined in regulations

Fifteen states specifically define supervisor responsibilities in statute or rule: Arizona, Arkansas, California, Kansas, Maryland, Missouri, Nevada, New Jersey, New Mexico, Oregon, Pennsylvania, Utah, Virginia, Washington and West Virginia.

Similarly, seven states identify areas of supervisor accountability that are required. This includes: Alaska, Arkansas, Iowa, Maryland, Nebraska, New York and North Dakota

The specific regulations and responsibilities can be found in the detailed reports available on the ASWB website.

Information Relating to Proposed Changes to Supervision Requirements

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 CE requirement for supervisors
Stage	Fast-Track
Comment Period	Ends 7/24/2019

28 comments

All comments for this forum Show Only Good

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Commenter: Mary McGovern, Student, VCU School of Social Work 7/3/19 3:33 pm

Oppose proposed change to reduce/eliminate supervisor CEU requirements

As a new MSW student, I am distressed at the proposal to eliminate the 5 year continuing education requirement for supervisors. Absent this requirement, it will be possible that a supervisor could go an entire career – thirty years or more! – without updating their supervisor training. Thirty years ago, I did not yet own my first computer. Twenty years ago, I did not yet own my first cell phone. Ten years ago, same-sex marriage seemed an impossible dream and the practice of self-filming conflict situations with cell phones was unheard of. Even today, our understanding of trauma and how to create safe space for clients is evolving at lightning speed. These are but just a few examples of changes in our society that have had a profound impact on the way that social work is practiced. I cannot imagine how a supervisor could bring current best practices to his or her supervisees without regular, extensive updates.

When I get my degree in 2021, I want to know that the supervisor I am working toward licensing under is giving me the very best, most current guidance possible – for the simple reason that I want to be able to give the best possible care to the people I serve. If you eliminate this requirement, it will be easy for supervisors to forego continuing education because they are too busy, because they don't realize things have changed, or because they simply don't think it is important. Beyond that, it seems likely that some social service agencies will not support or pay for continuing education for their supervisors – even those who want updated training – if they are not required to do so by law.

For the sake of those of us coming into the field of social work now and in the future – as well as all of the people we will serve throughout our careers – please withdraw this proposal.

Thank you for your consideration.

Commenter: John Holtkamp 7/8/19 5:14 pm

Oppose reduction in Social Work Supervision requirements

It is my understanding the Virginia Board of Social Work has proposed changes in the regulations which govern the practice and supervision of Social Work licensees in the Commonwealth of Virginia:

1.) Reduce the training hours necessary to be a Social Worker Supervisor from 14 to 12,

2.) Eliminate the need for any follow up training . . . ever.

The Virginia Chapter of the National Association of Social Workers opposed this proposal:

1.) Social Work supervision must be current, reflective of issues developing in the field. It is not a static field.

2.) Quality of Supervision requires routine 'refresher' courses. To eliminate this expectation sets practitioners up for failure and the clients they serve for harm.

Social Workers have struggled to achieve parity with other behavioral health professions. This regulation undermines that effort.

Thank You!

Commenter: Leah Ganssle 7/9/19 9:40 am

Oppose proposed changes to Supervisor CEU requirements

Social work is a unique field in that it is a dynamic one, with its members being lifelong learners committed to staying up to date on the newest research, guidelines, and professional opinions. The field also relies heavily on its qualified supervisors to act as mentors and guides to those entering the profession, ensuring that students not only receive a quality classroom education, but that they engage in their required field practicums and supervised experience with opportunities to be challenged on their ideas and exposed to new situations that they may encounter in their roles as social workers.

As a recent MSW graduate currently applying for supervision, I place great importance on my supervisor being knowledgeable, experienced, and bringing her own training back to me for meaningful discussion and learning opportunities. **The proposed reduction in CEU requirements for supervisors directly violates the NASW Code of Ethics value of competence, which blatantly states that social workers are to "continually strive to increase their professional knowledge and skills and to apply them in practice".** Social workers have fought long and hard for recognition and credibility in the behavioral sciences field, and eliminating requirements for supervisors to attend continuing education workshops and training undermines the hard work of our predecessors, especially as it remains a requirement in other behavioral health fields such as nursing and psychology.

It is my hope that the Virginia Board of Social Work will take the Code of Ethics which we have all agreed to follow in account when discussing this urgent matter. Social workers have an important place in our society, and the profession continues to grow because of our commitment to being well-informed and passionate.

Commenter: Mary Henslee 7/9/19 12:47 pm

Oppose Proposed Regulatory Changes in Supervision CE

The proposed regulatory changes to reduce continuing education requirements for supervisors would constitute a "lowering of the bar" for the profession, the care of clients, and the skills of clinicians. Supervisors are responsible for the highest level of clinical training prior to independent practice, and our clinicians deserve competency. To reduce supervisors' CEU hours and then excuse them from further organized learning seems inherently, professionally careless.

The practice of social work is reflective of our changing neighborhoods, cultures, and world, and as such, should accurately reflect those changes. To permit any supervisor to opt out of staying current in the field is putting our clients at risk due to competency issues.

Commenter: Debra Riggs, National Association of Social Workers, Virginia Chapter

7/9/19 2:04 pm

Response to 18-VAC140-20-Less Restrictive Rule on Supervision

Thank you for the opportunity to express comments regarding the Fast-Tracked Regulation to promulgate regulations on the Supervision of a Social Worker, and the requirements for continuing education for Supervisors as recommended by the Virginia Board of Social Work, under the Department of Health Professions.

The National Association of Social Workers (NASW) the largest professional association for Social Workers and the Association of Social Work Boards (ASWB) (the association of Social Work Boards in the United States and Canada) developed the Best Practices Standards in Social Work Supervision to support and strengthen supervision for professional social workers. The standards provide a 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 much more complex. Therefore, it is important to the professional and the clients served to have assurance that all social workers are equipped with the necessary skills to deliver competent and ethical social work services. It is equally important that all social workers are responsible and accountable to the clients they serve to protect them from harm.

Supervision is an essential and integral part of the training and continuing competencies required for a 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 as well as citing the NASW Code of Ethics as guidelines and standards for practice.
The questionable position that the Virginia Board of Social Work has taken to remove the 5-year requirement for continuing competency/education appears to defy standards of practice and logic. In addition, to lower the requirement from 14 hours to 12 contact hours is arbitrary and capricious at best.

Social Work is recognized among other behavioral health science practitioners with the legal right to practice independently, to bill services performed, to respond in legal situations with "privilege" as afforded to physicians, nurse practitioners and other providers of mental health, psychiatric and behavioral health services.

As strongly supported and stringently required in professional training for psychiatrists, psychologists, nurses and social workers, best supervision practices and current evidence-based practices are requisite for competence in professional practice. The social work profession prides itself on being the largest behavioral health provider in the world and continuing development and training is of utmost importance for a competent, up-to-date workforce.

The definition of supervision is to "oversee", therefore, by eliminating the training requirement every 5 years for a supervisor and lowering the required contact hours from 14 to 12 hours, the Board of Social Work is suggesting that it does not value updated and current evidence-based required training for its "teachers" to bring a new workforce into the Commonwealth with sound

practice and ongoing development. These proposed recommendations to change the rules/regulations by eliminating 2 contact hours of the initial training and abolishing the 5-year refresher training for Supervisors creates a risk for the social work profession and the public.

Many supervisors across the behavioral health space and health arena work diligently to remain informed and current in theoretical, practice and research-based knowledge, however as with all professionals' others do not. The supervisors who do not seek peer reviews and professional venues for updating professional knowledge and new research based content because of cost, inconvenience, the absence of motivation, or simply, ease in continuing supervision without additional effort, are those that will likely struggle with professional competency and so will their supervisees.

In fact, when the original education and training requirements of the social work profession were reviewed and developed in 2006 by the Board of Social Work they recognized the direct correlation between a supervisors' practice knowledge and ethical and disciplinary cases with supervisees.

It should be duly noted that supervisees who had supervisors with limited training on ethics, evidence-based practices and other practice related standards contributed to in an increase of disciplinary cases brought forth by the consumer.

The Board during this time, had the wisdom and foresight to take a visionary position in instituting a requirement for all social work supervisors approved to supervise practitioners seeking licensure in Virginia. At that time, the Board sought to ensure and sustain the growing recognition and respect of the social work profession with its specific service arenas commensurate with other health and behavioral health professions. In its infinite wisdom, the Board realized that competent education and training and competent, enriched supervisory practices would ensure this outcome. This outcome would also be in the best interest of the consumer, as a result of a more educated and informed supervisor.

Social workers provide much needed services to an array of clients in practice settings, including but not limited to aging, healthcare, behavioral health, school social work, and many more. And, with multi-level licensing recently signed into Law in Virginia, the profession is poised to grow thus increasing the workforce and access to behavioral health services.

Without strict training requirements, the workforce will increase, but with professionals who have a lower standard of competency, potentially resulting in harm to the clients served. It is imperative that the workforce providing behavioral health and case management services, be competent with continuing development in offering the citizens of the Commonwealth's well qualified, professional workforce, whose main goal is to protect the public from harm. In order to help accomplish this goal, it is vital that our Regulators understand that continuing competency is one of many professional requirements, particularly when teaching new practitioners.

After reviewing the ASWB data regarding Supervision Requirements for Social Workers, it is noted that Virginia is one of only a couple of states that has such a low initial hourly training requirement for supervisors. In fact, most states require at least 15 hours of initial training and some like Texas require a 40-hour course be taken to be board approved. Many states require the licensee who has the supervisor designation to get 3 CEU's every license renewal period. This helps to ensure that the workforce is always up to date with best practices. Approximately 70% of states do require 3 or more hours of Continuing Education per license renewal period.

Lowering these requirements will not ensure the competency of the practitioner. The proposed change of 12 hours for initial supervision training does not ensure that the future supervisor has the necessary skills to oversee those applying for a higher level of licensure. In addition, the elimination of the requirement for additional training every 5 years will result in an inadequate level of training in best practices. Although ongoing professional development can never ensure competency, lowering an educational requirement can result in inadequate supervision methods for supervisees. Supervisors with outdated training will pass this information to their supervisees, which will likely lead to an increase in the number of complaints to the Board. When supervisors are current with state-of-the-art best practices that are gained via ongoing training, they can transmit this knowledge to their supervisees. Lowered requirements can create claims by the

public that the Board is not providing appropriate or adequate oversight of this supervisor function. The public will not be protected, and this violates the prime purpose of a licensing board.

There are many vehicles to obtaining Supervision training in the Commonwealth that meet the requirement for supervision. A diverse array of organizations offers supervision training with enough diversity in its content to meet the core foundational elements while not being redundant. These organizations include but are not limited to professional associations, for profit and nonprofit businesses.

The National Association of Social Workers, Virginia Chapter is hopeful that the Virginia Board of Social Work will reverse the decision to promulgate regulations and not change the standard for Supervisors in Social Work. Indeed, if anything, the Association recommends increasing the continuing competency for supervisors, which will have a positive impact for future clients and the public.

Respectfully Submitted,

National Association of Social Workers, Virginia Chapter

Commenter: Sarah Higgins 7/9/19 6:20 pm

Opposed to the changes in ongoing CEU requirements for clinical supervisors

I am a Commonwealth of Virginia Licensed Clinical Social Worker and I am currently eligible to provide clinical supervision in VA. I am writing in opposition to the proposed reduction in ongoing continuing education requirements for supervisors. Social work is a constantly changing field, and the thought of supervisors being able to go virtually an entire career without having to engage in continuing education related to supervision and still be providing supervision is mind blowing to me. It is not in line with the values of other mental health professions and could have serious consequences on the quality of supervision that is received, thereby reducing the overall clinical skill level of newly licensed clinicians. Social workers have worked long and hard to be recognized as the highly qualified mental health professionals that they are. A reduction in the overall training required to be a supervisor as well as the reduction in required ongoing continuing education requirements would have a negative impact on these efforts.

Commenter: Donilee Alexander-Goldsmith 7/10/19 11:03 am

Opposed to the changes in ongoing CEU requirements for clinical supervisors

I am opposed to the Board's proposal to weaken the training requirements for Social Work Supervisors as put forth in the action: "Reduction of CE requirement for supervisors," and urge that it be withdrawn. I feel strongly that reducing the required hours, eliminating the 5 year timeframe for training prior to initial registration, and eliminating the 5 year continuing education requirement for Social Work Supervisors would undermine the quality of supervision for countless new practitioners. This would be a detriment to a supervisee's education and practice, and would put the people they serve at risk. As professionals we are continually expanding our knowledge base and working with a more diverse and complex population. The proposed changes to the Supervisor training requirements will undermine the profession in Virginia, and would be a disservice to supervisees and their clients.

Donilee Alexander-Goldsmith, MSW, LCSW

7/10/19 12:40 pm

Commenter: Impact Youth Services, LLC

Opposition to changing the requirements for LCSW Supervision Training

Greetings,

I am deeply concerned about the Board's proposal to weaken the training requirements for Social Work Supervisors as outlined in "Reduction of CE requirement for supervisors." I implore you to reconsider this action. Reducing the required hours, eliminating the five-year timeframe for training prior to initial registration, and eliminating the five year continuing education requirement for Social Work Supervisors would undermine the quality of supervision for countless new practitioners, not only harming their professional education and robbing them of needed capability, but putting the people they serve at risk.

Social Work is a highly dynamic field; the knowledge base of the profession is continually expanding, and the population it serves becoming more complex. Some examples of changes in the last five years alone include:

· Greater awareness and understanding of the breadth and prominence of issues facing the LBGTQ+ community;

· New best practices with regard to sensitivities and trauma around issues of race, gender, and sexuality, as well as the ubiquity of sexual harassment and assault;

· Better understanding of the myriad and often hidden ways that white supremacy and white privilege impact minority populations;

· A rise in gun ownership and gun violence, posing increased physical risk to clients (through both violence and suicide) and social workers, as well as causing increased anxiety and trauma in communities overall.

It is imperative that novice social workers have the skills, abilities to bring evidence based practices and insights to the challenging, and dynamic issues they encounter on a daily basis. Their ability to navigate complex issues and mitigate harm in the midst of real-life situations depends largely on the knowledge and understanding of their supervisor and the quality of guidance they receive. Without a current continuing education requirement, a significant portion of supervisors will fall behind in the field and their supervisees will carry their outdated understandings forward.

The Social Work profession has tirelessly advocated for its rightful and now recognized position among other behavioral health science professions. As is stringently required in professional training for psychiatrists, psychologists, nurses and social workers in jurisdictions across the country, best supervision practices and current evidence-based knowledge are requisite for competence in professional practice. There is ample, high quality and advanced supervisor training available (with new training developed as need the need arise) to ensure that no supervisor will need retake coursework merely to meet the requirement.

The proposed changes to the Supervisor training requirements will undermine the profession in Virginia, hurting supervisees and their clients. I ask that you please support the social work profession in our state by withdrawing this proposal.

Warm regards,

Debbie L. Cadet, PhD, MSW

Commenter: Hope and Associates 7/10/19 1:26 pm

Reduction of CE requirement for supervisors

I am writing to express my concerns about the Board's proposal to weaken the training requirements for Social Work Supervisors as outlined in **"Reduction of CE requirement for supervisors"**. Reducing the required hours, eliminating the five-year time-frame for training prior to initial registration, along with eliminating the five-year continuing education requirement for Social Work Supervisors would undermine the quality that systems are moving to across the healthcare profession. The health-care model is heavily focused on patient centered care and Quality Initiatives; however, this proposal reinforces the number of new practitioners only harming the individual's professional education, but most of all it is putting the population they serve at risk.

Social Work is a highly dynamic field; the knowledge base of the profession is continually expanding, and the population it serves becoming more complex. Some examples of changes in the last five years alone include:

- **Greater awareness and understanding of the breadth and prominence of issues facing the LBGTQ+ community;**
- **New best practices with regard to sensitivities and trauma around issues of race, gender, and sexuality, as well as the ubiquity of sexual harassment and assault;**
- **Better understanding of the myriad and often hidden ways that white supremacy and white privilege impact minority populations;**
- **A rise in gun ownership and gun violence, posing increased physical risk to clients (through both violence and suicide) and social workers, as well as causing increased anxiety and trauma in communities overall.**

It is essential that new social workers bring the most current practices and insights to the challenging dynamics they face daily. Their ability to navigate complex issues and mitigate harm in the midst of real-life situations depends to a large extent on the knowledge and understanding of their supervisor and the quality of guidance they receive. Without a continuing education requirement that is current, a significant subset of supervisors will fall behind the field and their outdated understandings will be carried forward by their supervisees, as well as future social workers. Raising the requirement for ethics training will not be sufficient, as the changing social work landscape extends far beyond questions of ethics.

Social Work has fought long and hard to be respected and recognized among other behavioral health science professions. As is stringently required in professional training for psychiatrists, psychologists, nurses and social workers in jurisdictions across the country, best supervision practices and current evidence-based knowledge are requisite for competence in professional practice. The proposed changes to the Supervisor training requirements will undermine the profession in Virginia, hurting supervisees and their clients; which puts more liability on the supervisor. Please support social work in our state by withdrawing this proposal.

Rahikya Wilson, MSW, LCSW, LICSW

Commenter: Vickie Hawkins-Black 7/10/19 8:04 pm

Opposition to the Proposed CEU Requirements for Clinical Supervision

I would like to express my concerns against the proposed change to the current educational requirements for clinical supervision. Quite frankly, reducing the required hours, eliminating the initial 5-year professional experience, and removing the 5-year continuing education requirement for Social Work Supervisors would undermine the quality of supervision and potentially harm the people that we serve.

According to Tebes, et al., (2010), "training in supervisory competencies is essential to effective clinical practices and helps address the current national crisis in the behavioral health workforce". In an ever-changing landscape, it is imperative that social work supervisors have the ongoing

education and skills to train the next generation of social workers to address the multi-faceted and complex issues in the communities that they serve.

According to the current regulations,

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

How can *professionalism, ethics and competence* be demonstrated without adequate ongoing training? By regulation, social workers are required to receive continuing education in order to maintain their license which means that they have met the "minimum standard of care". Continuing education for supervisors not only demonstrates a minimum standard but ensures supervisors receive ongoing education in supervision guidelines, techniques, and ethics. Clinical supervision is the capstone activity that connects theory to practice and is viewed as the signature pedagogy of mental health professionals (Dollarhide & Granello, 2016; Barnett et al., 2007).

The proposed changes to the supervisor education requirements will undermine the profession, hinder supervisees and negatively impact the clients that we service. Therefore, I urge you to withdraw this proposal, and instead offer continued support of the professionals that provide an invaluable service in our profession.

Respectfully,

Commenter: Erin Crosby

7/11/19 5:38 pm

Opposed Proposed Fast Track Changes to Supervision Regulations

I am alarmed at the Board's proposal to weaken the training requirements for Social Work Supervisors as put forth in the action: "Reduction of CE requirement for supervisors," and urge that it be withdrawn. Reducing the required hours, eliminating the 5 year timeframe for training prior to initial registration, and eliminating the 5 year continuing education requirement for Social Work Supervisors would undermine the quality of supervision for countless new practitioners, not only harming their professional education and robbing them of needed capability, but putting the people they serve at risk.

Social Work is a highly dynamic field; the knowledge base of the profession is continually expanding, and the population it serves becoming more complex. Some examples of changes in the last five years alone include:

- Greater awareness and understanding of the breadth and prominence of issues facing the LBGTQ+ community;
- New best practices with regard to sensitivities and trauma around issues of race, gender, and sexuality, as well as the ubiquity of sexual harassment and assault;
- Better understanding of the myriad and often hidden ways that white supremacy and white privilege impact minority populations;
- A rise in gun ownership and gun violence, posing increased physical risk to clients (through both violence and suicide) and social workers, as well as causing increased anxiety and trauma in communities overall.

It is essential that new social workers be able bring the most current practices and insights to the challenging dynamics they face today. Their ability to navigate complex issues and mitigate harm in the midst of real-life situations depends to a large extent on the knowledge and understanding of their supervisor and the quality of guidance they receive. Without a continuing education

requirement that is current, a significant subset of supervisors will fall behind the field and their outdated understandings will be carried forward by their supervisees. A likely outcome is a rise in troubled supervisor-supervisee relationships, greater incidence of poorly performing social workers, and an increase in disciplinary actions. Raising the requirement for ethics training will not be sufficient, as the changing social work landscape extends far beyond questions of ethics.

Social Work has fought long and hard for its rightful and now recognized position among other behavioral health science professions. As is stringently required in professional training for psychiatrists, psychologists, nurses and social workers in jurisdictions across the country, best supervision practices and current evidence-based knowledge are requisite for competence in professional practice. There is ample, high quality and advanced supervisor training available (with new training developed as needs arise) to ensure that no supervisor need "repeat" coursework merely to meet the requirement.

The proposed changes to the Supervisor training requirements will undermine the profession in Virginia, hurting supervisees and their clients. Please support social work in our state by withdrawing this proposal.

Commenter: Mary McGovern 7/11/19 10:29 pm

Oppose Fast Track Process for this proposal

I would like to supplement my earlier comments to explicitly object to using the Fast Track process for this measure. As evidenced by the number of people opposing the proposal (including and especially NASWVA), there is significant concern about potential negative impact to the profession and the thousands of people who rely on social work services. It is deserving of the full and careful consideration of the regular regulatory action process.

Thank you so much for your consideration.

Commenter: Debra A Riggs NASWVirginia 7/12/19 9:44 am

fast tracked regulations supervision training

The National assocition of Social Workers in opposed to fast tracking these regulatory considerations for changes and strongly supports moving through the regulatory process that offers more time to consider such a change in regulations under the board of Social Work. With opposing comments regarding the regulations under this section, the assocition believes it is necessary to stop the fast tracking process at this time for more review and a longer comment period.

Commenter: Tangela Francis 7/12/19 9:52 am

Opposed

Commenter: Jeanette Ucci 7/12/19 11:12 am

Opposition to Proposed Changes in CEU Requirements for Professional Clinical Social Work Supervisors

I oppose the Board's proposal to weaken the training requirements for Social Work Supervisors as put forth in the action: "Reduction of CE requirement for supervisors," and urge that it be withdrawn. Reducing the required hours, eliminating the 5 year timeframe for training prior to initial registration, and eliminating the 5 year continuing education requirement for Social Work Supervisors would undermine the quality of supervision for countless new practitioners, not only harming their professional education and robbing them of needed capability, but putting the people they serve at risk. Social Work is a highly dynamic field; the knowledge base of the profession is continually expanding, and the population it serves is becoming more complex.

It is essential that new social workers be able bring the most current practices and insights to the challenging dynamics they face today. Without a continuing education requirement that is current, a significant subset of supervisors will fall behind the field and their outdated understandings will be carried forward by their supervisees. As is stringently required in professional training for psychiatrists, psychologists, nurses and social workers in jurisdictions across the country, best supervision practices and current evidence-based knowledge are requisite for competence in professional practice.

The proposed changes to the Supervisor training requirements will undermine the profession in Virginia, hurting supervisees and their clients. Please support social work in our state by withdrawing this proposal.

Finally, I oppose the fast tracking process. This proposed regulatory change and initiative is a controversial proposal with the potential for some very real negative impact. Thus it should be subject to a full and thorough review process.

Commenter: Rahikya Wilson, LLC 7/12/19 11:37 am

opposing the fast tracking process

This regulatory change and initiative is a controversial proposal with the potential for negative impact, so it should be subject to a full and thorough review process

Commenter: tangela Francis Supervisee in Social WOrk 7/12/19 2:33 pm

regulations

I am currently under clinical supervision and I find it valuable that the person that I am receiving training from is invested in the continuing education requirements set forth by the board. Knowing that she is invested in the changes and advancements of the profession help to make the experience valuable. Social work is an everchanging practice and the CEU'S help in keeping practitioners up to date. as practice evolves it is important to hold fast to the foundation of practice and to assist in solidity of our profession. reducing the

Without strict training requirements, the workforce will increase, but with professionals who have a lower standard of competency, potentially resulting in harm to the clients served. It is imperative that the workforce providing behavioral health and case management services, be competent with continuing development in offering the citizens of the Commonwealth's well qualified, professional workforce, whose main goal is to protect the public from harm. In order to help accomplish this goal, it is vital that our Regulators understand that continuing competency is one of many professional requirements, particularly when teaching new practitioners

Lowering these requirements will not ensure the competency of the practitioner. The proposed change of 12 hours for initial supervision training does not ensure that the future supervisor has the necessary skills to oversee those applying for a higher level of licensure. In addition, the elimination of the requirement for

additional training every 5 years will result in an inadequate level of training in best practices. Although ongoing professional development can never ensure competency, lowering an educational requirement can result in inadequate supervision methods for supervisees. Supervisors with outdated training will pass this information to their supervisees, which will likely lead to an increase in the number of complaints to the Board. When supervisors are current with state-of-the-art best practices that are gained via ongoing training, they can transmit this knowledge to their supervisees. Lowered requirements can create claims by the public that the Board is not providing appropriate or adequate oversight of this supervisor function. The public will not be protected, and this violates the prime purpose of a licensing board.

Commenter: Mary Henslee 7/12/19 3:21 pm

Oppose Proposed Regulatory Changes in Supervision CE

This proposed regulatory change is controversial and has significant potential for negative impact. It should be subject to a full and thorough review process.

Commenter: Rebekah Jennifer Lowenstein, MSW, LCSW-C, LCSW, NASW Virginia Board Member 7/12/19 3:32 pm

Response to 18-VAC140-20-Less Restrictive Rule on Supervision

Thank you for the opportunity to express comments regarding the Fast-Tracked Regulation to promulgate regulations on the Supervision of a Social Worker, and the requirements for continuing education for Supervisors as recommended by the Virginia Board of Social Work, under the Department of Health Professions. I am writing to express my deep concern for the consideration of 18-VAC140-20, recommending less restrictive rules and regulations as related to Supervision of those pursuing professional licensure in the field of Social Work.

The knowledge base of the social work profession has expanded, and the population it serves has become much more complex. Therefore, it is important to the professional and the clients served to have assurance that all social workers are equipped with the necessary skills to deliver competent and ethical social work services. It is equally important that all social workers are responsible and accountable to the clients they serve to protect them from harm.

I have been in the position of Clinical Supervisor for the past five years in addition to my daily practice in the field and role as an adjunct professor through the Master of Social Work Program through Virginia Commonwealth University. Through my various roles, I have seen first hand the increased complexities in the field and firmly believe that the requirement for ongoing and renewed training for supervisors is an absolute necessity. Social Workers are increasingly being required to take on more intricate roles within the agencies, schools, hospitals and community service settings in which they serve. Additionally, more and more employers are requiring a clinical license to be considered for positions. Without proper and ongoing supervision, potential candidates and those pursuing licensure will be less likely to meet the requirements as stated by the Board of Social Work Examiners. Furthermore, if supervisors are not required to continue to meet the level of continued education that they have been (renewing educational requirements for supervision every 5 years), we will not only have a significant decrease in potential social workers entering the field, but also risk gross neglect with regard to client outcomes and integrity of the professional as a whole.

Additionally, lowering the requirements for supervisors will not inevitably lower the level of competency of the practitioner. The proposed change of 12 hours for initial supervision training does not ensure that the future supervisor has the necessary skills to oversee those applying for a higher level of licensure. In addition, the elimination of the requirement for additional training every 5 years will result in an inadequate level of training in best practices. Although ongoing

professional development can never ensure competency, lowering an educational requirement can result in inadequate supervision methods for supervisees. Supervisors with outdated training will pass this information to their supervisees, which will likely lead to an increase in the number of complaints to the Board. When supervisors are current with state-of-the-art best practices that are gained via ongoing training, they can transmit this knowledge to their supervisees. Lowered requirements can create claims by the public that the Board is not providing appropriate or adequate oversight of this supervisor function. The public will not be protected, and this violates the prime purpose of a licensing board.

As a practitioner and member of The National Association of Social Workers, Virginia Chapter Board, it is my hope and urgent request that the Virginia Board of Social Work will reverse the decision to promulgate regulations and not change the standard for Supervisors in Social Work. This regulatory change and initiative is a controversial proposal with the potential for negative impact, so it should be subject to a full and thorough review process. I urge the Virgnia Board of Social Work to halt the fast tracking process of this proposal so that due diligence can be satisfied. Indeed, if anything, the Association recommends increasing the continuing competency for supervisors, which will have a positive impact for future clients and the public.

Respectfully Submitted,

Rebekah J. Lowenstein, MSW, LCSW-C, LCSW

Commenter: Bonnie Agnell 7/12/19 4:02 pm

18-VAC140-20-Less Restrictive Rule on Supervision

It has recently come to my attention that there is a proposed Fast Track legislation (18VAC140-20-Less Restrictive Rule on Supervision) that would decease the number of hours of training required for a Social Work Supervisor to offer supervision to another social worker.

I can't imagine why decreasing the amount of training would even be considered. In this fast changing world, I want my physicians and mental health providers to have as much training as possible to keep up with current practice issues. With all the mental health problems in Virginia, and around the world, social workers need to be kept as up-to-date through training as possible.

Therefore, I am opposing the fast tracking process and it should be returned to the Board of Social Work for more consideration and time under the normal regulatory process. This regulatory change is a controversial proposal with the potential for negative impact, so it should be subject to a full and thorough review process.

Commenter: Ellen Fink-Samnick EFS Supervision Strategies, LLC 7/12/19 8:14 pm

Opposition to reduction in Supervision CE Requirements

I appreciate the opportunity to provide comments regarding the fast-traced regulation to promulgate regulations on the Supervision of a Social Worker, and the requirements for continuing education for Supervisors as recommended by the Virginia Board of Social Work, under the Department of Health Professions. Respectfully, I disagree with this regulation, and for the following reasons:

1. The current 14 hour CE requirement every 5 years is already less than many other states, many that have set the bar at 15, or even 40 hours of CEs. The current timeframe is barely enough to provide clinical supervisors the knowledge they need to ground effective, quality, and appropriate best practice (e.g. foundation of supervision models, application of the current regulations, opportunities for critical thinking discussions to assure full understanding of the content, strategies to assure attention to clinical social work competencies and mandatory responsibilities of the

clinical supervisor, record keeping and documentation practices, plus other regulatory guidelines, and the implementation of individual and group supervision processes). Decreasing this necessary content to 12 hours, will not only limit the knowledge provided, but also grossly limit the rigor and high expectations associated with the clinical supervisor's role, and its evidence-based foundation.

2. The requirement for CEs specific to supervision every 5 years is a necessity for the workforce. The mandatory update assures clinical supervisors are accountable to stay proficient with the fluid and emerging knowledge-base; an effort that ultimately informs and guides their supervision practices. Supervision is an essential and integral part of the training and continuing competencies 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. Why should that be jeopardized?

Removing this particular continuing education update requirement is of paramount concern. Doing so will mean clinical supervisors will no longer have a mandate of professional accountability for their education on supervision best practices. There will be no accountability to industry and demographic shifts that influence how, where, and with whom social workers practice (e.g new population demographics as LGBTQ, legal and ethical use of technology platforms, new scopes of practice as integrated behavioral health, opioid addiction, increased focus on professional liability, new and rapidly expanding treatment interventions).

Removing the CE update requirement will return us to the times where new social workers were victim to supervisors who were uninformed of current best practice for supervisors, engaged in dated interventions, and at time possessed limited knowledge of how the new generation of supervisees learn. These dynamics would lead to ultimate exploitation by supervisors of those they are tasked to supervise.

3. The fluid change of health and behavioral healthcare mandates clinical supervisors be kept abreast of these changes and how they directly impact supervision processes. Technology alone has greatly altered behavioral healthcare, but the impact to supervision alone has been massive. Social workers not mandated to obtain a 5 year update will have no incentive to keep informed of these industry changes. The Board will revise the regulations to meet the changing times with their best intent (e.g. adding the opportunities for virtual supervision), but supervisors will have no requirement to learn the necessary accompanying models to support these regulations.

Supervisees in social work are vulnerable, in that they don't know what they don't know. Being supervised by clinical supervisors who are not held to a minimum standard for their own learning, puts supervisees in social work, and all consumers of social work services at precarious and unnecessary risk.

4. The CE requirements set a minimum standard of practice expectation for didactic knowledge, theories, and skills that must be possessed by the clinical supervisor. This is a distinct role from that of clinical social worker. Education to maintain the appropriate level of quality for the role must be obtained. Removing this requirement is antithetical to the requirement's original intent; of assuring a competent, professional, and highly trained clinical social work supervisory workforce.

5. Changes to this CE requirement will diminish the value of social work compared to other disciplines; a professional standing social workers have fought to attain and must retain. The Board of Social Work greatly leveraged the role of clinical social workers and clinical social work supervisors in 2007 when the supervision regulations were initially instituted. This action spoke volumes to the professional nature of social work practice, especially compared to other professional disciplines (e.g. psychologists, licensed professional counselors, licensed marriage and family therapists)

Licensed clinical social workers continue to provide the majority of behavioral health services across the United States. They are equally held to the highest standards of practice through ongoing, continuing education requirements annually. Why should clinical supervisors be held to a

lesser standard? I fear reducing the CE requirements, and removing the ongoing 5 year update requirement would compromise the quality of social workers in the Commonwealth, and the profession.
Respectfully submitted,

Ellen Fink-Samnick MSW, ACSW, LCSW, CCM, CRP

Principal, EFS Supervision Strategies, LLC

Commenter: Ellen Fink-Samnick EFS Supervision Strategies, LLC 7/13/19 7:55 am

Additional comment/addendum

For addition to my previous comment

Any changes to the foundational and legal underpinning of the clinical social work supervision approach in the Commonwealth should receive a thorough evaluation of the impact on all stakeholders; clinical social work supervisors, supervisees in social work, employing organizations, and consumers of social work services. A regulatory change of this magnitude is not without consequences to all of these entities. For this reason alone, the regulations should be appropriately vetted by the industry, and not be fast-tracked.

Commenter: Jeannine Moga, MA, MSW, LCSW 7/14/19 4:03 pm

opposition to proposed changes

I am writing in opposition to the proposed change that would reduce the training requirements, and eliminate ongoing continuing education requirements, for social work supervisors. This proposal ***lowers*** a threshold for qualification that is already less than that of clinical social work supervisors in other states, as well as other mental health practitioners in Virginia. For instance, some states (like Minnesota, where I used to practice) require that clinical supervisors have ***30 hours*** of formal supervision training before they begin supervising aspiring clinical social workers. Additionally, a more stringent training requirement is currently in place for Virginia's Marriage and Family Therapists and Licensed Professional Counselors, whose supervisors are required to have ***20 hours*** in supervision-related continuing education before accepting supervisees.

Second, the proposal to eliminate the ongoing continuing education requirement for clinical social work supervisors in incongruent with best practices in social work supervision, as set forth by the National Association of Social Workers and the Association of Social Work Boards in 2013. These best practices include recommendations that social work supervisors not only complete a minimum number of hours in supervision-related coursework or continuing education, but that they regularly complete a minimum number of hours in continuing education to maintain their supervision credentials.

I do not support any regulatory change that weakens, instead of strengthens, the standards by which clinical social work supervisors are deemed qualified. Furthermore, I am troubled that these changes have not been subjected to a full and thorough review. Any change that has the potential to increase risk to social work practitioners (in this case, supervisees) as well as clients should not be fast-tracked for approval, but instead be evaluated via a full regulatory process.

Thank you for your time and consideration.

7/15/19 9:23 am

Commenter: Donilee Alexander

Continued comment regarding opposition to CEU requirements for clinical supervisors

In addition to my previous comment about my opposition to the proposed changes as a whole, I would like to add that I am particularly opposed to the "Fast Tracking" of this proposal. The regulatory change and initiative has the potential for negative impact on our profession and the people we serve, and as such should be subject to a full and thorough review process.

thank you

Commenter: Elizabeth Dungee-Anderson 7/15/19 10:21 pm

Opposition to Fast Tracking of Proposed abolishment of 5 year required LCSW supervisor Training

I am writing to respectfully but strongly express my opposition to fast-tracking the proposed regulatory change that would abolish the current requirement for clinical supervisors to take a five-year refresher training course as is included in the current policy for clinical supervisors supervising MSW graduates for the LCSW credential.

Because I have been in academic systems for most of my career and have provided training, supervision, clinical practice and consultation for most of my career as a licensed clinical social worker and professor, I believe that I am in a position to identify and attest to the extreme risk that reducing requirements for ongoing professional competency standards for supervisors poses for the training of our future licensed professionals and, thus, for the overall risk to the profession itself.

A proposed regulatory change initiative of the magnitude of abolishing required ongoing supervision training *and* reducing initial training hours will clearly be controversial in many ways and have a huge potential for negative impact for licensed professionals and for the social work profession itself. Fast-tracking seems to be a process that bypasses the opportunity and rights for the majority of licensees to have ample time to consider the full impact of this proposed change and to provide substantive comment as is the opportunity that occurs in the usual review process.

Because of the negative impact that perceptions of *reduced* consideration or the seeming *absence* of consideration by the Board for the participation of the many social work supervisors who strongly support the opportunity for Board support of continued training and competence, fast-tracking of the proposed change without appropriate opportunity for a full and thorough review process is likely to be quite controversial and, importantly, bring about issues of trust with the Board itself. Such an uncomfortable conversation seems to be occurring among the supervisors who have currently connected with me about the proposed fast-track action. Communicated perspectives have suggested that the Board or certain members may have an ulterior motive and that this fast" action, which is so important to the consideration of the well-being of the many licensees who look to the Board with respect and trust, is a violation of trust.

A significant proposed regulatory change should be subject to a *full and thorough* review process by those who wish to comment and *not one* that is quickly moved through a rapid process that will likely hinder equal access for review by the majority of licensees!

It is for these reasons that I am respectfully urging the Board to please, seriously consider this request to remove this proposal from the fast-tracking process for the many licensees who truly respect the Board and a Board supported pathway to continued training and competence.

Sincerely,

E. Delores Dungee-Anderson

E. Delores Dungee-Anderson, Ph.D., LCSW, BCD, CTST

Commenter: Elizabeth Dungee-Anderson, PhD, LCSW 7/16/19 5:01 pm

Opposition to Proposed Regulatory Changes

ELIZABETH DUNGEE-ANDERSON, PHD, LCSW, BCD, CTST
JKT ASSOCIATES, LLC
1901 HUGUENOT RD, STE 303
NORTH CHESTERFIELD, VA 23235-4311

To: VIRGINIA Board of Social Work

ATTENTION:
Elaine Yeatts, Senior Policy Analyst
Jaime Hoyle, Executive Director, Virginia Board of Social Work

I am writing in opposition to three positions that the Board has currently identified for which it proposes legislative changes. The first of the three proposals is to abolish the legislated LCSW Supervisor 5-year training updates; the second is to reduce the hours for the initial LCSW Supervisor training requirement, and the third is to fast-track this proposed legislation as opposed to subjecting it to the full regulatory review process.

As is posted on the Virginia Department of Health Professions public website, the mission of all of the Professional Regulatory Boards which includes the Board of Social Work provides the following statement:

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

My opposition to the proposals is two-fold. First, it seems that the Board is taking a very questionable *and* risky stance in proposing to remove the current 5-year requirement for approved social work supervisors to renew/update their supervision training *and*, also proposing to shorten the original number of supervision training hours required for eligibility for approval as a supervisor for LCSW eligibility. Respectfully, these proposals appear to defy any possible logic if you, our SW Board, are "governing" us and you are truly supporting the mission of the Board to promulgate legislation that actually supports safe and competent care for consumers of our services! Social Work has fought long and very hard for its rightful and now recognized position among other behavioral health science professions. Over the years, the slow recognition of our rights as a profession has included all of the following: *Licensure as clinical social work practitioners with the legal right to practice independently, to bill for services performed, to respond in legal situations with "privilege" as afforded to physicians, attorneys and other providers of mental health, psychiatric and behavioral health services, and most importantly, title protection.*

As the Board is clearly aware, it is now unlawful in Virginia for persons not formally trained/educated with a social work degree to identify as a social worker *and* for organizations at all levels to hire a non-social worker for a position advertised as a social work position. As is strongly supported and stringently required in professional training for psychiatrists, psychologists, nurses and, currently, social workers, *best* supervision practices and current evidence-based knowledge are requisite tools for competence in professional practice. Is there any profession that does not require updated knowledge and training for its "teachers" in the professions who educate, supervise and "train" the newly emerging professionals? If the definition of supervision means "to oversee", would the social work profession, having experienced a strenuous journey to become a legislatively recognized and valued profession, *now* elect to take a stance which suggests that it does not value updated and current evidence-based required training/education for its supervisor "teachers on an "every five years" basis?

The recommendation of the current Virginia Social work Board to abolish the 5-year updating of the supervision requirement for clinical social work supervisors creates a great risk for the social work profession. Many supervisors across all professions work diligently to remain informed and current in theoretical, practice and research-based knowledge, however, as with all professions, others do not. The supervisors who do not seek peer-reviewed and professional venues for updating of professional knowledge and new research-based content because of cost, inconvenience, or the absence of motivation, or simply, ease in continuing supervision without additional effort, are those that will likely struggle with professional currency and yet continue to supervise. And, understandably, their supervisees also may struggle with professional competency.

As the Board is also aware, the education and training requirements of the social work profession were reviewed by an earlier Board of Social Work that had the wisdom and foresight to take a visionary stance in instituting a requirement for all clinical social work supervisors to be approved to supervise practitioners seeking eligibility for clinical licensure. That Board sought to ensure and sustain the growing recognition and respect of the social work profession with its specific service arenas commensurate with other recognized health and behavioral health professions. In its infinite wisdom, the earlier Board realized that competent education and training and competent enlightened and enriched supervisory practices would help to ensure this outcome and support competent supervision - but more importantly, the Board obviously recognized that by regulating those that "oversee" professional licensure training and competency, it was also very strongly attending to its fiduciary responsibility and mission, e.g., *"to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public"*

Consequently,* it *cannot* become the heritage of social work supervision that the current Board of Social Work does not require updated supervision *and* has also downgraded the hours required based on inconvenience to practitioners – and that it "fast-tracks" such a proposal to seemingly try to rush it through! What profession works hard to make competent training and practice "easier" if it also wants to remain respected and commensurate in its areas of practice with its peer professions and if it takes seriously its mission, which again is *"to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public"?

These are troubling issues that appear to go against professional and public trust in our professional regulatory agency. Respectfully, and as an LCSW practitioner, trainer and supervisor, for many years, please reconsider your proposals for the support of the practitioners who currently have faith in your regulatory oversight and faith in you as Board members who volunteer your time and energy for the cause of our professional standards.

Sincerely,

Elizabeth Dungee-Anderson

Elizabeth Dungee-Anderson, PhD, LCSW, BCD, CTST

Commenter: Virginia State University 7/17/19 10:09 am

Oppose Fast Tracking Process

I strongly oppose the Fast Tracking process for the Reduction of Supervision CEU. Reducing the required hours, eliminating the five-year time frame for training prior to initial registration along with eliminating the five-year CEU requirements for Social Work Supervisors would undermine the credibility of the social work profession. Supervision is the most significant gatekeeping mechanism in place that ensures that professional standards and quality of services are delivered by competent social workers. Therefore, supervision provided by trained and competent supervisors who stay abreast of the vastly changing dynamics in today's society, especially the healthcare system is an essential and integral part of the training and requirement for the development of skillful professional social workers.

The proposed regulatory change and initiative is a controversial proposal with the potential for some very deleterious repercussions. I highly recommend that this Fast Tracking Process for the Reduction of Supervision CEU be revisited for broader feedback from those whom this change would impact immensely.

Commenter: Shauna Daniels, LCSW 7/17/19 5:09 pm

Opposed to reduction in CEU's for Clinical Supervisors

I am strongly opposed to any reduction in the current continuing education requirements for supervision in Virginia. The process of supervision and continuing professional education are both

critical for high quality clinical social work practice. If either of these elements are weakened it could cause harm to the public as well as the social work profession which heavily relies on training and supervision to uphold ethical principals.

Making the decision to become a clinical supervisor is a tremendous responsibility and reducing the training requirements may encourage practitioners to enter a supervisory role underprepared for the challenges that can arise. Based on my experiences in supervision training, the continuing education courses have not been redundant and have provided dyadic feedback between participants. These trainings have provided information about emerging risks, lessons learned, and best practices in supervision.

Clinical supervision is more than an administrative task and should be held to high standards. Supervision is not only used for new practitioners but also experienced professionals that need to be able to trust the judgement of their supervisor. 14 hours of supervision training every five years seems to be a reasonable request for such an important role.