



STATE OF WISCONSIN
Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Mail to:
PO Box 8935
Madison WI 53708-8935

Email: dspd@wisconsin.gov
Web: <http://dspd.wi.gov>

Governor Scott Walker Secretary Dave Ross

Voice: 608-266-2112 • FAX: 608-267-3816 • TTY: 608-267-2416

SOCIAL WORKER SECTION,
MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING
AND SOCIAL WORK JOINT EXAMINING BOARD
Room 121C, 1400 E. Washington Avenue, Madison
Contact: Dan Williams - 608-266-2112
September 25, 2013

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board.

9:00 A.M.

FULL SECTION MEETING

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda(1-4)**
- B. Approval of Minutes of July 24, 2013(5-8)**
- C. Administrative Matters – Discussion and Consideration**
 - 1) Staff Update
 - 2) Reschedule of November Section Meeting
- D. Legislation/Administrative Rules Matters – Discussion and Consideration**
 - 1) Draft of Amendment to MPSW 3 Relating to Temporary License(9-12)
 - 2) Telehealth(13-14)
- E. Social Work Section Forms – Discussion and Consideration**
- F. Bureau of Milwaukee Child Welfare’s Deletion of the Requirement of a Social Work Certification as a Requirement for Intake Specialist Position – Discussion and Consideration(15-16)**
- G. Minnesota Social Work Requirements and Information – Discussion and Consideration(17-72)**
- H. Nick Smiar Attendance at the WI Council on Social Work Education October 3, 4, 2013 – Discussion and Consideration(73-74)**

I. Nick Smiar Attendance at the ASWB Delegate Assembly, November 8-9, in Nashville, TN. – Discussion and Consideration(75-76)

J. Section Position Statements – Discussion and Consideration(77-78)

K. Screening Panel Report – Discussion and Consideration

L. Informational Items – Discussion and Consideration

- 1) Update as to CE Audit

M. Section Goals for 2013- Discussion and Consideration

- 1) Continuing CE audits into the future.
- 2) Further develop supervisory standards based upon ASWB research pertaining to essentials of clinical supervision. This could include establishing a minimum of CEUs for qualifying supervisors or eventually a supervisor credential.
- 3) Update Board Member orientation materials originally compiled by Jennifer Borup
- 4) Develop a mechanism for the Section to communicate with credential holders. This could include reinstating the Regulatory Digest or developing an email server to email all credential holders regarding critical information.
- 5) Work with the Joint Board to update MPSW 20.
- 6) Work with the Joint Board to update rules for continuing education.
- 7) Update MPSW 2 & 3 with regard to applications for licensure

N. Items Received After Preparation of the Agenda

- 1) Introductions, Announcements and Recognition
- 2) Division of Legal Services and Compliance Matters
- 3) Presentations of Petition(s) for Summary Suspension
- 4) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s) (*Upon Request*)
- 5) Presentation of Proposed Final Decision and Order(s)
- 6) Education and Examination Matters
- 7) Credentialing Matters
- 8) Class 1 Hearings
- 9) Practice Questions/Issues
- 10) Legislation/Administrative Rule Matters
- 11) Liaison/Committee Report(s)
- 12) Informational Item(s)
- 13) Speaking Engagement(s), Travel, or Public Relation Request(s)
- 14) Consulting with Legal Counsel

O. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1) (a), Stats.; consider closing disciplinary investigation with administrative warning (s. 19.85(1)(b), Stats. and 440.205, Stats., to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.; and, to confer with legal counsel (s. 19.85(1)(g), Stats.)

P. Credentialing Matters – Discussion and Consideration

- 1) Misty Hills – request for withdrawal of reciprocity application(79-80)
- 2) Teresa Miller – request for withdrawal of reciprocity application(81-82)
- 3) Nancy Ntim – request for withdrawal of reciprocity application(83-84)
- 4) Kristin Franck – appeal hearing status as to denial of reciprocity application
- 5) Amber Schmidt – request for SWTC extension(85-88)
- 6) Heather Henning – request for APSW temporary license extension(89-90)
- 7) Debbra Smith – request for SWTC extension(91-92)

Q. Deliberation on Issuance of Proposed Administrative Warnings

- 1) 13 SOC 001 (R.M.R.) (93-96)
- 2) 13 SOC 002 (S.L.P.) (97-100)
- 3) 13 SOC 015 (D.L.H.) (101-102)
- 4) 13 SOC 033 (J.D.H.) (103-106)

R. Deliberation of Proposed Decisions and Orders

- 1) Charles A Kiley III DHA # SPS 12 0075 DLSC # 12 SOC 050(107-116)

S. Deliberation of Proposed Stipulations, Final Decisions and Orders

- 1) Kristine L. Senn. – 12 SOC 075(117-124)
- 2) John C. Quinn IV – 12 SOC 079(125-132)
- 3) Vicki Lafountain, LCSW – 12 SOC 080(133-138)
- 4) Corey S. Anfinson – 12 SOC 088(139-146)
- 5) Kelly C. Bragg – 12 SOC 133(147-154)
- 6) Cara L. Dempski – 13 SOC 012(155-160)
- 7) Christine A. Murphy – 13 SOC 024(161-168)

T. DLSC Matters

- 1) Case Closings
- 2) Case Status Report(169-170)

U. Items Received After Preparation of the Agenda:

- 1) Case Closings
- 2) Case Status Report
- 3) Proposed Decisions
- 4) Summary Suspensions
- 5) Objections and Responses to Objections
- 6) Complaints
- 7) Administrative Warnings
- 8) Matters Relating to Costs
- 9) Monitoring Cases
- 10) Credentialing Matters
- 11) Class 1 Hearings
- 12) Appearances from Requests Received or Renewed
- 13) Examination Matters
- 14) Application Matters
- 15) Professional Assistance Program Cases
- 16) Motions

V. Consult with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

W. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

ADJOURNMENT

**SOCIAL WORKER SECTION
MEETING MINUTES
JULY 24, 2013**

PRESENT: Nicholas Smiar, Barbara Viste-Johnson, Elizabeth Krueger

STAFF: Tom Ryan, Executive Director; Nicholas Tank, Bureau Assistant; Joshua Archiquette, Bureau Assistant; Matthew C. Niehaus, Bureau Assistant; and other Department staff

CALL TO ORDER

Nicholas Smiar, Chair, called the meeting to order at 9:15 a.m. A quorum of three (3) members was present.

APPROVAL OF AGENDA

MOTION: Elizabeth Krueger moved, seconded by Barbara Viste-Johnson, to approve the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF JUNE 11, 2013

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, to approve the minutes of June 11, 2013 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, to reschedule the November 18th and 19th 2013 Social Work Section meeting to the 11th and the 12th of November 2013 for room 121C . Motion carried unanimously.

**MOTION FOR CASE: 08 SOC 011, 09 SOC 028, 09 SOC 041
CHERYL K. ROTHERHAM, LCSW**

MOTION: Elizabeth Krueger moved, seconded by Barbara Viste-Johnson, to designate the administrative law judge as the final decision maker in the matters of 08 SOC 011, 09 SOC 28, and 09 SOC 41 and to authorize the chair to sign the Order Motion carried unanimously.

LEGISLATION/ADMINISTRATIVE RULES MATTERS

MOTION: Elizabeth Krueger moved, seconded by Barbara Viste-Johnson, to request that the website and application forms be amended to clarify the requirements for social workers applying via reciprocity. Motion carried unanimously.

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, that the section has reviewed forms 2299, 2802, 2805. Motion carried unanimously.

SECTION GOALS FOR 2013

MOTION: Elizabeth Krueger moved, seconded by Barbara Viste-Johnson, that Barbara Viste-Johnson will be contacting Association of Social Work Boards(ASWB) and requesting input and guidance regarding supervisory standards for clinical social work. Barbara Viste-Johnson will also contact the Minnesota Board of Social Work for additional information. Motion carried unanimously.

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, to modify goal 1 in section G of the agenda to remove “Into the next Biennium”. Motion carried unanimously.

SECTION POSITION STATEMENTS

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, to make the changes to the Social Worker Section Position Statements as discussed at today’s meeting. Motion carried unanimously.

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, to remove reporting requirements for Wis. Stats. § 457.25 from the table. Motion carried unanimously.

MOTION: Elizabeth Krueger moved, seconded by Barbara Viste-Johnson, to make the changes to the reporting requirements position statement as addressed at today’s meeting. Motion carried unanimously.

SCREENING PANEL REPORT

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, to recognize that the Section accepts the report of the screening panel that twelve cases were reviewed and three were opened. Motion carried unanimously.

CONVENE TO CLOSED SESSION

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, to convene to closed session pursuant to Wisconsin State statutes 19.85(1)(a)(b)(f) and (g) for the purpose of conducting appearances, reviewing monitoring requests, requests for licensure, deliberate on stipulations, administrative warnings, proposed decisions and orders, consulting with Legal Counsel and Division of Legal Services and Compliance case status reports. Nicholas Smiar read the language of the motion. The vote of each

member was ascertained by voice vote. Roll Call Vote: Nicholas Smiar-yes; Elizabeth Krueger- yes; and Barbara Viste-Johnson-yes. Motion carried unanimously.

The Section convened into Closed Session at 1:51p.m.

DELIBERATION OF CLASS I HEARINGS

Hills, Misty

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, to continue deliberation of Misty Hills' application for clinical licensure by reciprocity at a future meeting if necessary. The Section further requests a status report of the application at the next Section meeting. Motion carried unanimously.

Franck, Kristin

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, to continue deliberation of Kristin Franck's application for clinical licensure by reciprocity at a future meeting if necessary. The Section further requests a status report of the application at the next Section meeting. Motion carried unanimously.

Giles Nedbal, Paula

MOTION: Elizabeth Krueger moved, seconded by Barbara Viste-Johnson, to approve the application of Paula Giles Nedbal for a Social Work Training Certificate once all other requirements have been met. Motion carried unanimously.

Miller, Teresa

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, to continue deliberation of Teresa Miller's application for clinical licensure by reciprocity at a future meeting if necessary. The Section further requests a status report of the application at the next Section meeting. Motion carried unanimously.

DELIBERATION OF PROPOSED STIPULATIONS

MOTION: Elizabeth Krueger moved, seconded by Barbara Viste-Johnson, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order in the matter of disciplinary proceedings against Sarah M. Nelson (13 SOC 027). Motion carried unanimously.

CASE CLOSINGS

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, to close case # 13 SOC 018 (D.S.) for No Violation (NV). Motion carried unanimously.

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, to close case # 13 SOC 023 (B.L.) for No Violation (NV). Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Elizabeth Krueger moved, seconded by Barbara Viste-Johnson, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 2:18 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Barbara Viste-Johnson moved, seconded by Elizabeth Krueger, to affirm all motions made in closed session. Motion carried unanimously.

ADJOURNMENT

MOTION: Elizabeth Krueger moved, seconded by Barbara Viste-Johnson, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:20 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: <i>17 September 2013</i>	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Social Worker Section			
4) Meeting Date: 25 Sept 2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Rule making – Discussion and Consideration 1. Draft of amendment to MPSW 3 relating to temporary license	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>25 September 2013</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
MARRIAGE & FAMILY THERAPY, PROFESSIONAL COUNSELING
AND SOCIAL WORK EXAMINING BOARD

IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : MARRIAGE & FAMILY THERAPY
MARRIAGE & FAMILY THERAPY, : PROFESSIONAL COUNSELING AND
PROFESSIONAL COUNSELING AND : SOCIAL WORK EXAMINING BOARD
SOCIAL WORK EXAMINING BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Marriage & Family Therapy, Professional Counseling and Social Work Examining Board to amend 3.11(5) relating to temporary credential.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: § 457.14(2), Wis. Stats.

Statutory authority: §§ 15.08(5)(b), Wis. Stats.

Explanation of agency authority:

The examining board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

Related statute or rule: § 457.14(2), Wis. Stats.

Plain language analysis:

The Social Worker Section issues a temporary certificate or license when all the licensure requirements are met with the exception of the examination. The statute states that a temporary certificate or license may be renewed once by that section of the examining board. This amendment will bring the rule into conformity with the statute.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: Illinois no longer issues a temporary social worker credential.

Iowa: Iowa does not have a temporary social worker credential.

Michigan: Michigan grants a two year limited license to engage in the 2 year postdegree experience to those who have completed the educational requirements for licensure. A limited license is renewable for not more than 6 years. Mich. Comp. Laws § 333.18509(2).

Minnesota: Minnesota may grant a temporary license to practice social work to applicants who have completed the education and examination to those unlicensed or to applicants in emergency situations if licensed in another jurisdiction. This temporary license expires after six months. Minnesota also may grant a temporary license to an applicant who completed education from a program in candidacy status with an accrediting body or for an applicant to teach social work at an academic institution in Minnesota. These temporary licenses expire after 12 months. There is no provision indicating a renewal of the temporary license. Minn. Stat. § 148E.060

Summary of factual data and analytical methodologies:

The factual data and methodology was to change the rule to be consistent with the statute.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Greg.Gasper@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Sharon Henes, Administrative Rule Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-2377; email at Sharon.Henes@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sharon Henes, Administrative Rule Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, WI 53708-8935, or by email to sharon.henes@wisconsin.gov. Comments must be received on or before * to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. MPSW 3.11(5) is amended to read:

MPSW 3.11(5) The temporary credential expires upon notification of successful completion of the examination or expiration of the 9 month period, whichever is earlier. The temporary credential may ~~not~~ be renewed once.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Member of the Board
Marriage & Family Therapy,
Professional Counseling and Social
Work Examining Board

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 9/17/13 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Social Worker Section			
4) Meeting Date: 9/25/13	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Telehealth – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p style="margin-left: 40px;">MOTION: Barbara Viste-Johnson moved, seconded by Alice Hanson-Drew, that the three Sections of the MPSW Joint Board place on their agendas an item regarding statutory changes to require jurisdictional competence with regard to Telehealth. Motion carried unanimously.</p>			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams (on behalf of Nick Smiar)		2) Date When Request Submitted: 9/17/13 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Social Worker Section			
4) Meeting Date: 9/2513	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Bureau of Milwaukee Child Welfare's deletion of the requirement of a social work certification as a requirement for intake specialist position – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams (on behalf of Barb Viste-Johnson)		2) Date When Request Submitted: 9/17/13 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Social Worker Section			
4) Meeting Date: 9/25/13	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Clinical supervisory requirements – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <div style="background-color: yellow; height: 20px; width: 100%;"></div>			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			



FACT SHEET

Alternate Supervisor Requirements

Effective August 1, 2012

Full details regarding the Alternate Supervisor Requirements may be found in [Minnesota Statutes 148E.120, subdivision 2](#).

25% Supervision Hours Provided by Alternate Supervisor

If supervision hours received from an alternate supervisor exceed the 25% limitation, a portion of supervision may be denied. The supervisee and the supervisor are responsible to track the supervision hours, including the number of supervision hours received from an alternate supervisor.

Up to 25% of the required supervision hours may be provided by an alternate supervisor who is licensed and qualified to provide supervision according to their respective licensing board and is a Mental Health Professional as defined [in Minnesota Statutes 245.462](#), Subdivision 18, clauses (1) to (6), and is a:

- Registered Nurse (RN) certified as a clinical specialist or nurse practitioner in adult or family psychiatric and mental health nursing, or RN who has a master's degree in nursing or behavioral sciences with 4,000 hours of post-master's supervised experience in the delivery of clinical services and in the treatment of mental illness
- Licensed Psychologist (LP) with stated competencies in the diagnosis and treatment of mental illness
- Psychiatrist – Board Certified
- Licensed Marriage and Family Therapist (LMFT) with two years of post-master's supervised experience in the delivery of clinical services and in the treatment of mental illness
- Licensed Professional Clinical Counselor (LPCC) with 4,000 hours of post-master's supervised experience in the delivery of clinical services and in the treatment of mental illness

100% Supervision Hours Provided by Alternate Supervisor

Up to 100% of the required supervision hours may be provided by an alternate supervisor if the board determines that:

- there are five or fewer appropriately licensed social workers in the county where the supervisee practices social work who meet the requirements of supervisors licensed as social workers in Minnesota.
- the supervisor is an unlicensed social worker who is employed in, and provides the supervision in, a setting exempt from licensure under Minnesota Statutes 148E.065, and who has qualifications equivalent to applicable requirements specified in Minnesota Statutes 148E.100 to 148E.115.
- the supervisor is a social worker engaged in authorized social work practice in Iowa, Manitoba, North Dakota, Ontario, South Dakota, or Wisconsin with qualifications equivalent to applicable requirements in Minnesota Statutes 148E.100 to 148E.115.
- the applicant or licensee is engaged in authorized social work practice outside of Minnesota and the supervisor meets qualifications equivalent to applicable requirements in Minnesota Statutes 148E.100 to 148E.115, or the supervisor is an equivalent Mental Health Professional who is credentialed by a state, territorial, provincial, or foreign licensing agency.

Documentation Required

Submit a Supervision Plan Form describing the proposed supervision, including the name and qualifications of the alternate supervisor, and a copy of the alternate supervisor's current license. The Supervision Plan Form is available at the Board's website.



FAQs

Alternate Supervisor Requirements

Effective August 1, 2012

Q. Who may utilize an alternate supervisor?

A. An alternate supervisor may be utilized by an LSW, LGSW, or LISW.

Q. For what scope of practice may alternate supervisors provide social work licensing supervision?

A. Alternate supervisors may provide social work licensing supervision to supervisees engaged in a non-clinical or a clinical scope of practice.

Q. How do I document my proposal for an alternate supervisor?

A. Submit a Supervision Plan Form or a revised Supervision Plan Form to the Board within 60 days of the change. The Non-Clinical and Clinical Supervision Plan Forms are available at the Board's website.

Q. What documents must be submitted with the Supervision Plan and/or Supervision Verification Form to demonstrate the alternate supervisor's qualifications?

A. A copy of the alternate supervisor's current license must be submitted with the Supervision Plan and/or Supervision Verification Form. Additional documentation may be requested by the Board, if needed.

Q. How do I get credit for supervision received from an alternate supervisor?

A. Submit a Non-Clinical or Clinical Supervision Verification Form at the time of license renewal or when applying for a different license. These forms are available at the Board's website.



Q. How will I know when supervision hours I received from an alternate supervisor exceed the 25% limitation?

A. You and your supervisor are responsible to track your supervision hours, including the number of supervision hours received from an alternate supervisor. A portion of your supervision may be denied if you exceed the 25% limitation.

Q. Must an alternate supervisor meet the Board’s one-time requirement of 30 hours of training in supervision for licensing supervisors who are social workers licensed in Minnesota?

A. No.

Q. How do I know if there are 5 or fewer appropriately licensed social workers in the county where I practice social work who meet the requirements of supervisors licensed as social workers in Minnesota?

A. Go to the home page of the Board’s website, click on “Search/Verify a License”, and follow the prompts to search for a licensing supervisor.



FACT SHEET

Continuing Education (CE) Requirements

Effective August 1, 2011

For any licensee issued a license prior to August 1, 2011, the increased CE hours will not be required to be reported until their first, full two-year renewal term that occurs after August 1, 2011.

For any licensee issued a license on or after August 1, 2011, the increased CE hours will be prorated and required to be reported at their first renewal.

Licensee issued a license prior to August 1, 2011:

- **All licensees** must document 40 CE hours, including 2 hours in ethics, to be documented at the first, full two-year renewal term that occurs after August 1, 2011.
- **LICSW licensees** must document at least 24 of the 40 CE hours in clinical content.
- **Licensing supervisors** must document at least 6 of the 40 CE hours in the practice of supervision.
- 15 of the 40 CE hours may be independent study.
 - Independent study must be for publication, public presentation, or professional development and includes, but is not limited to, electronic study.
 - For licensing supervisors who are required to document 6 CE hours of training in supervision, independent study may include consultation or training regarding supervision with a licensed professional who has demonstrated supervisory skill. This consultation or training regarding supervision is **not** case consultation.
- CE hours must be completed during the renewal term.

Licensee issued a license on or after August 1, 2011:

- The increased CE hours will be prorated and documented at the first license renewal. The 40 CE hour total, as well as the 24 CE hours in clinical content required for the LICSW license and the 6 CE hours required for licensing supervisors, will be prorated based on the number of months in the first licensing term, from license issue date to birth-month license renewal date.



FAQs

Continuing Education (CE) Requirements

Effective August 1, 2011

Q. When can I use “consultation or training regarding supervision with a licensed professional who has demonstrated supervisory skills” to meet CE requirements and how do I document these hours?

A. This type of independent study may be used to meet the six CE hours in the practice of supervision required for licensing supervisors. Keep a written summary of the topic(s) covered, name and title of the supervisor consulted, dates the consultation occurred, the number of hours completed, and a description of how the consultation related to your authorized scope of practice. This consultation or training regarding supervision is **not** case consultation.

Q. What might be considered toward meeting the 24 CE hours in clinical content required for LICSWs?

A. The 24 CE hours must be in the clinical content areas specified in MS148E.055, Subdivision 5. These clinical content areas are:

- Differential diagnosis and biopsychosocial assessment, including normative development and psychopathology across the life span
- Clinical intervention methods informed by research and current standards of practice
- Assessment-based treatment planning with measurable goals
- Evaluation methodologies
- Social work values and ethics, including cultural context, diversity, and social policy
- Culturally specific clinical assessment and intervention

Q. How do I determine when I must document 40 CE hours?

A. Forty (40) CE hours must be documented at your first, full two-year renewal term that occurs after August 1, 2011. For example, if your expiration date is October 31, 2011, you would document 40 CE hours at your October 31, 2013 renewal.



**CLINICAL SUPERVISION PLAN
For LGSW and LISW**

(Revised August 1, 2012)

▪ GENERAL INFORMATION AND INSTRUCTIONS ▪ ATTACH YOUR POSITION DESCRIPTION TO THIS FORM

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK AND KEEP ALL PAGES OF THIS FORM TOGETHER.

1. Submit a separate Supervision Plan form for each social work position. Please use one form to document supervision from multiple supervisors for the same social work position. **A current Supervision Plan form must be on file with the Board.**

2. Complete the entire form, provide all applicable signatures, and **ATTACH YOUR POSITION DESCRIPTION** for the employment listed below before submitting the form to the Board office, if not previously submitted.

DATA CLASSIFICATION: Information which you and your supervisor(s) provide on this form is classified as public data. As public data, information will be available to any person upon request.

<input type="checkbox"/> INITIAL PLAN	<input type="checkbox"/> REVISED PLAN (<i>circle change</i>):	<input type="checkbox"/> New Supervisor	<input type="checkbox"/> Additional Supervisor	<input type="checkbox"/> Scope of Position	<input type="checkbox"/> Type/Amount of Supervision
		<input type="checkbox"/> Employment			
SUPERVISION START DATE:		EMPLOYMENT START DATE:		AVERAGE NUMBER OF HOURS WORKED PER WEEK:	

▪ SUPERVISEE / LICENSEE INFORMATION ▪

LICENSE NUMBER:	LICENSE: (<i>check one box</i>)	<input type="checkbox"/> LGSW <u>engaged in</u> clinical social work practice, submitting a Detailed Description of Clinical Practice	<input type="checkbox"/> LISW <u>engaged in</u> clinical social work practice, submitting a Detailed Description of Clinical Practice
LAST NAME (as it appears on license card):		FIRST NAME:	MIDDLE NAME:
MAILING ADDRESS: (NEW? circle: YES NO)		DAYTIME PUBLIC TELEPHONE:	
CITY:	COUNTY:	STATE:	ZIP CODE:
AGENCY/EMPLOYER: (no acronyms)		POSITION TITLE: (no acronyms)	
AGENCY ADDRESS: (NEW? circle: YES NO)		LICENSEE EMAIL:	
CITY:	COUNTY:	STATE:	ZIP CODE:

▪ CERTIFICATION BY LICENSEE ▪

By signing and dating below, I attest that:

- I have read and understand the supervised practice requirements for licensure and hereby affirm that this plan will be carried out as described. I further understand that a *revised Supervision Plan form* must be submitted within 60 days of changes outlined in the Board's Statute, Chapter 148E.125.
- Failure to submit the **Supervision Plan form** within 60 days after beginning a social work practice position will result in licensee paying the supervision plan late fee specified in section 148E.180 when the licensee applies for license renewal.
- I understand that I am required to submit a **Supervision Verification form** at license renewal.
- If my supervisor is licensed as an LICSW in MN, I understand that my social work supervisor must have completed a one-time requirement of 30 hours of training in supervision. Alternate supervisors are not required to meet this requirement.
- If my supervisor is licensed as an LICSW in MN, I understand that my clinical supervisor must have completed at least 2000 hours of experience in authorized social work practice, including 1000 hours of experience in clinical practice, after obtaining the LICSW license.
- I understand that if clinical supervised practice begins on or after August 1, 2011, I must complete 1800 hours of "direct clinical client contact", of the 4000 hours of clinical social work practice required.
- I understand that supervision with an alternate supervisor, under MS 148E.120 subd. 2, may be limited to 25% of the supervision hours required.

LICENSEE/SUPERVISEE SIGNATURE:	DATE:
--------------------------------	-------

▪ SUPERVISOR #1▪ (Supervisor must complete this section.)

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
PRESENT EMPLOYER:			TITLE AT TIME OF SUPERVISION:		
EMPLOYER ADDRESS:					
CITY:			STATE:		ZIP CODE:
SUPERVISOR EMAIL:			DAYTIME PUBLIC TELEPHONE:		
HIGHEST DEGREE:		MAJOR:	DATE DEGREE CONFERRED:		COLLEGE OR UNIVERSITY:
SOCIAL WORK LICENSE NUMBER:		LICENSE HELD:		STATE: (if other than MN, attach copy of current license)	EFFECTIVE DATE OF LICENSE:
OTHER BOARD LICENSE NUMBER: (attach copy of current license)		LICENSE HELD:		STATE:	EFFECTIVE DATE OF LICENSE:

--	--	--	--	--	--

Average number of hours of supervision provided per month as specified below: _____ **Start date of supervision:** _____

▪ Mandatory One-on-One Supervision Hours (50% required) ▪ In-Person hrs/mo _____ (minimum 25%) ▪ Eye-to-Eye electronic media hrs/mo _____			▪ Other Types of Supervision Permitted (no more than 50% allowed) ▪ One-on-One telephone hrs/mo _____ ▪ Group hrs/mo _____ ▪ Number in group, excluding supervisor(s) _____		
--	--	--	---	--	--

NOTE: ▪ Group supervision is limited to 6 supervisees and may include in-person, telephone, or eye-to-eye electronic media.
 ▪ The supervision must not be provided by email.
 ▪ **If supervisee began supervision under a Supervision Plan submitted prior to August 1, 2011, any remaining supervised practice hours must comply with the new requirements, as specified in MS148E.**

<p align="center">As a supervisor, I affirm that the content of the supervision will include:</p>					
Yes	No	1. clinical practice, if applicable (authorized only for LGSW and LISW) 2. development of professional social work knowledge, skills, and values 3. practice methods	Yes	No	4. authorized scope of practice 5. ensuring continuing competence 6. ethical standards of practice
Yes	No		Yes	No	
Yes	No		Yes	No	

▪ CERTIFICATION BY SUPERVISOR #1▪

ALL SUPERVISORS: The attached Detailed Description of Clinical Social Work Practice is accurate.		Yes	No
ONLY SUPERVISORS LICENSED AS SOCIAL WORKERS IN MINNESOTA: As a clinical supervisor, I have completed a one-time requirement of 30 hours of training in supervision. I understand this information will be available to the public at the Board's website.		Yes	No
ONLY SUPERVISORS LICENSED AS SOCIAL WORKERS IN MINNESOTA: As a clinical supervisor, I have completed at least 2000 hours of experience in authorized social work practice, including 1000 hours of experience in clinical practice, after obtaining my LICSW license. I understand this information will be available to the public at the Board's website.		Yes	No

By signing and dating below, I attest that:

- I have read and understand the supervised practice requirements for licensure and hereby affirm that this plan will be carried out as described. I further understand that a *revised Supervision Plan form* must be submitted within 60 days of changes outlined in the Board's Statute, Chapter 148E.125.
- I understand that a **Supervision Verification form** must be submitted at the supervisee's license renewal and when the supervisee applies for another license category.
- I understand that if clinical supervised practice begins on or after August 1, 2011, 1800 hours of "direct clinical client contact", of the 4000 hours of clinical social work practice required, must be completed to be eligible to apply for the LICSW license.
- (If applicable)** I am an alternate supervisor, and I am a currently licensed mental health professional qualified to provide supervision according to my licensing board.

SUPERVISOR #1 SIGNATURE:		DATE:
---------------------------------	--	--------------

LICENSEE/APPLICANT NAME & LICENSE NUMBER: _____

▪ SUPERVISOR #2▪ (Supervisor must complete this section.)						
LAST NAME:		FIRST NAME:		MIDDLE NAME:		
PRESENT EMPLOYER:			TITLE AT TIME OF SUPERVISION:			
EMPLOYER ADDRESS:						
CITY:			STATE:	ZIP CODE:		
SUPERVISOR EMAIL:			DAYTIME PUBLIC TELEPHONE:			
HIGHEST DEGREE:	MAJOR:	DATE DEGREE CONFERRED:		COLLEGE OR UNIVERSITY:		
SOCIAL WORK LICENSE NUMBER:	LICENSE HELD:	STATE: (if other than MN, attach copy of current license)		EFFECTIVE DATE OF LICENSE:		
OTHER BOARD LICENSE NUMBER: (attach copy of current license)		LICENSE HELD:	STATE:	EFFECTIVE DATE OF LICENSE:		
Average number of hours of supervision provided per month as specified below: _____ Start date of supervision: _____						
▪ Mandatory One-on-One Supervision Hours (50% required)			▪ Other Types of Supervision Permitted (no more than 50% allowed)			
▪ In-Person hrs/mo _____ (minimum 25%)			▪ One-on-One telephone hrs/mo _____			
▪ Eye-to-Eye electronic media hrs/mo _____			▪ Group hrs/mo _____			
			▪ Number in group, excluding supervisor(s) _____			
NOTE: ▪ Group supervision is limited to 6 supervisees and may include in-person, telephone, or eye-to-eye electronic media.						
▪ The supervision must <u>not</u> be provided by email.						
▪ If supervisee began supervision under a Supervision Plan submitted prior to August 1, 2011, any remaining supervised practice hours must comply with the new requirements, as specified in MS148E.						
Yes	No	As a supervisor, I affirm that the content of the supervision will include: 1. clinical practice, if applicable (authorized only for LGSW and LISW) 2. development of professional social work knowledge, skills, and values 3. practice methods		Yes	No	4. authorized scope of practice 5. ensuring continuing competence 6. ethical standards of practice
Yes	No			Yes	No	
Yes	No			Yes	No	
▪ CERTIFICATION BY SUPERVISOR #2▪						
ALL SUPERVISORS: The attached Detailed Description of Clinical Social Work Practice is accurate.					Yes	No
ONLY SUPERVISORS LICENSED AS SOCIAL WORKERS IN MINNESOTA: As a supervisor, I have completed a one-time requirement of 30 hours of training in supervision. I understand this information will be available to the public at the Board's website.					Yes	No
ONLY SUPERVISORS LICENSED AS SOCIAL WORKERS IN MINNESOTA: As a clinical supervisor, I have completed at least 2000 hours of experience in authorized social work practice, including 1000 hours of experience in clinical practice, after obtaining my LICSW license. I understand this information will be available to the public at the Board's website.					Yes	No
By signing and dating below, I attest that:						
1. I have read and understand the supervised practice requirements for licensure and hereby affirm that this plan will be carried out as described. I further understand that a <i>revised Supervision Plan form</i> must be submitted within 60 days of changes outlined in the Board's Statute, Chapter 148E.125.						
2. I understand that a Supervision Verification form must be submitted at the supervisee's license renewal and when the supervisee applies for another license category.						
3. I understand that if clinical supervised practice begins on or after August 1, 2011, 1800 hours of "direct clinical client contact", of the 4000 hours of clinical social work practice required, must be completed to be eligible to apply for the LICSW license.						
4. (If applicable) I am an alternate supervisor, and I am a currently licensed mental health professional qualified to provide supervision according to my licensing board.						
SUPERVISOR #2 SIGNATURE:					DATE:	

LICENSEE/APPLICANT NAME & LICENSE NUMBER: _____



SUPERVISION PLAN ADDENDUM INSTRUCTIONS FOR DETAILED DESCRIPTION OF CLINICAL SOCIAL WORK PRACTICE

▪ ONLY FOR LGSW AND LISW LICENSEES PRACTICING CLINICAL SOCIAL WORK ▪

▪ GENERAL INFORMATION AND INSTRUCTIONS ▪

1. If you are licensed as an LGSW or LISW and are practicing within a clinical scope as defined in Minnesota Statutes, Chapter 148E.010, subdivision 6 (as noted below), you will be required to submit a **Detailed Description of Clinical Social Work Practice**.
2. In addition, when you renew your license or when you apply for the LICSW license, your supervisor(s) must complete a **Supervision Verification** form which includes an attestation that you have "demonstrated skill through practice experience in the diagnosis, treatment, and prevention of mental and emotional disorders."

▪ SUPERVISOR REPORT OF CLINICAL SOCIAL WORK PRACTICE ▪ (Only supervisors reporting *Clinical Social Work Practice* for LGSW or LISW licensees refer to this section.)

▪ INSTRUCTIONS FOR DETAILED DESCRIPTION OF *CLINICAL SOCIAL WORK PRACTICE ATTACHMENT* ▪

Minnesota Statutes, Chapter 148E.010, subdivision 6: "Clinical practice" means applying professional social work knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders. Treatment includes a plan based on a differential diagnosis. Treatment may include, but is not limited to, the provision of psychotherapy to individuals, couples, families, and groups.

The licensee must submit a **Detailed Description of Clinical Social Work Practice** signed by the supervisor(s). Please note that it is important to be as specific and thorough as possible. A reference to the attached position description will not be sufficient.

Please attach a typewritten narrative signed by your supervisor which describes each of the following elements:

1. Client population and the range of presenting issues/diagnoses
2. Clinical modalities commonly utilized
3. Diagnostic process, including:
 - a) process utilized for determining clinical diagnoses,
 - b) diagnostic instruments used, and
 - c) role of the licensee/applicant in the diagnostic process.



**CLINICAL SUPERVISION VERIFICATION
 For LGSW and LISW**

(Revised August 1, 2012)

▪ INSTRUCTIONS TO COMPLETE THIS FORM ▪

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK AND KEEP ALL PAGES OF THIS FORM TOGETHER.

1. Each of your supervisor(s) must complete and submit a separate form. This form may be duplicated.
2. Attach a job description to this form, which corresponds to the position being documented, if not previously submitted.
3. Complete page 1. Then submit the **entire form** to your supervisor for completion of pages 2, 3, and 4. Your supervisor must submit all pages of this form directly to the Board.

Please Note: This form will be reviewed at time of renewal or when applying for a different license.

▪ LICENSEE/APPLICANT INFORMATION ▪

(Applicant/licensee must complete this section.)

▪ CIRCLE THE APPLICATION FORM THAT YOU ARE SUBMITTING WITH THIS SUPERVISION VERIFICATION FORM:

- | | | |
|--------------------------------|----------------------------|---|
| ▪ LICENSURE APPLICATION | ▪ LICENSURE RENEWAL | ▪ NOT SUBMITTED WITH AN APPLICATION or RENEWAL |
|--------------------------------|----------------------------|---|

▪ HAVE YOU PREVIOUSLY SUBMITTED A SUPERVISION PLAN FOR THE SUPERVISED PRACTICE REPORTED ON THIS FORM? (circle) **▪ YES** **▪ NO**

LICENSE NUMBER:	CURRENT LICENSE HELD: (circle) LGSW clinical scope LISW clinical scope
-----------------	--

LAST NAME: (as it appears on license card)	FIRST NAME:	MIDDLE NAME:
--	-------------	--------------

MAILING ADDRESS: (NEW? circle: YES NO)	EMAIL ADDRESS:
--	----------------

CITY:	COUNTY:	STATE:	ZIP CODE:
-------	---------	--------	-----------

DAYTIME PUBLIC TELEPHONE:	FAX:
---------------------------	------

▪ LICENSEE/APPLICANT POSITION INFORMATION SUBMITTED ▪

AGENCY/EMPLOYER NAME FOR POSITION REPORTED ON THIS FORM (may be different from current employment):

AGENCY ADDRESS:

CITY:	COUNTY:	STATE:	ZIP CODE:
-------	---------	--------	-----------

LICENSEE/APPLICANT'S POSITION TITLE:

▪ RECORD FULL-TIME & PART-TIME PRACTICE DATES & NUMBER OF PART-TIME HOURS PER WEEK FOR THE POSITION REPORTED ▪

▪ FULL-TIME ▪	FROM: (mo/yr)	TO: (mo/yr)	
▪ PART-TIME ▪	FROM: (mo/yr)	TO: (mo/yr)	NUMBER OF HOURS PER WEEK:

▪ SUPERVISOR SECTION ▪ INSTRUCTIONS FOR SUPERVISOR ▪

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK AND KEEP ALL PAGES OF THIS FORM TOGETHER.

All Supervisors:

1. Complete pages 2, 3, and 4.
2. Review the attached position description, if applicable.
3. Submit all pages of this form directly to the Board office at the address listed on the form.
4. Attach the **Detailed Description of Clinical Social Work Practice** to this form (instructions on page 4).

▪ SUPERVISOR INFORMATION ▪

(Supervisor must complete this section.)

LAST NAME:		FIRST NAME:		MIDDLE NAME:
MAILING ADDRESS:				
CITY:		STATE:	ZIP CODE:	
HIGHEST DEGREE:	MAJOR:	DATE DEGREE CONFERRED:	COLLEGE OR UNIVERSITY:	
SOCIAL WORK LICENSE NUMBER:	LICENSE HELD:	STATE:(if other than MN, attach copy of current license if not submitted with Supervision Plan)	EFFECTIVE DATE OF LICENSE:	
OTHER BOARD LICENSE NUMBER:: (attach copy of current license if not submitted with Supervision Plan)		LICENSE HELD:	STATE:	EFFECTIVE DATE OF LICENSE:
PRESENT EMPLOYER:			TITLE AT TIME OF SUPERVISION:	
ADDRESS:			SUPERVISOR EMAIL:	
CITY:	STATE:	ZIP CODE	DAYTIME PUBLIC TELEPHONE:	

▪ SUPERVISOR'S REPORT OF SUPERVISION PROVIDED PRIOR TO AUGUST 1, 2011 ▪

Dates of Supervision:	FROM: (mo/yr)	TO: (mo/yr)
List <u>average number of hours per month</u> for each type of supervision provided below:		
▪ In-person one-on-one supervision: _____	▪ In-person group supervision: _____	▪ Electronic supervision: _____
▪ Number in group, excluding supervisor(s): _____		
NOTE:		
<ul style="list-style-type: none"> • At least ½ of the supervision must be in-person one-on-one supervision. • In-person group supervision may not exceed more than ½ of the required hours. • Electronic supervision may not exceed more than 1/3 of the required hours. • Group supervision may not exceed 7 members, including licensed social work supervisor. 		

▪ SUPERVISOR'S REPORT OF SUPERVISION PROVIDED ON OR AFTER AUGUST 1, 2011 ▪

Dates of Supervision:	FROM: (mo/yr)	TO: (mo/yr)
For the dates listed above, provide the following:		
Total number of practice hours for which supervision was provided _____	Total number of supervision hours _____	Total number of "direct clinical client contact" hours _____
For the dates listed above, provide details of the <u>total number</u> of supervision hours reported:		
▪ Mandatory One-on-One Supervision Hours (50% required)	▪ Other Types of Supervision Permitted (no more than 50% allowed)	
▪ Total In-Person hrs _____ (minimum 25%)	▪ Total One-on-One telephone hrs _____	
▪ Total Eye-to-Eye electronic media hrs _____	▪ Total Group hrs _____	
▪ Number in group, excluding supervisor(s) _____		
NOTE:		
<ul style="list-style-type: none"> • "Direct clinical client contact" is required if clinical supervised practice began on or after August 1, 2011. • Group supervision is limited to six supervisees, and may include in-person, telephone, or eye-to-eye electronic media. • Supervision must not be provided by email. 		

LICENSEE/APPLICANT NAME & LICENSE NUMBER: _____

▪ RECOMMENDATION/CERTIFICATION BY THE SUPERVISOR ▪

(Supervisor must complete this section by circling response.)

Yes	No	(If applicable) I am a supervisor licensed as an LICSW in Minnesota. I have completed a one-time requirement of 30 hours of training in supervision and understand this information will be available to the public at the Board's website.
Yes	No	If you signed a Supervision Plan for the licensee/applicant, do you affirm that the supervision provided for the position documented within this form was carried out as described previously in the Supervision Plan considered and approved by the Board?
Yes	No	Is the position description which the licensee/applicant has attached (if applicable) to this form an accurate reflection of the licensee/applicant's practice? If not, please attach an explanation.
Yes	No	Do you attest that the supervisee has <u>not engaged</u> in conduct in violation of the Standards of Practice specified in the Board's Statute, Chapter 148E.195 to 148E.240?
Yes	No	Do you attest that the supervisee has practiced competently and ethically in accordance with professional social work knowledge, skills, and values? If not, please attach an explanation.
Yes	No	Do you affirm that the content of the supervision has included clinical practice?
Yes	No	Do you affirm that the content of the supervision has included:
Yes	No	1. development of professional social work knowledge, skills, and values
Yes	No	2. practice methods
Yes	No	3. authorized scope of practice
Yes	No	4. ensuring continuing competence
Yes	No	5. ethical standards of practice

Affirmation: I hereby affirm that I directly supervised the named licensee/applicant and affirm that the supervisee has met the applicable supervised practice requirements. I also affirm that the information I have provided is true and correct to the best of my knowledge. I understand that this information will be used to evaluate the supervisee's compliance with requirements for licensure as a social worker.

SUPERVISOR NAME: <i>(please print)</i>	LICENSE HELD & LICENSE NUMBER:
SUPERVISOR SIGNATURE:	DATE:

Classification of Data: Information which you and your supervisor provide on this form is classified as private data prior to licensure and is accessible only to you, Board members and staff, the Board's legal counsel, and persons whom you designate. When your application is approved, the information provided on this form and all other information related to your supervision verification will be classified as public data. Public data is available to any person upon request. The purpose and intended use of this information is to enable the Board to determine whether the documented supervised practice meets statutory requirements for licensure. You are not legally required to provide this information, but the Board will not be able to take action without this information.

SUPERVISOR: PLEASE RETURN THE ORIGINAL FORM DIRECTLY TO THE BOARD OFFICE ADDRESS LISTED ON THE TOP OF THE FIRST PAGE. PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

LICENSEE/APPLICANT NAME & LICENSE NUMBER: _____

▪ **SUPERVISOR REPORT OF CLINICAL SOCIAL WORK PRACTICE** ▪
 (Only supervisors reporting *Clinical Social Work Practice* complete this section.)

▪ **INSTRUCTIONS FOR DETAILED DESCRIPTION OF CLINICAL SOCIAL WORK PRACTICE ATTACHMENT** ▪

Minnesota Statutes, Chapter 148E.010, subdivision 6: "Clinical practice" means applying professional social work knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders. Treatment includes a plan based on a differential diagnosis. Treatment may include, but is not limited to, the provision of psychotherapy to individuals, couples, families, and groups.

Clinical supervisors must verify *clinical* social work practice by attaching a completed **Detailed Description of Clinical Social Work Practice** for the licensee/applicant which must be signed by all supervisors. If the supervisor(s) have already submitted a signed **Detailed Description of Clinical Social Work Practice** for this position, a duplicate description is not required. Please note that it is important to be as specific and thorough as possible. A reference to the attached position description will not be sufficient.

Please attach a typewritten narrative signed by your supervisors which describes each of the following elements:

1. Client population and the range of presenting issues/diagnoses
2. Clinical modalities commonly utilized
3. Diagnostic process, including:
 - a) process utilized for determining clinical diagnoses,
 - b) diagnostic instruments used, and
 - c) role of the licensee/applicant in the diagnostic process.

▪ **RECOMMENDATION/CERTIFICATION BY THE SUPERVISOR OF CLINICAL PRACTICE** ▪

Yes	No	I affirm that the licensee/applicant has practiced <i>clinical</i> social work and has demonstrated skill through practice experience in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders.
Yes	No	I affirm that the <u>attached Detailed Description of Clinical Social Work Practice</u> accurately reflects the licensee/applicant's scope of practice.
Yes	No	A Detailed Description of Clinical Social Work Practice for this position signed by this supervisor is not being submitted with this form because it has been submitted with previous supervision documents.
Yes	No	(If applicable) I am a clinical supervisor licensed as an LICSW in Minnesota, and I have completed at least 2000 hours of experience in authorized social work practice, including 1000 hours of experience in clinical practice, after obtaining my LICSW license. I understand this information will be available to the public at the Board's website.
Yes	No	(If applicable) I am an alternate supervisor, and I am a currently licensed mental health professional qualified to provide supervision according to my licensing board.

SUPERVISOR NAME: <i>(please print)</i>	SUPERVISOR LICENSE HELD & LICENSE NUMBER:
SUPERVISOR SIGNATURE:	DATE:
NAME OF LICENSEE/APPLICANT SUBMITTED FOR:	LICENSEE/APPLICANT LICENSE NUMBER:

SUPERVISOR: PLEASE RETURN THE ORIGINAL FORM DIRECTLY TO THE BOARD OFFICE ADDRESS LISTED ON THE TOP OF THE FIRST PAGE. PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

K:\Sharedoc\FORMS\FORMS 2012\LGSW AND LISW CLINICAL SUPERVISION VERIFICATION 2012 v2.docx



FACT SHEET

Requirements for Social Worker Licensing Supervisors

Effective August 1, 2011

ATTENTION SUPERVISORS AND SUPERVISEES: POSSIBLE DENIAL OF SUPERVISED PRACTICE

Upon audit, if it is found that the supervisor has not complied with these new requirements, the supervisees' supervised practice hours may be denied and the supervisor(s) may be subject to action by the Board's Compliance Unit.

To be eligible to provide licensing supervision on or after August 1, 2011, a social worker must:

- have completed the one-time requirement of 30 hours of training in supervision through coursework from an accredited college or university, or through continuing education (CE) which complies with the Board's CE requirements,
- be competent in the activities supervised, and
- attest to completion of this requirement when submitting any Supervision Plan form or Supervision Verification form for supervision provided on or after August 1, 2011.

To be eligible to provide clinical licensing supervision on or after August 1, 2011, a social must:

- meet the requirements listed above,
- have at least 2000 hours of experience in authorized social work practice, **including 1000 hours of experience in clinical practice** after obtaining a LICSW license, and
- attest to completion of this requirement when submitting any Supervision Plan form or Supervision Verification form for supervision provided on or after August 1, 2011.



FAQs

Requirements for Social Worker Licensing Supervisors

Effective August 1, 2011

Q. What are the requirements for licensing supervisors as of August 1, 2011?

A. **Any social worker providing licensing supervision after on or after August 1, 2011**, must have completed a one-time requirement of 30 hours of training in supervision. These hours may be completed through coursework from an accredited college or university, or through continuing education (CE) in compliance with the Board's CE requirements. **Clinical licensing supervisors** must also have at least 2000 hours of experience in authorized social work practice, **including 1000 hours of experience in clinical practice** after obtaining a LICSW license.

Q. Is there a time frame during which the one-time requirement of 30 hours of training in supervision must have been completed?

A. There is no time limit specified in statute identifying when the 30 hours of training in supervision may be earned.

Q. Of the 30 hours of training in supervision, how many of the hours may be independent study?

A. Prior to August 1, 2011, 10 of the 30 hours of training in supervision may be independent study. On or after August 1, 2011, 15 of the required 30 hours may be independent study.

Q. How will licensing supervisors document that they have met the supervisor requirements?

A. Licensing supervisors must attest to completion of the requirements listed above when submitting any Supervision Plan form or Supervision Verification form for supervision provided on or after August 1, 2011.

Q. Will licensing supervisors have to submit evidence to the Board to demonstrate that they have met the supervisor requirements?

A. The information submitted may be subject to audit to verify compliance. If a licensing supervisor is audited for the 30 hours of training in supervision, they must submit evidence such as an academic transcript or certificate of attendance. If a clinical licensing supervisor is audited for the 2000 hours of experience, including 1000 hours of experience in clinical practice, they must submit evidence such as a resume or a signed statement from the employer.

Q. What if my supervisor has not met the supervisor requirements by August 1, 2011?

A. Supervision with this supervisor must be suspended until the supervisor complies with the new requirements.

148E.120 REQUIREMENTS OF SUPERVISORS.

Subdivision 1. **Supervisors licensed as social workers.** (a) Except as provided in subdivision 2, to be eligible to provide supervision under this section, a social worker must:

(1) have completed 30 hours of training in supervision through coursework from an accredited college or university, or through continuing education in compliance with sections 148E.130 to 148E.170;

(2) be competent in the activities being supervised; and

(3) attest, on a form provided by the board, that the social worker has met the applicable requirements specified in this section and sections 148E.100 to 148E.115. The board may audit the information provided to determine compliance with the requirements of this section.

(b) A licensed independent clinical social worker providing clinical licensing supervision to a licensed graduate social worker or a licensed independent social worker must have at least 2,000 hours of experience in authorized social work practice, including 1,000 hours of experience in clinical practice after obtaining a licensed independent clinical social worker license.

(c) A licensed social worker, licensed graduate social worker, licensed independent social worker, or licensed independent clinical social worker providing nonclinical licensing supervision must have completed the supervised practice requirements specified in section 148E.100, 148E.105, 148E.106, 148E.110, or 148E.115, as applicable.

Subd. 2. **Alternate supervisors.** (a) The board may approve an alternate supervisor as determined in this subdivision. The board shall approve up to 25 percent of the required supervision hours by a licensed mental health professional who is competent and qualified to provide supervision according to the mental health professional's respective licensing board, as established by section 245.462, subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6).

(b) The board shall approve up to 100 percent of the required supervision hours by an alternate supervisor if the board determines that:

(1) there are five or fewer supervisors in the county where the licensee practices social work who meet the applicable licensure requirements in subdivision 1;

(2) the supervisor is an unlicensed social worker who is employed in, and provides the supervision in, a setting exempt from licensure by section 148E.065, and who has qualifications equivalent to the applicable requirements specified in sections 148E.100 to 148E.115;

(3) the supervisor is a social worker engaged in authorized social work practice in Iowa, Manitoba, North Dakota, Ontario, South Dakota, or Wisconsin, and has the qualifications equivalent to the applicable requirements in sections 148E.100 to 148E.115; or

(4) the applicant or licensee is engaged in nonclinical authorized social work practice outside of Minnesota and the supervisor meets the qualifications equivalent to the applicable requirements in sections 148E.100 to 148E.115, or the supervisor is an equivalent mental health professional, as determined by the board, who is credentialed by a state, territorial, provincial, or foreign licensing agency; or

(5) the applicant or licensee is engaged in clinical authorized social work practice outside of Minnesota and the supervisor meets qualifications equivalent to the applicable requirements in

section 148E.115, or the supervisor is an equivalent mental health professional as determined by the board, who is credentialed by a state, territorial, provincial, or foreign licensing agency.

(c) In order for the board to consider an alternate supervisor under this section, the licensee must:

(1) request in the supervision plan and verification submitted according to section 148E.125 that an alternate supervisor conduct the supervision; and

(2) describe the proposed supervision and the name and qualifications of the proposed alternate supervisor. The board may audit the information provided to determine compliance with the requirements of this section.

History: 2007 c 123 s 87,138; 2009 c 157 art 3 s 41,49; 2012 c 197 art 1 s 15

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

©2013 National Association of Social Workers.
All Rights Reserved.

©2013 Association of Social Work Boards.
All Rights Reserved.

Contents

5	Introduction
6	Overview of Supervision
7	Administrative
8	Educational
8	Supportive
9	Qualifications
10	Standard 1. Context in Supervision
10	Understanding Scope of Practice
10	Communities of Practice
11	Interdisciplinary Supervision
11	Cultural Awareness and Cross-cultural Supervision
12	Dual Supervision and Conflict Resolution
12	Standard 2. Conduct of Supervision
13	Confidentiality
13	Contracting for Supervision
14	Leadership and Role Model
15	Competency
15	Supervisory Signing Off
15	Self-Care
16	Standard 3. Legal and Regulatory Issues
16	Liability
17	Regulations
18	Documentation
18	Other Legal Concerns
19	Standard 4. Ethical Issues
20	Ethical Decision-Making
21	Boundaries
22	Self-Disclosure
22	Attending to Safety
22	Alternative Practice
23	Standard 5. Technology
24	Distance Supervision
24	Risk Management
24	Evaluation and Outcomes
27	Termination
28	References
28	Resources

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 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).
- 3.01 (b) “Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries” (p. 19).
- 3.01(c) “Social workers should not engage in any dual or multiple relationships with

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

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

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

Ethical Decision-Making

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

Boundaries

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

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

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

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

Other ethical considerations include the following:

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

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

Self-disclosure

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

Attending to Safety

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

Alternative Practice

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

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

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

Standard 5. Technology

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.

References

National Association of Social Workers. (2008). *Code of ethics of the National Association of Social Workers*. Washington, DC: Author.

Resources

American Board of Examiners in Clinical Social Work. (2004). *Clinical supervision: A practice specialty of clinical social work*. Marblehead, MA: Author.

Association of Social Work Boards. (2009). *An analysis of supervision for social work licensure*. Culpepper, VA: Author. Retrieved from www.aswb.org/pdfs/supervisionjobanalysis.pdf

Association of Social Work Boards. (2011). *Model Social Work Practice Act*. Culpepper, VA: Author. Retrieved from www.aswb.org/pdfs/Model_law.pdf

Austin, M., & Hopkins, K. (2004). *Supervision as collaboration in the human services: Building a learning culture*. New York: Sage Publications.

Barker, R. L. (2003). *The social work dictionary* (5th ed.). Washington, DC: NASW Press.

Beddoe, L. (2010). Surveillance or reflection: Professional supervision in 'the risk society.' *British Journal of Social Work*, 40, 1279-1296.

Bennett, S. & Deal, K. H. (2009). Beginnings and endings in social work supervision: The interaction between attachment and developmental processes. *Journal of Teaching in Social Work*, 29(1), 101-117.

Christie, A. (2009). Workplace abuse: Roles of the supervisor and the supervisee. *Journal of Social Work Values and Ethics*, 6(1). Retrieved from www.socialworker.com/jswve/content/view/114/67/

Coleman, M. (2002). *Using technology in the practice of clinical social work*. Washington, DC: National Association of Social Workers.

Coleman, M. (2003). *Supervision and the clinical social worker*. Washington, DC: National Association of Social Workers.

Davis, R. T. (2010). *Constructing a profession of social work: The role of social work supervision*. *Social Work Review*, 9(1). 20-30.

Dewane, C. (2007, July/August). Supervisor, beware: Ethical dangers in supervision. *Social Work Today*, 7(4). 34.

Doyle, O. Z., Miller, S. E., & Mirza, F.Y. (2009). Ethical decision-making in social work: Exploring personal and professional values. *Journal of Social Work Values and Ethics*, 6(1). Retrieved from: www.socialworker.com/jswve/content/view/113/67/

Falvey, J. E. (2002). *Managing clinical supervision: Ethical practice and legal risk management*. Pacific Grove, CA: Brooks/Cole.

Greene, K. R. (2002). Paternalism in supervisory relationships. *Social Thought*, 21(2). 17-31.

Haynes, R., Corey, G., & Moulton, P. (2003). *Clinical supervision in the helping professions: A practical guide*. Belmont, CA: Brooks/Cole.

- Gilbert, C., & Maxwell, C. F. (2011, March-April). Clinical supervision in healthcare in the internet era. *Social Work Today, 11*(2), 24-27.
- GroupInterVisual LTD. (2002). *Guidelines for engagement in online supervision*. Retrieved from www.online-supervision.net/resources/usageguidelines.asp
- Kadushin, A., & Harkness, D. (2002). *Supervision in social work*. New York: Columbia University Press.
- McCarty, D., & Clancy, C. (2002). Telehealth: Implications for social work practice. *Social Work, 47*. 153-161.
- Munson, C. (2002). *Handbook of clinical social work supervision*. New York: Haworth Social Work Practice Press.
- Munson, C. (2002). *Supervisor, beware: Ethical dangers in supervision*. New York: Columbia University Press.
- Munson, C. (2006). Contemporary issues and trends in social work. In W. J. Spitzer (Ed.), *Supervision of health care social work: Principles and practice* (pp. 1-22). Petersburg, VA: Dietz Press.
- National Association of Social Workers. (2001). *NASW standard for cultural competence in social work practice*. Retrieved from www.socialworkers.org/practice/standards/NASWCulturalStandards.pdf

National Association of Social Workers. (2005). *NASW standards for clinical social work in social work practice*. Retrieved from www.socialworkers.org/practice/standards/NASWClinicalSWStandards.pdf

National Association of Social Workers. (2008). *Code of ethics of the National Association of Social Workers*. Retrieved from www.socialworkers.org/pubs/code/code.asp

National Association of Social Workers and Association of Social Work Boards. (2005). *NASW and ASWB standards for technology and social work practice*. Retrieved from www.socialworkers.org/practice/standards/NASWTechnologyStandards.pdf

Neil, T. K., Holloway, E., & Hans, K. (2010). A systems approach to supervision of child psychotherapy. In T. K. Neill (Ed.) *Helping others help children: Clinical supervision of child psychotherapy* (pp. 7-33). Washington, DC: American Psychological Association.

Noble, C., & Irwin, J. (2009). Social work supervision: An exploration of the current challenges in a rapidly changing social, economic and political environment. *Journal of Social Work, 9*. 345-358.

Pack, M. (2009). Clinical supervision: An interdisciplinary review of literature with implications for reflective practice in social work. *Reflective Practice, 10*, 557-668.

Pisani, A. (2005). Talk to me: Supervisees disclosure in supervision. *Smith College Studies in Social Work, 75*(1). 29-47.

Reamer, F. G. (2003). Boundary issues in social work: Managing dual relationships. *Social Work, 48*, 121- 133.

Reamer, F. (2006). Self-disclosure in clinical social work. *Social Work Today, 6*(6), 12-13.

Santhiveeran, J. (2009). Compliance of social work e-therapy websites to the NASW code of ethics. *Social Work in Health Care, 48*, 1-13.

Schoener, G. (2011, May.) *Furry vengeance: How regulators deal with fuzzy boundary issues*. Vancouver, Canada: Association of Social Work Boards.

Shulman, L. (2010). *Interactional supervision*. (3rd ed). Washington, DC: NASW Press.

Tropman, J. E. (2006). *Supervision and management in nonprofits and human services: How not to become the administrator you always hated*. Peosta, IA: Eddie Bowers.

Tsui, M. (2005). *Social work supervision: Contexts and concepts*. New York: Sage Publications.



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

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 9/17/13 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Social Worker Section			
4) Meeting Date: 9/25/13	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Nick Smiar appearance at the WI Council on Social Work Education October 3, 4, 2013 – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			Date
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 9/17/13 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Social Worker Section			
4) Meeting Date: 9/25/13	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Nick Smiar attendance at the ASWB Delegate Assembly, November 8-9, in Nashville, TN. – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

Page intentionally left blank

Social Work – Clinical Practice

These questions are specific to persons providing clinical social work services, either with certification as an APSW or CISW (under the supervision of an LCSW, psychologist, or psychiatrist), or independently as a Licensed Clinical Social Worker. Persons holding the CSW or SWTC certifications are NOT able to provide clinical social work services.

1. Can an individual with a temporary certificate for advanced practice social work provide psychotherapy under supervision?

As provided through ss. [MPSW 6.02](#) and [MPSW 3.11](#), Wis. Admin. Code, individuals with a temporary certificate are able to practice within the full scope of practice of an advanced practice social worker, which includes the practice of clinical social work and psychotherapy if adequately trained and under the supervision of an LCSW, Clinical Psychologist, Psychiatrist, or another mental health professional pre-approved by the Section. Individuals holding a temporary certificate may begin accruing hours towards the 3000 clinical hours required for licensure.

2. As an LCSW, am I able to practice clinical social work and bill for services even if I'm not practicing in a State Licensed Mental Health Clinic?

A clinical social worker license is an independent license, which provides the ability to work in a state-certified clinic or private practice. Additionally, the Vendorship/Mental Health Access Bill approved in 2009 mandates insurance coverage of mental health services in Wisconsin. For more information on the impacts of this Bill, please see the FAQ provided by the NASW WI.

3. When the parents have joint custody, must both parents agree in order for a social worker to see a child - or can either parent bring a child in for therapy? If one parent brings a child in for therapy, is the social worker required to let the other parent know?

When parents have joint custody, generally the domiciliary parent can make medical and educational decisions for the child. If the domiciliary parent is not designated as the decision maker, both parents have the same decision making authority. A social worker should request a copy of any joint custody decrees or orders if he or she feels uncertain about this issue. Ideally, both parents should be informed and involved in a young child's therapy. There may also be situations when one parent's refusal to give consent for treatment may prevent a social worker from providing services to the child.

4. Are fees or fee disputes for psychotherapy services regulated by the State of Wisconsin?

No. Fees or fee disputes are not regulated or mediated by the Board. However, all clinicians are required to have a grievance procedure in place and to provide copies of that procedure to clients. Clinicians who fail to implement a grievance procedure or whose actions result in action taken by other regulatory agencies for unethical or illegal billing practices, (such as a conviction for Medicaid Fraud), could also be subject to disciplinary action by the Board.

5. Can licensees treat AODA clients?

Mental health professionals (social workers, marriage and family therapists, and professional counselors) can provide primary treatment of persons with a diagnosis of substance dependency or abuse **only if they also hold AODA certification as certification as stipulated in [Stat. 440.88](#) or by meeting the qualifications of an AODA specialty as required by the board under [MPSW 1.09](#), Wis. Admin. Code.**

Any credential holder may prepare a client for substance dependence treatment by referral, may continue to work with a client until a referral for dependence treatment is completed, may continue to work with the non-AODA issues of a person who had been referred for dependence treatment, and may continue to treat a client who is in recovery following treatment for substance dependence. ([Stat. 457.02\(5m\)](#))

6. Does the Vendorship, Act 28 Law change the requirements for AODA licensing requirements for mental health therapists?

No. The bill addresses the issue of providing services outside of a DHS clinic. It does not alter the licensure requirements for providing AODA services.

7. Are social workers required to carry malpractice insurance?

Clinical social workers, MFT's, and professional counselors are required to have professional liability insurance. Exceptions exist for licensees employed in federal, state or local governmental agencies who only work for those agencies. These requirements are outlined in s. [457.24](#) , Stat. and s. [MPSW 1.10](#) , Wis. Admin. Code.

CERTIFIED INDEPENDENT PRACTICE SOCIAL WORKER (CISW)

1. What are the requirements for the CISW Certification?

To obtain a CISW, an applicant needs to demonstrate that they have:

- obtained a master's or doctoral degree in social work from a college or university accredited by the Council on Social Work Education;
- Completed 3000 hours of supervised social work practice under a supervisor approved by the section; and
- passed the appropriate credentialing examinations.

Please see the CISW application forms for more information.

2. Can a CISW provide psychotherapy services under appropriate supervision?

Yes, but only under the supervision of an LCSW or other approved supervisor.

3. What sort of work experience will count towards the 3000 hours?

Clinical Social Work practice experience counts toward the 3000 hrs when an applicant:

- has received an MSW degree and the APSW or temporary APSW certification;
- is providing primary mental health treatment, including psychotherapy, for a client using the DSM-IV to assess, diagnose, and treat persons with mental disorders;
- the applicant performs 3000 total work hours, including 1000 hours of face to face clinical social work with clients; - in no less than 2 years.
 - Clinical settings may include: Outpatient Mental Health Clinics, Inpatient Psychiatric hospitals or treatment facilities, and some Intensive In-home facilities.
 - Ref. are MPSW 2.01 (8), 3.09 (3), 3.19 (2), Wis. Admin. Code.