

Vickie James

From: Vickie James
Sent: Tuesday, July 24, 2018 4:36 PM
To: 'Dolly Ford Sullivan'
Subject: RE: public comment

Dolly,

Thank you for taking time to review the rules for 25CSR1, which propose changes to the requirements of clinical supervision. Your support for the rule is very much appreciated.

In total, the Board received 11 comments on the rule. Comments made were supportive and the questions posed presented some opportunities for clarifying language.

There were a couple questions related to the methods and content of the training and minor changes have been made to the language regarding the preservice training. The Board envisions there will be both face to face and online options, the latter of which already exist. The Board will also review and approve content of the supervisory training through the Continuing education committee.

A few individuals such as yourself made recommendation that the rule also include a requirement that clinical supervisors be required to attend training as part of their continuing education requirements.

The Board did discuss this while developing the rule. While there is general agreement on the need for supervisors to be updated and relevant, the decision was made to forgo making that a requirement for the time being. Prior to initiating additional requirements, the Board believes initial efforts and resources should focus on developing content requirements and building capacity for pre-service training while addressing logistics for registering new supervisors.

This rule and any modifications and accompanying comments to the rule will be reviewed by the Legislature during the upcoming session and we will keep interested parties apprised of its progress on our web page at www.wvsocialworkboard.org. Again, we appreciate the time you took to review and provide feedback on the proposed rule and please do not hesitate to contact me if you have additional questions.

Vickie James, ACSW, LCSW
Executive Director
WV Board of Social Work
Mailing Address: PO Box 5459
Charleston, WV 25361
Physical Address: 1124 Smith St., Suite B 200
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Phone: 304-400-4980
Fax: 304-400-4976

From: Dolly Ford Sullivan <dolly@intentionalwellnesswv.com>
Sent: Monday, July 16, 2018 4:21 PM
To: Vickie James <admin@wvsocialworkboard.org>
Subject: public comment

Hello,

This message is to serve as my public comment on the proposed rule changes to the clinical supervision requirements for clinical supervisors of those candidates pursuing an LICSW.

I wish to state I FULLY support the proposed rule changes as they are listed for public comment. These are important changes and, in my mind, long overdue.

It has always been difficult for me to understand why there has been little-to-no accountability or vetting or educational support for those providing clinical supervision. Next to the candidate's education; clinical supervision is the most important component to supporting the know-how and readiness of those who wish to practice at the level of an LICSW. I do not believe most of those who have obtained their LICSW for only 2 years is a sufficient amount of time to gain the insight needed to provide strong supervision. I believe some CE training should be required.

****one suggestion:** I would suggest that a 6-hour training should be required of registered clinical supervisors every three years. Why? Because needs, issues and dynamics of social work practice changes rapidly due to a variety of factors and I would always be happy to be required to take a "refresher" to ensure I'm doing my best as a supervisor. This is my only suggested change. To the proposed rules.

I am grateful for these proposed rule changes, I believe it will cause some to self-eliminate (and that's always a good thing) and...it is important candidates have access to a comprehensive listing of trained and vetted supervisors. I am also in support of the tele-supervision expansion as this will allow candidates to also make choices based on good fit, scope/specialties, etc without the burden of physical distance.

Clarity of definition is always a plus and...while I really highly believe in the value and benefit of group supervision, I do believe dedicated/mandated time for individual supervision is vital to the supervision process as well.

Thank you for the opportunity to submit comment.

Respectfully submitted,

Dolly



Dolly Ford-Sullivan MPA, MSW, LICSW
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President
National Association of Social Workers
WV Chapter

Web page: naswv.org

This rule and any modifications and accompanying comments to the rule will be reviewed by the Legislature during the upcoming session and we will keep interested parties apprised of its progress on our web page at www.wvsocialworkboard.org. Again, we appreciate the time you took to review and provide very thoughtful feedback on the proposed rule and please do not hesitate to contact me if you have additional questions.

Vickie James, ACSW, LCSW
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From: Nicholas Trietsch <ntrietsch@gmail.com>
Sent: Monday, July 16, 2018 4:25 PM
To: Vickie James <admin@wvsocialworkboard.org>
Subject: RE: Public Comment Period for Proposed Rule Changes to Clinical Supervision Requirements

Vickie James
P.O.Box 5459
Charlestown, WV 25361

RE: Notice of Public Comment Period for 25CSR1: Proposed Rule Changes to Clinical Supervision Requirement

Dear Mrs. James,

My name is Nicholas Trietsch and I am a Licensed Clinical Social Worker in Martinsburg, WV. Thank you for the opportunity to comment on the proposed rule changes. I hope these comments reach you well.

For 3.6.1.C, I am concerned about exempting current practicing clinical supervisors from completing the minimum six-hour board approved training. Social workers in West Virginia are expected to participate and adhere to specific and uniform standards and practices. We take examinations approved by the Association of Social Work Boards. We require degrees accredited by the Council on Social Work Education. We also follow the National Association of Social Workers Code of Ethics. Our continuing education credits even have requirements of specifically approved components approved by the Board of Social Work. We do all these actions in hopes that all social workers, regardless of their level, can practice within a similar standard and expectation set for social work practice.

As stated in the Statement of Circumstances, there are approximately 50 to 75 current clinical supervisors. This would mean that all the current clinical supervisors would be exempt from the same training standards and expectations as any new clinical supervisors. Different training standards for a segment of clinical supervisors may undermine the competence of our standards of practice. I am also concerned that specifying training for only one segment of our supervisor population and allowing another to practice on "experience alone" will provide a disservice to supervisors and supervisees alike.

I would like to advocate for all clinical supervisors to participate in the same six-hour board approved training. A benefit to this training could be allowing these hours to count towards our continuing education credits. I also would like to advocate for a minimum of one-hour clinical supervision training a year for active clinical supervisors. Supervision is an important aspect of the clinical social work journey. Ongoing training requirements for veterans and ethics have become explicit aspects of our training due to social workers

exposure to the populations and standards. I believe that ongoing training for clinical supervisors focusing on supervision skills, techniques and paradigms is just as important.

During my experiences with clinical supervision, I advocated for consistent and beneficial supervision. I worked in a clinical practice where we would often have a high caseload in many types of mental health disorders. I was blessed and privileged to find an organization that also offered clinical supervision. It was considered part of employment and was a great incentive for working at the practice.

The clinical supervisor exhibited a consistent pattern of canceling supervisions and at times was reluctant in re-scheduling them. When I and another clinician advocated for more consistent and informative supervision, the clinical supervisor said "well, the rules state that we only have to meet once every three months", pointing to the responsibilities of a licensing supervisor within the professional manual.

It came to the point that our clinical supervisor agreed to let us participate in our own consultation, noting that the hours would not count towards our clinical supervision. My colleague and I were able to learn great motivational interviewing skills and worked to develop confidence in our clinical practice even if it occurred on our own time and without the participation or interest of our clinical supervisor. When it came time to participate in my evaluation as a supervisee, I was dismayed to learn that clinical supervisors are not held to the same scope and standard of evaluation as supervisees.

With this in mind, **I would also like to advocate for the inclusion of a clinical supervisor evaluation.** Evaluations help us with identifying our strengths/weaknesses and can inform our future training topics associated with the board approved training. This practice may also in time help West Virginia build an evidence-based practice of clinical supervision. The evaluation can be an amalgamation of the NASW Standards for Supervision and Clinical Social Work Practice Standards. A scheduled time frame of every three to six months would be adequate for ongoing evaluation. It can be presented similarly as the evaluations we receive at the end of many continuing education classes. I believe in an ongoing evaluation process completed by each supervisee and kept in the supervisor's record. This can also help minimize dual relationships issues and navigate grievances that happen for so many social workers who work for their clinical supervisors.

Currently, I participate in clinical consultation with a colleague and look forward to our meetings each week. Not everyone has that time and availability. We both look forward to expanding our consultation with more social workers in the area and we were excited to hear about these new changes. We are also excited to hear about the adaptation and use of HIPAA compliant technology.

Thank you for taking the time to read over this comment and I hope the information is helpful. I will not be eligible to provide clinical supervision until October 2019 and have had a number of social workers asking me for the opportunity to participate as their clinical supervisor. I look forward to taking the pre-service classes. I would also like to advocate for those classes to occur in the Eastern Panhandle if possible. If there is anything I can do to support this endeavor, even participating in a train-the-trainers so that the Eastern Panhandle has the opportunity, I gladly volunteer any assistance.

Sincerely,
Nicholas Trietsch, LICSW

Vickie James

From: Vickie James
Sent: Tuesday, July 24, 2018 5:20 PM
To: 'Hickman, Sam'
Subject: RE: Title 25 Legislative Rule Series 1 Comments

Sam,

Thank you for taking time to review the rules for 25CSR1, which propose changes to the requirements of clinical supervision.

In total, the Board received 11 comments on the rule. Comments made were supportive and the questions posed presented some opportunities for clarifying language.

With respect to your comments related to the methods and content of the training, minor changes have been made to the language regarding the preservice training. The Board envisions there will be both face to face and online options, the latter of which already exist. The Board will also review and approve content of the supervisory training through the Continuing education committee.

A few individuals such as yourself made recommendation that the rule also include a requirement that clinical supervisors be required to attend training as part of their continuing education requirements.

The Board did discuss this while developing the rule. While there is general agreement on the need for supervisors to be updated and relevant, the decision was made to forgo making that a requirement for the time being. Prior to initiating additional requirements, the Board believes initial efforts and resources should focus on developing content requirements and building capacity for pre-service training while addressing logistics for registering new supervisors.

With respect to your comment on 2.2, we do not believe that the word skilled in that section will be confused with the title of independent clinical social worker and have not made the recommended change. The word skilled relates more to the ability to supervise and we do see the need to quantify the term in the definition or practice.

Regarding your recommendation on 3.6.1: this language addresses the requirement that no more than 50% of the supervision be in a group setting so we have added a clause to that effect for clarity. The Board has already established that all training be face to face in a previous sentence.

This rule and any modifications and accompanying comments to the rule will be reviewed by the Legislature during the upcoming session and we will keep interested parties apprised of its progress on our web page at www.wvsocialworkboard.org. Again, we appreciate the time you took to review and provide feedback on the proposed rule and please do not hesitate to contact me if you have additional questions.

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From: Hickman, Sam <shickman.nasw@socialworkers.org>
Sent: Friday, July 13, 2018 5:42 PM

To: Vickie James <admin@wvsocialworkboard.org>
Subject: Title 25 Legislative Rule Series 1 Comments

To Whom It May Concern,

Thank you for the opportunity to comment on Title 25 Legislative Rule Series 1, Qualifications for the Profession of Social Work.

15-1-2 Definitions

2.2 "Clinical supervisor..."

Comment: In the first sentence the words "and skilled" should be deleted so as not to be confused as being part of the formal title "licensed independent clinical social worker." The term "and skilled" is difficult to quantify, so the Board should find another way of saying this. The concept of the clinical supervisor having attained a specific skill level should instead be stated either as years of experience, as demonstrable employment in a true clinical social work setting, as having attained greater than a score of 'X' on the clinical license exam, or a combination thereof. However the Board already required clinical supervisors to have two years of clinical practice experience, therefore the case can certainly be made that having attained the LICSW and completed two years of post-LICSW clinical practice experience should be sufficient to serve as a clinical supervisor.

3.6.1

Comment: The phrase "At least 50% of supervision must be in an individual setting" expresses the Board's desire for in person or face-to-face supervision but lacks clarity. Perhaps it would be better to say "At least 50% of the required supervisory hours involving the clinical supervisor and the supervisee must be conducted in a face-to-face setting." Further, if group clinical supervision (that is HIPPA compliant) is acceptable it would be good to state that in this section.

Other Comments:

Language should be added to assure that clinical supervisors remain competent. We recommend that an active clinical supervisor be required to complete the initial six-hour training, and thereafter to complete a (one-hour?) refresher training at least one time every four years.

Language should be added to specify that the content of the initial training and any refresher training should be delineated by the Board, which should also review and suggest existing in person or online training packages that would meet these requirements. CE providers wishing to provide the training should have their training outlines (and trainer's qualifications) reviewed and approved by the Board in advance, and additionally be encouraged to make training available in person or through electronic means.

Thank you again for this opportunity to provide these comments.

Sincerely,

Samuel A. Hickman, MSW, LCSW, ACSW
Executive Director
National Association of Social Workers, West Virginia Chapter
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shickman.naswv@socialworkers.org
www.NASWV.org

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Vickie James

From: Vickie James
Sent: Tuesday, July 24, 2018 4:34 PM
To: 'Rankin, Eric'
Subject: RE: Public Comment Period for Proposed Rule Changes to Clinical Supervision Requirements

Dr. Rankin,

Thank you for taking time to review the rules for 25CSR1, which propose changes to the requirements of clinical supervision. Your support for the rule is appreciated.

In total, the Board received 11 comments on the rule. Comments made were supportive and the questions posed presented some opportunities for clarifying language.

There were a couple questions related to the methods and content of the training and minor changes have been made to the language regarding the preservice training. The Board envisions there will be both face to face and online options, the latter of which already exist. The Board will also review and approve content of the supervisory training through the Continuing education committee.

A few individuals made recommendation that the rule also include a requirement that clinical supervisors be required to attend training as part of their continuing education requirements.

The Board did discuss this while developing the rule. While there is general agreement on the need for supervisors to be updated and relevant, the decision was made to forgo making that a requirement for the time being. Prior to initiating additional requirements, the Board believes initial efforts and resources should focus on developing content requirements and building capacity for pre-service training while addressing logistics for registering new supervisors.

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From: Rankin, Eric <erankin@hsc.wvu.edu>
Sent: Wednesday, June 27, 2018 8:27 AM
To: Vickie James <admin@wvsocialworkboard.org>
Subject: RE: Public Comment Period for Proposed Rule Changes to Clinical Supervision Requirements

Ms. James,

I would like to applaud the Board for providing leadership and guidance in this very important area of clinical social work. I wholeheartedly support your efforts and should there be need or occasion, I would be happy to provide any direct support for this initiative I can. I strongly believe that your efforts as outlined here will

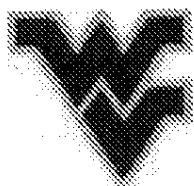
directly benefit new clinical social workers as they enter into this field of practice as well as indirectly the clientele to whom they (and we) serve.

Thank you for your efforts!

Sincerely,

Eric Rankin

Eric Rankin, Ph.D.,



Professor and Psychoanalyst
WVU Department of Behavioral Medicine
& Psychiatry
(304) 293-5323 (office)
(304) 293-8724 (fax)

From: Vickie James <admin@wvsocialworkboard.org>
Sent: Monday, June 25, 2018 4:16 PM
To: Vickie James <admin@wvsocialworkboard.org>
Subject: Public Comment Period for Proposed Rule Changes to Clinical Supervision Requirements

The WV Board of Social Work has filed to amend 25CSR1, Qualifications for the Profession of Social Work which will impact the clinical supervisor requirements for individuals providing clinical supervision to those in candidacy. This announcement is going to all individuals who are licensed at the independent level and practicing in WV.

The proposed rule changes to 25CSR1 address the training and registration/application requirements for clinical supervisors of individuals seeking to become Licensed Independent Clinical Social Workers. The Board proposes: 1) a minimum of six hours of pre-service training to become a clinical supervisor (current rules only require that one be licensed for a period of 2 years after attaining a clinical license); 2) a registration process for clinical supervisors (currently the Board does not have a registration or application process so individuals asking for a list of potential supervisors are given a list of those eligible rather than those willing or desiring to supervise); 3) expands the face to face options for supervision with technology that is HIPPA compliant (currently only 30% is allowed by electronic means); 4) defines clinical supervision and clarifies the role of the clinical supervisor in definitions in §25-1-2.2 and 2.3.; 5) clarifies that the contract must be pre-approved which is consistent with WV Code §30-30-10.c and WV Code §30-30-12.c; 6) requires that 50% of the supervision should be individual supervision.

Requirements of pre-service training for supervisors is consistent with most of the states bordering WV-Kentucky, Ohio, Virginia and Maryland. Supervisors who have supervised within two years of the effective date of this rule are not required to complete pre-service training. The Board anticipates that training may include traditional face to face training as well as online training. The Board believes that strengthening the training/expectation component will ultimately increase the pool of qualified supervisors and ultimately increase the pool of social work clinicians eligible to meet the mental health needs of WV. The expanded options with HIPPA compliant technology will assist rural areas of the state where there are less opportunities for clinical supervision.

A summary of the changes and the rules are available on the Secretary of State's Web page at:
25CSR1 <http://apps.sos.wv.gov/adlaw/csr/ruleview.aspx?document=16860&KeyWord=>

Public comments on the proposed rule changes may be made until close of business on July 16, 2018; comments should be directed to the WV Board of Social Work by mail (WV Board of Social Work, PO Box 5459, Charleston, WV 25361) or by emailing Admin@wvsocialworkboard.org.

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Vickie James

From: Vickie James
Sent: Tuesday, July 24, 2018 4:31 PM
To: 'Barbara Anderson'
Subject: RE: Public Comment Period for Proposed Rule Changes to Clinical Supervision Requirements

Dr. Anderson,

Thank you for taking time to review the rules for 25CSR1, which propose changes to the requirements of clinical supervision. Your support for the rule is appreciated.

In total, the Board received 11 comments on the rule. Comments made were supportive and the questions posed presented some opportunities for clarifying language.

There were a couple questions related to the methods and content of the training and minor changes have been made to the language regarding the preservice training. The Board envisions there will be both face to face and online options, the latter of which already exist. The Board will also review and approve content of the supervisory training through the Continuing education committee.

A few individuals made recommendation that the rule also include a requirement that clinical supervisors be required to attend training as part of their continuing education requirements.

The Board did discuss this while developing the rule. While there is general agreement on the need for supervisors to be updated and relevant, the decision was made to forgo making that a requirement for the time being. Prior to initiating additional requirements, the Board believes initial efforts and resources should focus on developing content requirements and building capacity for pre-service training while addressing logistics for registering new supervisors.

This rule and any modifications and accompanying comments to the rule will be reviewed by the Legislature during the upcoming session and we will keep interested parties apprised of its progress on our web page at www.wvsocialworkboard.org. Again, we appreciate the time you took to review and provide feedback on the proposed rule and please do not hesitate to contact me if you have additional questions.

Vickie James, ACSW, LCSW
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From: Barbara Anderson <barbara78anderson@gmail.com>
Sent: Saturday, June 23, 2018 7:57 AM
To: Vickie James <admin@wvsocialworkboard.org>
Subject: Re: Public Comment Period for Proposed Rule Changes to Clinical Supervision Requirements

I'm supportive of this change. I believe this will help those seeking licensure to find someone easier. Also, it would be good to make sure supervisors are trained. I do think the 2 year requirement should remain, because this experience time shows that they have had time working as a LICSW, and this shows the supervisee that they have already done some work as a LICSW.

Barbara Anderson

On Fri, Jun 22, 2018, 8:14 AM Vickie James <admin@wvsocialworkboard.org> wrote:

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Vickie James, ACSW, LCSW

Executive Director

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Vickie James

From: Vickie James
Sent: Tuesday, July 24, 2018 4:27 PM
To: 'Christal Hanson'
Subject: RE: question about new proposed rules

Christa

Thank you for taking time to review the rules for 25CSR1, which propose changes to the requirements of clinical supervision. Your support for the rule is also appreciated.

In answer to your question, we hope the rules will go into effect next July 2019.

In total, the Board received 11 comments on the rule. Ten expressed support for the the proposed rule changes and one posed questions.

There were a couple questions related to the methods and content of the training and minor changes have been made to the language regarding the preservice training. The Board envisions there will be both face to face and online options, the latter of which already exist. The Board will also review and approve content of the supervisory training through the Continuing education committee.

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From: Christal Hanson <christal@harmonymh.org>
Sent: Friday, June 22, 2018 4:14 PM
To: Vickie James <admin@wvsocialworkboard.org>
Subject: question about new proposed rules

Hi Vickie,

I am in strong support of both proposed legislative rules and will submit public comment for both. My question, though, is - if passed - when will the rules be effective?

Thank you!
Christal Hanson

Christal Hanson, LCSW
Therapist
Harmony Mental Health
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www.harmonymh.org

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Vickie James

From: Vickie James
Sent: Tuesday, July 24, 2018 4:21 PM
To: 'Intuitive Wisdom'
Subject: RE: Public Comment Period for Proposed Rule Changes to Clinical Supervision Requirements

Christa,

Thank you for taking time to review the rules for 25CSR1, which propose changes to the requirements of clinical supervision. Your support for the rule (and willingness to help in the effort) is also appreciated.

In total, the Board received 11 comments on the rule. They were all supportive of the proposed rule changes.

There were a couple questions related to the methods and content of the training and minor changes have been made to the language regarding the preservice training. The Board envisions there will be both face to face and online options, the latter of which already exist. The Board will also review and approve content of the supervisory training through the Continuing education committee.

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From: Intuitive Wisdom <intuitive.wisdom.wv@gmail.com>
Sent: Friday, June 22, 2018 9:47 AM
To: Vickie James <admin@wvsocialworkboard.org>
Subject: Re: Public Comment Period for Proposed Rule Changes to Clinical Supervision Requirements

This is excellent Vickie! I so enjoyed talking to you about this at the Conference. Please let me know how I can help.
Christa Foster

On Fri, Jun 22, 2018, 8:14 AM Vickie James <admin@wvsocialworkboard.org> wrote:

The WV Board of Social Work has filed to amend 25CSR1, Qualifications for the Profession of Social Work which will impact the clinical supervisor requirements for individuals providing clinical supervision to those in candidacy. This announcement is going to all individuals who are licensed at the independent level and practicing in WV.

The proposed rule changes to 25CSR1 address the training and registration/application requirements for clinical supervisors of individuals seeking to become Licensed Independent Clinical Social Workers. The Board proposes: 1) a minimum of six hours of pre-service training to become a clinical supervisor (current rules only require that one be licensed for a period of 2 years after attaining a clinical license); 2) a registration process for clinical supervisors (currently the Board does not have a registration or application process so individuals asking for a list of potential supervisors are given a list of those eligible rather than those willing or desiring to supervise); 3) expands the face to face options for supervision with technology that is HIPPA compliant (currently only 30% is allowed by electronic means); 4) defines clinical supervision and clarifies the role of the clinical supervisor in definitions in §25-1-2.2 and 2.3.; 5) clarifies that the contract must be pre-approved which is consistent with WV Code §30-30-10.c and WV Code §30-30-12.c; 6) requires that 50% of the supervision should be individual supervision.

Requirements of pre-service training for supervisors is consistent with most of the states bordering WV-Kentucky, Ohio, Virginia and Maryland. Supervisors who have supervised within two years of the effective date of this rule are not required to complete pre-service training. The Board anticipates that training may include traditional face to face training as well as online training. The Board believes that strengthening the training/expectation component will ultimately increase the pool of qualified supervisors and ultimately increase the pool of social work clinicians eligible to meet the mental health needs of WV. The expanded options with HIPPA compliant technology will assist rural areas of the state where there are less opportunities for clinical supervision.

A summary of the changes and the rules are available on the Secretary of State's Web page at:

25CSR1 <http://apps.sos.wv.gov/adlaw/csr/ruleview.aspx?document=16860&Keyword=>

Public comments on the proposed rule changes may be made until close of business on July 16, 2018; comments should be directed to the WV Board of Social Work by mail (WV Board of Social Work, PO Box 5459, Charleston, WV 25361) or by emailing Admin@wvsocialworkboard.org.

Vickie James, ACSW, LCSW

Executive Director

WV Board of Social Work

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Vickie James

From: Vickie James
Sent: Tuesday, July 24, 2018 4:19 PM
To: 'Daysha Everhart'
Subject: RE: Public Comment Period for Proposed Rule Changes to Clinical Supervision Requirements

Daysha,

Thank you for taking time to review the rules for 25CSR1, which propose changes to the requirements of clinical supervision. Your support for the rule is appreciated.

In total, the Board received 11 comments on the rule. They were all supportive of the proposed rule changes.

There were a couple questions related to the methods and content of the training and minor changes have been made to the language regarding the preservice training. The Board envisions there will be both face to face and online options, the latter of which already exist. The Board will also review and approve content of the supervisory training through the Continuing education committee.

A few individuals made recommendation that the rule also include a requirement that clinical supervisors be required to attend training as part of their continuing education requirements.

The Board did discuss this while developing the rule. While there is general agreement on the need for supervisors to be updated and relevant, the decision was made to forgo making that a requirement for the time being. Prior to initiating additional requirements, the Board believes initial efforts and resources should focus on developing content requirements and building capacity for pre-service training while addressing logistics for registering new supervisors.

This rule and any modifications and accompanying comments to the rule will be reviewed by the Legislature during the upcoming session and we will keep interested parties apprised of its progress on our web page at www.wvsocialworkboard.org. Again, we appreciate the time you took to review and provide feedback on the proposed rule and please do not hesitate to contact me if you have additional questions.

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From: Daysha Everhart <dayshaeverhart@gmail.com>
Sent: Thursday, June 21, 2018 5:17 PM
To: Vickie James <admin@wvsocialworkboard.org>
Subject: Re: Public Comment Period for Proposed Rule Changes to Clinical Supervision Requirements

Hi Vickie,

I support the proposed rule changes and believe it will impact the quality of supervision received!

Sent from my iPhone

On Jun 21, 2018, at 3:20 PM, Vickie James <admin@wvsocialworkboard.org> wrote:

The WV Board of Social Work has filed to amend 25CSR1, Qualifications for the Profession of Social Work which will impact the clinical supervisor requirements for individuals providing clinical supervision to those in candidacy. This announcement is going to all individuals who are licensed at the independent level and practicing in WV.

The proposed rule changes to **25CSR1** address the training and registration/application requirements for clinical supervisors of individuals seeking to become Licensed Independent Clinical Social Workers. The Board proposes: 1) a minimum of six hours of pre-service training to become a clinical supervisor (current rules only require that one be licensed for a period of 2 years after attaining a clinical license); 2) a registration process for clinical supervisors (currently the Board does not have a registration or application process so individuals asking for a list of potential supervisors are given a list of those eligible rather than those willing or desiring to supervise); 3) expands the face to face options for supervision with technology that is HIPPA compliant (currently only 30% is allowed by electronic means); 4) defines clinical supervision and clarifies the role of the clinical supervisor in definitions in §25-1-2.2 and 2.3.; 5) clarifies that the contract must be pre-approved which is consistent with WV Code §30-30-10.c and WV Code §30-30-12.c; 6) requires that 50% of the supervision should be individual supervision.

Requirements of pre-service training for supervisors is consistent with most of the states bordering WV- Kentucky, Ohio, Virginia and Maryland. Supervisors who have supervised within two years of the effective date of this rule are not required to complete pre-service training. The Board anticipates that training may include traditional face to face training as well as online training. The Board believes that strengthening the training/expectation component will ultimately increase the pool of qualified supervisors and ultimately increase the pool of social work clinicians eligible to meet the mental health needs of WV. The expanded options with HIPPA compliant technology will assist rural areas of the state where there are less opportunities for clinical supervision.

A summary of the changes and the rules are available on the Secretary of State's Web page at: 25CSR1 <http://apps.sos.wv.gov/adlaw/csr/ruleview.aspx?document=16860&KeyWord=>

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Vickie James

From: Vickie James
Sent: Tuesday, July 24, 2018 4:17 PM
To: 'Terry L. Chapman LICSW'
Subject: RE: Proposal to WV SW supervision requirements

Terry,

Thank you for taking time to review the rules for 25C5R1, which propose changes to the requirements of clinical supervision. Also thank you for the resource and link to Dr. Lois Ehrmann's training.

In total, the Board received 11 comments on the rule. They were all supportive of the proposed rule changes.

There were a couple questions related to the methods and content of the training and minor changes have been made to the language regarding the preservice training. The Board envisions there will be both face to face and online options, the latter of which already exist. The Board will also review and approve content of the supervisory training through the Continuing education committee.

A few individuals made recommendation that the rule also include a requirement that clinical supervisors be required to attend training as part of their continuing education requirements.

The Board did discuss this while developing the rule. While there is general agreement on the need for supervisors to be updated and relevant, the decision was made to forgo making that a requirement for the time being. Prior to initiating additional requirements, the Board believes initial efforts and resources should focus on developing content requirements and building capacity for pre-service training while addressing logistics for registering new supervisors.

This rule and any modifications and accompanying comments to the rule will be reviewed by the Legislature during the upcoming session and we will keep interested parties apprised of its progress on our web page at www.wvsocialworkboard.org. Again, we appreciate the time you took to review and provide feedback on the proposed rule and please do not hesitate to contact me if you have additional questions.

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From: Terry L. Chapman LICSW <tchapmanmsw@gmail.com>
Sent: Thursday, June 21, 2018 4:01 PM
To: Vickie James <admin@wvsocialworkboard.org>
Subject: Proposal to WV SW supervision requirements

Dear WV SW Board, I am in full support of these proposed changes. I currently am supervising one LGSW and have had another approach me about providing supervision. If/when he transfers his license from another state I will then do so.

Not only do I think that these changes will bring us more in line with what other states require, but it will provide a standard to be met for what is expected from supervisors and supervisees. Hopefully, at some point we have a federal guideline so that all states have the same requirement and we have reciprocity between states for licenses. Please let me know if there is anything I can do to help.

I have already received training in clinical supervision from Dr. Lois Ehrmann in State College,
PA. <https://www.smcore.com/7332r>

Warm regards,
Terry L. Chapman LICSW

TLC Collaborative Counseling
Office: (681) 404-6094
Fax: 1(681) 404-6494
Website: <https://www.tlccollaborativecounseling.com/>

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Vickie James

From: Vickie James
Sent: Tuesday, June 26, 2018 2:46 PM
To: Hanno Kirk
Subject: RE: Public Comment Period for Proposed Rule Changes to Clinical Supervision Requirements

Dear Hanno,

So good to hear from you (missed seeing you at NASW this year) and thank you for the comments/questions you have posed regarding the proposed rule concerning the requirements of clinical supervision.

The training can be both face to face and online options I expect, the latter of which already exist from numerous sources. The Board anticipates that organizations such as NASW and universities with social work programs will provide face to face training options.

I hope this information addresses your questions. This rule and accompanying comments to the rule will be reviewed by the Legislature during the upcoming session and we will keep interested parties apprised of its progress on our web page at wvsocialworkboard.org. Again, we appreciate the time you took to review and ask questions on the proposed rule and please do not hesitate to contact me if you have additional questions. Take care,

Vickie James, ACSW, LCSW
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From: Hanno Kirk <hanno@hannokirk.com>
Sent: Thursday, June 21, 2018 6:22 PM
To: Vickie James <admin@wvsocialworkboard.org>
Subject: RE: Public Comment Period for Proposed Rule Changes to Clinical Supervision Requirements

Hi Vickie,

Thank you. That looks good. I have supervised in the past but have not done so in the last two years.

How would the training be made available?

Hanno

From: Vickie James <admin@wvsocialworkboard.org>
Sent: Thursday, June 21, 2018 3:21 PM
To: Vickie James <admin@wvsocialworkboard.org>
Subject: Public Comment Period for Proposed Rule Changes to Clinical Supervision Requirements

The WV Board of Social Work has filed to amend 25CSR1, Qualifications for the Profession of Social Work which will impact the clinical supervisor requirements for individuals providing clinical supervision to those in candidacy. This announcement is going to all individuals who are licensed at the independent level and practicing in WV.

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Public comments on the proposed rule changes may be made until close of business on **July 16, 2018**; comments should be directed to the WV Board of Social Work by mail (WV Board of Social Work, PO Box 5459, Charleston, WV 25361) or by emailing Admin@wvsocialworkboard.org.

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Vickie James

From: Vickie James
Sent: Tuesday, June 26, 2018 2:41 PM
To: Abigayle Koller
Subject: RE: questions about supervision change

Abigayle,

Thank you for the comments/questions you have posed regarding the proposed rule concerning the requirements of clinical supervision:

1. The training will be both face to face and online options I expect, the latter of which already exist. The Board anticipates that organizations such as NASW and universities with social work programs will provide face to face training options.
2. As noted in the rule, all contiguous states excluding one requires pre service training; that state is Pennsylvania. The Board of Social Work proposed this rule based on the needs of WV social workers. However, of the other states, WV's proposed requirement is modest as others require anywhere from 12-14 hours.
3. The prospective clinical supervisor would be responsible for any costs associated with training.
4. The Board does not plan to "excuse" anyone from training as an exclusion for existing supervisors is already been built into the rule in
3.6.1.c. Completed a minimum of 6 hours of Board approved clinical supervision training on supervisory practices and methods for clinical social workers; *clinical supervisors who have supervised within two years of the effective date of this rule are not required to complete pre-service training;*

Since you have recently become eligible to supervised prospective candidates in WV, should you do so in the near future, you would be exempt from the training requirement. However, as we have had numerous folks ask if they could attend training regardless of the number of years one has supervised candidates, this exemption clause in no way prohibits individuals from taking any training made available.

I hope this information addresses your questions. This rule and accompanying comments to the rule will be reviewed by the Legislature during the upcoming session and we will keep interested parties apprised of its progress on our web page at wvsocialworkboard.org. Again, we appreciate the time you took to review and ask questions on the proposed rule and please do not hesitate to contact me if you have additional questions.

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From: Abigayle Koller <akoller@nyap.org>
Sent: Thursday, June 21, 2018 3:38 PM
To: Vickie James <admin@wvsocialworkboard.org>
Subject: questions about supervision change

Who will do this training? I am certified in PA as well and I do not have to do this there. Who will pay for this? If I submit my documentation before this date, will I be excused from this?

Abigayle A. Koller, MA, MSW, LICSW

Clinical Coordinator of WV Operations

National Youth Advocate Program

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Caring for People – Connecting Communities – Promoting Peace



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