



Counselor, Social Worker & Marriage and Family Therapist Board

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Minutes of the Special Meeting of the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board Wednesday, May 16, 2007

Acting Chairperson, Mr. Ken Trivison, at the Riffe State Office Tower, 77 S. High Street, Columbus, OH, convened the special meeting of the Board at 9:05 a.m. on May 16, 2007.

Members present: Mr. Jose Camerino, Ms. Randi Cohen, Mr. Fred Dailey, Ms. Karen Huey, Dr. Susan Norris Huss, Dr. Victoria White Kress, Ms. Molly Tucker, Ms. Mary Anne Sharkey Dirck and Mr. Jan White. Absent: Dr. Theresa Cluse-Tolar, Dr. William Mosier and Ms. Jennifer Riesbeck-Lee.

Staff present: Mr. James Rough and Mr. William Hegarty.
Also, present: Atty. Peter R. Casey IV, Assistant Attorney General, Ms. Teresa Lampl, OCBHP and Ms. Elaine Stepp, NASW-Ohio.

At 9:05 a.m. Mr. Trivison called the meeting to order. Mr. Trivison explained he was asked to facilitate this meeting as Dr. Cluse-Tolar was unavailable.

All persons present introduced themselves. Then a discussion of what they hoped to accomplish ensued. Mr. White hoped they would stay within the agenda. Ms. Cohen wanted to discuss the similarities between the professions. Dr. Huss stated that these are going to be long range goals and that all the issues to be discussed will not be finalized. They need to delineate and identify the issues for further discussions. Mr. Camerino wanted to emphasize the commonalities since we are three professions within a single Board.

9:15 a.m. Ms. Sharkey Dirck and Mr. Daily, Board members entered.

The overall goal of the Board is to protect the public. It was pointed out that the legislature created the umbrella Board and it is not always necessary for the three Professional Standards Committees to be in agreement. Ms. Tucker pointed out that many more states are now moving to an umbrella Board model.

The commonalities among the Professional Standards Committees are:

- They all have continuing education requirements for license renewal;
- They act as gatekeepers with licensing standards; and
- They each handle consumer complaints and discipline licensees where appropriate.

Consumer education will lead to strengthening professional identities.
Consumers need to know who we are as a board and what we do.

We need reminders of our commonalities and focus on professionalization across all three license areas with a common template for independent practice, CEUS, supervision, etc. There was a discussion of the differences but there was an agreement that there is a lot of overlap and interchange. The differences can be largely philosophical. The members present reviewed the Florida supervision policies where members of one profession can qualify to supervise other types of professions within a similarly blended board.

Ms. Sharkey Dirck noted that problems in the early 1980s of professional boards protecting their own led to the requirement of having public members on the boards. Mr. Dailey noted that he had seen problems at other boards appearing to protect practitioners. He has seen a good management team with this board that tries hard to follow the law.

Bartering

1. There are ethical similarities between the committees and the focus should take into account economic diversity in the state.
2. Why do we need pre-approval; we should allow professionals to act professionally without the Board having to micromanage and being overly prescriptive.
3. The increase in uninsured consumers makes bartering more likely.
4. Whatever the rule states needs to be enforceable and understood by the licensees.
5. Need to prevent exploitation of clients by licensees due to the multiple relationships that develop with bartering.
6. Is it enforceable? Either we could require a fee agreement in writing or if we get a complaint they have an agreement or not; if not then shame on them; if so we can review the agreement for potential exploitation.
7. Addressing every ethical issue is not always practical and if we have a complaint we can use the revised multiple relationship rule.
8. The Committees and Board need to revisit this issue.

E-therapy

1. Are rules necessary? Mr. White said absolutely this is an opportunity to define the practice for the protection of the public.
2. Is there standardization?
3. Needs definitional component/glossary of terms.
4. Many states may have differing standards.
5. There is new research on consumer disclosure in a more anonymous circumstance like eTherapy – more willing to open up to a stranger.
6. Should this be part of the educational component provided by the colleges and universities? Can we place a requirement in the program requirements concerning eTherapy?
7. Should this be listed on the PDS and within the scope of practice?
8. Need to consider access to services especially in rural areas.

9. Do insurance standards – Medicare/Medicaid, ODMH – address these issues?
10. Should there be a separate rule concerning e-therapy or can we modify an existing rule?
11. New technology is youth oriented. What are acceptable practices to younger practitioners?
12. This is similar to bartering in that it is another exchange with two parties where people can lose sight of what they are doing. We have to keep in mind the factors that can potentially go wrong.
13. A two-tiered system of healthcare is forming in rural versus urban areas with many services becoming telemedicine; the Medical Board does have a statute that speaks to telemedicine but applies only to those doctors or other licensees that do not hold Ohio licenses. There needs to be a balance between access and requirements.
14. One key issue to define is where does the therapy occur – where the licensee resides or where the client resides. All states that Mr. Rough has checked have defined that as where the client resides.
15. Mr. Rough will draft a rule, hopefully by the July 2007 Board meeting for further discussion on this issue.
16. There will be an hour allotted for this at the September 2007 Friday afternoon Board meeting.

Distance Learning

1. Definitional component necessary – What is distance learning?
“Distance learning” means continuing education offerings that occur in a location convenient to the learner and may include traditional as well as electronic means of instruction. Distance education; learning or distance learning, is a formal education process, in which instruction occurs when the students and instructor(s) are not located in the same place. Distance learning adds technology to the learning environment by a variety of means. As this form of education has evolved with technology, it may be referred to as cyber learning, electronic learning, distance learning. For the purposes of these rules, the term distance learning refers to all non-traditional methods of presentation except video-conferencing.
2. Coursework vs. CEU issue: Dr. Kress has taught online courses at a CACREP accredited university and the CPSC would accept a degree from that university. Mr. Rough participated in an online class at Wright State University as a guest lecturer on board issues and ethics. The software at WSU enables the professor to control the discussion and the students to see his computer screen, which displayed a power point and then the CSWMFTB web site.
3. Software has differing capabilities, which is reflected in how the classes are presented. Some are limited to chat rooms, writing, and posting papers, while others are much more interactive.
4. Interaction among attendees is desired for continuing education programs.
5. Distance learning is very helpful with rural areas – increases access for licensees.
6. Real-time video conferencing poses a dilemma under the current rules is it distance learning or not? Mr. Hegarty recently gave an ethics presentation to

an agency that had video conferencing setup for three or four other sites where they had access to microphones to ask him questions and could see and hear his presentation. Does their participation count as part of the ten hours of distance learning?

7. Agencies are also using correspondence courses, training curricula on the web using power point, slides, etc. and interactive computer based webinars.
8. Interactive vs. non-interactive seminars needs to be defined.
9. Criteria needed for CEU program or provider approval needs to be strengthened
10. The base question for CEUs is what is the number of hours acceptable for distance learning?
11. Quality is the issue and hard to enforce as a presenter could be a nationally known expert in an area but not a good presenter. Many larger CEU offerings have attendees who do not actively participate.
12. We want increased opportunities for CEUs but maintaining professional accountability.
13. Work force issue – productivity standards and professional growth need to be balanced. Many agencies are under extreme pressure for funding and limited by what is reimbursable.
14. We hope that professional growth leads to consumer protection.
15. Proposal made to increase distance learning to 15 of the 30 hours of required CEUs, as well as keep at 10, and expand to all 30 allowed as distance learning.

Break for lunch at 12:15 p.m.

Returned at 1:15 p.m.

16. After a discussion following the one-hour lunch break, it was decided that Video-conferencing is not distance learning, if real-time. (Note: Ms. Huey, Board member joined the meeting at 1:15 p.m.)
17. Promote maximum levels of competency vs. promoting minimum levels of competency.
18. Mr. Rough will draft rule for Board review based on the discussion.

Coaching

1. The Board does not have authority to regulate coaching except to take action for improper use of titles like “counselor” or practicing within the scope defined by Chapter 4757 of the Revised Code. The Board is not saying that coaching is psychological training.
2. The Board is not approving CEUs for coaching.
3. This led to a discussion of the CEU process.
 - a. Need to improve the quality of trainings as it reflects onto the Board.
 - b. “approval pending” is problematic.
 - c. Need to shore up the process for content, especially with provider status.
 - d. Consumer awareness/consumer intelligence.
 - e. Need for CEU Committee to take up issue.
 - f. Desire to charge for provider status.

- g. Audit those being investigated /Board investigation liaison guidance to see audit on a specific case to see what kind of trainings are being taken by those accused.

Consumer Education

1. Are consumers aware of the role and function of the Board?
2. Should we be warning about e-therapy or at least defining it for the consumers benefit?
3. Desire for a 1-800 phone number.
4. Request that we develop brochures for libraries, county agencies, social services agencies on the Board's functions and roles.
5. Website more involved with complaint process and more consumer pieces.
6. Should complaint process be in rule?
7. Education to licensees about mandatory duty to report could be accomplished by including a flyer in with the renewal notices.
8. Good practice to expect professional service.
9. Informed consent – Board existence notification, complaint process.
10. Proposed changing Professional Disclosure Statement (PDS) requirements to add more specific complaint procedures.
11. Brochure with an explanation of Board functions – including titles.
12. Brochures as a protection of the public mechanism.
13. Press releases regarding violators may spur articles in newspapers to raise consumer awareness.
14. May need to go to controlling Board for funds for brochures, etc. depending on costs involved.

Wrap – Up

1. Need to further discuss e-therapy in the PDS.
2. Mr. Rough to draft a proposed change to the rules on PDS.
3. Need to maintain this process of discussing larger issues as a whole Board and not drop the momentum.
4. The law and rule exam/CEU is under development and will hopefully further rule and statute knowledge of licensees.
5. Ms. Tucker asked for the opportunity to discuss the bartering issue further with her professional standards committee before further discussions.

The meeting adjourned at 3:25 p.m.

Dr. Theresa Cluse-Tolar
Board Chair