Counselor, Social Worker & Marriage and Family Therapist Board

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Social Worker Professional Standards Committee (SWPSC) Minutes
Thursday, March 20, 2014

Members Present: Mr. Tim Brady, Dr. Carl Brun, Ms. Jennifer Brunner, Ms. Erin Michel, Mr. Steve Polovick

Staff Present: Mr. Bill Hegarty, Ms. Tracey Hosom, Mr. Andy Miller, Ms. Patty Miller, Mr. Jim Rough, Ms. Tamara Tingle, Mr. Doug Warne

1) Meeting Called to Order

Mr. Polovick called the meeting to order at 9:12 a.m.

2) Discussion/Approval of the March 20 & 21 Agenda

Mr. Polovick asked if any changes or discussion were needed to the Agenda. Mr. Warne stated that there were in fact four related degrees to review, and three hardship requests. Mr. Brady asked to add two items to Correspondence and one to Old Business: 1) bartering, 2) HB104 and SB43, and 3) the differences between clinical and training supervision. Mr. Brady motioned to approve the agenda. Dr. Brun seconded the motion. Motion carried.

3) New Business

Ms. Miller had recently evaluated a booklet of home study programs from NetCE, which had been approved by NASW. When looking over the programs, the number of credits being awarded seemed high. Ms. Miller reached out to NASW and ASWB for information on why these courses were approved for that amount of CEUs. She found that no one has a solid standard on how many CEUs to award for text-based courses. Another issue was that NASW National approved a keynote speaker for a conference who was a fiction author speaking about personal experiences. The Board generally does not approve personal stories for CEUs. NASW national approves direct personal experience for CEU if that person is a representative of an organization that is an expert on an issue (in this case, eating disorders). They also approved a course on yoga, citing peer-reviewed evidence that yoga helps combat eating disorders. The provider did agree not to award CEUs to Ohio social workers for these panels. NASW recently sent a list of all programs they approved, and Ms. Miller narrowed down a list of 90 questionable courses, for which she has requested course descriptions and is waiting for a response. Dr. Brun stated that many of these courses looked health-related or

medical. Ms. Miller said that many of them are provided by INR, and she has been hoping to understand how this provider has been approved by NASW. She recently met with NASW National's COO and their chapter liaison to discuss communication issues, which have improved overall. The requested course descriptions should be available for the May Board meeting.

4) <u>Approval of the January 15 & 16 Minutes</u>

Mr. Polovick asked if any changes or discussion were needed for the January 15 & 16 minutes. Mr. Brady asked to clarify a Correspondence item dealing with medication; he asked what "job aids" referred to in this instance. Mr. Warne replied that they are quick reference fact sheets to psychotropic medications, dosage ranges and lists of intended and side effects. Ms. Michel asked to have New Business corrected to state that she met with Stephanie at NASW by phone, and not in person. Mr. Brady made a motion to approve the minutes as corrected. Ms. Michel seconded the motion. Motion carried.

The SWPSC then briefly adjourned to join a full Board meeting from 9:45 to 11:10 a.m.

5) <u>Approval of Applications for Licensure</u>

The SWPSC reviewed the 192 LSW applicants and 125 LISW applicants approved by the staff, and the 13 SWA applicants registered by the staff, from January 16, 2014 through March 19, 2014. Dr. Brun made a motion to approve the applicants. Ms. Brunner seconded the motion. Motion carried.

6) <u>Correspondence</u>

a) Mr. Brady was recently reviewing a case which gave him an opportunity to review rules on bartering. He asked if these rules should apply to bitcoin. Ms. Brunner replied that bitcoin is an unregulated virtual currency which is exchangeable for real money. It's very risky, and something that may need to be looked at in the future, but it is not considered bartering since it is technically a currency.

b) Mr. Warne received a question from an LSW working with a domestic violence agency, asking if she would be able to count that work experience toward her LISW since she was not performing social psychotherapy. Mr. Warne responded that the Board does not have a clear definition of clinical social work, and that licensees practicing in all areas of social work are considered acceptable, as long as that work is being performed at a an advanced social work level. He asked the Board if this response is appropriate. Dr. Brun stated that, in his opinion, any social worker who is applying social work knowledge is performing clinical practice. Mr. Brady asked if an LISW would allow her to get a job performing psychotherapy, even though she had no experience with it. Mr. Warne responded that any social worker must have the required education and training to do their jobs, whatever it is. Mr. Polovick stated that an employer would usually provide some training, and she does also have background education in the field. Mr. Warne asked again if the Committee agreed that clinical social work is any time a social worker

is applying specialized knowledge, social work method, theory, and ethical contentment to the practice setting. The SWPSC unanimously agreed.

c) Mr. Warne received a similar request from a licensee working as a Disability Services Coordinator. The question here was, can someone working in a position that doesn't require a license earn LISW work experience? Ms. Michel said yes, if they were developing social work competencies. The licensee could go on to perform diagnosis later on, if they had developed that competency appropriately. Mr. Brady asked if there are any set of circumstances where the committee would clearly say no, that a licensee couldn't possibly be applying social work practice principles to their job? Mr. Miller responded that there was one licensee who worked in an animal shelter who was flatly rejected by the committee. Mr. Warne asked if the SWPSC would like to state with certainty that this Disability Services position was all right for LISW licensure, or if they would like to reserve the right to turn it down upon evaluation of the PER? Ms. Michel stated that the job could qualify for the required supervised experience, but that the committee always reserves the right to approve or deny an application based on the documentation submitted.

d) Mr. Warne received a similar email from an applicant working as a Service Coordinator for individuals with developmental disabilities. He asked if the SWPSC could agree that this job might qualify, as long as the applicant could show that he went above and beyond the job description, incorporating MSW skills into his practice? The SWPSC agreed.

e) Mr. Warne received a request from a school social worker who wanted to receive supervision during the summer, when she would technically be on break but would still be performing occasional work related tasks. Mr. Polovick asked if she had a steady work schedule and could record that she was regularly practicing social work during that time. It would need to be work that happened regularly, not just work that might happen from time to time. Ms. Michel stated that the employee needed to be clocking hours under their employer. Mr. Warne stated that according to our rules for supervised experience, steady volunteer work could be considered. Mr. Brady asked if the job description stated that she would be expected to work over the summer. Dr. Brun stated that someone who is in an office for most of the week is practicing, but someone who is simply "available" to work is not practicing steadily enough to receive supervision. The rest of the committee agreed. Mr. Polovick stated his opinion that if the licensee needed to ask this question, the likelihood is that she's not performing much social work over the summer, and would have a very difficult time documenting it, so this should not be accepted.

f) Mr. Warne received a request form a social worker at the VA who wanted to complete her supervised work experience in less than 2 full years. Her two years would end in September, but in August she will lose her job with the VA if she does not yet hold an LISW (the VA requires employees to earn an LISW within 3 years of their hire date). Ms. Michel stated that the laws are what they are, and do not allow for an exception. Mr. Brady agreed that as much as he would personally like to help her, the law can't be waived.

The SWPSC then adjourned for lunch at 12:00, and returned at 1:00 p.m. At that time, Ms. Miller provided to the committee her list of courses approved by NASW which she found questionable. The SWPSC reviewed this list.

7) Investigations

a) Closed cases

Mr. Polovick made a motion to close the following cases, as he had determined that no actionable offenses had been found. Mr. Brady seconded the motion. Motion carried.

2013-201	Sexual boundaries. Unable to substantiate.
2013-239	Multiple relationship. Unable to substantiate.
2013-272	Professionalism. Unable to substantiate.
2014-7	Impairment. Close with caution.

Mr. Brady made a motion to close the following cases, as he had determined that no actionable offenses had been found. Ms. Brunner seconded the motion. Motion carried.

2013-221	Competency. Close with strong caution.
2013-228	Record keeping. Close with strong caution.
2013-238	Scope of practice. Close with no violation.
2013-241	Scope of practice. Close with no violation.
2013-262	Custody recommendation. Close with strong caution.
2013-265	Non-sexual boundaries. Close with caution.
2013-271	Record keeping. Close as unsubstantiated.
2013-275	Competency. Close with caution.
2013-279	Custody case. Close with caution.
2014-2	Competency. Close with no violation
2014-3	Improper termination. Close with caution.
2014-4	Competency. Close as unsubstantiated.
2014-5	Non-sexual boundaries. Close as unsubstantiated.
2014-6	Custody issues. Close with caution.
2014-21	Confidentiality. Close with caution.
2014-31	Record keeping. Close with caution.
2014-33	Competency. Close with no violation.
2014-35	Record keeping. Close with caution.
2014-51	Non-sexual boundaries. Close with caution.

b) Notice of Opportunity for Hearing

a) **Case #2013-249**: Mr. Polovick made a motion to issue a notice of opportunity for hearing to Ms. Tyerell Boughan. The reasons listed are that 1) in 2013, Ms. Boughan violated professional boundaries by allowing a client to stay overnight in her home, and 2) in 2013, Ms. Boughan violated impaired practitioner rules by continuing to

practice while working under a substance abuse impairment. Her conduct constitutes a violation of ORC 4757.36(C)(1) and (6), OAC 4757-5-03(A), and PAC 4757-5-05. Dr. Brun seconded the motion. Motion carried.

c) Consent Agreements

a) **Ms. Kathy A. Neeley:** Ms. Neeley is a licensed social worker. In October 2013, Ms. Neeley prepared an assessment on a person with whom she was in a personal relationship. This action constitutes a violation of ORC 4757.36(C)(1) and OAC 4757-5-03(A). Ms. Neeley admits to these allegations. Ms. Neeley must complete three hours of continuing education in ethics, and undergo two years of face-to-face monitoring in all aspects of her social work practice. Mr. Polovick made a motion to accept the consent agreement between the Board and Ms. Neeley based on the evidence in the document. Dr. Brun seconded the motion. Motion carried.

b) **Mr. Patrick J. Henry:** Mr. Henry is a licensed independent social worker. While employed at an agency in Mentor, Ohio, Mr. Henry violated professional boundaries by continuing to see clients and family members of clients after he was terminated. He also violated record keeping standards by failing to submit documentation for client visits, and failed to meet with clients. Mr. Henry's actions constitute a violation of ORC 4757.36(C)(1), and OAC 4757-5-03(A), and OAC 4757-5-09(B) and (C). Mr. Henry admits to these allegations. The Board will allow Mr. Henry to surrender his license in lieu of other potential disciplinary action. This surrender is permanent, and precludes him from seeking licensure through this Board in the future. Ms. Brunner motioned to accept the consent agreement between the Board and Mr. Henry based on the evidence in the document. Mr. Brady seconded the motion. Motion carried.

c) **Ms. Andrea F. Stuck:** Ms. Stuck is a licensed independent social worker with supervision designation. From Sept. 2010 through Sept. 2013, Ms. Stuck treated a client, and upon review of the case file her notes were found to be inaccurate and were not sufficient to reflect the services provided. Ms. Stuck's actions constitute a violation of ORC 4757.36(C)(1) and OAC 4757-5-09(B) and (C). Ms. Stuck admits to these statements. Ms. Stuck may not renew her supervision designation, and must be receive face-to-face monitoring in all aspects of her social work practice for one full year. Mr. Brady made a motion to accept the consent agreement between the Board and Ms. Stuck based on the evidence in the document. Mr. Polovick seconded the motion. Motion carried.

d) **Ms. Karen G. Lewis:** Ms. Lewis is a licensed independent social worker and licensed independent marriage and family therapist. Beginning in November 2012 through July 2013, she failed to report the suspected abuse of a developmentally disabled client as mandated. She also failed to obtain a valid informed consent from the client or guardian prior to commencing treatment. Her conduct constitutes a violation of ORD 4757.36(C)(1), OAC 4757-5-02(B)(1), (2), and (3), and OAC 4757-

5-10(B)(5). Ms. Lewis's license is hereby reprimanded, and she may not engage in private practice for a period of 9 months, during which time she must be directly supervised. Mr. Polovick motioned to accept the consent agreement between the Board and Ms. Lewis based on the evidence in the document. Mr. Brady seconded the motion. Motion carried.

e) **Mr. Curtis D. Jackson:** Mr. Jackson is a licensed social worker. In October 2013, Mr. Jackson sexually harassed a client, and attempted to have a multiple relationship with a family member of a client. This action constitutes a violation of ORC 4757.36(C)(1) and OAC 4757-5-02(F). Mr. Jackson neither admits nor denies these allegations. The Board will require Mr. Jackson to complete 3 CEU hours in ethics, and must receive face-to-face monitoring in all aspects of his social work practice for 1 year. Ms. Brunner motioned to accept the consent agreement between the Board and Mr. Jackson based on the evidence in the document. Dr. Brun seconded the motion. Motion carried.

d) Goldman Reviews

a) **Mr. Michael Drust:** Mr. Polovick moved to revoke Mr. Drust's social work license because Mr. Drust did not comply with a Board audit for continuing education as required by Ohio Revised Code 4757.36(C)(1) and Ohio Administrative Code 4757-11-01(C)(20)(b). Mr. Brady seconded the motion. Motion carried.

b) **Ms. Levonne Cummings Burroughs:** Dr. Brun moved to revoke Ms. Cummings Burroughs's social work license because Ms. Cummings Burroughs did not comply with a Board audit for continuing education as required by Ohio Revised Code 4757.36(C)(1) and Ohio Administrative Code 4757-11-01(C)(20)(b). Mr. Brady seconded the motion. Motion carried.

c) **Dr. Robert J. Carson:** Mr. Polovick moved to revoke Dr. Carson's social work license. A complaint was received by the Board on November 6, 2013, that Dr. Carson had violated the ethical standards expected of an LISW by admitting to inappropriate physical contact with a patient of his agency. Dr. Carson admitted his violation to the agency's CEO, and to Board investigative staff. He did not respond to the Board's Notice of Opportunity for Hearing. Dr. Brun seconded the motion to revoke. Motion carried.

8) <u>Meeting adjourned</u>

The meeting was adjourned at 4:00 p.m.

Social Worker Professional Standards Committee (SWPSC) Minutes
Friday, March 21, 2014

Members Present: Mr. Tim Brady, Dr. Carl Brun, Ms. Erin Michel, Mr. Steve Polovick

Staff Present: Ms. Tracey Hosom, Mr. Andy Miller, Mr. Jim Rough, Mr. Doug Warne

Guests Present: Mr. Glenn Karr, Esq.; Ms. Danielle Smith, NASW-OH Executive Director

1) Meeting Called to Order

Mr. Polovick called the meeting to order at 9:06 a.m.

2) Old Business

Mr. Warne began by recapping the previous day's meeting. Based on the Committee's understanding of clinical social work, Mr. Rough would like a rule to be drafted clearly defining the term. Social work practice is defined the in the rules, but clinical social work is not, and many states struggle with this issue. Dr. Brun questioned whether clinical work needed to be separately defined, since it is included within the scope of practice. Mr. Brady agreed that social work is very broad, and attempts to narrow it could discourage licensees from tapping into the full scope of the profession. Mr. Warne responded that he is often asked what clinical social work is, and needs to know how the SWPSC wants him to respond to this question. Other states define it as diagnosis and treatment of mental and emotional disorders, but in yesterday's meeting the committee seemed to agree that clinical social work is anytime a social worker is applying specialized knowledge, social work methods, theory and ethical content to the practice situation, whether the practice is macro level or micro level. Dr. Brun stated that this idea of "clinical" social work complicates things. As an educator, he ensures that students receive advanced generalist skills, from the DSM to community organizing, equipping them to enter any part of the field. The social work scope of practice includes everything, and defining clinical work needlessly separates one group from another. Mr. Polovick reminded the committee that if they do create an LCSW, the term will need to be defined then. Mr. Rough stated that the question has come up because the Board needs to define what MSW-level social work practice is, and one large component of that is defining clinical work. Ms. Hosom asked if Dr. Brun was concerned that someone could do administrative work for their LISW supervision, then perform clinical work in their practice, but Dr. Brun responded that scope of practice and competency cover that situation. It would be the same thing if someone left practice for a while and returned, they would need training, and would have a personal competency within their scope of practice. Mr. Rough agreed with Dr. Brun's answer, and reiterated that the main concern is whether LSWs receiving training supervision are working at an MSW level. This issue will be incorporated into the new modified PER, so it will be up to the LISW-S signing off on the form to mark

off the supervisee's competencies. Mr. Warne stated that when asked by licensees to define clinical social work, he will tell them that the Board does not define or differentiate clinical work in rules, and that it's simply within the scope of practice. Dr. Brun agreed with this. He stated that some schools try to discourage clinical isolation, and teach students how to do everything. By the same token, even students who are not on a clinical track are at least made familiar with the DSM, and this squares with the current scope of practice laws.

3) <u>Executive Director's report.</u>

Mr. Rough reported that there had been some discussion around putting the new supervisory relationship guidelines into an existing rule, but it was decided to establish a separate rule instead. This will outline the relationship of the supervisor and supervisee, limiting personal relationships and balancing the power dynamic. One issue is that MFTs and PCs are able to work in private practice with an offsite work supervisor, and the rules will need to clarify that since LSWs can't do the same thing. Mr. Polovick stated that many LSWs do work in agencies and not typically as employees of a private practice. He then went on to discuss peer consultation, as had been raised by the Executive Committee. The idea would be to help out licensees who are in private practice and don't have access to the grand rounds that agencies will usually conduct for their own employee. Mr. Rough stated that the Ohio Counseling Association has proposed a peer consultation process, which NASW has agreed with. Dr. Brun expressed his enthusiasm, but cautioned the committee that peer consultation should only be encouraged, not required.

Mr. Rough went on to give his full report. Issues requiring review by more than one professional standards committee will be spearheaded by the Executive Committee, who will meet both Thursdays and Fridays to ensure all issues have been discussed. Mr. Rough recently received a request from a licensee who wanted the Board to provide CEU courses on new rule changes to explain them. Dr. Brun agreed that licensees could use more explanation on what 5-year rule reviews and statute changes are. Unless you're a member of the Board it's not always clear what's happening. Mr. Rough reported that HB232 is moving forward, with an amendment to modernize health insurance laws. A number of rules from the 5-year rule review have been filed, and more need to be reviewed.

The SWPSC reviewed the following draft rule for 4757-5-14, regarding supervisory relationships:

<u>4757-5-14 Standards of ethical practice and professional conduct: supervisory relationships.</u>
<u>(A) Board supervisors shall be aware of the power differential in their relationships with supervisees. If they believe nonprofessional relationships with a supervisee may be potentially beneficial to the supervisee, they take precautions similar to those taken by licensees when working with clients and document those precautions in the supervisory records.</u>
<u>(B) Examples of potentially beneficial interactions or relationships include attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community.</u>
<u>(C) Board supervisors engage in open discussions with supervisees when they consider</u>

entering into relationships with them outside of their roles as clinical and/or administrative supervisors.
(D) Before engaging in nonprofessional relationships, supervisors discuss with supervisees and document the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences for the supervisee. Supervisors clarify the specific nature and limitations of the additional role(s) they will have with the supervisee.
(E) Supervisors shall not enter into a romantic or sexual relationship with a supervisee while the supervision dynamic exists and until after all reports to the board are completed.
(F) Licensed independent social workers, professional clinical counselors, and independent marriage and family therapists shall provide appropriate supervision to licensees who do not hold an independent license. This shall include ensuring all supervision documentation is provided to the board in a timely fashion and meeting with the supervisee on a regular basis to discuss the specific issues in the dependent licensee's practice. Supervisors shall be accurate with all supervision reporting issues. Supervisors shall not sign as the training supervisor, if they did not provide direct supervision.

Mr. Brady stated that term "Board supervisor" doesn't make any sense, it's not a term that exists elsewhere in any rules. Also, the pronoun "they" in the second sentence doesn't seem to be clear who it's referring to; the term "romantic" relationships is fine. Social media also needs to be addressed. Mr. Warne asked if, in C, Training Supervisors should be included. Dr. Brun asked if section B meant they couldn't both be in NASW or other professional organizations, and Mr. Polovick clarified this was not the intention.

4) Correspondence

a) Mr. Warne received an email from a licensee. At the last board meeting, the committee had discussed whether social workers are able to pass/administer medication. Administering medication is considered the packaging and labeling of a drug, which is not in social work practice, but a social worker *is* able to give a client their prescribed medication and watch them take it, "hand over hand", because the patient is self-administering. Mr. Polovick agreed that this was common. Mr. Brady asked if this meant a social worker could draw blood for a blood sugar test. Dr. Brun replied that social workers can observe tests to ensure compliance, and a client can hand over what they've completed (e.g. urinalysis). Mr. Brady cautioned that the Board should keep an eye on this, as there is continued pressure for social workers to perform medical work, and people will do it for the money.

b) Mr. Warne reported that he and Mr. Rough had met again with Teresa Lampl to discuss the definition of clinical social work. She was also concerned with the rubric created for the new PER form. They agreed it was cumbersome, so rather than have it as an addendum to the form, it will be attached as a reference guide that supervisors can use to help them fill out paperwork. Supervisors in general seem to want more direction, but not more regulation. Looking at the new PER, section A removed any mention of the professional disclosure statement, because HB232 is eliminating that. "MSW-level" in section C was changed to "demonstrated competency." In section 10, the supervisor must say that supervisee has demonstrated competency in certain specialty areas. This

will help as the Board moves forward with minimum data sets. These content areas are the most common ones offered by schools in Ohio, per the CSWE. Dr. Brun stated that he liked the changes, but added that the CSWE competencies are in the process of being changed, for 2015. The organization is required to review their competencies every 6-7 years. Mr. Brady asked if it would be acceptable to check off more than one competency. Mr. Warne stated that they usually do. Mr. Brady also asked if the minimum data set is mandated by law or optional, which is a question that Mr. Rough will need to answer. The SWPSC unanimously approved the changes to the PER.

c) Mr. Polovick asked if exam pass rates for the Clinical and Advanced Generalist exams are in the process of being gathered. Mr. Miller stated that Mr. Rough has been gathering that information, comparing ASWB data to the education levels of licensees. Dr. Brun stated that school directors have been largely in favor of having students wait to take the Clinical and Advanced Generalist, that they have data showing students do better if they delay. It is influencing how MSW programs are talking to their students about the test. Mr. Polovick expressed his concern that employers want independent licensees, whether it's good for the students or not. Dr. Brun went on to say that that students who fail the test once also tend to have a low pass rate on their second attempts, so that's always something to think about when gathering data. Mr. Warne reminded the committee that according to the ASWB, the validity and reliability of the exam is based around 2 years of post-graduate experience.

d) In the Board's previous meeting, there had been discussion about an SWT's ability to bill for services. Mr. Miller came across a rule which allowed SWTs to bill through their agency, but not directly, which is how they're able to do it. They can't bill for much, but can bill on a few things.

e) Mr. Miller recently met with Dianne Fidelibus, Program Coordinator at Columbus State and member of the Ohio Coalition of Two-Year Educators. Associate degree programs have recently been under pressure to cut the number of courses required to graduate from their programs, and there is concern that this may hamper students' ability to earn an SWA if the courses are cut too much. The Coalition is working to redesign their programs to meet all requirements. Once the curricula are firmly established, Ms. Fidelibus would like them to be regularly reviewed by Board staff and given a solid stamp of approval so that students could be assured they would qualify for an SWA, as they had graduated from a pre-approved program. Mr. Miller had agreed with this principle, and stated that it would probably not require a rule change, but Mr. Rough would need to be consulted to be sure. Ms. Fidelibus also encouraged the Board to require at least one TAG (Transfer Assurance Guide) class to be completed as part of the curriculum, but Mr. Miller felt that this would cause problems for out-of-state applicants, and for applicants whose degrees were completed in the past. The SWPSC supported the idea of pre-approving the Coalition's programs, if they were found to be acceptable upon review.

5) <u>New Business</u>

a) The Board received an email that was passed along from NASW, from an applicant whose LISW supervision hardship request was denied last year. Her email explained how difficult the process has been for her, and how many supervisors sign off on supervisees without actually supervising them. Mr. Warne stated that Teresa Lampl has been similarly lobbying to the Board to have them approve more hardship requests. The Board has consistently not approved hardship requests unless the practice area is so specialized that another discipline could provide a portion of training supervision for this specialized field of practice, or if the supervisee is in a geographically isolated area. But requests have not been approved due to expense of supervision, or an LISW-S not being at the agency. Most states do not accept supervision if it was not from a licensed social worker, even under endorsement. Mr. Brady asked if Counselors accept supervision hardship often. Mr. Miller responded that they don't seem to; MFTs accept them a little more frequently, due to low availability of IMFTs in the state, but still not often. Mr. Warne stated that this particular email does not require a response, but wanted to raise the issue for discussion since it will be coming up soon. Mr. Brady stated that from his perspective, a clinical supervisor can still help licensees get through practice issues, they can be gainfully employed and work a fulfilling job all their lives. In many cases he's reviewed there has not been an immediate need for the licensee to become an LISW. Mr. Polovick stated that the primary issue is whether supervision is a hardship or a challenge; the committee has allowed licensees in foreign countries to be supervised by a psychologist, which is a genuine hardship. Mr. Brady agreed that the driving force behind these requests is usually that the licensee will not earn an LISW as soon as they want it, which is a difficulty but generally does not affect their ability to practice.

b) Mr. Miller reported that the Board will be adopting a new licensing system in the near future to replace CAVU. The new system is expected to go live sometime in autumn, and will create large backlogs of work for employees who are both working to learn the new system, and for the employees training them. The Board needs to be aware that when the system does go live, work will slow drastically for a time, and there may be some negative reaction from licensees over this. Mr. Polovick offered that the Board would be willing to help staff in any way they could to alleviate the heightened work load.

6) <u>Meeting Adjourned</u>

The meeting was adjourned at 11:53 a.m.

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Mr. Steve Polovick, Chairperson

ACTION ITEMS

January 2014 meeting

1. Get data on exam pass rates for recent graduates vs. licensees who have field experience, and pass rates for other states (Correspondence).

March 2014 meeting

1. Is the minimum data set optional or mandatory? (Correspondence)

Tabled for now

1. Discussion of LCSW
2. Discuss counseling definition in May 2014