

Behavioral Sciences Regulatory Board
SW Advisory Committee Minutes
Wednesday, November 18, 2015
1:00 p.m.

Call to Order: Meeting was called to order by Co-Chair Carolyn Szafran at 1:05 p.m.

Committee Members Present: Marcia Simoneau and Carolyn Szafran attended in person. Kathy Herzog, Sheri Hilger, Carl Myers, and Hamilton Williams joined the meeting by phone.

Guests: Sky Westerlund – KNASW, Kelly Jones

Staff Present: Max Foster, Leslie Allen, Joan Hahn, Marilyn Revell

Approval of Minutes: Minutes were reviewed from the previous meeting held on October 7, 2015. Carl moved to approve the minutes. Hamilton seconded the motion. Motion passed.

Reports and update from BSRB Staff:

- Max reported on the ASWB Meeting he attended in Ft. Lauderdale, FL.
 - 49 jurisdictions were represented including Canadian provinces, US states and territories
 - ½ of those attending were also at the Administrators Forum held prior to the meeting
 - There is an increase in complaints and an increase in the complexity of complaints.
 - Behavioral Analysts were being licensed in a number of states
 - There were budget cuts and fee fund sweeps in other states as well.
 - ASWB – will have new exams to be administered in 2018.
 - ASWB is building a new office in Culpepper, Virginia

Max and Joan presented to MSW students at Wichita State University on November 16th. The topics included licensing and renewals, the CEUs that are lacking in the renewal applications, and the reinstatement application process.

The Behavior Analysts licensing process is currently being revised by BSRB and will go again to the legislature for review in this session.

Old Business:

1. LSCSW Supervisor Training survey was completed. About 1700 LSCSWs were sent the survey. We received 519 responses, which is about a 28% response rate. Following are some salient points of the survey:
 - There was good geographical representation
 - Longest licensed LSCSW that responded has been licensed since 1975
 - Of those providing supervision 55% did so in the first 10 years of practice and 42% of the LSCSWs that responded did not provide supervision in the first 10 years
 - 43% of respondents don't provide clinical supervision at all
 - 25% of the LSCSWs providing supervision have been doing so for 1 – 20 years

- 27% of respondents strongly supported supervisor training and 66% somewhat supported supervisor training

Marcia asked if perhaps the large number of LSCSWs NOT providing supervision is because they felt untrained or overwhelmed.

When asked what content would be helpful in the LSCSW Clinical Supervisor training, these were the responses:

- 91% understanding the legal responsibilities and professional liability risks of clinical supervision
- 84% what were the responsibilities of the clinical supervisor
- 77% wanted to know how to conduct ongoing evaluation of a supervisee's clinical practice, skills, knowledge and professionalism
- 76% how to develop an LSCSW training plan that meets the BSRB requirements
- 71% LSCSW Professional Practice Standards and the supervision process, including the difference between administrative supervision and clinical supervision
- 68% documentation and tracking of LSCSW supervision content and clinical hours
- 49% Compassion fatigue; trauma exposure and professional impact
- 47% Professional self-care responsibilities
- 50% How to convey the importance and responsibility of achieving the highest level of licensure in social work and the impact of clinical supervision
- 44% life-long learning and professional responsibilities

The committee then shared thoughts on these responses of the survey Marcia said that these issues are important and licensees want training in these areas.

Hamilton brought up cultural competence within social work.

Carolyn stated that the DSM-V addresses cultural competence.

- 85% of respondents agreed 1-2 days (6-12 hours) would be appropriate for the training requirements. Sheri asked about access to online training.
- Marcia asked if grandparenting into the approved supervisor role was possible.
- Leslie advised against this option for the historical record of people who have done it for a long time don't necessarily know what they are doing. Joan also advised against the grandparenting option.
- Carl didn't want to inhibit current supervisors from continuing clinical supervision. He suggested that there could be an attestation of understanding of the Kansas statutes and the process of providing clinical supervision for clinical training plans.
- Kathy agreed with the idea of the attestation to prove the supervisors knew what they were doing.

- Joan suggested a hybrid of training and post-test for new supervisors and just a post- test for experienced supervisors.
- Sheri has gone through Missouri training for supervisors. She said that the initial 16 hour training was in person and the renewal requirements is 3 hours of CEs and can be acquired online. The Missouri training was focused primarily on the legal and regulatory side.
- Hamilton asked if we could put a refresher review page on our website. Sheri agreed that was a great idea.
- Leslie asked if the Missouri training is given by 1 agency. Sheri replied that it was given by NASW or the state committee. Leslie pointed out that standardized training would give the BSRB more control over the content of the training.
- Carl asked if a competent CEU training provider from another state that has similar practice could do this.
- Marcia suggested that courses should be pre-approved by BSRB for supervisor training
- Carolyn and Marcia will discuss the option of grandparenting and an amendment for SB 254 to go to the legislature this session.

66% of respondents felt that they were prepared to supervise

84% replied that their own supervisor was competent

42% said that the BSRB webpage was helpful (the new webpage will much more helpful)

As the committee read through the comments, Carolyn remarked that she found them to be very helpful to shape the content of the supervisor training.

2. Our website was updated with the new form for the Application for Clinical Training Plan with citations referencing regulations. Leslie said that the questions are designed to bring out the clinical diagnosis that the trainee will be providing. Joan said that these questions are designed to bring out the clinical diagnosis that the trainee will be providing. Joan further explained that the point of these questions is NOT to deny the training plan, but to question it and investigate this issue further and consult with a board member if needed. The questions are for the trainee, not the supervisor.
3. SB 254 – The committee had a guest come to the meeting and share her views on the Safety awareness training requirement for social workers. Kelly Jones was a LMSW in 2009 and was among the first of the social workers required to take this CE course. In her opinion and experience, this requirement is much needed. She stated that there is an inherent risk to the safety of the social worker in any situation where they meet with clients and are at risk every day.

Sky shared the KNASW position on SB 254. There are three areas under contention:

- The Safety Awareness training has substantially more impact after the social worker is licensed, not in a college curriculum
- When there is a conviction of a felony, the KNASW wants a 2/3 majority vote of the BSRB to approve a license.

- KNASW believes that there should be a mandate for all of the professions licensed by BSRB for the supervisor clinical training requirement. It seems inconsistent to just have 3 of the BSRB professions looking at adding that requirement at this time.

Other comments concerning the Safety Awareness training for social workers included one from Hamilton saying that he supports the “after licensed” option. Also, the Kansas Council of Social Work Educators support the Safety Awareness training to be part of the “after licensed” requirements.

No New Business was discussed

Adjournment/ Next Advisory Meeting:

Next meeting was set for Wednesday, January 20, 2016 at 1:00 p.m. Marcia moved to adjourn the meeting Carl seconded the motion. Motion carried.