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Scott Walker, Governor
Laura Gutiérrez, Secretary

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK JOINT EXAMINING BOARD

Room 121B, 1400 East Washington Avenue, Madison
Contact: Dan Williams (608) 266-2112
January 30, 2018

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

11:00 A.M. OR IMMEDIATELY FOLLOWING THE PROFESSIONAL COUNSELOR SECTION MEETING

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

A. **Adoption of the Agenda (1-2)**

B. **Approval of Minutes of December 5, 2017 (3-4)**

C. **Legislative and Administrative Rule Matters – Discussion and Consideration**
   1) Update Legislation and Pending or Possible Rulemaking Projects

D. **11:00 A.M. APPEARANCE: Marc Herstand, Executive Director, National Association of Social Workers, Wisconsin Chapter – "Conversion Therapy Ban" – Discussion and Consideration (5-7)**

E. **Section Reports – Discussion and Consideration (8-46)**
   1) Social Work Mobility Resolution

F. **2018 Board Goals – Discussion and Consideration**

G. Discussion and Consideration of Items Received After Preparation of the Agenda:
   1) Introductions, Announcements, and Recognition
   2) Presentations of Petition(s) for Summary Suspension
   3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
   4) Presentation of Final Decision and Order(s)
   5) Informational Item(s)
   6) DLSC Matters
   7) Status of Statute and Administrative Rule Matters
   8) Education and Examination Matters
   9) Credentialing Matters
   10) Practice Questions
   11) Legislation / Administrative Rule Matters
   12) Liaison Report(s)

13) Speaking Engagement(s), Travel, or Public Relations Request(s)
14) Consulting with Legal Counsel

H. **Administrative Matters – Discussion and Consideration (47-48)**

1) **Staff Updates**
2) **Election of Officers**
3) **Appointment of Liaisons and Alternates**
4) **Delegation of Authority**
5) Board Member – Term Expiration Date
    a. Bridget Ellingboe – 7/1/2020
    b. Peter Fabian – 7/1/2018
    c. Alice Hanson-Drew – 7/1/2013
    d. Linda Pellmann – 7/1/2019 *(reappointed, not yet confirmed)*
    e. Allison Gordon – 7/1/2018 (1-2)
    f. Tammy Scheidegger – 7/1/2020 *(appointed, not yet confirmed)*
    g. Kathleen Miller – 7/1/2021 *(reappointed, not yet confirmed)*
    h. Monica Vick – 7/1/2019 *(appointed, not yet confirmed)*
    i. Elizabeth Krueger – 7/1/2020 *(reappointed, not yet confirmed)*
    j. Kristin Koger – 7/1/2018
    k. Gregory Winkler – 7/1/2019 *(reappointed, not yet confirmed)*
    l. SOC Public Member – Vacancy
    m. Advanced Practice Social Worker – Vacancy

I. Public Comments

ADJOURNMENT

The next scheduled meeting is April 17, 2018.

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 1400 East Washington Avenue, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

JOINT EXAMINING BOARD MEETING
MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK JOINT EXAMINING BOARD
MEETING MINUTES
DECEMBER 5, 2017

PRESENT: Bridget Ellingboe, Alice Hanson-Drew *(via GoToMeeting*, Kristin Koger *(via GoToMeeting)*, Elizabeth Krueger *(via GoToMeeting)*, Kathleen Miller *(via GoToMeeting*, Linda Pellmann, Tammy Scheidegger, Monica Vick *(via GoToMeeting)*, Gregory Winkler *(via GoToMeeting)*

EXCUSED: Peter Fabian, Allison Gordon

STAFF: Dan Williams, Executive Director; Sharon Henes, Administrative Rules Coordinator; Laura Smith, Bureau Assistant; and other DSPS Staff

CALL TO ORDER

Tammy Scheidegger, Chair, called the meeting to order at 12:08 p.m. A quorum of nine (9) members was confirmed.

ADOPTION OF AGENDA

MOTION: Gregory Winkler moved, seconded by Liz Krueger, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Linda Pellmann moved, seconded by Bridget Ellingboe, to approve the minutes of June 14, 2017 as published. Motion carried unanimously.

12:00 P.M. PUBLIC HEARING ON CLEARINGHOUSE RULE 17-079 RELATING TO INTERNSHIP AND COURSES IN PROFESSIONAL COUNSELING EQUIVALENCY PROGRAMS

Review and Respond to Clearinghouse Report and Public Comments

MOTION: Bridget Ellingboe moved, seconded by Alice Hanson-Drew, to reject Clearinghouse comment numbers 2.b., 2.c., 2.d., and 5.c., and to accept all remaining Clearinghouse comments for Clearinghouse Rule 17-079 relating to internship and courses in professional counseling equivalency programs. Motion carried unanimously.

MOTION: Linda Pellmann moved, seconded by Kathleen Miller, to authorize the Chair to approve the Legislative Report and Draft for Clearinghouse 17-079 relating to internship and courses in professional counseling equivalency programs for submission to the Governor's Office and Legislature. Motion carried unanimously.

12:00 P.M. PUBLIC HEARING ON CLEARINGHOUSE RULE 17-080 RELATING TO CREDENTIAL RENEWAL AND REINSTATEMENT PROCEDURES

Review and Respond to Clearinghouse Report and Public Comments

MOTION: Monica Vick moved, seconded by Alice Hanson-Drew, to accept all Clearinghouse comments for Clearinghouse Rule 17-080 relating to credential renewal and reinstatement procedures. Motion carried unanimously.

MOTION: Linda Pellmann moved, seconded by Kathleen Miller, to authorize the Chair to approve the Legislative Report and Draft for Clearinghouse Rule 17-080 relating to credential renewal and reinstatement procedures for submission to the Governor's Office and Legislature. Motion carried unanimously.

LEGISLATION AND ADMINISTRATIVE RULE MATTERS

Adopt CR 16-008 Relating to Marriage and Family Therapy Applications, Education, Exams and Licensure

MOTION: Linda Pellmann moved, seconded by Bridget Ellingboe, to approve the Adoption Order for Clearinghouse Rule 16-008. Motion carried unanimously.

Adopt CR 16-009 Relating to Licensure, Education and Supervised Practice of Professional Counseling

MOTION: Kathleen Miller moved, seconded by Linda Pellmann, to approve the Adoption Order for Clearinghouse Rule 16-009. Motion carried unanimously.

MPSW 19.05(2) Relating to Continuing Education Audits

MOTION: Linda Pellmann moved, seconded by Liz Krueger, to approve the proposed rule repealing MPSW 19.05(2) relating to continuing education audits, and to authorize the Chair to petition the Joint Committee for Review of Administrative Rules for repeal of MPSW 19.05(2) using the process under S. 227.26(4). Motion carried unanimously.

Scope MPSW 16.01 Relating to Equivalency Courses

MOTION: Bridget Ellingboe moved, seconded by Linda Pellmann, to approve the Scope Statement revising MPSW 16.01 relating to equivalency courses for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board moves to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

ADJOURNMENT

MOTION: Gregory Winkler moved, seconded by Monica Vick, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:26 p.m.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Marc Herstand, Executive Director – National Association of Social Workers, Wisconsin Chapter	11/22/2017
	Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:
Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
1/30/18	☐ Yes ☒ No	APPEARANCE: Marc Herstand, National Association of Social Workers – "Conversion Therapy Ban"

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes (Fill out Board Appearance Request) ☐ No	

10) Describe the issue and action that should be addressed:

Consideration of request from NASW to include reparative/conversion therapy as unprofessional conduct under MPSW 20.

11) Authorization

Signature of person making this request — Date

Supervisor (if required) — Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Background:

Although the American Psychiatric Association removed homosexuality as a mental disorder in 1973, there have been efforts by a number of groups in society that aim to undermine same-sex attraction as a normal variant of human behavior, and the issue of changing ones sexual orientation through "conversion" therapies has become prevalent.[1] Aggressive advocacy efforts both for and against conversion therapy have grown over the past decade, and so has the need to educate clients and government officials about the lasting, damaging effects and implications these practices have on the LGBTQ youth community.

Despite homosexuality being removed from the Diagnostic and Statistical Manual of Mental Disorders over 30 years ago, some practitioners still attempt to treat homosexuality as though it is something that is unwanted by the individual, and should be changed. Occurring as recently as 2012, an individual who was forced by his parents to undergo conversion therapy when he was 15 describes the horrors he experienced. The survivor shared, "the first step…which usually lasted six months — [is] where they 'deconstruct us as a person' using aversion therapy, shock therapy, harassment and occasional physical abuse. Their goal was to get us to hate ourselves for being LGBTQ. The second step of the program…removed us of everything that made us a unique person…and instead made us a walking, talking, robot. We were no longer people at the end of the program." Other forms of conversion therapy include hypnosis, cognitive and behavioral therapies, use of nauseating drugs, masturbatory recondition, and visualization. [2]

"Sexual Orientation Change Efforts" (SOCE) involves any practice that seeks to change a person's sexual orientation by altering ones behavior, gender identity, or gender expression through any form of "reparative," or "conversion" therapy. An important fact about these therapies is that they are based on a view of homosexuality that has been rejected by all other major health professions including, but not limited to: American Psychological Association, American Medical Association, American Academy of Child Adolescent Psychiatry, and National Association of Social Workers.[3]

There are no studies that provide adequate, credible evidence that conversion therapies can modify or change one's sexual orientation, gender identity, or gender expression; rather they have been shown to have had detrimental effects on patients experiencing depression, low self-esteem, sexual dysfunction, and suicidality. Implicit to SOCE is that being a sexual orientation minority youth is not normal and can be changed with therapy. Youth are especially vulnerable to the traumas of rejection, isolation, and lack of support that result from participation in conversion therapies. This has led to the LGBTQ community experiencing higher rates of

[1] Insufficient evidence that sexual orientation change efforts work, says APA American Psychological Association. (2009). Retrieved from http://www.apa.org/news/press/releases/2009/08/therapeutic.aspx
[2] Nichols, J. M. (2016, November 17). A Survivor Of Gay Conversion Therapy Shares His Chilling Story. Retrieved June 14, 2017, from http://www.huffingtonpost.com/entry/realities-of-conversion-therapy_us_582b6cf2e4b01d8a014aea66
[3] Just the Facts Coalition. (2008). Just the facts about sexual orientation and youth: A primer for principals, educators, and school personnel. Washington, DC: American Psychological Association. Retrieved from www.apa.org/pi/lgbc/publications/justthefacts.html.

emotional distress, suicide attempts, risky sexual behavior, and substance use.[4] Interventions aimed at a fixed outcomes like gender conformity and heterosexuality, along with efforts to change ones sexual orientation, gender identity, and gender expression are extremely harmful. Therefore conversion therapy should not be allowed as legal treatment of the behavioral health of minors.

Issue:

Despite the general consensus of major medical, health, and mental health professions that both heterosexuality and homosexuality are normal expressions of human sexuality, efforts to change sexual orientation through therapy are still being practiced today. Some political and religious organizations like Focus on the Family, are being promoted to the public. Conversion therapy perpetuates outdated views of gender roles and identities as well as the negative stereotype that being a sexual or gender minority or identifying as LGBTQ is an abnormal aspect of human development. Most importantly, it puts young people at risk of feeling rejected or abnormal to the rest of society, which has catastrophic effects on their mental health and overall well-being.[5]

Research on the issues of family acceptance of LGBTQ youth conduced at San Francisco State University found that "compared with LGBTQ young people who were not rejected or were only a little rejected by their parents and caregivers because of their gay or transgender identity, highly rejected LGBTQ young people were: more than 8 times as likely to have attempted suicide, nearly 6 times as likely to report high levels of depression, more than 3 times as likely to use illegal drugs, and are more than 3 times as likely to be at high risk for HIV and STDs."[6]

Solution:

In order to better protect the vulnerable population of LGBTQ youth, many states have passed legislation banning the practice of harmful conversion therapies on minors. In Wisconsin, Assembly Bill 349 and Senate Bill 261 would prohibit mental health providers from engaging in conversion therapy with a minor and would provide grounds for professional discipline by the appropriate credentialing board in cases of violation of this bill.

Position:

NASW-WI strongly supports AB 349/SB 261 legislation to prohibit conversion therapy practice with minors. Individuals who are subject to the traumas of being forced to go through conversion therapy as children are more likely to suffer from mental illness and experience other conditions as adults that will impact them for the rest of their lives. Eliminating conversion therapy with minors is vital, in hopes that these youth can go on to live the fulfilling and healthy lives they deserve.

[4] Hancock, K. A., Gock, T. S., & Haldeman, D. C. (2012). Science meets practice in determining Effectiveness of sexual orientation change efforts

[5] Jadwin-Cakmak, L., & Orr, W. (2015, October). Ending Conversion Therapy: Supporting and Affirming LGBTQ youth. Retrieved June 12, 2017, from https://store.samhsa.gov/shin/content//SMA15-4928/SMA15-4928.pdf

[6] Campaign, H. R. (n.d.). The Lies and Dangers of "Conversion Therapy". Retrieved June 12, 2017, from http://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Tammy Scheidegger, Chair	1/22/18
	Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:
Examining Board of Marriage and Family Therapy, Professional Counseling, and Social Work

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
1/30/18	☒ Yes ☐ No	Section Reports 1. Social Work Mobility Resolution

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes (Fill out Board Appearance Request) ☐ No	

10) Describe the issue and action that should be addressed:

Update from Greg Winkler on passage of the Social Work Mobility Resolution at the Association of Social Work boards in December, 2017. Review of attached ASWB materials.

11) Authorization

Signature of person making this request — Date

Supervisor (if required) — Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Directions for including supporting documents:
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Resolution 2017-1

ASWB Member Board Contributions to Mobility Strategy

Submitted by: ASWB 2017 Bylaws and Resolutions Committee

Committee Recommendation: **DO PASS**

WHEREAS, increased physical movement of licensed social workers to other jurisdictions has led to the need for them to obtain licenses in addition to or in place of the jurisdiction of original licensure; and

WHEREAS, technological advancements have provided social workers with a means to practice social work electronically across state and international lines and without physical presence in the jurisdiction where the client is located; and

WHEREAS, electronic practice has increased the need for a determination of and focus on where practice occurs; and

WHEREAS, the ASWB Model Social Work Practice Act adopted and amended by the ASWB member boards identifies that electronic social work practice constitutes the practice of social work in the jurisdiction where the social worker is located and the jurisdiction where the client is located; and

WHEREAS, the ASWB Model Social Practice Act requires social workers to be licensed in all jurisdictions where they practice; and

WHEREAS, electronic practice and technological advancements have increased the need for social workers seeking licensure in multiple jurisdictions; and

WHEREAS, these physical and technological mobility phenomena transcend professions and have created increased political and legal scrutiny on state-based licensure systems; and

WHEREAS, in response to the current regulatory climate and in response to the needs of the ASWB membership, ASWB convened a Mobility Task Force to address these issues; and

WHEREAS, the Mobility Task Force has recommended and the ASWB Board of Directors endorses a Mobility Strategy that is attached to and is a part of this Resolution; and

WHEREAS, the ASWB Mobility Strategy is premised on a concerted effort by member boards to harmonize licensure eligibility criteria across all ASWB member boards, and

WHEREAS, the ASWB Mobility Strategy includes, among other things, a centralized, secure databank that can provide member boards with access to verified primary source documentation for social workers seeking equivalent licensure in additional jurisdictions, and that such strategy is based on the following principles:

1. Member board recognition that currently licensed applicants have been vetted and duly licensed by another board of social work, and
2. Member board recognition of the information in the databank as primary source and verified; and

WHEREAS, the success of the ASWB Mobility Strategy is dependent upon the acceptance and participation of ASWB member boards; and

WHEREAS, ASWB staff is prepared to serve and support ASWB member boards to conduct the research listed below.

THEREFORE, BE IT RESOLVED THAT through the adoption of this resolution, each ASWB member board agrees to review applicable statutes, rules/regulation, and policies related to accepting the Standards outlined in the attached Mobility Strategy; and

THEREFORE, BE IT FURTHER RESOLVED THAT each ASWB member board agrees to review applicable statutes, rules/regulation, and policies related to accepting the primary source data verified by ASWB staff and maintained in the secure centralized databank; and

THEREFORE, BE IT FURTHER RESOLVED THAT each ASWB member board agrees to identify any barriers or restrictions in the jurisdiction's statutes, rules/regulation, and policies related to accepting and participating in the ASWB Mobility Strategy; and

THEREFORE, BE IT FURTHER RESOLVED THAT each ASWB member board agrees to identify the benefits to accepting and participating in the ASWB Mobility Strategy.

WE'RE ON OUR WAY

Social Work Practice Mobility

Report of the proceedings of the
ASWB Education Conference
April 30 - May 2, 2015

ASWB
Association of Social Work Boards

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Social Work Practice Mobility:
Setting the Agenda

When ASWB's Board of Directors chose Social Work Practice Mobility as a theme for the 2015 Spring Education Conference, the Board knew that it was setting the stage for a "deep dive" into a topic that has challenged our profession for decades.

ASWB CEO Mary Jo Monahan, MSW, LCSW

Mobility is a complex topic, and developing a plan will be hard work; but it will be something that ASWB members can do that will enhance public protection and the profession for many years to come. We want to create our own destiny and our own plan.

To that end, the Board tasked the Regulatory Education and Leadership (REAL) Committee to develop an educational conference that would begin this important conversation. Over two days in May, more than 100 attendees from 44 states and provinces as well as international guests gathered to take part in a program designed to help them learn about our profession's readiness for mobility and the efforts of other health care professions to develop mobility models. At the end of the second day, participants took part in a Strategic World Café, where we began the process of synthesizing the information we had learned and engaging in creative thinking about how to achieve mobility in our lifetime.

The purpose of this report is to summarize the presentations made during the conference, identify the key findings, and share the artwork of the graphic recorder who captured many of the sessions visually as the audience listened and participated. In addition, resources about mobility and links to websites of the presenters are included. Analyses of many of the Jurisdictional Mobility Assessment (JMA) survey responses can be found at www.aswb.org. We hope to stimulate your thinking as we embark on this journey together.

There are many ways to experience this report. Browse through the sessions and the artwork. Spend time reading about each session and studying the graphic recordings to gain deeper insight. Skip to the end to read about the next steps that are planned. Explore the content offered through the hyperlinks. There is much to learn about mobility, and we have taken advantage of technology to create a report that will expand your knowledge beyond the limits of the written word on a piece of paper.

ASWB Board President Dorinda N. Noble, Ph.D., LCSW

Enjoy and be enlightened!

About the artwork

Throughout this report, you'll see full-page illustrations documenting some of the content. These illustrations are graphic recordings of the proceedings of the conference, drawn by graphic artist Nitya Wahklu.

Nitya Wakhlu has a bachelor's degree in engineering and an MBA focused on human resources and organization development. Nitya is best known for her work as a graphic recorder and is privileged to have worked with corporate, government, and nonprofit groups across North America, Africa, India, and Europe.

Social work in a digital world:
Ethical and risk management challenges

In this digital era, technology offers many benefits to clients—convenience, affordability, access. But technology also creates challenges: Social workers must be vigilant to maintain privacy, confidentiality, and work boundaries as well as other boundaries in the client-professional relationship. These were just a few of the issues keynote speaker Frederic Reamer discussed in his presentation "Social work in a digital age: ethical and risk management challenges" as he set the stage for this year's Spring Education Meeting on social work practice mobility.

Reamer, ethics expert and well-known social work educator, demonstrated how technology is transforming the nature of social work practice and raised awareness of the implications for states and provinces as their boards and colleges consider how to regulate technology-assisted practice, which includes telephone and video counseling, synchronous online chat, and therapy via email and Facebook, to name a few. All pose challenges for regulators, because therapy conducted using technology crosses state, provincial, and even international boundaries, depending on where the practitioner and the client are located.

His first example was of a very recent treatment methodology, text therapy, in which a client gets help only through text messaging. According to the Talkspace.com website, which offers the service, it's "therapy for how we live today affordable, confidential, and anonymous." For attendees at the Spring Education Meeting—mostly regulators representing the public protection interests of their states or provinces—it's therapy that raises almost universal concern. As Reamer explained, therapy conducted entirely by text messaging leaves out an important piece of the therapy relationship: the meeting and connecting.

Regulating e-practice. The challenge defined

The second example was of avatar-assisted therapy, in which clients and social worker create anonymous electronic images to represent themselves in a real-time online therapy session. Selecting a website from an extensive list of urls, Reamer clicked on a video in which clients and staff discussed the benefits of this type of treatment, including: convenience; overcoming barriers to traditional treatment, such as physical distance, lack of transportation, or disability; immersion in a non-threatening environment that encourages openness; and accessibility to resources.

When surveyed, about half of the attendees indicated acceptance of the avatar-assisted treatment modality compared to the text messaging option. But an equal number raised their hands when asked if they had concerns about the regulatory implications.

Despite the high degree of concern, few members of the audience indicated that their boards had discussed these issues. Yet as technology-assisted practice continues to gain acceptance, options proliferate, demonstrating how technology is one of the great driving forces behind the need for regulation that embraces practice mobility and licensure portability.

To put today's practice methodologies in perspective, Reamer outlined five major periods of social work history, explaining how the profession moved out of its roots in morality to develop its code of ethics and mission of "helping everyone, with particular emphasis on people who are vulnerable, oppressed, and living in poverty."

- Morality period (late 19th to early 20th century): with regard to ethics, the focus was on taking care of the pauper, drinker; characterized by judgmental language
- Values period (up through the 1970s): worldwide, social work literature did not include language about ethics; focus was on the core values of the profession; for example, personal values vs. client values
- Ethical dilemmas & decision making (late 1970s through present): a sea change occurred in the 1980s, with the development of applied and professional ethics. Professionals (primarily in medicine) recognized that practitioners were facing extraordinarily difficult ethical decisions with regard to issues such as genetic engineering, selection of transplant recipients, and termination of life decisions. Schools began teaching ethics in the 1980s. The focus was on how social workers made ethical judgments

- Ethics risk management (early 1990s to present): notable for a spike in litigation against social workers for allegedly causing harm to clients; during this time the NASW Code of Ethics was developed as well as risk management tools, policies, etc. The focus was on how to manage risk in order to prevent it
- Digital era (mid-2000s to present): as the use of technology proliferates, social workers face difficult intellectual dilemmas and moral dilemmas: What is meant by "relationship" in a digital age, when a personal interaction is not necessary? The focus is on how to serve clients, particularly the vulnerable and oppressed or impoverished who may not be able to pay for the technology by which services are offered

"There is quite a mix of ways in which social workers are using technology to assist clients," Reamer said. Many of these are "reasonable, appropriate, ethical uses of technology to help people who are struggling." The Veterans Administration is on the cutting edge of much of this, Reamer noted. But there are ways that technology is misused, such as when privacy is breached through a Google search or when an untrained person presents himself or herself on a mental health website as a counselor. More troubling examples were given of two social workers, both now incarcerated. One, who was working as a probation officer handling a caseload of sex offenders, was convicted on receiving child pornography via the Internet. The second social worker, who was providing clinical services to clients in Michigan suffering traumatic brain injuries, was convicted of multiple sexual offenses against these female clients, one of whom he persuaded by visiting Christian websites with her as part of the deception. To Reamer, technology is like a baseball bat, which can be a thing of beauty when used appropriately and a horrible weapon when used to cause harm. "Some of it I find extraordinarily appealing," Reamer said of technology, "and some of it really scares me."

Issues surrounding the use of technology also exist outside the practice realm, Reamer continued. Practitioners and agencies need to be mindful of how documents and records are managed now that recordkeeping "in the cloud" is becoming more prevalent. Electronic records stored this way cannot be destroyed. Email records and forensic computer audits comprise evidence presented in court at trial or before regulatory bodies in disciplinary hearings against social workers accused of improper or illegal conduct, such as in the example of the incarcerated Michigan social worker.

Practitioners and regulators alike will have to develop solutions to these issues, because as Reamer said: "The digital egg has cracked." The tools are now in place to help, Reamer said, thanks to the work of the International Technology Task Force that ASWB appointed in 2013. The work product of the task force, "Model Regulatory Standards for Technology and Social Work Practice," was released in final version in March 2015 and is available on the ASWB website. The document provides for licensing and regulatory bodies, in Reamer's words, "the best available guidance that we could produce." The standards are divided into seven sections, with emphasis on providing guidance about competencies social workers need in order to use technology; records management; and electronic practice across state and provincial boundaries. Another section is devoted to collegial relationships and covers issues such as cyberbullying and plagiarism.

The next step is to develop practice standards, Reamer said. This work is under way, with Reamer serving as chair. The group, comprising ASWB, the National Association of Social Workers (NASW), and the Council on Social Work Education (CSWE), has entered into a collaborative joint venture that Reamer said he believes is unprecedented in U.S. history. "It took technology to do it," Reamer said.

In closing, Reamer shared a story about writing a book on ethics and AIDS during the AIDS crisis in the early 1990s. Before the book was published, the publisher sought out reviewers, and one reviewer wrote in part, "Ethics is the immune system of a humane society." To Reamer, paying attention to these ethical issues is part of the immune system, as is regulation. Today "we are exploring territory none of us ever expected to see in our lifetimes," Reamer said. Coming up with these guidelines and regulations is no longer like "building a boat in the middle of a rushing stream," an analogy he used in his keynote address at the 2012 Spring Education Meeting on electronic

Frederic G. Reamer, Ph.D.

Dr. Reamer is a professor in the graduate program of the School of Social Work, Rhode Island College, where he has been on the faculty since 1983. His research and teaching have addressed a wide range of human service issues, including mental health, health care, criminal justice, public welfare, and professional ethics. Dr. Reamer received his Ph.D. from the University of Chicago and has served as a social worker in correctional and mental health settings. He chaired the national task force that wrote the current National Association of Social Workers Code of Ethics and chaired the ASWB International Technology Task Force, which developed the Model Regulatory Standards for Technology and Social Work Practice. He is the author of many books and articles on professional ethics and criminal justice.

practice. Now, just three years later, his imagery had changed to "building a massive cruise ship in the middle of the most turbulent seas imaginable." These are fundamental questions, he said, about "who we are as social workers, who we serve, how we serve, and what we mean by relationships."

MORE QUESTIONS THAT MATTER

Regulators:
Do you know how many social workers are using technology to practice in your jurisdiction?

Do you know how many of these practitioners are located outside your state and provincial boundaries?

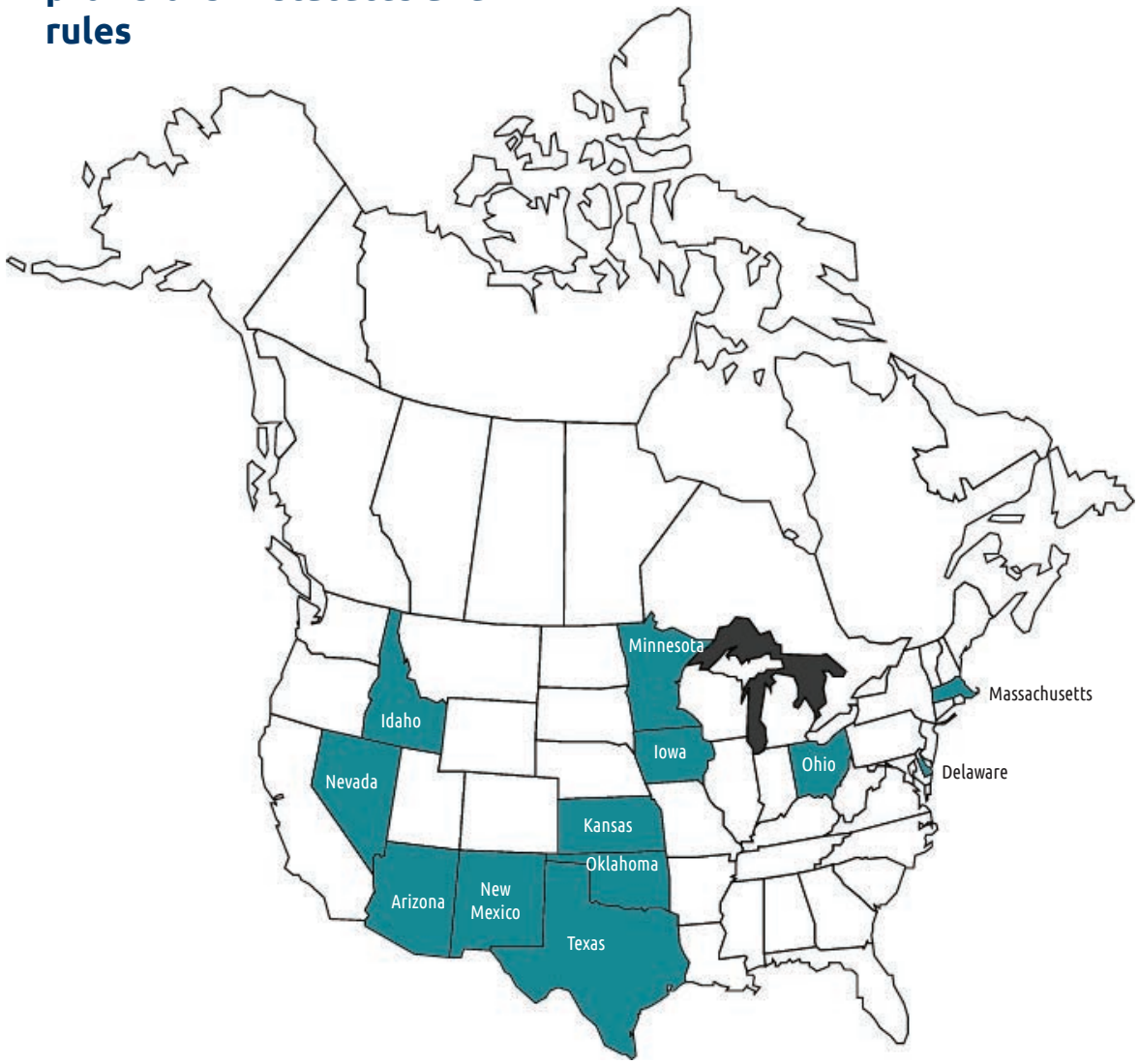
What forms of e-practice are in use in your jurisdiction?

Practitioners/Regulators/ Educators:
Should entry to practice competencies include Technology Use? How can it be measured?

Educators:
What role do educators have in ensuring graduates are prepared for using technology in practice?

How would graduates' knowledge be assessed?

Locations with e-practice provisions in statutes and rules



SOCIAL WORK IN A DIGITAL WORLD - FREDERIC REAMER
ETHICAL & RISK-MANAGEMENT CHALLENGES
It's comfort in your pocket!
NOW! DIGITAL AGE
BIG ???
THERAPY THROUGH TEXT MESSAGING!
VIRTUAL-WORLD COUNSELING
AVATARS
GAMEFICATION
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ACCESSIBILITY: ANY PLACE. ANY TIME. ANY ENVIRONMENT!
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WHO DO WE AIM TO SERVE
I CAN'T AFFORD AN IPHONE FOR THIS
WHAT DOES CONSENT LOOK LIKE?
WHAT ABOUT JURISDICTION
DIGITAL TOOLS EXPAND REACH...
WHAT ABOUT LICENSES?
WHAT ABOUT PRIVACY?
fb
MY CLIENT JUST GOT ARRESTED
ETHICS RISK MANAGEMENT
YOU'VE BEEN SERVED
RISE OF LITIGATION
FOCUS ON PROTECTION
IMPACT ON KEEPING RECORDS
CLOUD STORAGE
PRIVACY?
CAN WE REALLY "DESTROY" DOCUMENTS?
WHO CAN BE AN "INTERNET THERAPIST"
SEX OFFENDER
e-therapist
the Ethics Evolution
THE MORALITY PERIOD
GOOD
BAD
FOCUS ON CORE VALUES
THE VALUES PERIOD
SOWING THE SEED OF THE MODERN PROFESSION
ETHICAL DILEMMAS & DECISION MAKING
ONE DONOR HEART... MULTIPLE PEOPLE IN NEED...
DEVELOPMENT OF ETHICS MODELS
FOCUS ON TEACHING
...IT'S LIKE THIS BASEBALL BAT
TOOL FOR TEAMWORK
OR
DOMESTIC VIOLENCE

Professionals on the Move:
Labor Mobility and Social Work

Labor mobility is a fact of modern life, and it's not a new one. According to the U.S. Bureau of Labor Statistics, Americans born between 1957 and 1964 held more than 11 different jobs between the ages of 18 and 48. Furthermore, older workers leaving long-term jobs end up back in the workforce more often than not. Of Canadians who exited a long-term job at 55 to 59 years of age, 60 percent were re-employed within the next ten years. Within all that re-employment and job changing, professionals cross geographic boundaries—states, provinces, even international borders.

John Mayr, registrar of the British Columbia College of Social Work, began the presentation on labor mobility and social work with a simple question to the audience: How many jurisdictions get licensing applications from social workers licensed in other jurisdictions? Every jurisdiction does. "[Social work regulators] protect the public by setting standards for the profession," said Mayr, "and there's nothing wrong with that; or is there?"

In fact, Mayr cited a study at the Mercatus Center about the effect of professional licensing of opticians. The study, which used insurance premiums as a proxy for quality of service, showed no increased quality in optical services between states where opticians are regulated and states where they are not. In fact, the study found increased earnings of two to three percent for regulated opticians. "When you consider that amount over a state budget, or over a society, it adds up," said Mayr. In this case, regulation appears to increase cost to consumers and presumably limits access to the profession while not improving the quality of service consumers receive.

"While we are focused on regulating the profession, we wear the regulators hat," said Mayr, "but not all our stakeholders do, in particular governments. …Representatives are elected based on platforms. How many of your elected representatives run on platforms that protect industries in your state?"

In both the United States and Canada, there is an anti-regulation climate, encouraging states and provinces to simplify processes and eliminate red tape. The drive to reduce regulation has resulted in some professions being deregulated in some jurisdictions. Both countries also have numerous international trade agreements, which can also impact labor mobility. "There's a well-entrenched federal move towards free trade," said Mayr, "because free trade, everybody agrees, is in society's interest. It lowers costs and increases access."

While barriers to international trade are coming down, barriers to internal trade—among states and among provinces, have proved more durable.

Canada's federal Agreement on Internal Trade is an agreement among the provinces that seeks to reduce barriers to interprovincial trade, including professional mobility. "The federal government in Canada came to the professional regulators and said 'Let's have a conversation,'" said Mayr. The federal government led discussions about standards, structures, and barriers that forms create because one province would ask for something and the others wouldn't. "The federal government invested hundreds of millions of dollars," Mayr said. "Then they got tired and they said, 'We've really tried to get you to come along with us, and we've encouraged it because it's in your best interest, but because you haven't come far enough, now you *have* to do it.'" Regulators were given 24 months to comply before the federal government would step in.

> While we are focused on regulating the profession, we wear the regulators hat. But not all our stakeholders do.
> *John Mayr*

In 2009, the Canadian premiers and prime ministers endorsed amendments to the AIT because they recognized that professionals and regulators more often act in their professional self-interest, rather than in the government's interest, Mayr said.

Social work was one of the professions not deemed compliant within the deadline, Mayr said. "I think our response was 'you don't understand social work!'"

For regulators, compliance is sometimes seen as a race to the bottom. The question becomes which province has the lowest standards, and if regulators adopt those standards, are they doing their job to protect the public? For Canadian social work regulators, this caused some real thinking—Is that true? Do stringent standards for licensure mean

more effective regulations? The process resulted in a balance of standards across the country, rather than a race to the bottom or elevation to the most stringent requirements.

"What's the real effect of regulation in terms of public protection?" Mayr asked. "It really does come down to standards and competencies."

This conversation led to the development of Pan Canadian Competencies in social work by the Canadian Council of Social Work Regulators. With participation by all the provinces, this approach resulted in an entry-level competency profile, which describes the core professional competencies that are required of beginning social workers across Canada, regardless of the context in which they are employed. That profile consists of 152 "competency blocks," covering areas such as applying ethical standards, conducting assessments, planning interventions, and engaging in reflective practice and professional development.

Mayr was quick to emphasize that this list of competencies is a living document and a work in progress. "What does it all mean to professionals and professional competence?" Mayr asked. "As regulators, what are we looking for in an applicant who comes before us? The [social work licensing] exam is based on minimum standards. There's monitoring to make sure that any increased standards aren't put in place to protect the profession and serve as a barrier to additional people joining the profession."

The results of the AIT's implementation in social work are not easy to come by, Mayr said, but there is no indication that social workers who move among provinces are more likely to trigger complaints or investigations. The standards put in place, said Mayr, "seem to be doing a good job across the board."

In addition to the Pan Canadian Competencies, the province of Québec has enacted an agreement with France to facilitate professional mobility. In 2009, after a long working process, the France-Québec framework agreement on the recognition of professional qualifications was signed. "The intention is to facilitate the exercise of regulated professions between the two territories and to enable a person…who is legally authorized to practice the profession in one territory or the other," said Claude Leblond, president of l'Ordre professionnel des travaeilleurs sociaux et des thérapeutes conjugaux et familiaux du Québec.

> We want to keep pairing the U.S. and Canada, so that we can see the similarities between them.
> *Dwight Hymans*

This framework has three major objectives: to attract qualified people who practice a profession, function or regulated trade; to speed up recognition of professional competence; and to meet labor needs in Québec and France.

The principles of the agreement are:

- Protection of the public
- Preservation of the quality of professional services
- Respect for French language standards
- Equality, transparency, reciprocity
- Effectiveness of the recognition of professional competencies and qualifications

The agreement recognizes professional qualifications issued or earned in either territory—France or Québec—and makes those qualifications valid in the other location. Since the implementation of the agreement, 82 reciprocal licenses have been issued in Québec to French practitioners.

A competency approach to regulation was at the forefront in Québec prior to the implementation of the Canadian AIT. The Order's committee on training is an advisory committee that reviews social work education in the province and developed a competency profile that provides

Dwight Hymans, MSW, LCSW, is the executive vice president of ASWB. In this position, he has leadership responsibility for the oversight and administration of the ASWB Examination Services and Member Services departments, oversight of the internal personnel process, and developing and maintaining strong relationships with member regulatory boards/colleges.

Claude Leblond, S.W., M.S.s., has been a social worker for more than 36 years and head of the OTSTCFQ for the last 15 years. In 2008 he became co-founder and member of the Board of the Association Internationale pour la Formation, la Recherche et l'Intervention sociale (AIFRIS - Paris). He also played an important role in the creation of the Canadian Council of Social Work Regulators (CCSWR). In 2008, Claude signed an agreement for mutual recognition of professional qualifications between Québec and France. This was a first for the province of Québec.

John Mayr, MBA, LL.M., is the registrar and CEO for the British Columbia College of Social Workers and oversees the labour mobility practices of the College. Having regulated three different professions, John has a unique perspective on competency and labour mobility. John has a Masters in Business Administration specializing in leadership and a Master of Laws specializing in administrative law.

key information for social workers, social work students, and universities. Begun in 1998, the process resulted in a competency profile drafted in 2006 and reviewed and updated in 2012. The profile integrates knowledge and competencies required to practice social work, and links those competencies to the training required to develop them. The 2012 update arranges the competencies in four major areas: ethical, critical and reflective practice; intervention process with clients; professional collaboration and partnerships; and professional development and contribution to the profession.

The 2012 competency profile led to the development of a profile of professional activity, which was designed to develop tools to assess competencies of candidates trained outside Québec to practice social work in the province.

Although the joint framework specifically governs Québec and France, the implications cross the entire country of Canada. A social worker can move from France to Québec, then to another province without any further testing or meeting additional standards, Mayr pointed out. Because France is part of the European Union, labor mobility agreements in the EU mean that social workers in other countries can become qualified in France, then move to Québec and anywhere else in Canada. "We are seeing a broad opening of how professional regulations work," said Mayr. "We can't further assess anyone coming in from another Canadian jurisdiction. Do we have applicants that are coming into Canada, possibly from foreign jurisdictions that look for the province or territory that has the easiest requirements to come in?" Mayr asked. "The question for regulators is, 'Is there a risk of harm in that?'"

In the U.S., ASWB has been conducting competency studies in social work since 1981. These studies, originally referred to as a "job analysis," form the basis of the social work licensing exams used by most of the country.

"ASWB's competency study is designed to clearly obtain a picture of the current practice of social work," said Dwight Hymans, ASWB's executive vice president. The competency study, which ASWB now refers to as the Analysis of the Practice of Social Work, is updated approximately every seven years. "Our intent is to end up with a clear, valid exam program," Hymans said, and the association adheres to standards in the education and psychometric testing industry.

> It's better for us to be leaders in the process to resolve issues about mobility. Because if we don't, politicians will do it.
> *Claude Leblond*

The practice analysis is a lengthy process, beginning with developing and piloting a survey. The 2009 survey was distributed to more than 16,000 social workers in the U.S. and Canada. In addition to asking about demographics, survey respondents were given a list of tasks to help determine what entry-level social workers do, how often they do a given task, how important it is to do the task correctly, and whether it's necessary to be able to do a particular task at the time of licensure.

Like the 2003 survey that preceded it, the 2009 practice analysis showed that social work practice in Canada and the U.S. are substantially similar, allowing for the creation of exams that are valid in both countries. "We want to keep pairing the U.S. and Canada," said Hymans, "so that we can see the similarities between them."

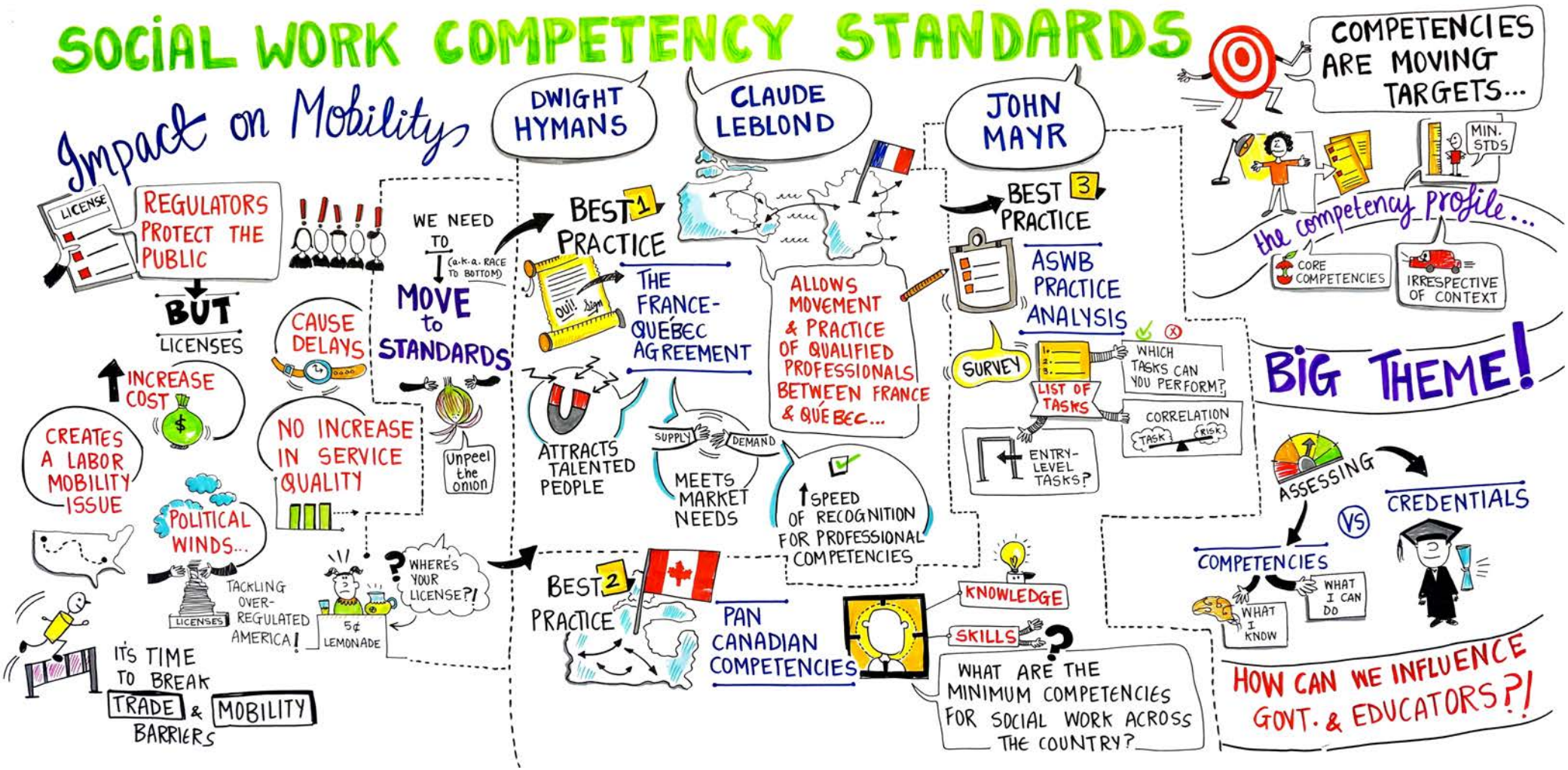
In the ASWB examination program, the Pan Canadian Competencies, and the Québec Competency Profile, social work regulators are seeing the field shift from credentials to competencies. "We often focus on what we need to do," said Mayr, "without focusing on bigger issues."

The Canadian government has forced provinces to take a hard look at the costs of regulation and whether they're worth the protection it affords. In the U.S., things are moving more slowly. Many standards in the states are spelled out in statutes, and it can be difficult to get the attention of legislatures when boards see the need to fix an outdated standard.

By embracing competencies rather than credentials, social work regulators can move the focus away from detailed—and sometimes arbitrary—analysis of educational transcripts and focus on whether an applicant meets minimum competency standards. Hymans pointed to a case that shone a bright light on that problem. Two students with identical transcripts applied for a social work license in one jurisdiction. One was accepted and one was rejected. This case led to a change of legislation.

Cases such as this illustrate how important it is for social work regulators to tackle practice mobility directly. Unless regulators can come up with a system that lowers some of the barriers to mobility, they face the prospect of changes being brought by lawsuit, or imposed from above.

"It's better for us to be leaders in the process to resolve issues about mobility. Because if we don't, politicians will do it," concluded Leblond.



MORE QUESTIONS THAT MATTER

How is competency measured? At entry? Throughout practice/renewal?

What is the role of the educator vs. the regulator in establishing competency?

Social Work Supervision:
Finding Consistency for Mobility

This breakout session, led by Dorinda Noble of Texas and Amanda Duffy Randall of Nebraska, asked more questions than it answered. Noble and Randall, both experienced supervisors and longtime regulators, held up their home states as examples. "We're ideal presenters because the states that we're licensed in pretty much represent two ends of the continuum of the standards of supervision," Randall quipped.

Their examples, with 70 pages of regulations regarding supervision in Texas and very little in the way of supervision regulations in Nebraska, illustrate one of the most common differences among licensing requirements for clinical social workers: clinical supervision.

Broadly, standards are substantially similar in some ways: Most states in the U.S. require post-degree supervision for clinical licensure, often acquired over a two-year period while working full time. More narrowly, supervision is often where social workers are tripped up in qualifying for clinical licensure when moving from one jurisdiction to another. These differences mean that supervisees need to think strategically from the outset—how much and what kind of supervision and how it's documented can have major impact on mobility. Randall cited one example of a supervisee who wants to be licensed in a state other than Nebraska. This supervisee is continuing her supervision with Randall beyond what Nebraska requires to make it possible for her to qualify for a clinical license in another jurisdiction.

"I really think a lot of this comes down to a difference in philosophy about supervision," said Noble. "To me, when we look at barriers to mobility, supervision standards may be one of the largest ones we have to overcome. There's just such a broad variety of standards out there in our jurisdictions."

> When we look at barriers to mobility, supervision standards may be one of the largest ones we have to overcome.
> *Dorinda Noble*

Noble cited Texas's extensive regulations, which specify that all clinical social workers who want to provide supervision must take a 40-hour course developed by the Texas State Board of Social Worker Examiners. The regulations cover what needs to be done in supervision, how supervision is delivered, and how many hours must be face-to-face. All in all, to become licensed as a clinical social worker in Texas, a social worker must complete 3,000 hours of supervised practice in no less than two years and no more than four years. Meetings with a supervisor must happen at least weekly, and 100 hours of those meetings must be in person, rather than via technology. These requirements, Noble said, developed because the board was hearing disciplinary cases in which it seemed clear that a social worker would have avoided trouble if he or she had had better clinical supervision.

> Supervision is different in different work contexts, but there certainly are variables that are universal.
> *Amanda Duffy Randall*

Nebraska also requires 3,000 hours of supervised practice, which must be completed in no less than two years and no more than five years. Social workers in supervision must meet weekly with their supervisor in person. Supervisors have a single paragraph of required content in the Nebraska regulations. Licensed Clinical Social Workers, Licensed Mental Health Professionals, licensed psychologists and qualified physicians may provide supervision, and they are not required to have any special training to offer clinical supervision. With a much smaller population of licensed social workers (approximately 6,000 in Nebraska versus approximately 23,000 in Texas), Randall points out that boards must consider the context for social workers in their jurisdiction. "If we look at barriers to practice for a rural, low-income social worker," she pointed out, "how realistic is it to have really good supervision, and how important is it? Probably way more important than other locations—and who pays for it?"

Social work regulators in the U.S. "have got a lot of commonality" in terms of discipline, said Noble, "but when it comes to supervision, either you think it's really important to public protection and important to quality practice or you don't—or some variation in between."

The Social Work Registry can be part of the solution, Noble pointed out. The Registry is a service that ASWB provides for social work students and licensed social workers that collects key documentation of the social worker's licensing credentials. Social workers enrolled in the Registry use a highly detailed form to document supervision, so that jurisdictions reviewing that social worker's supervision have a clear picture of whether it meets their standards. By enrolling in the Registry early in the supervision process, a social worker can also hold onto original supervision documentation, so it can be available years down the road when contacting the supervisor may not be possible.

Noble also pointed out that incorporating supervision training into clinical MSW programs makes a lot of sense. "To get past the barriers, we need to ensure that our educational requirements include some content on supervision," she said. "That's something that would give us a base, and give us some commonality that people are coming out of an MSW program with some understanding of supervision. We also need to look at supervision as a component of ethical and safe practice."

As with many other aspects of practice mobility, social work may be able to draw from other mental health professions to find a working model. "Supervision is different in different work contexts, but there certainly are variables that are universal," Randall said.

Finding those universals and figuring out how to measure and record them present the biggest challenge to ensuring public protection while facilitating professional mobility.

"[W]hat I've been struck with, is that this was an amazing amount of information, and what I appreciated was how the conference and the information was structured. … [Y]esterday set the stage and we have a baseline assessment.

Today we heard about other models that are already in place and then, what I think was most helpful, … [was] to actually take it into the smaller groups, where we began brainstorming."

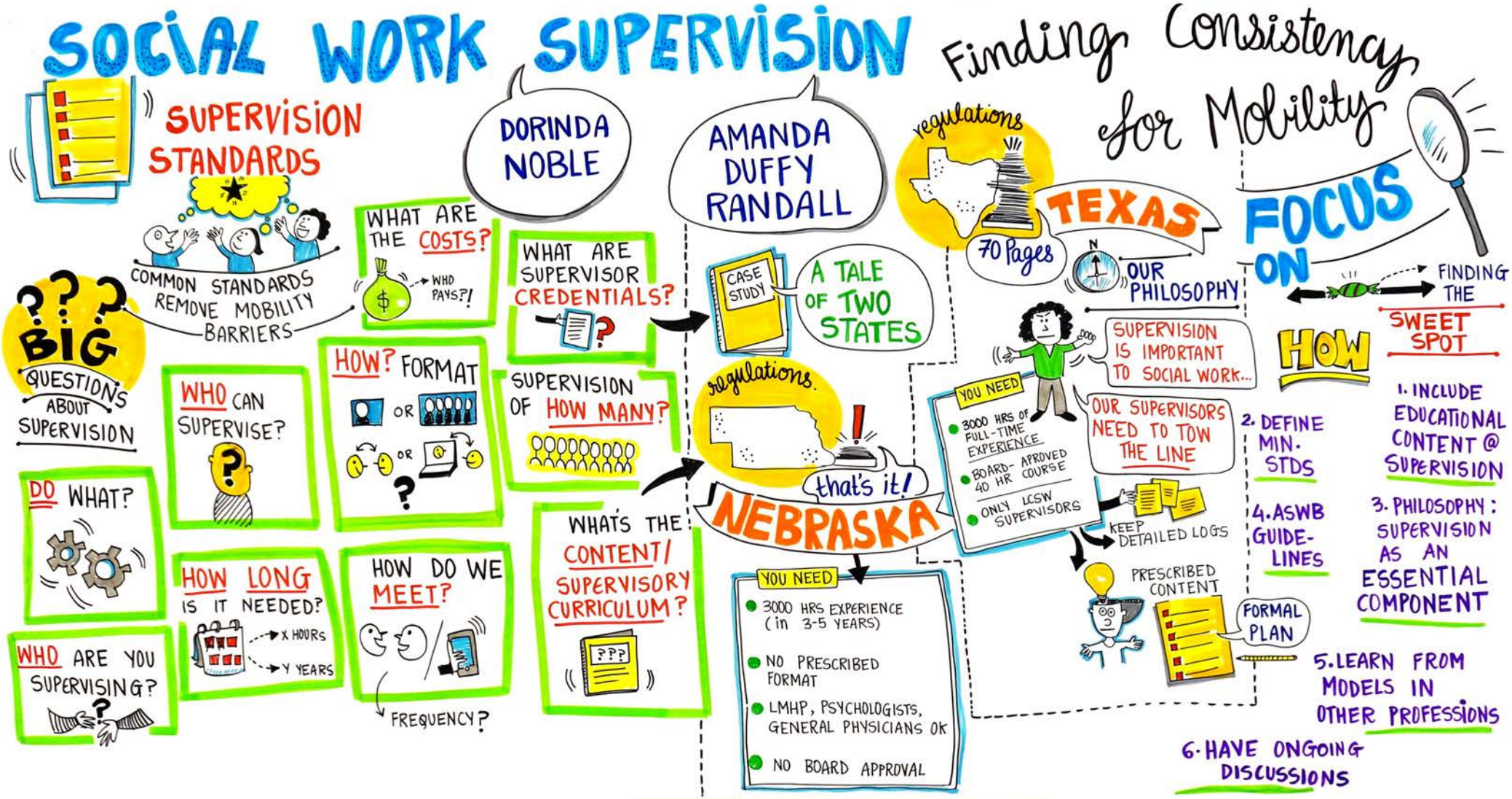
Kate Zacher-Pate
(MISSOURI)

"All of the presentations were very informative. Frederic Reamer facilitated an excellent presentation that gave us a lot to consider when looking at mobility through the lens of digital practice."

Anonymous

Dorinda N. Noble, Ph.D., LCSW, serves as president of the ASWB Board of Directors. Several years ago, Dorinda served on the ASWB/NASW Supervision Task Force, and the results were co-published by ASWB as supervision practice standards. Dorinda also teaches a Texas State Board of Social Worker Examiners-approved 40-hour course, "The Many Hats of Supervision," which individuals who wish to become board-approved supervisors take to meet state standards.

Amanda Duffy Randall, Ph.D., LCSW, co-chaired the ASWB/NASW Supervision Task Force. She is a former president of ASWB and has served on multiple committees, including the Examination Committee. Currently she serves on the ASWB Governance Task Force and works on the review committee for ASWB's American Foundation for Research and Consumer Education in Social Work Regulation. She became an examination item development consultant in 2014. Amanda is director of the Grace Abbott School of Social Work, University of Nebraska at Omaha.


SOCIAL WORK SUPERVISION
Finding Consistency for Mobility
SUPERVISION STANDARDS
COMMON STANDARDS REMOVE MOBILITY BARRIERS
BIG QUESTIONS ABOUT SUPERVISION
DO WHAT?
WHO ARE YOU SUPERVISING?
WHO CAN SUPERVISE?
HOW LONG IS IT NEEDED?
X HOURS
Y YEARS
HOW? FORMAT
OR
OR
HOW DO WE MEET?
FREQUENCY?
WHAT ARE THE COSTS?
WHO PAYS?!
DORINDA NOBLE
WHAT ARE SUPERVISOR CREDENTIALS?
SUPERVISION OF HOW MANY?
WHAT'S THE CONTENT/ SUPERVISORY CURRICULUM?
AMANDA DUFFY RANDALL
CASE STUDY
A TALE OF TWO STATES
regulations
that's it!
NEBRASKA
YOU NEED
3000 HRS EXPERIENCE (in 3-5 YEARS)
NO PRESCRIBED FORMAT
LMHP, PSYCHOLOGISTS, GENERAL PHYSICIANS OK
NO BOARD APPROVAL
regulations
70 Pages
TEXAS
OUR PHILOSOPHY
SUPERVISION IS IMPORTANT TO SOCIAL WORK...
OUR SUPERVISORS NEED TO TOW THE LINE
YOU NEED
3000 HRS OF FULL-TIME EXPERIENCE
BOARD-APROVED 40 HR COURSE
ONLY LCSW SUPERVISORS
KEEP DETAILED LOGS
PRESCRIBED CONTENT
FORMAL PLAN
FOCUS ON
FINDING THE SWEET SPOT
HOW
1. INCLUDE EDUCATIONAL CONTENT @ SUPERVISION
2. DEFINE MIN. STDS
3. PHILOSOPHY: SUPERVISION AS AN ESSENTIAL COMPONENT
4. ASWB GUIDE-LINES
5. LEARN FROM MODELS IN OTHER PROFESSIONS
6. HAVE ONGOING DISCUSSIONS

Legal implications and processes:
The challenges of mobility

In this two-part session, lawyers from Canada and the United States discussed various legal challenges to achieving practice mobility, resources available for navigating these challenges, and how mobility is being implemented in Canada. Lessons learned from the Canadian experience and a better understanding of the available resources, such as ASWB's Model Social Work Practice Act, will be useful in helping U.S. regulators develop a national mobility model as part of the process of designing a North American mobility solution.

> We learned to trust our neighbors ... We have the same high standards in terms of making sure that the public is protected. That's a really important message to take home with you.
> *Richard Silver*

Richard Silver, legal counsel to the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec, presented an overview of Canada's Agreement on Internal Trade, or AIT. Silver pointed out that the AIT was an economic package, to reduce costs, create economic efficiencies, and increase market access. Labor mobility is just one part of the whole.

Adoption of the AIT by federal, provincial, and territorial governments took place in 1994, but it was not fully implemented until 2009, said Silver. In the intervening years, the federal government asked regulators to come up with Mutual Recognition Agreements. When most professions, including social work, had not achieved compliance, the federal government stepped back in. The outcome: Mutual recognition exists unless governments approve legitimate objectives for additional requirements, and qualified workers must be recognized without any retraining, retesting, or reassessment. The lesson learned, said Silver: "If governments want mobility, they will get mobility."

Under the AIT, regulators can still impose restrictions and conditions on applicants moving from other provinces. However, such restrictions and conditions must be similar to those imposed by the applicant's originating province and similar to those imposed on local applicants. Conditions can include application fees, criminal record checks, evidence of good character, proof of registration, and knowledge of local measures, to name a few.

Exceptions to full mobility can also be achieved through what are called "legitimate objectives" for such reasons as public safety and consumer protection. As of February 2015, Silver said, 45 exceptions to full labor mobility exist. Five of those are for the profession of social work.

Also governed by AIT rules: dispute resolution. Parties are required to work cooperatively to reach a decision. As of January 2015, Silver said, 56 disputes had been filed. "The fact that we have a dispute resolution process is testament to the fact that the process works," said Silver.

Recapping how the AIT has affected the practice of social work in Canada, Silver said that much is the same as it was pre-AIT. He acknowledged that the AIT can expedite the admissions process and noted that the AIT was successful in resolving some old exceptions, such as recognition of foreign credentials and grandparenting. Another outcome of the AIT: the requirement to notify other provinces of proposed changes to occupational standards. "The principle here," said Silver, "is if any province wants to institute any changes, there is a consultation process and other provinces have the right to comment."

In closing, Silver shared three additional lessons that could be applied as the U.S. looks at mobility.

- Consider agreements between contiguous states where movement is more natural.
- Focus on one license category that exists everywhere, has a similar scope of practice, and has similar educational requirements.
- Trust that other states apply the same high standards, because of the shared commitment to ensure public protection.

Providing a U.S. perspective, ASWB legal counsel Dale Atkinson gave an overview of the U.S. form of government and Constitutional law. He also reviewed ASWB's Model Social Work Practice Act, or model act, to explain the benefits of using this resource for achieving mobility.

In the United States, the Constitution, specifically the 10th Amendment, establishes a states-based regulatory system except for those rights delegated

to the federal government, Atkinson explained. Federal rights include immigration and interstate commerce. Where challenges to mobility might exist as far as federal law having preemption, Atkinson said, are in cases of infringement of interstate commerce.

In actualizing mobility, Atkinson said, "I believe it is going to have to be the states coming together collectively as opposed to an 'agreements of trade' approach that it is imposed by the federal government [as in Canada]." Access to social workers is a public protection-driven issue, and it has to be addressed in some way—especially in those areas of the country where few professionals practice. "It's a mobility question, and it's a technology question, or both," said Atkinson. Technology allows professionals to meet with those in areas where practitioners are needed.

As far as what is getting in the way, Atkinson listed: the law in all its forms (Constitution, states rights, and practice acts); politics; professionals protecting professionals (as in the dental licensing board case in North Carolina decided by the Supreme Court); history; and reluctance to change. Circling back to the last point made by Silver, "Trust your neighbors," Atkinson said: "What a great concept for us to bring to the table as state boards get together to talk about things."

The real key to mobility, said Atkinson, is "uniformity," which ASWB promotes through its model act. Reviewing the relevant sections of the model act, Atkinson explained how the act provides a consistent solution to regulation.

- Sections 104, 105, 106 cover scopes of practice
- Section 107 deals with electronic practice and where practice occurs
- Sections of the act that address mobility issues are found in the following sections:
- Section 301 covers temporary practice for transferring between states and for mobilization during emergencies
- Section 307 establishes a national and uniform exam program
- Section 308 deals with qualifications for transfer, or moving between states without barriers
- Section 311 provides for state boards to rely on outside organizations that share the mission of public protection, like ASWB, to provide data management services.

One of the other keys to mobility, Atkinson said, "has to be a letdown of resistance to recognizing the programs made to serve you by organizations like ASWB."

Returning to the theme of trusting neighbors, Atkinson said finding common ground and embracing change will be the two biggest facilitators of a mobility program. "The ticket to finding commonalities is using ASWB," he said. The job of regulators, said Atkinson, is to figure out how to make things happen statutorily so that "we can find the common ground needed to facilitate a mobility program under a states-based rights system as set forth by the 10th Amendment."

> If everyone had the same definition to scope of practice, how different would the discussion of mobility be?
> *Dale Atkinson*

One mobility model that Atkinson proposed places ASWB as the central repository for data management, with the states recognizing a nationalized certification, conferred by ASWB by virtue of administering the exam. This certification would then be provided to the states, where licensing would still occur, but via acceptance of the certification. States rights would be maintained through their continued ability to grant and enforce licensure, with the fees and other requirements in place. While this is just one model, it is a model that can be found in other professions such as pharmacy.

Dale Atkinson is a partner in the law firm of Atkinson & Atkinson, which represents the Association of Regulatory Boards of Optometry (ARBO), the National Association of Boards of Pharmacy (NABP), the American Association of Veterinary State Boards (AAVSB), the Association of Social Work Boards (ASWB), the Federation of Associations of Regulatory Boards (FARB), for which he also acts as executive director, the American Council on Pharmaceutical Education (ACPE), the National Board Examination Committee for Veterinary Medicine (NBEC), the Federation of Chiropractic Licensing Boards (FCLB), and the Nuclear Medicine Technology Certification Board (NMTCB), as well as other groups.

Richard Silver, BSW, LL.M., SW, is a lawyer and a social worker. He obtained his BSW from McGill University and civil law and common law degrees also from McGill. He also has a master's degree in law (LL.M.) from the Université de Sherbrooke. He has been a member of the Québec Bar since 1989 and the OTSTCFQ since 1993. After his studies in social work, he worked in both the institutional and community sectors. He has also worked in private practice as a lawyer, as a member of the political staff of Québec's Minister of Health and Social Services, and for other community organizations. He has been on the staff of the Ordre since June 2001.

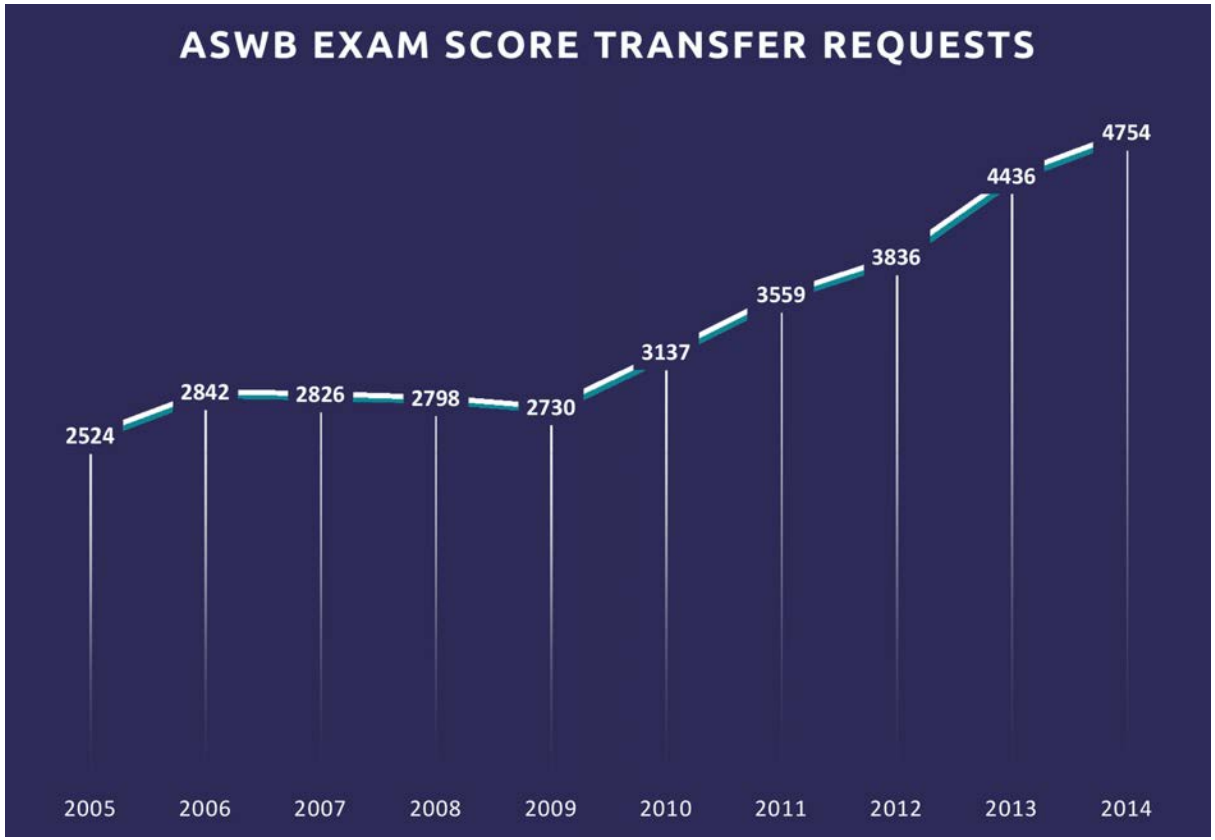
In closing, Atkinson said there was still work for states to do with this model in terms of ensuring the uniformity of applications and renewals and the "almost uniformity" of scopes of practice and titles and acronyms. He encouraged everyone to embrace the commonalities between Canada and the U.S., noting that there were far more similarities than differences, and to embrace change.

MORE QUESTIONS THAT MATTER

How would a national license requirement work in the United States?

How can we reach North-South agreements so there is mobility between the U.S. and Canada?

How many individual social workers are moving between jurisdictions?



Exam score transfer requests are one indicator of the mobility of licensed social workers in the U.S.: Requests can represent a practitioner's decision to relocate or to be licensed in more than one state. This graph reflects the trend over the last ten years of an increasingly mobile social work workforce.

Equivalency Standards in Education and Regulatory Practice:
International Mobility

In this breakout session, Darla Spence Coffey, CEO of the Council on Social Work Education (CSWE), and Lise Betteridge of the Ontario College of Social Workers and Social Service Workers (OCSWSSW) presented an overview of the process for determining the equivalency of social work education across international borders.

For a truly global view of social work practice mobility, regulators have to consider international mobility. For social workers who have trained overseas, the first step in applying for a social work license is often having their academic credentials reviewed. In the United States and Canada, most jurisdictions require a social work degree to become a licensed social worker, and almost universally, that degree program must be accredited or approved by CSWE or by the Canadian Association for Social Work Education (CASWE).

"Mobility has several faces," said Betteridge. "It can be movement between Canadian jurisdictions. This is impacted by the labor mobility law, the Agreement on Internal Trade. There's also mobility related to a rise in internationally trained social workers seeking registration." That's where degree equivalency comes in.

> Mobility has several faces, [including] mobility related to a rise in internationally trained social workers seeking registration.
> *Lise Betteridge*

Canadian provinces generally recognize accreditation from the U.S. as a matter of course, but for candidates who were educated elsewhere, Ontario law spells out a few possible routes to registration. In Canada, the Canadian Association of Social Workers (CASW) reviews degrees to determine whether that credential is equivalent to at least a BSW earned at a CASWE-accredited school. If a social worker's overseas degree is determined to be equivalent, that candidate can register just as if the degree came from a U.S. or Canadian school. CASW relies on several resources to make that determination, including the directory of the International Association of Schools of Social Work (IASSW) and the accreditation standards of CASWE. The review process may also include consultation with social workers who are familiar with social work practice and education in the country of origin. Regardless, the review considers not only the academic program as a whole, but the individual's specific program of study.

> We are evaluating them for the competencies that their educational program has prepared them for.
> *Darla Spence Coffey*

Betteridge also pointed out that individuals whose international degree does *not* meet those equivalency standards have an alternate route to registration in Ontario. In such cases, an applicant must have a combination of academic qualifications and experience performing the role of a social worker. The applicant submits those qualifications and experience for consideration by the OCSWSSW registrar, and they must be determined to be "substantially equivalent" to the qualifications required for a degree in social work from an accredited program. To meet these "substantially equivalent" standards, the applicant's qualifications must be equivalent to ten undergraduate university level courses in twelve specific areas, and the applicant must have performed the duties of a social worker as described by the province's scope of practice for one year, with at least 700 hours of practice supervised by a social worker.

"There's certainly an expectation on regulatory bodies that the process for this be transparent and fair," said Betteridge, which is why the standards set forth in Ontario's alternate route to registration are so specific. She said the review process takes around

four to six weeks for completion, once the applicant has submitted all the required documentation. "They need to meet the high bar and have demonstrated that the academic qualifications and experience that they do have is equivalent to a BSW from an accredited program recognized by the College," Betteridge said in closing.

In the United States, most states and territories will rely on the International Social Work Degree Recognition and Evaluation Service (ISWDRES) offered by CSWE. As the accrediting body for social work degree programs in the U.S., CSWE moved toward a competencies-based review for U.S. social work programs in its accrediting process in 2008. "We also changed this [international degree] evaluation process so that when anyone submits their materials, we are evaluating them for the competencies that their educational program has prepared them for," said Darla Spence Coffey.

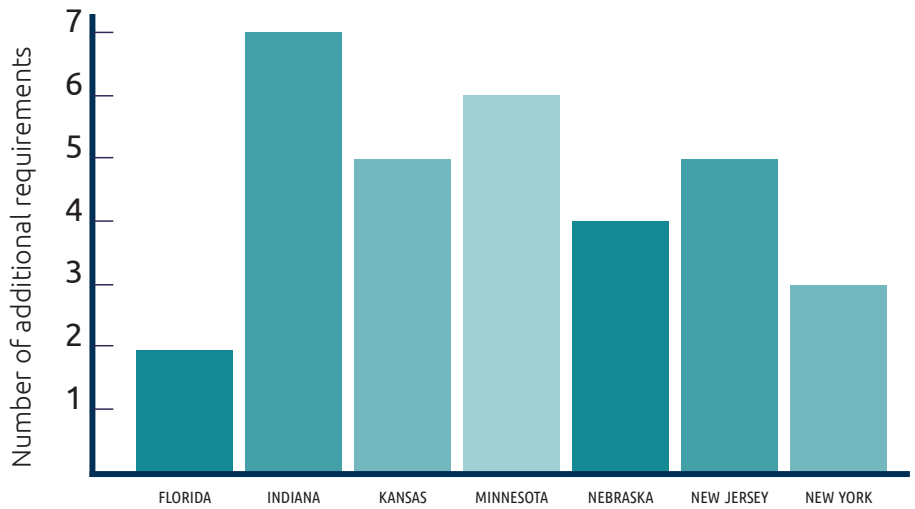
The ISWDRES process starts with an online application, and the applicant is responsible for providing all supporting documentation, including transcripts and every course syllabus. "Oftentimes we go back and ask them for assignments, because we want to be making sure that it's not just what was taught, but what the student is now able to demonstrate that they know and can do," Coffey pointed out. Each review is conducted by an experienced social work educator who compares the applicant's demonstrated competencies to the standards outlined by the CSWE accreditation process. "It's a very thorough examination," said Coffey.

Even so, applicants who have provided all their documentation can expect a relatively quick answer. "We pride ourselves on a quick turnaround. Evaluations are generally made within two weeks of receiving all the appropriate documentation," Coffey said.

She also pointed out that, because CSWE is reviewing the competencies of the individual, there's no blanket accrediting/approval of individual degree programs. "It's very important that we do not become a *de facto* international accreditor. We are not approving programs," Coffey said, because academic programs can vary widely depending on the student's coursework.

The review process "is not a rubber stamp, for sure," Coffey added in closing. "There are some that go away in frustration because we ask for more evidence and maybe it isn't available." Such candidates occasionally enroll in a U.S. program to acquire an accredited degree, and then pursue their social work license.

Beyond Accreditation



Some states in the U.S. require specialized coursework over and above the program accreditation from CSWE.

Darla Spence Coffey, Ph.D., MSW, is the president and chief executive officer of the Council on Social Work Education (CSWE). CSWE is the national association representing nearly 750 undergraduate and graduate programs of professional social work education. Prior to her appointment as president and CEO of CSWE, she served as professor of social work, associate provost, and dean of graduate studies at West Chester University.

Lise Betteridge, MSW, RSW, became the registrar of the Ontario College of Social Workers and Social Service Workers in 2015, after serving as the associate registrar, and director of professional practice. Lise graduated from the University of Toronto with her Masters of Social Work in 1991 and has been a member of the College since 2000. Prior to working in a regulatory role, Lise was a manager at the Guelph Community Health Centre, where she managed a large interdisciplinary team that included several social workers.

EQUIVALENCY STANDARDS in EDUCATION + REGULATORY PRACTICE
International Mobility
LISE BETTERIDGE
DARLA SPENCE COFFEY
APPLICATION
international social work degree recognition + evaluation service
CSWE
EXAMPLE
FOCUS OF THIS ASSESSMENT...
INDIVIDUAL COMPETENCIES
SUPPORTING DOCUMENTS
STUDY/ COURSE ASSIGNMENTS
EXAMINED BY SPECIAL EDUCATIONAL EXPERTS
NOT
JUST CREDENTIALS
online application Process
EXAMPLE
OCSWSSW (ontario)
*college with a long name!
OUR FOCUS
REGULATION FOR SOCIAL WORK
CONTEXT
ENVIRONMENT OF HIGH MOBILITY
MOVEMENT WITHIN CANADA
AIT CHAPT 7
INTERNATIONAL MOBILITY GROWING
MORE APPLICATIONS SEEKING REGISTRATION UNDER EQUIVALENCY
TEST FOR
EDUCATION
WORK EX.
ROUTES TO REGISTRATION
REGULAR ROUTE
1
2
1. ACCREDITED SW DEGREES FROM CANADA & USA
2. INTERNATIONAL SW DEGREES APPROVED BY CASWE
EQUIVALENCY ROUTE
1. DEGREES NOT ACCREDITED IN CANADA/USA
2. INTL. DEGREES NOT CASWE APPROVED
3. NON-SW DEGREES

Social work regulation today: Readiness for mobility

In this breakout session led by ASWB Executive Vice President Dwight Hymans and Director of Member Services Jennifer Henkel, attendees were given an overview of how prepared the profession of social work is for practice mobility. The regulation of the social work profession is relatively young, said Hymans in his introduction. Compared to other health care professions, social work is in its adolescent stage. All the parts are there, but social work seems to be lacking in regulatory maturity. As of the mid-1970s, social work regulation was becoming more commonplace in the United States. Since then it has slowly grown to a point where all of the states, territories, commonwealths, and the District of Columbia have some form of regulatory structure. Regulation of social work in Canada has followed a similar timeline. Regulation is in place, but due to the uniqueness of social work compared to other health care professions, there are several barriers to social work practice mobility yet to overcome. The reasons for this are related to the nature of the profession, according to Henkel, who described social work as unique in the varieties of education and experience required to enter practice, as well as in the myriad practice milieux and clients served by social workers.

> We don't have consistency. But, if you go back and use the model practice act, then you have three very nice shiny categories...
> *Jennifer Henkel*

Giving a bit of history to provide context, Hymans and Henkel reviewed the genesis of ASWB's Model Social Work Practice Act, which was developed in response to the challenges of regulating the profession of social work with its various licensure categories and paths to enter practice. The original model act was developed by an eight-member task force who obtained extensive input from social work regulatory boards, social work professional organizations, credentialing groups, and accrediting bodies as part of their research. It was formally adopted by the Delegate Assembly at its annual meeting in 1997. The model act was and is intended as a resource for use by legislatures and boards to create consistent laws and regulation across membership. In order to keep this document relevant to current practice, input is gathered annually from ASWB members and reviewed by the Regulation and Standards Committee at its committee meeting each year.

The act is more than a model—it is a reflection of best practices in social work regulation. Part of its value as a resource for member boards is its ever-evolving fluidity and currency. Another benefit offered by the model act is its focus on uniformity of terminology, noted Hymans. By promoting a standard with three categories of licensure—bachelors, masters, and clinical—the model act advocates for a consistency in regulation as a way of preparing the foundation for a mobile workforce and consuming public. While this is the model that ASWB members themselves designed to reflect best practices and voted to adopt, it is not being used consistently by membership: Some members have used it extensively while others have not. This inconsistent use is best illustrated by the tremendous differences in title and scope of practice across North America, as shown during the session.

To gain an understanding of the current state of social work regulation, Henkel said, ASWB staff conducted a Jurisdictional Mobility Assessment (JMA) to identify the similarities as well as differences in social work regulation across ASWB membership as it exists today. The data for the assessment were gathered by reviewing member laws, regulations, and information posted on websites, as well as input gathered from board member staff surveys. The major areas identified were license titles, routes to obtain licenses, and scopes of practice. "The JMA underscored how far we are from the ideal structure outlined in the

Jennifer Henkel, MSSW, LCSW, joined ASWB in 2013. At ASWB, her responsibilities include providing direct service to member boards, conducting research on issues relevant to social work regulation, and providing oversight of the resources and services offered to ASWB's member social work regulatory boards and colleges. She holds an LCSW in Virginia. She trained as a structural family therapist and has worked as a clinical social worker in a variety of settings. She was the director of an intensive in-home agency and a rural community mental health clinic.

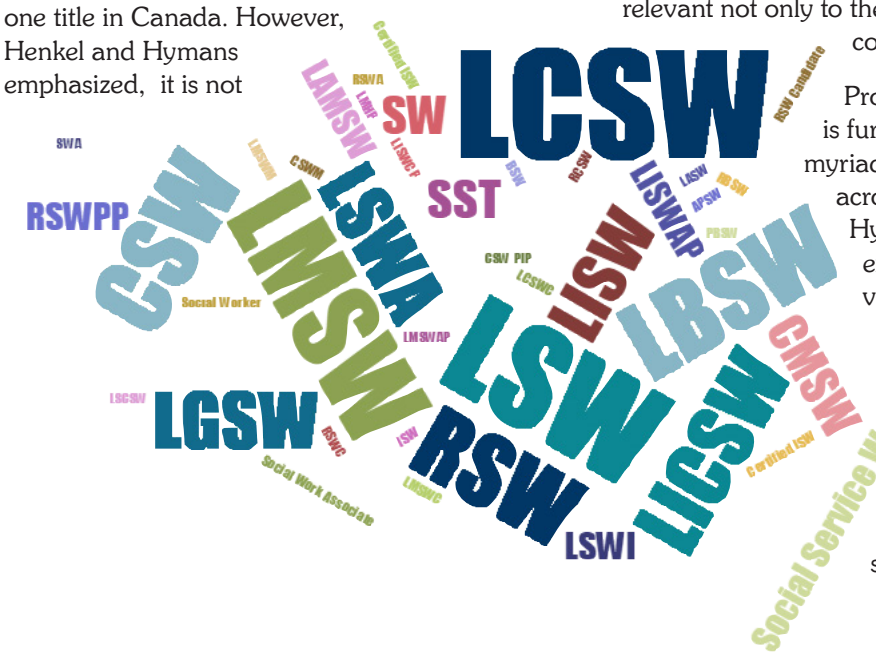
Dwight Hymans, MSW, LCSW, is the executive vice president of ASWB. In this position, he has leadership responsibility for the oversight and administration of the ASWB Examination Services and Member Services departments, oversight of the internal personnel process, and developing and maintaining strong relationships with member regulatory boards/colleges.

model act," said Henkel, pointing to the model act's introduction, which states, in part:

> Consistent with the mission of ASWB and its members boards, the public is well-served by the actual implementation of the model act in the laws of individual jurisdictions... Greater standardization promotes increased public understanding of social work, and increased mobility for qualified social workers increasing the public protection benefits of increased understanding of social work practice and greater access to vital mental health practitioners and services (ASWB, 2012).

> [The Model Social Work Practice Act] is a living, breathing document. It's *your* document. As members of ASWB, you created this.
> *Dwight Hymans*

One of the most obvious illustrations provided to attendees was a list of the 50+ different license titles that exist in the United States, compared to one title in Canada. However, Henkel and Hymans emphasized, it is not only the large number of license titles that are concerning, but also the many routes by which each license is acquired. There is an exponentially higher degree of variance in entry to practice, they explained, given the complexities of education and experience requirements and allowances to obtain a license. This is true both in the United States and in Canada. It is hard to imagine a consumer feeling confident in seeking services, when asked to decipher the meaning of all these different labels. Nevertheless, that is the reality of social work regulation today. Regulators are mandated to protect the public; however, this heterogeneity of titles, licenses, and labels from state to state and state to province creates a barrier to that mission. Creating more consistency across jurisdictions (e.g., by following the best practices outlined in the model act) would allow the consumer to be better informed and protected. Mobility, after all, is relevant not only to the professional but also to the consumer.



Progress toward mobility is further complicated by the myriad components within and across scopes of practice, Hymans and Henkel explained. There is as much variation in the scopes of practice in use throughout North America as there is in titles and paths to obtain those titles. The solution to address the inconsistencies in scopes of practice? Again, they answered: The model act, which outlines each scope of practice in broad language, giving regulators some degree of discretion for each of the three categories of licensure. Within the categories, the model act provides consistent themes as well as allowances for distinctiveness. Each category is autonomous; but when taken as a whole, all three categories encompass all of social work practice.

In closing, Henkel and Hymans acknowledged that challenges to mobility exist and that these challenges are unique to social work practice, compared to other health care professions. But, they stressed, the challenges are not insurmountable. Consistency of terminology and regulation are key, as envisioned by the model act. The good news is that there are solutions readily available—and a greater degree of similarity than differences among member jurisdictions. And because all regulators have the goal of protection of the public, mobility is not only possible—it is necessary.

MORE QUESTIONS THAT MATTER

What are tools to facilitate safe practice when scopes are divergent?

Can a jurisprudence exam serve this function?

What are the competencies that all jurisdictions can agree to?

Pharmacy:
A Model for Mobility

The morning of Day 2 of the Education Meeting was devoted to Models of Mobility from other health care professions, including pharmacy, nursing, human medicine, and psychology.

In this session, a North American approach to mobility for licensed pharmacists was presented. Deanna Williams, registrar of the Ontario College of Pharmacists from 2000 through 2011, presented the Canadian experience, and Lawana Lyons, senior manager for licensure programs at the National Association of Boards of Pharmacy (NABP), gave an overview of the mobility model used in the United States.

As registrar, Williams was directly involved in the development of the Mutual Recognition Agreement (MRA) for Pharmacy in Canada that has served the profession since 2001. The impetus for reaching the MRA was Canada's Agreement on Internal Trade (AIT), which was signed in 1995 and implemented in 2001.

> Trust is critical to success....you absolutely have got to trust going in that other jurisdictions are doing their job and are letting in practitioners that are able to provide safe and competent care at the entry level.
> *Deanna Williams*

In reviewing the principles of mobility that were critical to success, Williams listed:

- Focusing on competencies, which ensures protection of the public regardless of the registrant's educational degree
- Recognizing that there is more than one way to gain and assess competency, which allows for differences to exist
- Trusting in neighboring provinces, which means acknowledging that other provinces are registering practitioners who are able to provide safe and competent care at entry level

To coordinate their efforts and keep the momentum going, pharmacy regulators established NAPRA, the National Association of Pharmacy Regulatory Authorities, in 1995. Under NAPRA, in addition to the MRA, the registrars have developed a number of national initiatives, including a competency document for Canadian pharmacists at entry to practice, a continuing competency document, and a licensing program. NAPRA also worked collaboratively with Canadian and U.S. accrediting bodies to develop common standards for undergraduate pharmacy programs. This ensures that graduates from U.S. accredited pharmacy programs would be treated the same as Canadian graduates.

Pharmacy's first mobility agreement in Canada was signed in 2000. Québec and the territories were not among the signatories, due in part, said Williams, to a requirement for an entry-level national licensing exam.

Discussing where pharmacy regulators were aligned in this process, Williams cited:

- Grandparenting for registrants licensed on or before the AIT implementation date
- New requirements for registrants licensed after the AIT implementation date
- Equivalency of requirements for new pharmacy graduates from the U.S. and Canada

Where regulators were not aligned in the beginning—and where trust was difficult—Williams said, involved the registration of graduates from non-accredited programs and international graduates. In Ontario, only 37 percent of international graduates applying for licensure passed the national exam on the first attempt. When the AIT became law, Williams said, the concern was that these graduates would apply and become registered in provinces or territories with lower requirements. "We had to work very hard to overcome [the lack of trust]," she said.

One of the most important elements built into the MRA, said Williams, was the "commitment to review and revise regularly." For pharmacy, she said, the time frame is every three years.

In 2003 and 2006, the MRA was changed to include continuing competency as well as entry-level competency, substantial equivalencies, and evolving scopes of practice. In 2009 a revised MRA was signed—this time by all provinces and territories.

Going forward, Williams said, pharmacy technicians are going to be regulated as a class of pharmacy professional. Development of a national gateway for international pharmacy applicants in

Canada is also under way, thanks to a $3.7 million, three-year grant that NAPRA received in 2014.

In closing, Williams reviewed lessons learned as Canadian pharmacy regulators developed a mobility model. Trust was first and foremost on the list. Other important elements were:

- Realize that there are more commonalities than differences
- Emphasize the "right" competencies
- Collect data to support revisions to the model
- Build in regular opportunity for review of the agreement

In the United States, pharmacy achieved mobility through a licensure transfer process developed by NABP, the organization comprising all state boards of pharmacy. NABP began offering the service to member boards in 1905. Today the service is known as ELTP, for Electronic Licensure Transfer Program, and all state pharmacy boards participate in it.

"Consistency is important to licensure portability," said Lyons, as she explained how the model works. ELTP is administered by NABP, and its use is written into the NABP Constitution and Bylaws. Also mandated by the bylaws is a requirement that state boards submit disciplinary actions to NABP's Clearinghouse, a national centralized databank containing educational, competence, licensure, and disciplinary information on all licensees. This centralized structure streamlines the transfer process and ensures that public protection is maintained beyond state boundaries.

The ELTP model works as follows:

- A licensee submits a preliminary application with an application fee
- NABP verifies state board requirements and verifies submitted information with the NABP applicant's Clearinghouse e-Profile
- NABP verifies current licensure status with the state(s) where the applicant holds a license
- NABP verifies disciplinary action with the Clearinghouse and requests board orders if discipline occurred

After the review is completed, NABP sends an official paper application back to the applicant to submit to the state. Applications are valid for 90 days, and three 90-day extensions are permitted by NABP for additional fees

NABP does not evaluate the fitness of an applicant for licensure; that decision is made by the regulatory board. State boards of pharmacy can require applicants to pay state fees and fulfill additional requirements to prove their fitness to practice, such as completing a jurisprudence exam covering local laws and undergoing a criminal background check.

In 2014, Lyons said, NABP processed 10,787 single applications and a total of 19,868 applications, including transfers to multiple states. More than 100,000 verifications are conducted annually.

"ELTP is the pharmacy version of the nurse compact," said Lyons. "The entire program eliminates the need for a legislative arc. It eliminates the need for legislative agreements between states and eliminates statutory actions and delays."

ASWB should be the hub and center point [of a mobility model for social work practice]
Lawana Lyons

The model works, said Lyons, because "state law is paramount." Uniformity is managed through the NABP Constitution and Bylaws, the centralized Clearinghouse databank, and the use of ELTP by all states, she said. Other benefits of the ELTP model:

- States make the final decision on granting licensure
- Job security is not an issue
- Universal reciprocity is achieved

Deanna Williams, RPh, CDir, CAE, became licensed as a pharmacist in Ontario in 1976 and joined the Ontario College of Pharmacists (OCP), Canada's largest pharmacy regulatory authority, in 1994. In 2001 OCP was a proud signatory to the first Mutual Recognition Agreement for Pharmacy in Canada. Williams is known nationally and internationally for her work in pharmacy and in professional and occupational regulation. She was the first recipient of CLEAR's International Award for Regulatory Excellence and was awarded the Lifetime Achievement in Pharmacy Award by the Ontario Pharmacists Association.

Lawana Lyons, RHIA, BS, is the licensure programs senior manager for the National Association of Boards of Pharmacy® (NABP®). Lyons began her tenure with NABP in 1996 as director of the foreign pharmacy graduate examination committee (FPGEC®) and after 2000 worked as a program analyst focusing on special projects for new programs, association training, and overseeing the association's policies and procedures. Lawana joined the Licensure Programs Department in April 2014 and oversees the Electronic Licensure Transfer Program® (ELTP®), the NABP Clearinghouse, and the License Verification programs. In addition, she manages the operational aspects of CPE Monitor® and facilitates the work team developing enhancements to the program.

- The burden of processing applications is lifted from states
- States retain their authority because a nongovernmental agency is providing support
- Uniform guidelines allow states to accept licensees from other states
- Disputes can be mediated between states

Challenges to ELTP include incomplete applications, needing more time to verify applicants with multiple licenses, and the use of paper for official applications to state boards. Some boards have begun charging NABP for license verification, even though the verification is part of the license transfer process, said Lyons. Some boards also do not inform NABP of licensing decisions, which affects the comprehensiveness of the central databank.

In closing, Lyons offered the following advice for achieving a mobility model for social work:

- Look at different models to see what works for social work, because all professions are different
- To avoid legislative actions, enact either a compact or a licensure transfer model, as otherwise it is time-consuming and difficult to change and achieve
- Make ASWB the hub and center point
- Reach agreement with the states on uniform standards

MORE QUESTIONS THAT MATTER

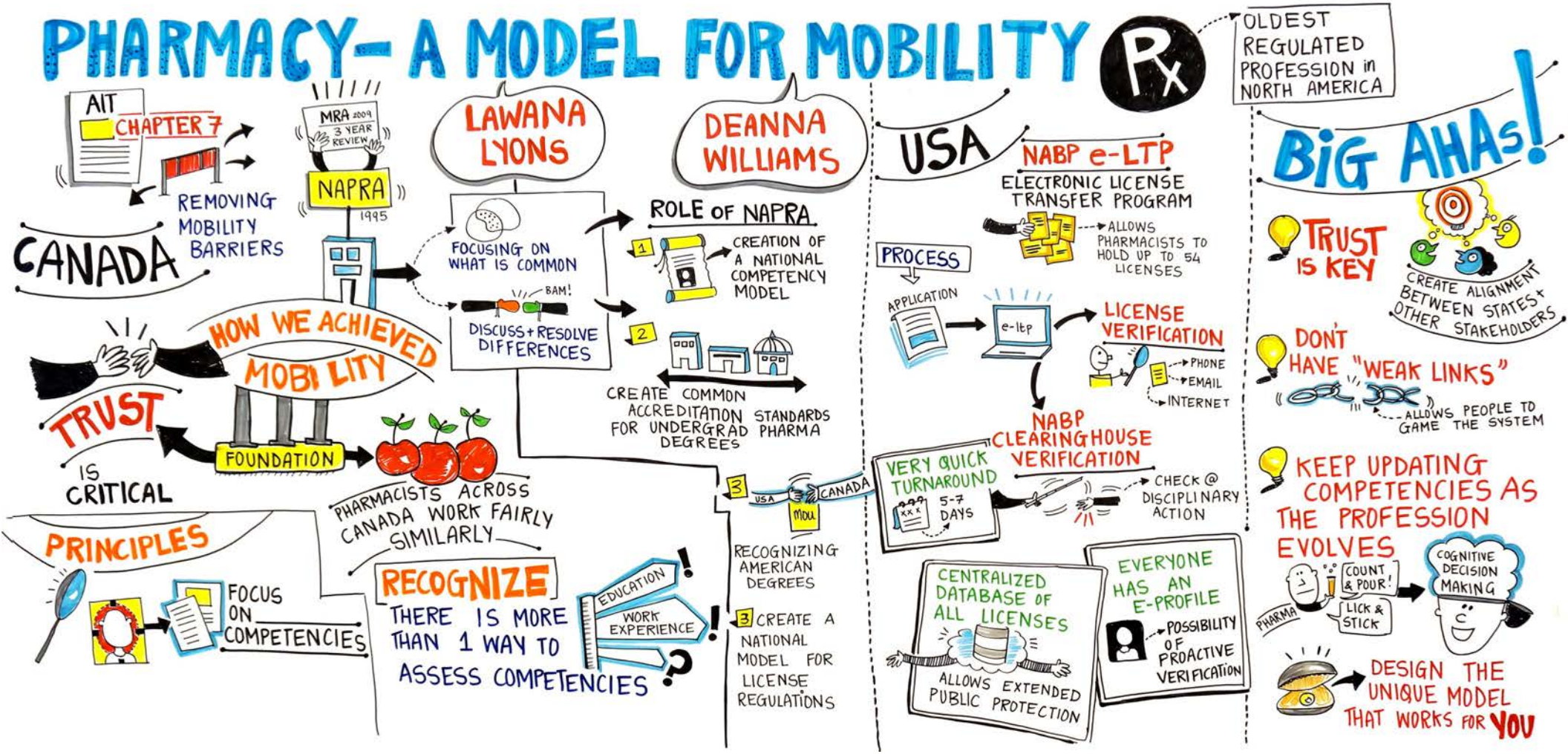
What can ASWB learn from the pharmacy model?

Many similarities can be seen between NABP and ASWB. Both organizations:

- include North American members
- administer entry-level licensing exams
- require licensure in all states
- maintain a centralized database of disciplinary actions
- serve as a reporting agent to the National Practitioner Data Bank (NPDB)

Like NABP, ASWB offers services to members that could become the basis for a centralized licensure transfer program with a centralized databank for verification purposes. These include:

- Application Processing. This service could become the ELTP for all member boards.
- Social Work Registry. This service could become the e-Profile for all licensed social workers and part of the Clearinghouse databank.
- Public Protection Database. This service could become part of the Clearinghouse databank.
- Continuing Education Audits. This service could become part of the Clearinghouse databank.


PHARMACY- A MODEL FOR MOBILITY
Rx
OLDEST REGULATED PROFESSION in NORTH AMERICA
AIT
CHAPTER 7
REMOVING MOBILITY BARRIERS
CANADA
MRA 2009
3 YEAR REVIEW
NAPRA
1995
LAWANA LYONS
DEANNA WILLIAMS
FOCUSING ON WHAT IS COMMON
BAM!
DISCUSS + RESOLVE DIFFERENCES
ROLE OF NAPRA
1
CREATION OF A NATIONAL COMPETENCY MODEL
2
CREATE COMMON ACCREDITATION STANDARDS FOR UNDERGRAD PHARMA DEGREES
3
USA
CANADA
MOU
RECOGNIZING AMERICAN DEGREES
3
CREATE A NATIONAL MODEL FOR LICENSE REGULATIONS
HOW WE ACHIEVED MOBILITY
TRUST IS CRITICAL
FOUNDATION
PHARMACISTS ACROSS CANADA WORK FAIRLY SIMILARLY
PRINCIPLES
FOCUS ON COMPETENCIES
RECOGNIZE
THERE IS MORE THAN 1 WAY TO ASSESS COMPETENCIES
EDUCATION
WORK EXPERIENCE
USA
NABP e-LTP
ELECTRONIC LICENSE TRANSFER PROGRAM
ALLOWS PHARMACISTS TO HOLD UP TO 54 LICENSES
PROCESS
APPLICATION
e-ltp
LICENSE VERIFICATION
PHONE
EMAIL
INTERNET
NABP CLEARINGHOUSE VERIFICATION
VERY QUICK TURNAROUND
5-7 DAYS
CHECK @ DISCIPLINARY ACTION
CENTRALIZED DATABASE OF ALL LICENSES
ALLOWS EXTENDED PUBLIC PROTECTION
EVERYONE HAS AN E-PROFILE
POSSIBILITY OF PROACTIVE VERIFICATION
BIG AHAs!
TRUST IS KEY
CREATE ALIGNMENT BETWEEN STATES + OTHER STAKEHOLDERS
DON'T HAVE "WEAK LINKS"
ALLOWS PEOPLE TO GAME THE SYSTEM
KEEP UPDATING COMPETENCIES AS THE PROFESSION EVOLVES
PHARMA
COUNT & POUR!
LICK & STICK
COGNITIVE DECISION MAKING
DESIGN THE UNIQUE MODEL THAT WORKS FOR YOU

More Models of Mobility:
Physicians, Nurses and Psychologists

Attendees at the 2015 ASWB Spring Education Meeting heard from representatives of three other health care professions about their approaches to professional mobility: nurses, physicians, and psychologists. In a single session covering More Models of Mobility, three presenters explained the structure, effectiveness, hurdles, and strengths of their own mobility systems.

Lisa Robin represented the Federation of State Medical Boards (FSMB). The FSMB's delegates passed a resolution to pursue a voluntary compact system for physician licensure. Compacts are contracts entered into voluntarily by one or more states.

> Respond to false information immediately. Once it's repeated, it becomes the truth.
> *Lisa Robin*

At this time, six states have agreed to sign on to the compact. When the seventh state joins, the FSMB and compact states will form a commission with two members from each participating jurisdiction. The commission will oversee the administration of the compact and the data clearinghouse that will facilitate licensure mobility. That commission will have rule-making authority for the compact as well.

The FSMB sees a licensing compact as a supplemental and complementary route to allow physicians to practice legally in multiple states. One of the chief benefits of a compact, Robin said, is the fact that states can adopt the compact without having to open or alter their practice act. Robin described plans for the compact as a "better mousetrap" for medical regulatory boards, because the system being created will allow boards to share complaint and disciplinary information. Confidential information and evidence will be able to cross state lines through the agreed upon framework.

Requirements for physicians who want to be licensed through the compact meet or exceed the licensure requirement in every jurisdiction, and candidates may not have any disciplinary actions or investigations under way. Physicians will be licensed in a principal compact state, then notify their principal state about the intention to get licensed elsewhere. The compact set up by FSMB will serve as a clearinghouse for information and fees.

Any compact state the physician applies for a license in will automatically issue the license once the information is received from the clearinghouse. "We envision it will happen within two or three days at the most," said Robin. Because of this simplified process, applicants going through the compact may receive a lower application fee than traditional applicants. Under the compact, the ability of boards to assess fees is unaffected.

FSMB has learned a lot in the process of implementing this program. With 27 states endorsing the idea, 17 have introduced legislation to join the compact, but only six bills have passed the legislatures. Robin said FSMB is prepared to take the long view and take its time building good will with stakeholders. "Respond to false information immediately," she advised. "Once it's repeated, it becomes the truth." To help get ahead of speculation and unwarranted concerns, FSMB has already set up a website for the project: www.licensportability.org.

FSMB is also providing information for states that want to move forward. They'll provide ongoing information about the progress of the system, network with professional associations and other stakeholders, and even testify on behalf of the compact for state legislatures. "You have to be sensitive to how the different politics shake out," Robin said.

Maureen Cahill, representing the National Council of State Boards of Nursing, explained the Nurse Licensure Compact. The Compact, as it is commonly called, has been in place since 1997, with 25 states participating and more than 1.4 million nurses—half the licensed nurses in the U.S.—covered by its terms.

Cahill said the principal goal of the Compact, as in all professional regulation, is to protect public health and safety. A nurse holds a license in the home state, which is the only license required under the Compact. States that are in the Compact honor that license for practice. Nurses have to abide by the practice laws and regulations of any state they practice in. Consequently, under this system,

> There isn't a state that doesn't have any compacts.
> *Maureen Cahill*

one license covers multiple states, rather than the nurse acquiring licenses in multiple states.

To maintain their ability to practice anywhere in the Compact, nurses need to meet continuing education requirements for the license in their home states. Cahill described the system as "state-based, nationally recognized, and locally enforced." Nurses can earn and maintain a license from a single state, which allows them to practice throughout half the country, but their practice is regulated where the care happens, because the benefits and risks of harm happen where the patient is.

Because many nurses are unionized, there has been some concern among nursing groups that the Compact would somehow impact union activities. Because the Compact is covered by contract law, Cahill said, it doesn't impact labor law in places where nurses are unionized.

"There's a long history in law among states and compacts," Cahill said. "There isn't a state that doesn't have any compacts." Cahill pointed out that all states participate in compacts, the most famous of which is the driver's license compact. An average state has 25 compacts in place—from professional licensure to water sharing to agriculture. Essentially, enforcement of any compact between or among states is based in contract law. There is no court that could supersede the contract that the states enter voluntarily.

Janet Orwig of the Association of State and Provincial Psychology Boards (ASPPB) introduced the audience to several initiatives the organization took on to address professional mobility, which has been a topic of discussion for ASPPB since its inception.

In 1998 ASPPB developed the Certificate of Professional Qualification (CPQ) to facilitate licensure mobility for licensed psychologists. The CPQ is tied to an Agreement of Reciprocity, which requires boards to make statute and regulation changes to meet the CPQ standards. Under the CPQ program, any psychologists who have practiced for five years are automatically eligible for a reciprocal license in other participating states. Much of the growth in the CPQ program came as candidates sought licensure through reciprocity in order to avoid oral examinations in a particular jurisdiction. Unfortunately, as the requirements for licensure change, that can automatically remove a state from CPQ compliance. At its peak, the program had 12 participating jurisdictions. Now, there are six.

> One of the things our member boards kept saying was 'Please help us regulate telepsychology!'
> *Janet Orwig*

ASPPB also administers a special program to permit temporary practice. States enrolled in the Interjurisdictional Practice Certificate (IPC) program will automatically permit temporary practice for participating psychologists.

In striving for a consistent licensure process, ASPPB created the Psychology Licensure Universal Application (PLUS) program. The PLUS features an online program to help licensing boards process applications more quickly. The PLUS program was piloted in three jurisdictions, Orwig said, with ten jurisdictions participating currently and six that anticipate joining. Through PLUS, an applicant applies to the board and completes a one-page application that gathers contact information. The board forwards that form to

Maureen Cahill, APN-CNS, AOCNS, is an Advanced Practice Nurse in adult and pediatric oncology. Maureen leads the campaign to align the regulation of these roles in all states. Maureen joined nursing regulation after 35+ years in oncology nursing. She also has expertise in health care quality and patient safety, but most of all she is a tireless advocate for APRNs and for the implementation of the 2008 Consensus Model for APRN Regulation, Licensure, Accreditation, Certification, and Education.

Janet Orwig, MBA, has been with the Association of State and Provincial Psychology Boards (ASPPB) for almost 20 years. She served many years as the mobility coordinator and the director of member services. She is currently the associate executive officer for member services. She is responsible for managing member services for ASPPB, including mobility initiatives, Psychology Licensure Universal System (PLUS), the Disciplinary Data System, ASPPB website, and the ASPPB Listservs.

Lisa Robin , MLA, is the FSMB's chief advocacy officer and oversees the FSMB's Washington, D.C., office. During her long tenure at the FSMB, she has been active in policy analysis, development and promulgation on issues including medical board authority and structure, license portability, telemedicine, state pain and addiction policy, scope of practice, and physician health. She represents the position of state medical boards to Congress and the Administration and supports individual boards in achieving their state legislative agendas. In her current position, she oversees the FSMB's education services, federal and state legislative and policy services, and public affairs.

ASPPB, which does primary source verification of the candidate's licensing qualifications. Once that verification is complete, ASPPB sends the complete application packet to the board where the candidate applied. By streamlining the process, PLUS speeds up licensing applications, especially for candidates moving from one PLUS jurisdiction to another.

"One of the things our member boards kept saying was 'Please help us regulate telepsychology!'" Orwig said. So, in conjunction with their member boards and the American Psychological Association, ASPPB worked to develop practice standards for telepsychology. What they found as they explored the topic, Orwig said, is that telepsychology isn't fundamentally different from typical practice. Unlike nursing and medicine, which consider the patient's jurisdiction to regulate practice, ASPPB's standards state that the state or province where the psychologist is located has the authority to regulate, rather than the board where the client is.

Now, ASPPB and its members are moving toward the compact model, which they are calling PSYPACT. PSYPACT uses the existing Interjurisdictional Practice Certificate program to address temporary face-to-face practice and telepsychology. The IPC will center on a home jurisdiction license for psychologists, with a certification that they can earn to cover telepsychology. This certification offers the client and board assurance that the psychologist has met basic requirements of telepsychology standards.

ASPPB is planning to have PSYPACT introduced in state legislatures beginning in 2016 and hopes that the program will facilitate greater mobility for licensed psychologists.

"Being able to see that goal [Mobility] up there, and no matter how far away it is, knowing that this process is going to get us there is wonderful to me. … [I]t made me realize how supportive NASW, especially, can be and how much work we can do, not just on legislature and reciprocity, but how we can start putting information, data, and research together."

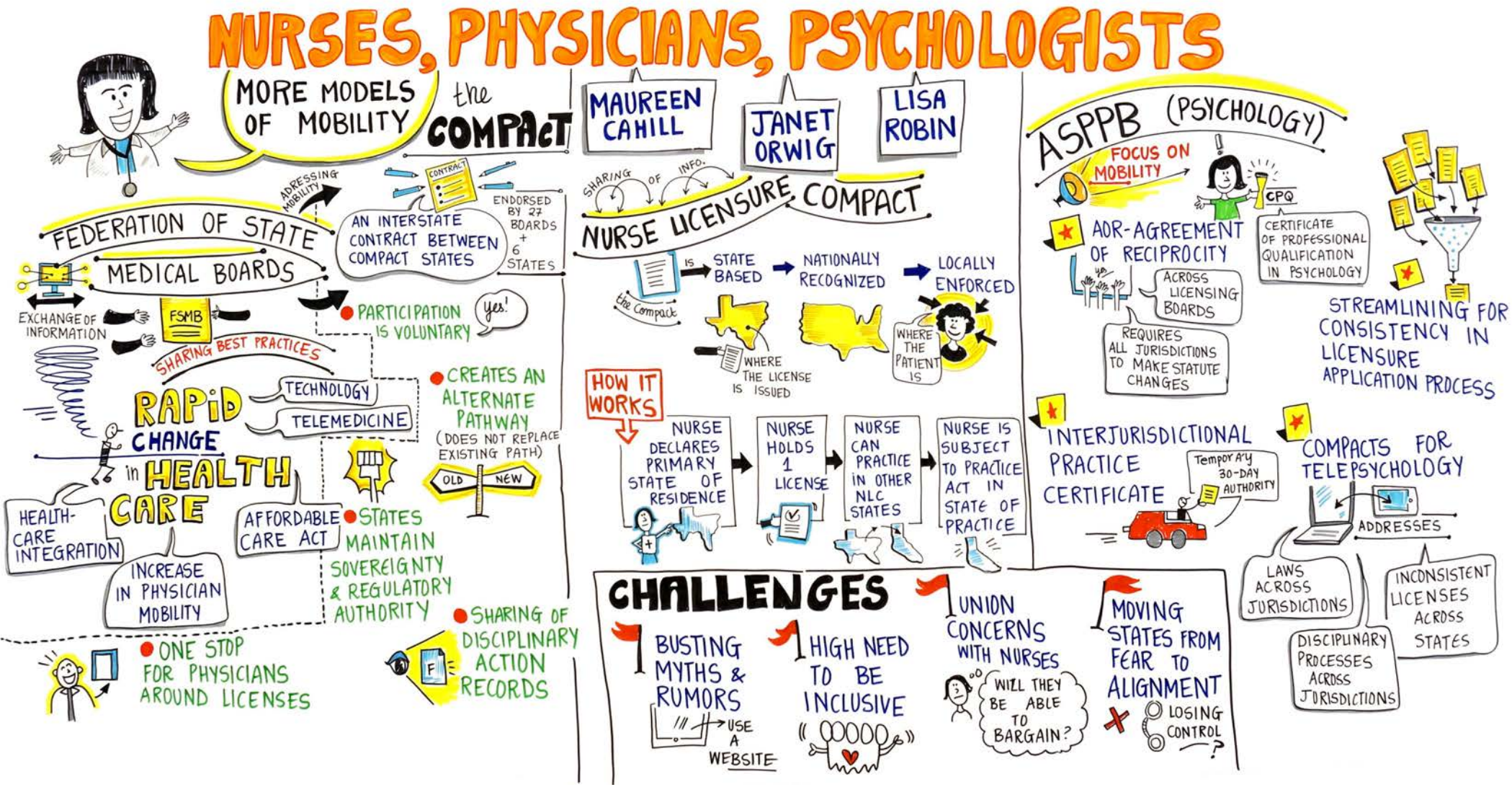
Will Francis

NATIONAL ASSOCIATION
OF SOCIAL WORKERS - TEXAS

"In the changing landscape of healthcare, social workers are needed at all sites of care – within healthcare teams – community based care – acute and chronic care – and in school and other settings. The ability of social workers to become embedded in telehealth endeavors as well as to be accessible within states and across borders will be so important. I was impressed with your willingness to look at all models and determine what might be best for your professional membership."

Maureen Cahill

NATIONAL COUNCIL OF
STATE BOARDS NURSING


NURSES, PHYSICIANS, PSYCHOLOGISTS
MORE MODELS OF MOBILITY
the COMPACT
MAUREEN CAHILL
JANET ORWIG
LISA ROBIN
ADRESSING MOBILITY
CONTRACT
AN INTERSTATE CONTRACT BETWEEN COMPACT STATES
ENDORSED BY 27 BOARDS + 6 STATES
FEDERATION OF STATE MEDICAL BOARDS
EXCHANGE OF INFORMATION
FSMB
SHARING BEST PRACTICES
PARTICIPATION IS VOLUNTARY
yes!
RAPID CHANGE in HEALTH CARE
TECHNOLOGY
TELEMEDICINE
CREATES AN ALTERNATE PATHWAY (DOES NOT REPLACE EXISTING PATH)
OLD
NEW
HEALTH-CARE INTEGRATION
INCREASE IN PHYSICIAN MOBILITY
AFFORDABLE CARE ACT
STATES MAINTAIN SOVEREIGNTY & REGULATORY AUTHORITY
ONE STOP FOR PHYSICIANS AROUND LICENSES
SHARING OF DISCIPLINARY ACTION RECORDS
SHARING OF INFO.
NURSE LICENSURE COMPACT
the Compact
IS
STATE BASED
NATIONALLY RECOGNIZED
LOCALLY ENFORCED
WHERE THE LICENSE IS ISSUED
WHERE THE PATIENT IS
HOW IT WORKS
NURSE DECLARES PRIMARY STATE OF RESIDENCE
NURSE HOLDS 1 LICENSE
NURSE CAN PRACTICE IN OTHER NLC STATES
NURSE IS SUBJECT TO PRACTICE ACT IN STATE OF PRACTICE
CHALLENGES
BUSTING MYTHS & RUMORS
USE A WEBSITE
HIGH NEED TO BE INCLUSIVE
UNION CONCERNS WITH NURSES
WILL THEY BE ABLE TO BARGAIN?
MOVING STATES FROM FEAR TO ALIGNMENT
LOSING CONTROL?
ASPPB (PSYCHOLOGY)
FOCUS ON MOBILITY
CPQ
CERTIFICATE OF PROFESSIONAL QUALIFICATION IN PSYCHOLOGY
AOR-AGREEMENT OF RECIPROCITY
ACROSS LICENSING BOARDS
REQUIRES ALL JURISDICTIONS TO MAKE STATUTE CHANGES
STREAMLINING FOR CONSISTENCY IN LICENSURE APPLICATION PROCESS
INTERJURISDICTIONAL PRACTICE CERTIFICATE
Temporary 30-DAY AUTHORITY
COMPACTS FOR TELEPSYCHOLOGY
ADDRESSES
LAWS ACROSS JURISDICTIONS
INCONSISTENT LICENSES ACROSS STATES
DISCIPLINARY PROCESSES ACROSS JURISDICTIONS

World Café:
What we discovered

To close the conference and open minds to new ways of thinking about Mobility, ASWB held its first Strategic World Café.

The World Café concept was developed in the mid-1990s and has been used with a great deal of success in many businesses and professions to facilitate strategic discussions, share knowledge, and imagine together. The purpose is to engage in innovative thinking and to expand on the ideas and perspectives of other participants, not necessarily to problem solve. A question is posed, and three rounds of discussion are held, with each round building on the conversation before.

Key tenants of the model, presented as rules of Café etiquette, celebrate this freedom of thought and respect for the contributions of all participants:

- Focus on what matters
- Contribute your thinking
- Speak your mind and heart
- Listen to understand
- Link and connect ideas
- Listen for insights and deeper questions
- Play, doodle, draw at your table as ideas emerge

To accommodate more than 100 participants, ASWB's World Café took place in two breakout rooms. Six tables in each room held between five and nine conference-goers. Six hosts each presented a "Question that matters" around the topic of Mobility in each room. The same set of six questions was presented in each breakout room.

During three rounds of timed discussion, each host visited three tables, asking the same question at each table. When introducing the question to the second and third tables, the host reported the ideas that had been gathered from the previous tables. At the end of the World Café, the hosts who had the same question met to compare notes and to develop the top five or six ideas that resonated from their discussions. These ideas were then presented in a town hall gathering of all conference attendees. Graphic recorder Nitya Wakhlu captured this session. These reports will become the foundation for the work of the Mobility Task Force.

World Café used with permission of www.theworldcafe.com.

"The table discussions were very informative and it was great to hear the perspectives from regulators in different jurisdictions."

Anonymous

"I look forward to the continued dialogue in my jurisdiction. The reports back from the table discussions were a great way to end the day and it was helpful to hear ideas brought forward from each respective table."

Anonymous

The Questions and Report-outs

Q. 1: Competency Standards & Equivalency

The three requirements for regulation generally include education, experience, and an examination. In what ways could jurisdictions embrace a social work practice mobility model even when regulatory requirements differ?

Q. 1: Report-out

1. Identify commonalities such as Code of Ethics, our core values, agree that we are here for public protection, accrediting bodies for education, some kind of experience for practice
2. Willingness to change and embrace neighbor jurisdictions
3. Consistency for requirements to sit for examination
4. Coming together from outside our jurisdictions to develop standards using the model act and our experience by charting requirements from every jurisdiction
5. Compact or MOU relatively easy to set into law; law exists in state legislatures/preserves economy/easy to get out of/manage policy and politics

Q. 2: Jurisdictional board/ college communication and collaboration

Collaboration will be an important piece of making mobility a reality. How can consistency be achieved to move social work practice mobility forward?

Q. 2: Report-out

1. Importance of ASWB as integral to collaboration/communication:
   a. build a foundation and create an environment for practice mobility
   b. reputation as a leader in profession to help move mobility forward
   c. model practice act may be aspirational that all will use, but will help contribute to mobility
   d. use of exams across all jurisdictions
   e. database already containing information on discipline and licensure
2. Leadership of ASWB is important
3. Collaboration/communication need to take a look at what social workers want within the jurisdiction? Needs assessment/data development; communication with neighbors at regional level facilitated by ASWB; annual meetings; regional discussion
4. Standardization in ways boards communicate to understand and communicate better around common standards; verification of licensure; application; supervision hours
5. Messaging within states broader to include legislators and educators

Q. 3: Jurisdictional board/college discipline processes

Imagine an instance in which a client files a complaint in one jurisdiction against a social worker licensed/registered in a different jurisdiction. What would a successful disciplinary model look like in order to embrace social work practice mobility?

Q. 3: Report-out

1. ASWB to develop harmonizing language and standards for legislators around actions allowing for cross-jurisdictional investigations
2. Standardize licensure types from 50+ to 4, as represented by the exams
3. Establish something like a compact between jurisdictions that sets out the process and who does what in the discipline process
4. Cost of investigation to licensee if found guilty; if unfounded, the jurisdictions share the cost of investigation and technology
5. Form a commission for all jurisdictions to fund to conduct investigations

Q. 4: Technology

Imagine a social worker/client relationship that was developed using only technology to serve the client across jurisdictions. What practice competencies should be required of a licensee/registrant in order to practice safely?

Q. 4: Report-out

1. Person needs to be competent with technology, including hardware/software/encryption/ security/privacy; backup plan if there is a blackout; competent with language of technology—e.g., emojis; response rate
2. Basic social work principles apply in any environment and translated into tech

The Questions and Report-outs, continued

environment that don't change regardless of where practice occurs

3. Full disclosure/informed consent/how social worker credentials are verified/hours of practice

4. Are there limits to practicing online? Diagnose online? How assess suicide risk? Homicide risk? Should there by a hybrid of technology and in person? Where does practice occur?

5. Do we know how prevalent technology therapy is? Do we know when it's helpful and when it's harmful?

Q. 5: Supervision, CE, and other application and renewal requirements

The purpose of regulation is protection of the public. Think about licensure/registration gatekeeping methods such as:

- Supervision
- Required clinical educational content
- Background checks
- Letters of recommendation
- Continuing education

What are the minimal gatekeeping requirements that are essential to include in order to achieve consensus and trust for social work practice mobility?

Q. 5: Report-out

1. Agreed that basic requirements already with exam, education, and experience

2. Mobility needs to be based on the core of what we have in common, not the differences

3. CE should not be a barrier to mobility or to license renewal

4. Uniform criteria in applications and renewals; should this be digital across jurisdictions?

   a. Review usefulness and purpose of letters of recommendation and letters of good standing
   b. Think about usefulness/purpose of application questions—should they include background checks, paralicensure, investigations/complaints
   c. Review supervision standards; should it just happen at clinical level; should it be a gatekeeper of public protection across licensure categories?

5. At what point does the consensus standard become a barrier to mobility instead of a facilitator?

Q. 6: Stakeholder engagement and advocacy

Other stakeholders need to be involved in order to make mobility a reality. Who are they and how might buy-in be achieved?

Q. 6: Report-out

Who are stakeholders?

- Individuals
  - social work practitioners/regulators
  - public
  - clients
  - media
  - educators
- Agencies/Employers
  - NASW/ASWB/associations within professional specialties
  - Veterans Administration/military/Social Security/federal and state government agencies/insurance companies and other large employers

1. What guidance can other professions that have already done it offer?

2. Can we consult with them, get advocacy and support?

3. Bring stakeholders together to talk about this in a social work congress

4. Focus on commonalities and substantial equivalencies

How to achieve buy-in and collaboration?

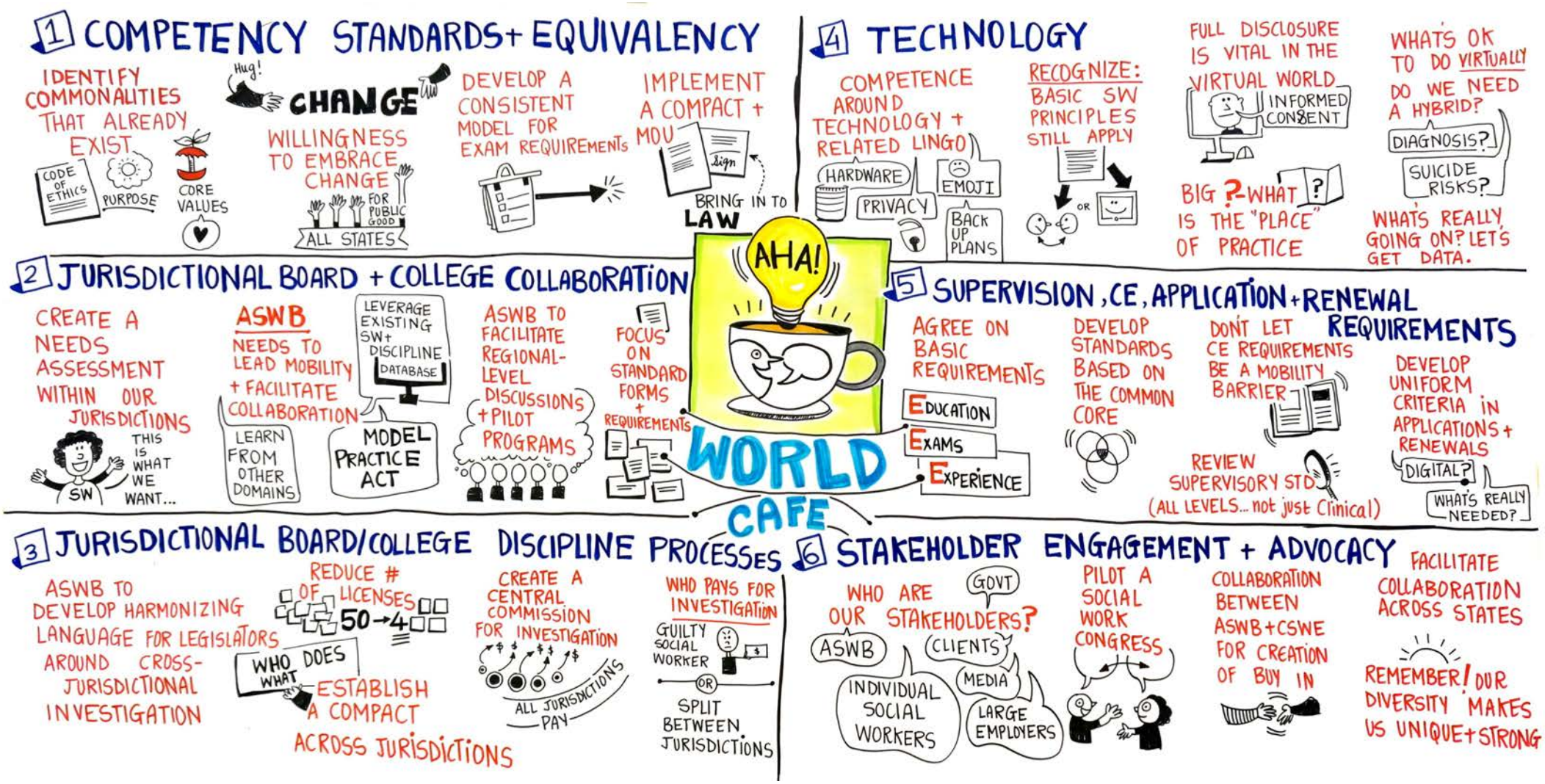
1. Raise awareness that lack of mobility could stifle the profession

2. Focus on benefits to social workers, states, etc. (e.g., consistency across profession)

3. Talk about the risks of not allowing mobility

4. Have ASWB/NASW/CSWE work together to develop programs

5. Focus on the diversity of the profession as something that makes us great and something that makes us stronger


1 COMPETENCY STANDARDS + EQUIVALENCY
IDENTIFY COMMONALITIES THAT ALREADY EXIST
CODE OF ETHICS
PURPOSE
CORE VALUES
Hug!
CHANGE
WILLINGNESS TO EMBRACE CHANGE
FOR PUBLIC GOOD
ALL STATES
DEVELOP A CONSISTENT MODEL FOR EXAM REQUIREMENTS
IMPLEMENT A COMPACT + MOU
Sign
BRING IN TO LAW
4 TECHNOLOGY
COMPETENCE AROUND TECHNOLOGY + RELATED LINGO
HARDWARE
PRIVACY
EMOJI
BACK UP PLANS
RECOGNIZE: BASIC SW PRINCIPLES STILL APPLY
OR
FULL DISCLOSURE IS VITAL IN THE VIRTUAL WORLD
INFORMED CONSENT
BIG ?-WHAT IS THE "PLACE" OF PRACTICE
WHAT'S OK TO DO VIRTUALLY
DO WE NEED A HYBRID?
DIAGNOSIS?
SUICIDE RISKS?
WHAT'S REALLY GOING ON? LET'S GET DATA.
2 JURISDICTIONAL BOARD + COLLEGE COLLABORATION
CREATE A NEEDS ASSESSMENT WITHIN OUR JURISDICTIONS
SW
THIS IS WHAT WE WANT...
ASWB
NEEDS TO LEAD MOBILITY + FACILITATE COLLABORATION
LEARN FROM OTHER DOMAINS
LEVERAGE EXISTING SW+ DISCIPLINE
DATABASE
MODEL PRACTICE ACT
ASWB TO FACILITATE REGIONAL-LEVEL DISCUSSIONS + PILOT PROGRAMS
FOCUS ON STANDARD FORMS + REQUIREMENTS
AHA!
WORLD CAFE
5 SUPERVISION, CE, APPLICATION + RENEWAL REQUIREMENTS
AGREE ON BASIC REQUIREMENTS
EDUCATION
EXAMS
EXPERIENCE
DEVELOP STANDARDS BASED ON THE COMMON CORE
DON'T LET CE REQUIREMENTS BE A MOBILITY BARRIER
REVIEW SUPERVISORY STD
(ALL LEVELS... not just Clinical)
DEVELOP UNIFORM CRITERIA IN APPLICATIONS + RENEWALS
DIGITAL?
WHAT'S REALLY NEEDED?
3 JURISDICTIONAL BOARD/COLLEGE DISCIPLINE PROCESSES
ASWB TO DEVELOP HARMONIZING LANGUAGE FOR LEGISLATORS AROUND CROSS-JURISDICTIONAL INVESTIGATION
REDUCE # OF LICENSES
50→4
WHO DOES WHAT
ESTABLISH A COMPACT ACROSS JURISDICTIONS
CREATE A CENTRAL COMMISSION FOR INVESTIGATION
ALL JURISDICTIONS PAY
WHO PAYS FOR INVESTIGATION
GUILTY SOCIAL WORKER
OR
SPLIT BETWEEN JURISDICTIONS
6 STAKEHOLDER ENGAGEMENT + ADVOCACY
WHO ARE OUR STAKEHOLDERS?
ASWB
GOVT
CLIENTS
MEDIA
INDIVIDUAL SOCIAL WORKERS
LARGE EMPLOYERS
PILOT A SOCIAL WORK CONGRESS
COLLABORATION BETWEEN ASWB + CSWE FOR CREATION OF BUY IN
FACILITATE COLLABORATION ACROSS STATES
REMEMBER! OUR DIVERSITY MAKES US UNIQUE + STRONG

Next steps

Learning how other health care professions arrived at models of mobility that serve their professions is critical to understanding what will work for the social work profession. Examining the models, focusing on the processes used, identifying the obstacles faced and overcome—all will inform decisions yet to be made for the social work profession.

Learning from the Canadian model provides the same opportunities to explore "lessons learned" and find commonalities that resonate.

In the U.S., social work is ready to join the other health care professions in achieving practice mobility. However, mobility models that work for nurses, doctors, psychologists, or pharmacists may not fit social work practice. To avoid imposed policies from state policy makers, the social work profession needs to take on this initiative and create its own mobility model.

A Mobility Task Force has been appointed, and preliminary ideas will be shared at the 2015 Annual Meeting of the Delegate Assembly. A more detailed plan is anticipated by November 2016, with implementation to begin in 2017. The purpose of the task force will be to help develop and implement a mobility and portability plan that considers other health care models, is committed to focusing on discovering and enhancing regulatory commonalities, and promotes collaboration between and among jurisdictions.

ASWB already has multiple resources for developing a mobility model that fits social work practice. These tools include:

- **ASWB Social Work Registry**: a repository for education transcripts, supervision records, exam scores, and other credentials of licensed professionals that also serves as a verification source for licensing boards.
- **ASWB's examination program**: national social work exams assess for minimum competency for bachelors, masters, and clinical categories of licensure.
- **ASWB Model Social Work Practice Act**: the model law provides the text of a sample regulatory statute for use by legislatures and social work jurisdictional boards when addressing issues related to regulating social work practice. The model act facilitates greater standardization of terminology and regulation from jurisdiction to jurisdiction, which promotes increased mobility for qualified social workers among other benefits.
- **ASWB's Path to Licensure campaign**: a program designed to develop a partnership with social work programs and educators to bring the discussion of regulation and public protection to students who will become the next generation of social workers.
- **ASWB Model Regulatory Standards for Technology and Social Work Practice**: Developed by an international task force, the standards offer guidance for regulating the use of technology in social work practice.

ASWB Mobility Task Force

Chair:
ASWB President Dorinda Noble, LCSW (Texas)

Association of Social Work Boards:

Member Board Members
Ellen Burkemper, CSW (Missouri)
Mark Hillenbrand, LISW (Iowa)
Carmen M. Collado, LCSW (New York)

Board Registrar
Lisa Crockwell, RSW (Newfoundland & Labrador)

Board Administrator
Florence Huffman (Kentucky)

ASWB Staff
CEO Mary Jo Monahan, LCSW
Jennifer Henkel, LCSW, Director of Member Services
Melissa Ryder, Executive Services Manager

Other Task Force members:

Jim Akin, ACSW, Executive Director, National Association of Social Workers-Florida
Courtney Papale Newton, attorney for the Louisiana Physical Therapy Board
Dale Atkinson, ASWB consulting attorney and Executive Director, Federation of Associations of Regulatory Boards

Conclusion:
Licensure mobility/portability in our lifetime

Achieving social work practice mobility and license portability requires the participation of the expanded regulatory community that includes not only ASWB members, but regulated practitioners, social work faculty, students, supervisors, state and provincial legislators, professional association members, and even non-licensed social workers…. and always at top of mind—clients and the public. Others who need to be at the table: regulators from other professions, especially those professions that are similar to social work.

The conversation has started! But for mobility to be achieved "in our lifetime," work must begin and the commitment must be maintained. The Mobility Task Force will do much of the "heavy lifting," but every stakeholder has a role to play.

For ASWB members, the most important building block is trust: building relationships of trust, being able to see the bigger picture; coming to consensus on consistent regulation; and making a commitment to see the final plan through to implementation.

ASWB members will need to develop new ways of working together where consensus, finding the commonalities, and managing the differences in a collaborative way take priority.

Members will be asked to consider the recommendations of the task force, vote on those that make sense, and guide the work of the task force through participation at ASWB's annual meetings.

ASWB members who volunteer to serve on committees will be actively involved in contributing to the mobility initiative through their committee work.

Educators and students can be involved through participation in the Path to Licensure campaign as well as by joining ASWB's social media conversations on Facebook, Twitter, and LinkedIn.

Licensed and non-licensed professionals are encouraged to find out more about ASWB and the mobility initiative by visiting ASWB's exhibit booth at select conferences of the National Association of Social Workers (NASW) as well as by participating in ASWB's LinkedIn discussion forum, and Twitter and Facebook conversations.

All stakeholders can stay informed about progress of the mobility initiative by visiting ASWB's website and mobility webpage; being part of the conversation on ASWB's LinkedIn regulation forum, Twitter feed, and Facebook page; subscribing to the ASWB newsletter; and participating in the 2016 education conference on mobility.

WE'RE ON OUR WAY

Join us on social media

Facebook – ASWBonline. Exam tips and information about services to licensees

Twitter – @ASWB. News on the exam, services, and the association

LinkedIn – ASWB Social Work Regulation Forum. Meaningful discussion about social work licensing and regulation

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Culpeper, VA 22701
www.aswb.org

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AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Laura Smith, Bureau Assistant, on behalf of Dan Williams, Executive Director	11/24/17 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Marriage and Family Therapy, Professional Counseling, and Social Work examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
1/30/2018	☒ Yes ☐ No	Administrative Matters/Updates 1) Election of Officers 2) Appointment of Liaisons and Alternates 3) Delegation of Authorities

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	N/A

10) Describe the issue and action that should be addressed:

1) The Board should conduct Election of its Officers for 2018
2) The new Chairperson should review and appoint/reappoint Liaisons and Alternates as appropriate
3) The Board should review and then consider continuation or modification of previously delegated authorities

11) Authorization

Laura Smith — 11/24/2017

Signature of person making this request — Date

Supervisor (if required) — Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

2017 MPSW Election of Officers and Delegated Authorities (no motion was made yet on the Specialty Liaison – we anticipate Peter Fabian will remain in that role, but new Chair Tammy Scheidegger will need to make it official)

2017 OFFICER ELECTION RESULTS	
Board Chair	Tammy Scheidegger
Vice Chair	Bridget Ellingboe
Secretary	Kristin Koger

Delegation Motions

Delegated Authority for Urgent Matters

MOTION: Kathleen Miller moved, seconded by Bridget Ellingboe, that, in order to facilitate the completion of assignments between meetings, the Board delegates its authority to the Chair to appoint liaisons to carry out the duties of the Board in accordance with the law. Motion carried unanimously.

Document Signature Delegation

MOTION: Elizabeth Krueger moved, seconded by Kathleen Miller, the Board delegates authority to the Chair to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair has the ability to delegate this signature authority to the Board's Executive Director for purposes of facilitating the completion of assignments during or between meetings. Motion carried unanimously.

Specialty Liaison

MOTION: Linda Pellmann moved, seconded by Elizabeth Krueger, the Specialty Liaison is delegated by the Board to address all issues pertaining to a Specialty designation. Motion carried unanimously.