State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors January 11, 2022

BOARD MEMBERS:

Joy E. Corby, Ph.D., LMFT, Chair
K. Kalonji Johnson, Commissioner, Bureau of
Professional and Occupational Affairs - Absent
Michelle Santiago, Psy.D., LPC, Vice Chair
Erika Evans, Ph.D., LMFT
Christian Jordal, Ph.D., LMFT
Linda A. Martin, LCSW, RN
Marilyn L. Painter, Public Member - Absent

18 | 19 | BUREAU PERSONNEL:

Jaime D. Black, Esquire, Board/Regulatory Counsel Sarah McNeill, Board Administrator Christina Townley, Board Administrator

ALSO PRESENT:

Johanna Byrd, ACSW, IOM, CAE, Executive Director, National Association of Social Workers, Pennsylvania Chapter Kathryn Witherow

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* * * 1 State Board of Social Workers, 2 3 Marriage and Family Therapists and Professional Counselors 4 January 11, 2022 5 * * * 6 7 The State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors Regulatory Meeting was held on Tuesday, January 11, 10 2022. Joy E. Corby, Ph.D., LMFT, Chair, called the 11 meeting to order at 10:09 a.m. * * * 12 Introduction of Board Members and Attendees 13 14 [Chair Corby requested Board members and attendees 15 introduce themselves. 16 Chair Corby reminded everyone that the meeting 17 was being recorded, and those who continued to 18 participate were giving their consent to being 19 recorded.1 * * * 20 21 Regulatory Discussion 22 [Jaime D. Black, Esquire, Board Counsel, stated the 23 only item on the agenda is the proposed annex for the

General Revisions that the Board has been working on

for some time. She mentioned the Board addressed some

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1 COVID concerns with policy statements that were built
2 into the General Revisions. She requested input from
3 the Board as to whether any other substantive changes
4 were necessary. She noticed, upon review, a
5 particular section under continuing education (CE)

6 that did not list CE amounts.

Ms. Black stated the packet has all three regulatory sections regarding social workers, marriage and family therapists, and professional counselors designated in Chapters 47, 48, and 49. She suggested review of Chapter 47 for additions or revisions that she could then apply to the corresponding chapters to be consistent.

Ms. Black referred to § 47.1, noting she added direct client contact.

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[Christian Jordal, Ph.D., LMFT, re-entered the meeting at 10:15 a.m.]

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Ms. Black referred to electronic supervision, noting it was already part of the general revisions packet, and the definition was added to the general revisions packet, where supervisee was modified to remove "as clinical social worker" and then a definition for "year" was also added.

Ms. Black mentioned that she did not parse out "in person" as a separate definition like she did for "direct client contact" because she did not see that phrase in the regulations, thus requiring a definition.

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Ms. Black explained that the information in the policy statement for "in person' is captured under the electronic supervision section in the regulations and did not think they needed a definition for "in person" because the proposed regulations address that.

Ms. Black further explained that the policy statement was created because there is nothing in the current regulations that addresses an electronic platform, and the policy statement was necessary to express to the public the interpretation of "in person." She noted the packet will have a section specifically on electronic supervision and this is why it is not necessary to interpret the meaning of "in person."

Ms. Black referred to § 47.1a regarding qualifications for supervisors, where all the individuals pursing a clinical social work license was added to the title. She noted changing "current active" license to "active license" for clarity.

Dr. Santiago referred to the language, "have 5

years of postmaster's experience within the last 10
years as a clinical social worker" and asked whether
counting the 5 years of postmaster's experience starts
from the second someone receives their degree to be
correct.

Chair Corby noted Dr. Santiago to be correct.

Chair Corby mentioned continuing education units

(CEUs) were added in the qualifications section.

Ms. Black explained that CEUs were already part of the revisions and asked whether any changes were necessary.

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13 [Linda A. Martin, LCSW, RN, entered the meeting at 10:22 a.m.]

Chair Corby noted being fine with 6 CEUs but commented that someone who has not been acting as a supervisor would need to complete 6 CEUs before they could begin unless they had a graduate level course in supervision. She noted that it did not require it to be done each biennial period, but requiring 6 CEUs to begin.

Chair Corby further explained that in order to begin, someone would need 6 CEUs; someone already supervising would need 6 by the renewal; but then once that is done, they do not have to get 6 CEUs each

biennial period. She commented that it was not
requiring that, and Ms. Black agreed.

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Ms. Black stated the Board would need to look at rephrasing that if there is a general sense of confusion by individuals reading that wording if comments are received from either the Independent Regulatory Review Commission (IRRC) or the House that the language isn't clear.

Chair Corby addressed individuals who took the 24 credits for approved clinical supervisor (ACS) and received a certification as a supervisor, which is not accepted as a graduate course, and suggested adding "and have completed an organized training program in clinical supervision."

Ms. Martin expressed concern with the spent time going over what had already been discussed.

Chair Corby noted it to be the first time she saw it in writing and was thinking of those who already have the certification of supervision.

Ms. Black stated this may not be the final version that goes into the regulation because it still has to be promulgated through the regulatory process. She also noted the importance of discussing any revisions the Board feels are necessary to be able to move forward to next step of the process.

Chair Corby asked whether the Board wanted to acknowledge those who have certificates from an organized training program and implement and insert that in this section.

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Ms. Black suggested inserting in the last sentence, "supervisors who have already taken a graduate level course or an organized certification program on supervision are exempt from this requirement."

Dr. Jordal noted the Board is trying to set a minimum threshold and trying to be consistent across all the different types of licenses. He stated marriage and family therapists (MFTs) have certain certifications or distinct continuing education providers, but he did not believe that was consistent with other disciplines.

Dr. Jordal commented that those MFT applicants who have a supervision course in their doctoral degree may not be eligible to supervise because their education is pre-degree. He noted that by definition, the continuing education is post degree.

Dr. Evans agreed and noted being satisfied with 6 continuing education units as a minimum or if someone has taken a graduate level course that could be preor postmasters on supervision would suffice.

Chair Corby addressed MFTs, where they cannot take the supervision course unless they already have a master's degree in MFT. She noted those who have a graduate course means it is postgraduate. She believed it would be safe to leave that in because it is something that is postmaster's level training. She noted being satisfied with the graduate level course on supervision because it meant it has to be postmasters.

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Dr. Jordal addressed licensure affordability and transferability across disciplines, where leaving in the graduate level course may allow Pennsylvania to more easily support a licensee who is looking to apply by endorsement, specifically from a state where they are already supervising.

Ms. Black noted that the last sentence would read, "Supervisors who have already taken a graduate level course or an organized certification program on supervision are exempt from this requirement."

Chair Corby commented that half of the Board is in agreement.

Ms. Black referred to § 47.12(3) regarding qualifications for licensure, noting the addition of "supporting documents on forms and in a format required by the Board," where it now reads, "the

- applicant has submitted application for licensure and supporting documents on forms in a format required by the Board."
- Ms. Black stated the language would be removed in \$ 47.12(4) "by check or money order payable to the Commonwealth of Pennsylvania" and in \$ 47.12(5) "the applicant has submitted two certificates of recommendation," to read, "The applicant has submitted a certification statement verifying the information on the application."
- Ms. Black referred to § 47.12c, licensed clinical social worker regarding supervised clinical experience, including direct client services, and whether it has to be in person or not.

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- Dr. Jordal referred to \S 47.12c(b)(5) and questioned the language, "supervisory responsibilities have been delegated."
- The Board discussed whether to remove the phrase, "or one to whom supervisor responsibilities have been delegated."
- Johanna Byrd, ACSW, IOM, CAE, Executive Director, National Association of Social Workers, commented that a distinction is made when talking to individuals, especially about Act 76 implementation or other things, where there is a distinction between clinical

- 1 | supervision and employment supervision. She noted
- 2 that from her perspective, if somebody else at the
- 3 agency is being designated as the clinical supervisor,
- 4 they would call them the supervisor, so being
- 5 consistent in the language, it makes sense to change
- 6 | it so that distinction can appropriately be made.
- 7 | Chair Corby asked how many are in favor of removing
- 8 | the phrase, "or one to whom supervisor
- 9 responsibilities have been delegated," and only two
- 10 were in favor so the decision was made not to remove
- 11 | it.
- The Board discussed changing § 47.12e to § 47.12f
- 13 regarding electronic supervision.
- 14 Ms. Martin questioned § 47.12f, noting it comes up
- 15 | in the social work sequence after the bachelor social
- 16 worker section and far removed from supervision.
- 17 Ms. Black would talk to Regulatory Counsel about
- 18 the numbering, but the reason it is § 47.12f is
- 19 because it was the next number in the sequence.
- 20 Ms. Martin suggested putting it under § 47.12c,
- 21 licensed clinical social worker with conditions for
- 22 licensure and supervised clinical experience, which
- 23 are both regarding supervision.
- 24 Ms. Black commented that the reason it may be in
- 25 its own section is because the electronic supervision

1 is going to apply to all license types and why it has 2 to be its own subsection.

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Ms. Martin stated bachelor social workers and licensed social worker do not need supervision, and it was only when people were applying and working on the licensed clinical social workers, which is § 47.12c.

Ms. Black will also talk to Regulatory Counsel because there might be a stylistic reason why it had to be a separate subsection and would consider incorporating that into § 47.12c if it does not have to be a separate section.

Ms. Martin referred to the annex for licensed MFTs, where a licensed MFT is at § 48.13 and electronic supervision is included at § 48.13a. She noted it would be more standard if they included it in the licensed social workers section at § 47.12c.

Ms. Black again noted that there may be a specific reason why it has to be formatted this way but that she will discuss the issue with Regulatory Counsel.

Ms. Martin referred to § 47.12c regarding licensed clinical social workers and was not sure why direct client contact was added, where supervised clinical experience, experience acceptable to the Board means

experience as a supervisee in a setting that has

direct client contact that is organized to prepare the

applicant. She noted it to be redundant, especially

if they include the in-person contact. She referred

to § 47.12c(b)(1), noting it is added in there.

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Ms. Martin referred to § 47.12c(b)(1)(3), noting it not to be appropriate to delete other psychosocial-therapeutic interventions and add direct practice social work intervention.

Chair Corby referred to the definition of "direct client contact," where it only acknowledges an electronic platform and not in-person client contact, noting the need to have a face-to-face piece in that definition.

Ms. Black suggested including in the definition, "in addition to in-person contact, this will also include the use of a HIPAA-compliant electronic platform."

Chair Corby commented that the definition of "in person" would need to be in there as well and is fine with that. She stated the Board interpreted the regulations and came up with a definition of "direct client contact" and "in person," and some of it was listed out of Ms. Black's language but not all of it was listed from there.

Ms. Black referred to the policy statement, noting she could look into whether it would be appropriate to do a separate definition for "in person" and if so, use what the Board adopted in the policy statement. She noted "direct client contact" was pulled right from the direct client contact policy statement.

Ms. Black stated having "direct client contact" being defined to encompass both a virtual method and physically present method would help ensure individuals were having direct client contact, whether they are sitting in the same room with someone or they are using a HIPAA-compliant electronic platform.

Ms. Black commented that when the provisions that refer to how supervised hours are accumulated or obtained are referencing direct client, it is going to have the definition that those hours can be obtained either in person or through an electronic platform.

Chair Corby commented that their explanation is that in person is not limited to being physically present in the same room, where it can be included in an electronic platform and is not about electronic or in person.

Ms. Martin commented that electronic is virtual and is quite a different therapeutic experience than

in person.

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Chair Corby noted that the Board interpretation of in person is not limited to those acquired while being physically present in the same room; therefore, the Board considers in-person supervision to be met if a HIPAA-compliant platform is used.

Ms. Black further explained that the Board had to develop that interpretation because the current regulatory structure did not allow for an electronic platform and had to interpret in person that way. She commented that with the revisions, they will not have to interpret in person that way because they will have the regulations that allow for the electronic platform.

Ms. Martin stated direct client contact now includes both and includes in person. She noted adding that and including virtual. She noted it to be a good move to call it direct client contact because it included two possibilities.

Ms. Martin referred to § 47.12c, noting there was some overlap between those sections, which makes it complicated, but was hopeful that the Board could develop regulations that are easy to understand and flow.

Ms. Black commented that the change in the annex

was made before she became involved, and the Board agreed with Ms. Martin in keeping psychosocial-therapeutic interventions.

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Chair Corby referred to § 47.12c(b)(6), noted "at the same time" was removed and is the intent of the regulation and why it was inserted. She suggested adding back in, "during the same period of time."

Ms. Black will make the appropriate change to read, "a supervisor shall provide supervision of the clinical experience of no more than a total of six supervisees during the same time period."

Ms. McNeill referred to § 47.12c(b) under supervised clinical experience. She questioned the wording of "has direct client contact" and whether it is being added in there because they are required to have direct client contact under any supervisor, that they cannot be a supervisor verifying only administrative work.

Ms. McNeill commented that prior to adding "has direct client contact," it was understood as long as they had a total of 1,500 hours in those areas of direct clinical client services, that met that requirement. She referred to section (b), "has direct client contact," where it appears that they would not count clinical experience if someone is in a position

that is only administrative or other work that is preparing them for the clinical practice but has no direct client contact.

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Ms. McNeill expressed concerned with having that specific word added in that specific section that applicants may interpret it as not being able to count any work that does not have direct client contact concurrent with non-direct client contact hours. She noted individuals may question whether hours will count if they do administrative work or anything else their supervisor says will count toward their clinical supervised experience in preparing for clinical practice if someone has no clients. She asked why the clause was added to that section.

Ms. Black explained that she put it in there to reference the concerns that came up when discussing the policy statement. She commented that if they do not have direct client contact as a phrase in the regulation, then they do not need a definition for it.

Ms. Black further explained that having a definition for direct client contact would also mean it would have to be in the regulations. She noted it could be removed and placed somewhere else.

Ms. McNeill suggested removing it from there and changing subsection (1), where it says direct clinical

- 1 client and changing that to direct client contact.
- 2 | She stated it would clear up the confusion if it was
- 3 removed in (d) and changing direct client contact in
- $4 \mid (1)$. The Board agreed.
- 5 Ms. Martin referred to § 47.1a qualifications for
- 6 | supervisors of individuals pursuing a clinical social
- 7 | work license, noting an important part in there
- 8 regarding social workers in § 47.1a(3)(iii), where
- 9 clinical was taken out and recommended it be put back
- 10 in.
- 11 Ms. Black agreed that it should read, "Practices
- 12 as a clinical social worker" and was probably just an
- 13 oversight and would be put back in the clean copy.
- 14 Ms. Black referred to § 47.12d.
- Ms. Martin referred to § 47.12d(4), noting the
- 16 supervisor shall be responsible for ensuring that the
- 17 requirements of § 47.12c(b) are met and, suggesting
- $18 \mid \$ \mid 47.12c(b)$ should be changed to $\$ \mid 47.12f$.
- 19 Ms. Black referred to § 47.12f, electronic
- 20 supervision, noting the policy statements were drafted
- 21 off of that proposed language.
- 22 Dr. Jordal referred to (c), to engage in
- 23 electronic supervision, a supervisor must hold an
- 24 active license in the state in which they were
- 25 licensed. He believed they were going beyond their

scope of practice, noting it should read, "To engage in electronic supervision, a supervisor must have an active license in Pennsylvania, and the Board agreed.

Ms. Black noted § 47.13b is being reserved with all language being removed.

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Ms. Black updated the Board regarding § 47.16a licensure by endorsement under Act 41. She noted Act 41 is being moved through IRRC in various stages through other boards. She mentioned a template for Act 41 specific to the statutory language. She commented that there are little tweaks as each board is sending it through individually.

Ms. Black stated that boards are getting questions from the House and IRRC. She mentioned a recent change under (b), an applicant for licensure may be required to appear before the Board for a personal interview, where a sentence has recently been added to templates for other boards, "a request for the interview to be submitted electronically in light of COVID." She will add that into this provision.

Ms. Black noted no additional revisions were added to \S 47.21 professional corporations.

 $\,$ Ms. Martin noted a typo in the previous section on page 11.

25 Ms. Black noted adding 1 clock hour in

1 assessment, treatment, or management of suicide risk 2 to § 47.32 requirements for biennial renewal.

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Ms. Black referred to § 47.36, this is another section where the edits were already done. It looks like what is being removed in the brackets in subsection (a) is being removed but "the following entities may provide, sponsor, co-sponsor, but may not approve continuing education courses or programs:" is being added.

Ms. Black also noted (i) is being added, "Graduate and undergraduate programs accredited by the Council on Social Work Education" but then (2), (3), (4), (5) and (6) are being removed.

Ms. Martin noted a typo on page 15, where a licensee may accrue up to the 15 of the required clock hours, noting to strike the word "the" before 15.

Ms. Black referred to (a)(1), noting
"participation" was removed. She also noted a
licensee may accrue the required clock hours by
participation in clinic conferences; clinical rounds;
or training under a preceptor provided through
hospitals, medical centers, or universities and
anticipates receiving a response from IRRC or the
House because of no specific allocation of CE amount.

Ms. Black recommended having a specific number of

1 clock hours, and Chair Corby suggested up to 15 of the 2 required clock hours.

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- Ms. Black noted the only change is § 47.39 was adding in the second sentence, "at least 30 days prior to the biennial renewal deadline."
- Dr. Jordal referred to § 47.39(b), where

 appropriate documentation shall include a description

 of circumstances sufficient to show why compliance is

 impossible. He noted nothing references "with

 appropriate documentation" in the previous section

 where they talk about other continuing education and

 suggested replicating the clause "with appropriate

 documentation."
 - Ms. Black suggested adding in section (a), clock hours may be granted by the Board on a case-by-case basis with appropriate documentation as follows, and Dr. Jordal agreed.
 - Ms. Martin referred to § 47.71 and asked why 2021 was added to "shall adhere to the National Association of Social Workers Code of Ethics" when the Board agreed not to specify because the code of ethics gets revised.
 - Ms. Black explained that there might be a requirement in accordance with how regulatory drafting is done and will check with Regulatory Counsel.

1 Ms. Black will make the uniform provisions in

- 2 | Chapter 48 and Chapter 49. The Board will provide Ms.
- 3 Black suggested revisions for Chapter 48 and Chapter
- 4 | 49 aside from what was discussed in Chapter 47. The
- 5 Board agreed to have another regulatory meeting on
- 6 February 11 at 10 a.m. to discuss their suggested
- 7 edits.
- 8 Ms. Martin noted under the definition of sexual
- 9 intimacy that (b) masturbation does not include
- 10 licensed bachelor social work because licensed
- 11 bachelor social work was probably licensed after the
- 12 last revision.
- 13 Ms. Black offered to add that to the definition
- 14 for the packet.
- 15 Chair Corby referred to § 48.3(1), a licensed
- 16 marriage and family therapist (MFT), noting MFT should
- 17 be LMFT.
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- 19 | Adjournment
- 20 CHAIR CORBY:
- 21 Motion to adjourn.
- 22 DR. JORDAL:
- 23 Second.
- 24 CHAIR CORBY:
- 25 All those in favor, say aye or raise

23 their hand. 1 2 [The motion carried unanimously.] 3 4 [There being no further business, the State Board of 5 Social Workers, Marriage and Family Therapists, and 6 Professional Counselors Regulatory Meeting adjourned at 12:27 p.m.] * * * 9 10 CERTIFICATE 11 12 I hereby certify that the foregoing summary minutes of the State Board of Social Workers, Marriage 13 14 and Family Therapists and Professional Counselors 15 meeting, was reduced to writing by me or under my 16 supervision, and that the minutes accurately summarize 17 the substance of the State Board of Social Workers, 18 Marriage and Family Therapists and Professional 19 Counselors meeting. 2.0 2.1 Kathryn Witherow, 2.2 2.3 Minute Clerk 2.4 Sargent's Court Reporting 25 Service, Inc.