

LICENSE RENEWAL

All licenses issued by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors will be coming due for renewal in February 2019. Notification will be made by both mail and email once renewals are available which should occur approximately 60 days prior to your expiration date. There are no paper renewals. All renewals must be completed online at www.pals.pa.gov. Please take note of the information below:

- Board mandated continuing education credits must be completed within the biennial period which runs from March 31, 2017 – February 28, 2019 for the 2019 renewal.
- All licensees are required to complete the two credits of the Act 31 continuing education for child abuse recognition and reporting through an Act 31 provider posted on the Board's website for renewal. This is required every renewal and confirmation must be electronically transferred by the course provider.
- Please refer to the Board's Regulations at www.dos.pa.gov/social for specific continuing education requirements for each license you hold to ensure you are in compliance prior to submitting your renewal.

- **Suicide Prevention Continuing Education**

Act 74 of 2016 was signed by Governor Wolf on July 8, 2016. Act 74 of 2016 requires licensees of the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors to complete 1 hour of continuing education in the assessment, treatment and management of suicide risks as a portion of the total continuing education required for license renewal.

For the next biennial renewal cycle ending February 28, 2019, as a condition for renewal you must complete 1 hour of continuing education in suicide prevention. If the word "suicide" or a derivative of the word "suicide" is contained in the title of a suicide prevention course/program taken through an approved provider, the continuing education earned can be used towards satisfying the suicide prevention continuing education requirement. If the course/program pertains to suicide prevention and the title of the course/program does not contain the word "suicide", the approved provider of the course/program must indicate on the certification of attendance/completion the number of hours of suicide prevention continuing education earned.

- **PLEASE NOTE:** The 1 hour of continuing education in suicide prevention may NOT be used towards satisfying the 3 hours of continuing education in ethics.

Clarification of Act 76 (Senate Bill 530) on the Independent Practice of Clinical Social Workers, Marriage and Family Therapists and Professional Counselors and Scope of Practice of Licensed Social Workers

Independent Practice and Supervisees

Act 76 of 2018 prohibits the independent practice of clinical social work, marriage and family therapy and professional counseling without a license as a clinical social worker (LCSW), marriage and family therapist (LMFT), or professional counselor (LPC). “Independent practice” means that the individual 1) styles themselves as a clinical social worker, marriage and family therapist or professional counselor; 2) regulates and is responsible for his or her own practice and treatment procedures; and 3) is not affiliated with any other practice, health care facility, government agency or government-regulated social service agency.

Social Workers

As of October 27, 2018, an individual holding solely the MSW degree or LSW license may not enter into independent clinical practice as defined in Act 76.

Licensed social workers in independent clinical practice who, *prior to October 27, 2018*, began actively working towards licensure as a clinical social worker by accumulating the required 3,000 hours of “supervised clinical experience” as set forth in the Board’s regulations at 49 Pa. Code § 47.12c(b) are not considered to be engaging in “independent practice” and will be permitted to complete their experience requirements for licensure as a clinical social worker and to obtain the clinical social work license.

These licensed social workers must have been receiving the necessary supervision by a supervisor who meets the Board’s regulations in “Qualifications for Supervisors” as outlined in 49 Pa. Code § 47.1a and the “Standards for Supervisors” as outlined in 49 Pa. Code § 47.12d. These practitioners must continue to receive the required supervision until they are issued a license to practice clinical social work by the Board.

Scope of Practice of Licensed Social Workers

Act 76 of 2018 did not change the scope of practice for licensed social workers (LSWs). Therefore, the scope of practice for licensed social workers remains as defined in section (3) of the Social Workers, Marriage and Family Therapists and Professional Counselors Act, as follows:

“Practice of Social Work.” Offering to render or rendering a service in which a special knowledge of social resources, human personality and capabilities and therapeutic techniques is directed at helping people to achieve adequate and productive personal, interpersonal and social adjustments in their individual lives, in their families and in their community or holding oneself out to the public by any title or description of services incorporating the term “social worker” or using any words or symbols indicating or tending to indicate that one is a social worker, except as otherwise provided by this act.

Marriage and Family Therapists

Those practitioners who have completed their education to obtain a license to practice marriage and family therapy and who are actively working toward licensure as a marriage and family therapist by accumulating the required 3,000 of “supervised clinical experience” as set forth in the Board’s regulations

at 49 Pa. Code § 48.13(b) are not considered to be engaging in “independent practice” as defined in Act 76 of 2018 if they are receiving regular supervision by a supervisor who meets the Board’s regulations on “Qualifications for Supervisors” as outlined in 49 Pa. Code § 48.3 and the “Standards for Supervisors” as outlined in 49 Pa. Code § 48.14. These practitioners must continue to receive the required supervision until they are issued a license to practice marriage and family therapy by the Board.

Professional Counselors

Those practitioners who have completed their education to obtain a license to practice professional counseling and who are actively working toward licensure as a licensed professional counselor by accumulating the required 3,000 hours of “supervised clinical experience” as set forth in the Board’s regulations at 49 Pa. Code § 49.13(b) are not considered to be engaging in “independent practice” as defined in Act 76 of 2018 if they are receiving regular supervision by a supervisor who meets the Board’s regulations on “Qualifications for Supervisors” as outlined in 49 Pa. Code § 49.3 and the “Standards for Supervisors” as outlined in 49 Pa. Code § 49.14. These practitioners must continue to receive the required supervision until they are issued a license to practice professional counseling by the Board.

Act 76 of 2018 can be viewed at the following link:

<https://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2018&sessInd=0&smtLWInd=0&act=76#>

The Board’s regulations in Title 49 of the Pennsylvania Code can be viewed at the following link (click on Chapter 47 (Social Workers), Chapter 48 (Marriage and Family Therapists) or Chapter 49 (Professional Counselors), as appropriate:

<https://www.pacode.com/secure/data/049/049toc.html>

Clarification of Act 76 of 2018 (Senate Bill 530) on when Supervised Clinical Experience may begin for Marriage and Family Therapists and Professional Counselors.

As of October 27, 2018, Act 76 requires an applicant for licensure as a marriage and family therapist or for licensure as a professional counselor to complete at least 3,000 hours of “supervised clinical experience” AFTER being granted a master’s degree. Prior to the enactment of Act 76 of 2018, supervised clinical experience could be accumulated after the completion of 48 semester hours or 72 quarter hours of graduate coursework.

Marriage and Family Therapists

An individual who has met the educational requirements of Section 48.13(a)(3)(i) or (ii), as a marriage and family therapist and has started accruing their 3,000 hours of “supervised clinical experience” after the completion of 48 semester hours or 72 quarter hours of graduate level coursework, *but prior to Act 76’s effective date on October 27, 2018*, will be permitted to continue their supervised clinical experience towards licensure and to obtain a license as a marriage and family therapist. Please be advised that the practicum requirement of Section 48.2(6) of the Board’s regulations cannot be counted toward the 3,000 hours of supervised clinical experience.

An individual pursuing licensure as a marriage and family therapist that has not started accruing their supervised clinical experience hours *prior to the effective date of Act 76 on October 27, 2018*, will need to obtain their master's degree prior to accruing the 3,000 hours of supervised clinical experience.

Professional Counselors

An individual who has met the educational requirements of Section 49.13(a)(3)(i) or (ii), as a professional counselor and has started accruing their 3,000 hours of "supervised clinical experience" after the completion of 48 semester hours or 72 quarter hours of graduate level coursework, *but prior to Act 76's effective date on October 27, 2018*, will be permitted to continue their supervised clinical experience towards licensure and to obtain a license as a professional counselor. Please be advised that the clinical instruction (practicum and internship) requirement of Section 49.2(9) of the regulations cannot be counted towards the 3,000 hours of supervised clinical experience.

An individual pursuing licensure as a professional counselor that has not started accruing their supervised clinical experience hours *prior to the effective date of Act 76 on October 27, 2018*, will need to obtain their master's degree prior to accruing the 3,000 hours of supervised clinical experience.

Act 76 of 2018 can be viewed at the following link:

<https://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2018&sessInd=0&smtHLwInd=0&act=76#>

The Board's regulations in Title 49 of the Pennsylvania Code can be viewed at the following link (click on Chapter 48 (Marriage and Family Therapists) or Chapter 49 (Professional Counselors), as appropriate:

<https://www.pacode.com/secure/data/049/049toc.html>

Efforts to Stem the Tide of the Opioid Epidemic

Teni Osundeko, PhD, LCSW, SAP

People who go to doctors for pain relief may be prescribed opioids also called narcotics. Opioids are made from opium, which comes from the poppy plant. Morphine and codeine are the two natural products of opium. Synthetic modifications or imitations of morphine produce the other opioids which include: Fentanyl (Duragesic), Heroin (street drug), Hydrocodone with acetaminophen (Lorcet, Lortab, Vicodin), Hydrocodone (Zohydro ER, Hysingla ER), Hydromorphone (Dilaudid), Methadone Oxycodone (OxyContin), Oxycodone with acetaminophen (Percocet), Oxycodone with aspirin (Percodan), Meperidine (Demerol). These opioids can become addictive.

The good news is that individuals with no history of drug addiction who use narcotics at prescribed doses to control pain are unlikely to become addicted to the drugs. Nevertheless, when opioids are injected or taken orally in high doses, the user reaches an intoxicating high which can lead to addiction. Over time, individuals who are opioid dependent will ingest greater amounts of opioids to achieve the same level of "high" as previously experienced before the onset of tolerance. This phenomenon is commonly referred to by opioid dependents as "chasing the high." Opioids are also used to provide

effective anxiety relief. As individuals seek to manage pain or get anxiety relief using opioids, over prescription causes narcotic abuse to be one of the most common forms of drug abuse in the U.S.

The Substance Abuse and Mental Health Services Administration (SAMHSA) states that signs of opiate use disorder include the craving to use opioids, inability to reduce use, difficulty meeting personal obligations, development of tolerance and having withdrawal symptoms after stopping use.

Drug overdose is of concern in the United States where more than 300,000 persons have died from overdoses including opioids since 2000. In October 2017, the government declared the opioid crisis a national public health emergency. The president's Initiative to stop opioid abuse focuses on over prescription, illicit drug supplies, insufficient access to treatment, primary prevention and recovery support.

In 2018 the National Institute of health (NIH) launched the HEAL (Helping to End Addiction Long-term) Initiative, an aggressive, trans-agency effort to speed scientific solutions to stem the national opioid public health crisis. Some of the solutions include encouraging research to integrate behavioral interventions with Medication-Assisted Treatment (MAT) for opioid use disorder (OUD), development of the nasal form of naloxone, a nasal spray for reversing opioid overdose, the development of buprenorphine for the treatment of opioid use disorder, and evidence for the use of nondrug techniques such as acupuncture and mindfulness meditation to help patients manage pain.

Three FDA approved medications for opioid use disorder are naltrexone, methadone and buprenorphine. These medications work on the brain to eliminate withdrawal symptoms or eliminate the euphoric effects of opioids.

An important role of the social worker in addressing the opioid epidemic is to provide psychotherapy in the integrated treatment model of the medication assisted treatment for the opioid users. As substance use educators, clinicians and case managers, social workers and therapists provide families with information on the risks of opioid abuse, how to recognize signs of the disorder, treatment protocols and linking families to community resources.

Sources

National Institute on Drug Abuse: Opioid Overdose Crisis. Retrieved May 30, 2018 from www.drugabuse.gov/drugs-abuse/opioids.com

Pain Killers & Opioid use Disorder. Retrieved from www.webmd.com/mental_health/addiction.com

President Donald. J. Trump Initiative to Stop Opioid Abuse: The Opioid Crisis. Retrieved May 28, 2018 from www.whitehouse.gov/opioids.com

Supervisors: Are you in the Know?

The position of *supervisor* is a very important one in the supervisory process of clinicians obtaining licensure (as clinical social workers, marriage and family therapists and professional counselors) in the Commonwealth of PA. Supervision is a significant responsibility in the formation and development of clinicians. This article will help you determine what you know and need to know by taking the following "True/False Quiz," which is followed by answers and explanations.

- 1) It is permissible for supervisors to meet with 6 supervisees on an individual basis, as well as 6 different supervisees in a group setting, during any given month.
- 2) Anyone who holds a license can provide supervision.
- 3) The supervisor is responsible for ensuring that the requirements of the supervisee's supervised clinical experience are met.
- 4) There is no limit to the number of hours a supervisor can supervise per week.
- 5) It is the responsibility of the supervisor to make sure that the supervisee completes at least 500 hours and no more than 1800 hours of supervised clinical experience in any 12-month period.
- 6) There is provision in the regulations that allow supervisors to work with more than 6 supervisees.
- 7) It is the responsibility of the supervisor to maintain records of scheduled supervisory sessions.
- 8) It is not the responsibility of the supervisor to make sure that the supervisee informs each client/patient that he/she will discuss the client's/patient's case with the supervisor.
- 9) All 3000 hours of supervised clinical experience must be direct contact (face-to-face).
- 10) One hour of supervision is required for every 20 hours of supervised clinical experience.
- 11) Now that Act 76 has gone into effect since the end of October 2018, supervisors will be able to continue to provide supervision to those clinicians in private practice (not affiliated with any other practice, health care facility, government agency or government-regulated social service agency) who are working toward licensure.

Answers:

- 1) **False.** *A supervisor may supervise no more than 6 supervisees at the same time. In any given period of time, supervisors are limited in providing supervision to 6 supervisees.*
- 2) **False.** *For supervisory clinical experience after Jan. 1, 2010, 1500 hours of the 3000 hours must be provided by a licensed professional in that particular profession. (This means that LSWs must be supervised by LCSWs, Professional Counselors must be supervised by LPCs, and MFTs must be supervised by LMFTs who are also AAMFT Approved Supervisors.) The other 1500 hours may be supervised by another licensed mental health professional in a related field and has 5 years experience within the last 10 years in that field. (For experience prior to Jan. 1, 2010, the regulations are slightly different.)*
- 3) **True.** *This is the regulation for supervisors for LCSWs (Section 47.12d(4)), for LMFTs (Section 48.14(4)), and for LPCs (Section 49.14(4)).*
- 4) **False.** *Supervised work activity can count when it takes place in a single setting for either 30 hours per week but no more than 50 hours per week for at least a 3 month period, or 15 hours per week for at least a 6 month period. This means that the supervisee is limited to no more than 50 hours of clinical experience per week.*
- 5) **This was true, but is no longer part of the regulations.**
- 6) **True.** *When the regulation of no more than 6 supervisees at a time creates an undue hardship on a supervisee, the supervisee and supervisor may request an exception, in writing, stating reasons why this creates a hardship and why the supervisee is unable to obtain a supervisor who meets the requirements of this requirement.*
- 7) **True.** *It is the responsibility of the supervisor to keep notes or records of scheduled supervision sessions. This is also good practice.*

- 8) **False.** *It is the responsibility of the supervisor to ensure that the supervisee's status is made known to the supervisee's clients/patients, as well as to ensure the client's written permission has been given for the supervisee to discuss his/her case with the supervisor.*
- 9) **False.** *Of the 3000 hours of supervised clinical experience, at least 1500 hours must be direct contact (face to face). These may include assessment, consultation, therapy, psycho-education. The additional 1500 hours may include activities that are part of one's professional responsibilities but are not direct client contact. Examples of these are case documentation and recordkeeping, client advocacy, activities that involve, support or enhance work with clients. Administrative duties cannot be counted, e.g. completing budget documentation, administrative supervision of another individual, office procedures. (A supervisee may count more than 1500 hours of direct contact.)*
- 10) **True.** *One hour of supervision is required for every 20 hours of supervised clinical experience (1:20), or 2 hours for every 40 (2:40). This means that when a therapist acquires 20 clinical hours during a week, that person must have at least 1 hour of supervision, and if (s)he acquires 40 hours during a week (s)he must have 2 hours of supervision. Half of the supervision hours (75 hours) must be done individually and in person, and the other half may be done in a group. (Group supervision needs to be done in concurrence with individual supervision.)*
- 11) **True.** *On the Board's website there is an announcement that clarifies that practitioners who are actively working toward licensure (as LCSWs, as LMFTs, and as LPCs) in a private practice setting may not be considered to be engaging in independent practice so long as they are receiving regular supervision by a supervisor who meets the Board's qualifications for supervisor until they actually obtain their respective license. Please review the announcement at the following link:*
- <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/SocialWorkersMarriageandFamilyTherapistsandProfessionalCounselors/Documents/Special%20Notices/Clarification%20of%20the%20Act%2076%20-%20Independent%20Practice.pdf>

We highly recommend that both supervisor and supervisee understand the process and the requirements from the beginning of the journey toward licensure. Sadly, we on the Board too often see that requirements have not been fulfilled in applications. While we sympathize with the applicants, it is the Board's job to uphold the requirements of the Act and Regulations. Unfortunately, it is the applicant who suffers when requirements are not met. Therefore, we strongly encourage supervisors to become familiar with the details of the requirements in order to provide your supervisees what they need. Checking the FAQs page on the website would also be helpful, and when in doubt, please contact the Board.

We rely on you supervisors to maintain the excellent standards of our professions! Providing quality supervision ensures this, along with the future of the supervisees. Thank you!

Joy E. Corby, Ph.D., LMFT, Board Member

Provider Enrollment Reminder



The Pennsylvania Department of Human Services (DHS) implemented the Affordable Care Act (ACA) provision requiring all CHIP network providers to be screened and enrolled with DHS. Thus far provider enrollment has been gradual at best.

Providers may have been reluctant to enroll for several reasons. Some providers have raised questions about the application fee. Individual providers are not required to pay a fee. The application fee of \$560.00 applies to institutional providers such as Inpatient Facilities, Extended Care Facilities and DME/Medical Suppliers. The uncertainty regarding the federal reauthorization of CHIP may have been another concern. We have good news -- CHIP has been reauthorized for the next 10 years!

The deadline for CHIP providers to enroll with DHS was December 31, 2017. However, there is still time to enroll and continue receiving payment for services to CHIP children.

Remember: registering as a CHIP-only provider does **not** mean providers must accept Medical Assistance beneficiaries.

Enrollment information and the ability to enroll electronically are available at the following website: <http://dhs.pa.gov/provider/promise/enrollmentinformation/CHIPProEnrollInfo/index.htm>.

Providers are encouraged to enroll electronically.

If you have any questions or issues with the enrollment process, contact the Provider Enrollment Hotline at 1-800-537-8862, select options 3, 1, 1, and finally option 4 to speak to a representative.

