

**NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD**

Post Office Box 1043
Asheboro, North Carolina 27204

E-mail: swboard@asheboro.com
Website: www.ncswboard.org

Phone (336) 625-1679

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Dear Licensed Clinical Social Worker Associate:

The North Carolina Social Work Certification and Licensure Board strongly discourages independent private practice during the associate licensure period, and will closely examine any request for permission to practice outside the structure of a public agency. The NC General Statute 90B-7(f) and Section .0210(d) & (e) of the North Carolina Administrative Code mandates that a Licensed Clinical Social Worker Associate (LCSWA) must practice with clinical supervision and immediate access to emergency clinical backup during this associate license period. This statute is intended to protect the client and the LCSWA during this supervised practice period.

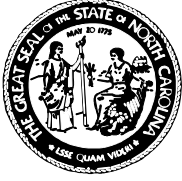
The Board will approve independent private practice arrangements for a LCSWA only if it is fully satisfied that clients and the public will be protected through close supervision of each clinical case by a North Carolina Licensed Clinical Social Worker (LCSW), as well as by a plan for twenty-four (24) hour emergency consultation and backup for the LCSWA with a North Carolina licensed mental health professional in accordance with N.C.A.C. 21:63.0210(d). The Board considers successful examination at the clinical level demonstration of a minimum level of competency. The Board expects that any LCSWA licensee seeking Board approval for independent/private practice arrangements will have already taken and passed the ASWB Clinical exam to avoid lapse in licensure and insure continuity of client care.

Enclosed are the Board approved forms that must be returned with your request for approval of your practice arrangements within the private sector. Please have your designated supervisor and emergency back up professional complete and sign the appropriate form. If the same individual is providing both services, then he/she must complete both forms and your Emergency Crisis Plan must document who is available as backup if your clinical supervisor is not immediately available. You must immediately inform this Board if there is any change with respect to the practitioner(s) providing supervision and emergency consultation. If you have additional questions, please contact the Board office.

Sincerely,

North Carolina Social Work Certification and Licensure Board

Attachments



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POSITION STATEMENT ON CLINICAL SUPERVISION

Purpose:

The purpose of this position statement is to clearly define the standards of expectation the Board has for supervision of associate licensees in order to protect the public and promote high standards of supervision of professional social work practice.

Definition:

Supervision is the face-to-face planned, regular contact **at a rate of no less than (1) hour of supervision for every 30 hours of clinical practice**, in an ongoing relationship designed to promote the development of responsibility, knowledge, skill, and ethical standards in the provision of clinical social work services through the exploration of client-centered material. The major focus in the supervisory process is accountability for client care within the parameters and ethical standards of the social work profession, including oversight and guidance in diagnosis and treatment of each client. Supervision is a learning process with the goal of professional growth and competent self-directed professional practice.

Qualifications of the Supervisor:

The supervisor must possess a Master's or Doctoral degree in Social Work from an educational institution with a graduate social work program accredited by the Council on Social Work Education. **The supervisor must be a North Carolina Licensed Clinical Social Worker, in good standing, with two (2) years of full-time clinical social work experience beyond the issuance of the LCSW credential.** (Please refer to NCGS 90B and Title 21, Chapter 63 of the NC Administrative Code regularly for any changes to this requirement).

The supervisor should be an active participant in ongoing professional development related to the field of social work practice and supervision. This involves staying current with professional literature, attending workshops on clinical practice and supervision, participating in advanced training seminars and peer consultation groups, and/or giving clinical social work presentations.

The clinical supervisor should:

- Model the highest ethical standards and seek to enhance the supervisee's sensitivity to and knowledge of legal and ethical standards and issues.
- Develop a supervisory contract with the supervisee that addresses frequency and cost (if applicable) of supervision, as well as access to records and confidential information.
- Insure that supervisees' clients are informed that the LCSWA is required to practice under supervision and that written consent to disclose information to the Supervisor is obtained.
- Have a clear understanding of social work practice and theory in general.
- Develop a supportive rapport with the supervisee while also maintaining an objective posture in order to effectively assess and address areas of strength as well as those needing improvement.
- Be skilled in helping the supervisee develop clinical assessment and treatment skills through review of the treatment process, therapeutic techniques, exploration of treatment options and client resources.
- Have expertise with the supervisee's client population and with the methods of practice the supervisee is employing. This requires an understanding of issues of diversity such as race, ethnicity, culture, language, age, gender, sexual orientation and physically or mentally challenged concerns.

- Demonstrate the ability to listen with sensitivity and empathy to the supervisee’s feedback regarding the supervisory process and to provide appropriate support for this.
- Demonstrate effective oral and written communication with the supervisee.
- Demonstrate the ability and willingness to deal with difficult issues and provide constructive feedback to the supervisee.
- Demonstrate an ability to recognize a supervisee’s possible impairment and address this in a timely and appropriate manner with him/her, including referral when indicated.
- Recognize when it is necessary to secure consultation regarding his/her work with the supervisee.
- Assist the supervisee in developing a comprehensive emergency crisis plan that clearly outlines “immediate access” to a licensed mental health professional for emergency consultation, the hierarchy of initial contact person(s) and emergency back up contact(s).
- Model for the supervisee a commitment to the social work profession and to one’s own continuing professional growth through participation in professional social work organizations and continuing education.

Conflict of Interest:

Supervision provided by the associate licensee’s therapist, parents, spouse, former spouses, siblings, children, employees, or anyone sharing the same household, or any romantic, domestic or familial relationship shall not be acceptable toward fulfillment of licensure requirements due to conflict of interest.

For the purpose of this section, a supervisor shall not be considered an employee of the associate licensee if the only compensation received by the supervisor consists of payment for actual supervisory hours.

A supervisor currently under sanction by this Board due to a disciplinary proceeding is not eligible to supervise an associate licensee. A supervisor formerly disciplined by any professional credentialing body or professional organization may not provide supervision without the explicit written permission of the Board [Reference 21 NCAC 63 .0211(a)(2)].

POSITION STATEMENT ON INDEPENDENT/PRIVATE PRACTICE FOR THE LCSWA

The NCSWCLB strongly discourages independent private practice by associate licensees (LCSWA) and will closely examine any request for permission to practice outside the structure of a public agency. NC General Statute 90B-7 (f) and Section .0210(d) & (e) of the North Carolina Administrative Code both mandate that a Licensed Clinical Social Worker Associate (LCSWA) must practice with appropriate clinical supervision and immediate access to emergency clinical backup during this associate licensure period. This statute is intended to protect the client and the LCSWA during the supervised practice period.

The Board will not approve practice arrangements for a LCSWA unless it is fully satisfied that clients and the public will be protected through close supervision of each clinical case by a Licensed Clinical Social Worker who holds an MSW from a CSWE accredited school of social work. The clinical supervisor assumes responsibility along with the LCSWA for the assessment for treatment, diagnosis, treatment planning, clinical interventions, appropriate use of the treatment relationship, referrals, case documentation, reports, collateral contacts, termination of treatment, and all other such activity for each client case under the care of the LCSWA.

In addition to supervision the Board must be satisfied that there is a plan for 24 hour emergency consultation and backup for the LCSWA with a NC licensed mental health professional. The Board expects the mental health practitioner (which may be the clinical supervisor), with the associate licensee to develop a crisis management plan that would provide the LCSWA licensee with immediate access to emergency backup and consultation.

 All LCSWA licensees need to describe and submit to the Board your emergency crises plan on a separate piece of paper or on the attachment provided.

TO BE COMPLETED BY THE SUPERVISOR ONLY AFTER READING THE POSITION STATEMENTS ATTACHED TO THIS DOCUMENT- PLEASE DETACH AND RETURN THIS PORTION

I, _____, License # _____ agree to provide
Print supervisor's name

clinical supervision to _____, LCSWA # _____.
Print supervisee's name

I have read and agree to comply with the NCSWCLB Position Statement on Clinical Supervision and the NCSWCLB Position Statement on Independent/Private Practice for the LCSWA. In so doing, I acknowledge that I am responsible for understanding the associate licensure process and may be contacted by the Board regarding matters of supervision of the above-named licensee.

Supervisor's Contact Information:

Mailing Address	City	State	Zip code
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Place of Employment

Daytime telephone number

Evening telephone number

Supervisor's signature

Date

In accordance with T21: Chapter 63.0210(d) & (e) of the NC Administrative Code, this form must be completed and received in the Board office along with the Emergency Crisis plan, prior to the associate licensee engaging in clinical practice, and to avoid delay in processing LCSWA Six-Month Review documentation.

YOU MAY ATTACH A WRITTEN EMERGENCY CRISIS PLAN OR USE THE DOCUMENT PROVIDED HEREIN.

The Board requires that supervisor(s) be familiar with the associate licensure process and the Board's expectations regarding the supervision of associate licensees. For your convenience and reference information is provided on the Board's website [www.ncswboard.org]. Please initial below that you have reviewed the following:

_____ All associate licensees (LCSWA) shall submit reports of their clinical social work experience and supervision on the appropriate Board form(s) every six months for review. LCSWA licensees who have not been providing clinical services must still report to the Board on schedule advising the Board of no clinical practice to report.

_____ I am aware that the Statute and Rules governing social work practice in North Carolina are posted on the Board's website for my reference.

_____ I am aware that the Supervisor Manual is posted on the Board's website as a guide for supervising associate licensees.

Emergency Crisis Plan

[Required of **all** LCSWA licensees **prior** to beginning clinical practice.]

Prior to engaging in clinical practice, all LCSWA (formerly the P-LCSW) licensees must submit to the Board, a written description of their Emergency Crisis Plan, regardless of practice setting, outlining who the LCSWA will contact in the event they need clinical consultation. This plan should be comprehensive and include a clearly outlined hierarchy of initial contact person(s), where they are located (onsite, offsite, etc.); and emergency back up contact(s) and where they are located, as well as estimated response time for clarification of "immediate access" as required under Title 21, Chapter 63 of the N.C. Administrative Code, Section .0210(d).

[If the Associate Licensee is practicing in more than one setting, a crisis plan must be submitted for each practice setting, along with the Employment Verification form. Any changes to the crisis plan require resubmission of a revised plan.]

Location of LCSWA Practice:

- Agency/Business Name: _____
Check applicable block: Public/Govt. Agency Private Non-Profit Private For-Profit
 Other (Explain) _____
- Agency/Business Address: _____
- Agency/Business Phone: _____

Please describe Emergency Crisis Plan below or attach a separate piece of paper"

LCSWA Signature

LCSWA License #

Date

LCSW Supervisor Signature

LCSW License #

Date

Emergency Consultant (back up) signature

License type & number

Date



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**SUPERVISION FOR LICENSED CLINICAL SOCIAL WORKER ASSOCIATES
IN PRIVATE PRACTICE SETTING**

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The Board will not approve practice arrangements for a LCSWA unless it is fully satisfied that clients and the public will be protected through close supervision of each clinical case by a Licensed Clinical Social Worker, who holds an MSW from a CSWE accredited school of social work and who has at least 2 years of post LCSW clinical practice experience. In addition to supervision, the Board expects there to be in place a plan for 24 hour emergency consultation and backup for the LCSWA with a North Carolina licensed mental health professional. The clinical supervisor assumes responsibility along with the LCSWA for the assessment for treatment, diagnosis, treatment planning, clinical interventions, appropriate use of the treatment relationship, referrals, case documentation, reports, collateral contacts, termination of treatment, and all other such activity for each client case under the care of the LCSWA. In addition the supervisor oversees any other professional activity, monitors and promotes increased understanding of social work ethics, encourages an appreciation for continuing education, and facilitates growth in professional identity. The Board expects to be informed by the supervisor of any problems with judgment, clinical knowledge, clinical skills, professional ethics, practice habits, or impairment of the LCSWA that may harm any client or the public.

Statement of Understanding for the Supervisor of a LCSWA in Private Practice Setting

I, _____, have agreed to provide clinical supervision to
_____ (LCSWA) for social work practice in a private setting.

I understand the expectations of the NC Social Work Certification and Licensure Board regarding the scope of supervisory responsibilities. I agree to notify the Board of any problem in clinical social work practice, ethics violation, or impairment of the LCSWA that may harm any client or the public.

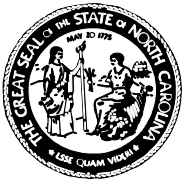
NAME: (please print) _____ LCSW LICENSE #: _____

MAILING ADDRESS: _____

PLACE OF EMPLOYMENT: _____

Daytime telephone #: _____ Evening telephone #: _____

SIGNATURE: _____ DATE: _____



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**EMERGENCY CONSULTATION FOR LICENSED CLINICAL SOCIAL WORKER ASSOCIATES IN
PRIVATE PRACTICE SETTING**

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The Board will not approve practice arrangements for a LCSWA unless it is fully satisfied that clients and the public will be protected through close supervision by an LCSW of each clinical case and, in addition, by a plan for 24 hour emergency consultation and backup for the LCSWA with a North Carolina licensed mental health professional. The Board expects the mental health practitioner with the associate licensee and the clinical supervisor to develop a crisis management plan that would provide for immediate access to emergency backup and clinical consultation. The mental health practitioner needs to be knowledgeable about and skilled in handling mental health emergencies, such as suicide, psychosis, family violence, threats of violence, and commitment procedures. The LCSWA must immediately inform the Board if there is any change with respect to the practitioner(s) providing emergency consultation. **Please describe your emergency crises plan in a separate attachment.**

Statement of Understanding for Emergency Consultant

I, _____, have agreed to provide 24-hour emergency
consultation to _____(LCSWA) or emergency consultation
for the times specified here (months, days, hours, etc.):

I understand the NC Social Work Certification and Licensure Board's expectations regarding emergency consultation and backup for a Licensed Clinical Social Worker Associate and give the Board permission to verify that my license is current and in good standing.

NAME (please print) _____
MENTAL HEALTH DISCIPLINE _____
LICENSE NUMBER _____
LICENSING BOARD TELEPHONE _____

Emergency Consultant's Signature: _____

Clinical Supervisor's Signature: _____