



UPDATE

North Carolina Social Work Certification and Licensure Board

SPRING, 2006

MESSAGE FROM THE CHAIR

William E. Lamb, MSW, CMSW



William E. Lamb, MSW, CMSW

I have been involved in several conversations recently regarding mental health reform and the impact that is expected relating to P-LCSW licensees. A number of provisionally licensed clinical social workers are currently employed in agencies where they are providing outpatient treatment services to Medicaid eligible clients, and their agencies are receiving reimbursement for the clinical services they provide.

Under the new service definitions and the changed reimbursement policies, P-LCSW licensees are being told they will not be directly enrolled as providers of outpatient treatment services. The Board has been and continues to be actively engaged in discussions with the Divisions involved with these issues and has provided assurance that our licensing law grants all

clinical privileges to a clinical social worker practicing in a provisional status. This is not the position of the Department of Health and Human Services, however. The N.C. Social Work Certification and Licensure Board does not have any authority to require direct third-part reimbursement, whether public or private, to provisional licensees or anyone else certified or licensed by this Board (NCGS § 90B-14). Provisional licensees are left with the understanding they will be moved into positions that will not provide clinical social work experience that can be documented to satisfy the requirements for LCSW licensure, or they may lose their job completely. This understanding may not be entirely true.

As these matters have been discussed across the various social work interests, we are continually being advised that P-LCSW licensees will be considered Qualified Professionals (QP) within the new system and that their services will be reimbursed as a bundled service. Furthermore, it is apparent to this Board that clinical duties are built into some of the functions carried out in those positions.

The Board is obviously bound by the provisions of the statutes and rules governing social work practice in North Carolina that define clinical social work practice. Pursuant NCGS § 90B-3(6) clinical social work practice is defined as

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OFFICE HOURS
9 A.M. TO 5 P.M.
MONDAY-FRIDAY

DUAL RELATIONSHIPS

BENNETT COTTEN, MSW, LCSW, BCD and RICHARD D. FERRISS, MSW, LCSW, BCD

Dual relationships in social work practice continue to be an active source of regulatory attention. The NC Administrative Code on social work [21 NCAC. § 63.0504] (see excerpt below) requires protecting the welfare of clients and prohibits using a professional relationship for personal advantage. The standard set out in the Code requires social workers to avoid personal relationships with clients or former clients “whose feelings toward them may still be derived from or influenced by the former professional relationship.”

.0504 RESPONSIBILITIES IN PROFESSIONAL RELATIONSHIPS (in part)

(a) Social workers shall not misuse their professional relationships sexually, financially, or for any other personal advantage. They shall maintain this standard of conduct toward all who are professionally associated with them such as clients, colleagues, supervisees, employees, students and research participants.

(b) Social workers shall inform clients of the extent and nature of services available to them as well as the limits, rights, opportunities and obligations associated with service which might affect the client's decision to enter into or continue the relationship.

— Sections (c) and (d) omitted —

(e) Social workers shall respect the integrity, protect the welfare, and maximize self-determination of clients they serve. They shall avoid entering treatment relationships in which their professional judgment will be compromised by prior association with or knowledge of a client. Examples include treatment of one's family members; close friends; associates; employees; or others whose welfare could be jeopardized by such a dual relationship.

(f) Social workers shall not initiate, and shall avoid when possible, personal relationships or dual roles with current clients, or with any former clients whose feelings toward them may still be derived from or influenced by the former professional relationship. When a social worker may not avoid a personal relationship with a client, the social worker shall take appropriate precautions, such as documented discussion with the client about the relationship, consultation or supervision to ensure that the social

worker's objectivity and professional judgment are not impaired. In instances when dual or multiple relationships are unavoidable, social workers shall set clear and culturally sensitive boundaries.

(g) Social workers shall not engage in sexual activities with clients or former clients.

(h) Social workers shall be solely responsible for acting in accordance with Chapter 90B and these Rules in regard to relationships with clients or former clients. A client's or former client's initiation of a personal, sexual or business relationship shall not be a defense by the social worker for failing to act in accordance with GS 90B and these Rules.

The first application of this standard that usually comes to mind is the prohibition of sexual relationships with clients or former clients. There is no flexibility in the Administrative Code for social workers. However, when one examines the standards for other professions relating to sexual relationships with former clients, significant differences emerge. For some professions, personal and sexual relationships with former clients are allowed after a specified time. In North Carolina, this prohibition for social workers is not time limited. [21 NCAC. § 63 .0504(g)]

Some social workers who have indulged in personal or sexual relationships with former clients have unsuccessfully attempted to argue that this relationship with the former client was not influenced by their previous professional relationship. Professional relationships with clients are influenced by both the innate power imbalance between the client and professional and by the unavoidable personal impressions, feelings, and characteristics that come into play in any significant human interaction. These characteristics affect all professional relationships, not just formally therapeutic ones.

In clinical work and psychotherapy there are the added elements of transference, counter-transference, and the extreme inequality of a relationship in which the client shares personal and vulnerable aspects of his or her life, while the therapist maintains the professional alliance and boundary that is focused exclusively on meeting the client's needs. To have an acceptable personal relationship or dual

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MESSAGE FROM THE CHAIR

"The professional application of social work theory and methods to the biopsychosocial diagnosis, treatment, or prevention of emotional or mental disorders. Practice includes, by whatever means of communications, the treatment of individuals, couples, families and groups, including the use of psychotherapy and referrals to and collaboration with other health professionals when appropriate."

Important elements in this definition include diagnosis; the development of a treatment plan; and the treatment of individuals, couples, families, and groups. Referrals to and collaboration with other health professionals is still considered within the scope of clinical practice when it is integral to and an extension of the clinical work being done by the P-LCSW licensee. Case management in and of itself is not considered clinical social work practice unless other clinical practice elements are present.

For the provisional licensee, this definitional issue is of concern for them to address the work experience requirements in the practice of clinical social work in order to become fully licensed as a Licensed Clinical Social Worker (LCSW). The Board understands and recognizes that it is not the title of the job but the duties and responsibilities of the position that determine whether or not one's experience will be approved as consistent with the definition of clinical social work practice and thereby be acceptable toward satisfying the LCSW requirements.

It is also clear under mental health reform P-LCSW licensees are going to be in position incorporating some clinical functions (biopsychosocial diagnosis, treatment, or prevention of mental disorders) and some job functions which are not considered clinical (needs assessment, supportive counseling, problem solving, services coordination, case management, discharge planning, placement, etc.).

It is going to be very important in these circumstances that the scope of clinical practice is discussed between the provisional licensee and their clinical supervisor, and that they develop a clear understanding of practice they can support as clinical and practice that is not clinical. To this end some questions to consider include: In your functions as a clinical social worker, do you have a clinical assessment? Are there treatment goals? Are you providing a clinical intervention or treatment? Has your client given you informed consent for clinical intervention? Does your

documentation support all of this? The P-LCSW licensees in these combination positions will need to determine with their supervisor the percentage of time being spent in clinical and non-clinical activities, so a summary total of the clinical social work practice time may be submitted to the Board on the six-month review document.

The principals here are relevant to any P-LCSW working in a position with split functions and they apply to a variety of practice settings not necessarily just within the scope of mental health services. There are potentially a broad range of human services positions which include clinical practice as a part of the job description (i.e. school social workers, hospice social workers, etc.).

With regard to finding employment, the Board can only encourage applicants and provisional licensees to review the definition of clinical social work practice as defined in Chapter 90B (Social Work Law) posted on the Board's website at www.ncswboard.org as you seek employment opportunities.

Contacting the professional associations regarding available listings and job postings is also encouraged as this kind of information is not something this Board would maintain or have knowledge of in the normal course of business.

Although the changes impacting outpatient service delivery by provisional licensees were targeted to begin March 20th of this year, it is the understanding of this Board that the Division of Health and Human Services has delayed the implementation date to June 30, 2007. We remain in contact with the professional associations and other regulatory boards impacted by these same changes and encourage social workers to express their concerns with their social work professional association(s). ❖

NCSWCLB Meeting Schedule

For Remainder of the 2006 Calendar Year:

Friday, May 5
Friday, June 2
Friday, July 7
Friday, August 4

Friday, September 1
Friday, October 6
Friday, November 3
Friday, December 1

Governor Easley Appoints New Board Members

The North Carolina Social Work Certification and Licensure Board welcomes two new Board members, Deana F. Morrow, Ph.D., LPC, LCSW, ACSW and Janet Urman, MSW, LCSW. Dr. Morrow and Ms. Urman join Jerry W. Rhodes, MSW, CSWM and Patricia Heard, MSW, LCSW as the most recent appointees by the honorable Governor Easley to serve as professional members to the state regulatory Board.

The appointments fill vacancies created by long standing Board members, Mr. Gary B. Bailey, MSW, LCSW, ACSW; Beth L. Peterinelli, MAEd., MSW, CSWM, P-LCSW; Bennett Cotton, MSW, LCSW; and Jacalyn A. Claes, Ph.D., MSW, LCSW. Mr. Bailey, Ms. Peterinelli, Ms. Cotten and Dr. Claes all served two consecutive terms on the Board, with Mr. Bailey and Ms. Cotten both serving as past Vice-Chair and Dr. Claes serving as past Chair. All four members have contributed significantly to the Board through their talent and time, exemplifying dedicated and diligent service to the public. While the Board will surely miss their presence and contributions, we look forward to the experience and insight of the new members as the Board continues under the leadership of Mr. William E. Lamb, MSW, CMSW who has accepted the chairmanship of the Board.

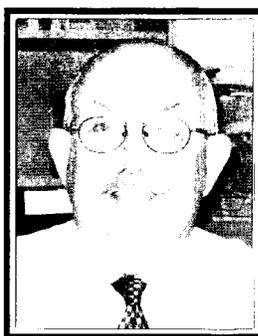


*Patricia Heard
MSW, LCSW*

Patricia Heard joined the Board following her appointment in August 2004. She holds a BA in Psychology from Mount Holyoke College, a Master of Business Administration from Pfeiffer University, and a Master of Social Work from the University of South Carolina. Ms. Heard has a private practice in Charlotte and teaches at the University of Phoenix/Charlotte Campus. Ms.

Heard has served as Executive Director of the BRIDGE Jobs Program since 2001. She currently serves on the Financial Committee of the Association of Social Work Boards and brings to the Board a wealth of professional knowledge and experience in clinical practice and administration.

Jerry Rhodes was appointed to the NCSWCLB in March 2005. He has been employed by the Washington County Department of Social Services since May 1975, and has served as their Director since August 1980. Mr. Rhodes received both his BA in Psychology and his Master in



*Jerry W. Rhodes
MSW, CSWM*

Social Work degree from East Carolina University. He is a member and a past President of the Board of Directors of the N.C. Association of County Directors of Social Services and was awarded "Director of the Year" by the Association in 2001. Mr. Rhodes has been recognized by East Carolina University School of Social Work as the "2005 Outstanding Alumnus."



*Dr. Deana F. Morrow
Ph.D., LPC, LCSW,
ACSW*

Dr. Deana F. Morrow resides in Charlotte and is an Associate Professor and Director of the Weekend MSW Program at Winthrop University. Dr. Morrow teaches courses principally in the area of micro and mezzo social work practice. In addition, she teaches a specialty course on social work practice with sexual minority populations. This course compliments her research focus in social work practice with

sexual minority populations. Dr. Morrow has authored numerous professional journal articles and she has presented at both national and international conferences on topics such as heterosexism, coming out, and gay and lesbian identity development. She and co-author, Dr. Lori Messinger of the University of Kansas, have just published a textbook titled "Sexual Orientation and Gender Expression in Social Work Practice" (Columbia University Press). They are also completing the finishing touches on an accompanying casebook to go with the text. Dr. Morrow's primary social work practice background is in the areas of mental health, aging, and health care where she has worked in both inpatient and outpatient health and mental health settings. In addition, she has maintained her own private practice for a number of years. Dr. Morrow completed a Master's Degree in Counseling at Western Carolina University, the Master of Social Work Degree and Certificate in Gerontology at the University of Georgia, and a Ph.D in Counselor Education at North Carolina State University. She is a Licensed Professional Counselor and a Licensed Clinical Social Worker as well as a member of the National Association of Social Workers Academy of Certified Social Workers. Among her many service

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Governor Easley

activities. she is a member of the University of Georgia School of Social Work Development Council and carries a national appointment to the Council on Social Work Education's Council on Sexual Orientation and Gender Expression.



Janet Urman
MSW, LCSW

Janet Urman received her BA in Sociology from Boston University and her MSW degree from Boston College Graduate School of Social Work. She is also a member of the National Association of Social Workers Academy of Certified Social Workers, the American Social Work Board of Certified Diplomats, and certified as a Critical Incident Stress Debriefing team member. Currently

in private practice in Chapel Hill, Ms. Urman is also a member of the North Carolina Society for Clinical Social Workers, recognized in 1990 as Social Worker of the Year. She has co-authored publications on issues related to pregnancy and is currently appointed to the University of North Carolina Hospitals Ethics Committee. ❖

Re-certification ALERT!!

Individuals renewing their certificate or license this June are reminded to complete the re-certification affidavit and return it with the appropriate fee, prior to the June 30th expiration date, to avoid lapse in licensure and penalty of an additional late fee, or automatic suspension of the certificate/license. Affidavits for renewal are automatically mailed from the Board office in early April. You should have already received this document if you are due for renewal June 30, 2006. The renewal process has undergone some significant changes to expedite the turnaround time. Administrators will review for approval all renewals for certification and licensure, and a Continuing Education audit will be conducted each year to ensure compliance with statutory and regulatory requirements. Please do not attach certificates, etc. to your Recertification Affidavit when submitting for renewal. You will be contacted if your Recertification Affidavit has been selected for audit and will be asked to provide verification of attendance and completion of all documented continuing education activity at that time. Significant changes have also been made to standard forms utilized by the Board in accordance with changes in policy and procedure. It is important that information you submit to the Board be received on current documents to avoid a delay in processing that information. The website is being updated and should be completed within the next couple of weeks to provide a resource for downloading current documents. ❖

Administrative Update

The office of the Board has undergone some administrative changes that we hope will allow for more efficient service delivery. The Board continues to receive an increased volume of ethical complaints and has incorporated the previously contracted Ethics Coordinator position held by Richard Ferriss, MSW, LCSW, CSWM into a staff position. This has allowed for increased use of Mr. Ferriss's time in addressing and coordinating ethics activity. He has also provided the Board with feedback on statistical analysis of ethics matters before the Board, and has been available to individuals seeking clarification on the ethical guidelines enforced by the Board.

Micki Lilly who has served as the Board's Administrative Coordinator since January 2000 was recently promoted to Executive Director. This position is new to the Board and provides a level of administrative authority on some matters that would otherwise require a committee of the Board for action.

Janice Tarlton and Deidre Teague have both served the Board as Administrators since November 1998 and although they share some administrative responsibilities, there has been a move to concentrate designated duties for increased efficiency.

Ms. Teague serves as our primary credentialing specialist and receives applications for initial certification/licensure.

Ms. Tarlton processes exam requests and is primarily responsible for the processing and recording of provisional licensee's review reports. Ms. Tarlton also acts as secretary to the Board, recording minutes for each Board meeting.

In addition, the Board has contracted with Allen and Pinnix, P.A. for legal counsel and to prosecute matters before the Board. The firm, established in 1977, has significant experience in regulatory law, including counseling; rulemaking; administrative enforcement; compliance with federal, state and international laws pertaining to occupational licensing, and related legislative matters. It is one of the few firms of its size in the region recognized in the Bar Register of Preeminent Law Firms. Mr. Jack Nichols and Alice Knowles serve primarily as contacts for the Board. ❖

**PLEASE ADVISE THE BOARD OFFICE OF ANY CHANGES
IN NAME, ADDRESS, HOME AND WORK TELEPHONE
NUMBERS AS SOON AS POSSIBLE!**

DUAL RELATIONSHIPS

role with a client or former client, one would have to demonstrate that these factors were not significantly influential. This is a difficult assertion to establish, as feelings and motivations grounded in transference or counter-transference may be unconscious. The social worker must be able to produce documentation of thorough discussion with the client and adequate peer consultation or supervision, establishing that his or her professional skill, objectivity, judgment, and boundaries were assiduously maintained for the client's benefit. In addition, to comply with the standards in the Administrative Code, it must be demonstrated that the social worker did not initiate a personal relationship and that the relationship was impossible to avoid, not merely inconvenient [carefully read § .0504(f)].

Another form of dual relationship can occur when the social worker takes on additional professional relationships that potentially conflict with preexisting ones. For example, if one establishes a primary clinical relationship with one family member and later begins treating another family member as a primary client, the stage is set for allegations of abandonment and violations of professional trust. Some patients with particular diagnostic constellations are particularly vulnerable in this circumstance. In every practice model careful attention to any shifts in the structure of therapy and the meaning of any changes to each individual is strongly advised. The social worker should avoid situations that create professional conflicts of interest, such that to help one client would harm, exclude, or create mistrust for another. If this is unavoidable, the social worker should get documented peer consultation and consider client referrals, if indicated.

Setting and maintaining professional boundaries is at the heart of most of the dual relationship questions that come before the Board. The frequency of overlap of personal/professional interactions often increases in smaller communities and may seem unavoidable. Four general principles are helpful: 1) Know the ethical code that is a part of the legal structure sanctioning social work in NC [see Administrative Code at www.ncswboard.org]; 2) Ensure that your professional boundaries are well defined and understood, i.e., limit professional interactions to professional settings with the appropriate people; 3) Ensure that your professional actions are clearly for the client's benefit; and 4) Obtain and document supervision or consultation around any situations that may create problems for a patient or a hazard for you in the future.

A final thought for professional health: Just as physical healthcare providers can identify activities that maximize physical well being, social workers can protect their professional health with certain habits:

- Keep up-to-date in your field of practice.
- Refer clients for whom you do not have the expertise to treat.
- Give strong consideration to participation in an MSW/LCSW peer group in which you can discuss and receive input about cases.
- Document these efforts. ❖

Current Disciplinary Action

1. **Bruce Wheaton, Jr.: 06/14/01 - Revocation.**
Requires Board approval to return to clinical practice.
2. **Alan Konell: 10/22/01 - Censure.**
(License surrendered effective 04/01/02)
3. **Peter Alan Ruiz: 04/19/02 - Revocation for three years.**
Requires Board approval to return to clinical practice.
(License surrendered effective 07/01/02)
4. **Karen M. Rosner: 11/14/02 - License suspended.**
Requires Board approval to return to clinical practice.
5. **Kelly Ann Foss: 01/10/03 - License suspended.**
Requires Board approval to return to clinical practice.
6. **Scott Hager: 12/12/03 - License suspended.** Requires Board approval to return to clinical practice.
7. **Lucy G. Sweeting: 12/12/03 - License suspended.**
Requires Board approval to return to clinical practice.
8. **David R. Gould: 12/12/03 - License suspended.**
Requires Board approval to return to clinical practice.
9. **Dalton W. Deese: 01/16/04 - Revocation for five years.**
Requires Board approval to return to clinical practice.
10. **Stan C. Cagle: 08/05/04 - License SUSPENDED for a minimum of one year.** Requires Board approval to return to clinical practice.
11. **Jane R. Eubanks: 10/01/04 - License REVOKED for a minimum of one year.** Requires reapplication and Board approval to return to clinical practice.
12. **Allen Greene: 11/15/04 - Letter of REPRIMAND** with six month probation, requiring supervised practice. **Effective 09/09/05 this license was restored to good standing.**
13. **Aubrey Russell Harris, Jr.: 12/10/04 - License SUSPENDED for a minimum of one year,** requiring Board approval to return to clinical practice.
14. **Richard D. Garis: 03/04/05 - License REVOKED for five years,** requiring Board approval to return to clinical practice.
15. **Thomas M. Waite: 05/11/05 - Letter of REPRIMAND** requiring supervision for a period of at least one year.
16. **Lea Almond Martin (Tate): 05/25/05 - License SUSPENDED** requiring Board approval for reinstatement.
17. **Lisa Uranga Harper: 06/20/05 - License is REVOKED effective 06/30/05.** The Board will not consider reapplication for a period of at least five years.
18. **Samuel D. Clemons, Jr.: 08/12/05 - License is REVOKED permanently effective 08/12/05.**
19. **Wesley E. Taylor: 03/02/06 - Letter of REPRIMAND** requiring supervised practice for a period of at least one year.
20. **Gina Y. Bussey: 05/05/06 - Letter of REPRIMAND** requiring supervised practice with Board approval of designated supervisor.

ANNUAL REPORT

July 1, 2004 – June 30, 2005

Current Board Members:

William E. Lamb, MSW, CMSW: Chair, Professional Member
Patricia J. Heard, MSW, LCSW: Vice-Chair, Professional Member
Ronald W. Penney, MPA: Secretary-Treasurer, Public Member
Janet Urman, MSW, LCSW: Professional Member
Deana F. Morrow, Ph.D., LPC, LCSW, ACSW: Professional Member
Leon Maynor, BA: Public Member
Jerry W. Rhodes, MSW, CSWM: Professional Member

The NCSWCLB met on a monthly basis to complete the duties and functions as assigned by Chapter 90B, Social Worker Certification and Licensure Act, North Carolina General Statutes.

- A. Activity for the Period 7/1/04 through 6/30/05** **Total Number Processed**
- | | |
|---|------|
| 1. Applicants for examination:..... | 433 |
| 2. Applicants denied examination:..... | 02 |
| 3. Applicants sitting for examination: (any level) | 328 |
| 4. Applicants passed Bachelors level exam: | 02 |
| 5. Applicants failed Bachelors level exam:..... | 03 |
| 6. Applicants passed Masters level exam:..... | 03 |
| 7. Applicants failed Masters level exam:..... | 02 |
| 8. Applicants passed Advanced Generalist level exam: | 00 |
| 9. Applicants failed Advanced Generalist level exam: | 00 |
| 10. Applicants passed Clinical level exam: | 206 |
| 11. Applicants failed Clinical level exam: | 112 |
| 12. Applications for certification/licensure received: | 776 |
| 13. Applicants issued initial certification/licensure:..... | 765 |
| 14. Applicants issued certification/licensure by comity:..... | 99 |
| 15. Certificates/licenses suspended or revoked through disciplinary action: | 03 |
| 16. Certificates/licenses terminated for any reason: | 118 |
| 17. Certificates/licenses currently listed as nonpracticing: | 453 |
| 18. Applications for certification renewal: | 2002 |
- B. Current Number of Certificates/Licenses by Level on June 30, 2005**
- | | | |
|---|--------|------|
| Level A – Certified Social Worker | Active | 251 |
| Level B – Certified Master Social Worker | Active | 134 |
| Level C – Licensed Clinical Social Worker..... | Active | 3864 |
| Level C – Provisional Licensed Clinical Social Worker | Active | 917 |
| Level H – Certified Social Work Manager | Active | 43 |
| TOTAL CERTIFICATIONS | Active | 5209 |
- C.** The Board continues to maintain on site and through a web listing, MSW/LCSW Clinical Social Workers willing to supervise P-LCSW licensees as they work toward full licensure. This roster is updated quarterly. The Board also maintains a license/certification search on their website for verification of credentials.
- D.** Board members made twelve (12) presentations in response to requests from various agencies, school systems, social work organizations and Schools of Social Work. Topics included Social Work Certification and Licensure, Ethics for Social Work Practitioners, Ethics for Social Work Managers, and Clinical Supervision.
- E.** The Board acted upon fifty-five (55) ethical complaints against social workers under NCGS § Chapter 90B, the North Carolina Social Worker Certification and Licensure Act. Twenty-eight (28) telephone complaints were received and thirty-six (36) written complaints were received. Of the complaints acted upon, the Board issued a Letter of Caution or Concern in eight (8) matters, prosecuted six (6) cases through administrative hearing, and twenty (20) allegations were unsubstantiated. Disciplinary action through suspension was taken in two (2) matters, two (2) licenses were revoked, and two (2) licensees were reprimanded. The Board entered into a consent

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ANNUAL REPORT

agreement in seven (7) matters before the Board. The Board also ordered a Mental Health and/or Substance Abuse assessment for three (3) licensees, and restored two (2) licenses to good standing in response to compliance with a Board order.

- F. Board members addressed a number of long range goals including changes to the Statutes and Rules Governing the Social Work Board to reflect current practice and to provide for the Board's authority to hire private counsel; pursue moving to a larger building to accommodate the need for additional space; address the issue of conflict of interest under the ethical guidelines; present information on certification and licensure to all North Carolina accredited MSW programs, including the part-time programs; and survey the clinical exam pass/fail rates as they relate to when the exam was taken (initial or re-examination) and the kind of preparation utilized by the applicant.
 - G. Board members attended a retreat in February 2005 to address continued concerns regarding supervision of clinical social work practice. Two LCSW Reviewers presented information on what constitutes clinical practice and what is addressed when reviewing clinical supervision and clinical social work practice documented on the Provisional License Review Employment and Supervision forms submitted to the Board. Proposals addressed before the group included the following: proposed Rule changes in the NC Administrative Code that would provide for clearly defined qualifications required for clinical social work supervisors to include additional experience post LCSW; a coordinated effort with the North Carolina Chapter of the National Association of Social Workers (NASW-NC) regarding training content for continuing education directed toward clinical supervision; and development of a manual for supervisors.
 - H. Patricia Heard, MSW, LCSW and Jerry Rhodes, MSW CSWM were appointed by Governor Easley to serve on the Board. Both Ms. Heard and Mr. Rhodes will serve as professional members and fill the vacancies created by Mr. Gary Bailey and Ms. Beth Peterinelli. Mr. Bailey and Ms. Peterinelli served two consecutive terms with the Board, and Mr. Bailey served as Vice-Chair from July 1999 through June 2000 and again from July 2002 through June 2003. ❖
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