Social Work Practice Mobility: Setting the Agenda

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

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

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

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

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

Enjoy and be enlightened!

About the artwork

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

Nitya Wakhlu has a bachelor’s degree in engineering and an MBA focused on human resources and organization development. Nitya is best known for her work as a graphic recorder and is privileged to have worked with corporate, government, and nonprofit groups across North America, Africa, India, and Europe.
In this digital era, technology offers many benefits to clients—convenience, affordability, access. But technology also creates challenges: Social workers must be vigilant to maintain privacy, confidentiality, and work boundaries as well as other boundaries in the client-professional relationship. These were just a few of the issues keynote speaker Frederic Reamer discussed in his presentation “Social work in a digital age: ethical and risk management challenges” as he set the stage for this year’s Spring Education Meeting on social work practice mobility.

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

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

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

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

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

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

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

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

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

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

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

Frederic G. Reamer, Ph.D.

Dr. Reamer is a professor in the graduate program of the School of Social Work, Rhode Island College, where he has been on the faculty since 1983. His research and teaching have addressed a wide range of human service issues, including mental health, health care, criminal justice, public welfare, and professional ethics. Dr. Reamer received his Ph.D. from the University of Chicago and has served as a social worker in correctional and mental health settings. He chaired the national task force that wrote the current National Association of Social Workers Code of Ethics and chaired the ASWB International Technology Task Force, which developed the Model Regulatory Standards for Technology and Social Work Practice. He is the author of many books and articles on professional ethics and criminal justice.
practice. Now, just three years later, his imagery had changed to “building a massive cruise ship in the middle of the most turbulent seas imaginable.” These are fundamental questions, he said, about “who we are as social workers, who we serve, how we serve, and what we mean by relationships.”

MORE QUESTIONS THAT MATTER

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

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

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

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

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

How would graduates’ knowledge be assessed?
SOCIAL WORK IN A DIGITAL WORLD - FREDERIC REAMER

ETHICAL & RISK-MANAGEMENT CHALLENGES

THREATS TO CONFIDENTIALITY

WHAT'S A RELATIONSHIP

WHO DO WE AIM TO SERVE

WHAT ABOUT BOUNDARIES

WHAT DOES CONSENT LOOK LIKE?

WHAT ABOUT JURISDICTION

DIGITAL TOOLS EXPAND REACH

WHAT ABOUT LICENSES?

VIRTUAL WORLD COUNSELING

AVATARS

THERAPY THROUGH TEXT MESSAGING

ACCESSIBILITY: ANY PLACE, ANY TIME, ANY ENVIRONMENT!

CREATING MORE OPENNESS

THOSE SOLVE FOR...

$$ COST

THE DIGITAL EGG HAS CRACKED!

GAMEIFICATION

THE ETHICS EVOLUTION

THE VALUES PERIOD

THE MORALITY PERIOD

FOCUS ON CORE VALUES

SOWING THE SEED OF THE MODERN PROFESSION

THE ETHICAL DILEMMAS & DECISION MAKING

ETHICAL MODELS & DECISION MAKING

DEVELOPMENT OF ETHICS MODELS

FOCUS ON TEACHING

ONE DONOR HEART...MULTIPLE PEOPLE IN NEED...

...IT'S LIKE THIS BASEBALL BAT OR TOOL FOR TEAMWORK

DOMESTIC VIOLENCE

WHO CAN BE AN "INTERNET THERAPIST"

IMPACT ON KEEPING RECORDS

WHAT ABOUT PRIVACY?

WHAT ALREADY HAPPENED?

WHAT ABOUT LITIGATION

YOU'VE BEEN SERVED

RISE OF LITIGATION

FOCUS ON PROTECTION

WHAT ABOUT PRIVACY?

MY CLIENT JUST GOT ARRESTED

WHAT DOES THE CONSENT LOOK LIKE?

WHAT ABOUT LICENSES?

WHAT ABOUT JURISDICTION

DIGITAL TOOLS EXPAND REACH

WHAT ABOUT LICENSES?

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

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

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

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

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

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

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

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

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

John Mayr

For regulators, compliance is sometimes seen as a race to the bottom. The question becomes which province has the lowest standards, and if regulators adopt those standards, are they doing their job to protect the public? For Canadian social work regulators, this caused some real thinking—Is that true? Do stringent standards for licensure mean...
more effective regulations? The process resulted in a balance of standards across the country, rather than a race to the bottom or elevation to the most stringent requirements.

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

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

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

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

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

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

The principles of the agreement are:

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

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

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

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

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

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

John Mayr, MBA, LL.M., is the registrar and CEO for the British Columbia College of Social Workers and oversees the labour mobility practices of the College. Having regulated three different professions, John has a unique perspective on competency and labour mobility. John has a Masters in Business Administration specializing in leadership and a Master of Laws specializing in administrative law.
key information for social workers, social work students, and universities. Begun in 1998, the process resulted in a competency profile drafted in 2006 and reviewed and updated in 2012. The profile integrates knowledge and competencies required to practice social work, and links those competencies to the training required to develop them. The 2012 update arranges the competencies in four major areas: ethical, critical and reflective practice; intervention process with clients; professional collaboration and partnerships; and professional development and contribution to the profession.

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

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

Mayr asked. “The question for regulators is, ‘Is there a risk of harm in that?’”

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

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

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

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

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

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

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

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

“It’s better for us to be leaders in the process to resolve issues about mobility. Because if we don’t, politicians will do it,” concluded Leblond.
MORE QUESTIONS THAT MATTER

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

What is the role of the educator vs. the regulator in establishing competency?
This breakout session, led by Dorinda Noble of Texas and Amanda Duffy Randall of Nebraska, asked more questions than it answered. Noble and Randall, both experienced supervisors and longtime regulators, held up their home states as examples. “We’re ideal presenters because the states that we’re licensed in pretty much represent two ends of the continuum of the standards of supervision,” Randall quipped.

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

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

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

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

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

Social work regulators in the U.S. “have got a lot of commonality” in terms of discipline, said Noble, “but when it comes to supervision, either you think it’s really important to public protection and important to quality practice or you don’t—or some variation in between.”
The Social Work Registry can be part of the solution, Noble pointed out. The Registry is a service that ASWB provides for social work students and licensed social workers that collects key documentation of the social worker’s licensing credentials. Social workers enrolled in the Registry use a highly detailed form to document supervision, so that jurisdictions reviewing that social worker’s supervision have a clear picture of whether it meets their standards. By enrolling in the Registry early in the supervision process, a social worker can also hold onto original supervision documentation, so it can be available years down the road when contacting the supervisor may not be possible.

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

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

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

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

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

Kate Zacher-Pate
(MISSOURI)

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

Anonymous

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

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

SUPERVISION STANDARDS

COMMON STANDARDS REMOVE MOBILITY BARRIERS

WHAT ARE THE COSTS? WHO PAYS?

WHAT ARE SUPERVISOR CREDENTIALS?

SUPERVISION OF HOW MANY?

HOW? FORMAT OR PROGRAM?

WHO CAN SUPERVISE?

DO WHAT?

WHO ARE YOU SUPERVISING?

HOW LONG IS IT NEEDED?

WHAT’S THE CONTENT/SUPERVISORY CURRICULUM?

HOW DO WE MEET?

FREQUENCY?

DORINDA NOBLE

AMANDA DUFFY RANDALL

CASE STUDY

A TALE OF TWO STATES

REGULATIONS

TEXAS 70 PAGES

FOCUS ON

OUR PHILOSOPHY

NEBRASKA

THAT’S IT!

SUPERVISION IS IMPORTANT TO SOCIAL WORK

NATIONAL STATISTICAL REPORTS

OUR SUPERVISORS NEED TO TOW THE LINE

YOU NEED

- 3000 HRS EXPERIENCE
- LMHP, PSYCHOLOGISTS, GENERAL PHYSICIANS OK
- NO BOARD APPROVAL

SWEET SPOT

FINDING THE

1. INCLUDE EDUCATIONAL CONTENT @ SUPERVISION

2. DEFINE MIN. STDS

3. PHILOSOPHY: SUPERVISION AS AN ESSENTIAL COMPONENT

4. ASWB GUIDELINES

5. LEARN FROM MODELS IN OTHER PROFESSIONS

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

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

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

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

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

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

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

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

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

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

In the United States, the Constitution, specifically the 10th Amendment, establishes a states-based regulatory system except for those rights delegated...
to the federal government, Atkinson explained. Federal rights include immigration and interstate commerce. Where challenges to mobility might exist as far as federal law having preemption, Atkinson said, are in cases of infringement of interstate commerce.

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

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

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

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

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

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

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

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

Richard Silver, BSW, LL.M., SW, is a lawyer and a social worker. He obtained his BSW from McGill University and civil law and common law degrees also from McGill. He also has a master’s degree in law (LL.M.) from the Université de Sherbrooke. He has been a member of the Québec Bar since 1989 and the OTSTCFQ since 1993. After his studies in social work, he worked in both the institutional and community sectors. He has also worked in private practice as a lawyer, as a member of the political staff of Québec’s Minister of Health and Social Services, and for other community organizations. He has been on the staff of the Ordre since June 2001.
In closing, Atkinson said there was still work for states to do with this model in terms of ensuring the uniformity of applications and renewals and the “almost uniformity” of scopes of practice and titles and acronyms. He encouraged everyone to embrace the commonalities between Canada and the U.S., noting that there were far more similarities than differences, and to embrace change.

**MORE QUESTIONS THAT MATTER**

How would a national license requirement work in the United States?  
How can we reach North-South agreements so there is mobility between the U.S. and Canada?  
How many individual social workers are moving between jurisdictions?

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Exam score transfer requests are one indicator of the mobility of licensed social workers in the U.S.: Requests can represent a practitioner’s decision to relocate or to be licensed in more than one state. This graph reflects the trend over the last ten years of an increasingly mobile social work workforce.
In this breakout session, Darla Spence Coffey, CEO of the Council on Social Work Education (CSWE), and Lise Betteridge of the Ontario College of Social Workers and Social Service Workers (OCSWSSW) presented an overview of the process for determining the equivalency of social work education across international borders.

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

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

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

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

"There’s certainly an expectation on regulatory bodies that the process for this be transparent and fair,” said Betteridge, which is why the standards set forth in Ontario’s alternate route to registration are so specific. She said the review process takes around
four to six weeks for completion, once the applicant has submitted all the required documentation. “They need to meet the high bar and have demonstrated that the academic qualifications and experience that they do have is equivalent to a BSW from an accredited program recognized by the College,” Betteridge said in closing.

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

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

Even so, applicants who have provided all their documentation can expect a relatively quick answer. “We pride ourselves on a quick turnaround. Evaluations are generally made within two weeks of receiving all the appropriate documentation,” Coffey said. She also pointed out that, because CSWE is reviewing the competencies of the individual, there’s no blanket accrediting/approval of individual degree programs. “It’s very important that we do not become a de facto international accreditor. We are not approving programs,” Coffey said, because academic programs can vary widely depending on the student’s coursework.

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

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

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

International Mobility

Application
- International social work degree recognition + evaluation service

Focus of this assessment...

Individual competencies
- Supporting documents
- Study/course assignments

Not just credentials
- Examined by special educational experts

Online application process

Lise Betteridge

Dara Spence Coffey

Example

Environement of high mobility

Movement within Canada

International mobility growing

More applications seeking registration under equivalency

Test for:
- Education
- Work

Routes to registration

Regular route

Equivalency route

1. Accredited SW degrees from Canada & USA
2. International SW degrees approved by CASWE
3. Intl. degrees not CASWE approved
4. Non-SW degrees
Social work regulation today: Readiness for mobility

In this breakout session led by ASWB Executive Vice President Dwight Hymans and Director of Member Services Jennifer Henkel, attendees were given an overview of how prepared the profession of social work is for practice mobility. The regulation of the social work profession is relatively young, said Hymans in his introduction. Compared to other health care professions, social work is in its adolescent stage. All the parts are there, but social work seems to be lacking in regulatory maturity. As of the mid-1970s, social work regulation was becoming more commonplace in the United States. Since then it has slowly grown to a point where all of the states, territories, commonwealths, and the District of Columbia have some form of regulatory structure. Regulation of social work in Canada has followed a similar timeline. Regulation is in place, but due to the uniqueness of social work compared to other health care professions, there are several barriers to social work practice mobility yet to overcome. The reasons for this are related to the nature of the profession, according to Henkel, who described social work as unique in the varieties of education and experience required to enter practice. Regulation is in place, but due to the uniqueness of social work compared to other health care professions, there are several barriers to social work practice mobility yet to overcome. The act is more than a model—it is a reflection of best practices in social work regulation. Part of its value as a resource for member boards is its ever-evolving fluidity and currency. Another benefit offered by the model act is its focus on uniformity of terminology, noted Hymans. By promoting a standard with three categories of licensure—bachelors, masters, and clinical—the model act advocates for a consistency in regulation as a way of preparing the foundation for a mobile workforce and consuming public. While this is the model that ASWB members themselves designed to reflect best practices and voted to adopt, it is not being used consistently by membership: Some members have used it extensively while others have not. This inconsistent use is best illustrated by the tremendous differences in title and scope of practice across North America, as shown during the session.

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

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

Dwight Hymans, MSW, LCSW, is the executive vice president of ASWB. In this position, he has leadership responsibility for the oversight and administration of the ASWB Examination Services and Member Services departments, oversight of the internal personnel process, and developing and maintaining strong relationships with member regulatory boards/colleges.
model act,” said Henkel, pointing to the model act’s introduction, which states, in part:

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

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

Creating more consistency across jurisdictions (e.g., by following the best practices outlined in the model act) would allow the consumer to be better informed and protected. Mobility, after all, is relevant not only to the professional but also to the consumer.

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

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

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

Dwight Hymans

MORE QUESTIONS THAT MATTER

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

Can a jurisprudence exam serve this function?

What are the competencies that all jurisdictions can agree to?
Pharmacy: A Model for Mobility

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The ELTP model works as follows:

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

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

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

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

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

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

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

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

Lawana Lyons, RHIA, BS, is the licensure programs senior manager for the National Association of Boards of Pharmacy® (NABP®). Lyons began her tenure with NABP in 1996 as director of the foreign pharmacy graduate examination committee (FPGEC®) and after 2000 worked as a program analyst focusing on special projects for new programs, association training, and overseeing the association’s policies and procedures. Lawana joined the Licensure Programs Department in April 2014 and oversees the Electronic Licensure Transfer Program® (ELTP®), the NABP Clearinghouse, and the License Verification programs. In addition, she manages the operational aspects of CPE Monitor® and facilitates the work team developing enhancements to the program.
• The burden of processing applications is lifted from states
• States retain their authority because a nongovernmental agency is providing support
• Uniform guidelines allow states to accept licensees from other states
• Disputes can be mediated between states

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

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

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

MORE QUESTIONS THAT MATTER

What can ASWB learn from the pharmacy model?

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

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

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

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

- Rx
- Oldest regulated profession in North America

CANADA
- Removing mobility barriers
- NAPRA (1995)
- Lawana Lyons
- Deanna Williams
- How we achieved mobility

USA
- NABP e-LTP (Electronic License Transfer Program)
- Role of NAPRA

THEORY
- Creation of a national competency model
- Discuss, resolve differences

RECOGNIZE
- There is more than 1 way to assess competencies
- Education, work experience

RECOGNIZE
- Education, work experience
- Centralized database of all licenses

BIG AHAs!
- Trust is key
- Create alignment between states and other stakeholders
- Don't have "weak links"

- Keep updating competencies as the profession evolves
- Design the unique model that works for you

PRINCIPLES
- Focus on competencies
- Pharmacists across Canada work fairly similarly

TRUST
- Is critical

FOUNDATION
- Create common accreditation standards for undergrad pharmacy degrees

PROCESS
- Application
- License verification

VERY QUICK TURNAROUND
- 5-7 days

NABP CLEARINGHOUSE VERIFICATION
- Check disciplinary action
- Allows extended public protection

EVERYONE HAS AN E-PROFILE
- Possibility of proactive verification

Cognition design making

- Count & pour
- Lick & stick
More Models of Mobility: Physicians, Nurses and Psychologists

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

One of the things our member boards kept saying was ‘Please help us regulate telepsychology!’ Janet Orwig

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

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

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

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

Lisa Robin, MLA, is the FSMB’s chief advocacy officer and oversees the FSMB’s Washington, D.C., office. During her long tenure at the FSMB, she has been active in policy analysis, development and promulgation on issues including medical board authority and structure, license portability, telemedicine, state pain and addiction policy, scope of practice, and physician health. She represents the position of state medical boards to Congress and the Administration and supports individual boards in achieving their state legislative agendas. In her current position, she oversees the FSMB’s education services, federal and state legislative and policy services, and public affairs.
ASPPB, which does primary source verification of the candidate’s licensing qualifications. Once that verification is complete, ASPPB sends the complete application packet to the board where the candidate applied. By streamlining the process, PLUS speeds up licensing applications, especially for candidates moving from one PLUS jurisdiction to another.

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

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

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

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

Will Francis
NATIONAL ASSOCIATION OF SOCIAL WORKERS - TEXAS

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

Maureen Cahill
NATIONAL COUNCIL OF STATE BOARDS NURSING
World Café: What we discovered

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

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

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

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

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

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

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

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

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

Q. 1: Competency Standards & Equivalency

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

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

Q. 2: Jurisdictional board/college communication and collaboration

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

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

Q. 3: Jurisdictional board-college discipline processes

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

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

Q. 4: Technology

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

Q. 4: Report-out
1. Person needs to be competent with technology, including hardware/software/encryption/security/privacy; backup plan if there is a blackout; competent with language of technology—e.g., emojis; response rate
2. Basic social work principles apply in any environment and translated into tech
The Questions and Report-outs, continued

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

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

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

**Q. 6: Stakeholder engagement and advocacy**

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

**Q. 6: Report-out**

Who are stakeholders?

- Individuals
  - social work practitioners/regulators
  - public
  - clients
  - media
  - educators

- Agencies/Employers
  - NASW/ASWB/associations within professional specialties
  - Veterans Administration/military/Social Security/federal and state government agencies/insurance companies and other large employers

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

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

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

4. Focus on commonalities and substantial equivalencies

How to achieve buy-in and collaboration?

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

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

3. Talk about the risks of not allowing mobility

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

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

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

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

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

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

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

- **ASWB Social Work Registry**: a repository for education transcripts, supervision records, exam scores, and other credentials of licensed professionals that also serves as a verification source for licensing boards.

- **ASWB’s examination program**: national social work exams assess for minimum competency for bachelors, masters, and clinical categories of licensure.

- **ASWB Model Social Work Practice Act**: the model law provides the text of a sample regulatory statute for use by legislatures and social work jurisdictional boards when addressing issues related to regulating social work practice. The model act facilitates greater standardization of terminology and regulation from jurisdiction to jurisdiction, which promotes increased mobility for qualified social workers among other benefits.

- **ASWB’s Path to Licensure campaign**: a program designed to develop a partnership with social work programs and educators to bring the discussion of regulation and public protection to students who will become the next generation of social workers.

- **ASWB Model Regulatory Standards for Technology and Social Work Practice**: Developed by an international task force, the standards offer guidance for regulating the use of technology in social work practice.

### ASWB Mobility Task Force

Chair: 
ASWB President Dorinda Noble, LCSW (Texas)

### Association of Social Work Boards:

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

Board Registrar
Lisa Crockwell, RSW (Newfoundland & Labrador)

Board Administrator
Florence Huffman (Kentucky)

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

Other Task Force members:

Jim Akin, ACSW, Executive Director, National Association of Social Workers-Florida
Courtney Papale Newton, attorney for the Louisiana Physical Therapy Board
Dale Atkinson, ASWB consulting attorney and Executive Director, Federation of Associations of Regulatory Boards
Conclusion:
Licensure mobility/portability in our lifetime

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

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

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

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

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

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

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

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

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