

Written Only - Proponent with amendment to HB 2208
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Chairwoman Brenda Landwehr
Health and Human Services Committee

My name is Cynthia Schendel, I am a retired Clinical Social Worker and a former President of the KS Chapter of the National Association of Social Workers. I had a private practice in Overland Park for 25 years where I served individuals, couples and families. While I am not currently practicing, I do maintain my license and my membership in NASW. I would like to address the additional training and CE requirements proposed in this bill.

During my career I supervised many Social Workers for their clinical license. This is at least a 2-year process, meeting weekly for an hour. The supervision plan must be submitted to and approved by the BSRB and the supervisor must keep meticulous records of each meeting, including notes about the supervisee's cases. The supervisor is obligated to be available should the supervisee need urgent consultation throughout the training period, and during that time the supervisor is legally liable for the practice of the trainee. Upon completion of the required hours the supervisor must submit detailed paperwork in support of the Social Worker's LSCSW application.

Currently an LSCSW must have practiced for 2 years in that capacity before he or she can supervise others for this license. "Teacher" is one of the 5 roles we are taught a Social Worker must be competent to fulfill, and it is a part of every Social Work job. Having completed an MSW and the rigorous process described above, plus 2 more years of practice, an LSCSW Supervisor has had years of experience which includes teaching various skills. There are certainly aspects of clinical supervision that are unique to that relationship but an LSCSW should be competent to discern and adapt to them. LSCSW's already must take 40 hours of CEU's every 2 years, including 3 hours of ethics and 6 hours of diagnosis and treatment. In my experience supervision-specific training is often difficult to find and would create unnecessary additional burden for those willing to supervise. While a clinical supervisor can certainly benefit from specific training for that role it should not be required given the already extensive training he or she has had and the serious shortage of LSCSW's in our state. Too few of us have been able to take on the liability and administrative burden of supervising others for this license, this requirement will further disincentivize many who might consider it.

The pandemic has exacerbated an already burgeoning mental health crisis in Kansas and across the nation. We urgently need more trained LSCSW's to meet this need. I urge you to strike from this proposed legislation the unnecessary additional training and requirements for LSCSW Supervisors.

Cynthia A. Schendel, LSCSW