STATE OF WISCONSIN
MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

IN THE MATTER OF RULEMAKING	**:**	
PROCEEDINGS BEFORE THE	**:**	**REPORT TO THE LEGISLATURE**
MARRIAGE & FAMILY THERAPY,	**:**	**CR 14-057**
PROFESSIONAL COUNSELING AND	**:**	
SOCIAL WORK EXAMINING BOARD	**:**	

NOTE: This rule was previously submitted to the Legislature on February 9 2015. During legislative review the Senate Health and Human Services took No Action referring it to JCRAR and the Assembly Family Law Committee requested the Board recall the rule to allow for legislation. The Board recalled the rule on April 10, 2015. AB 217 was not scheduled for a vote in the Senate during this legislative session.

The Marriage and Family Therapy, Professional Counseling and Social Work Board is resubmitting the rule without modifications.

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS:

None

III. FISCAL ESTIMATE AND EIA:

The Fiscal Estimate and EIA is attached.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

This rule removes two requirements which are not in statute for licensure as a clinical social worker. The legislature removed the requirement that the supervised clinical social work practice be completed in no less than 2 years when it inserted the 3,000 hour requirement. This rule removes the requirement which remained in the administrative code after the statutory change. The other requirement is deleting the requirement that the 1,000 hours of face-to-face client contact include “DSM diagnosis and treatment of individuals”. The statute requires only that the experience hours be in clinical social worker practice. The requirement that the supervised experience must include Diagnostic and Statistical manual (DSM) diagnosis and treatment of individuals is not in the statutes and creates a higher burden on the applicant than the statutory requirements.

This rule also brings the code in compliance with Wisconsin 2013 Act 114 which created a provision that a credentialing board may not require a person to complete the postsecondary education before the person is eligible to take an exam. The current rule allows an applicant to take the exam for social worker or advanced practice social worker prior to graduation provided the school confirms the applicant is in good standing and is within 6 months of graduation. The current rule is not in conformity with 2013 Act 114 by requiring the school to indicate the person is in good standing and limiting the ability of the applicant to decide when to take the test. Therefore, this rule removes the requirement for the school to confirm the applicant is in good standing and the requirement that the student must be within 6 months of graduation.

V. SUMMARY OF PUBLIC COMMENTS AND THE BOARD'S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:

The Marriage and Family Therapy, Professional Counseling and Social Work Examining Board held a public hearing on October 28, 2014. The following people either testified at the hearing, or submitted written comments:

Cindy Adell representing National Association of Social Workers, Wis. Chapter
Rosemarie Carbino
Pam Cass
Edward Cohen
Gabriela Dieguez
Cornelia Gordon-Hempe
Marc Herstand representing National Association of Social Workers, Wis. Chapter
John Macek
Maria Elena Perez
Jerrold Rousseau
Barbara Teske-Young
Michael Wallace
Angela Willits
Nick Yackovich representing UW School of Social Work
Paul Zenisek

The Board summarizes the comments received either by hearing testimony or by written submission as follows:

Ms. Adell, Ms. Cass, Mr. Cohen, Ms. Dieguez, Mr. Herstand, Mr. Macek and Mr. Wallace opposed the elimination of "includes DSM diagnosis and treatment" from the rule. The rule change would allow a person to become a licensed clinical social worker without any supervised clinical training in DSM diagnosis or psychotherapeutic treatment. It is essential for LCSW's to possess DSM diagnosis and treatment experience. To deny the educational experience of DSM and psychotherapy for clinical social workers poses ethical risk for clients, clinicians and community. A critical component of licensed clinical social work practice is having solid diagnostic skills. The failure to demand DSM diagnosis or psychotherapy treatment skills puts patients at

danger. DSM is an essential part of any comprehensive assessment process as it is considered the gold standard in mental health. Allowing individuals to practice without having the necessary training puts a burden on the consumer of mental health services because they won't know if the provider has been properly trained in the utilization of the DSM.

Ms. Gordon-Hemp, Jerrold Rousseau and Paul Zenisek opposed the rule. Their comments opposed the elimination of the 1000 hour requirement and the elimination of "includes DSM diagnosis and treatment". The standards are weakened by not requiring a defined period of supervised pre-licensure clinical practice including face-to-face client contact with clients including DSM diagnosis and treatment. Ms. Gordon-Hemp served as the Social Worker Section chair when the Section developed the current administrative rules that amplified the legislation.

Ms. Carbino, Ms. Perez, Ms. Teske-Young, Ms. Willits and Mr. Yackovich oppose the elimination of the 1000 hour requirement. The education provided is far short of the amount of training needed to practice as a competent social worker and the 1000 hours of face-to-face practice is necessary. A minimum number of training hours ensures some exposure to the very important component of diagnosis and psychotherapeutic treatment. Eliminating the training component of the license would be concerning for all individuals seeking services. The 1000 hours of supervised direct practice provides advanced skills to practice competently.

The Board explains modifications to its rule-making proposal prompted by public comments as follows:

The Board did not make any modifications to the rule-making proposals prompted by public comments. The Board is not eliminating the requirement for 1000 hours of face-to-face client contact as that is required by statutes. The Board recognizes the importance of training in DSM diagnosis and treatment for licensed clinical social workers, however, the statutes do not required that training to be included in the 1000 hours of face-to-face client contact. The supervised training is to be in clinical social work as defined by statutes which a component is psychotherapy.

In this rule, the Board is merely conforming their rule to the statutory requirements.

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

All of the recommendations suggested in the Clearinghouse Report have been accepted in whole.

VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS:

None