

# *Dr. Ann Frisch, Ph.D., CICSW*

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October 20, 1997

Hon. Rep. Cliff Otte, Chair, Consumer Affairs  
State of Wisconsin Assembly  
Madison, Wisconsin

BY FAX: (608) 282-3627

RE: Assembly Bill 517

Representative Otte and Committee Members:

I urge you to reject Assembly Bill 517.

I am a Certified Independent Clinical Social Worker and member of the Academy of Certified Social Workers, a member of the National Association of Social Workers and the Wisconsin Chapter, NASW. If this bill is passed, I will be easily licensed as a Independent Clinical Social Worker, so I have no personal interest in seeing this bill defeated. I am asking you to reject this bill because it will undermine the volunteer efforts which keep our communities alive. It will increase the cost of community's doing the business of caring for people by forcing non profit and state agencies to hire from a limited pool of workers licensed as Social Workers. There is no justification for this act whatsoever.

I might assume that the Marriage and Family Therapists and the Professional Counselors and psychologists would also oppose this bill. Conveniently exempting anyone who currently holds a state or federal license is a way to get marriage and family therapists and professional counselors to ignore the fact that Social Workers are claiming a unique function that excludes them. Psychologists, whose function clearly overlap (if not coincides) with those described to be "Social Worker" are not required to be licensed as Social Workers or Marriage and Family Therapists or Counselors if they do not use the term "licensed, certified or registered"(Pages 8-9). Clearly a way to avoid difficult confrontations with other professionals who claim this definition, while eliminating anyone who is not yet certified or licensed.

It is not clear that to be a Social Worker you would have to be doing **all** of the functions listed in the definitions, but clearly there are some people who are doing only one of those functions. Are those individuals who are involved only in providing social or health services also to be considered Social Workers? Are those who are working for the "creation of societal conditions favorable to the enhancement...of ... social functioning or the delivery of services..." also to be licensed as Social Workers? (Page 8, Line 2-11). It appears as though the State of Wisconsin is going to be requiring that members of Earth First! and the Christian Coalition be licensed as Social Workers.

If this bill is passed by the Legislature, it will be its last act. Once passed, all members of the legislature will have to be Licensed Social Workers. The Wisconsin Section of the National Association of Social Workers is seeking to not only limit the use of a title, but of a broad area of both paid and volunteer work. The work of a Legislator would fall under the definition of Social Worker (at least in part), so will be required to be licensed. Of course there are some members of the legislature who will qualify as Licensed Social Workers, but clearly the majority of them will not.

Legislators will find themselves violating the very law they seek to enforce.

Passage of this bill will generate unending requests for licensing: we will need to have Licensed Disaster Counselors, Licensed Battery Counselors, Licensed Financial Counselors, Licensed Group Home Counselors, Licensed Wisconsin Legislators and so on. It will increase the cost of communities doing business by eliminating the competition; it will leave agencies without volunteer staff; it will leave agencies without choices in whom they can hire and dramatically increase their costs. All without any justification whatsoever.

I would also challenge the legislature to differentiate between the four levels of Social Work (Pages 6-8) in any practical sense. Indeed, even the Social Workers cannot distinguish between them: Page 7, (Line 8-9): "Independent Social Work has the meaning given for advanced practice social work in sub. 1d." What is the purpose of creating a category of practice that completely coincides with another? These are not discrete categories that provide reasonable monitoring. In fact, the NASW WI in proposing this legislation is asking the Social Work Board to engage in determining whether an individual is practicing at one or another level, an administrative nightmare.

Most of the people who have an interest in this bill do not read the legal notices in the Milwaukee Journal Sentinel and have no idea what the legislature is intending to inflict upon them if the Social Worker's bill is passed. If you intend to pursue this bill, I ask that adequate notice be given to the public service sector and that public hearings be held in every community.

My only regret is that Gilbert and Sullivan are not around to put this folly to music. They would profoundly thank the Wisconsin Section NASW for this bill.

This bill should be rejected out of hand without further deliberation.

I ask that you make a copy of my letter available to all members of the committee.

Sincerely,



Ann Frisch, Ph.D., Associate Professor of Education and Human Services  
University of Wisconsin Oshkosh

## Mental Health Association in Milwaukee County

734 North 4th Street, Suite 325  
Milwaukee, Wisconsin 53203-2102  
(414) 276-3122 • Fax: (414) 276-3124



October 21, 1997

Representative Cliff Otte, Chairman  
Committee on Consumer Affairs  
Post Office Box 8953  
Madison, WI 53708

RE: Assembly Bill 517

Dear Representative Otte and Committee Members:

On behalf of the Mental Health Association in Milwaukee County, Inc., I would like to go on record in support of the above bill. I feel that it is important that mental health providers be licensed to protect consumers of mental health services and to assure them of access to a variety of mental health professionals. I am aware that many insurance companies will not reimburse for psychotherapy services unless provided by a licensed professional.

It has been brought to my attention that this is really an amendment to the current certification bill which was passed and signed by the Governor in 1991. This bill does not ask for anything new other than that the certification be upgraded to a license. In essence, this becomes a practice protection bill. The certification could be challenged as it was in the Florida Federal Court. AB517 would insure that no one would be able to practice psychotherapy unless he/she were a licensed professional counselor, marriage and family therapist, and/or social worker.

This legislation is important to the consumer because it also affords more negative sanctions against the unethical professional who would choose to take advantage of a vulnerable client.

As we prepare for entrance into the 21<sup>st</sup> century we need to have proper credentials, licenses, and sanctions in place. The Mental Health Association works closely with many consumers, mental health professionals, family members, and advocates. We want to be confident that the practice of psychotherapy is fully protected by the law and that consumers are receiving the highest quality of care.

Sincerely,

Karen H. Robison,  
President/CEO



A United Way Agency

An affiliate of the National Mental Health Association  
*Working for Milwaukee's mental health and for victory over mental illness*

**PUBLIC TESTIMONY**

**A. B. 517**

**October 23, 1997**

This bill, if considered for passage, will increase astronomically the costs of the delivery of Human and Social Services in the State of Wisconsin.

The interests of the organized social workers presented in this bill clashes dramatically with the best interests of families, children, frail elders, chronically mentally ill, developmentally disabled and handicapped receiving services in Wisconsin.

This bill defines social work as anything anyone does to assist "individuals, group of individuals, or community" including the "delivery of services to a community to assist in providing or improving the provision of services to others."

This bill would prohibit anyone who doesn't have a social work license from working with their community to improve conditions.

Departments of Social Services use volunteers, much less paraprofessional staff, or staff with other titles in the provision of massive amounts of services within a Human Service structure.

The pay scales for volunteers (none) and the pay scales of non-social work staff is significantly lower than that of a Represented social worker. If this bill were passed, local government or the State would have to increase their funding to County Departments of Human or Social Services dramatically (30-50%).

Those same departments contract millions of dollars with private organizations to provide services to the populations mentioned above. These organizations often do not employ social workers to provide services (e.g. child care workers). If this bill were passed, these organizations would be forced to hire social workers. Again, cost to County Departments could go up 30-50%.

This bill also conflicts with federal and state legislation that has been passed, including the Omnibus Budget Reconciliation Act of 1993 - Family Preservation and Support Service Program under Title IVB Subpart 2 of the Social Security Act and the Prevention of Child Abuse and Neglect Initiative of Wisconsin - 1997.

This is only the tip of the iceberg on the multitude of negative ramifications of this bill. These could be presented in detail. Please do not consider passing this bill which could have such negative impact on vulnerable folks in the State of Wisconsin.

Submitted by  
Grant County Department of Social Services  
Arlene Siss, Presenting



**SOUTH CENTRAL WISCONSIN CHAPTER**

August 27, 1997

P.O. Box 252

Madison, WI 53701-0252

The Honorable Frank H. Urban  
Wisconsin State Representative  
State Capitol, 13 W  
P.O. Box 8953  
Madison, WI 53708-8953

Dear Representative Urban:

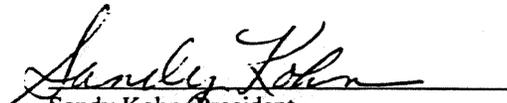
With this letter, the Wisconsin (South Central, North Central, and Southern) chapters of the Employee Assistance Association (EAPA) are formally requesting that Employee Assistance be included in the list of professions which are excluded from the Social Work, Marriage and Family Therapy and Professional Counselor Practice Act legislation. This exclusion will assist the Wisconsin Employee Assistance Professionals in maintaining our practice focus based on the International EAPA Standards.

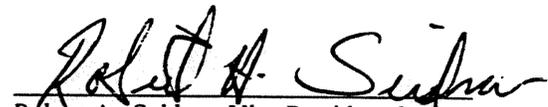
If there is anything else we need to do to insure this exclusion, please reply to:

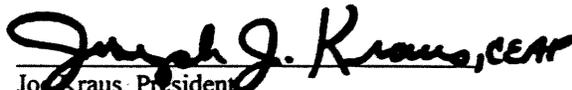
Robert A. Seidner  
Meriter Health Services Employee Assistance Program  
202 South Park Street  
Madison, WI 53715  
Tel. (608) 267-6293, Fax. (608) 267-6570, E-mail: bseidner@Meriter.com

Thank you for your attention in this matter of timely importance.

Sincerely,

  
Sandy Kohn, President  
South Central Wisconsin EAPA Chapter

  
Robert A. Seidner, Vice President &  
Chair, Legislative & Public Policy Committee  
South Central Wisconsin EAPA Chapter

  
Joe Kraus, President  
Southern Wisconsin EAPA Chapter

  
Jim Jensen, President  
North Central Wisconsin EAPA Chapter

cc: Coalition of Social Work, Marriage and Family Therapy  
and Professional Counselors:

Dismus Becker  
James Buckley  
Marc Herstand  
Sue Rugg



Tommy G. Thompson  
Governor

Testimony on Assembly Bill 517  
Before The  
Assembly Committee on Consumer Affairs  
Thursday, October 23, 1997, 9:00 A.M.  
Room 417N, State Capitol

Marlene A. Cummings  
Secretary

1400 E. WASHINGTON AVENUE  
P.O. BOX 8935  
MADISON, WISCONSIN 53708-8935  
(608) 266-2112

Good morning, Chairman Otte and members of the committee. Thank you for this opportunity to testify **in support of Assembly Bill 517**. My name is Douglas V. Knight. I am Chairman of the **Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors**.

AB 517 would change credentialing of social workers, marriage and family therapists and professional counselors from being title certified to a practice act requiring licensure.

Wisconsin was one of the last states to adopt legislation to protect state citizens from inferior services and/or damage at the hands of unqualified and undisciplined practitioners who might become involved in their lives at the citizens' most vulnerable moments. When I was in graduate training in social work, the merits of licensure through a practice act were widely acclaimed by both the public and private sector. That was thirty-five years ago, and needless to say, I was delighted to see the Wisconsin legislature enact 1991 WI ACT 160, Chapter 457.

The full board on Social Workers, Marriage and Family Therapists and Professional Counselors met on September 25, 1997. We discussed the provisions and impact of Assembly Bill 517 and had extensive open dialogue with the Secretary of Regulation and Licensing. Following this discussion, the board passed a motion unanimously with the exception of a new board member abstaining, that I send a letter and if possible, be present on October 23 to testify in **FULL SUPPORT of ASSEMBLY BILL 517**.

The legislature is to be commended on its passage of protective legislation. To carry title certification one step further serves to strengthen that commitment in calling for sound practice.

Since the enactment of Chapter 457, the board has made a number of adjustments through the rulemaking process to address constituent concerns of several legislators. Since the public sector employs the largest segment of bachelors trained workers, a good deal of pressure was placed on legislators to seek modification--if not weakening of standards to appease or satisfy agendas that were beyond the legislature's intent. As a board, we have been able to work amicably with most elements to reach constructive resolves.

During the grandfathering phase of implementation of Chapter 457, a number of folks were credentialed who, quite frankly, neither you nor I would want to be involved with those whom we care about. A number of these folks who thought credentialing was a ticket to a job were screened out through hiring practices and have subsequently not renewed their certification.

Regulatory Boards

Accounting; Architects, Landscape Architects, Professional Geologists, Professional Engineers, Designers and Land Surveyors; Auctioneer; Barbering and Cosmetology; Chiropractic; Dentistry; Dietitians; Funeral Directors; Hearing and Speech; Medical; Nursing; Nursing Home Administrator; Optometry; Pharmacy; Physical Therapists; Psychology; Real Estate; Real Estate Appraisers; Social Workers, Marriage and Family Therapists and Professional Counselors; and Veterinary.

**Page 2**

**Testimony AB 517**

**SWMFTPC Bd-Knight**

This is normal for such new regulatory legislation--and I am glad to say that most grandfathering hurdles have been resolved.

AB 517 has very little new other than to change "certification" to "license" of a professional practice. The criteria and desired result for the benefit of the consumer/citizen are essentially the same. Our ability to assure appropriate protection and sanctions for those who would circumvent what the legislature intended is greatly enhanced.

You will receive conflicting input relative to the licensing of four (4) levels of practice. Those who would tell you to eliminate the basic level are suggesting the largest contingency of social workers in the field be allowed to practice "at-will" with the most vulnerable citizen groups of the state, i.e., children, the elderly and the totally and permanently disabled. As chairman of the Professional Practices and Discipline Committee of the American Association of State Social Work Boards, I must tell you this is shortsighted and ill advised. Due to the sheer volume, not to mention the complexities, this group of practitioners stands to do the most harm to the population for whom we share a commonality to protect and provide competent, professional services.

As with nursing, the bachelor's trained social worker is a practitioner who's trade warrants licensure. To focus only on the masters trained practitioner is negligent and superficial. It provides "window dressing", but is empty. My wife and I are volunteer co-guardians of a vulnerable adult in my home community who is being served by a county human services department. Staff serving him are bachelor's trained people. Speaking on his behalf, I would plead, from this experience alone as guardian and advocate, that you pass this bill with four levels of licensure.

Thank you for considering this testimony from the Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors. Collectively, the board members bring a wealth of expertise to this matter. I would be pleased to answer any questions you may have.

DVK/mls

Testimony to Assembly Consumer Affairs Committee  
For the Wisconsin Society for Clinical Social Work

On Assembly Bill 517

October 23, 1997

Anthony J. Waisbrot, MSW, BCD

Department of Psychiatry and Behavioral Health

Marshfield Clinic

**INTRODUCTION:**

Good Afternoon, Mr. Chairman, and members of the Committee. I am testifying in favor of Assembly Bill 517 on behalf of the Wisconsin Society for Clinical Social Work. I have been a Clinical Social Worker with a psychotherapy practice in the Department of Psychiatry and Behavioral Health at Marshfield Clinic for the past twenty-seven years. I have become very familiar with the issues this bill addresses over the years as President of the Wisconsin Society for Clinical Social Work, President of the Central Wisconsin Chapter of the National Association of Social Workers and as a clinical member of the Wisconsin Association of Marriage and Family Therapists.

This bill will change Wisconsin Act 160 by changing the current certification law to a licensure law. There is an urgent need for this change since a Federal Court decision in Florida in 1992 in the case of *Abramson v. Gonzales* of the Eleventh Circuit Court of Appeals ruled that the Florida Psychology Act which forbids unlicensed individuals from using the title "Psychologist" was unconstitutional based on commercial free speech. This court decision sets a precedent which puts all certification or title protection bills in every state

in jeopardy.

In Wisconsin we currently have a title protection law that restricts the title of "Certified Independent Clinical Social Worker" as part of the multilevel certification bill. The law currently restricts the use of that title but places no restriction on who may practice.

Wisconsin 517 which will change the current title protection law to a licensure law has two basic ingredients: It defines the scope of practice and it says that no one may practice without a license.

#### **EXTENT OF THE PROBLEM:**

We are concerned that because Wisconsin does not have licensure for clinical social workers, Wisconsin citizens who are both providers of services and consumers of services will suffer, as follows:

#### **PROVIDERS:**

In the case of providers, Wisconsin citizens who are providers of therapy will have increasing difficulty being included as eligible providers in major health care plans and networks. These plans and networks increasingly specify that they will reimburse only **licensed** providers for therapy services. A current example in our own state is the Kohler Corporation, which according to the September, 1997 issue of the Wisconsin newsletter of the *National Association of Social Workers*, reimburses only licensed providers for the care of its employees.

On a national scale, we can look at the relevant language in the Health Security Act, President Clinton's proposed national health care

reform bill. The Health Security Act defined reimbursable non-physician health care professionals as people who provide services which are, "lawfully provided by a physician" and who are "legally authorized to provide such services in the state where the services are provided." This could pose problems in states where certification laws are merely title protection statutes that do not specifically authorize clinical social workers to provide any specific services such as diagnosis and treatment of mental and nervous disorders and the performance of psychotherapy.

#### **CONSUMERS:**

In the case of consumers, Wisconsin citizens who are consumers of therapy services from clinical social workers will suffer when these providers are "fenced out" by more and more restrictive payment clauses which require a "licensed provider." This only serves to reduce the pool of providers which reduces competition and in turn drives up costs over time.

If you were a consumer, would you choose a therapist whose services were not covered in your insurance plan? Would you be willing to pay your premiums and pay for additional costs of noncovered services?

Consumer protection will also be enhanced by the enactment of a licensure law because it would forbid individuals, regardless of what their title was, from engaging in the practice of social work without licensure. Currently there are no prohibitions on the practice of social work as long as the title "social work" is not used.

**SOLUTION TO THE PROBLEM:**

This is not a problem that can be fixed by changing the wording of federal legislation. Rather, it is the responsibility of each state to adopt licensure laws for the protection of its citizens. Clinical social workers provide a large pool of professional expertise for the mental health treatment of Wisconsin citizens. Over ten years ago, the *Wall Street Journal* estimated that 70% of the mental health care in this country was provided by social workers.

In Wisconsin, according to the President of the Wisconsin Association of Outpatient Mental Health Facilities, 70% of the clinics which belong to that organization are owned and organized by clinical social workers.

Also, in Wisconsin, clinical social workers serve some of the most vulnerable clients in society and are often the only professional provider available in rural areas.

We need our legislators to make certain that clinical social workers in Wisconsin are included in law as, "licensed mental health providers."

Thank you for your time and attention to this important matter.

Respectfully submitted,

Anthony J. Waisbrot, MSW, BCD  
Certified Independent Clinical Social Worker



NATIONAL ASSOCIATION OF SOCIAL WORKERS

COMPARISON OF SOCIAL WORK, SOCIOLOGY, PSYCHOLOGY & CRIMINAL JUSTICE MAJORS

	Social Work	Sociology	Psychology	Criminal Justice
Coursework in Professional Code of Ethics (Social Work Values & Ethics)	YES	NO	NO	NO
Social Work Practice Classes	YES	NO	LIMITED IN SOME PROGRAMS NONEXISTENT IN OTHER PROGRAMS	NO
Coursework in Human Behavior & the Environment	YES	NO	YES	NO
Field Practicum	YES*	OPTION OFFERED IN SOME PROGRAMS	OPTION OFFERED IN SOME PROGRAMS	YES
Coursework in Social Welfare Policy, Programs & Services	YES	NO	NO	NO
Coursework in Diversity	YES	YES	NO	NO
Coursework in Social & Economic Justice	YES	NO	NO	NO
Coursework in Populations At Risk	YES	SOME	NO	NO
Research	YES	YES	YES	YES

Social work offers professional education. Hence the degree received is that of an accredited entry level professional. Students must take knowledge base courses in social problem areas (poverty, mental health, child & family) and skill courses (how to practice) as well as the internship. Whereas students majoring in sociology, psychology and criminal justice are generally not required to take knowledge base courses tailored to social problems or skill courses to obtain their degree.

\* Accreditation standards require a minimum of 400 clock hours of a supervised practicum.

# Matrix: Factors in Social Work Practice, by Levels of Practice

## Knowledge

<i>BSW</i> <b>Basic Level</b>	<i>MSW</i> <b>Specialized Level</b>	<i>MSW + 2 yrs Experience</i> <b>Independent Level</b>	<i>MSW + 10 yrs experience/PhD</i> <b>Advanced Level</b>
<p>Basic and general knowledge of human behavior, social systems, and social institutions.</p> <p>Awareness of social problem areas—their cause and impact on individuals, families, and communities—and the appropriate resources and methods involved in dealing with them.</p> <p>Knowledge of basic theory and methods of social case-work or group work.</p> <p>Working knowledge of at least one specific method of intervention or treatment.</p> <p>Working knowledge of basic research techniques and sources of specialized professional knowledge.</p> <p>Specific knowledge of social planning and community organization methods.</p>	<p>A broad and beginning specialized knowledge of at least one such knowledge area.</p> <p>Knowledge of personality theory, interpersonal communications, social group relations, or community organization theory.</p> <p>A working knowledge of several methods of interpersonal helping or treatment. Beginning knowledge of at least one psychotherapeutic technique.</p> <p>Beginning knowledge of the theory and techniques of professional and personnel supervision and organizational administration. Basic knowledge of administration of social programs.</p>	<p>A thorough knowledge of at least one method of professional practice and specialized knowledge of others.</p> <p>Sufficient expert knowledge to teach or communicate social work practice and theory to professionals in other disciplines or in an interdisciplinary service.</p>	<p>Advanced and expert knowledge in practice, research, administration, planning or teaching.</p> <p>Highly specialized and expert knowledge in a social work content area.</p> <p>A thorough knowledge of several types of vulnerable populations, corresponding service delivery systems, methods for assessing needs, and planning to relate the service delivery systems to human needs that are high priorities.</p>

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## Level of Responsibility

### Basic Level

Functions under direct and regularly provided professional supervision.

Is instructed in specific details of tasks, assuming a general knowledge of professional methods, functions and objectives.

Casework or other professional judgments must be reviewed to confirm decisions that affect clients in complex situations.

Acts professionally on one's judgments within an assigned scope of practice.

Determines clients' or community's need for service within one's practice area. Initiates or terminates one's own or another's services.

Supervises others in services he or she is qualified to provide.

Is advised of administrative requirements or consultative supervision. Requires regular direct supervision for learning specialized practice.

### Specialized Level

Normally functions under periodic or consultative supervision. Requires regular direct supervision for specialized practice learning.

Is advised of administrative requirements and expected to adhere to them adequately.

Requires instruction only in highly complex, new, or specialized methods or procedures.

Reviews work of subordinate professional workers. Assigns and evaluates social work activities.

Directs or administers a program staffed by professional social workers and other personnel.

### Independent Level

Acts professionally on his or her own judgment.

Determines clients' or the community's need for service within his or her own practice area. Initiates or terminates one's own or another's services.

Obtains professional supervision on a consultative basis, as needed.

Requires instruction only in highly complex, new, or specialized methods and technologies.

Directs social work program in an interdisciplinary setting, such as a hospital.

### Advanced Level

Has chief administrative responsibility for major social service or multiservice department or organization.

Has responsibility for a major planning or policy-setting function.

Directs major research study involving design, staffing, management, technical responsibility, writing, and budget.

## Skills

### Basic Level

Ability to relate in positive or appropriate relationships under adverse conditions.

Ability to recognize primary behavioral dysfunctions of individuals and groups.

Ability to make a basic social assessment and service plan.

Awareness of community resources relevant to identified needs.

Ability to relate as a professional participant in an agency program.

Ability to carry out the basic techniques of social research.

Ability to conduct or participate in basic methods of community organization and planning.

Ability to conduct a comprehensive social study or treatment plan within a given service.

Ability to initiate and develop community-group programs within given standards.

### Specialized Level

Ability to establish constructive relationships with resistant clients by overcoming strong initial resistance or dealing with conflict-laden or complex situations.

Ability to design and conduct research.

Ability to provide psychotherapeutic treatment under supervision.

Ability to administer a social services program of limited scope within a larger setting.

Ability to determine differential treatment needs.

Ability to provide a specialized treatment or method of service.

Ability to provide professional social work training or supervision.

Ability to represent the discipline of professional social work within an interdisciplinary program.

Ability to develop and conduct treatment therapy program or service without direct supervision.

### Independent Level

Ability to conduct differential diagnoses of individuals or groups, involving more complex and unconscious factors.

Ability to administer an autonomous social work, health, or mental health program of limited scope, or one of major scope within a larger organization.

Ability to take full professional responsibility in a multidisciplinary setting or for general community development or services.

Ability to conduct psychotherapy of a highly complex or demanding nature.

### Advanced Level

Provide psychotherapy of highly complex or demanding nature.

Provides highly specialized expertise in at least one social work methodology.

Able to administer major social work or social welfare, mental health or health program or department with broad management/budgetary responsibilities.

Ability to design and conduct complex or extended research or planning studies involving multiple or discordant factors.

## Situational Complexity

### Basic Level

Routine service or tasks whose goal is easily achievable.

Single function of limited difficulty.

Clear expectation of clients.

Clients with noncompetitive interests when resources are available.

Temporary uninvolved relationship.

Identified emotional and social needs with only limited or potential resources.

Some degree of unconscious motivation.

Service goals achievable.

### Specialized Level

Involves two or more clients with divergent interests.

Multiple service functions with responsibility for coordination of services or personnel.

Goals present major difficulties.

Clients who are emotionally confused or have conflicting social needs.

Resources are not readily available.

### Independent Level

Severe conflicts between persons or groups served.

Multiple causative factors—major lack of resources.

Highly complex emotional and social goals of service.

Clear evidence of unconscious needs that restrict the ability of a client to change.

### Advanced Level

Multiple, complex technical operations.

Broad-ranging organizational and administrative requirements and policies.

Long-range planning for the development of resources.

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## Vulnerability of Clients and the Community

### Basic Level

Minimal risk to persons or groups.

Potential risks temporary or correctable.

Client or group with a clear and valid expectation of service.

Actions closely or regularly supervised or evaluated.

Actions or decisions governing a client situation subject to prior approval.

Actions or activities having no significant cost impact.

Significant health or emotional need or risk of injury involved.

Service or treatment errors not readily corrected or ameliorated.

Clear identifiable impact on the client or community.

Administration and planning of a program have a minor impact on cost.

### Specialized Level

Actions involve the potential for a long-lasting or life-threatening condition or a risk to mental stability.

Ability of clients or groups to identify their own needs is severely limited.

### Independent Level

Administration, planning, or research involve moderate costs or risks.

Actions involving the potential for a life-threatening condition or a risk to mental stability.

Inability of clients or groups to identify their own needs.

### Advanced Level

Administration, planning, or research involve long-lasting major costs or risks.

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## Social Consequences

### Basic Level

Minor potential effect, the impact being limited to one or a small number of clients.

Potential errors or shortcomings severely limited in scope.

Benefits significant, but not essential to health or life.

Service given is helpful, but not essential.

### Specialized Level

Service or program involves significant social problem.

Activity requires interdisciplinary coordination.

Actions have a serious but temporary impact and involve more than one client.

### Independent Level

Actions with the potential for a major or long-lasting impact.

Activities that provide the basis for reviewing, studying, or developing a policy.

### Advanced Level

Actions that have major public or social consequences.

## Social Function

### Basic Level

To provide information on rights, benefits, and services.

To obtain social and personal information or data within specified limits of ethics and confidentiality.

To advise the public or clients of social expectations and requirements in a constructive helping relationship.

To develop data or other research information for the analysis or study of social problems.

To deal with negative or mildly hostile persons or groups on behalf of society.

To enable clients or persons seeking aid to understand, accept, or use help in relation to a social problem.

To interpret and build trust among resident individuals or groups in services designed to help them.

To enable individuals or groups to involve themselves in socially constructive activities or changes in conduct.

To work with hostile persons or groups to achieve or improve understanding or cooperation.

### Specialized Level

To overcome resistance to participation or use of socially required assistance or conduct involving the protection of others.

To achieve socially desirable changes in conduct involving significant emotional and mental growth or change.

To achieve long-lasting or broad-scale change toward socially desirable objectives.

### Independent Level

To negotiate and mediate among deeply opposed persons or groups to achieve socially sanctioned objectives.

To conduct broad-scale research studies that deal with specific social or community issues.

To provide treatment to overcome major problems involving social dysfunctions, behavior, or severe risk to others.

### Advanced Level

To develop techniques or policies designed to further social objectives.

To conduct, write, and present social research studies of major scope.

# Alverno

C O L L E G E

October 23, 1997

Representative Clifford Otte  
Chair, Consumer Affairs Committee  
State Capitol  
P. O. Box 8953  
Madison, WI 53708

Dear Representative Otte:

We are writing to express our strong opposition to Assembly Bill 517 (the "Practice Bill"), which your committee is now reviewing. We have examined this bill and find that, if enacted, it would create an unnecessary and potentially costly restriction on the number of capable college graduates well-prepared to enter the field of human services. In our view, it represents an effort by the Wisconsin Professional Social Work Association to create a monopoly on the provision of services; it would tend to exclude by law perfectly well-trained college graduates who are strongly prepared academically and experientially to enter the human service field and who, for very good reasons, have chosen to pursue majors other than social work in the behavioral sciences.

We are directors of academic programs which annually graduate dozens of highly effective, successful women with degrees in Psychology, Social Science, and Community Leadership Development. Students from these programs with an interest in social work-type professions receive rigorous classroom training and complete extensive internships with community agencies or organizations directly related to their career goals. The learning outcomes for their majors--outcomes they must successfully demonstrate through increasingly complex performance assessments in order to graduate--are developed in collaboration with human service practitioners from the community to ensure that the degree represents real preparation for actual professional responsibilities.

Psychology, Social Science, and Community Leadership and Development each provide students with somewhat different emphases on human behavior and social policy; we believe this diversity of perspective is crucial for maintaining a responsive, flexible human service sector. Our 20 years' experience with preparing students in the behavioral sciences for human service professions clearly indicates that the types of licensing and job title restrictions that Assembly Bill 517 would mandate are not necessary to ensure high quality practitioners, and indeed would artificially restrict the healthy diversity of college graduates now entering the field.

We strongly urge you to reject Assembly Bill 517.

Sincerely,



Stephen Sharkey, Ph.D.  
Chair, Behavioral Sciences Division



Sandra Graham, Ph.D.  
Coordinator, Psychology Department

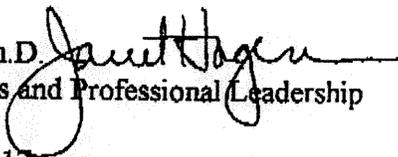


Linda Scheible, M.S.W., Ph.D.  
Coordinator, Department of Social Science and  
Department of Community Leadership Development



Date: October 28, 1997

To: Hon. Rep. Cliff Otte, Chair, Consumer Affairs  
State of Wisconsin Assembly  
Madison, WI  
FAX: (608) 282-3627

From: Janet Hagen, Ph.D.   
Human Services and Professional Leadership

Re: Assembly Bill 517

Reject Assembly Bill 517 - it is not in the best interests of Wisconsin to limit options.

I am licensed by the State as a Professional Counselor so this would not negatively impact me as a professional; however, it would negatively impact me, my family, my community as consumers of the types of services described. By reducing or eliminating competition it will increase costs in financial terms as well as human terms. We well know that limiting approaches limits solutions.

My major objection is that the language taps nearly every aspect of human functioning - certainly no one profession (or small group of professions) can claim such a broad territory.

As a faculty member in a human services program it is interesting to note that this proposal, if accepted, would move consumers back to the 1950's. Human services was developed, in part, as an outgrowth of the Mental Health Study Act of 1955 that "declared the policy of the Congress to promote mental health and to help solve the complex and the interrelated problems posed by mental illness by encouraging the undertaking of nongovernmental, *multidisciplinary* research into and reevaluation of all aspects of our resources, methods and practices for diagnosing, treating, caring for, and rehabilitating..." The generalist approach of human service work has been adopted not only in mental health but in many of the other areas that would be restricted by this bill. It would be a step back in time, and a serious breach of the duty we owe to our consumers to provide the best services. It would be a travesty to move Wisconsin backwards to a unitary problem solving model, abandoning a multidisciplinary approach. There is room and there is need for *many* approaches to solving human problems.

In some cases licensing may be useful to consumers. In this case it is detrimental.

Reject this bill and urge your colleagues to do the same. In so doing, please distribute this letter to the members of the committee.



Wellness  
Counseling  
Center

Solutions for Hope and Healing

October 28, 1997

Representative Cliff Otte  
Room 105 West  
State Capitol  
P. O. Box 8953  
Madison, WI 53708

Dear Representative Otte:

We, the undersigned, are certified mental health providers in the State of Wisconsin. We have been practicing an aggregate of over 100 years, so we are writing you with much accumulated experience, awareness and insight.

Our chief concern is the absence of State licensure for Master's level mental health providers. Wisconsin, as you are probably aware, is one of a handful of states without such licensure. This is an egregious error for several reasons.

Certification, which does exist in Wisconsin, does not, however, guarantee confidentiality by Federal law. Licensure does. Certainly, there is no more fundamental an issue in mental health care than the legal provision of confidentiality to the fullest extent. This lies at the heart of effective counseling.

A second imperative for licensure over mere certification arises from a clear need to protect the public. Certification only limits non-certified people from publicly advertising themselves as Professional Counselors, Independent Clinical Social Workers or Marriage and Family Therapists. Yet they may perform any of these roles and even collect insurance monies for their services. But competency, another fundamental issue for ethical mental health professionals, can be completely sidestepped. Licensure, however, would insure minimum competency of any of these professionals for the public's benefit.

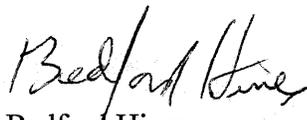
Also certification as opposed to licensure often leads to a denial by out-of-state insurance companies for reimbursement of legitimate services provided by mental health counselors. Insurance companies operate universally on the requirement of appropriate credentials/experience before they will approve and reimburse. One key credential across the country is licensure. So on many occasions an out-of-state insurance company will deny payment of legitimate claims because of the lack of licensure in Wisconsin. This puts Wisconsin mental health professionals at a pronounced disadvantage to our licensed colleagues in other states.

Finally, certification has been declared illegal in a Federal court in the State of Florida. However, this ruling only applies to that court's jurisdiction. But the handwriting is on the wall. Wisconsin should be on a par with almost all other states as well as with what the Federal government accepts. Wisconsin needs licensure.

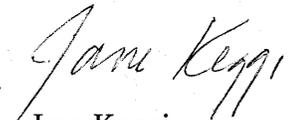
We appeal to you and your committee to support the licensure bill for Master's level mental health professionals in Wisconsin. Please forward this bill to the full Assembly and call for its prompt passage.

We thank you for your attention and, hopefully, for your support.

Sincerely,



Bedford Hines  
M.A./M.Div.



Jane Keggi  
MSW/CICSW



Ellen Needham  
MSW/CICSW



Nancy Warner  
MSW/CICSW



Barbara Hines  
MS/MAR



Mark Reich  
MS/CICSW

# Beloit College

700 College Street, Beloit, WI 53511-5595

Department of Sociology

608-363-2000

Fax 608-363-2718

11-3-97

Representative Otte  
Wisconsin

Dear Sir,

I write in regard to a bill now under discussion [AB 517]. As I understand it, the bill would keep many well qualified college graduates [those not having a certain social work major] from many entry level jobs in the "social work" area. My reading of Section 21, where the meaning of "social work" is described, is that Beloit College graduates who are qualified to go on to PhD programs in any school in the country would not be qualified to work in soup kitchens in Wisconsin -- under this bill. You have got to be kidding.

Our sociology majors [not to mention any social science major] must surely be up to almost all entry level jobs in social work. They have done so all these years. Furthermore, how are such new graduates to get experience in social work in order to: a) decide whether to go for a professional degree or b) to develop the experiential background which is often important to their successful application to high quality programs?

I would think that local agencies will also be hurt by the proposed restrictions. I'm sure that some, if not most, agencies depend on highly motivated and very able graduates from a variety of majors to fill their entry level jobs in social work.

If this bill passes as now written it will be a disincentive some of our best graduates to go into social work. Certainly students from Beloit College [and similar high quality liberal arts schools] will be turned away from social work because of new hurdles to their exploring this career line. This will downgrade the calibre of the profession.

It seems to me this is lose, lose, bill. Some of our brightest and best graduates will be turned away from social work, the communities will be hurt, and the profession of social work will ultimately be seen as monopolistic and self-serving. The argument for stronger quality control [I assume that is what is being offered] is not at all persuasive to me.

Thank you for you listening.

Sincerely,

  
Merno Froese

Professor of Sociology, Beloit College



13407 Tower Road  
Thurmont, Maryland 21788  
October 31, 1997

The Honorable Clifford Otte, Chair  
Assembly Committee on Consumer Affairs  
P.O. Box 8953  
Madison, WI 53708

Dear Representative Otte:

Vlad Thomas, Co-chair of the Wisconsin Coalition of Massage Therapists and Bodyworkers, asked me to write you with my observations regarding the registration measure that was proposed by the Department of Regulation and Licensing during the October 23 hearing on AB 461.

For the past decade I have closely followed and written about the policy issues related to the emerging massage therapy profession. I published my own newsletter for seven years. At this time I am a columnist for *Massage Therapy Journal* and a correspondent on policy issues for *Massage Magazine*. My comments here, however, are my own, based on my 15 years of experience as a massage therapist and ten years as a reporter in the field of public policy.

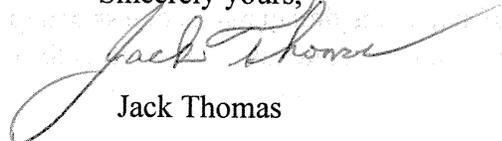
Currently 25 states and the District of Columbia regulate massage therapy. Twelve of those jurisdictions have enacted their massage statutes during the ten years I have kept records on policy developments in the massage therapy field.

Maine enacted a massage therapy *registration* law in 1991 (Public Law 403). In 1992 the state regulator in the Division of Licensing and Enforcement told me the law was not achieving the desired objectives, and that a measure "with more teeth in it" was being drafted. In 1993 a revised law was enacted that added a level of *certification* for massage therapists, with a requirement for meeting an educational standard (Public Law 245).

Of the other 11 states that have enacted massage therapy legislation in the past ten years, two regulate at the level of certification, one with a dual-tiered system of certification and licensure, and eight at the level of licensure.

I hope this information is useful to you. Please let me know if I can be of further assistance.

Sincerely yours,



Jack Thomas



## Marcia R. Koehler

Certified Massage Therapist

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Chairman Clifford Otte  
PO Box 8953  
Madison, WI 53708

November 4, 1997

Dear Chairman Otte,

I am sending you a copy of my response to the testimony of Paula Brookmire, Massage Therapist, given before the Assembly Consumers Affairs Committee, Open Hearing on October 23, 1997, regarding licensing of massage therapists. I was disappointed in the testimony given by Paula. Paula was speaking for organizations that I belong to, and making generalizations about all the massage therapist she knows. I personally know Paula, and am astounded at her inappropriate statements and her need to speak for the profession as a whole. I also question her integrity on speaking for all of the massage school owners.

I am a member of ABMP, IMF, WAM, certified at the professional level. This means that I have taken a 6 hour written exam, and hands on test of technique. In order to stay at the certified level I must complete 25 hours of CEU's for 2 years. I am a graduate of Blue Sky Educational Foundation. At the time of graduation I completed 700 hours of in class instruction and 26 hours of staff massages and 174 hours of practice massage that was self directed.

I am employed by Koehler Enterprises Inc., a corporation that I own. I have attached a copy of the yellow page add that I run in our local phone book. I feel it is very important that you realize the slanted views that Paula Brookmire gave were Paula's, and by no means should the profession as a whole be pictured as Paula perceives it to be.

Thank you for taking time to consider my response.

Sincerely,

Marcia R. Koehler

Paula Brookmire, Editor WAM  
4823 W. Townsend St.  
Milwaukee, WI 53216

Oct. 28, 1997

Dear Paula,

As the editor of IMF and WAM I feel that there are some issues that you need to clarify with the membership. Your presentation of objections to the Wisconsin Licensing—Open Hearing with the Assembly Consumers Affairs Committee on October 23, 1997, was very upsetting. I felt your statements impacted me as a member of IMF and WAM. I am not questioning your opposition, just the delivery and generalizations that were made. You introduced your self as the editor for IMF and WAM, which has 200 plus members in Wisconsin, and said that you also were speaking for other massage therapists, and school owners. You stated that you felt that massage should not be licensed because "we" are not making money and putting in enough hours to be considered career professional massage therapists, so the need for licensing is not valid. It is considered something to do part time, for most, in your eyes, from what I gather of your statements at the meeting in Madison. You also stated most therapists can not afford extra advertising, if any at all. I also feel that you took your personal opinion and made it look like the massage therapists associated with WAM and IMF are totally undecided on the legislation. You stated that "we" have not had time to research the issues, this is why you stated that "we" need more time to decide if we want it or not. The "we" you referred to was very vague and broad, but your introduction made it sound like WAMs(200 plus members), IMF, massage therapists you associate with, and all schools were being represented by your statements. Your presentation made it look as the group of organization members, therapists, and schools you were speaking for just dabble in massage. Your statement as presented did nothing to promote the professional image that most massage therapists try to achieve. I was especially upset with the way IMF and WAM memberships were represented in a poor light, the way you presented your objections to the bill. As a member I am ready for the bill to proceed as are many others, shown by the support for the bill on Oct. 23. We have had time to research this and form opinions. I was upset by the statements made about our profession, as were most of the other "Professional Massage Therapists" present. Those upset—make a living, afford advertising and are dedicated to their work, profession and want to protect their right to do massage as a career and are looking out for the interests of the consumer.

Your other strong argument was on the number of classroom hours needed for the educational requirement. You stated that you were speaking on behalf of school owners. You state that this bill would put undue burden on the schools with large enrollments. To achieve the 500 in class hour requirement, there would be problems with staff and space and accommodating large numbers of students. Why should the profession lower our standards of wanting a 500 minimum requirement of in class instruction by the school staff? If unsupervised hours were allowed, do you think that

schools would still give the students the 500 hours of in class instruction? There is plenty of material to present in the 500 hour requirement, and maybe 500 hours should be more. As "allied health professionals" would it be fair for the consumers to expect less in education from massage therapists? Students as consumers would also be protected from schools using an excess amount of hours for profit. Yes, the field placements, volunteer service, and practice massage, etc. are important as valuable experience is gained from this work. The schools that offer this as an addition to the basic 500 hours will draw the serious career students. The bill will not dictate that all hours must be in class and supervised, only the hours that count for the minimum 500 supervised in class hours. This gives schools a base line and latitude to structure programs, do field placements etc. that they feel benefit the students. I feel that for the tuition charged by the schools, students should be guaranteed 500 staffed hours of in class instruction. Why should students have to pay tuition for field placements, volunteer work, working at the schools, and doing massages for school profit and pay tuition at the same time. If the schools can not accommodate the number of students for the 500 hour minimum requirement, then the school has a problem, with space and or staffing. Why should we, as therapists, be a concern that schools put through large numbers of students? It seems that lowering the standards of education would make our profession less professional. Why would schools promote lowering the educational standards and then turn around and say that continuing educational credits are detrimental in keeping our profession professional? Karen Lewis has been a promoter in IMF to increase the CEUs so we can be on the cutting edge with other organizations' requirements. Why should students get less in class hours for their tuition if education is so important? I am sure the schools would argue for some educational standards, but school profit margins should not be the issue for setting criteria. This legislation is not to guarantee the schools a profit, but to have a guarantee that students receive a basic minimum education that will protect the consumer.

These arguments were presented as your own and that of several massage therapists and the school owners. I would like to know which schools and therapists you are speaking for and on what issues. Are they aware of the presentation of their objections, and that they really are not doing this for a profession? I am sure that with each objection, you had specific feedback from someone, but your disclaimer is too broad, and the way you presented, you were speaking for the profession as "we" and as a whole.

This process of legislation has been in the works for some time and we may see things happen at a brisk pace. I was happy to be part of the process in Madison on Thursday, voicing my opinion. I hope Wisconsin massage therapists will become more involved in the issue. Thursday was clearly a case where therapists and school owners having a vested interest and should represent themselves and not depend on others involvement. The issues concern our profession's future. I feel that IMF and WAM members should know that Wisconsin is moving along on AB-461. The bill was not killed, but we are unsure as to the direction that this will go. There are changes being made with each step. What was talked about at the town meetings has been modified many times, and modifications will still take place. There is talk of registration for our profession instead of licensing. Now is the time for everyone to be involved as things may happen quickly. You can not blame anyone on the outcome unless you become involved. Attending one meeting on this is not enough. Oppose or support the bill. Be clear in your arguments. If you see problems with areas, let it be known to those that

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11-6-97

Jack Plate (sp?)  
Lakeside Family Therapy Services  
4810 Northwestern Avenue  
Racine WI 53406

re: AB 517

> he received a letter from Bob Turner reporting that the Committee may not act on AB 517.

> he owns and operates an outpatient psychiatric clinic.

> his experience with out-of-state insurers is that certification is an

February 4, 1998

TO: Myra Shelton, Executive Assistant  
Dept. Of Regulation & Licensing

FROM: Daniel Young, Committee Clerk  
Assembly Committee on Consumer Affairs

RE: LRBs0368/2 (ASA to AB 517)

Here is a copy of the substitute amendment to AB 517.  
Please let me know if the Department has any concerns about it.  
Thanks.





## The Wisconsin Society for Clinical Social Work

December 16, 1997

Representatives Clifford Otte & Michael Lehman  
Wisconsin State Assembly  
Madison, WI

Dear Representative Otte and Lehman:

In listening to the testimony for AB 517 (AB 517 would license social workers, marriage & family therapists, and professional counselors), it occurred to me that the importance of patient confidentiality was not explained very well. Reference was made to the U.S. Supreme Court's decision to the Jaffee vs Redmond decision - however, the details of the case were not highlighted. The decision protected the notes of a licensed clinical social worker who had counseled a police officer after she killed a suspect. I am enclosing a memo from the National Association of Social Worker's General Counsel which further explains the case.

In an era of managed care in which many insurance policies only employ master's level therapists as providers, licensure is needed so clients can feel comfortable that their privacy is protected. Most consumers have limited choice in choosing their health insurance and it is not realistic to think that clients can see licensed providers, who, at this point, are only physicians or Ph.D. psychologists, whose fees are higher than master's level therapists.

I have worked with police officers and am very aware of how stressful their work is, certainly as citizens we would wish police officers who enter counseling can be assured that what they say to their counselor is confidential. Licensure would do this.

I hope this is helpful to you as you consider AB 517.

Sincerely,

Sally W. Schmidt, MSW, CICSW

cc: Wisconsin Association of Marriage & Family Therapists

cc: Wisconsin Professional Counselors



National Association of Social Workers

**Memorandum**

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Carolyn I. Polowy, JD

**To: National Board of Directors  
Chapter Executive Directors  
National Executive Staff**

**From: Carolyn I. Polowy, General Counsel** *CP*

**Date: June 20, 1996**

**Subject: Jaffee v. Redmond - U. S. Supreme Court Decision**

In its June 13th decision in *Jaffee v. Redmond*, the United States Supreme Court etched in legal stone two core principles for the social work profession:

- Communications between psychotherapists and their clients are generally privileged from disclosure in the federal courts under the federal rules of evidence.
- The federal privilege extends to communications between licensed social workers and their clients.

Justice John Paul Stevens delivered the 7-2 opinion for the court.

The case began when an on-duty police officer, Mary Lu Redmond, working in the Village of Hoffman Estates in Illinois, shot and killed a suspect. Officer Redmond subsequently engaged in six months of psychotherapy with Karen Beyer, a licensed clinical social worker employed by the Village of Hoffman Estates. The family of the deceased suspect sued Officer Redmond in Federal District Court alleging that she had violated the suspect's constitutional rights and used excessive force in pursuing him. At trial, the attorney representing the family sought access to the psychotherapy notes and the court ordered their disclosure. Officer Redmond did not consent to their release and Karen Beyer did not provide them. The jury awarded over \$500,000 in damages after being instructed by the Judge that the failure to provide the psychotherapy notes was not legally justified and the jury could presume the notes would have been unfavorable to Officer Redmond.

On appeal to the Seventh Circuit, the lower court was reversed. Relying on the general principle embodied in the federal Rules of Evidence which controls the extension of a privilege in any particular case, the Court held that "reason and experience" compelled recognition of the psychotherapist-client privilege. The court did require a balancing test, however, that

**National Board of Directors**

**June 20, 1996**

**Page 2**

permitted disclosure when the evidentiary need for revelation of the psychotherapist's notes outweighed the need for privacy.

The family of the deceased suspect then sought review by the U. S. Supreme Court arguing that access to the psychotherapy notes was critical to the open search for truth that is protected by the federal rules of evidence. In the Supreme Court majority opinion, Justice Stevens acknowledged the need to provide all relevant testimony at trial, but articulated certain overriding principles which guide the carving out of exceptions to this general rule. The first is contained in the language of Rule 501 of the Federal Rules of Evidence which authorizes the federal courts to define new evidentiary privileges by interpreting "common law principles...in the light of reason and experience." This general language was adopted by Congress in 1972, though there had been an effort when the rule was proposed to articulate nine specific testimonial privileges, including the psychotherapist-patient privilege. As finally adopted, however, the federal rules of evidence incorporated the more general language rather than the specific exceptions.

As a general guide to determine when a federal court should exclude evidence as privileged, Justice Stevens stated that a "public good transcending the normally predominant principle of utilizing all rational means for ascertaining the truth" must be present. He then concluded that communications between a psychotherapist and the patient promote "sufficiently important interests to outweigh the need for probative evidence...." Equating the spousal and attorney-client privilege to the psychotherapist-client privilege, Justice Stevens stated that their common feature was the "imperative need for confidence and trust." He then noted that the privilege served both a private and public interest. The private interest to be protected is the sensitive nature of problems which individuals disclose during counseling sessions which could cause embarrassment or disgrace. The public interest is served "...by facilitating the provision of appropriate treatment for individuals." Recognizing the importance of psychotherapy as a treatment modality, Justice Stevens commented that:

The psychotherapist privilege serves the public interest by facilitating the provision of appropriate treatment for individuals suffering the effects of mental or emotional problems. The mental health of our citizenry, no less than its physical health, is a public good of transcendent importance.

Justice Stevens then notes that the facts involved in *Jaffee* illustrate the importance of allowing individuals such as police officers to seek counseling. "The entire community may suffer if police officers are not able to receive effective counseling and treatment after traumatic incidents, either because trained officers leave the profession prematurely or because those in need of treatment remain on the job." Taking as further support for the recognition of the psychotherapist-client privilege, Justice Stevens acknowledged the fact that fifty states had adopted legislation protecting client-psychotherapist communications as privileged. Based on all these factors, the Court held that "confidential communications between a licensed psychotherapist and her patients in the course of diagnosis or treatment are protected from compelled disclosure under Rule 501 of the Federal Rules of Evidence."

**National Board of Directors**

**June 20, 1996**

**Page 3**

Without reservation and citing the NASW friend-of-the-court brief in several places, Justice Stevens then wrote that the Court had "...no hesitation in concluding...that the federal privilege should also extend to confidential communications made to licensed social workers in the course of psychotherapy." This conclusion was supported by the fact that social workers provide a significant amount of mental health treatment in the United States and social worker clients "...often include the poor and those of modest means who could not afford the assistance of a psychiatrist or psychologist...but whose counseling sessions serve the same public goals." The NASW brief was cited extensively by the Court in support of these statements. From pages 5-13 of the NASW brief, the Court found support for its conclusion that there should be no distinction made in the application of the psychotherapist-patient privilege rule between the counseling provided by more costly psychiatrists and psychologists and the counseling provided by "...more readily accessible social workers...." The content relied on by the Supreme Court from the NASW brief focused on the fact that the social work profession, over the last twenty years, has grown to be the major provider of psychotherapeutic services in various settings including independent practice.

As noted in NASW's brief, this expanded role was due in part to the recognition of the clinical services provided by social workers under programs funded by federal and state governments in the 70's and 80's as well as the inclusion of social workers under private health insurance programs. Finally, over the past twenty years clinical social work had come to be recognized as a distinct profession with rigorous education and training requirements, state licensing or certification, peer controls and ethical rules. Based on these circumstances, Justice Stevens could find no basis to treat social workers different than psychologists and psychiatrists in the application of the psychotherapist privilege.

Although six other justices joined Justice Stevens in the majority opinion, Justice Scalia wrote a dissenting opinion in which Chief Justice Rehnquist joined in part. The twenty page dissenting opinion expresses disdain for psychotherapy in general and the social work profession in particular. While not supporting the psychotherapist privilege, Justice Scalia would have limited the privilege to psychiatrists and psychologists if granted at all.

The dissent will have little impact in view of the resounding vote of confidence delivered by the majority opinion in endorsing the importance of psychotherapy as a form of mental health treatment and the need to protect as confidential and privileged the delivery of that treatment by licensed social workers.