



STATE REPRESENTATIVE

TOM LARSON

Testimony on Assembly Bill 217 January 28, 2016

Madam Chair and committee members, thank you for the opportunity to speak to you today on behalf of Assembly Bill 217.

Last year, the Assembly Committee on Family Law, which I chair, held a public hearing on Clearinghouse Rule 14-057, a rule promulgated by the Marriage and Family Therapy, Professional Counseling and Social Work Examining Board (MPSW Board) that was intended to bring the education and experience requirements for clinical social workers into line with the statutory requirements. Most of the proposed changes were noncontroversial, but a number of social workers testified against the proposed deletion of the requirement that clinical social workers have experience with Diagnostic and Statistical Manual (DSM) diagnosis and treatment of individuals. According to one of the speakers, the DSM is the gold standard in the field, and other speakers agreed that clinical social workers should have working knowledge of its content.

The DSM requirement is not in the statutes, but the MPSW Board added it to the Administrative Code in 2002. In the wake of 2011 Act 21, which reformed the rulemaking process, it was suggested by some that the MPSW Board no longer had the authority to enforce the DSM requirement, and a divided board approved CR 14-057, which deleted the requirement. (Before the board as a whole voted on the clearinghouse rule, the board's Social Worker Section had voted to *reject* the proposed deletion.)

A number of Family Law members indicated an interest in resolving this situation by incorporating the DSM requirement into the statutes, and the Board agreed to recall CR 14-057 while the Legislature looks at the issue.

Under current law, a person who wishes to be licensed as a clinical social worker must have engaged in at least 3,000 hours of clinical social work practice, including at least 1,000 hours of face-to-face client contact. As passed by the Assembly, AB 217 simply requires that the 1,000 hours of client contact include a number of hours of diagnosis and treatment based on a standard diagnostic protocol. The MPSW Board would have the authority to determine the minimum number of hours within the 1,000 and to approve the protocol or protocols, such as the DSM, that may be used.

Thank you for your consideration. I will be happy to answer any questions you may have.

TESTIMONY IN SUPPORT OF AB 217 AMENDMENT 1 (ASA1-AB217),
PRESENTED BY NICK SMJAR, CHAIRPERSON OF THE SOCIAL WORKER
SECTION OF THE MPSW EXAMINING BOARD

Senator Vukmir and members of the Senate Committee on Health and Human Services, thank you for receiving this testimony regarding AB 217 Amendment 1 (ASA1-AB217) regarding practice requirements for licensure for clinical social worker. My name is Nick Smjar. I am Chairperson of the Social Worker Section of the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board, in DSPS, and I am a Certified Independent Social Worker (CISW).

AB 217 Amendment 1 has come forward in response to an interpretation by the legal counsel of DSPS of Chapter 457 and MPSW regulations which would have required the Social Worker Section to grant a clinical social worker license (LCSW) to a social worker applicant with no supervised clinical experience and no demonstrated acquaintance with diagnosis and assessment. This attempt to make this rule change, in our opinion, would have posed a genuine and immediate threat to public safety, and, therefore, we stood in opposition to the proposed rule change. We are thankful to the Assembly Committee on Family Law for blocking the rule change and sending it back to the MPSW Board for withdrawal and for proposing an amendment to Chapter 457.08 (4) (c) (intro). What you have before you today is a revised form of that amendment, referred to as AB 217 Amendment 1. The wording of Amendment 1 clarifies that the applicant must have completed "a number of hours, as determined by the examining board, of diagnosis and treatment of individuals based on a standard diagnostic protocol approved by the examining board." In our opinion, this amendment provides the assurance of public safety which we, as regulators with the primary duty of consumer protection, deem to be both adequate and necessary. This amendment has received unanimous approval of the Assembly Committee on Family Law, of the Committee on State Affairs and Government Operations, and of the Assembly itself. To the best of our knowledge, there is no active opposition to this amendment. Therefore, we respectfully request that this amendment be moved forward to the Senate for a vote.

Respectfully submitted,
Nicholas P. Smjar, PhD, ACSW, CISW
Chairperson, Social Worker Section
MPSW Board

NASW WI STATEMENT REGARDING ASSEMBLY BILL 217 PRESENTED TO THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES ON JANUARY 28, 2016

Chairperson Vukmir and members of the Senate Committee on Health and Human Services

My name is Marc Herstand. I have served as the Executive Director of the National Association of Social Workers for over 23 years. I appreciate this opportunity to speak in favor of Assembly Bill 217.

Assembly Bill 217 relates to the necessary qualifications for a licensed clinical social worker. Clinical social workers, the largest providers of mental health services in Wisconsin and the United States provide services to extremely vulnerable clients. These clients can include Veterans suffering from Post-Traumatic Stress Syndrome, victims of sexual assault or domestic violence, and clients who suffer from an eating disorder, are suicidal, suffering from bipolar mental illness, schizophrenia, or other mental illnesses. Improper or inappropriate treatment can lead to suicide, serious mental or physical harm to the client or another individual or serious family or work conflict.

The entire social work profession, including clinical social work has been regulated in Wisconsin since 1992. In 2002 the clinical level of regulation was upgraded to licensure. Wisconsin law states that licensed clinical social workers can diagnose and treat mental and emotional disorders and provide psychotherapy without supervision. Therefore similar to any other profession, following graduate studies in clinical social work, an applicant for clinical licensure is expected to have an "apprenticeship period" of approximately two years at which time they engage in 3,000 hours of supervised clinical practice under supervision. Of the 3,000 hours of supervised practice, 1000 hours is direct to direct client contact providing diagnosis and treatment. The other 2,000 hour is providing supportive activities for the psychotherapy including consultation, advocacy, record keeping, etc.

For over ten years the rule had specifically stated that the 1,000 hours of face to face contact must include DSM diagnosis and treatment. The Social Work Section screened out applicants who did not have 1,000 hours of diagnosis and treatment experience to prevent unqualified individuals from treating clients with severe emotional and mental disorders. This rule was approved by DSPS Legal Counsel and never questioned until last year. At that time the General Counsel at DSPS stated that the statute did not support the rule and could not be legally enforced

Therefore Assembly Bill 217 is designed to clarify the statute regarding the minimum requirements to apply to be a licensed clinical social worker. The Assembly Substitute Amendment 1 clearly gives the authority to the Examining Board to designate the number of hours of diagnosis and treatment of individuals that applicants must complete to qualify to take the national exam for clinical licensure. This language would allow the Examining Board to continue to require that applicants for the Clinical Social Work Licensure have 1000 hours of experience diagnosis and treating mental illness. This is the

minimum experience necessary so they can practice independently at the end of their supervised "apprenticeship experience".

I appreciate your consideration of this issue