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41ST ASSEMBLY DISTRICT

Assembly Bill 29: Practice Requirement for Licensures as a Clinical Social Worker
Assembly Bill 30: Examinations for Certification or Licensure by the Marriage and Family Therapy, Counseling, and Social Work Examining Board (MPSW) Board
Testimony of State Representative Joan Ballweg
Assembly Committee on Regulatory Licensing Reform
April 27, 2017

Thank you, Chair Horlacher, and members of the Committee on Regulatory Licensing Reform for holding this public hearing on Assembly Bills 29 and 30. I will testify on both AB 29 and AB 30.

Assembly Bill 29 Sub Amendment (LRBs 0057/1)

This proposal is a result of the Joint Committee for Review of Administrative Rule's (JCRAR) objection to a portion Clearinghouse Rule 14-057. JCRAR objected to the part of CR 14-057 that eliminated the requirement that an applicant for licensure as a clinical social worker complete training in the diagnosis and treatment of individuals based on the *Diagnostic and Statistical Manual of Mental Disorders*, commonly referred to as the DSM.

There are six parts of the DSM that social workers can train on; one of those parts is the diagnosis and treatment of individuals. Currently, the Marriage and Family Therapy, Counseling, and Social Work Examining Board (MPSW) does not have statutory authority to require under MPSW Administrative Code 3.09(3) that the 1,000 hours of face-to-face client training **include** training in the diagnosis and treatment of individuals based on the DSM. As a result, MPSW 3.09(3) is currently unenforceable. The sub amendment will allow MPSW 3.09(3) to be enforced by giving the board explicit statutory authority to require the 1,000 hours of face-to-face client training to **include** the diagnosis and treatment of individuals based on the DSM.

The sub amendment does **not** specify how much of the 1,000 hours of face-to-face client training shall be training in the diagnosis and treatment of individuals based on the DSM. Since the practice of social work will inevitably change over time, our goal is to allow experts in the field to have the flexibility to determine the number of training hours needed rather than mandating it through statute.

To summarize, our goal is to accomplish two things: First, allow the current administrative code, MPSW 3.09(3), that requires training to **include** diagnosis and treatment of individuals based on the DSM to be enforced; Second, allow the experts in the field to have authority to determine the number of hours that should be training in the diagnosis and treatment of individuals based on the DSM, if they so choose.

TESTIMONY PRESENTED BY JERROLD B. ROUSSEAU, MSSW, LCSW

TO THE WISCONSIN ASSEMBLY COMMITTEE ON REGULATORY LICENSE REFORM

ON WI ASSEMBLY BILL 29 AND SUBSTITUTE AMENDMENT TO ASSEMBLY BILL 29

ON APRIL 27TH, 2017.

THANK YOU FOR TAKING THE TIME TO HEAR MY TESTIMONY ON ASSEMBLY BILL 29 AND THE SUPPLEMENTAL AMENDMENT TO ASSEMBLY BILL 29.

I AM A LICENSED CLINICAL SOCIAL WORKER WITH OVER 46 YEARS OF PROFESSIONAL EXPERIENCE IN THE MENTAL HEALTH FIELD INCLUDING 12 YEARS ON TWO INPATIENT PSYCHIATRIC UNITS IN MADISON FROM 1970 – 1982 AND 34 YEARS OF EXPERIENCE IN A PRIVATE PSYCHOTHERAPY PRACTICE IN MILWAUKEE BEGINNNING IN 1982.

I SUPERVISED MASTER DEGREED CLINICIANS WHO WERE ACCRUING THEIR 3,000 HOURS OF POST-GRADUATE CLINICAL EXPERIENCE FOR 12 YEARS.

I OWNED AND OPERATED A STATED CERTIFIED OUTPATIENT MENTAL HEALTH CLINIC FOR 16 YEARS.

IN ADDITION, I AM AN EMERITUS CLINICAL ASSOCIATE PROFESSOR WITH THE UW-MILWAUKEE SOCIAL WORK FIELD EDUCATION PROGRAM.

IN THIS CAPACITY, MY RESPONSIBILITIES INCLUDED ARRANGING AND OVERSEEING CLINICAL SOCIAL WORK INTERNSHIPS FOR UW-MILWAUKEE GRADUATE SOCIAL WORK STUDENTS IN THE PRACTICE AREAS OF MENTAL HEALTH AND SUBSTANCE ABUSE.

MY TESTIMONY HERE TODAY IS INTENDED FOR THE FOLLOWING TWO PUROSES:

- TO RESPECTULLY REQUEST YOUR CONSIDERATION OF VOTING IN FAVOR OF ASSEMBLY BILL 29 AS ORIGINALLY WRITTEN AND
- TO REQUEST YOUR VOTE AGAINST THE SUPPLEMENTAL AMENDMENT TO ASSEMBLY BILL 29

IN THE UNITED STATES, CLINIAL SOCIAL WORKERS PROVIDE MOST OF THE MENTAL HEALTH SERVICES. ACCORDING TO GOVERNMENT SOURCES,

- 60 PERCENT OF MENTAL HEALTH PROFESSIONALS ARE CLINICALLY TRAINED SOCIAL WORKERS,
- COMPARED TO 10 PERCENT OF PSYCHIATRISTS,
- 23 PERCENT OF CLINICAL PSYCHOLOGISTS, AND
- 5 PERCENT OF PSYCHIATRIC NURSES.

LICENSED CLINICAL SOCIAL WORKERS ARE ABLE TO PROVIDE CLINICAL ASSESSMENT, DIAGNOSIS, AND PSYCHOTHERAPY TREATMENT TO INDIVIDUALS, COUPLES, FAMILIES, AND GROUPS INDEPENDENTLY AND WITHOUT SUPERVISION AS LONG AS THEY MAINTAIN THEIR LICENSE.

LICENSED CLINICAL SOCIAL WORKERS PROVIDE CLINICAL SERVICES FOR ALL AGES OF WISCONSIN RESIDENTS INCLUDING ADULTS, TEEN-AGERS, AND CHILDREN WHO EXPERIENCE THE ENTIRE SPECTRUM OF MENTAL HEALTH AND SUBSTANCE ABUSE PROBLEMS INCLUDING CHRONIC, SEVERE, AND PERSISTENT MENTAL ILLNESS.

THESE DEBILITATING AND LIFE THREATENING CONDITIONS INCLUDE:

- SCHIZOPHRENIA,

- BI-POLAR MANIC DEPRESSION,
- OBSESSIVE COMPULSIVE DISORDER,
- MAJOR DEPRESSION,
- BORDERLINE PERSONALITY DISORDER.

LICENSED CLINICAL SOCIAL WORKERS PROVIDE SERVICES FOR THE INCREASING NUMBERS OF:

- WISCONSIN MEN AND WOMEN RETURNING FROM MILITARY SERVICE IN IRAQ AND AFGHANISTAN WHO ARE EXPERIENCING COMPLICATED MENTAL HEALTH ISSUES INCLUDING:
  - POST-TRAUMATIC STRESS DISORDER,
  - PANIC DISORDERS
  - SERIOUS SUBSTANCE ABUSE PROBLEMS AND
  - MAJOR DEPRESSION

- WISCONSIN RESIDENTS WHO SUFFER ADDICTION TO OPIOIDS, HEROIN, CRYSTAL METH, AND ALCOHOL.

THESE CONDITIONS ALL LEAVE A PERSON AT A SERIOUS RISK FOR SUICIDE.

FOR FIVE YEARS, I WAS A CLINICAL MEMBER OF A TREATMENT TEAM WHO WORKED EXCLUSIVELY WITH PEOPLE DIAGNOSED WITH A BORDERLINE PERSONALITY DISORDER.

PEOPLE WITH A BORDERLINE PERSONALITY DISORDER HAVE A SUCCESSFUL

SUICIDE RATE THAT IS TWO TIMES GREATER THAN OTHER MENTAL HEALTH CONDITIONS.

PEOPLE ARE IN A VULNERABLE STATE WHEN THEY FIRST ENTER TREATMENT. THEY MAY ONLY HAVE A SENSE THAT SOMETHING IS NOT RIGHT. THEY DO NO FULLY UNDERSTAND WHAT IS HAPPENING AND THEY ARE LOOKING FOR SOME PROFESSIONAL HELP.

THEY DESERVE TO HAVE THE MOST CLINICALLY COMPETENT AND SKILLFUL CARE AVAILABLE TO THEM.

EFFECTIVE, SAFE, AND COMPETENT PSYCHOTHERAPY TREATMENT IS PREDICATED ON THE SKILL OF THE LICENSED CLINICAL SOCIAL WORKER TO COLLABORATIVELY DEVELOP A TREATMENT INTERVENTION PLAN THAT IS BASED ON AN ACCURATE DIAGNOSIS.

IN THIS REGARD, LICENSED CLINICAL SOCIAL WORKERS NEED TO HAVE EXTENSIVE PRE-LICENSURE SUPERVISED EXPERIENCE IN THE USE OF THE DIAGNOSTIC CRITERIA LISTED IN THE 947 PAGE FIFTH-EDITION OF THE "*DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS*" KNOWN AS THE DSM-5.

FORMULATING AN ACCURATE DIAGNOSIS IS DEPENDENT ON CONDUCTING A COMPREHENSIVE ASSESSMENT AND EVALUATION.

IN MY OVER 46 YEARS OF EXPERIENCE IN THE MENTAL HEALTH FIELD, I HAVE YET TO HAVE A PERSON COME IN AND OPENLY TELL ME THAT HE OR SHE IS THINKING OF KILLING THEMSELVES.

IT IS UP TO THE CLINICAL SKILL AND COMPETENCE OF THE LICENSED CLINICAL SOCIAL WORKER TO HAVE THE SKILL AND TRAINING TO FERRET OUT THE INFORMATION THAT HELPS TO FORMULATE AN ACCURATE DIAGNOSIS UPON WHICH TO FORMULATE A TREATMENT PLAN THAT WILL MAXIMIZE THE PROSPECTS FOR A POSITIVE OUTCOME FOR TREATMENT.

IN ORDER TO BECOME A LICENSED CLINICAL SOCIAL WORKER IN WISCONSIN, AN APPLICANT MUST:

- GRADUATE WITH A MASTER'S DEGREE IN SOCIAL WORK FROM AN ACADEMIC INSTITUTION ACCREDITED BY THE COUNCIL ON SOCIAL WORK EDUCATION AND
- COMPLETE THE REQUIREMENTS FOR BECOMING A CERTIFIED ADVANCED PRACTICE SOCIAL WORK INCLUDING SUCCESSFUL COMPLETION OF:
  - A NATIONAL STANDARDIZED EXAMINATION AND
  - A STATE EXAMINATION ON THE LAWS GOVERNING SOCIAL WORK PRACTICE IN WISCONSIN
- COMPLETE 3,000 HOURS OF SUPERVISED CLINICAL SOCIAL WORK PRACTICE.

IN ORDER TO BE COMPETENT TO DEVELOP AN EFFECTIVE TREATMENT PLAN BASED ON AN ACCURATE DIAGNOSIS, IT IS CRITICAL FOR CERTIFIED ADVANCED PRACTICE SOCIALWORKERS TO HAVE ALL 1,000 HOURS OF THE 3,000 HOURS OF POST-GRADUATE SUPERVISED EXPERIENCE BE IN THE FACE-TO-FACE ASSESSMENT, DIAGNOSIS, AND TREATMENT OF PEOPLE WITH MENTAL HEALTH PROBLEMS.

I AM OPPOSED TO THE LANGUAGE OF THE SUPPLEMENTAL AMENDMENT TO ASSEMBLY 29 BECAUSE THE LANGUAGE MAKES IT POSSIBLE FOR A PERSON TO BECOME A LICENSED CLINCAL SOCIAL WORKER WITH AS LITTLE AS ONE HOUR OF SUPERVISED EXPERIENCE IN DIAGNOSIS AND TREATMENT.

THE LANGUAGE IN THE AMENDENT TO ASSEMBLY BILL 29 MAKES IT POSSIBLE FOR PEOPLE LICENSED AS CLINICAL SOCIAL WORKERS TO BE UNFIT, INCOMPETENT, AND DANGEROUS TO PRACTICE WITH THE MEN, WOMEN, TEEN-AGERS, AND CHILDREN OF WISCONSIN WHO COME TO THEM FOR HELP.

THE MISSION OF THE WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES IS TO ENSURE THAT PRACTITIONERS WHO ARE GRANTED THE ABILITY TO PRACTICE LICENSED CLINCAL SOCIAL WORK INDEPENDENTLY AND WITHOUT SUPERVISION HAVE RECEIVED SUFFICIENT PRE-LICENSE SUPERVISION IN ORDER TO PRACTICE SAFELY AND COMPETENTLY.

TO DO OTHERWISE WOULD EXPOSE THE MEN, WOMEN, TEEN-AGERS, AND CHILDREN OF WISCONSIN WHO SEEK PROFESSIONAL HELP FOR MENTAL HEATLH AND SUBSTANCE ABUSE PROBLEMS AT SERIOUS RISK FOR INEFFICIENT, INCOMPETENT, DANGEROUS, AND POTENTIALLY LIFE-THREATENING CONSEQUENCES.

I RESPECTFULLY ASK YOU FOR YOUR CONSIDERATION OF THE FOLLOWING TWO COMMITTEE ACTIONS:

- TO VOTE IN FAVOR OF ASSEMBLY BILL 29 AS ORIGINALLY WRITTEN
- TO VOTE AGAINST THE SUPPLEMENTAL AMENDMENT TO ASSEMBLY BILL 29

THANK YOU.

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TESTIMONY IN SUPPORT OF AB 29 SUBSTITUTE AMENDMENT 1 (ASA1-AB29), PRESENTED BY DR. NICHOLAS P. SMIAR, FORMER CHAIRPERSON OF THE SOCIAL WORKER SECTION OF THE MPSW EXAMINING BOARD AND PROFESSOR EMERITUS OF SOCIAL WORK, UW-EAU CLAIRE

Representative Horlacher and members of the Assembly Committee on Regulatory Licensing Reform, thank you for the opportunity to present testimony on AB 29 Substitute Amendment 1, regarding supervised hours of clinical experience for licensure as a clinical social worker. My name is Nick Smiar. I am Professor Emeritus of Social Work at the University of Wisconsin-Eau Claire, and former Chairperson of the Social Worker Section of the MPSW Examining Board. I am a Certified Independent Social Worker, a member of the National Association of Social Workers – Wisconsin Chapter, a member of the Academy of Certified Social Workers (ACSW) and former Wisconsin Delegate to the Association of Social Work Boards. Because I have been part of this process since it began in the Social Worker Section of the MPSW Examining Board almost two years ago, I think that I can offer some perspective on this issue.

At that time, the legal counsel of DSPS offered an opinion that the Social Worker Section could not require in its regulations that an applicant for clinical licensure have 1,000 hours of face-to-face client contact consisting of diagnosis and treatment, using the Diagnostic and Statistical Manual of Mental Disorders, because the statute (Chapter 457) did not contain such a requirement. The Social Worker Section rejected the interpretation because regulation implements statute, because the regulation had been in place for more than fifteen years, and, most important, because removal of the regulation would constitute a risk to consumer safety and would permit unqualified persons to engage in clinical practice with a license issued by the State of Wisconsin. We were informed that the only option would be to amend the statute (Chapter 457) but that DSPS would not provide resources to do that since, as an executive agency, it does not engage in legislative action.

DSPS introduced a revision of the regulation onto our Section's agenda; the Social Worker Section rejected the proposed change. When the change was presented to the entire MPSW Board, the Board overrode the objections of the Social Worker Section and sent the regulation revision on to the Assembly Committee on Rules. The Assembly Committee sent the proposed change back to the MPSW Board and requested that it be withdrawn, apparently because of the same concerns for consumer safety. The committee chairperson then drew up an amendment to Chapter 457 which, with some minor changes, was approved unanimously by the committee and sent to the Assembly, which approved the amendment unanimously and sent it on to the appropriate Senate committee, which approved it unanimously. Unfortunately, the bill was never brought before the Senate because it became lost in the crush of bills at the conclusion of the Senate's term.

I want to emphasize here that the primary issue is consumer safety, especially when someone is outside the sphere of his or her practice competency. That did not seem to be a concern of DSPS, despite the fact that safety is in the title of the agency.

The amendment which is under consideration today would protect consumer safety. We are thankful for its introduction and for your consideration today.

I do have two minor recommendations for change.:

First, substitute the phrase "consist of" for the word "includes." The word "includes" could be interpreted to mean that an applicant could do one hour out of the 1,000 hours in diagnosis or treatment and meet the requirement. For "includes," substitute "consist of.," which indicates that all 1,000 hours would be diagnosis and treatment, which is the intention.

Second, instead of stating "based on the applicable edition of the Diagnostic and Statistical Manual of Mental Disorders," substitute "using a standard diagnostic protocol approved by the Social Worker Section." Referring to one protocol may privilege that protocol. Although the DSM is the most widely used and accepted protocol currently in use, there are others which could be used, such as the ICD (International Classification of Diseases).

Thank you for your time and for your consideration of these comments. I am happy to respond to any question you may have, and I will leave my contact information if you have any questions in the future.

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AB 29

- Introduced by JCRAR in response to its objection to a proposed rule relating to license application requirements for clinical social workers.
- Current statute: must complete 1,000 hours of supervised face-to-face contact that includes training in Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis and treatment
- Proposed rule: repeals the requirement that contact hours include training in DSM
    - Board does not have statutory authority to maintain this requirement (the statutes don't require it, and the rule creates a higher burden)
- Bill: states that the client contact must include a number of hours (to be determined by the board) of diagnosis and treatment of individuals based on a standard diagnostic protocol approved by the board
- Substitute amendment: the client contact must include training in DSM diagnosis and treatment of individuals

Could the board promulgate a rule that specifies the number of hours of training DSM?

- Under the language of the substitute amendment, it is not clear that the board would have authority
- Arguably this would be w/in the board's general authority to promulgate a rule that is necessary to clarify what it means for the client contact to "include" training in DSM – how much DSM training is necessary to effectuate the purpose of the statute? [227.11 (2) (a)]
    - Board's interpretation

- Experience requirements, among others: 3,000 hours of clinical social work practice, including at least 1,000 hours of supervised face-to-face client contact

- JCRAR Rules
    - ~~Bills~~ go to JCRAR for review as part of admin rulemaking process
    - Can object to rules based on certain grounds (here: an emergency relating to public health, safety, or welfare)
    - If JCRAR objects,
        - Rule or portion objected to does not go into effect
        - JCRAR must introduce legislation w/in 30 days of the objection, meet to vote on whether to introduce a bill to support the objection into each house
    - If a bill is not passed, the proposed rule will go into effect (here: the requirement that DSM training be included will be repealed)

JOINT COMMITTEE FOR THE REVIEW OF ADMINISTRATIVE RULES

COMMITTEE CO-CHAIRS: SENATOR STEVE NASS AND REPRESENTATIVE JOAN BALLWEG

Clearinghouse Rule 14-057

Report to the Legislature
Clearinghouse Rule 14-057
The Joint Committee for Review of Administrative Rules

Produced pursuant to 227.19(6)(a), Stats.

Clearinghouse Rule 14-057, promulgated by the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board (MPSW Examining Board), modifies rules relating to qualifications for licensure of clinical social workers to eliminate the supervised practice requirement for 1,000 hours of face-to-face client contact to include Diagnostic and Statistical manual (DSM) diagnosis and treatment of individuals.

Description of Problem

At the request of Representative Joan Ballweg, the Joint Committee for Review of Administrative Rules (JCRAR) held a public hearing on Clearinghouse Rule 14-057, relating to social worker credentials of the MPSW Examining Board, on June 2, 2016. The National Association of Social Workers Wisconsin Chapter raised concerns that with the proposed removal of requirements, supervised practice would no longer include DSM diagnosis and treatment of individuals.

Arguments In Favor of Objection

- *It is good public policy that client contact in supervised practice include DSM diagnosis and treatment. To ensure this information is part of a new social workers curriculum, it is important to maintain the requirement that clinical social worker practice include DSM diagnosis and treatment of individuals.*

- *Eliminating this test puts a burden on employers, including counties, to ensure that those hired are well-prepared and competent to represent their profession.*

- *DSM diagnosis is an integral part of training and is considered the industry gold standard for training.*

Arguments Against Objection

- *DSPS maintains that the MPSW Examining Board does not have statutory authority to impose the requirement that client contact includes DSM diagnosis and treatment of individuals.*

- *2013 Wisconsin Act 21 and Executive Order 50 reiterate agencies should not create or apply administrative regulations absent clear statutory authority.*

Action by Joint Committee for Review of Administrative Rules

On June 2, 2016, JCRAR held an executive session on Clearinghouse Rule 14-057. The committee passed the following motion on a 10-0 vote, partially objecting to the rule (YES: Ballweg, Nass, Knudson, Lasee, LeMahieu, Miller, Ringhand, J. Ott, Hebl, Spreitzer):

> *Moved, that the Joint Committee for Review of Administrative Rules, pursuant to s. 227.19 (5) (d), Stats., object in part to Clearinghouse Rule 14-057, a permanent rule proposed by the Marriage and Family Therapy, Counseling, and Social Worker Examining Board, relating to social worker credentials, on the grounds that the amendment of s. MPSW 3.09 (3) to remove the phrase "and including DSM diagnosis and treatment of individuals" and the amendment of s. MPSW 3.09 (3m) to remove the phrase "and also included DSM diagnosis and treatment of individuals," could result in an emergency relating to public health, safety, or welfare.*

On June 2, 2016, JCRAR voted 10-0 (YES: Ballweg, Nass, Knudson, Lasee, LeMahieu, Miller, Ringhand, J. Ott, Hebl, Spreitzer) to introduce LRB 4931 and LRB 4946, which provides statutory authority for MPSW to require that the 1,000 hours of face-to-face client contact include DSM diagnosis and treatment of individuals.

On January 11, 2017, JCRAR voted 10-0 (YES: Ballweg, Nass, LeMahieu, Stroebel, Larson, Wirch, Neylon, J. Ott, Hebl, Anderson) to introduce LRB 1238/2 and LRB 0953/2, which provides statutory authority for MPSW to require that the 1,000 hours of face-to-face client contact include DSM diagnosis and treatment of individuals. The bills were introduced as Senate Bill 5 and Assembly Bill 29 in the 2017-18 legislative session.

Passage of one of these bill in support of the JCRAR objection would permanently remove the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board's (MPSW Examining Board) ability to promulgate parts of Clearinghouse Rule 14-057, and provide the necessary statutory authority to continue requiring that the supervised experience include DSM diagnosis and treatment of individuals.

NASW WISCONSIN CHAPTER
National Association of Social Workers

NASW WI TESTIMONY BEFORE THE ASSEMBLY COMMITTEE ON REGULATORY LICENSING REFORM ON APRIL 27, 2017 ON BEHALF OF ASSEMBLY BILL 29

If you needed a heart by-pass operation, brain surgery, skin graft surgery, prostate surgery or breast cancer reconstruction, wouldn't it be your expectation that your doctor conducting the surgery actually had been through the full residency program and had extensive training and experience in surgery?

If you had a brother or sister who had returned from the war in Iraq or Afghanistan and was suffering from severe depression, anger and other symptoms of PTSD, wouldn't you expect that their licensed clinical social worker had the training and experience needed to help them? If you had a teenage son or daughter whose personality suddenly changed dramatically and became extremely depressed or refused to eat, wouldn't you also hope that your clinical social worker had the proper experience and training to provide the needed help? Finally if your best friend suffered from severe depression and substance abuse because she or he was abused as a child, wouldn't you expect that your friend's clinical social worker had the proper training and experience to help?

Licensed clinical social workers provide services to extremely vulnerable clients. These clients can be suicidal, experience bi-polar mental illness, schizophrenia, have an eating disorder, be a victim or perpetrator of sexual abuse or domestic violence, or have a diagnosis of obsessive compulsive disorder or some other mental illness. 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.

Assembly Bill 29 allows the Examining Board of Professional Counselors, Marriage and Family Therapists and Social Workers to determine the number of hours of diagnosis and treatment of mental illness needed to become a licensed clinical social worker. The Examining Board has had this authority since the beginning of certification in 1995 and licensure in 2002. And the Social Workers Section has required that the 1000 hours of direct client contact consist of diagnosis and treatment so that licensed clinical social workers have adequate training to help clients experiencing severe trauma.

However about two years ago the Chief Legal Counsel at the Department of Safety and Professional Services determined that the existing rule was not supported by the statute and that legislation was needed. Therefore Assembly Bill 29 is designed to allow the existing practice to continue: to require that the 1000 hours of direct client contact consist of DSM diagnosis and psychotherapeutic treatment.

There is a proposed amendment to this rule that would eliminate the wording that gives the Examining Board the authority to determine the number of hours of diagnosis and treatment and replace this wording with language saying the 1000 hours shall include the diagnosis and treatment of individuals…". We have concerns about this wording based upon how the Department of Safety and Professional Services has been interpreting rules and statute. If an applicant for clinical licensure had only one hour of diagnostic experience and one hour of treatment experience out of the 1000 hours of

face to face contact, the Department could tell the Social Workers Section they had to approve this applicant because their 1000 hours "included" diagnosis and treatment.

In previous years when the Department had open hearings on appeals of denials I saw a number of applicants for clinical licensure who, upon examination by the Social Workers Section, clearly did not understand how to make a proper assessment of a consumer living with a mental illness, nor how to treat this individual. These applicants may have had a few hours of diagnosis or treatment experience or training but primarily were engaged in a different type of social work that was not clinically oriented. My fear is that with the language of the amendment, these unqualified applicants could be approved for clinical licensure and potentially do harm to consumers.

For the protection of the public and to ensure our most vulnerable clients with trauma and mental illness get assessed and treated properly it is critical that this bill be approved without amendment.

Marc Herstand, MSW CISW
Executive Director
National Association of Social Workers, Wisconsin Chapter