

A Model Practice Act for Clinical Social Work

The complete version of this comprehensive position statement is available in the “publications” section of the abecsw.org website. Below is the preamble only, summarizing the statement’s content.

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Preamble to Model Practice Act of Center for Clinical Social Work

The Center’s Model Practice Act for Clinical Social Work is a new way of looking at state licensure of Clinical Social Workers, the predominate provider of behavioral health care in the United States. This Act, consisting of statutes and regulations, is offered to inform the process of revision and renewal of state laws that regulate Clinical Social Work. The statutes proposed herein are intended to be universal and sufficient to protect the public; the proposed regulations are more specific, and may be customized as needed.

This Act regards Clinical Social Work as a healthcare profession for which state licensure is necessary in order to protect the public from the risk of fraudulent and abusive practice. The risk exists (as with physicians and psychologists) because the consumer gives the clinician significant power to affect his or her mental and emotional condition, often in a practice setting that is private.

In this Model Practice Act, the Clinical Social Workers’ professional qualifications are identified as originating in social work schools at the master’s level. Post-graduation, the Associate

Clinical Social Worker enters a training phase in which he/she practices for at least two years under the close supervision of an experienced behavioral health professional who takes legal responsibility for the Associate's work. These levels of education and training—and nothing less—are the fundamentals for becoming a Clinical Social Worker capable of competent autonomous (unsupervised) practice.

This Act does not include or propose licensure-related material aimed at Non-Clinical (Generic) Social Workers, whose terminal degree is the baccalaureate. We see no reason for them to be licensed: they do not provide services of the same sort as Clinical Social Workers educated at the master's-degree level and with years of post-graduate supervised clinical training. This disparity in standards of education and training creates a gulf so wide that Generic Social Work and Clinical Social Work should not be related under state licensure laws. The similarity in names (often confusing to the public) should not be mistaken for similarity of preparation, capabilities, or interventions.

We oppose the licensure of baccalaureate-level Generic Social Workers, and of their inclusion in a multi-tier licensing law for Clinical Social Workers, because **such licensure misleads the public and injures the profession of Clinical Social Work**. Some state laws have a multi-tier scheme in which the first level is that of baccalaureate Social Work (LSW). We reject the logic of multi-tier licensure, which produces a “cascading” set of descriptions, starting with “Baccalaureate Social Worker” and proceeding to “Master Social Worker” and “Clinical Social Worker,” although the first has little to do with the next two.

In these problematic schemes, LSW practice-characteristics are described in great detail, and form the basis for all further description. At the next level, the LMSW, the wording is nearly identical, with the addition of a few words or phrases to delineate LMSW practice. The scheme's final level, LCSW or LICSW, characterizes a Clinical Social Worker, capable of autonomous practice, in terms nearly identical to the LSW and LMSW, with the addition of only a few words and phrases. This entire arrangement is a fallacy, since it is premised on a description of

baccalaureate-level Social Work, a field of endeavor so dissimilar from Clinical Social Work that a description of one cannot be used as the basis for describing the other.

We also believe that the LSW is irrelevant to the issue of public protection, which is the *raison d'être* for licensure. If a practitioner does not have autonomous standing and private interactions with the public, there is no reason for licensure. We know of no instance in which baccalaureate-level Social Workers provide autonomous services: their work is the responsibility of an agency or of a more competent individual acting as a legal supervisor. Any fraud or abuse is the fault of the supervisor, and not of the Social Worker. By the nature of their lack of education and training, Social Workers may not provide professional mental healthcare and related services. Only Clinical Social Workers may provide services autonomously and in private settings in which the consumer may fall victim to fraud or abuse.

Finally, we oppose the licensure of baccalaureate-level Social Workers on the grounds that any description of services attributable to Social Workers is certain to lead to conflation of those services with those provided by Clinical Social Workers. For example, some state laws attribute to Social Workers the right to address consumers' "psychosocial, or bio-psychosocial functioning" and to provide clinical services and to use clinical methods—professional use of self; assessment; evaluation; counseling; and consultation—even though Social Workers lack the education and training to do so.

In some state laws, baccalaureate-level Social Workers are allowed to provide clinical services when under the supervision of a clinical professional. This too is an egregious error, because such supervision does not endow the supervisee with the education and training required for competent provision of services. This sort of supervised practice constitutes a fraud on the consumers, who are thus denied the services of a competent clinical professional. To understand the gravity of this mistake, one has only to compare it with scenarios in which a license allows a baccalaureate-level nurse to perform surgery when supervised by a physician, or a baccalaureate-level paralegal to conduct a

criminal defense when supervised by a lawyer.

There are fifty-one different licensure laws for Clinical Social Work in the United States; but there are only two model practice acts: this one, and one published by the Association of Social Work Boards (ASWB), an organization made up of Social Work licensing boards, none of which is specific to Clinical Social Work alone. It is perhaps not surprising that licensing boards which have multi-disciplines under their purview would also have multi-tier licensing, inclusive of different vocations. But that does not make it reasonable, just, logical, or helpful in protecting the public (which is the only justification for the creation of a license and the existence of licensure laws).

We are especially concerned that the ASWB Model Practice Act attributes a great deal of clinical functionality to “baccalaureate social workers” and to “master’s social workers”. Neither one should be endowed with any clinical functions. Equally alarming is the conflation of the term “master’s level social workers” with the concept of Clinical Social Worker-in-training. These two concepts should not be mixed; and our Model Practice Act clearly delineates the characteristics and limits of practice that actually belong to a post-graduate in-training Clinical Social Worker, whom we term a Clinical Social Worker Associate, versus a Master’s-Level Social Worker, who is a Social Worker who holds a Master’s Degree without the clinical education and training that would qualify him/her for the practice of Clinical Social Work.

Aside from our belief that they should not be licensed with Clinical Social Workers, we have no opinion on the licensure of these master’s-level Social Workers who choose not to pursue Clinical Social Work as a career, and who may provide autonomous non-clinical services as “Community/Policy Social Workers.”

Because this Model Practice Act is concerned solely with protection of the public from frauds and abuses of Clinical Social Workers, we believe that the proper mechanism for state oversight is a Clinical Social Work Licensing Board, whose members should include representatives of the public and a

majority of Clinical Social Workers (as with licensing boards for Clinical Psychology), in order to bring proper clinical judgment to the consideration and adjudication of incidents and transgressions that are alleged against a practitioner. Non-Clinical Social Workers are not suitable to adjudicate Clinical Social Work cases or to protect the public at the level that the public deserves.