

## OPR: Social Work Licensure Amendments

## Bill H. 656

- Personal Info – human services for over 25 years, agency work, NASW VT, private practice, teaching in social work and counseling programs at UVM & Trinity College
- The proposed amendments create 2 branches of social work practice that distinguish a ***clinical and non-clinical track***.
  1. Licensed Masters in Social Work (LMSW) - non-clinical
  2. Licensed Independent Clinical Social Worker (LICSW) - clinical
- National organizations such as the ASWB and NASW have recognized these distinctions for years with multilevel models of practice for the BSW, MSW, and Clinical. Most other states have adopted licensing laws for social workers that recognize different levels and tracks of practice:
  - 6 states have only Clinical License (VT, NH, CA, CT, Montana, DE)
  - 10 states have Clinical and non-clinical
  - 35 states have BSW/MSW levels & clinical and non-clinical tracks
- Social workers are different than other mental health professionals like counselors, psychologists, and psychiatrists in that the training for social workers is focused on understanding the environmental factors that may be impacting an individual or family and to work on creating change in those areas. As a result, social work practice can happen on many levels either with the individual, with the family, with the community, or with impacting policies (micro, macro or mezzo). Social workers are found in a variety of work settings such as hospitals; schools; non-profit agencies; state, federal and military organizations; advocacy groups; private practice as well as for-profit organizations and businesses.
- The proposed changes recognize the diversity of social work practice in the field and allow those who are not interested in providing clinical social work a quicker and easier path towards licensure.
- LMSW may work in a variety of settings, but the focus of their work is more on assessment, education, research, advocacy, community organizing, or the development, implementation and administration of policies, programs and activities.
  - 1,200 hours supervised practice
  - masters level examination
- LICSWs would be providing psychotherapy services to help individuals, groups or families deal with mental, behavioral or emotional issues. They too may be

working in a variety of settings, but also be able to work independently in private practice.

- 3,000 hours supervised practice
  - clinical social work examination
  - must be on roster for mental health providers
  - Grandfather current licensees
- 
- Describe recent experience with training at Howard Center for Human Services – (school social workers, crisis clinicians, outpatient psychotherapists, residential program staff, Intensive Family Based Services clinicians, early childhood staff - all are being trained to work with families). Often there are many points of contacts an individual or family has within the system and that all of these employees in the agencies programs are working on developing a therapeutic relationship with clients to help them work towards change. While someone may be with a child at school or a family at home or meeting in the agency, the skills and knowledge of the clinician requires that they have an understanding of psychotherapy and the theoretical underpinnings of how to help people with emotional/mental health issues and with change. Psychotherapy can occur in non-traditional settings. That being said, it is important that social workers interested in clinical practice be clear in their choice to do so and make sure that their work experience and supervision are clearly training them to be practicing at this level.
  - For other social workers, it is clearer that their role in the organization is more supportive, administrative or one of advocating for change in helping individuals with basic supports such as housing, employment, connecting with services or applying for state benefits. (ex. state employees in state welfare programs)
  - A primary focus of this change is to recognize that social work practice is diverse and to be clearer with social workers the paths that are available to them for licensure and the requirements to meet them.
  - The Process – I came on the Advisory Board in April 2011. Discussions of how to capture the diversity of practice of social work began in summer of 2011. The first public meeting was held in November 2012. There was a lot of good feedback, so the Advisory Board worked with OPR staff and social workers over the next year to clarify the content of changes and the language. The last public meeting was held in late November 2013 before OPR finalized the draft changes that were submitted to you.
  - Rules have been worked on and would be finalized when the legislation passes to be in place for the start of this change.