If you needed a heart by-pass operation, brain surgery, skin graft surgery, prostate surgery or breast cancer reconstruction surgery, wouldn’t it be your expectation that your doctor conducting the surgery actually had extensive supervised training and experience in surgery? Similarly if you were suffering from a bipolar mental illness, schizophrenia, a serious eating disorder or a history of sexual assault, wouldn’t you expect and need your licensed clinical social worker to actually have supervised psychotherapeutic training and experience so you could trust them to help you?

The mission of the Department of Safety and Professional Services is to ensure the safe and competent practice of licensed professionals in Wisconsin including doctors and social workers.

The proposed rules change that eliminates the words “and including DSM diagnosis and treatment of individuals” from MPSW 3.09(3) and the words “and also included DSM diagnosis and treatment of individuals” from MPSW 3.09 (3M) will do just the opposite.

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.

A licensed clinical social worker can provide diagnosis and treatment of mental and emotional disorders and psychotherapy without supervision. Therefore any individual granted an LCSW can set up their own private practice without supervision immediately upon receiving the licensure. This proposed rule would presumably allow a Certified Advanced Practice Social Worker or a Certified Independent Social Worker to become a licensed clinical social worker without any supervised clinical training in DSM diagnosis or psychotherapeutic treatment.
This would be a complete abdication of the responsibility to ensure the safe and competent practice of licensed professionals in Wisconsin.

In addition a licensed clinical social work with three years post masters experience (and two years supervised training) is able to supervise MSW graduates who are working towards their 3000 hours of supervised clinical practice. Agencies hire LCSW’s with the expectation that they will supervise staff pursuing their 3000 hours of supervised clinical practice. This rule change could easily lead to situations where an LCSW with no experience in diagnosis of mental illness or treatment will be asked and expected to supervise a clinical trainee who is working towards becoming a licensed clinical social work providing psychotherapy to clients. The trainee could therefore receive substandard, even incompetent supervision, which could lead to harm to clients being served by the trainee.

I have been coming to the Social Worker Section and Examining Board meetings for 22 years, since our profession was first regulated. The need, expectation and requirement that applicants for the clinical social worker credential have extensive experience in DSM diagnosis and psychotherapeutic treatment has never been questioned by Department Legal Counsel, until now.

The Department of Safety and Professional Services Legal Counsel is claiming that because of Act 21, passed in 2011, rules cannot exceed a statutory authority. However according to a Wisconsin Legislative Council memo on March 30, 2015, since “… the examining board added this requirement in 2002, the “examining board may have the authority to continue enforcing the DSM training requirements.” The Wisconsin Legislative Council memo also states that support for the requirement can be found in Chapter 457.01n of the state statutes which states that “Clinical Social Work means providing services without supervision for the diagnosis, treatment and prevention of mental and emotional disorders in individuals, families and groups…” The rule in question uses words right from the statute-“diagnosis and treatment of individuals”. One debatable point the Legislative Council brings up is whether the use of the word DSM, not specifically cited in the statute could be used in the rule. They present support for both sides of the argument. Several courses of action can be gleamed from this Legislative Council memo. One is that the Examining Board could continue to enforce the existing rule because it was made before the law passed. Secondly the Examining Board could “tweak” the language, simply by deleting the word “DSM” so there can be no argument that this rule goes beyond the statute.

In summary this rules change threatens the safety of Wisconsin consumers. It could create serious liability issues for the State of Wisconsin, Examining Board and Section members. I strongly urge the Assembly Committee on Family Law to vote to return this rule to the Department of Safety and Professional Services for revision.