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.

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