



**MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND
SOCIAL WORK JOINT EXAMINING BOARD**
Room 121A, 1400 East Washington Avenue, Madison
Contact: Dan Williams (608) 266-2112
December 19, 2014

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

10:00 A.M.

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

- A. Adoption of the Agenda (1-2)**
- B. Approval of the Minutes of October 28, 2014 (3)**
- C. Administrative Matters – Discussion and Consideration**
 - 1) Staff Updates
 - 2) Board Member – Term Expiration Date
 - a. Peter Fabian – 7/1/2018
 - b. Alice Hanson-Drew – 7/1/2013
 - c. Linda Pellmann – 7/1/2015
 - d. MFT Public Member – **Vacancy**
 - e. Allison Gordon – 7/1/2018
 - f. Charles Lindsey – 7/1/ 2016
 - g. Leslie Mirkin – 7/1/2009
 - h. PC Public Member – **Vacancy**
 - i. Jennifer Anderson-Meger – 7/1/2017
 - j. Elizabeth Krueger – 7/1/2016
 - k. Nicholas Smiar – 7/1/2014
 - l. Gregory Winkler – 7/1/2015
 - m. SOC Public Member – **Vacancy**
- D. Legislative and Administrative Rule Matters – Discussion and Consideration**
 - 1) Draft Amending MPSW 1 Relating to Rules, Application, Exam and Renewal Procedures **(4-7)**
 - 2) Legislative Report and Rule Amending MPSW 3, 4, Relating to Social Worker Credentials **(8-31)**
 - 3) Update on Pending and Possible Rule Making Projects

- E. **Board Legal Counsel Update Regarding Applicants Seeking a Credential from One of the Three Sections and Who Have a Hale Crossman Letter – Discussion and Consideration (32)**
- F. **Discussion and Consideration of Board Goals (33)**
- G. **Section Reports**
- H. **10:30 A.M. – Public Hearing on Clearinghouse Rule 14-063 Relating to Substance Abuse Specialty (34-45)**
 - 1) Review and Respond to Clearinghouse Report and Public Hearing Comments
- I. Discussion and Consideration of Items Received After Preparation of the Agenda:
 - 1) Introductions, Announcements, and Recognition
 - 2) Presentations of Petition(s) for Summary Suspension
 - 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 4) Presentation of Final Decision and Order(s)
 - 5) Informational Item(s)
 - 6) DLSC Matters
 - 7) Status of Statute and Administrative Rule Matters
 - 8) Education and Examination Matters
 - 9) Credentialing Matters
 - 10) Practice Questions
 - 11) Legislation / Administrative Rule Matters
 - 12) Liaison Report(s)
 - 13) Speaking Engagement(s), Travel, or Public Relations Request(s)
 - 14) Consulting with Legal Counsel
- J. Public Comments

ADJOURNMENT

**JOINT EXAMINING BOARD MEETING
MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING
AND SOCIAL WORK JOINT EXAMINING BOARD
MEETING MINUTES
October 28, 2014**

PRESENT: Charles Lindsey, Linda Pellmann (*arrived to the meeting at 9:02 a.m.*), Elizabeth Krueger, Jennifer Anderson-Meger, Peter Fabian, Alice Hanson-Drew, Leslie Mirkin, Nicholas Smiar, Gregory Winkler

EXCUSED: Allison Gordon

STAFF: Dan Williams – Executive Director; Jelena Gagula – Bureau Assistant; and other DSPS Staff

CALL TO ORDER

Charles Lindsey called the meeting to order at 9:00 a.m. A quorum of eight (8) members was confirmed.

ADOPTION OF AGENDA

Amend item C.2)d. to read “MFT Professional Member.”

MOTION: Elizabeth Krueger moved, seconded by Leslie Mirkin, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF JULY 29, 2014

MOTION: Nicholas Smiar moved, seconded by Peter Fabian, to approve the minutes of July 29, 2014 as published. Motion carried unanimously.

Linda Pellmann arrived to the meeting at 9:02 a.m.

LEGISLATION AND ADMINISTRATIVE RULE MATTERS

MOTION: Nicholas Smiar moved, seconded by Elizabeth Krueger, to authorize Peter Fabian to approve the revisions of MPSW 1.09 relating to Specialty for posting for economic impact comments and submission to the Clearinghouse. The public hearing will take place on December 19, 2014. Motion carried unanimously.

ADJOURNMENT

MOTION: Leslie Mirkin moved, seconded by Elizabeth Krueger, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:36 a.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 9 December 2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: MPSW Joint Board			
4) Meeting Date: 19 December 2014	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislation and Rule Matters – Discussion and Consideration 1. Draft amending MPSW 1 relating to rules, applications, exam and renewal procedures. 2. Legislative Report and Rule amending MPSW 3, 5 relating to social worker credentials. 3. Update on pending and possible rule-making projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>9 December 2014</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

TEXT OF RULE

SECTION 1. MPSW 1.03 is repealed.

SECTION 2. MPSW 1.035 is created to read:

MPSW 1.035 Rule-making. (1) Each section shall be responsible for proposing and drafting rules applying to its profession, and for holding public hearings on those rules. The board may approve and adopt rules proposed by any section of the board.

(2) The board shall be responsible for promulgating rules applying to matters that the board determines are of joint interest.

SECTION 3. MPSW 1.04(2) is repealed.

SECTION 4. MPSW 1.05(3) is repealed.

SECTION 5. MPSW 1.05(3m) is created to read:

MPSW 1.05(3m) Applicants for certification as a social worker, advanced practice social worker, or independent social worker or for licensure as a clinical social worker, marriage and family therapist or professional counselor shall pass all of the following examinations:

(a) An examination approved by the applicable section to determine minimum competence in the practice area for which the credential is sought.

(b) An examination on provisions of the Wisconsin Statutes and Administrative Code that pertain to the profession.

SECTION 6. MPSW 1.05(5) is amended to read:

MPSW 1.05(5) The board may deny ~~release of grades or~~ issuance of a credential if the board determines that the applicant violated the examination rules of conduct or otherwise acted dishonestly.

SECTION 7. MPSW 1.05(6) and (7) are repealed.

SECTION 8. MPSW 1.05(6m) and (7m) are created to read:

MPSW 1.05(6m) The passing grade on each examination is determined by the board to represent competence. The board may adopt the recommended passing score of the examination provider.

(7m) An applicant for certification as a social worker, advanced practice social worker or independent social worker or for licensure as a clinical social worker is not required to take the examination under sub. (3m)(b) if within 5 years preceding the date of application, the applicant passed the examination under sub. (3m)(b) in the process of being granted another social worker credential.

SECTION 9. MPSW 1.06(intro) is amended to read:

MPSW 1.06 Examination review procedure for all sections of the board. An applicant who fails an examination may request a review of the examination, as permitted by the examination provider. If a review is permitted, ~~the following conditions apply~~ the applicant shall follow the examination provider's review procedures.

SECTION 10. MPSW 1.06(1), (2), (3), (4), (5), (6) and (7) are repealed.

SECTION 11. MPSW 1.07 is repealed.

SECTION 12. MPSW 1.08 is repealed.

SECTION 13. MPSW 1.085 is created.

MPSW 1.085 Credential renewal and reinstatement procedures. (1) RENEWAL WITHIN 5 YEARS. A credential holder shall renew the credential by paying the renewal fee determined by the department under s. 440.03(9)(a), Stats. and attesting to completion of the continuing education required under s. MPSW 19.02. If the credential is not renewed before its expiration date, the credential holder shall pay a late renewal fee.

(2) RENEWAL AFTER 5 YEARS. A credential holder who has failed to renew a credential within 5 years after the renewal date holds an expired credential and may not reapply for the credential using the initial application process. This subsection does not apply to credential holders who have unmet disciplinary requirements or whose credentials have been surrendered or revoked. A credential may be renewed after 5 years by complying with all of the following:

- (a) Payment of the renewal fee required under s. 440.03(9)(a) and the late renewal fee.
- (b)

(3) REINSTATEMENT. A credential holder who has unmet disciplinary requirements and failed to renew the credential within 5 years or whose credential has been surrendered or revoked may apply to have the credential reinstated in accordance with all of the following:

- (a) Evidence of completion of the requirements in sub. (2) if the credential has not been active within the last 5 years.
- (b) Evidence of completion of disciplinary requirements, if applicable.
- (c) Evidence of rehabilitation or change in circumstances, warranting reinstatement of the credential.

SECTION ?. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

STATE OF WISCONSIN
MARRIAGE AND FAMILY THERAPY, PROFESSIONAL
COUNSELING AND SOCIAL WORK EXAMINING BOARD

IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : MARRIAGE AND FAMILY THERAPY,
MARRIAGE AND FAMILY THERAPY, : PROFESSIONAL COUNSELING AND
PROFESSIONAL COUNSELING AND : SOCIAL WORK EXAMINING BOARD
SOCIAL WORK EXAMINING BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Marriage and Family Therapy, Professional Counseling and Social Work Examining Board to amend MPSW 3.09 (3) and (3m) and MPSW 5.01 (2) and (3) relating to social worker credentials.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 440.071 and 457.08

Statutory authority: ss. 15.08(5)(b), 457.03(1) and 457.03(3)

Explanation of agency authority:

Each board shall promulgate rules for its own guidance and the guidance of the profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular profession.

The Board shall promulgate rules establishing the minimum standards for supervised clinical training that must be completed for licensure as a clinical social worker and establish appropriate educational, training, experience, examination and continuing education requirements for each level of social worker credentials.

Related statute or rule: s. 440.071

Plain language analysis:

Section 1 removes the two requirements which are not in statute for licensure as a clinical social worker. The legislature removed the requirement that the supervised clinical social work practice be completed in no less than 2 years when it inserted the 3,000 hour requirement. This rule removes the requirement which remained in the administrative code after the statutory change. The other requirement is deleting the requirement that the 1,000 hours of face-to-face

client contact include DSM diagnosis and treatment of individuals. The statute requires only that the 3,000 hours experience be in clinical social work practice. The requirement that the supervised experience must include Diagnostic and Statistical Manual (DSM) diagnosis and treatment of individuals is not in the statutes and creates a higher burden on the applicant than the statutory requirements.

Section 2 brings the rule in compliance with Wisconsin 2014 Act 114 which created a provision that a credentialing board may not require a person to complete the postsecondary education before the person is eligible to take an exam. The current rule allows an applicant to take the exam for social worker or advanced practice social worker prior to graduation provided the school confirms the applicant is in good standing and is within 6 months within graduation. The current rules go beyond the statutes by requiring the school to indicate the person is in good standing and limiting the ability of the applicant to decide when to take the test. This rule removes the requirement for the school to confirm the applicant is in good standing and the requirement that the student must be within 6 months of graduation.

Summary of, and comparison with, existing or proposed federal regulation: None

Comparison with rules in adjacent states:

Illinois: Illinois does not require completion of education prior to taking the exam. Illinois does not require the supervised clinical hours to be completed in a specified time frame. An applicant is required to obtain 3,000 hours of supervised professional experience in clinical social work practice but does not specifically require “DSM treatment and diagnosis”.

Iowa: Iowa does not require completion of education prior to taking the exam. An applicant is required to have 2 years full time practice or 4,000 hours over a minimum of 2 years and maximum 6 years period of performing psychosocial assessment, diagnosis and treatment. At least one component of the diagnostic practice must include working knowledge of DSM.

Michigan: Michigan does not require completion of education prior to taking the exam. Michigan requires at least 4,000 hours in not less than 2 years. An applicant is required to obtain hours in clinical social work practice but does not specifically require “DSM treatment and diagnosis”.

Minnesota: Minnesota does not require the completion of education prior to taking the exam. Minnesota does not require the supervised clinical hours to be completed in a specified time frame. An application is required to have 200 hours of supervision during not less than 4,000 hours and not more than 8,000 hours of supervised clinical social work practice, which must include both diagnosis and treatment.

Summary of factual data and analytical methodologies:

The methodology was removing portions of the rule which are inconsistent with statutes.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule was posted for economic comments for 14 days and none were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Board Services, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-2377; email at Sharon.Henes@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Board Services, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Sharon.Henes@wisconsin.gov. Comments must be received on or before the public hearing to be held on October 28, 2014 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. MPSW 3.09(3) and (3m) are amended to read:

MPSW 3.09(3) Except as provided in sub. (3m), an affidavit that the applicant, after receiving a master's or doctoral degree and after receiving certification as an advanced practice social worker or an independent social worker, has completed at least 3,000 hours of clinical social work practice ~~in no less than 2 years~~, including at least 1,000 hours of face-to-face client contact ~~and including DSM diagnosis and treatment of individuals~~, under the supervision of a supervisor approved by the social worker section. Pre-licensed supervised practice shall meet the criteria under s. MPSW 4.01.

(3m) An applicant who after receiving a master's or doctoral degree in social work and completing any portion of the applicant's 3,000 hours of supervised clinical social work practice outside of Wisconsin ~~in no less than 2 years~~ may be given credit for those hours provided they

included at least 1,000 hours of face-to-face client contact, or a proportionate number thereof, ~~and also included DSM diagnosis and treatment of individuals,~~ completed under the supervision of a supervisor acceptable to the social worker section.

SECTION 2. MPSW 5.01(2) and (3) are amended to read:

(2) An applicant for certification as a social worker shall successfully complete the examination consisting of the Wisconsin statutes and rules examination and an examination approved by the section. Both parts of the examination may be taken prior to completion of the required degree; ~~upon confirmation from the applicant's school that he or she is a student in good standing and is within 6 months of graduation.~~

(3) An applicant for certification as an advanced practice social worker shall successfully complete the examination consisting of the Wisconsin statutes and rules examination and an examination approved by the section. Both parts of the examination may be taken prior to completion of the required degree; ~~upon confirmation from the applicant's school that he or she is a student in good standing and is within 6 months of graduation.~~

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

TESTIMONY SUBMITTED BY NASW WI EXECUTIVE DIRECTOR MARC HERSTAND ON OCTOBER 28, 2014 TO THE SOCIAL WORKERS SECTION REGARDING CHANGES TO MPSW 3.09 (3) AND (3M)

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.

I have been coming to the Social Worker Section and Examining Board meetings for 22 years, since our profession was first regulated. This period of time has included both Republican and

Democratic administrations. 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.

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 Social Workers Section to retain the "DSM diagnosis and treatment of individuals" phrases in MPW 3.09 (3) and (3m).

Henes, Sharon - DSPTS

From: Carol Vandenberg <carolynnvann@gmail.com>
Sent: Monday, October 27, 2014 8:38 PM
To: Henes, Sharon - DSPTS
Cc: marcherstand@naswwi.org
Subject: Examining Board meeting Oct. 28,2014

Attention: State of WI Marriage and Family Therapy, Professional Counseling and Social Work Examining Board

Re: Proposal to eliminate the requirement that the 3,000 hours of clinical social work training include DSM diagnosis and treatment.

My name is Edward Cohen. I am a practicing Licensed Clinical Social Worker (LCSW 2183-123), Clinic Director and Board Member with Cornerstone Counseling Services, one of Southeastern Wisconsin's leading private practice mental health groups. We are certified by the State to provide outpatient mental health and substance abuse treatment. Our organization employs over 100 L.C.S.W. s, L.P.C. s, M.F.T.s and psychiatrists.

In my capacity as a clinician and administrator I have worked directly with thousands of clients and dealt with a multitude of treatment personnel and administrators involved in meeting the mental health needs of many of my clients and the public at large. These experiences over the course of many years have taught me that it is essential for all L.C.S.W.s, L.P.C.s, M.F.T.s to possess DSM diagnosis and treatment experience as listed in the original requirements for licensure. The fact that this requirement deviates from the statute dictates that if anything needs to be amended it is the statute itself. Removing the DSM diagnosis and treatment requirement compromises the SAFETY of vulnerable individuals, couples and families seeking assistance and the critical expertise of those providing PROFESSIONAL SERVICES to them.

It is therefore crucial that the Examining Board and the Department of Safety and Professional Services responsible for it's oversight remember this when considering the aforementioned proposal. Please act in accordance with your mandate and vote NO to this proposal.

Respectfully,
Edward Cohen, L.C.S.W.

Henes, Sharon - DSPS

From: Cinny C Adell <adellcinnyc3@yahoo.com>
Sent: Monday, October 27, 2014 8:33 PM
To: Henes, Sharon - DSPS
Cc: Marc Herstand
Subject: Dept of Safety and Professional Services Public Hearing

Good Evening Sharon,

My name is Cinny Adell (NASW WI-Chapter SE Branch Chair) and I am writing to express my view regarding the rule that would no longer require applicants for the LCSW have experience in DSM diagnosis or psychotherapy. As an educator and candidate for psychologist licensure, I strongly believe clinical preparedness should include training and experience in the DSM Diagnosis and psychotherapy. The experience provides an opportunity for the behavioral clinician to understand the nature of the patient's suffering, etiology and epidemiology of diagnosis (including culture implications), as well as critical thinking regarding clinical judgment. In addition, the clinician is able to develop common language that's shared between clinicians. Further, to deny the educational experience of DSM and psychotherapy for clinical social workers, poses ethical risk for the client, clinician, community, and the profession.

Thanks for allowing me to share my sentiments regarding this matter.

Cinny

Dr. Cinny C. Adell

Henes, Sharon - DSPS

From: Nick Yackovich <yackovichjr@wisc.edu>
Sent: Monday, October 27, 2014 1:52 PM
To: Henes, Sharon - DSPS
Cc: marcherstand@naswwi.org
Subject: comment about rule change

To whom it may concern,

As a clinical faculty person at the UW-Madison School of Social Work, I can tell you that the proposed rule change would be a grave mistake. Many of us who teach clinical skills to future MSW candidates recognize the diverse series of skills that must be acquired in a relatively short period of time. Although MSWs require four full semesters of work and two years of field work, this is far short of the amount of training needed to practice as a competent, entry-level Social Worker. The one factor that allows faculty and other concerned stake holders to feel more comfortable about this fact is the knowledge that the graduates will be getting mandated supervision in the MH direct practice areas as part of their post-masters license preparation. To eliminate the requirement of 1000 hours of face to face practice, presumes that the individual will acquire this knowledge and skill, with no assurances. LCSWs practice independently, and to have new practitioners enter the field without the additional exposure to direct supervision while earning their licenses creates an extremely volatile scenario involving some of our most vulnerable clients. This would be unfair and unfortunate to everyone involved. It also creates less incentives for agencies and organizations to facilitate this professional skill building in their practice of nurturing new professionals. Please give this proposal additional thought before making, what appears to me, to be an extreme error in judgment. I would be happy to discuss this issue further.

Sincerely,

Nick

--

Nick S. Yackovich, PhD, LCSW
Clinical Assistant Professor
UW School of Social Work Room 309
1350 University Avenue
Madison, WI 53706
608-263-3677
FAX: 608-263-3836
yackovichjr@wisc.edu

Henes, Sharon - DSPS

From: Rosemarie Carbino <rcarbino@wisc.edu>
Sent: Monday, October 27, 2014 12:09 PM
To: Henes, Sharon - DSPS
Subject: urgent to maintain 1000 hour rule ifor LCSW

Dear Ms. Henes,

My comments are intended for the October 28th hearing at the Department of Safety and Professional Services regarding the proposed rules change that would eliminate the requirement that, as part of the 3,000 hours needed to become an LCSW, "1,000 hours be face-to-face and include DSM diagnosis and treatment of individuals".

I oppose this as a disastrous requirement that puts WI mental health clients at serious risk of misdiagnosis and/or inappropriate or harmful treatment.

Re the reasoning that the current requirement puts higher burden on the applicant than the State's statutory requirements, I would point out that a higher standard is necessary. So much more is now known -- especially regarding brain trauma; pharmacology; biochemical factors; evidence-based practice -- in recent years re mental health and serious mental illness that Statutory requirements are inadequate in this regard to protect clients. Further, the DSM has recently been upgraded to reflect current knowledge on best practice.

While there is probably continuing demand by incompletely trained individuals for greater access to the LCSW, the requirements must remain in order to ensure the knowledge and skills base necessary to competent and ethical practice in this clinical position.

Sincerely,

Rosemarie Carbino, ACSW, LCSW

Henes, Sharon - DSPS

From: John F. Macek <macekj@charter.net>
Sent: Monday, October 27, 2014 8:10 AM
To: Henes, Sharon - DSPS
Subject: Eliminating diagnostic experience for LCSWs

I must register my strongest possible disagreement with this rule change.

Solid diagnostic skills are a critical component of every LCSW's practice. Why "fix" a rule that has served us well for decades?

This rule change makes as much sense as requiring no practice teaching for teachers.

Having solid diagnostic skills is a public protection issue that assures the competency of clinical social workers.

This rule change is utter nonsense.

**John F. Macek LCSW
2313 Morningside Drive
Janesville, WI 53546**

Henes, Sharon - DSPS

From: Maria Perez <Maria.Perez@sschc.org>
Sent: Friday, October 24, 2014 1:34 PM
To: Henes, Sharon - DSPS
Subject: Very important public hearing at the Department of Safety and Professional Service
Importance: High

Hello,

My name is Maria Elena Perez and I am a licensed psychologist and a licensed clinical social worker. I am appalled that this ruling is even being considered! I believe it would water down the requirements and expectations of the good clinical work that we are expected to do. It would also radically modify the training and take away from the required skill sets that are needed to meet the growing complexity of our populations that need mental health care.

Placing a minimum number of training hours at least ensures some exposure to the very important component of diagnosis and psychotherapeutic treatment that our trainees must have knowledge and skills in. To remove this requirement will have an impact upon quality of education and preparation for the work that an LCSW is expected to do in the field.

Respectfully submitted,

Maria Elena Perez, PhD, LCSW

Henes, Sharon - DSPS

From: Gabriela Dieguez <Gabriela.Dieguez@sschc.org>
Sent: Friday, October 24, 2014 1:05 PM
To: Henes, Sharon - DSPS
Cc: 'marcherstand@naswwi.org'
Subject: LCSW ruling

Importance: High

Mrs. Sharon Henes,

I am writing in regards to the rule that would no longer require that applicants for the LCSW have experience in DSM diagnosis or psychotherapy treatment. As a LCSW I use diagnostic and psychotherapy treatment skills daily. Not demanding those skills from future LCSW puts patient care in danger. Furthermore, employers might also think twice when hiring a LCSW if the person does not have the skills that are needed to do the job as a counselor. As a supervisor of master degree social work students I know that students need more experience in DSM diagnosis and psychotherapy treatment after graduation and the 1000 hours requested in order to obtain LCSW license are essential.

Sincerely,

Gabriela Diéguez, MSW, LCSW

Bilingual Therapist | Sixteenth Street Community Health Center | ☎ 414.385-6239 | 📠 414.383-5597 |
✉ gdieguez@sschc.org | 📍 2906 S. 20th Street; Milwaukee, WI 53215

"Be the change that you want to see in the world." Gandhi

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Henes, Sharon - DSPS

From: Pam Cass <pcass@wi.rr.com>
Sent: Friday, October 24, 2014 12:20 PM
To: Henes, Sharon - DSPS
Cc: marcherstand@naswwi.org
Subject: 10-28-14 public hearing for LCSW criteria

I can not make it to Madison next tuesday but I am opposed to this change. The clinical component is the integral difference between the LSW and the LCSW. If one wants to be licensed as a clinical social worker, then you must have the clinical foundation or the 'C' in LCSW becomes meaningless as a regulatory function.

Pam Cass LCSW, ACSW, BCD

To: The Social Worker Section

From: Cornelia Gordon-Hempe, PhD, MSSW, LCSW, CISW, ACSW

Re: Proposed rule change

I am extremely concerned about the proposed rule change for those wishing to become Licensed Clinical Social Workers that would eliminate the requirement for 1000 hours of face-to-face contact with clients and include Diagnostic and Statistical Manual diagnoses and treatment of individuals.

I served on the first examining board of Social Workers, Marriage and Family Therapists and Professional Counselors (as it was know then) and was chair of the Social Worker section from 1992-2002. From that vantage point I would like to provide some historical background regarding the above requirement and how the Social Worker section came to its decision.

A primary responsibility during that time was to develop the administrative rules that amplified the formal legislation. Our decision to include the LCSW (CICSW at that time) requirement for 1000 hours of face-to-face contact with clients and to incorporate the DSM in the assessment and intervention process was made only after much deliberation and consultation that included listening to advice from schools of social work and consultation with recognized national authorities.

While most social workers have face-to-face contact with clients, the amount of time per week varies by social worker. There were many social workers who considered themselves to be practicing or engaging in clinical social work, but it was clear from their testimony and job descriptions that they were not engaging in psychotherapy wherein they would make a mental health diagnosis in line with the DSM, and engage in interventions designed to affect a client's thoughts, feelings and behavior.

We thus recognized that social workers engaging in mental health interventions needed to have specific training and background, more so than a more generic "clinical" label might permit. In order to provide protection for vulnerable individuals and families seeking counseling and therapy (and who isn't vulnerable when in such need) our section decided to specify and standardize the requisite number of hours needed in face-to-face contact with clients who needed a DSM diagnosis and could use therapeutic interventions designed to address the DSM diagnosis.

Currently I work in the Social Work department at the University of Wisconsin-Oshkosh where I teach Interpersonal Skills for Social Workers to undergraduate students. All social workers need to develop their interviewing skills and be prepared to respond appropriately to client concerns. However, developing clinical social work skills at the master's level and during

the post master's supervisory hours involves much more than developing interviewing techniques. It involves discerning the difference between a temporary crisis and a more serious mental health concern. It involves working with colleagues and supervisors to learn how to develop highly refined and relevant questions, to understand the differences among potential diagnostic categories. Only when the correct diagnostic category is determined can the clinical social worker then utilize the appropriate intervention method designed to improve the client's situation. Some clients present puzzling symptoms, and an inadequately social worker may not be able to discern differences among several diagnostic categories. It is only during this post-masters period that the clinical social worker is situated to develop diagnostic and intervention methods appropriate for the client.

We need only to recall the school shooting in the state of Washington last week, as well as other horrific events at schools and universities to recognize how essential it is for society to have expert clinicians capable of making accurate diagnoses and establishing effective interventions.

To reiterate, I believe the proposed rule change eliminating the requisite 1000 hours of face-to-face contact with clients including DSM diagnosis and treatment of such clients will be extremely harmful to clients, as well as the reasonably safety of members of the public who interact with them.

TESTIMONY SUBMITTED BY JERROLD B. ROUSSEAU, MSSW, LCSW ON
OCTOBER 28, 2014 TO THE WISCONSIN DEPARTMENT OF SAFETY AND
PROFESSIONAL SERVICES (WI DSPS) SOCIAL WORKERS SECTION REGARDING
THE PROPOSED RULES CHANGES TO MPSW 3.09 (3) AND (3M)

This written testimony is intended to represent my personal viewpoint and is not intended to represent any organization or group.

I am a Licensed Clinical Social Worker with 44 years of professional experience in the mental health field including 12 years of experience on two inpatient psychiatric units in Madison, Wisconsin and 32 years of experience in a private psychotherapy practice in Milwaukee, Wisconsin. In addition, I am a Clinical Associate Professor with over 10 years of experience arranging and overseeing clinical Social Work field education experiences for graduate MSW students involved in the practice areas of mental health and substance abuse.

I am writing to give voice to my opposition to the proposed rules changes 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).

According to the WI DSPS website "...The Department of Safety and Professional Services is responsible for ensuring the safe and competent practice of licensed professionals in Wisconsin..."

This responsibility includes overseeing those who are Advanced Practice Social Workers involved in meeting the pre-licensure requirements for becoming a Licensed Clinical Social Worker and Licensed Clinical Social Workers who are able to conduct clinical assessment, diagnosis, and psychotherapy treatment independently and without supervision once they have attained licensure.

The WI DSPS has both a professional and ethical responsibility to ensure that the Wisconsin children, adolescents, and adults who suffer from mental health disorders will be safely assessed, diagnosed, and treated by APSW's and LCSW's who have met the pre-licensure standards for the competent practice of their profession.

In order to ensure the safe and competent practice of clinical Social Work, it is vital for APSW's and LCSW's to have had a minimum of 1,000 hours of supervised face-to-face client contact with clients including DSM diagnosis and treatment of individuals during the period of pre-licensure. Competent clinical Social Work practice is predicated on the ability to have had supervised pre-licensure experience in developing and carrying out an effective treatment plan based on an accurate DSM diagnosis.

The proposed rules changes are in direct contradiction to the stated responsibilities of the WI DSPS. The rules changes severely weaken the standards for competent clinical practice by APSW's and LCSW's by not requiring a defined period of supervised pre-licensure clinical practice including face-to-face client contact with clients including DSM diagnosis and treatment.

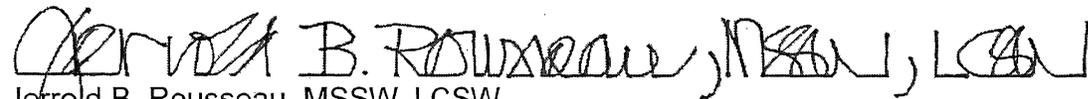
The proposed rules changes will jeopardize the safety of the children, adolescents, and adults of Wisconsin who have come to APSW's and LCSW's expecting a competent clinical response to their suffering.

If the proposed rules change goes into effect, there is a high potential for the following adverse consequences:

- The accuracy and effectiveness of mental health assessments, diagnoses, and treatment for Wisconsin children, adolescents, and adults will be negatively affected by not requiring APSW's and LCSW's to have 1,000 hours of supervised pre-licensure face-to-face client contact with clients including DSM diagnosis and treatment of individuals during the period of pre-licensure.
- There will be an increase in the filing of malpractice claims and complaints to the WI DSPS Social Work Section against APSW's and LCSW's.
- Third party payers (including managed care and insurance companies) will use the proposed rules change as a reason to deny authorization for treatment and / or payment for services by APSW's and LCSW's as they will claim that these professionals have not been competently prepared to provide clinical services.
- The denial for authorization for treatment and / or payment for services by third party payers will create substantial problems for APSW's and LCSW's to secure employment and make a living in their profession.
- APSW's and LCSW's from Wisconsin will not be able to attain reciprocity for their Wisconsin level of certification and licensure from states to which they relocate who have pre-licensure requirements for a defined number of hours of supervised face-to-face client contact with clients including DSM diagnosis and treatment of individuals during the period of pre-licensure.
- The inability to attain reciprocity in other states will create substantial problems for APSW's and LCSW's from Wisconsin to secure employment and make a living in their profession when they relocate to states that have pre-licensure requirements for a defined number of hours of supervised face-to-face client contact with clients including DSM diagnosis and treatment of individuals during the period of pre-licensure.
- There will be an erosion of trust in the competency of APSW's and LCSW's from mental health consumers and members of the general public.
- There will be an erosion of professional trust in the competency of APSW's and LCSW's from other clinical disciplines including Psychiatry and Clinical Psychology.

Thank you for registering my opposition to the proposed rules change.

Respectfully submitted by:

 Jerrold B. Rousseau, MSSW, LCSW

5671 N. Milwaukee River Parkway
Glendale, WI 53209-4564
414.228.9282 (Home Telephone)
414.915.1123 (Cell Phone)

Henes, Sharon - DSPS

From: Wallace, Michael D <wallacem@uww.edu>
Sent: Tuesday, October 28, 2014 10:28 AM
To: Henes, Sharon - DSPS
Cc: Marc D. Herstand (marcherstand@naswwi.org)
Subject: Response to Rule Change Clearinghouse Rule 14-057

Response to Rule Change Clearinghouse Rule 14-057

To whom it may concern,

My name is Michael D. Wallace, MSSW/LCSW. I have been a practicing licensed clinical social worker in the state of Wisconsin for the past thirty four years. I have worked in both inpatient and outpatient mental health settings and continue to work in an outpatient clinic. In addition, I have been social work instructor in both undergraduate and graduate accredited programs of social work for the past 18 years. I continue to teach in an accredited undergraduate social work program. Currently I'm president of WCSWE (Wisconsin Council on Social Education).

I'm not sure who or what is driving the request to change the requirements but I can't object strongly enough to the proposal to delete the requirement of 1,000 hours of face-to-face contact including DSM (Diagnostic and Statistical Manual) diagnosis and treatment of individuals.

First, I think it's important to give some background for those requesting the change regarding licensed clinical social workers. Clinical social workers are the nation's largest group of providers of mental health services (Center for Workforce Studies, 2006). Clinical social workers are often the first to diagnose mental disorders (NASW, 2005a), and courts have upheld our authority to do so as licensed clinicians (*In re Adoption / Guardianship No. CCJ14746*, 2000; *People v. R.R. and People v. G.A.*, 2005; Siegel, 2008, Harkness 2011). In order to become a licensed clinical social worker most states typically require a master's degree in social work (MSW), two or more years of full-time, supervised, postgraduate clinical experience, and passing a written examination (NASW, 2005a; ASWB, 2008, Harkness 2011). I highlight these points because in the Analysis Section it states 'The Board shall promulgate rules establishing the minimum standards for supervised clinical training that must be completed for licensure as a clinical social worker.' These few points alone speak to our profession's history of providing mental health services. Therefore, it should be the Social Work section's responsibility to set the standards, and not have rules based on an arbitrary request from someone who wishes to lower our standards.

In addition, there are other well founded reasons for keeping the requirement as is. When clinical social workers assess an individual dealing with mental health issues the social work toolbox encompasses a variety of tools including the Bio/Psycho/Social/ Cultural/ Spiritual framework, the Ecological Perspective, Strengths Perspective, and Systems Theory. Included with these tools is the knowledge and application of the DSM. The DSM is an essential part of any comprehensive assessment process as it is still considered the gold standard in mental health. So it is therefore unconscionable to me, and borders on unethical behavior, that some people feel that they do not need to utilize the DSM in order to diagnosis and treat individuals.

Other reasons that an applicant for licensure in Wisconsin should be knowledgeable and proficient in use of the DSM include:

- The DSM provides for uniform and improved diagnosis

- Use of the DSM allows practitioners from various disciplines to converse in a common language about clients.

- The DSM provides a common understanding of a condition and how it is commonly treated

- The DSM assists in treatment planning.

- The DSM helps in patient education

- It is fundamental to record keeping

- It is necessary for reimbursement

- Finally, knowledge and application of the DSM is a subject on the Association of Social Work Boards (ASWB) national exam. One needs to pass the exam in order to apply for licensure in Wisconsin.

Please note: In 1998 the ASWB published a model for social work practice. The act reflected contributions from accrediting bodies, credentialing groups, professional organizations, and state and national social work regulatory associations and boards. The model addresses diagnosis 14 times. The ASWB Model Social Work Practice Act provides definitions and practice standards in the service of public protection to all 50 states. One of the key provisions of the Act is that clinical social workers be qualified to use the Diagnostic and Statistical Manual of Mental Disorders. In fact, in the current Content Outlines and KSAs (Knowledge, Skills, and Abilities) for the Social Work Licensing Examination, more than one quarter of the exam is on assessment, diagnosis and treatment planning including knowledge and application of the current Diagnostic and Statistical Manual of the American Psychiatric Association.

One of the rationales, it seems, for dropping the requirement for 1,000 hours of face-to-face contact is that DSM diagnosis and treatment is that some of our surrounding states do not directly include the DSM in their statutes. Again, it seems there may be those who feel practitioners should be able to provide services in Wisconsin without even a basic understanding of the DSM, a false conception. Most accredited master's program in clinical social work will offer a course on the DSM or at least a course in Psychopathology.

This was clearly shown in a study done by Newman, Clemmons, and Dannenfeiser (2007) who surveyed the 175 graduate schools of social work accredited by the Council on Social Work Education to determine the extent to which each program included content on the DSM in their curriculum. From at least 35 states, 104 questionnaires were returned, and 77 schools reported offering a specific course on the DSM, "with the amount of content ranging from 5% to 100% [and] averaging 75%" (Newman et al., 2007, p.301). Contrast this with the findings of Taylor and Vaidya (2005), who conducted a similar survey of the 149 accredited psychiatry training programs in the United States. Of the 68 programs that responded, about "50% [did] not teach any course in the use of DSM at all" (Taylor & Vaidya, 2005. P. 248). However, 74% of the 104 schools of social work that responded to the survey by Newman, et al. (2007) offered a specific course on the DSM. Notably, in 50 schools, the course was required and an average of 75% of the students took the course whether required to or not (Harkness 2011). So chances are someone coming to Wisconsin from one of the surrounding states would have had the opportunity to be trained in the DSM.

Finally and more importantly, this is really about protection of the public. If someone applies to become a licensed clinical social worker in Wisconsin and hasn't had 1,000 hours of face-to-face interviews, that includes DSM diagnosis and treatment, one would have to seriously question the providers' ability to work with a most vulnerable population. Where were the providers working that the clients served weren't eligible for a DSM diagnosis? Part of the rationale for the change is that the current statutes put a higher burden on the applicant. But I think by allowing individuals to practice without having the necessary training puts a burden on the consumer of mental health services because they won't know if the provider they are seeing has been properly trained, especially in utilization of the DSM. Clients can be easily misdiagnosed which can result in ineffective treatment, further worsen the outcome and delay appropriate treatment. The result may cause the client needless suffering. The provider needs to be properly and thoroughly trained.

I urge you to keep the requirements the way they are.

Sincerely,

Michael D. Wallace, MSSW/LCSW

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Whitewater, Wisconsin 53190
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wallacem@uww.edu

References

Association of Social Work Boards. (2008). *Social Work Laws & Regulations Comparison Data*

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Daniel Harkness (2011) *The Diagnosis of Mental Disorders in Clinical Social Work: A Review of Standards of Care* Boise State University Scholar Works

National Association of Social Workers (2005a). *NASW standards for clinical social work in social work practice*.

Newman, B., Clemmons, V., & Dannenfeiser, P. (2007). The Diagnostic and Statistical Manual of Mental Disorders in graduate social work education: Then and now. *Journal of Social Work Education, 43*(2), 297-307.

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Siegel, D. (2008). The growing admissibility of expert testimony by clinical social workers on competence to stand trial. *Social Work, 53*(2), 153-163.

Taylor, M., & Vaidya, N. (2005). Psychopathology in neuropsychiatry: *DSM* and beyond. *Journal of Neuropsychiatry and Clinical Neurosciences, 17*(2), 246-249.

Henes, Sharon - DSPS

From: Barbara A Teske-Young <btyoung@uwm.edu>
Sent: Tuesday, October 28, 2014 11:02 AM
To: Henes, Sharon - DSPS
Cc: marcherstand@naswwi.org
Subject: Re: Proposed Rule LCSW Change

Dear Ms. Henes,

As a Licensed Clinical Social Worker in the state of Wisconsin, I wanted to express my concern with the proposed rules change for the LCSW license within the state. The proposed rule change would eliminate the requirement that part of the 3000 hours needed to become an LCSW include 1000 hours of face-to-face client contact and included DSM diagnosis and treatment of individuals. In my personal opinion, I believe this is in place to properly train individuals to practice professional and quality psychotherapy with individuals seeking services. Eliminating this important training component of the license would be concerning for all individuals, but particularly those receiving services. Misdiagnosis for mental health disorders can cause needless suffering for clients. It is my understanding that the rationale for this change is that the current statutes puts "higher burden on the applicant than the statutory requirements." However, as an individual with this license, I believe that the work needed to obtain this license is necessary to ensure those practicing with this license are trained and prepared for the work they perform within our community. I encourage you to consider not supporting this proposed rule change.

Thank you for your time.

Sincerely,

Barbara A. Teske-Young, MSW, LCSW
7209 West Wright Street
Wauwatosa, WI 53213
414-453-5584

Henes, Sharon - DSPS

From: Angela Willits <awillits@wisc.edu>
Sent: Tuesday, October 28, 2014 11:15 AM
To: Henes, Sharon - DSPS
Subject: LCSW Rule Change

Hello Sharon,

I am a long-term lecturer and field faculty within the UW-Madison School of Social Work. Prior to this I worked for 8 years at the Madison VA hospital in the mental health clinic. I am deeply concerned by this suggested rule change that would eliminate the need for direct practice hours involving DSM and psychotherapeutic interventions to become a licensed clinical social worker. MSW students receive a limited scope of training and supervision in clinical practice as it is. It is widely acknowledged that new mental health social work professionals rely on post-graduate training to prepare them for independent practice in healthcare and private practice settings. In truth, it was the 1000 hours of supervised direct practice that provided my advanced skills in psychotherapy and assessment and diagnosis necessary to practice competently in this area.

If this rule change goes into effect, how are clients and third-party payers to know if a licensed clinical social worker has received the training necessary to provide a diagnosis and appropriate psychotherapy interventions? How is this to be regulated? I see this as a severe detriment to the credibility of the profession over time. I am in strong opposition.

Sincerely,
Angela Willits, LCSW
UW-Madison School of Social Work
608-692-0132

Aurora Psychiatric Hospital

1220 Dewey Avenue
Wauwatosa, WI 53213

T (414) 454-6600
www.Aurora Health Care.org

October 28, 2014

Department of Safety and Professional Services
Members of the Marriage and Family Therapy, Professional Counseling and Social Work Examining Board
1400 East Washington Avenue, Room 151
Madison, WI 53708

Dear Examining Board Members:

I am writing to express my opposition to clearinghouse rule 14-057, which as you are aware, would drop the requirements for an LCSW to obtain 1,000 hours of experience with the DSM and counseling clients. I find this proposal to be deeply troubling. I am a full time instructor in the Human Service Program at Gateway Technical College, an Adjunct instructor at the Helen Bader School of Social Work in Milwaukee, Wisconsin. I am also a practicing LCSW in the Adult Chemical Dependency Services at Aurora Psychiatric Hospital. In my nearly 25 years of social work practice, I have served as the field supervisor to over 100 social work students from the Helen Bader School of Social Work as well as 10 Master's degreed students from Marquette University. I have a passion for working with substance use disordered clients and their families as well as treating clients and families impacted by mental illness.

I believe we would be doing a tremendous disservice to the general community as well as the individuals whose lives have been touched by addiction and mental illness to change this requirement. Learning to be an effective clinician working with this population requires a degree of practice competence, which can not be taught in the classroom. As a practicing LCSW, I have come to appreciate the complexity of serving this aspect of society. An individual who gains clinical experience, but lacks an understanding of the DSM, will be poorly prepared to serve in mental health/treatment centers. One of the benefits of having standardized diagnostic criteria is in creating a common language cross disciplines, allowing social workers to communicate with psychiatrists, nurses and other players in the multidiscipline settings social workers practice in. To drop a requirement that social workers have an understanding of the actual practice standards sets social workers up to fail, and creates a potentially risky environment for clients.

Furthermore, I find it incredulous the board would consider dropping the requirement for counseling experience with this population. As social work programs embrace a generalist approach to treatment, many Master's level graduates lack the exposure to multiple treatment approaches and therefore, learn the mechanics of treatment through analysis of their own practice and through clinical supervision. It takes time to become an effective agent of change, and as new social workers are developing their competence, it is vital their competency is assessed in an authentic manner. The current statutes allow for this. Supervision and the 1,000 hour requirement serve as a final check as social workers enter the field.

For these reasons, I strongly encourage you to reject the changes proposed in clearinghouse rule 14-057. These are my own thoughts and are not official positions of any organization I am affiliated with.

Thank You

Paul Zenisek, LCSW #3586, C-SAC #1767, CS-IT
Aurora Psychiatric Hospital, Dewey Center
1220 Dewey St
Wauwatosa, WI 53213
(414) 454-6708
email: zenisekp@gtc.edu

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: MPSW Joint Board			
4) Meeting Date: 19 December 2014	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Board Legal Counsel update as to applicants who are seeking a credential from one of the 3 Sections and who have a Hale-Crossman letter – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed:			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			Date
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

MPSW Joint Board Goals

- 1) Amendment of Wis. Stat. 457.02, Regarding Repeal of Provisions Which Restrict Board License Holders from Providing Treatment of Substance Abuse and Substance Use Disorders
- 2) Discussion and Consideration of Amending MPSW 1.09
- 3) Discussion and Consideration of Revising MPSW 20

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 9 December 2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: MPSW Joint Board			
4) Meeting Date: 19 December 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Public Hearing on Clearinghouse Rule 14-063 relating to substance abuse specialty. Review and respond to Clearinghouse Report and Public Hearing comments	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Hold Public Hearing at 10:30 a.m. Discuss any public hearing comments. Review, discuss and respond to any Clearinghouse comments.			
11) Authorization <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center; width: 45%;"> <p style="font-size: 1.2em; font-style: italic;">Sharon Henes</p> <hr/> <p>Signature of person making this request</p> </div> <div style="text-align: center; width: 45%;"> <p style="font-size: 1.2em; font-style: italic;">9 December 2014</p> <hr/> <p>Date</p> </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> <p>Supervisor (if required)</p> </div> <div style="width: 45%;"> <p>Date</p> </div> </div> <hr/> <p>Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</p>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
MARRIAGE AND FAMILY THERAPY, PROFESSIONAL
COUNSELING AND SOCIAL WORK EXAMINING BOARD

IN THE MATTER OF RULEMAKING :
PROCEEDINGS BEFORE THE :
MARRIAGE AND FAMILY THERAPY, : NOTICE OF PUBLIC HEARING
PROFESSIONAL COUNSELING AND :
SOCIAL WORK EXAMINING BOARD :

NOTICE IS HEREBY GIVEN that pursuant to authority vested in the Marriage and Family Therapy, Professional Counseling and Social Work Examining Board in ss. 15.08(5)(b) and 457.02(5m), Stats. and interpreting s. 457.02(5) and (5m), Stats., the Marriage and Family Therapy, Professional Counseling and Social Work Examining Board will hold a public hearing at the time and place indicated below to consider an order to repeal MPSW 1.09 and create MPSW 1.095 relating to substance abuse specialty.

Hearing Date, Time and Location

Date: December 19, 2014
Time: 10:30 a.m.
Location: 1400 East Washington Avenue
Room 121A
Madison, Wisconsin

APPEARANCES AT THE HEARING:

Interested persons are invited to present information at the hearing. Persons appearing may make an oral presentation but are urged to submit facts, opinions and argument in writing as well. Facts, opinions and argument may also be submitted in writing without a personal appearance by mail addressed to the Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708. Written comments must be received at or before the public hearing to be included in the record of rule-making proceedings.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 457.02(5) and (5m), Stats.

Statutory authority: ss. 15.08(5)(b) and 457.02(5m), Stats.

Explanation of agency authority:

Each board shall promulgate rules for its own guidance and the guidance of the profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular profession.

The board establishes the educational and supervised training requirements in rules promulgated by the board to authorize an individual who is certified or licensed by the board to treat alcohol or substance dependency or abuse as a specialty. In promulgating rules under this subsection, the examining board shall consider the requirements for qualifying for a credential under s. 440.88, Stats.

Related statute or rule: N/A**Plain language analysis:**

Section 1 repeals s. MPSW 1.09 in its entirety.

Section 2 creates the educational and supervised training requirements for a person credentialed by the board to treat alcohol or substance dependency as a specialty.

The first subsection delineates the use of the title and scope of practice. If a person who is credentialed by the board wants to treat alcohol or substance dependency or abuse as a specialty, without being credentialed under s. 440.88, the person must meet the requirements in this section.

The second subsection recognizes that a credential holder who holds a master's degree would have received education in treatment, therefore, a minimum of 135 contact hours of substance use disorder education is required to supplement that education in four subject matter areas (understanding addiction; knowledge of addiction treatment; application to addiction practice; and professional readiness in addiction treatment). The credential holder would also be required to have 200 hours of supervised face-to-face client treatment. The education could be obtained in the course of earning the master's degree or in the addition of the degree. The 200 hours of supervised training may have been obtained during or separately of the hours required to obtain the underlying credential.

The third subsection provides the requirements for a credential holder who holds a bachelor's degree would not have had the advance education. The requirements include 180 contact hours of substance use disorder education in four subject matter areas (understanding addiction; treatment knowledge; application to practice; and professional readiness) which must include specific content within each subject matter area and 1,000 hours of supervised face-to-face client substance use disorder treatment experience. The education could be obtained in the course of earning of the bachelor's degree or in addition to the degree. The 1,000 hours of supervised training may have been obtained during or separately of the hours required to obtain the underlying credential.

The fourth subsection indicates the qualifications for a person who is supervising the person obtaining the training for the specialty. The following people are qualified, provided they have knowledge in psychopharmacology and addiction treatment: a licensed marriage and family therapist, a licensed professional counselor, a licensed clinical social worker, a licensed psychologist, a licensed physician, a clinical supervisor as defined by DHS 75.02(11) or another individual approved in advance of the training by the board.

The fifth subsection indicates that at least 6 continuing education hours in substance use disorder must be obtained during each biennial credentialing period. This continuing education may be counted toward the continuing education required for the renewal of the underlying credential.

Summary of, and comparison with, existing or proposed federal regulation: None.

Comparison with rules in adjacent states:

Illinois: Illinois does not have requirements for a marriage and family therapist, professional counselor or social worker to obtain specified education or training to specialize in substance use disorder treatment.

Iowa: Iowa does not have requirements for a marriage and family therapist, professional counselor or social worker to obtain specified education or training to specialize in substance use disorder treatment.

Michigan: Michigan does not have requirements for a marriage and family therapist, professional counselor or social worker to obtain specified education or training to specialize in substance use disorder treatment.

Minnesota: Minnesota does not have requirements for a marriage and family therapist, professional counselor or social worker to obtain specified education or training to specialize in substance use disorder treatment.

Summary of factual data and analytical methodologies:

The Board considered the requirements for qualifying for a credential under s. 440.88, Stats, *Scopes of Practice & Career Ladder for Substance Use Disorder Counseling* (September 2011) by Substance Abuse and Mental Health Services Administration and U.S. Department of Health and Human Services and the Technical Assistance Publication Series *Addiction Counseling Competencies* (March 2008) by Substance Abuse and Mental Health Services Administration.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

In preparation of the EIA, the rule was posted for economic comments for a period of 14 days and received no comments. The Board determines there is no effect on small business.

Fiscal estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Initial Regulatory Flexibility Analysis or Summary:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at Sharon.Henes@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Sharon Henes@wisconsin.gov. Comments must be received at or before the public hearing to be held on December 19, 2014 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. MPSW 1.09 is repealed.

SECTION 2. MPSW 1.095 is created to read:

MPSW 1.095 Alcohol and drug counseling. (1) USE OF TITLE AND SCOPE OF PRACTICE. (a) A person credentialed by the board may use the title “alcohol and drug counselor” or “chemical dependency counselor” only if he or she is certified as an alcohol and drug counselor or as a chemical dependency counselor through a process recognized by the department.

(b) A person who is credentialed by the board may treat alcohol or substance dependency or abuse as a specialty if the person is credentialed under s. 440.88 or satisfies the educational and supervised training requirements established in this section.

(c) Pursuant to s. SPS 161.01(3)(b), a person who is licensed by the board may provide substance use disorder counseling, treatment or prevention services within the scope of the person’s license.

(d) Any credential holder may do all of the following:

1. Prepare a client for substance dependence treatment by referral.
2. Continue to work with a client until a referral for dependence treatment is completed.

3. Continue to work with the non–AODA issues of a person who had been referred for dependence treatment.
4. Continue to treat a client who is in recovery following treatment for substance dependence.

(2) SPECIALTY REQUIREMENTS FOR CREDENTIALS REQUIRING A MASTER’S DEGREE. To be authorized to treat alcohol or substance dependency or abuse as a specialty, a credential holder who has obtained a master’s degree for a credential issued by this board shall meet all of the following:

(a) A minimum of 135 contact hours of substance use disorder education, which may be obtained during degree or additional to the degree. The education shall be in all the following areas:

1. Understanding addiction.
2. Knowledge of addiction treatment.
3. Application to addiction practice.
4. Professional readiness in addiction treatment.

(b) A minimum of 200 hours of face-to-face client treatment, under the supervision of a qualified supervisor, with individuals diagnosed with substance use disorders which can be either the same as or separate from the hours obtained for the credential issued by the board.

(3) SPECIALTY REQUIREMENTS FOR CREDENTIALS REQUIRING A BACHELOR’S DEGREE. To be authorized to treat alcohol or substance dependency or abuse as a specialty, a credential holder who has obtained a bachelor’s degree for a credential issued by this board shall meet all of the following:

(a) A minimum of 180 contact hours of substance use disorder education, which may be obtained during degree or additional to the degree. The education shall be in all the following areas:

1. Understanding addiction including all of the following:
 - a. Knowledge of drug use, abuse and interaction.
 - b. Understand a variety of models and theories of addiction and other problems related to substance use.
 - c. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.
 - d. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the person using and significant others.
 - e. Recognize the potential for substance use disorders to mimic a variety of medical and mental health conditions and the potential for medical and mental health conditions to coexist with addiction and substance abuse.
2. Treatment knowledge including all of the following:
 - a. Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.
 - b. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.
 - c. Understand the importance of research and outcome data and their application in clinical practice.

- d. Understand the value of an interdisciplinary approach to addiction treatment.
 - 3. Application to practice including all of the following:
 - a. Understand the established diagnostic criteria for substance use disorders, and describe treatment modalities and placement criteria within the continuum of care.
 - b. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse and dependence.
 - c. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.
 - d. Provide treatment services appropriate to the personal and cultural identity and language of the client.
 - e. Adapt practice to the range of treatment settings and modalities.
 - f. Be familiar with medical and pharmacological resources in the treatment of substance use disorders.
 - g. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.
 - h. Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.
 - i. Understand the need for and the use of methods for measuring treatment outcome.
 - 4. Professional readiness including all of the following:
 - a. Understand diverse cultures, and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.
 - b. Understand the importance of self-awareness in one's personal, professional, and cultural life.
 - c. Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.
 - d. Understand the importance of ongoing supervision and continuing education in the delivery of client services.
 - e. Understand the obligation of the addiction professional to participate in prevention and treatment activities.
 - f. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.
- (b) A minimum of 1,000 hours of face-to-face substance use disorder treatment experience, under the supervision of a qualified supervisor, with individuals diagnosed with substance use disorders which can be either the same as or separate from the hours obtained for the credential issued by the board.
- (4) **QUALIFIED SUPERVISORS.** A qualified supervisor is a person who is knowledgeable in psychopharmacology and addiction treatment and is any of the following:
- (a) A clinical supervisor as defined by DHS 75.02(11).
 - (b) A licensed marriage and family therapist.
 - (c) A licensed professional counselor.
 - (d) A licensed clinical social worker.
 - (e) A licensed psychologist.
 - (f) A licensed physician.
 - (g) An individual, other than an individual specified in par (a) through (f) who is approved in advance by the board.

(5) CONTINUING EDUCATION. To maintain the authority to treat alcohol or substance dependency or abuse as a specialty, a credential holder must complete at least 6 continuing education hours during each biennial credentialing period in substance abuse disorder. The continuing education may be counted toward the continuing education required for renewal of the underlying credential.

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

COPIES OF RULE

Copies of this proposed rule are available upon request to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, P.O. Box 8366, Madison, Wisconsin 53708, by email at Sharon.Henes@wisconsin.gov.



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Scott Grosz and Jessica Karls-Ruplinger
Clearinghouse Co-Directors

Terry C. Anderson
Legislative Council Director

Laura D. Rose
Legislative Council Deputy Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE 14-063

AN ORDER to repeal MPSW 1.09; and to create MPSW 1.095, relating to substance abuse specialty.

Submitted by **DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES**

11-18-2014 RECEIVED BY LEGISLATIVE COUNCIL.

12-11-2014 REPORT SENT TO AGENCY.

SG:LR

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]
Comment Attached YES NO
2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]
Comment Attached YES NO
3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]
Comment Attached YES NO
4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS [s. 227.15 (2) (e)]
Comment Attached YES NO
5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]
Comment Attached YES NO
6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL REGULATIONS [s. 227.15 (2) (g)]
Comment Attached YES NO
7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]
Comment Attached YES NO



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CLEARINGHOUSE RULE 14-063

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Reference Bureau and the Legislative Council Staff, dated November 2011.]

2. Form, Style and Placement in Administrative Code

Generally, the board should consider repealing and recreating s MPSW 1.09, rather than repealing s. MPSW 1.09 and creating s. MPSW 1.095.

4. Adequacy of References to Related Statutes, Rules and Forms

a. In the rule analysis, the board should include s. 440.08, Stats., in the description of statutes interpreted, because s. 457.02 (5m), Stats., provides that “The examining board shall consider the requirements for qualifying as a certified substance abuse counselor, clinical supervisor, or prevention specialist under s. 440.88” when promulgating the rules under s. 457.02 (5m), Stats.

b. If creating s. MPSW 1.095 rather than repealing and recreating s. MPSW 1.09, the board should amend the cross-references to s. MPSW 1.09 that are present in the following administrative code provisions:

- (1) s. DHS 75.02 (84) (d).
- (2) s. DHS 75.03 (4) (e).
- (3) s. SPS 161.01 (1), (2), and (5).
- (4) s. SPS 165.01 (1).

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. To enhance the clarity of the proposed rule, the board could rephrase the first sentence of s. MPSW 1.095 (1) (a) as follows: “A minimum of 135 contact hours of substance use disorder education, which may be obtained during the course of earning the degree or in addition to the degree.”.

b. To enhance the clarity of the proposed rule, the board could rephrase s. MPSW 1.095 (2) (b) as follows: “A minimum of 200 hours of face-to-face client treatment with individuals diagnosed with substance use disorders, under the supervision of a qualified supervisor...”.

c. In s. MPSW 1.095 (3) (a) 2. d., the board should insert “on the person’s” before “significant others”.