

SOCIAL WORKERS HOLD FULL LICENSURE IN NEW YORK

The legal regulation of social workers in New York State began in 1965 with the creation of the title Certified Social Worker (CSW). While called a license by the government, it actually was only the certification of a title, and restriction of its use to those persons who met four criteria. They had to (1) possess an MSW degree; (2) be at least 21 years of age; (3) pass an approved MSW-level written examination; and (4) be of good moral character.

In 1978 a law was enacted to provide Certified Social Workers, with at least three years of supervised post-MSW clinical social work practice, the opportunity to qualify for a psychotherapy privilege (often called the "P") whereby an insurance company would be required to provide reimbursement for the services of such CSWs, if so requested by the insured group. In 1985 an additional statute was signed offering CSWs with six years of such clinical experience the option to obtain an advanced psychotherapy privilege (usually known as the "R") that would require insurance carriers to provide such CSWs reimbursement for their psychotherapy services whenever a health insurance contract included psychotherapy benefits.

While these two provisions in New York State insurance law were helpful, efforts to move from certification of title to full licensure continued to be defeated in the state legislature each year until 2002. Then, by virtue of a focused campaign by the New York City and New York State Chapters of the National Association of Social Workers (NASW), and support from their alliance with 1199/SEIU, licensure for the social work profession in New York was achieved.

The new statute (known as Chapter 420 of the Laws of 2002) created two levels of full licensure for professional social workers holding an accredited MSW degree. (No form of licensure was enacted for BSWs.) Regulations to implement this law were adopted by the New York State Regents in June, 2004, and Amendments (known as Chapter 230 of the Laws of 2004), making clarifications and adjustments in the statute, became law in July, 2004.

Effective September 1, 2004 all CSWs automatically became Licensed Master Social Workers (LMSWs), since the requirements of the old CSW and the new LMSW were exactly the same -- with the sole exception that all new applicants now would need to complete an approved two-hour course on child abuse and neglect. In addition, a second new tier of licensure, the Licensed Clinical Social Worker (LCSW), was created. The four requirements for obtaining the new LCSW are (1) evidence of three years of appropriately supervised post-MSW "clinical social work experience in diagnosis, psychotherapy and assessment-based treatment plans, or its part-time equivalent, obtained in an approved setting over a continuous period not to exceed six years"; (2) passing the national Clinical Examination given by the Association of Social Work Boards (ASWB); (3) completion of a "core curriculum which includes at least twelve credit hours of clinical courses"; and (4) providing evidence (unless exempted) that the applicant has completed the two-hour course on child abuse and neglect noted above. There are no continuing education requirements for maintaining either the LMSW or the LCSW license.

All new MSWs, therefore, will begin their careers in New York as LMSWs. Those

wishing to become LCSWs (after three years of practice) must be able to prove they have met the four additional requirements noted. The two criteria that will call for the greatest attention by new graduates are the education and supervision mandates. In conjunction with the educational mandate, graduate schools have submitted to the State Education Department the courses and programs they deem to provide the requisite 12 credit hours of clinical coursework. MSW graduates who find they fall short may take additional clinical courses in approved or registered MSW programs to meet the 12 hour requirement. With regard to the supervision mandate, LCSW applicants will have to demonstrate that they received at least one hour of weekly face-to-face supervision of their clinical practice (or two hours every other week) from an LCSW, a psychiatrist or a clinical psychologist. This experience must be as an employee of a facility (i.e., agency) authorized to provide such clinical services.

Since the 1978 "P" insurance credential requirements are virtually identical to those for the LCSW, the current "P" insurance statute will eventually be rescinded by the legislature. However, the 1985 "R" insurance credential, with its six-year practice requirement, will remain in effect. Social workers wishing to provide a greater assurance that their psychotherapy services will be reimbursable probably will want to pursue this insurance credential after six years, when they become eligible.

In addition, the law provides that some persons may legally continue to provide social work services after 9-1-04 without a license. They include MSW and BSW students at their fieldwork placements; persons currently performing social work functions in New York State OCFS and OMH operated, funded, regulated or approved

programs, or in social service districts (until June 1, 2010); individuals performing clinical social work services, as of 9/1/04, as long as they stay at the same job with the same employer; and, persons merely giving advice, support, instruction, encouragement or information.

From a practical point of view, there are two functions that LMSWs cannot now legally perform because the roles are relegated to LCSWs. LMSWs may not supervise the clinical practice of LCSWs, and they may not practice licensed clinical social work (as defined in the law) unless they are receiving supervision in an appropriate setting (of one hour a week, or two hours every two weeks) from an LCSW, psychiatrist or clinical psychologist. Fortunately, NASW was successful in defeating a long list of narrowly conceived and prescriptive restrictions recommended by the NY State Clinical Social Work Society. The law and regulations now therefore provide high standards, with some flexibility, which we hope will meet the needs both of the profession, and the clients it serves.

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