

# Health Workforce Policy Brief

August 2016

## A Preliminary Analysis of State Scopes of Practice for Social Workers

Christian Vazquez, Jessica Buche, MPH, MA, Angela J. Beck, PhD, MPH,  
Mary Ruffolo, PhD, LMSW, Brian Perron, PhD

### BACKGROUND

Scopes of Practice (SOPs) help guide professions by establishing guidelines for how a profession is to be practiced. Social Work SOPs, while varied across states, attempt to define the services and functions that are allowed by different levels of social workers. The Affordable Care Act introduced new regulations that require more social workers and other behavioral health workers to assist in the provision of behavioral health services. As such, social work practice must be regulated to ensure that both the profession's and the population's needs are being met.

Social Work SOPs have been changing over the past decade to more carefully define the requirements of social work licensure and allowable services. These changes are occurring at the state level, but the field lacks a system to track monitor these changes at the national level. Consequently, policy makers have limited opportunity to systematically assess the potential strengths and gaps in the social work profession at the national level. This knowledge is essential for building and monitoring the capacity of the behavioral health workforce. The purpose of the current study is to obtain, analyze and disseminate information about social work SOPs from all fifty states and the District of Columbia, with an emphasis on determining the range of allowable services and professional training requirement of social workers.

### METHODS

The Behavioral Health Workforce Research Center's research team conducted a comprehensive analysis of the state statutes and administrative rules for the social work profession across all fifty states and D.C. This study focuses on "clinical social work," which is distinct from baccalaureate and generalist level social work. SOP documents were obtained directly from each state's respective board of social work. The documents were manually reviewed and coded to address three topic areas: macro state, licensure requirements, and services available.

- "Macro state" analysis consisted of broad information about Social Work SOP laws/rules, such as dates enacted and updated, web location, governing body, and language.
- "Licensure requirements" analysis consisted of the educational, practice hour, supervision hour, renewal, and continuing education requirements

### CONCLUSIONS AND POLICY IMPLICATIONS

The findings of this study show:

- A need for better and uniform definitions of SOPs for social work professionals.
- Variation in "clinical" services allowed from state to state.
- A need for telehealth services to be addressed across the profession.
- Variability in the practice and supervision hour requirements for licensure and certification across all states.
- Each state has its own social work governing body and they are not necessarily aligned with each other.

Although changes to SOP authority may strengthen overall social work workforce capacity, potential barriers to SOP changes may include:

- Resistance to change by the social work governing bodies and professional groups desiring to protect their discipline's SOP authority
- Resistance from social workers who are reluctant to expand capacities without increase in pay.
- A lack of empirical literature detailing the types of SOP changes leading to high quality and effective care delivery.

necessary for licensure/certification, as well as any language about licensure through reciprocity or endorsement.

- “Services available” analysis assessed which of the following services were legally authorized by the SOP: assessment, diagnosis, psychotherapy, crisis intervention, and telehealth.

## KEY FINDINGS

### *Macro State Analysis*

- Of the two SOP language variables; definition of “social work” and “clinical social work” practice, some states included definitions of both (24 states), others only included general “social work” definitions (31 states), and most only define “clinical social work” (43 states).
- The governing bodies issuing licenses in each state vary in specialty, with thirty-three states having a Board of Examiners specifically for the profession of social work and the other eighteen states having governing bodies that oversee social work and at least one other behavioral health profession.

### *Licensure Requirement Analysis*

- All fifty-one governing bodies were unanimous in requiring clinical social workers to have a master’s degree, take a clinical level exam, and complete a certain number of practice, supervision and continuing education hours to obtain/maintain their license.
- While each state requires continuing education hours for licensure renewal, the number of hours required and specification of course content varies. The number of hours required range from 15 (Connecticut) to 48 (Arkansas) and most states (40 states) require courses in ethics.
- The number of practice hours required ranges from 1500 (Florida) to 5760 (Louisiana). Most states (46) allow licensees to complete these hours in twenty-four months, while Georgia, New York, and Washington allow these hours to be completed in thirty-six months.
- Each state has varying designations of what activities should be performed while completing practice hours, with about half (25) requiring at least 1,000 hours performing face-to-face clinical activities (assessment, diagnosis, psychotherapy, etc.).

### *Services Available Analysis*

- Arizona, Arkansas, Maine, and Pennsylvania do not state whether or not social workers are allowed to provide psychotherapy services, however this service is allowed in all other states and D.C.
- Diagnosis is allowed in forty-five states, while Illinois, Kentucky, Montana, Nebraska, and Pennsylvania do not specify whether or not it is allowed, and only in Indiana are social workers not allowed to provide diagnosis services.
- Language specifying if social workers are allowed to practice telehealth (providing services through electronic means) was only found for twenty-one states, with all twenty-one of those states allowing the practice. In all other states (30), there is no language specifying telehealth rules or regulations.

### *Next Steps*

- SOPs for other professions that fall under the behavioral health workforce umbrella were also collected and are summarized in a separate report. These data will be merged with social work data to facilitate comparisons across professions.
- The SOP data are currently available through a data visualization prototype as a publicly facing website (<https://goo.gl/5ecnlZ>). This prototype will be developed further to include more analyses and data from the other behavioral health professions.